



U.S. Department
of Veterans Affairs

Office of the Assistant Secretary for
Public and Intergovernmental Affairs
Washington DC 20420

SEP 25 2018

Ms. Sarah Creighton, Counsel
American Oversight
1030 15th Street, NW B255
Washington, DC 20005

Dear Ms. Creighton:

Re: Freedom of Information Act Tracking Number: 18-06131-F

This is in response to your Freedom in Information Act (FOIA) requested March 29, 2018, that you reference to the Office of Public and Intergovernmental Affairs on April 6, 2018, in which you requested all communication by political appointees containing any of the following terms:

- | | | |
|--------------------|-------------------|--------------------|
| 1. Holdover(s) | 2. Turncoats(s) | 3. Leak* |
| 4. Troublemaker(s) | 5. "Deep state" | 6. Embed |
| 7. Burrow | 8. "Clean* house" | 9. Cleans |
| 10. Cleaning | 11. Loyal* | 12. Purge* |
| 13. Cheerleader(s) | 14. Sabotage | 15. "Obama person" |
| 16. "Obama people" | 17. Anti-Trump | 18. Undermin* |
| 19. Plant* | 20. Mole* | |

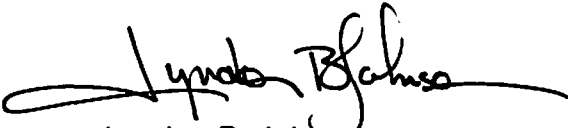
The Department of Veterans Affairs (VA) Office of Public Affair (OPA) has located a total of (703 pages) of emails pertaining to your inquiries. Due to our delay in responding to your FOIA request OPA is waiving all fees associated with this request.

This concludes our office response to your request. In accordance with 43 CFR 2.28(a)(1), you may appeal this partial denial to:

Office of the General Counsel (024)
Department of Veteran Affairs
810 Vermont Avenue, NW
Washington, DC 20420

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Ms. Creighton

If you should choose to file an appeal, please include a copy of this letter with your written appeal and clearly indicate the basis for your disagreement with the determination set forth in this response. Please be advised that in accordance with VA's implementing FOIA regulations at 38 C.F.R § 1.559, your appeal must be post marked no later than sixty (60) days of the date of this letter.

A handwritten signature in black ink, appearing to read "Lyndon B. Johnson". The signature is fluid and cursive, with a long horizontal stroke extending to the left.

Lyndon B. Johnson
Chief of Staff

Enclosure



Veterans Affairs Media Summary and News Clips

7 November 2017

1. [Top Stories](#)

1.1 - The Washington Post (PowerPost): [Veterans tell of medical marijuana use in defiance of backward federal policy](#) (6 November, [REDACTED], 43.9M online visitors/mo; Washington, DC)

Joshua James Frey is clear: "Without medical marijuana I would be dead." This Marine Corps veteran is a two-time Purple Heart awardee. He is among the former warfighters, led by the American Legion, who are on the frontlines of the fight for a sensible, federal medical marijuana policy. They are pushing a reluctant Uncle Sam to catch up with overwhelming public opinion that favors allowing cannabis for medical use.

[Hyperlink to Above](#)

1.2 - The Hill: [VA secretary on Texas shooter: 'I do not consider him a veteran'](#) (6 November, [REDACTED], 11.8M online visitors/mo; Washington, DC)

Veteran Affairs (VA) Secretary David Shulkin on Monday said he does not consider the former Air Force service member identified as the gunman in a Texas mass shooting as a veteran, and that he would not have had access to mental health help from the department. "I do not consider him a veteran. That would give him much more respect than he deserves," Shulkin said of Devin Kelley...

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1.3 - Military Times: [New PBS documentary explores the history, problems of the VA system](#) (6 November, [REDACTED], 2.1M online visitors/mo; Springfield, VA)

"Every morning when I wake up, a memory of what happened to me in Iraq lingers in my mind," retired Marine Sgt. Carlos Villaseñor recounts in a new PBS documentary. "They didn't really prepare us on how to feel or how to react coming home." And when Villaseñor turned to the VA for help, the agency canceled a scheduled appointment with him and promised to call back soon to reschedule.

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1.4 - Omaha World-Herald: [VA chief says Omaha's unauthorized waiting list doesn't signal a return to broader problems](#) (6 November, [REDACTED], 2.1M online visitors/mo; Omaha, NE)

U.S. Secretary of Veterans Affairs David Shulkin on Monday rejected the idea that revelations about an unauthorized waiting list at Omaha's veterans facility reveal a broader return of wait list issues across the VA. The department has come a long way since 2014, when there were systemic problems in the way that patients were being scheduled, Shulkin said during his appearance at the National Press Club.

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1.5 - Government Executive: [House Votes for VA to Clean Up Its Management](#) (6 November, [REDACTED], 852k online visitors/mo; Washington, DC)

The Veterans Affairs Department would have to ensure all of its management layers are necessary and are being held accountable for their performance under a bill the House approved 399-0 on Monday. The VA Management Alignment Act (H.R. 1066) would require the

department to report to Congress on its organizational structure, including details on the “roles, responsibility and accountability” of all of its “elements and individuals.”

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1.6 - Healthcare IT News: [Congress is trying to ensure interoperability between VA, DoD - Senate, House propose bills for congressional oversight of VA's Cerner project, would require reports of any major cost increase, loss of health data, delay or privacy breach.](#) (3

November, [REDACTED], 438k online visitors/mo; Portland, ME)

The House Committee on Veterans Affairs introduced legislation today that would strengthen congressional oversight of the U.S. Department of Veterans Affairs' transition from its legacy VistA EHR to the Cerner platform. Introduced by committee Chairman Rep. Phil Roe, R-Tennessee, and ranking member Rep. Tim Walz, R-Minnesota, the bill is designed to ensure “seamless interoperability” between the U.S. Department of Defense and the U.S. Department of Veterans Affairs.

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2. [Greater Choice for Veterans](#)

2.1 - Bloomberg (Audio): [Incremental Changes for Veterans May Be Coming on Capitol Hill](#) (6 November, 43.7M online visitors/mo; New York, NY)

With Veterans Day coming up this weekend, Congress has scheduled something of a veteran-themed week, with more than a dozen bills tied to the Department of Veterans Affairs set to come up for votes on the House floor. Bloomberg Government legislative analyst Michael Smallberg says the measures call for incremental changes for retired servicemembers' finances and health care...

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2.2 - HuffPost: [Taking Care Of Our Veterans' Caregivers](#) (6 November, [REDACTED], 22.9M online visitors/mo; New York, NY)

The nation will say “thank you for your service” to its military veterans this week. New York State is home to more than 800,000 veterans, most of whom return home from war healthy and whole. Of those veterans who come back to New York with injuries or chronic physical and mental health care needs, many rely on family members or friends as informal caregivers.

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2.3 - WBTV (CBS-3): [VA, Congress taking steps to address VA Choice program](#) (6 November, [REDACTED], 319k online visitors/mo; Charlotte, NC)

The US Department of Veterans Affairs has recommended new legislation to Congress that would, among other things, overhaul the VA Choice program. The program was created by Congress and signed into law by President Barack Obama as a way to give veterans faster access to specialty care. The program came on the heels of revelations that veterans were waiting months to see a specialist at many VA hospitals.

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2.4 - NextGov: [VA To Run Massive Survey Of High-Risk Vets](#) (6 November, [REDACTED], 193k online visitors/mo; Washington, DC)

Today's electronic health records rarely tell a patient's complete story, and the Veterans Affairs Department could benefit from knowing about the social and behavioral factors affecting patients outside the clinic, a new project posits. The VA is considering surveying 10,000 veterans across the country about any factors in their lives that might predict whether they'll be admitted to a hospital, and might help the VA understand which characteristics can be linked to success in certain types of interventions, care teams and specialized treatment.

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2.5 - Kokomo Tribune: [VA officials expect to open Kokomo clinic by end of year, Va also moving forward with finding location for an expanded Peru outpatient clinic](#) (6 November, [REDACTED], 77k online visitors/mo; Kokomo, IN)

Kokomo should have a health clinic for veterans by the end of the year, according to officials with the Veterans Affairs Northern Indiana Health Care System. Jay Miller, associate director of operations, said VA officials have been in talks with a couple of providers interested in housing the clinic, which could offer urgent care or telemedicine services.

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2.6 - Sunshine State News: [Neal Dunn Gets Bill Giving Veterans More Options on Organ Transplants to House Floor](#) (6 November, [REDACTED], 64k online visitors/mo; Tallahassee, FL)

U.S. Rep. Neal Dunn, R-Fla., who served more than a decade as an Army surgeon, scored a win last week as his "Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act" cleared the U.S. House Veterans Affairs Committee. Dunn's proposal would give veterans needing organ transplants more access, allowing those who live 100 miles or more from VA transplant centers...

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2.7 - KXXV (ABC-25): [Central Texas Veterans Health Care System achieves high quality rating](#) (6 November, 56k online visitors/mo; Waco, TX)

The Central Texas Veterans Health Care System was awarded a high three-star quality rating in Strategic Analytics for Improvement and Learning. This rating makes CTVHCS one of the most improved sites this year. SAIL was designed by the Department of Veterans Affairs for internal benchmarking within the VHA to promote high quality, safety and value-based healthcare across all of its medical centers.

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[3. Modernize Our System](#)

3.1 - WFED (AM-1500, Audio): [Pelosi supports training for Congress to prevent sexual harassment](#) (6 November, [REDACTED], 831k online visitors/mo; Washington, DC)

The House Veterans Affairs Committee said it wants the Department of Veterans Affairs to share key planning documents as it implements a new electronic health record. Committee Chairman Phil Roe (R-Tenn.) and Ranking Member Tim Walz (D-Minn.) introduced the

Veterans Electronic Health Record Modernization Oversight Act, requiring VA to tell Congress about significant cost increases, scheduling delays or data breaches.

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3.2 - Becker's Hospital Review: [Representatives introduce bipartisan bill to promote EHR oversight at the VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

A bipartisan group of four representatives introduced legislation Nov. 3 to improve accountability during the U.S. Department of Veterans Affairs' upcoming EHR implementation. House Committee on Veterans Affairs Chairman Phil Roe, MD, R-Tenn., and ranking member Tim Walz, D-Minn., introduced the bill with House Subcommittee on Oversight and Investigations Chairman Jack Bergman, R-Mich., and ranking member Annie Kuster, D-N.H.

[Hyperlink to Above](#)

3.3 - Becker's Hospital Review: [House committee approves bill to support nationwide telehealth for VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

The House Committee on Veterans Affairs approved legislation Nov. 2 that would enable the U.S. Department of Veterans Affairs to extend physicians' medical licenses across state lines, according to the Politico Morning eHealth newsletter. The bill represents the first step to expanding the department's telehealth capabilities by ensuring specialists at VA facilities in one state can offer services to patients residing elsewhere.

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3.4 - Federal Computer Week: [VA looks to Congress to improve cost management](#) (6 November, [REDACTED], 189k online visitors/mo; Vienna, VA)

The Department of Veterans Affairs is working with Congress to improve its financial management. The agency also plans to roll out a series of initiative to improve its veterans' benefits services. At a Nov. 6 National Press Club event, VA Secretary David Shulkin lamented the department's historical challenges in managing big, costly projects, and likened making projections for them to "being asked to look at a crystal ball."

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3.5 - Healthcare Informatics: [Lawmakers Move to Strengthen Congress' Oversight of VA's EHR Implementation](#) (6 November, [REDACTED], 158k online visitors/mo; New York, NY)

A group of bipartisan lawmakers from the House Committee on Veterans' Affairs introduced legislation last week to give Congress additional oversight to monitor the Department of Veterans Affairs (VA) transition to its new Cerner electronic health record (EHR) system. Chairman Phil Roe, M.D. (R-Tenn.) and Ranking Member Tim Walz (D-Minn.), along with Subcommittee on Oversight and Investigations Committee Chairman Jack Bergman (R-Mich.) and Ranking Member Annie Kuster (D-NH)...

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3.6 - Health Data Management: [House bill seeks to hold VA accountable as it moves to Cerner EHR](#) (6 November, [REDACTED], 143k online visitors/mo; New York, NY)

A House committee on Friday introduced bipartisan legislation to help ensure that the Department of Veterans Affairs is held accountable as it pursues plans to replace its legacy

electronic health record system with a commercial off-the-shelf EHR from Cerner. “VA is currently in the final stages of its negotiations with Cerner for one of the largest contracts in VA’s history,” said Phil Roe, MD (R-Tenn.)...

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3.7 - Fierce Healthcare: [Health IT Roundup—New bill adds oversight to VA's EHR transition; providers want more money for rural broadband](#) (6 November, [REDACTED],

141k online visitors/mo; Washington, DC)

A bill introduced in the House and the Senate would place additional requirements on the Department of Veterans Affairs to provide lawmakers with updates on the agency’s transition to Cerner’s EHR platform. The bill, known as the “Veterans’ Electronic Health Record Modernization Oversight Act of 2017,” would require the VA to submit a master plan and schedule and update Congress on any changes to those plans on a quarterly basis.

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3.8 - FedScoop: [Help the VA build a digital, interactive memorial for veterans](#) (6 November, [REDACTED],

57k online visitors/mo; Washington, DC)

A visit to one of the 135 national cemeteries can be a powerful way to memorialize veterans. But an in-person trip isn’t always possible, so the Department of Veterans Affairs is looking to leverage technology to move some aspects of the experience online. As part of its mission to “memorialize veterans in perpetuity,” the VA’s National Cemetery Administration currently maintains a web portal called the Nationwide Gravesite Locator, which allows visitors to find burial information for sites across the country.

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[4. Focus Resources More Efficiently](#)

4.1 - USA Today: [A tweet and a promise: Trump finds campaign pledges easy to tweet, harder to keep](#) (6 November, [REDACTED],

37M online visitors/mo; McLean, VA)

Here are some of Trump’s tweeted campaign promises: Promise: ‘I will fix the VA quickly’
Action: The Department of Veterans Affairs continues to face complaints about long wait times, shoddy care and bad doctors. But Trump has ordered a number of accountability measures, and VA Secretary David Shulkin has taken a data-driven approach to fix management problems.

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4.2 - Atlanta Journal-Constitution: [New PBS documentary includes Atlanta VA enrollment office problems](#) (6 November, [REDACTED],

11.9M online visitors/mo; Atlanta, GA)

A new PBS documentary that airs tonight examines problems with the VA health care system and includes mention of problems with the national healthcare enrollment system that serves millions of veterans and is overseen by an office in Atlanta. The film, VA: The Human Cost of War, which airs on public broadcasting television stations nationwide, takes a sweeping look at the history of the Department of Veterans Affairs...

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4.3 - Military.com: [Army Offers Medical Help for Veterans Injured in Chem-Bio Agent Tests](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

The U.S. Army is notifying veterans that they may be eligible to receive medical care if they participated in chemical or biological substance testing from 1942 to 1975. Following a recent class-action lawsuit filed by the Vietnam Veterans of America, the service must provide medical care to veterans who volunteered to contribute to the advancement of the U.S. biological and chemical programs, according to a Nov. 6 Army Medical Command press release.

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4.4 - WDTV (CBS-5): [VA Medical Center says 'thank you' to veterans and employees](#) (6 November, [REDACTED], 172k online visitors/mo; Bridgeport, WV)

President Trump proclaimed November as National Veterans and Military Families Month. The goal is to honor the significant contributions made by American service members, their families, and their loved ones. Locally, the VA Medical Center in Clarksburg is contributing to the month long celebration by greeting veterans and employees at the door. Service chiefs and volunteers are shaking hands at the main entrance Monday-Friday from 7:00-9:00 am.

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4.5 - Wyoming Tribune-Eagle: [Cheyenne South High student continues painting series for veterans](#) (6 November, [REDACTED], 152k online visitors/mo; Cheyenne, WY)

Some students and staff at Cheyenne's South High are putting extra work into honoring the community's veterans. Senior Taryn Harsy, with art teachers Kerri Gentry and Nicole Cameron, is painting the third in a series of Veterans Day paintings South High will distribute to veterans organizations throughout the community. "It's building that culture that we appreciate veterans in lots of different ways, and that's just one piece that South can play," Gentry said.

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4.6 - Wisconsin Public Radio (Audio): [Tomah VA Patients File Class Action Lawsuit Over Improper Dental Care, 6 Plaintiffs Seeking More Than \\$29M For All Patients Treated By VA Dentist](#) (6 November, [REDACTED], 151k online visitors/mo; Madison, WI)

Several patients of the Tomah Veterans Affairs Medical Center have filed a class action lawsuit against the United States government for negligent dental care. Six individuals say they experienced "extreme emotional distress" after discovering a VA dentist had potentially exposed them to HIV and other infections, according to a complaint filed in U.S. District court Wednesday.

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4.7 - Sentinel & Enterprise: [VA chief calls for Bedford hospital shake-up](#) (6 November, [REDACTED], 80k online visitors/mo; Fitchburg, MA)

Following a string of deaths and reports of retaliation against whistleblowers at the Edith Nourse Rogers Memorial Veterans Hospital, Veterans Affairs Secretary David Shulkin announced Saturday that he has proposed demoting the hospital's former director and initiated a search for a new permanent leader. The Bedford hospital is currently on its third director in little more than a year.

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4.8 - WUFT (PBS-5): [Families Of Veterans Find A Home Away From Home At Fisher House](#) (6 November, [REDACTED], 58k online visitors/mo; Gainesville, FL)

This year, the Fisher House Foundation is on track to help about 30,000 families, Coker said. While the average length of stay is nine days, the longest was just shy of three years. The ability for families to stay at the Fisher House for no cost is made possible through a unique public-private partnership, he said. Coker believes in providing free, convenient housing for the families of veterans that are faced with a health crisis.

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5. [Improve Timeliness of Service](#)

5.1 - WBBM (CBS-2, Video): [2 Investigators: Veteran's Cancer May Be Tied To Marine Base](#) (6 November, 27.2M online visitors/mo; Chicago, IL)

— Former Marine Rick Derrig of northwest suburban Huntley says he's disappointed in his government. The 62-year-old cancer patient learned he drank contaminated water for years on a U.S military base in North Carolina. He was based at Camp Lejeune in Jacksonville during a time when it had highly contaminated, cancer-causing drinking water. Making matters worse, Derrig tells 2 Investigator Dave Savini, no one from the Department of Defense told him about his exposure to the tainted wells.

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5.2 - New York Post: [VA Secretary: Texas church shooter is no veteran to me](#) (6

November, [REDACTED], 23.9M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin has condemned the actions of Texas church shooter Devin Kelley — saying he does not consider the former US airman to be a veteran, but rather an “evil person” and a “criminal.” Speaking at a National Press Club event in Washington on Monday, Shulkin noted how the 26-year-old was court-martialed in 2012 for assaulting his then-wife and stepson...

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5.3 - Military.com: [Texas Church Shooter Doesn't Rate Being Called 'Veteran:' VA Secretary](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

The Texas church shooter forever forfeited the right to be called a “veteran” with his bad-conduct discharge and criminal acts, Veterans Affairs Secretary Dr. David Shulkin said Monday. He added that Sgt. Bowe Bergdahl had also forfeited his VA benefits for life with his dishonorable discharge for desertion and misbehavior before the enemy. “In my opinion, I do not consider him a veteran,” Shulkin said of alleged Texas shooter Devin Patrick Kelley.

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5.4 - Washington Examiner (Video): [VA Secretary David Shulkin: I don't consider the Texas church gunman as a veteran](#) (6 November, [REDACTED], 4.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin said Monday he doesn't consider the gunman who opened fire on parishioners at a church in Texas to be a veteran and said instead he was an “evil person.” The suspected gunman, 26-year-old Devin Patrick Kelley, served in the U.S. Air

Force from 2010 to 2014. He received a bad conduct discharge after he was court-martialed in 2012 for assault on his wife and their child, and served a year behind bars.

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5.5 - Military Times: [VA secretary calls Texas shooter a criminal, not a veteran](#) (6

November, [REDACTED], 2.1M online visitors/mo; Springfield, VA)

Veterans Affairs Secretary David Shulkin took exception to describing the Texas church shooter as a veteran, because he was given a bad conduct discharge for domestic violence crimes in the ranks. "In my opinion, I do not consider him a veteran," Shulkin said at a National Press Club event on Monday, one day after the Texas tragedy. "That would give him much more respect than he deserves. He is a criminal."

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5.6 - WNEM (CBS-5, Video): [Injured veteran to receive benefits after fighting VA, Army](#) (6

November, [REDACTED], 442k online visitors/mo; Saginaw, MI)

After years of fighting the Veterans Affairs, a Mid-Michigan veteran will finally get the help he deserves. The VA cut off Sgt. First Class Cameron Corder's family's insurance and retirement compensation in 2015. Now he is getting the money he is owed from the Army for being injured.

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5.7 - New Hampshire Union Leader: [Grant Bosse: Every day is Veterans Day](#) (7 November,

[REDACTED], 318k online visitors/mo; Manchester, NH)

This year, the 11th day of the 11th month falls on a Saturday, and we don't have an editorial page on Saturdays. So I think it's appropriate to take today to address the debt we owe to our veterans, and how we can improve the manner in which we repay it. On Sunday, former Dartmouth College President James Wright spoke at the Bridges House in Concord as part of the Friends of Bridges House author series.

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5.8 - KWTX (CBS-10, Video): [Waco: Homeless Gulf War veteran finds a new life.](#) (6

November, [REDACTED], 315k online visitors/mo; Waco, TX)

"I had no place to go. I came to this town and all I had was the shoes on my feet the shorts I was wearing and one shirt" Stringer recalls. He says he heard a sermon at Baylor University and that night he chose to give his life to Christ. His troubles wouldn't end immediately he would live in shelters and use his VA benefits to survive.

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5.9 - Florence Morning News: [VA official: Filing new claims are faster than appeals process](#) (6 November, [REDACTED], 288k online visitors/mo; Florence, SC)

The U.S. Department of Veterans Affairs distributes approximately \$1.4 billion annually to more than 100,000 veterans in South Carolina. These numbers might seem high, but some veterans still face challenges with getting the care they need. Leanne Weldon, regional director of benefits for the VA in Columbia, spoke Monday to the Florence Rotary Club on problems many veterans are facing and how they can get help faster.

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5.10 - The Citizen: [Healing mission: Auburn Army veteran takes on new fight in medical marijuana field](#) (7 November, [REDACTED], 200k online visitors/mo; Auburn, NY)

While shooting pool at the Canandaigua VA Medical Center, Stenuf met a World War II veteran. He was missing his legs, one arm and part of his face, and he'd have Stenuf hop on the back of his motorized scooter and take her into the woods to smoke cannabis, she said. Stenuf laughed as she remembered her friend.

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5.11 - Northwest Florida Daily News: [VA pharmacy to stop filling prescriptions on base](#) (6 November, [REDACTED], 192k online visitors/mo; Fort Walton Beach, FL)

Officials say the pharmacy at the Department of Veterans Affairs outpatient clinic at Eglin Air Force Base is not closing. By late next year, however, prescriptions will no longer be filled there. Veterans who need prescriptions filled will eventually need to do so through either private pharmacies or through the mail.

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5.12 - MD Magazine: [Veterans Affairs Aims at HCV Infection Cure](#) (6 November, [REDACTED], 21k online visitors/mo; Plainsboro, NJ)

The US Department of Veterans Affairs (VA), the nation's largest care provider for hepatitis C virus (HCV) patients, has recently described its successful programs and indicated it is "poised to share" best practices with other organizations and healthcare providers to reduce the overall burden of HCV infection. Pamela Belperio, PharmD (pictured), VA Office of Public Health/Population Health, Los Angeles, CA, and lead author of the article on the VA approach to providing HCV treatment, described some key components to MD Magazine.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The State: ['Unclaimed' veterans will finally be laid to rest at Fort Jackson National Cemetery](#) (6 November, [REDACTED], 2.1M online visitors/mo; Columbia, SC)

Two previously unclaimed veterans will be laid to rest at the Fort Jackson National Cemetery shortly after Veterans Day. None of the veterans' family members will be present for the ceremony, so veterans groups will fill in, and the public is invited to attend the proper send off for these "heroes." The cremated remains of Army veteran Glenn Duncan Jr. and Air Force veteran Gregory Politte will be interred on Nov. 17...

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7.2 - WFED (AM-1500): [VA's Shulkin calls for new, strategic approach to veterans benefits programs](#) (6 November, [REDACTED], 831K online visitors/mo; Washington, DC)

Five days before Veterans Day, VA's top leader is calling on the veterans community to consider the past 150 years and the vast variety of benefits the department currently provides to those who "have borne the battle" in a completely new way. "Today ... I call for a new way of

thinking about benefits,” Veterans Affairs Secretary David Shulkin said Monday during a speech at the National Press Club.

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7.3 - KVLV (NBC-11, Video): [Fargo's veterans cemetery now to open one year later than planned](#) (6 November, [REDACTED], 198k online visitors/mo; Fargo, ND)

- Last year veterans were excited to learn about the first-ever Veterans Affairs national cemetery in North Dakota, originally scheduled to open in Fargo in 2018. But delays in construction have some worried that it might not open at all. The cemetery would be the first U.S. federal government cemetery for veterans in all of North Dakota. Right now the nearest one is in St. Paul, M.N.

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7.4 - KOBV (NBC-5, Video): [Honoring Our Veterans: Part One](#) (6 November, 27k online visitors/mo; Medford, OR)

Veteran's Day is Saturday, November 11, and in honor of our service members, NBC5 News is bringing you a local vet's story each day of the week on NBC5 News at 6. Each of the veterans has faced personal challenges and struggles, but each have sought help, and are now thriving in our community. In part one, we're meeting Brandie Barnes. For years, she was living on the street and selling drugs. Four years later, she's clean, and a homeowner.

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8. [Other](#)

8.1 - Military.com: [About 250,000 Veterans Sign Up for New Exchange Benefit](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

About 250,000 people have registered for a new benefit from the military exchanges that allows all honorably discharged veterans to shop online, officials with the Army and Air Force Exchange Service (AAFES) said Monday. In the past, exchange access -- both online and at brick-and-mortar stores on military bases worldwide...

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8.2 - Cincinnati Enquirer: [Mercury spill closes portions of Cincinnati VA Medical Center](#) (6 November, [REDACTED], 3.9M online visitors/mo; Cincinnati, OH)

An environmental response team responded to the Cincinnati VA Medical Center last week after mercury leaked out of an old pipe that was moved during construction. During the evening of Nov. 1, Engineering Service personnel were removing a section of non-functioning drain piping out of an active construction area on the first floor, VA officials said. During the removal of the pipe, liquid spilled out onto the floor in the construction area.

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1. [Top Stories](#)

1.1 - The Washington Post (PowerPost): [Veterans tell of medical marijuana use in defiance of backward federal policy](#) (6 November, [REDACTED], 43.9M online visitors/mo; Washington, DC)

Joshua James Frey is clear: “Without medical marijuana I would be dead.”

This Marine Corps veteran is a two-time Purple Heart awardee. He is among the former warfighters, led by the American Legion, who are on the frontlines of the fight for a sensible, federal medical marijuana policy.

They are pushing a reluctant Uncle Sam to catch up with overwhelming public opinion that favors allowing cannabis for medical use. We covered the Legion’s Capitol Hill press conference on Thursday with Frey, other veterans and a bipartisan group from Congress. Veterans, among the most respected citizens, are a potent force in the effort to move the federal government from a backward, anti-marijuana stance that resembles the 1936 melodramatic film propaganda of “Reefer Madness” more than today’s reality of widespread medical cannabis use.

Now, we hear the stories of two veterans who use medical marijuana and one who didn’t, but whose mother believes would be alive if he did. In powerful, emotional statements at the news conference, they all complained about the dangers of the drug cocktails prescribed by doctors who are prohibited from even discussing the marijuana that has proven far more beneficial for the two vets. Their stories differ starkly from a presidential commission on drug addiction report this month that said “there is a lack of sophisticated outcome data on dose, potency, and abuse potential for marijuana.”

Let’s start with Frey, a Melbourne, Fla., combat veteran of the Third Battalion, First Marine Regiment. “Medical marijuana saved me,” he told the Federal Insider. “I feel like I did before the war (in Iraq) mentally and ... know this could help not just the veterans struggling, but it could help anyone struggling with addiction and PTSD (post traumatic stress disorder). It’s time we all stand as one voice and truly move forward with real hard-lined research and move forward with real compassionate care.”

Frey was wounded twice in 2004, once in November by a rocket-propelled grenade. Less than a month later, shortly before Christmas, he was shot in the right shoulder, shattering it and detaching his right bicep. He spent two years at the Naval Medical Center San Diego, also known as Balboa Hospital, had six blood transfusions and 22 operations.

“I’ve been real quiet about my medical marijuana use,” he said at the news conference. “If it wasn’t for medical marijuana, I wouldn’t be here today. I wouldn’t have kids today. I wouldn’t have a beautiful wife I’ve been married to for 13 years now.”

He resents the Department of Veterans Affairs (VA) saying “you are doing something bad.” “We need to stop the madness. We need to get this stuff on the books. ... It could help a lot of vets.”

Boone Cutler is an Army veteran who spent two years in Walter Reed Army Medical Center recovering from combat injuries suffered in Baghdad. Host of the Tipping Point show on

KNEWS, 107.3 FM in Reno, Nev., he has been diagnosed with early-onset Parkinson's disease, related to his wartime blast injury. He authored the Spartan Pledge, the veterans' commitment against suicide, and is a national spokesman for the Warfighter Rights Movement on PTSD issues.

During his two years at Walter Reed, "I was given just about every chemical cocktail you can imagine. When people look at that cocktail they want to know two things. One, why am I still alive and two, why isn't somebody in prison, because it was that dangerous."

At a low point, he "grabbed my gun and put it to my head," blaming the prescription drugs for losing "my self-preservation instinct."

He turned to marijuana to help him sleep.

"My story is not one of Cheech and Chong," he said, sunglasses perched just above his eyes. "It wasn't a good time when I started using cannabis. It was simply a way to survive."

When he tried marijuana he slept for five hours. "At that time," he said, "I hadn't slept for five hours in five years."

Janos "Johnny" Lutz isn't here to tell his story, so his mother did. She told a sad tale of depression and prescription drug complicit suicide. He saw combat in Iraq and Afghanistan, where 14 of his colleagues died during Operation Khanjar in Helmand Province in 2009.

"It is our hope that the story of my son, who was lost because of prescribed pharmaceuticals will open your hearts and minds to research," Janine Lutz said before an emotional pause, "to research cannabis, the most safe and effective treatment for our veterans today." She started the LCpl Janos V Lutz Live to Tell Foundation in Davie, Fla., in support of military and first responders.

Her son was diagnosed with severe PTSD and brain injury. The two dozen drugs he was prescribed included Klonopin, which he took in June 2010. "Within a week, Johnny attempted suicide," said Lutz. Her son was saved, and "Do not give Mr. Lutz Klonopin" was noted on his hospital chart. But the veteran was not told that, and he continued to believe that "he wanted to take his own life by his own free will," his mother said, "not knowing that it was the medication that was messing with his mind." Three months later he was given the drug again, only to be followed by another unsuccessful suicide attempt.

This scenario repeated in 2012, but this time her son was successful in his suicide by overdosing on the drugs doctors prescribed.

"I think my son would be here today," Lutz said, if medical marijuana had been available.

But it's not for veterans at VA facilities. Almost two-thirds of the general population, however, live in the 29 states and the District where doctors can recommend it. At the VA, medical professionals are not allowed to even discuss marijuana therapy.

Many veterans, some using medical cannabis from other sources, have asked VA doctors such as Katherine Mitchell in Phoenix about it. "I was not officially allowed to discuss the subject," she said.

“Whether the establishment wants to recognize it or not,” Mitchell added, “because marijuana use has moved into the mainstream, health-care providers have an ethical obligation to help our patients understand the potential positive and negative impacts marijuana could have on their health.”

Instead, she and other VA medical professionals must act like medical marijuana doesn’t exist.

What sense does that make?

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1.2 - The Hill: [VA secretary on Texas shooter: 'I do not consider him a veteran'](#) (6 November, [REDACTED], 11.8M online visitors/mo; Washington, DC)

Veteran Affairs (VA) Secretary David Shulkin on Monday said he does not consider the former Air Force service member identified as the gunman in a Texas mass shooting as a veteran, and that he would not have had access to mental health help from the department.

“I do not consider him a veteran. That would give him much more respect than he deserves,” Shulkin said of Devin Kelley, whom law enforcement identified as the gunman in a church shooting Sunday in Sutherland Springs, Texas.

Kelley had served in the Air Force in Logistics Readiness at Holloman Air Force Base in New Mexico beginning in 2010, but was court-martialed in 2012 for an assault on his then-wife and child. He was sentenced to 12 months confinement, received a reduction in rank and was discharged in 2014 for “bad conduct,” according to the Air Force.

“He is a criminal and I think that he was convicted and with a dishonorable discharge does not deserve to have the same title as the men and women who have served this country and have honorably been discharged,” Shulkin said during remarks at the National Press Club in Washington.

Authorities say Kelley killed 26 churchgoers and injured and at least 20 others when he opened fire outside and inside the First Baptist Church in Sutherland Springs, a small town about 30 miles east of San Antonio.

Kelley reportedly used a military-style Ruger AR-556 rifle in the shooting and killed himself after fleeing the scene.

Shulkin said there is a distinction between those who have received an other than honorable discharge and those who have received a dishonorable discharge. Those with the former, he said, “we do believe are in need of our assistance and help, particularly with mental illness.”

“Those dishonorable discharged have violated the law, have violated our morals and ethics, and I do not believe deserve the types of services and benefits and VA would not be providing those benefits,” Shulkin explained.

“This is not a person who has ever been treated in the VA system and would not be eligible for those benefits,” he said.

President Trump said after the shooting that the issue was a mental health issue and not “a guns situation.”

Shulkin said, however, that officials don’t “know enough about [Kelley’s] state of mind to give him a diagnoses.”

“Unfortunately, in this world there are people that are evil and there are people that are criminal and you don’t always know the reason why, but I certainly believe that he was an evil person,” Shulkin said.

Shulkin was also asked whether the VA system needs to change to accommodate those in need of help, including Kelley and Sgt. Bowe Bergdahl — who received a dishonorable discharge and loss of military benefits last week for walking off his post in Afghanistan in 2009.

In response, he said such individuals would not be eligible for VA benefits.

“I believe there’s a very small segment — two individuals that we’re talking about today — that have violated basic legal and moral and ethical behaviors, that we do not owe those same rights to.”

Shulkin added: “They have other systems that I believe that they could get the help that they need in, whether they are prison systems or other community-based systems but not the Department of Veteran Affairs.”

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1.3 - Military Times: [New PBS documentary explores the history, problems of the VA system](#) (6 November, [REDACTED], 2.1M online visitors/mo; Springfield, VA)

“Every morning when I wake up, a memory of what happened to me in Iraq lingers in my mind,” retired Marine Sgt. Carlos Villaseñor recounts in a new PBS documentary. “They didn’t really prepare us on how to feel or how to react coming home.”

And when Villaseñor turned to the VA for help, the agency canceled a scheduled appointment with him and promised to call back soon to reschedule.

“I never got the call that day, or the following day. My anxiety was super high. I didn’t know who to talk to,” Villaseñor said. “I called the mental health clinic and ring-ring-ring, click.”

His story, of an ill-prepared and overbooked bureaucracy, is one of many highlighted in a new PBS documentary premiering Monday night at 9 p.m. EST, according to a PBS press statement.

“VA: The Human Cost of War” examines the Department of Veterans Affairs from its inception in the 1920s to the modern era.

Directed by six-time Emmy Award-winning filmmaker Ric Burns and executive produced by Lois Pope, the hour-long film chronicles the inner workings of one of the most important but beleaguered bureaucracies in American society, according to PBS.

Personal testimonies, like that of Villasenor, are interwoven with policy analysis and historical context to explore societal debt to its veterans throughout the film, according to PBS.

“From policy-makers to the average citizens, we tend to pay a lot of lip service to how much we appreciate our veterans and how they deserve our honor and respect ... but, as we have far too often seen in recent years, there has been an abundance of negligence when it comes to ensuring their care and well-being,” Pope said. “This film is meant to raise awareness and create an open, candid dialogue addressing this situation.”

The VA is the second largest government agency, training 70 percent of the doctors and the majority of the nurses in the United States and researching many of modern medicine’s most innovative new treatments, “yet few know what it is and how it works,” Burns said.

“This film is an attempt to provide the public with more background about the institution behind the headlines — the VA and its policies, work, successes and failures — and begin a dialogue about what we owe our veterans when they leave the service,” Burns said.

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1.4 - Omaha World-Herald: [VA chief says Omaha's unauthorized waiting list doesn't signal a return to broader problems](#) (6 November, [REDACTED], 2.1M online visitors/mo; Omaha, NE)

WASHINGTON — U.S. Secretary of Veterans Affairs David Shulkin on Monday rejected the idea that revelations about an unauthorized waiting list at Omaha’s veterans facility reveal a broader return of wait list issues across the VA.

The department has come a long way since 2014, when there were systemic problems in the way that patients were being scheduled, Shulkin said during his appearance at the National Press Club.

“But look, let’s put this situation in Omaha into context,” Shulkin said. He said two Omaha employees left VA employment over the issue in a system with 350,000 employees. “To label the entire Department of Veterans Affairs as having a systemic issue ... would be irresponsible.”

The unauthorized Omaha list came to light following a story published Oct. 15 in The World-Herald that was based on redacted documents obtained using the Freedom of Information Act. The list delayed mental health care for 87 veterans this year.

The unauthorized list echoed a nationwide scandal in 2014 at the VA Medical Center in Phoenix, where veterans died while waiting months for medical care on lists that were kept secret. An internal VA audit in June 2014 found that, in all, more than 120,000 veterans waited 90 days or more or never got care.

Omaha VA officials have disclosed some details about the Omaha wait list in response to inquiries from U.S. senators representing Nebraska and Iowa. Omaha VA Director Don Burman also penned an opinion piece that stated once the unauthorized spreadsheets came to their attention, they stopped the practice, launched an internal investigation, reported the activity to offices in Washington and took disciplinary action against employees involved, two of whom chose to leave.

Deputy Secretary Thomas G. Bowman recently visited VA facilities in Nebraska and met Saturday with Rep. Don Bacon, R-Neb., a retired Air Force brigadier general. After the meeting, Bacon said in a statement that Burman “ensured proper procedures were followed and disciplined those involved, ensuring this will never happen again.”

Shulkin said that Omaha VA officials were doing what they’re supposed to do in discovering and acting on the problem.

He said with tens of thousands of employees responsible for scheduling appointments, the department must always be vigilant in monitoring systems, retraining employees and improving.

“But this does not necessarily represent that the VA has fallen back to the problems that we had in 2014,” Shulkin said. “Far from that. We’re making progress. We still have a ways to go. We will stick at this until we get this better and better. But each day I think we’re getting better.”

Asked about protecting whistleblowers, Shulkin said the department is working to shield them from retaliation, but also said one issue is people falling short at their jobs and then trying to avoid accountability by declaring themselves whistleblowers.

Shulkin was asked about the Omaha situation during a speech on broader issues facing the VA system.

In his prepared remarks, Shulkin talked about the history of veterans benefits in America going back to 1636 when the pilgrims of Plymouth at war with Native Americans passed a law saying disabled soldiers would be supported by the colony.

Over the past 150 years, the country has adopted various benefits without giving much strategic thought to how they fit together, he said.

“They just kept on piling on benefits without any clear objective in mind other than patriotic gratitude and political expedience — sometimes more of the latter than the former,” he said.

Shulkin said he has priorities that include simplifying benefit determinations, emphasizing service-connected ailments rather than age-related issues, focusing on benefits that encourage and enable veterans to be independent and continuing to support those who are truly dependent on their benefits.

He said the effort is intended to transform the VA into a department that works better for future veterans.

“This is not about taking benefits away from veterans,” Shulkin said.

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1.5 - Government Executive: [House Votes for VA to Clean Up Its Management](#) (6 November, [REDACTED], 852k online visitors/mo; Washington, DC)

The Veterans Affairs Department would have to ensure all of its management layers are necessary and are being held accountable for their performance under a bill the House approved 399-0 on Monday.

The VA Management Alignment Act (H.R. 1066) would require the department to report to Congress on its organizational structure, including details on the “roles, responsibility and accountability” of all of its “elements and individuals.” The report would include results from already conducted studies, such as two assessments required by the 2014 Veterans Access, Choice and Accountability Act.

Proponents of the measure pointed to findings from one such existing report that found the Veterans Health Administration’s structure is “intensely, unnecessarily complex.” Managerial deficiencies such as “inadequate oversight and accountability” and “inadequate training” have for years landed VA on the Government Accountability Office’s high-risk list. Since it first released its explosive findings in 2014 about widespread malfeasance in Phoenix, VA’s inspector general has published an array of investigations identifying systemic problems at medical facilities across the country.

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The bill would call on VA to include recommendations for legislation in its report, which it would have six months to draft. President Trump already signed a measure aimed at improving accountability at the department, enacting in June legislation speeding the disciplinary process for VA employees. The new report would include a list of the leaders at every VA office, region and medical facility.

Rep. Derek Kilmer, D-Wash., said when he introduced the measure in February it would help VA better deliver services to veterans.

“Stories and reports about manipulated wait times and mismanagement in our VA system proved that systemic reforms were needed,” Kilmer said. “We are calling on the VA to address management challenges and improve care so veterans get the services they have earned.”

In September testimony, Kilmer added that VA struggles to implement new policies “due to a severe lack of clarity regarding the roles, missions and accountability of senior leaders and organizations within the agency.”

“There has to be a clear, transparent, and enforced relationship between the leaders and layers of the VA,” Kilmer said. “We need all the rowers in the boat paddling in the same direction, not beating each other over the heads.”

The measure would be a victory for many crusading for reform at VA, such as those on and supporting the Commission on Care that was created under the 2014 law President Obama signed to overhaul the department in the wake of secret wait list and patient data manipulation scandals. The commission issued its final report in 2016, and while some lawmakers pledged its findings would not “sit on the shelf and collect dust,” its most significant recommendations have not yet been implemented. Under the Management Alignment Act, VA would have to consider the commission’s findings in its report to Congress.

The American Federation of Government Employees, which represents 230,000 VA employees, has opposed accountability bills and reforms proposed by the Commission on Care for what

union officials see as a disproportionate focus on rank-and-file employees over management. AFGE has endorsed the new bill, however, as has the American Legion.

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1.6 - Healthcare IT News: [Congress is trying to ensure interoperability between VA, DoD - Senate, House propose bills for congressional oversight of VA's Cerner project, would require reports of any major cost increase, loss of health data, delay or privacy breach.](#) (3 November, [REDACTED], 438k online visitors/mo; Portland, ME)

The House Committee on Veterans Affairs introduced legislation today that would strengthen congressional oversight of the U.S. Department of Veterans Affairs' transition from its legacy VistA EHR to the Cerner platform.

Introduced by committee Chairman Rep. Phil Roe, R-Tennessee, and ranking member Rep. Tim Walz, R-Minnesota, the bill is designed to ensure "seamless interoperability" between the U.S. Department of Defense and the U.S. Department of Veterans Affairs.

However, to accomplish its goal, Congress will require "additional tools to carry out effective oversight of this challenging undertaking."

"It's now incredibly important to make sure the modernization process is as seamless as possible," Walz said in a statement. "This bill will ensure that Congress has the authority it needs to oversee the process and hold VA accountable every step of the way."

The congressmen and co-sponsors expressed continued support of the VA's desire to modernize its system, along with the VA's decision to choose the same EHR as the DoD.

[Also: House passes bill supporting national VA telehealth program]

But to co-sponsor Rep. Jack Bergman, R-Michigan, the bill will help to alleviate concerns, as it's "no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts."

The proposed bill will require the VA provide Congress access to the agency's key implementation and planning documentation. Further, the agency will need to report to Congress with any major cost increase, loss of health data, delay or privacy breach.

"It's well known that large IT modernization projects, particularly those in the government, often encounter significant problems," said Bergman.

A similar bill was introduced in the Senate by Sens. Jon Tester (D-Montana) and Richard Blumenthal (D-Connecticut) on Thursday.

The legislation would require a one-time comprehensive report on timelines, cost projections, risk management plans and a plan to ensure the new EHR works with non-VA providers. The VA would also need to provide quarterly updates on the project's implementation --- including changes to the initial plan.

As part of the Veterans' Electronic Health Record Modernization Oversight Act of 2017, the agency is required to provide Congress with key planning and implementation documents for the Cerner project, as well as copies of contracts to verify the project's status and how funds are being spent.

VA Secretary David Shulkin, MD, announced its plan to implement Cerner for its new EHR in June. Just last month, Shulkin said the agency said it will soon sign the contract with Cerner. He estimated the project would take seven to eight years to complete, with the first roll-out in just 18 months after the contract is signed.

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2. [Greater Choice for Veterans](#)

2.1 - Bloomberg (Audio): [Incremental Changes for Veterans May Be Coming on Capitol Hill](#) (6 November, 43.7M online visitors/mo; New York, NY)

With Veterans Day coming up this weekend, Congress has scheduled something of a veteran-themed week, with more than a dozen bills tied to the Department of Veterans Affairs set to come up for votes on the House floor. Bloomberg Government legislative analyst Michael Smallberg says the measures call for incremental changes for retired servicemembers' finances and health care, while setting aside more controversial questions, such as expanding the Veterans Choice program, which allows vets to seek care outside the VA system. He talked about it with Bloomberg's Nathan Hager in the Bloomberg 99.1 Washington newsroom.

This is a Bloomberg podcast. To download, watch or listen to this report now, click on the thumbnail/player on the sidebar.

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2.2 - HuffPost: [Taking Care Of Our Veterans' Caregivers](#) (6 November, [REDACTED], 22.9M online visitors/mo; New York, NY)

The nation will say "thank you for your service" to its military veterans this week. New York State is home to more than 800,000 veterans, most of whom return home from war healthy and whole. Of those veterans who come back to New York with injuries or chronic physical and mental health care needs, many rely on family members or friends as informal caregivers. These caregivers make it possible for wounded veterans to remain at home rather than in-care facilities, helping with daily activities such as bathing, dressing, physical therapy, meal preparation and medication.

Informal caregivers are a lifeline for veterans and a critical part of our health care system. The RAND Corporation estimates that informal caregivers for veterans save the United States millions of dollars in health care costs each year, providing in-home assistance to 5.5 million veterans. Yet time spent on caregiving takes a toll; family members are often not well-trained or well-supported as they care for their loved ones, and taking on a caregiver role may lead to the loss of a job or income. The role can be physically and emotionally taxing, and caregivers may feel burned out, stressed and isolated.

Caring for a family member who is a veteran comes with unique challenges; for example, nearly two-thirds of veterans receiving support from an informal caregiver cope with mental health or substance use disorders, compared with only one-third of civilians who receive this type of care. Nearly one-third of post-9/11 veteran caregivers are uninsured compared with about 20 percent of civilian caregivers. And more than 60 percent of veteran caregivers say they experience financial strain because of this role, while less than 40 percent of civilian caregivers report a financial burden.

Recognizing the important and demanding role of informal caregivers for veterans, since 2010, the U.S. Department of Veterans Affairs (VA) has offered what it calls a Program of Comprehensive Assistance for Family Caregivers for veterans of the post-9/11 era. The program does just what it says: provides support for informal caregivers of veterans—most often spouses or other family members. Family members who serve as primary caregivers receive formal training and, importantly, financial assistance. Nearly 23,000 caregivers have signed up for the program since its inception.

Earlier this year, the program came under fire when dozens of local VA medical centers dropped caregivers from the rolls, seemingly without warning and without cause. Families who had relied on the program for years were told they were no longer eligible, even in cases where the veteran continued to require the services provided by the caregiver. In response, VA Secretary David Shulkin called for a full review of the program. Following the three-month review, the VA reported this summer that the program has resumed full operations with better processes and clarity in place to ensure that eligible families get and keep the services they need. And a new committee, chaired by former Senator Elizabeth Dole, was recently established to advise the VA on issues facing veterans' families, caregivers, and survivors.

It's encouraging to see this work back on track, because caregivers of military veterans need the types of assistance it provides. According to the RAND report, more than half of these caregivers say they lack a support network, which makes their jobs even more difficult. Without support, education, and training, the mental and emotional health of the caregivers themselves are at risk. They may take on a caregiver role without much preparation, and without knowing how to properly administer medication, detect and address signs of mental health distress, or deal with common ailments. And sometimes, these caregivers just need the opportunity to share their experience with someone who's in the same boat, to vent and feel a sense of community, fellowship, and support with others who care for veteran family members.

The VA caregiver support program offers many of these needed resources. It provides online materials about dealing with veterans' post-traumatic stress disorder, traumatic brain injury, and other common conditions, along with peer support services such as monthly phone calls that allow caregivers to connect with each other. But only a tiny portion of the 1.1 million people caring for post-9/11 veterans are eligible for and enrolled in the program. Friends or relatives who don't live with the veteran full time, even if they serve as the primary caregiver, are not eligible.

Service to our country is not exclusive to those who wear the uniform. Many caregivers sacrifice their careers and free time to enrich the lives of our veterans, often to their own detriment. Organizations—both community-based and VA-based—that serve veterans must also focus on serving their caregivers. When you think about a veteran, think about a military family and how our nation can provide them all with the care they need and deserve.

Thanks to my colleague Derek Coy, a U.S. Marine veteran, for his input on this post.

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2.3 - WBTV (CBS-3): [VA, Congress taking steps to address VA Choice program](#) (6 November, [REDACTED], 319k online visitors/mo; Charlotte, NC)

CHARLOTTE, NC (WBTV) - The US Department of Veterans Affairs has recommended new legislation to Congress that would, among other things, overhaul the VA Choice program.

The program was created by Congress and signed into law by President Barack Obama as a way to give veterans faster access to specialty care. The program came on the heels of revelations that veterans were waiting months to see a specialist at many VA hospitals.

Under the current program, veterans qualify to see a private doctor through VA Choice if they would have to wait more than 30 days to see the same specialist at a VA hospital or if they live more than 40 miles away from a VA facility.

But WBTV has uncovered a number of problems with the program dating back to February 2016.

Among other things, veterans have called WBTV for help after having surgery through the VA Choice program claiming they are not able to get the required post-surgery rehabilitation because it was never authorized.

Medical practices have had to stop accepting VA Choice patients because they were not getting paid to see veteran patients.

In October, the VA proposed the Veterans Coordinated Access & Rewarding Experiences (CARE) Act to the House and Senate Veterans Affairs Committees. According to the VA, the legislation aims to change the way the VA Choice program currently operates to a more streamlined criteria.

Watch WBTV News on Thursday night at 6 p.m. to find out more about how leaders at the VA and in Congress are listening to the feedback from veterans and turning it into action.

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2.4 - NextGov: [VA To Run Massive Survey Of High-Risk Vets](#) (6 November, [REDACTED], [REDACTED] 193k online visitors/mo; Washington, DC)

Today's electronic health records rarely tell a patient's complete story, and the Veterans Affairs Department could benefit from knowing about the social and behavioral factors affecting patients outside the clinic, a new project posits.

The VA is considering surveying 10,000 veterans across the country about any factors in their lives that might predict whether they'll be admitted to a hospital, and might help the VA understand which characteristics can be linked to success in certain types of interventions, care teams and specialized treatment.

The “Interconnected Factors that Influence Health, Experiences and Needs” or the “IF-THEN” program would require a vendor to conduct the survey, hire and train all personnel involved, and track who opts in and out of the questionnaire. The VA would also need a “Temporary Authority to Operate” for the duration of the survey, according to the solicitation.

A form filed to the Office of Management and Budget describing the IF-THEN survey, which appears to have been submitted by VA researchers, specifically counts “life stressors, perceived locus of control, grit, resilience, functional status, social support and loneliness, sleep problems, symptoms, insecurity and patient activation” among factors they would ask veterans to report on.

The VA requested any source that could meet the survey administration requirements to send in a capability statement by Nov. 13.

Nextgov has requested more information from the VA.

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2.5 - Kokomo Tribune: [VA officials expect to open Kokomo clinic by end of year, Va also moving forward with finding location for an expanded Peru outpatient clinic](#) (6 November, [REDACTED], 77k online visitors/mo; Kokomo, IN)

Kokomo should have a health clinic for veterans by the end of the year, according to officials with the Veterans Affairs Northern Indiana Health Care System.

Jay Miller, associate director of operations, said VA officials have been in talks with a couple of providers interested in housing the clinic, which could offer urgent care or telemedicine services.

He said they are currently working out an agreement with a provider to install a clinic in Kokomo by the end of the year.

At the same time, the VA is moving forward with finding a location to expand the outpatient clinic in Peru.

Miller said they are set to begin advertising to solicit offers from real estate agents and contractors for potential sites that will allow the size of the facility to increase to around 20,000 square feet. That will double the current number of primary-care providers at the clinic from three to six.

He said in a previous interview the facility at 750 N. Broadway was originally slated for an expansion in 2020, but that process has been expedited because of feedback from area veterans, who expressed concerns about wait times and the quality of care during a VA town hall meeting in December.

Now, the new facility is tentatively set to open late next year and double the amount of vets it can service from approximately 3,000 to around 6,000.

Miller said once they receive offers on the site, VA officials will review each location and rank the sites to determine which would work best for the new clinic.

The new facility is slated to expand mental-health services, including suicide-prevention efforts, and offer more robust telemedicine options. It is also projected to house new physical-rehabilitation services, Miller said.

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2.6 - Sunshine State News: [Neal Dunn Gets Bill Giving Veterans More Options on Organ Transplants to House Floor](#) (6 November, [REDACTED], 64k online visitors/mo; Tallahassee, FL)

U.S. Rep. Neal Dunn, R-Fla., who served more than a decade as an Army surgeon, scored a win last week as his “Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act” cleared the U.S. House Veterans Affairs Committee.

Dunn’s proposal would give veterans needing organ transplants more access, allowing those who live 100 miles or more from VA transplant centers have their procedures done at other medical facilities though it would need to be federally certified and cover Medicare patients. Noting the current policy, Dunn pointed to his own district, which includes parts of the Big Bend, as an area where veterans would benefit from his legislation. For veterans in Dunn’s district, the nearest VA facility that performs organ transplants is in Nashville

The North Florida Republican congressman, who was elected to Congress for the first time back in November, brought out his bill back in May.

“As a surgeon and a veteran, I believe this is good medicine and good public policy,” Dunn said on Thursday after the committee passed his bill. “The status quo puts roadblocks in front of veterans who need life-saving transplant care. The VICTOR Act eliminates these roadblocks and increases access to the care our veterans have earned.”

So far, Dunn has reeled in almost 30 co-sponsors including three from the Sunshine State as Republican U.S. Reps. Gus Bilirakis, who is the vice-chair of the House Veterans Affairs Committee, Dennis Ross and John Rutherford are backing his proposal. So is U.S. Rep. Phil Roe, R-Tenn., the chairman of the Veterans Affairs Committee.

“Arcane rules should not prohibit veterans from receiving lifesaving care such as an organ transplant,” Roe said after the vote. “I applaud Rep. Dunn for his leadership on this legislation that would enable veterans who aren’t able to access care at a VA transplant center to seek care in the community, and I look forward to continuing to move this important bill through the legislative process.”

For his part, Dunn was happy to have Roe’s support.

“We owe it to our veterans to give them every chance to obtain a transplant, and more years with their loved ones. I commend Chairman Roe for moving this important legislation through committee,” Dunn said.

So far, there is no similar proposal over in the Senate.

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2.7 - KXXV (ABC-25): [Central Texas Veterans Health Care System achieves high quality rating](#) (6 November, 56k online visitors/mo; Waco, TX)

CENTRAL TEXAS (KXXV) - The Central Texas Veterans Health Care System was awarded a high three-star quality rating in Strategic Analytics for Improvement and Learning.

This rating makes CTVHCS one of the most improved sites this year.

SAIL was designed by the Department of Veterans Affairs for internal benchmarking within the VHA to promote high quality, safety and value-based healthcare across all of its medical centers.

In the fiscal year 2017, CTVHCS scored among the best in inpatient satisfaction, mental health continuity of care, mental health population coverage and reducing preventable admissions. High marks were also received in hospital adjusted length of stay and employee satisfaction.

"This doesn't just happen - sustained performance improvement is a team sport, and your leadership is essential," Carolyn Clancy, MD, Executive in Charge, Veterans Health Administration said. "[CTVHCS] and [their] dedicated team have demonstrated commitment, persistence and dedication to assure that the veterans we served receive timely access to safe, high-quality care."

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3. [Modernize Our System](#)

3.1 - WFED (AM-1500, Audio): [Pelosi supports training for Congress to prevent sexual harassment](#) (6 November, [REDACTED], 831k online visitors/mo; Washington, DC)

[...]

The House Veterans Affairs Committee said it wants the Department of Veterans Affairs to share key planning documents as it implements a new electronic health record. Committee Chairman Phil Roe (R-Tenn.) and Ranking Member Tim Walz (D-Minn.) introduced the Veterans Electronic Health Record Modernization Oversight Act, requiring VA to tell Congress about significant cost increases, scheduling delays or data breaches. VA is in the final stages of negotiating its contract with Cerner Corporation for the same electronic health records system used by the Defense Department. (House VA Committee)

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3.2 - Becker's Hospital Review: [Representatives introduce bipartisan bill to promote EHR oversight at the VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

A bipartisan group of four representatives introduced legislation Nov. 3 to improve accountability during the U.S. Department of Veterans Affairs' upcoming EHR implementation.

House Committee on Veterans Affairs Chairman Phil Roe, MD, R-Tenn., and ranking member Tim Walz, D-Minn., introduced the bill with House Subcommittee on Oversight and Investigations Chairman Jack Bergman, R-Mich., and ranking member Annie Kuster, D-N.H.

The bill, titled the Veterans' Electronic Health Record Modernization Oversight Act of 2017, would strengthen Congress' authority to oversee the VA's EHR implementation process.

"As chairman and a physician, I know firsthand the value an effective electronic health records system plays in providing patients with quality healthcare," Dr. Roe said.

Under the proposed legislation, the VA would provide Congress with key planning and implementation documents, including contracts, for the EHR project. The VA would also be required to notify Congress of any significant cost increases, schedule delays, data losses or privacy breaches. The goal is to ensure Congress is up-to-date on the project's progress and spending.

"It is well known that large IT modernization projects, particularly those in the government, often encounter significant problems," Mr. Bergman said. "It's also no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts. While it appears the VA has made strides to improve the flow of information, complete transparency is essential for the modernization of its electronic health record."

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3.3 - Becker's Hospital Review: [House committee approves bill to support nationwide telehealth for VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

The House Committee on Veterans Affairs approved legislation Nov. 2 that would enable the U.S. Department of Veterans Affairs to extend physicians' medical licenses across state lines, according to the Politico Morning eHealth newsletter.

The bill represents the first step to expanding the department's telehealth capabilities by ensuring specialists at VA facilities in one state can offer services to patients residing elsewhere. President Donald Trump and VA Secretary David J. Shulkin, MD, pledged in August to expand the use of telehealth under a nationwide program called VA Video Connect, branded with the tagline "anywhere to anywhere."

"As you may know, [the] VA already has the largest telehealth program in the country," Dr. Shulkin said at the time, noting the VA served 700,000 veterans via telehealth last year. "We're going to be issuing a regulation that allows our VA providers to provide telehealth services from anywhere in the country to veterans anywhere in the country."

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3.4 - Federal Computer Week: [VA looks to Congress to improve cost management](#) (6 November, Chase Gunter, 189k online visitors/mo; Vienna, VA)

The Department of Veterans Affairs is working with Congress to improve its financial management. The agency also plans to roll out a series of initiative to improve its veterans' benefits services.

At a Nov. 6 National Press Club event, VA Secretary David Shulkin lamented the department's historical challenges in managing big, costly projects, and likened making projections for them to "being asked to look at a crystal ball."

"We have great difficulty in doing financial projections so we can understand our needs, and how we can provide services," he said, "and we have a great deal of problems on delivering projects on time and on budget."

Shulkin noted that while VA is responsible for some of the issues, "much of the difficulty has to do with the complexity of the laws that we are given by Congress." He also pointed to excessive siloing within VA.

Shulkin said VA is working with both the House and Senate veterans affairs committees "to come up with financial rules ... that are predictable, easier to use, easier to manage, and then let us be accountable for a rational system, rather than what we have now, which is a system that is completely irrational."

He also announced that throughout November, which the president has dubbed "National Veterans and Military Families Month," VA plans to roll out a series of initiatives aimed at better service delivery.

Shulkin said the initiatives will include a national ID card for veterans, as well as a 24-hour, seven-day-a-week hotline set up in the White House to handle veteran complaints.

Since taking over as secretary, Shulkin has said his top priorities for improving service delivery to veterans are to improve the timeliness of service and disability claims appeals, and to generally modernize the VA.

For evidence of progress on the modernization effort, Shulkin pointed to the ongoing adoption of a commercial major electronic medical records system, publicly posted appointment wait times, plans to reduce VA's real estate footprint, and the department's Nov. 2 announcement of the launch of the Rapid Appeals Modernization Program to expedite appeal decisions on benefits claims.

Legislatively, Shulkin applauded Congress's passage of a slate of bills aimed at supporting veterans and VA services. However, he added that Congress also should tackle veterans' benefits.

"Policymakers just haven't thought strategically about veterans benefits over the past 150 years," he said. "They just kept piling on benefits without any clear objective in mind, other than patriotic gratitude and political expedience, sometimes more of the latter than the former."

The result, he said, is that "we have a system that, in my opinion, is far too complex, filled too much bureaucracy."

Shulkin also called for the establishment of a veterans' benefits advisory board "to bring clarity about what we're trying to do for veterans... and how we can do that the best way."

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3.5 - Healthcare Informatics: [Lawmakers Move to Strengthen Congress' Oversight of VA's EHR Implementation](#) (6 November, [REDACTED], 158k online visitors/mo; New York, NY)

A group of bipartisan lawmakers from the House Committee on Veterans' Affairs introduced legislation last week to give Congress additional oversight to monitor the Department of Veterans Affairs (VA) transition to its new Cerner electronic health record (EHR) system.

Chairman Phil Roe, M.D. (R-Tenn.) and Ranking Member Tim Walz (D-Minn.), along with Subcommittee on Oversight and Investigations Committee Chairman Jack Bergman (R-Mich.) and Ranking Member Annie Kuster (D-NH), introduced the Veterans' Electronic Health Record Modernization Oversight Act of 2017.

In June 2017, the VA announced its plan to replace its Veterans Health Information Systems and Technology Architecture (VistA) with the Cerner Millennium EHR system, with the Department of Defense (DoD) is already implementing. In the announcement, VA cited the need to achieve seamless interoperability with DoD and a desire to reallocate resources away from in-house software development and back into core functions of VA.

"The transition to a new electronic records system will impact nearly every aspect of veterans' health care, and congressional oversight is critical to ensure this effort is carried out responsibly and successfully," the lawmakers wrote in a summary of the bill.

The legislation directs VA to provide Congress with the project's key planning and implementation documents, in addition to copies of the contracts, to indicate the effort's progress and how the money is being spent. The legislation also requires VA to notify Congress in the event of any significant cost increase, schedule delay, loss of veteran health data or breach of privacy.

Chairman Rep. Phil Roe (R-Tenn.) called the bill "essential legislation that will give Congress additional tools to carry out effective oversight of this challenging undertaking." Chairman Roe also said in a statement, "As chairman and a physician, I know firsthand the value an effective electronic health records system plays in providing patients with quality health care. The transition to the Cerner system aims to achieve seamless interoperability with the Department of Defense, which has been one of my priorities since coming to Congress, and will be one of the largest projects the department has been tasked with implementing."

"It is well known that large IT modernization projects, particularly those in the government, often encounter significant problems," Oversight and Investigations Committee Chairman Bergman said in a statement. "It's also no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts. While it appears the VA has made strides to improve the flow of information, complete transparency is essential for the modernization of its electronic health record. This legislation ensures Congress has access to key implementation documents within the VA to enable the rigorous oversight required by all who are served by the VA."

“The Department of Veterans Affairs’ outdated electronic health records (EHR) system has posed a persistent challenge to efforts to improve care for veterans,” Oversight and Investigations committee Ranking Member Kuster said. “I’m pleased that VA has decided to move forward with modernization of their records system so that VA’s EHR system will be able to operate seamlessly with healthcare facilities outside of the VA network. This legislation will ensure that this process is undertaken with the transparency and accountability necessary.”

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3.6 - Health Data Management: [House bill seeks to hold VA accountable as it moves to Cerner EHR](#) (6 November, [REDACTED], 143k online visitors/mo; New York, NY)

A House committee on Friday introduced bipartisan legislation to help ensure that the Department of Veterans Affairs is held accountable as it pursues plans to replace its legacy electronic health record system with a commercial off-the-shelf EHR from Cerner.

“VA is currently in the final stages of its negotiations with Cerner for one of the largest contracts in VA’s history,” said Phil Roe, MD (R-Tenn.), chairman of the House Veterans’ Affairs Committee. “The transition to a new electronic records system will impact nearly every aspect of veterans’ healthcare, and congressional oversight is critical to ensure this effort is carried out responsibly and successfully.”

The Veterans’ Electronic Health Record Modernization Oversight Act of 2017 directs VA to provide Congress with the project’s key planning and implementation documents, as well as copies of the contracts to indicate the effort’s progress and how the money is being spent. In addition, the bill requires the agency to notify Congress in the event of any significant cost increase, schedule delay, loss of veteran health data or breach of privacy.

In June, VA announced that it plans to replace its decades-old legacy Veterans Health Information Systems and Technology Architecture (VistA) with Cerner’s Millennium EHR, the same platform that the Department of Defense is currently implementing as part of Military Health System (MHS) Genesis.

Lawmakers have called for “seamless interoperability” between the VA and DoD EHR systems, which they believe will be aided by both agencies leveraging the Millennium platform.

“For far too long, service members transitioning from DoD to VA healthcare have been unable to take their electronic health records with them,” said Ranking Member Tim Walz (D-Minn.). “That is why I applauded Secretary Shulkin when he announced that VA would soon adopt the same electronic health record as DoD. While Secretary Shulkin’s announcement was a welcome one, it is now incredibly important to make sure the modernization process is as seamless as possible.”

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3.7 - Fierce Healthcare: [Health IT Roundup—New bill adds oversight to VA's EHR transition; providers want more money for rural broadband](#) (6 November, [REDACTED], 141k online visitors/mo; Washington, DC)

New bill would require regular updates on VA's EHR implementation

A bill introduced in the House and the Senate would place additional requirements on the Department of Veterans Affairs to provide lawmakers with updates on the agency's transition to Cerner's EHR platform. The bill, known as the "Veterans' Electronic Health Record Modernization Oversight Act of 2017," would require the VA to submit a master plan and schedule and update Congress on any changes to those plans on a quarterly basis. It would also require Secretary David Shulkin, M.D., to submit annual cost estimates for the project. (Senate announcement) (House announcement)

[...]

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3.8 - FedScoop: [Help the VA build a digital, interactive memorial for veterans](#) (6 November, [REDACTED], 57k online visitors/mo; Washington, DC)

A visit to one of the 135 national cemeteries can be a powerful way to memorialize veterans. But an in-person trip isn't always possible, so the Department of Veterans Affairs is looking to leverage technology to move some aspects of the experience online.

As part of its mission to "memorialize veterans in perpetuity," the VA's National Cemetery Administration currently maintains a web portal called the Nationwide Gravesite Locator, which allows visitors to find burial information for sites across the country. But the portal isn't particularly modern, so the NCA has turned to Challenge.gov with a plan for crowdsourcing ideas for an online memorial.

"NCA seeks to expand its interactive digital capabilities to better engage the public (rather than simply informing it)," the challenge statement reads. For example, NCA would like visitors to be able to leave comments, pictures and more attached to the burial profiles. Ideally, the NCA would like a memorial that encourages users to visit "on a habitual basis."

Participants are tasked with proposing a creative, engaging online memorial feature or integration that can "invoke powerful emotions that resonate with The Department of Veterans Affairs mission to virtualize memorialization in a meaningful way." The challenge runs through Nov. 30, and winners will be announced in December. One top winner will be awarded \$5,000, while five finalists will get \$1,000 each.

The challenge coincides with November's National Veterans and Military Families month focus.

"This online memorial space will allow visitors to honor, cherish, share, and pay their respects and permit researchers, amateurs, students, and professionals to share information about Veterans," the challenge states.

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4. [Focus Resources More Efficiently](#)

4.1 - USA Today: [A tweet and a promise: Trump finds campaign pledges easy to tweet, harder to keep](#) (6 November, [REDACTED], 37M online visitors/mo; McLean, VA)

WASHINGTON — A promise tweeted isn't always a promise kept.

Campaigning for president in 2015 and 2016, President Trump exuded optimism in his ability to "drain the swamp," bring back American jobs and repeal Obamacare.

Using his preferred online social network – and his trademark short, exclamatory sentences – he pledged quick action if elected.

"I will fix!" he promised on Twitter at least 10 times, referring alternately to crime, education, poverty, the economy, the trade deficit, health care and veterans benefits.

Just as many times, he promised, "I will stop it." Stop war, stop job losses, stop heroin, stop gangs, stop terrorism.

And, as politicians often do, Trump made promises to various interest groups: veterans, gays and lesbians, and even Idaho potato farmers.

But in the year since he upended the political establishment with his victory over Democrat Hillary Clinton, some of Trump's campaign promises have been more elusive than others — and some he seems to have forgotten entirely.

Here are some of Trump's tweeted campaign promises:

Promise: 'I will fix the VA quickly'

Action: The Department of Veterans Affairs continues to face complaints about long wait times, shoddy care and bad doctors. But Trump has ordered a number of accountability measures, and VA Secretary David Shulkin has taken a data-driven approach to fix management problems.

Status: In progress.

[...]

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4.2 - Atlanta Journal-Constitution: [New PBS documentary includes Atlanta VA enrollment office problems](#) (6 November, [REDACTED], 11.9M online visitors/mo; Atlanta, GA)

A new PBS documentary that airs tonight examines problems with the VA health care system and includes mention of problems with the national healthcare enrollment system that serves millions of veterans and is overseen by an office in Atlanta.

The film, VA: The Human Cost of War, which airs on public broadcasting television stations nationwide, takes a sweeping look at the history of the Department of Veterans Affairs and the

challenges it's faced over the decades trying to serve veterans. The current crisis of veteran suicide is the latest in a series of problems the VA has struggled to address.

The documentary, which airs at 10 p.m. on Georgia Public Broadcasting, includes an interview with Atlanta whistleblower Scott Davis, who testified before Congress in 2014 about problems at the VA's Health Eligibility Center that operates in an office building off Clairmont Road.

The center was the subject of an AJC investigation in 2014 that revealed more than 800,000 health care applications were stuck in an administrative backlog. Some 300,000 were from veterans who died before their application was adequately processed by the VA. The documentary mentions a 2015 inspector general's report that confirmed the findings of the investigation, which included information provided by Davis and other whistleblowers.

Davis said the documentary, directed by Ric Burns, was shown in a special screening last spring at President Trump's Mar-A-Lago resort in Palm Beach.

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4.3 - Military.com: [Army Offers Medical Help for Veterans Injured in Chem-Bio Agent Tests](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

The U.S. Army is notifying veterans that they may be eligible to receive medical care if they participated in chemical or biological substance testing from 1942 to 1975.

Following a recent class-action lawsuit filed by the Vietnam Veterans of America, the service must provide medical care to veterans who volunteered to contribute to the advancement of the U.S. biological and chemical programs, according to a Nov. 6 Army Medical Command press release.

The Government Accountability Office found that the U.S. military conducted three secret military research projects between 1942 and 1975, according to a March 9, 1993, GAO report.

Neither the Army nor the Navy maintained records for all personnel involved in mustard agent testing during World War II, according to the GAO.

Prior to July 1992, a veteran had to prove that his disability was service-connected or a result of injuries or disease incurred during a period of military service, and the Department of Veterans Affairs disallowed many claims because veterans could not provide evidence of having been injured by mustard gas exposure, according to the GAO.

To be eligible for medical care, according to the Army Medical Command, veterans who may fall within this identified class must have:

- A Department of Defense Form 214 or War Department discharge/separation form(s) or the functional equivalent.
- Served as a volunteer medical research subject in a U.S. Army chemical or biological substance testing program from 1942 to 1975, including the receipt of medications or vaccines under the Army investigational drug review.

- A diagnosed medical condition they believe to be a direct result of their participation in an Army chemical or biological substance testing program.

Medical care, to include medications, will be provided at the closest military medical treatment facility that has the capability and capacity.

Care will be provided on a space-available basis for a specific period of time as described in the authorization letter, and is supplemental to the comprehensive medical care a plaintiff is entitled to receive through the VA based on their status as a veteran, according to the release.

Eligible veterans are encouraged to visit this website, or call 1-800-984-8523 if they have any questions or need assistance, according to the release.

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4.4 - WDTV (CBS-5): [VA Medical Center says 'thank you' to veterans and employees](#) (6 November, [REDACTED], 172k online visitors/mo; Bridgeport, WV)

CLARKSBURG, W.Va (WDTV)- President Trump proclaimed November as National Veterans and Military Families Month. The goal is to honor the significant contributions made by American service members, their families, and their loved ones.

Locally, the VA Medical Center in Clarksburg is contributing to the month long celebration by greeting veterans and employees at the door. Service chiefs and volunteers are shaking hands at the main entrance Monday-Friday from 7:00-9:00 am.

Public Affairs Officer Wesley Walls says the idea is to thank the veterans for their selfless service. Walls says it is also important to show appreciation to the employees that help serve them.

"We have the distinct honor and privilege of serving veterans everyday, and thus we celebrate Veterans Day every day, 365 days a year," Walls said. "It is a small token of our appreciation."

Although the service chiefs and volunteers say it is a small gesture, it means much more to the veterans.

"Most people just go about their day," Air Force Veteran Franklin Hosey said. "These people here at the VA went out of their way and when people go out of their way it make you feel special."

Many other events will take place throughout the month.

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4.5 - Wyoming Tribune-Eagle: [Cheyenne South High student continues painting series for veterans](#) (6 November, [REDACTED], 152k online visitors/mo; Cheyenne, WY)

CHEYENNE – Some students and staff at Cheyenne's South High are putting extra work into honoring the community's veterans.

Senior Taryn Harsy, with art teachers Kerri Gentry and Nicole Cameron, is painting the third in a series of Veterans Day paintings South High will distribute to veterans organizations throughout the community.

"It's building that culture that we appreciate veterans in lots of different ways, and that's just one piece that South can play," Gentry said.

Veterans Day is celebrated on Nov. 11 each year.

Gentry and Cameron received a \$2,600 grant sponsored by the Laramie County School District 1 employees through the Cheyenne Schools Foundation. The teachers bought paint, large canvases, portable projectors and documentary cameras with the money.

Gentry said the projectors will allow students to draw a smaller design and then project it onto a larger canvas to make a bigger piece.

Students can use the documentary cameras to do outside research to go toward their designs.

"Maybe they want to go to a memorial or interview a veteran," Gentry said.

All of the supplies can be used in regular classroom assignments, and next year's Veterans Day painting already is in the works.

Gentry said the project originally was inspired by Matt Jefferson and Conner McCoy, two former South High students.

During their early years at South, they created a graffiti-style painting, which the school donated to the Veterans of Foreign Wars Post 4343, located at 3216 S. Greeley Highway.

The two wanted to make another piece during their senior year.

"They came to me and said they wanted my help painting a canvas for the Veterans Day assembly that we hold here," Gentry said.

That painting currently hangs in the South High commons area. It has a kneeling soldier with angel wings – which Gentry painted – bookended with graffiti-style words. "Home" is on the left, and "brave" is on the right.

Gentry said she saw merit in the idea of veterans paintings and wanted to continue the effort as a bigger project.

"We have a lot of students whose parents are veterans or in the military."

Gentry said she is a veteran too, and the project allows her to put a piece of her into her work with the students. She served in the Army Reserve for 10 years.

Harsy's painting involves a tattered American flag in the background with a symbol of military sacrifice in the foreground. It's a pair of boots, a gun and a helmet painted to match the field of stars on the flag.

She is painting the word “sacrifice” across the bottom and plans to include words like “brother,” “wife,” “son” and others throughout the painting. It’s about half done right now.

“I wanted to showcase the amount of sacrifice that not only soldiers give to their country, but their families as well,” Harsy said.

She explained that military members sacrifice time with their families and sometimes their lives to serve their country.

“They’re missing all these holidays and birthdays, and those aren’t things you can get back. But they’re doing it all for the sake of our country – to give us the freedom and to keep it,” she said.

Harsy’s father was a Seabee in the U.S. Navy. Her grandfather and other family members are veterans as well.

Harsy said the tattered condition of the flag in her painting is particularly symbolic because it represents what the country has been through.

“As our country is experiencing all these terrorist attacks – domestic terrorism, as well as international terrorism – it’s important that we all come together and unite together to show that we are stronger together and that we can get through anything,” she said.

“(The flag) shows that we are united together and that we’re still standing strong.”

Although Harsy designed the flag, her classmates, Jennica Price and McKen-zie Weber, are helping her paint it.

Gentry said her goal is to bring all the Veterans Day paintings together at the Veterans Affairs Medical Center each Veterans Day.

Every painting will be included in that showcase and then remain at South High for a year. Paintings then will be donated to a local veterans organization, where they will be displayed year-round, except during the annual showcase.

Gentry said she expects the three paintings will be available for public viewing around Nov. 13 or Nov. 14.

Harsy said she is proud to have her work showcased in the community.

“I’m not doing it for myself. I’m doing it for the veterans that we have here in Cheyenne and across the country. I’m sure it will be significant for them,” she said.

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4.6 - Wisconsin Public Radio (Audio): [Tomah VA Patients File Class Action Lawsuit Over Improper Dental Care, 6 Plaintiffs Seeking More Than \\$29M For All Patients Treated By VA Dentist](#) (6 November, [REDACTED], 151k online visitors/mo; Madison, WI)

Several patients of the Tomah Veterans Affairs Medical Center have filed a class action lawsuit against the United States government for negligent dental care.

Six individuals say they experienced "extreme emotional distress" after discovering a VA dentist had potentially exposed them to HIV and other infections, according to a complaint filed in U.S. District court Wednesday.

Last November, VA officials informed 592 patients their dentist had been using personal equipment instead of following hygiene procedures.

The medical center offered free blood testing to those involved. As of September, almost 90 percent of the affected patients had been tested and no infections had been reported.

The plaintiffs are seeking \$50,000 for each of the affected patients, bringing the total claim to \$29.6 million.

The plaintiffs' attorney declined a request for comment.

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4.7 - Sentinel & Enterprise: [VA chief calls for Bedford hospital shake-up](#) (6 November, [REDACTED], 80k online visitors/mo; Fitchburg, MA)

BEDFORD -- Following a string of deaths and reports of retaliation against whistleblowers at the Edith Nourse Rogers Memorial Veterans Hospital, Veterans Affairs Secretary David Shulkin announced Saturday that he has proposed demoting the hospital's former director and initiated a search for a new permanent leader.

The Bedford hospital is currently on its third director in little more than a year. Christine Croteau, the last permanent director, was removed in September 2016 due to a whistleblower retaliation investigation and an administrative investigation into whether she urged staff not to report patient deaths in the facility, according to VA documents.

Karen Acerra-Williams, who took over as acting director following Croteau's departure, was reassigned this summer, 10 months into her one-year posting. That leadership shake-up came as the U.S. Office of Special Counsel was investigating another potential case of hospital administrators retaliating against a whistleblower.

"I think you're seeing what happens when you have a continued shift of leadership," Shulkin said during a press conference at the hospital, adding "That's why we have moved quickly now, and frankly it has taken us too long, in terms of filling this (permanent director) position, but we are now moving forward."

The VA has already received 10 applications for the job, Shulkin said.

Shulkin is seeking Croteau's demotion.

The visit followed several media reports about substandard care at the Bedford hospital.

Earlier this month, the Boston Globe published an article about Bill Nutter, a Vietnam veteran who died at the hospital while the nurse who was supposed to be checking on him played a video game on her computer.

The Sun had previously reported on the deaths of three men who overdosed in Bedford VA facilities. Two of them, Matt Holmes and Edward Kalisiak, were linked to a hospital employee who was under OIG investigation for selling drugs to patients.

VA employee Redger Hennah, who was a source for that article, received death threats following its publication. His case is the subject of an ongoing U.S. Office of Special Counsel whistleblower retaliation investigation.

Both Shulkin and the legislative delegation said that there would be a renewed focus on protecting employees who uncovered wrongdoing.

"The only way we're going to protect our veterans is if we protect those people who are whistleblowers," Markey said. "It is, without question, going to be the key going forward."

There are ongoing OIG investigations into both the drug overdose deaths and the death of Nutter. Shulkin said he could not provide an update on those investigations, but that the legislative delegation had made clear that they should be given the highest priority.

"We have a lot of work to do before we build back the trust of our veterans here in Massachusetts," Warren said. "We need more than just words, we need actions. That is why I've asked the secretary to expedite the VA inspector general's criminal investigation into the circumstances surrounding the death of Bill Nutter."

Moulton, a former Marine who served in Iraq, said there was nothing more painful than learning that a veteran had died alone, as Nutter did, especially outside of combat. He thanked Shulkin for working with the delegation to ensure no similar tragedies occur at the hospital.

"The VA is not perfect," Moulton said. "We're letting some of our veterans and our families down and our veterans deserve the best health care in the world. So Mr. Secretary, we have a lot of work to do."

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4.8 - WUFT (PBS-5): [Families Of Veterans Find A Home Away From Home At Fisher House](#) (6 November, [REDACTED], 58k online visitors/mo; Gainesville, FL)

José Rios has suffered from health problems for years, but it wasn't until Hurricane Maria passed over Puerto Rico that his symptoms grew dire.

As the storm ravaged the island with damaging wind and torrential rains, the 81-year-old Korean War army veteran started to experience severe chest pain. He was taken by ambulance October 1 to the VA Caribbean Healthcare in San Juan, where he stayed for four days before being airlifted to Malcom Randall VA Medical Center in Gainesville, Fla.

When Ernesto Nieves learned his father was flown to Florida, he packed his things, rented a car and began the 18-hour drive from his home in Watertown, New York to meet his father and brother at the hospital in Gainesville.

While scrambling to find a hotel for his stay, Nieves found the Fisher House — a home for the family members of veterans who are staying at the Randall VA Medical Center. He was relieved to find they had a room for him.

“The first madness right there was finding a place to stay,” he said, “because most of the hotels close to here, there was no chance.”

Nieves said finding the Fisher House was a blessing.

“It’s not a hotel, it is a home,” he said. “There are other people here going through the same things.”

Since it opened for guests on July 7, 2014, the Gainesville Fisher House has provided a free place to stay for families of veterans. Located on the northwest side of the hospital, the 20-bedroom, two-story house is typically full, operating between 95 to 97 percent capacity, said Michelle Howard, house manager.

In order to qualify for lodging at the house, guests must live at least 50 miles away and have a family member hospitalized at Malcom Randall VA Medical Center, Howard said. Although they do not typically have to turn people away, there have been times. Last April, they had an extensive waiting list, she said.

After traveling more than 1,200 miles to be with his father, Nieves was thankful for the help. He said he was unsure where he would have stayed if the Fisher House was not available.

Having his son nearby helped to calm Rios’ nerves. Coming from Puerto Rico, he was anxious about his condition and undergoing a procedure in an unfamiliar place.

“All that worrying and all that concern eased up because at least he had his family there,” Nieves said, while translating his father’s words from Spanish to English.

Rios received a transcatheter aortic valve replacement during his stay. The Gainesville VA specializes in cardiology among other treatments and procedures.

The North Florida/South Georgia Veterans Health System serves more veterans annually than any other VA in the nation, according to Daniel Henry, public affairs officer for the North Florida/South Georgia Veterans Health System. This VA serves veterans in Florida, 19 counties in Georgia, Puerto Rico and the Caribbean. Along with primary care, the Malcom Randall VA Medical Center also offers specialty healthcare services including cardiology, gastroenterology, podiatry and mental health. Over the past 10 years, the North Florida/South Georgia Veterans Health System has grown 16.7 percent, according to Henry.

This heightened demand for veteran services in the region is mirrored by the addition of Fisher Houses. There are currently 72 Fisher Houses around the country with eight more in the works, said David Coker, president of the Fisher House Foundation. Two of these new houses will be erected in Florida — one in Orlando at the Orlando VA Medical Center and another in Tampa at the James A. Haley Veterans Hospital.

This year, the Fisher House Foundation is on track to help about 30,000 families, Coker said. While the average length of stay is nine days, the longest was just shy of three years. The ability for families to stay at the Fisher House for no cost is made possible through a unique public-

private partnership, he said. Coker believes in providing free, convenient housing for the families of veterans that are faced with a health crisis.

“We think that the people we serve have paid it up front,” he said.

Most of the money that funds the operations of Fisher Houses comes from the public that it serves, Coker said.

“This is still a grateful nation and there are a lot of people who want to help and bless the military.”

Nieves stayed in the Gainesville Fisher House for a week, but it did not take that long for it to feel like home, he said. The house offered more than just a roof over his head, it became a support system for him to lean on when he needed it.

During his stay, Nieves met a woman whose mother was having the same surgery as his father.

“I think that is the key, having all these families here at the same time,” he said. “You’ve got a home.”

Nieves said that talking with other people in the house and sharing personal experiences helps to get through the difficult moments.

It is a sentiment echoed by the staff. Howard believes the familial bonds that are created among guests are long-lasting and an important aspect of the Fisher House.

“They are so appreciative of the comfortable bed, but more so the family that they made here,” she said.

Nieves checked out of the Fisher House when his father was discharged from the hospital October 17.

His feelings of gratitude, however, won’t fade anytime soon, he said.

“Someone was taking care of my dad and someone was taking care of me,” he said.

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5. Improve Timeliness of Service

5.1 - WBBM (CBS-2, Video): [2 Investigators: Veteran’s Cancer May Be Tied To Marine Base](#) (6 November, 27.2M online visitors/mo; Chicago, IL)

(CBS) — Former Marine Rick Derrig of northwest suburban Huntley says he’s disappointed in his government.

The 62-year-old cancer patient learned he drank contaminated water for years on a U.S military base in North Carolina.

He was based at Camp Lejeune in Jacksonville during a time when it had highly contaminated, cancer-causing drinking water. Making matters worse, Derrig tells 2 Investigator Dave Savini, no one from the Department of Defense told him about his exposure to the tainted wells.

"It would be nice if they even sent like a little postcard, 'If you served on this base from this time to this time and you have these symptoms.'"

The military says about 900,000 service members were potentially exposed to the danger. As many as 700,000 may not even know about it.

Derrig says he got no warning when contamination was found in the 1980s or through the years when wells were closed, or even this year when the Veterans Affairs Administration named eight diseases Camp Lejeune veterans may get because of the contamination.

He served from 1979 to 1983. This period represents four of the 34 years Camp Lejeune's water was contaminated with chemicals from leaked fuel tanks and a nearby dry cleaner.

Those chemicals can cause various cancers that include Non-Hodgkin's lymphoma, the cancer Derrig has been battling for 10 years. He says the last two chemotherapy treatments have been the worst.

"My recovery time is longer and longer. It just makes me more and more depressed and down," Derrig says.

Had he been warned sooner, Derrig says, he could have applied for military medical benefits to cover his expensive medical care.

"It would be nice to have someone acknowledge the fact that 'Oh, gee, maybe we're sorry,'" he says.

A spokesperson for the Marine Corps says they didn't send letters to everyone through direct mail because they didn't have accurate addresses on file. Derrig, however, contends they had his Social Security number and should have been able to contact him sooner.

Since the military wasn't actively sending out warning letters about the contamination, questions remain about how many may have gotten sick or died without ever knowing the truth about what happened at Camp Lejeune.

"We have been watching my uncle suffer for the last 10 years," says Chris Kemble, Derrig's nephew.

Kemble and another nephew are the ones who learned this year about the contamination through a website and told him.

"I am frustrated and honestly disappointed and upset," Kemble says.

Derrig was recently granted 100 percent service-related disability. But federal law prohibits any retroactive disability pay for Camp Lejeune claims.

Notices have been put on social media. If you think you were exposed, the Marines have posted information online; affected spouses can file claims, too. Another option is to contact the Camp Lejeune Historic Drinking Water Call Center at (877) 261-9782, or by e-mail: Clwater@usmc.Mil.

The cost of this contamination could reach \$2.2 billion, according to some reports.

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5.2 - New York Post: [VA Secretary: Texas church shooter is no veteran to me](#) (6 November, [REDACTED], 23.9M online visitors/mo; New York, NY)

Veterans Affairs Secretary David Shulkin has condemned the actions of Texas church shooter Devin Kelley — saying he does not consider the former US airman to be a veteran, but rather an “evil person” and a “criminal.”

Speaking at a National Press Club event in Washington on Monday, Shulkin noted how the 26-year-old was court-martialed in 2012 for assaulting his then-wife and stepson and then thrown in a military prison for 12 months and discharged for bad conduct in 2014.

“In my opinion, I do not consider him a veteran,” Shulkin said. “That would give him much more respect than he deserves. He is a criminal. He was convicted ... and does not deserve to have the same title as the men and women who served this country honorably.”

Kelley killed 26 people on Sunday and wounded 20 more during his mass shooting at the First Baptist Church in Sutherland Springs. He later took his own life after being shot at and pursued by two local residents.

Many people, including President Trump, have argued that Sunday’s massacre was the result of Kelley being mentally ill. Shulkin said Monday that the young man would not have had access to shrinks or mental health doctors on account of his controversial status with the Air Force.

“Those dishonorable discharged have violated the law, have violated our morals and ethics, and I do not believe deserve the types of services and benefits and VA would not be providing those benefits,” he explained. “This is not a person who has ever been treated in the VA system and would not be eligible for those benefits.”

Shulkin went on to say, though, that it’s still early to tell if Kelley was actually suffering from a mental illness at the time of the shooting.

“Unfortunately, in this world there are people that are evil and there are people that are criminal,” he said. “And you don’t always know the reason why, but I certainly believe that he was an evil person.”

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5.3 - Military.com: [Texas Church Shooter Doesn't Rate Being Called 'Veteran:' VA Secretary](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

The Texas church shooter forever forfeited the right to be called a "veteran" with his bad-conduct discharge and criminal acts, Veterans Affairs Secretary Dr. David Shulkin said Monday.

He added that Sgt. Bowe Bergdahl had also forfeited his VA benefits for life with his dishonorable discharge for desertion and misbehavior before the enemy.

"In my opinion, I do not consider him a veteran," Shulkin said of alleged Texas shooter Devin Patrick Kelley.

"That would give him much more respect than he deserves," he said of Kelley, who served stateside in the Air Force until he was kicked out with a bad-conduct discharge for assaulting his wife and child.

"He is a criminal," Shulkin said, and "does not deserve to have the same title as the men and women who have served this country and have honorably been discharged."

Law enforcement officials have charged that Kelley killed 26 churchgoers and injured at least 20 others Sunday when he opened fire outside and inside the First Baptist Church in Sutherland Springs, Texas, a small town about 30 miles east of San Antonio.

The officials said Kelley was found dead in his car of a self-inflicted gunshot wound after a high-speed chase by local residents.

Air Force officials said the 26-year-old Kelley joined the service in 2010 and served in logistics readiness at Holloman Air Force Base in New Mexico.

In wide-ranging remarks at the National Press Club, Shulkin said there is a distinction between those with bad-conduct and dishonorable discharges, and those with discharges under other than honorable conditions.

He said he had authorized emergency mental health treatment at the VA for those with other-than-honorable discharges. "We know they are at a higher rate of suicide and homelessness."

However, those with bad-conduct or dishonorable discharges do not deserve VA benefits or treatment, Shulkin said, "and the VA would not be providing those benefits."

He also appeared to take issue with President Donald Trump and Gov. Greg Abbott, R-Texas, who have said that Kelley was possibly mentally deranged.

In Japan on Monday on his Asian trip, Trump said the Texas shootings were a "mental health problem at the highest level," and not a "guns situation."

"I don't think we know enough about his state of mind to give him a diagnosis," Shulkin said. "Unfortunately, in this world, there are people that are evil and there are people that are criminal."

About Bergdahl, Shulkin said, "We would not recognize him as having the ability to receive benefits at VA. I don't believe he honors those who served and have worn the uniform proudly."

However, Shulkin said, as a doctor and "as a compassionate person, I certainly want him to get the help he needs and believe he should have access to treatment, but it would not be in the system that is supported by the Department of Veterans Affairs."

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5.4 - Washington Examiner (Video): [VA Secretary David Shulkin: I don't consider the Texas church gunman as a veteran](#) (6 November, [REDACTED], 4.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin said Monday he doesn't consider the gunman who opened fire on parishioners at a church in Texas to be a veteran and said instead he was an "evil person."

The suspected gunman, 26-year-old Devin Patrick Kelley, served in the U.S. Air Force from 2010 to 2014. He received a bad conduct discharge after he was court-martialed in 2012 for assault on his wife and their child, and served a year behind bars.

"This is a very sad situation and a tragedy not only for the families and the town in Texas but really for the country. But in my opinion, I really do not consider him a veteran," Shulkin said during an event at the National Press Club. "That would give him much more respect than he deserves. He is a criminal, and I think that he was convicted, and with a dishonorable discharge does not deserve to have the same title as the men and women who have served this country and have honorably been discharged."

Despite Shulkin's comments, Kelley was not dishonorably discharged and instead received a bad conduct discharge.

Police believe Kelley killed 26 and wounded 20 others when he opened fire on the First Baptist Church in Sutherland Springs, Texas, during a church service Sunday. The victims range in age from 18 months to 77 years.

Under a 1997 law called the Lautenberg Amendment, anyone convicted of domestic violence is prohibited from accessing firearms. But federal authorities are still working to determine whether Kelley's conviction in 2012 and bad conduct discharge in 2014 were enough to prohibit him from having firearms. Either way, Kelley did not have a permit to carry at the time of the shooting.

Law enforcement officials said Monday that Kelley purchased four guns — two in Colorado and two in Texas — from 2014 to 2017, and said he used a Ruger AR-556 in the attack. Police also found two handguns in Kelley's vehicle.

In the wake of the shooting Sunday, President Trump said it was a "mental health problem at the highest level," instead of a "guns situation."

Shulkin was asked about the benefits, such as access to mental health services, available to veterans depending on their military discharge, and said there's a difference between service members who receive an other-than-honorable discharge and those that receive a dishonorable discharge. The VA secretary said the VA expanded emergency mental health services to those with other-than-honorable discharges.

However, Shulkin said Kelley wouldn't have been eligible for benefits from the VA.

"Those with bad conduct or discharge, bad discharges such as those gentlemen, have violated the law, have violated our morals and ethics, and I do not believe deserve the types of services and benefits, and the VA would not be providing those benefits," he said. "This is not a person who's ever been treated in the VA system and would not be eligible for those benefits."

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5.5 - Military Times: [VA secretary calls Texas shooter a criminal, not a veteran](#) (6 November, [REDACTED], 2.1M online visitors/mo; Springfield, VA)

Veterans Affairs Secretary David Shulkin took exception to describing the Texas church shooter as a veteran, because he was given a bad conduct discharge for domestic violence crimes in the ranks.

"In my opinion, I do not consider him a veteran," Shulkin said at a National Press Club event on Monday, one day after the Texas tragedy. "That would give him much more respect than he deserves. He is a criminal."

"He was convicted ... and does not deserve to have the same title as the men and women who served this country honorably," he said.

U.S. Air Force officials said that the suspected shooter — 26-year-old Devin Patrick Kelley — joined service in 2010 and served in logistics readiness at Holloman Air Force Base in New Mexico.

But four years later, he was given a court-martial for a domestic violence accusation, confined for 12 months and kicked out of the military with a reduced rank and a bad conduct discharge.

On Sunday, Kelley entered the First Baptist Church in Sutherland Springs, Texas, with several firearms and began shooting. At least 26 people were killed and 20 more injured. Kelley was later found dead a few miles from the scene.

Local law enforcement officials say the shooting may have been motivated by arguments with his ex-wife's family. But Kelley's military experience has been emphasized in numerous news reports, much to the chagrin of veterans groups.

Kelley's bad conduct discharge made him ineligible for a host of veterans benefits, including VA health care. It's unclear whether his military conviction made him ineligible under federal law to purchase firearms.

Shulkin has made outreach to veterans with other-than-honorable discharges a point of emphasis in recent months. But he said those efforts are meant to better identify veterans who may have undiagnosed mental health problems that contribute to lesser offenses — drug or alcohol abuse, for example — and not give a pass to more serious crimes.

"Those with bad conduct discharges have violated the law, have violated our morals and ethics and I do not believe deserve services and benefits," he said. "VA will not be providing them. This is not a person who has ever been treated in the VA system and would not be eligible."

He also called Kelley "an evil person" but said it was impossible to draw any connection between the murders and his military experience.

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5.6 - WNEM (CBS-5, Video): [Injured veteran to receive benefits after fighting VA, Army](#) (6 November, [REDACTED], 442k online visitors/mo; Saginaw, MI)

After years of fighting the Veterans Affairs, a Mid-Michigan veteran will finally get the help he deserves.

The VA cut off Sgt. First Class Cameron Corder's family's insurance and retirement compensation in 2015.

Now he is getting the money he is owed from the Army for being injured.

"I had a fruitful career, but once that career ended by me being injured, I saw how quickly the Department of Defense turned their back on me," Corder said in 2015.

After fighting the Army and the VA for two years over compensation he felt he was owed, he is happy to report there has been a change in the case.

"It's finally going to be granted, at least we think it is. The records have been changed to show that the cause of injury has been identified and we've been granted relief," Corder said.

Corder said finally getting the money means so much to his family.

"It's going to give us the opportunity to dig ourselves out of debt and provide a better life for my family," Corder said.

Bethany Corder said getting the money is helpful, but it's more than that.

"The money is very welcome, but I think for me personally, what's more important is finally getting that validation from the Army that they said, 'yes we made a mistake and we are correcting this issue,'" she said.

The Corder family remains cautiously optimistic about getting the money they feel they deserve. For now they are happy with how far they have come in the last few years.

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5.7 - New Hampshire Union Leader: [Grant Bosse: Every day is Veterans Day](#) (7 November, Grante Bosse, 318k online visitors/mo; Manchester, NH)

This year, the 11th day of the 11th month falls on a Saturday, and we don't have an editorial page on Saturdays.

So I think it's appropriate to take today to address the debt we owe to our veterans, and how we can improve the manner in which we repay it.

On Sunday, former Dartmouth College President James Wright spoke at the Bridges House in Concord as part of the Friends of Bridges House author series.

Wright recently published "Enduring Vietnam: An American Generation and Its War." Wright served as a lance corporal in the U.S. Marine Corps from 1957 to 1960.

At Dartmouth, Wright opened the college on the hill to veterans, including those wounded in the line of duty. Wright reached out to a group of talented men and women who may never have seen the Ivy League as a possibility.

Wright chronicles America's experience with Vietnam and that long war's legacy with the eye of a historian, and with the heart of someone who has worked closely with veterans for years.

My father and father-in-law both served in Southeast Asia during the Vietnam conflict. I've never served in the military.

I owe them, and all our veterans, a debt that can never be repaid. We all do. Because of their service, we wake up each day in a nation that protects our rights to life, liberty, and the pursuit of happiness. That's why I say that every day is Veterans Day.

The VA Medical Center in Manchester failed to live up to our commitment to our veterans. By all accounts, director Al Montoya and his staff are doing a great job cleaning up the mess they found after whistleblowers brought the center's many problems to the public's attention.

New Hampshire's congressional delegation last week thanked Montoya for heeding their call to improve facilities for female veterans. Last week, the center also announced a partnership with UNH's Northeast Passage Program to provide recreational therapy services to vets in their communities.

Such partnerships should be commonplace. I've long argued that the VA should be pared back to research and treatment of combat-related injuries. Veterans should be able to get their non-service related health care at any hospital.

I think shunting veterans into a segregated health care system should be a scandal.

Of course, many veterans love the Manchester VA, and praise the care they've received, even as others were left languishing on waiting lists, or treated with unsanitary equipment.

The VA often provides excellent care, but lacks the efficiency or accountability of private hospitals.

For all the faults of how we finance health care in America, the quality of care is unmatched. Yet we don't allow veterans open access to this system.

Working at WTSL-Lebanon in the late '90s, I produced a weeklong series on medical research in the Upper Valley. The White River Junction VA was doing some ground-breaking work. I'd have the VA nationwide concentrate on such efforts, and let veterans cash in their health care benefits anywhere they'd like.

Many veterans disagree. They want to keep the VA as their primary health provider. We can do that, while still finding ways to massively improve standards and accountability.

That will require more than will and federal appropriations. It will mean putting people in charge of the VA who are willing to take on a moribund bureaucracy sheltered from consequences for decades.

Montoya is one of those people. From what I've seen so far, Dr. David Shulkin, the VA secretary, is another.

The health care we provide to our veterans is not an entitlement program. It is a promise made in exchange for their service. When the VA system leaves a veteran on a waiting list, it means we've failed to keep that promise.

Friends of Bridges House, the volunteer nonprofit group that cares for the governor's official residence, is donating proceeds from Wright's speech to New Hampshire Vietnam veterans. If you would like to help, you can donate at FriendsofBridgesHouse.org.

Grant Bosse is editorial page editor of the New Hampshire Union Leader and Sunday News.

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5.8 - KWTX (CBS-10, Video): [Waco: Homeless Gulf War veteran finds a new life.](#) (6 November, [REDACTED], 315k online visitors/mo; Waco, TX)

WACO, Texas (KWTX) Life for R.V. Stringer hasn't been easy.

The Gulf War veteran has learned to manage his PTSD, but at one point it shattered his life to pieces.

Looking to find a fresh start R.V. moved to Waco and things only seemed to get worse.

"I had no place to go. I came to this town and all I had was the shoes on my feet the shorts I was wearing and one shirt" Stringer recalls.

He says he heard a sermon at Baylor University and that night he chose to give his life to Christ.

His troubles wouldn't end immediately he would live in shelters and use his VA benefits to survive.

While homeless R.V. attended Church Under The Bridge, a ministry for those who are homeless.

The outdoor church services provide the opportunity for Sunday Christian worship services for those whom may feel cast aside by mainstream society.

The services are headed by President and Executive Director of Mission Waco Jimmy Dorrell.

He's been ministering to people like R.V. in Waco under Interstate 35 and 5th street for 25 years.

According to Dorrell, "My wife and I were having breakfast and we looked over and saw the homeless sleeping and we said hey let's invite those guys to breakfast".

The ministry recently celebrated it's 25th year anniversary.

Since R.V. has been attending the services his life has begun to change for the better.

"We've been so blessed by the church and all the people who have come along and just loved on us and just helped us through the walk".

R.V. is no longer homeless.

Jimmy Dorrell says "R.V. is just like a lot of folks a good man that got sidetracked in life. He was at the bottom and today he's working, he's got a family, he's got a place and a car, they are doing well".

R.V. says he owes it all to God and the outreach of Church Under The Bridge.

He wants his story to be one of inspiration for others just like him.

As for Church Under The Bridge they hope to continue their ministry of positively impacting people's lives.

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5.9 - Florence Morning News: [VA official: Filing new claims are faster than appeals process](#) (6 November, [REDACTED], 288k online visitors/mo; Florence, SC)

FLORENCE, S.C. – The U.S. Department of Veterans Affairs distributes approximately \$1.4 billion annually to more than 100,000 veterans in South Carolina.

These numbers might seem high, but some veterans still face challenges with getting the care they need.

Leanne Weldon, regional director of benefits for the VA in Columbia, spoke Monday to the Florence Rotary Club on problems many veterans are facing and how they can get help faster.

Weldon, an Iraq War veteran, said she understands how the claims process can become convoluted and frustrating. She said the best thing to do is call and get help.

"Come in and visit us or get a service officer to help you understand the process and where you are in that process," she said. "Also, file a new or reopen a claim, instead of an appeal. Appeals can take five to eight years, where a new claim takes an average of 112 days."

Weldon said veterans coming from tours in recent wars, such as the Gulf War, Iraq and Afghanistan, are facing trauma and health issues at higher rates.

"Ultimately we want to treat these veterans, find the causes of what's happened to them and prevent that from happening to other veterans," she said. "We're not an office full of bureaucrats; most of us are veterans also."

Weldon urged veterans in need to call the VA at 1-800-827-1000, or the Florence County Veterans Affairs office at 843-665-3045.

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5.10 - The Citizen: [Healing mission: Auburn Army veteran takes on new fight in medical marijuana field](#) (7 November, [REDACTED], 200k online visitors/mo; Auburn, NY)

AUBURN — Sarah Stenuf is far away from Rocket City now.

Living in Auburn with her wife, Jennifer, and 3-year-old son, Gracen, the 28-year-old Army veteran is still haunted by her days at Forward Operating Base Salerno in Afghanistan.

It was nicknamed "Rocket City," "The City of Lights" and "The Bowl" due to the heavy Taliban fire it received. The base was home for Stenuf in 2010, when she was an Apache attack helicopter crew chief. Accompanied by her family in an interview on Nov. 1, she explained that she was a mechanic, making sure her "bird" was ready for missions.

The Syracuse native had wanted to serve in the military since seventh grade, and so when she suffered multiple concussions during hand-to-hand combat training between 2009 and 2010, she kept her resulting seizures quiet. She deployed from Fort Drum in Watertown to FOB Salerno, and despite looking out at "Taliban Hill" every morning, she did her job and liked it. One of two women in her line crew, Stenuf was living her dream.

Little did she know an incoming attack in Afghanistan would change her life path dramatically.

At the end of October, Stenuf officially became the owner of a limited liability company called Happy Healing 420. Based in Auburn for now, she is working to create a space where patients in the state's Medical Marijuana Program can commune and use their medications, and learn more about the health benefits of marijuana and other available resources.

Stenuf said she uses the plant herself to treat many of her health conditions, namely post-traumatic stress disorder, traumatic brain injuries, insomnia and chronic pain. Cannabis works for Stenuf — but it was a long road to finding that out.

A month and a half away from completing her deployment, she had had a seizure down range (in a combat zone). She was transported to a hospital in Germany, unable to fly back to the states because the elevation would cause her to experience seizures.

"All I'm doing now is just figuring out how to stay in the military," she recalled. "I'm not even doing my job. My guys are still down range. They're still deployed. I'm the scumbag that's still got all my limbs, all my legs, all my eyes. I'm with a bunch of guys that are blown up and burned, and I'm here because I have seizures."

Doctors prescribed Stenuf 13 different medications. On bad days, that could mean 40 pills in 24 hours. Depressed and angry, Stenuf said she turned to alcohol and cocaine. She attempted suicide three times.

On May 31, 2013, Stenuf was discharged from the military. She checked into a Veterans Affairs center, but couldn't get into a drug treatment program. Calling around to different facilities, trying desperately to get help, a few new people entered her life and began to turn things around.

While shooting pool at the Canandaigua VA Medical Center, Stenuf met a World War II veteran. He was missing his legs, one arm and part of his face, and he'd have Stenuf hop on the back of his motorized scooter and take her into the woods to smoke cannabis, she said. Stenuf laughed as she remembered her friend.

"That was actually my first introduction, medically wise, to cannabis," Stenuf said. "He actually helped me get off a lot of the pills I was on at the time."

The VA was also where Stenuf met Jennifer and Gracen. The mother and son would come in to visit Jennifer's uncle, and over time, Sarah and Jennifer fell in love. Gracen would fall asleep on Sarah's shoulder, and she said she was amazed at how content and happy he looked there, with her.

"What is this little thing?" she said, recalling the first time he fell asleep in her arms. "It's staying with me? This thing is cool."

During the interview on Nov. 1, Gracen looked up from his coloring book and grinned at Sarah.

"Yeah you!" she said to her son, and he laughed.

Jennifer said that at first, she was dead set against Sarah's cannabis use. But as Sarah started taking fewer pills, Jennifer said she stopped acting like a zombie.

"I think the transitions from medication to medical marijuana, it was a slow transition," Jennifer said. "I think it was something she wasn't completely aware of, the amount of change that took place when she was transitioning. I got to witness that."

Sarah, however, is deeply critical of the state's Medical Marijuana Program. She said there is no equal access to cannabis medication, and that what is available is expensive. She feels the program has been set up to fail.

Stenuf advocates for the decriminalization of cannabis and has traveled the country telling her story. She's learned what has worked and what has not in other states. She hopes to make a difference in her own state, working to start a nonprofit homestead for veterans transitioning from active duty. She wants to set up temporary housing and teach them how to grow cannabis, educate them about its health benefits and get them working, making money and contributing to society in a way beneficial to themselves and to others.

That dream is tricky, she realizes, as she works to stay within the state's legal boundaries.

"In the cannabis industry, you really walk a thin line, and you really have to make sure you're on your game and doing everything correctly," she said. "I mean, I got 420 in my name. I've got a big pot leaf as the American flag as my logo."

Stenuf laughed. Balancing the business and the advocacy, she hopes to break the stigma surrounding marijuana and eventually see the state decriminalize and legalize the organic plant that helped her get her life back. With her "bird" tattooed on her arm and her American flag pot leaf pin on her lapel, Stenuf is ready to fight her next battle — and win.

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5.11 - Northwest Florida Daily News: [VA pharmacy to stop filling prescriptions on base](#) (6 November, [REDACTED], 192k online visitors/mo; Fort Walton Beach, FL)

Officials say the pharmacy at the Department of Veterans Affairs outpatient clinic at Eglin Air Force Base is not closing. By late next year, however, prescriptions will no longer be filled there. Veterans who need prescriptions filled will eventually need to do so through either private pharmacies or through the mail.

EGLIN AFB — Officials say the pharmacy at the Department of Veterans Affairs outpatient clinic at Eglin Air Force Base is not closing.

By late next year, however, prescriptions will no longer be filled there. Veterans who need prescriptions filled will eventually need to do so through either private pharmacies or through the mail.

“The Eglin CBOC (Community-Based Outpatient Clinic), like most CBOCs nationwide, is transitioning to a first-fill contract for emergent prescriptions,” Rob Mims, chief of the Community and Public Affairs Service for the Gulf Coast Veterans Health Care System, said in an email responding to rumors circulating among local veterans. “If a veteran needs a prescription immediately, they will be able to use the first-fill contract pharmacies in the community. All other medications will be mailed from Biloxi or from the VA centralized mail-out pharmacy which is the current process.”

The transition to the first-fill contract is ongoing, and is expected to be completed by October of next year, according to GCVHS officials.

The VA pharmacy’s transition to a “first-fill contract” means that prescriptions for medications that a veteran needs immediately — deemed medically necessary by the prescribing physician — will have to be filled through local retail pharmacies.

As opposed to those “emergent” prescription needs that will be filled by private pharmacies, veterans’ “maintenance” medications — prescriptions for chronic long-term conditions like diabetes, high blood pressure and high cholesterol — will continue to be provided through the VA’s mail-out pharmacy services and sent directly to veterans’ home addresses.

First-fill contracts are already in place in other VA facilities, and GCVHS is “simply expanding an existing process that has already been proven ... by other VA facilities as a fiscally responsible means to provide urgent medication needs and expand clinical services to increase patient access,” according to the email.

Local veterans are being made aware of the move through town-hall meetings and their primary care team. Multiple area pharmacies are part of the first-fill contract, and those choices are communicated regularly to patients, according to GCVHS officials.

"The full implementation will take place over the next few months, and patients will be fully educated as the process is phased in," according to the GCVHS.

One local veteran, who did not want his name used for this story, said the switch to a first-fill contract will be an inconvenience to many veterans who use the VA clinic at Eglin and are used to having their prescriptions filled on-site.

The veteran also contends that the VA isn't letting veterans know about the change. The switch hasn't been mentioned in his own visits to the pharmacy, he said.

"If it's such a great deal, why haven't they told people?" the veteran wondered.

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5.12 - MD Magazine: [Veterans Affairs Aims at HCV Infection Cure](#) (6 November, [REDACTED], 21k online visitors/mo; Plainsboro, NJ)

The US Department of Veterans Affairs (VA), the nation's largest care provider for hepatitis C virus (HCV) patients, has recently described its successful programs and indicated it is "poised to share" best practices with other organizations and healthcare providers to reduce the overall burden of HCV infection.

Pamela Belperio, PharmD (pictured), VA Office of Public Health/ Population Health, Los Angeles, CA, and lead author of the article on the VA approach to providing HCV treatment, described some key components to MD Magazine.

She cited the expansion of non-physician provider use, video telehealth, and teleconsultation as "critically important" to improving veteran access to HCV providers.

"The VA also has utilized care-delivery teams that personalize care where access is somehow more limited," Belperio said.

While acknowledging that some aspects of the program are unique to the VA system, Belperio and colleagues wrote that many could be adapted by other systems, including "the importance of engaging organizational leadership to prioritize HCV treatment and support interventions, providing feedback on performance and outcomes; negotiating reduced drug prices or lower-priced preferred agents."

Success in negotiating lower drug costs may be easier to achieve because of elements such as the size of the VA and the involvement of Congress. However, the authors suggested that commercial insurers can respond to "consistent leveraging of drug prices and removal of restrictions to HCV treatment."

They also argued the importance of eliminating policies that are not based on evidence of improved outcomes, such as requiring a defined length of abstinence before paying for HCV treatment.

Belperio and colleagues described 5 pillars supporting the VA strategy: information, interventions, service delivery, financing, and research. The information processes utilized databases and analytics for population health management strategies to measure, monitor and identify trends in HCV care.

The interventions include continuously improving case identification, initiatives to increase HCV testing; and staffing multi-disciplinary "HCV Innovative Teams" (HITs) across VA facilities to strategize implementation of programs in their particular settings.

The area of service delivery encompasses expanding access to care through telemedicine and electronic technology, involvement of non-physician advanced practice providers, and addressing barriers to care such as substance use, homelessness and mental illness.

"The VA has reached out to veterans in multiple ways," Belperio said, "For example, lists were generated of all untreated HCV patients with their relevant clinical characteristics and each VA clinic used this to contact patients — usually by phone or letter — and invite them for screening and treatment."

Financing for the broadened programs has been attained through several initiatives, including funding priorities in proposed budgets, "steadfast negotiations" on the prices of direct-acting antivirals (DAAs), and removal of restrictions on payment for treatment based on liver disease stage.

Research is included among the principles of the comprehensive approach because of the utility of their large database and capacity of their faculty to contribute to advances in the field.

Belperio and colleagues reported that between January 2014 — when the DAAs were introduced — and June 2017, approximately 92,000 HCV-infected veterans received treatment, and over 90% achieved a sustained virologic response (SVR) corresponding to a cure.

Researchers contrasted this to the period before 2014, when 39,388 had received any HCV treatment of 174,889 patients who had a detectable HCV viral load (23%). Currently, there are approximately 51,000 veterans in VA care who remain potentially eligible for treatment.

"Although elimination seems attainable, the VA recognizes the reality of the HCV epidemic and population — namely, many of those in care who remain to be treated have complex substance use, mental health, and medical comorbidities," Belperio and colleagues wrote.

The researchers found that accomplishing HCV control in the VA includes a "long tail of persistence driven by system, patient and care delivery determinants."

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6. [Suicide Prevention](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The State: 'Unclaimed' veterans will finally be laid to rest at Fort Jackson National Cemetery (6 November, [REDACTED], 2.1M online visitors/mo; Columbia, SC)

COLUMBIA, SC - Two previously unclaimed veterans will be laid to rest at the Fort Jackson National Cemetery shortly after Veterans Day.

None of the veterans' family members will be present for the ceremony, so veterans groups will fill in, and the public is invited to attend the proper send off for these "heroes."

The cremated remains of Army veteran Glenn Duncan Jr. and Air Force veteran Gregory Politte will be interred on Nov. 17, according to Steve Goulet, the commander of American Legion Post 193 in Chapin.

"There is no family to lay them to rest with the honor and dignity they deserve," Goulet wrote in a news release Monday, adding several veterans groups will step up in their absence. "These two heroes (will) receive the honorable and dignified interment they deserve."

The American Legion, Patriot Guard, Vietnam Veterans of America, The Veterans of Foreign Wars and many other veterans from across South Carolina will participate, according to Goulet.

Little is known about Duncan, beyond the fact that he served his country when called upon to do so, Goulet said.

Sgt. Politte served in the Air Force for six years, overseas and in the U.S., according to Goulet. Politte's brother, Nelson Politte, claimed him, but can't be present for the 11 a.m. ceremony.

The veterans' remains will be escorted to Fort Jackson National Cemetery from Post 193 by American Legion Riders and members of the Patriot Guard.

Post 193 Chaplain Richard Mullinax will officiate at the ceremony. An Honor Guard from the Army, Air Force and American Legion Post 71, in North Augusta, will provide full military honors.

This interment is being supported by veterans and community members from across South Carolina. Juveniles from the SC Department of Juvenile Justice built the urns and will also attend the service.

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7.2 - WFED (AM-1500): VA's Shulkin calls for new, strategic approach to veterans benefits programs (6 November, [REDACTED], 831K online visitors/mo; Washington, DC)

Five days before Veterans Day, VA's top leader is calling on the veterans community to consider the past 150 years and the vast variety of benefits the department currently provides to those who "have borne the battle" in a completely new way.

"Today ... I call for a new way of thinking about benefits," Veterans Affairs Secretary David Shulkin said Monday during a speech at the National Press Club. "I want to see an ongoing dialogue with stakeholders about rationalizing veterans benefits — a veterans benefit advisory board that can bring clarity to what we're trying to do for veterans and what's best and how we can do that in the best way."

The creation of a new veterans benefit advisory board will help VA focus on what Shulkin described as key aspects of Veterans Benefits Administration programs: providing financial security for those who are severely disabled, providing mental and physical well being to veterans, offering economic and professional opportunities and helping them reintegrate back into civilian life.

"We need more incentives for achieving wellness and independence," Shulkin said. "This should be a system that focuses on veterans' abilities, not on their disabilities. VA needs to transform into an organization where we are veterans' advocates and we facilitate them getting benefits, not being the gatekeeper of benefits decisions."

"Let me be clear though, this is not about taking away benefits from veterans," he added. "This is about making benefits work better for veterans and transforming the Department of Veterans Affairs to do better for years and for generations for future veterans. I think they deserve no less than that."

The speech was a different one for Shulkin, whose public appearances often focus on health care.

"I wanted to challenge myself, and in the spirit of Veterans Day, I'm going to talk about something that I don't spend as much time as maybe I should talk about, and that is our area of benefits. This is an area that I believe we can do better in. We have a system that ... is far too complex, filled with too much bureaucracy."

Shulkin detailed the history of veterans benefits dating all the way back to the Roman Empire, describing various programs and "a piecemeal development" of laws that previous presidents and Congress have enacted throughout American history.

But despite the vast variety of veterans benefits programs and the myriad of rules and regulations that come with them, Shulkin said he's found a few points of commonality across history.

"Our country is never really fully prepared for the impact of returning veterans," he said. "We always seem to be surprised that these people come back and they have all sorts of issues that need our help. The changes in benefits that we've seen over these 150 years are always politically contentious, and they're related to the economic conditions of the country."

The full scope of veterans benefits has never gotten a full, systematic review, Shulkin said, and previous administrations haven't thought about the financial impact or the red tape and bureaucratic boundaries that these programs would cause.

"The system, it appears to me, puts VA in an adversarial relationship with veterans, where they have to come to us and ask rather than we are trying to help them," Shulkin said. "Lastly, I would say the cost projections always fall short. The actual costs of these programs always tend to be more than what's initially thought."

Mandatory VA benefits spending has risen by more than \$80 billion dollars over the past 30-to-40 years. The department spent \$95.3 billion on mandatory benefits in 2017, well above the \$13.7 billion total in 1980.

Before 2004, military veterans couldn't receive Defense Department retirement benefits and VA disability compensation at the same time. But by 2013, 59,000 DoD retirees received concurrent benefits, along with Social Security, which totaled more than \$3.5 billion, Shulkin said.

Administrative costs at the Veterans Benefits Administration have gone up by \$4 billion — from \$1 billion in 2000 to \$5 billion in 2017.

"We have to make simpler benefits determinations," Shulkin said. "Frankly, we're spending too much on administrative costs and we have to let veterans know what they can expect. They shouldn't have to constantly be refiling claims to get what they deserve. We have to emphasize service-connection for disabilities so we aren't compensating veterans for age-related issues. We have to focus benefits on enabling independence so veterans can succeed on their own, because that's what I think leads towards feeling a sense of well being."

VA is already beginning to make some changes that would put Shulkin's vision for veterans benefits into reality.

The department last week launched the Rapid Appeals Modernization Program (RAMP), which lets veterans choose from multiple different paths to resolve pending claims. VA began the 18-month implementation plan when President Donald Trump signed the Veterans Appeals Improvement and Modernization Act into law over the summer, which authorizes a new claims review process.

The goal of RAMP is to give veterans the earliest possible resolution of their pending claims with VBA.

Later this month, the department will begin making VA benefits determinations for military members on the day they leave service, Shulkin said.

And in the future, Shulkin said he wants VA to make instant adjudications, similar to the way consumers can get immediately get their credit scores online or through a mobile app.

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7.3 - KVLV (NBC-11, Video): [Fargo's veterans cemetery now to open one year later than planned](#) (6 November, [REDACTED], 198k online visitors/mo; Fargo, ND)

FARGO, N.D. (Valley News Live) - Last year veterans were excited to learn about the first-ever Veterans Affairs national cemetery in North Dakota, originally scheduled to open in Fargo in 2018. But delays in construction have some worried that it might not open at all.

The cemetery would be the first U.S. federal government cemetery for veterans in all of North Dakota. Right now the nearest one is in St. Paul, M.N.

Now officials say it won't open until around September 2019.

John Knapp, who works for the National Cemetery Administration and heads the project Fargo, says the main reason is because bidding for a contractor couldn't begin until the plan went through the process of approvals in Washington. By the time a contract was awarded, he says, it was already almost August of this year. So because of the coming weather, it was better to just start the construction next summer instead.

Veteran Terry Richardson, commander of the United Patriotic Bodies of the Fargo-Moorhead area, says the delay disappoints him.

"I've actually been at four military funerals," he said, "and they've been cremations and because of that they all said in their brochures that they're gonna be buried at the cemetery. Well, now we just extended it another year. So, that makes a difference to our veterans."

The cemetery will be located on 40th Ave. Northwest, along county road 20. Last year the Department of Veterans Affairs National Cemetery Administration purchased 4.82 acres of land for \$90,000.

Right now, the only other cemetery for veterans in all of North Dakota is about 200 miles away: the state-run one in Mandan, N.D.

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7.4 - KOB (NBC-5, Video): [Honoring Our Veterans: Part One](#) (6 November, 27k online visitors/mo; Medford, OR)

White City, Ore. — Veteran's Day is Saturday, November 11, and in honor of our service members, NBC5 News is bringing you a local vet's story each day of the week on NBC5 News at 6. Each of the veterans has faced personal challenges and struggles, but each have sought help, and are now thriving in our community.

In part one, we're meeting Brandie Barnes. For years, she was living on the street and selling drugs. Four years later, she's clean, and a homeowner.

In late August, Barnes attended an annual event honoring women veterans at the White City VA. The message of the event: I am not invisible. From the speakers to the audience, veterans shared experiences where they felt invisible to male service members while on active duty, and even to people back at home.

But Barnes said she's felt that twice over.

"I immediately felt invisible, everything that I wanted to do in life and everything that I thought was going to happen, just crumbled," Barnes said.

Barnes said she was sexually assaulted by her Sergeant in the first year after joining the Army in 1991.

"I joined the army right after high school," Barnes said. "I actually graduated early, and went into the Army."

When she was honorably discharged after the assault, her life took a downward turn.

"Suffered with my military trauma for 25 years, so, in and out of jail, homelessness, drugs," Barnes said.

After years, bouncing from house to house, she began living in her car with a single focus.

"It was really all about drugs, and getting more drugs, and selling more drugs, and it was just a crazy way to live," Barnes said.

She said it was an arrest that changed her entire life.

"I went to jail in March of 2013 for drug charges, and found out when I was in jail, I was a couple weeks pregnant," Barnes said.

Barnes said she's been clean ever since that day.

"Something changed when I was in jail, I just, I found God, and he gave me the strength to change everything about myself," Barnes said.

She got out of custody, and into a couple local programs. It was then that she first realized she was a veteran.

"I didn't realize that I was a veteran until I was clean and sober," Barnes said. "When I left the Mom's house, I went to the Hope House, and one of the first questions they asked me was if I was a veteran, if I'd ever serviced in the service, and I was very ashamed, and said yes, I had served in the service."

While she was ashamed, it was one of the first times Barnes felt really seen, and not invisible. In turn, the help she received inspired her to help others.

"I would like to be that glimmer of hope, I wanted to show them that there's light out there, and give them a resources or a community partner phone number, or a blanket or a hot meal, or something that they can rely on and they can know that they deserve better, and they can actually do something to change their situation," Barnes said.

If you or a veteran you know is struggling, there are local resources available to provide help and support. The White City VA SORCC offers everything from treatment programs to mental and recreational therapy. Rogue Valley Veterans & Community Outreach offers similar help.

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8. [Other](#)

8.1 - Military.com: [About 250,000 Veterans Sign Up for New Exchange Benefit](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

About 250,000 people have registered for a new benefit from the military exchanges that allows all honorably discharged veterans to shop online, officials with the Army and Air Force Exchange Service (AAFES) said Monday.

In the past, exchange access -- both online and at brick-and-mortar stores on military bases worldwide -- has been reserved for active-duty troops and their families; Reserve and Guard members and their families; military retirees; 100 percent service-connected disabled veterans; and the families of fallen troops. Medal of Honor recipients are also given access.

The new benefit, however, allows all honorably discharged troops to access the exchange services' online stores, regardless of how long they spent in uniform.

To access the new benefit, each veteran must submit to VetVerify.org a variety of personal information, including his or her Social Security number.

Beginning Nov. 11, Veterans Day, all qualifying applicants will be able to use the exchange websites to shop. Some applicants will be cleared as "beta testers" and given immediate access to the sites. Other will be required to wait until the official launch date.

Users will be able to access online stores for AAFES, the Navy Exchange, the Marine Corps Exchange and the Coast Guard Exchange.

About 13 million veterans qualify for the new benefit, officials said. Products purchased through the exchanges are tax free, and a percentage of revenue benefits Morale, Welfare and Recreation programs.

The new benefit does not give veterans access to any military base or allow them to shop in-person at the exchange or commissary. It also does not give access to gasoline, tobacco, alcohol or uniform purchases, officials said.

Veterans who have trouble applying should visit VetVerify's frequently asked questions page for more information.

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8.2 - Cincinnati Enquirer: [Mercury spill closes portions of Cincinnati VA Medical Center](#) (6 November, [REDACTED], 3.9M online visitors/mo; Cincinnati, OH)

An environmental response team responded to the Cincinnati VA Medical Center last week after mercury leaked out of an old pipe that was moved during construction.

During the evening of Nov. 1, Engineering Service personnel were removing a section of non-functioning drain piping out of an active construction area on the first floor, VA officials said. During the removal of the pipe, liquid spilled out onto the floor in the construction area.

It was determined to be mercury, officials said.

The drain pipe, which was considered to be a "dead pipe" was not connected to any water or drainage systems within the Medical Center.

The VA medical center's department of Industrial Hygiene and Safety was contacted the next morning and determined that an outside commercial environmental response team needed to come on site and evaluate the situation further.

The outside environmental firm advised IH&S to close off specific areas in the hospital for testing and as a precaution, officials said. Hallways around the spill site were closed off as an additional precaution.

The Ohio EPA and the Cincinnati Health Department are also working with the VA for advisement and testing as well as a cleanup strategy. Officials said some sections of the hospital have been deemed safe and are scheduled to reopen.

Officials said there is minimal risk to veterans, employees and visitors.

The mercury spill is the latest minor building failures at the Corryville hospital, which serves more than 44,000 veterans in Greater Cincinnati. Last month, during a required weeklong test of its building-wide electrical system, the hospital experienced a power failure that shut down hallway lights for about six hours one night. The next night, another failure cut power for several more hours.

Hospital officials said the clinical staff had been prepared for the testing and put in temporary lighting, even glow sticks, to compensate. Hospital Director Vivian Hutson said last month that no patient care was affected by the testing or the temporary failures.

Reporter Anne Saker contributed.

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Veterans Affairs Media Summary and News Clips

7 November 2017

1. [Top Stories](#)

1.1 - The Washington Post (PowerPost): [Veterans tell of medical marijuana use in defiance of backward federal policy](#) (6 November, [REDACTED], 43.9M online visitors/mo; Washington, DC)

[REDACTED] is clear: "Without medical marijuana I would be dead." This Marine Corps veteran is a two-time Purple Heart awardee. He is among the former warfighters, led by the American Legion, who are on the frontlines of the fight for a sensible, federal medical marijuana policy. They are pushing a reluctant Uncle Sam to catch up with overwhelming public opinion that favors allowing cannabis for medical use.

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1.2 - The Hill: [VA secretary on Texas shooter: 'I do not consider him a veteran'](#) (6 November, [REDACTED], 11.8M online visitors/mo; Washington, DC)
Veteran Affairs (VA) Secretary [REDACTED] on Monday said he does not consider the former Air Force service member identified as the gunman in a Texas mass shooting as a veteran, and that he would not have had access to mental health help from the department. "I do not consider him a veteran. That would give him much more respect than he deserves," [REDACTED] said of [REDACTED] ...

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1.3 - Military Times: [New PBS documentary explores the history, problems of the VA system](#) (6 November, [REDACTED], 2.1M online visitors/mo; Springfield, VA)
"Every morning when I wake up, a memory of what happened to me in Iraq lingers in my mind," retired Marine [REDACTED] recounts in a new PBS documentary. "They didn't really prepare us on how to feel or how to react coming home." And when [REDACTED] turned to the VA for help, the agency canceled a scheduled appointment with him and promised to call back soon to reschedule.

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1.4 - Omaha World-Herald: [VA chief says Omaha's unauthorized waiting list doesn't signal a return to broader problems](#) (6 November, [REDACTED], 2.1M online visitors/mo; Omaha, NE)
U.S. Secretary of Veterans Affairs [REDACTED] on Monday rejected the idea that revelations about an unauthorized waiting list at Omaha's veterans facility reveal a broader return of wait list issues across the VA. The department has come a long way since 2014, when there were systemic problems in the way that patients were being scheduled, [REDACTED] said during his appearance at the National Press Club.

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1.5 - Government Executive: [House Votes for VA to Clean Up Its Management](#) (6 November, [REDACTED], 852k online visitors/mo; Washington, DC)
The Veterans Affairs Department would have to ensure all of its management layers are necessary and are being held accountable for their performance under a bill the House approved 399-0 on Monday. The VA Management Alignment Act (H.R. 1066) would require the

department to report to Congress on its organizational structure, including details on the “roles, responsibility and accountability” of all of its “elements and individuals.”

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1.6 - Healthcare IT News: [Congress is trying to ensure interoperability between VA, DoD - Senate, House propose bills for congressional oversight of VA's Cerner project, would require reports of any major cost increase, loss of health data, delay or privacy breach.](#) (3

November, [REDACTED], 438k online visitors/mo; Portland, ME)

The House Committee on Veterans Affairs introduced legislation today that would strengthen congressional oversight of the U.S. Department of Veterans Affairs' transition from its legacy VistA EHR to the Cerner platform. Introduced by committee Chairman Rep. [REDACTED] - [REDACTED], and ranking member [REDACTED], the bill is designed to ensure “seamless interoperability” between the U.S. Department of Defense and the U.S. Department of Veterans Affairs.

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2. [Greater Choice for Veterans](#)

2.1 - Bloomberg (Audio): [Incremental Changes for Veterans May Be Coming on Capitol Hill](#) (6 November, 43.7M online visitors/mo; New York, NY)

With Veterans Day coming up this weekend, Congress has scheduled something of a veteran-themed week, with more than a dozen bills tied to the Department of Veterans Affairs set to come up for votes on the House floor. Bloomberg Government legislative analyst [REDACTED] says the measures call for incremental changes for retired servicemembers' finances and health care...

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2.2 - HuffPost: [Taking Care Of Our Veterans' Caregivers](#) (6 November, [REDACTED], 22.9M online visitors/mo; New York, NY)

The nation will say “thank you for your service” to its military veterans this week. New York State is home to more than 800,000 veterans, most of whom return home from war healthy and whole. Of those veterans who come back to New York with injuries or chronic physical and mental health care needs, many rely on family members or friends as informal caregivers.

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2.3 - WBTV (CBS-3): [VA, Congress taking steps to address VA Choice program](#) (6 November, [REDACTED], 319k online visitors/mo; Charlotte, NC)

The US Department of Veterans Affairs has recommended new legislation to Congress that would, among other things, overhaul the VA Choice program. The program was created by Congress and signed into law by President [REDACTED] as a way to give veterans faster access to specialty care. The program came on the heels of revelations that veterans were waiting months to see a specialist at many VA hospitals.

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2.4 - NextGov: [VA To Run Massive Survey Of High-Risk Vets](#) (6 November, [REDACTED])

[REDACTED] 193k online visitors/mo; Washington, DC)

Today's electronic health records rarely tell a patient's complete story, and the Veterans Affairs Department could benefit from knowing about the social and behavioral factors affecting patients outside the clinic, a new project posits. The VA is considering surveying 10,000 veterans across the country about any factors in their lives that might predict whether they'll be admitted to a hospital, and might help the VA understand which characteristics can be linked to success in certain types of interventions, care teams and specialized treatment.

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2.5 - Kokomo Tribune: [VA officials expect to open Kokomo clinic by end of year, Va also moving forward with finding location for an expanded Peru outpatient clinic](#) (6 November, [REDACTED])

[REDACTED], 77k online visitors/mo; Kokomo, IN)

Kokomo should have a health clinic for veterans by the end of the year, according to officials with the Veterans Affairs Northern Indiana Health Care System. [REDACTED], associate director of operations, said VA officials have been in talks with a couple of providers interested in housing the clinic, which could offer urgent care or telemedicine services.

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2.6 - Sunshine State News: [Neal Dunn Gets Bill Giving Veterans More Options on Organ Transplants to House Floor](#) (6 November, [REDACTED], 64k online visitors/mo; Tallahassee, FL)

U.S. Rep. [REDACTED], who served more than a decade as an Army surgeon, scored a win last week as his "Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act" cleared the U.S. House Veterans Affairs Committee. [REDACTED]'s proposal would give veterans needing organ transplants more access, allowing those who live 100 miles or more from VA transplant centers...

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2.7 - KXXV (ABC-25): [Central Texas Veterans Health Care System achieves high quality rating](#) (6 November, 56k online visitors/mo; Waco, TX)

The Central Texas Veterans Health Care System was awarded a high three-star quality rating in Strategic Analytics for Improvement and Learning. This rating makes CTVHCS one of the most improved sites this year. SAIL was designed by the Department of Veterans Affairs for internal benchmarking within the VHA to promote high quality, safety and value-based healthcare across all of its medical centers.

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[3. Modernize Our System](#)

3.1 - WFED (AM-1500, Audio): [REDACTED] [supports training for Congress to prevent sexual harassment](#) (6 November, [REDACTED], 831k online visitors/mo; Washington, DC)

The House Veterans Affairs Committee said it wants the Department of Veterans Affairs to share key planning documents as it implements a new electronic health record. Committee Chairman [REDACTED] and Ranking Member [REDACTED] introduced the

Veterans Electronic Health Record Modernization Oversight Act, requiring VA to tell Congress about significant cost increases, scheduling delays or data breaches.

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3.2 - Becker's Hospital Review: [Representatives introduce bipartisan bill to promote EHR oversight at the VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

A bipartisan group of four representatives introduced legislation Nov. 3 to improve accountability during the U.S. Department of Veterans Affairs' upcoming EHR implementation. House Committee on Veterans Affairs Chairman [REDACTED], and ranking member [REDACTED], introduced the bill with House Subcommittee on Oversight and Investigations Chairman [REDACTED] and ranking member [REDACTED]

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3.3 - Becker's Hospital Review: [House committee approves bill to support nationwide telehealth for VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

The House Committee on Veterans Affairs approved legislation Nov. 2 that would enable the U.S. Department of Veterans Affairs to extend physicians' medical licenses across state lines, according to the Politico Morning eHealth newsletter. The bill represents the first step to expanding the department's telehealth capabilities by ensuring specialists at VA facilities in one state can offer services to patients residing elsewhere.

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3.4 - Federal Computer Week: [VA looks to Congress to improve cost management](#) (6 November, [REDACTED], 189k online visitors/mo; Vienna, VA)

The Department of Veterans Affairs is working with Congress to improve its financial management. The agency also plans to roll out a series of initiative to improve its veterans' benefits services. At a Nov. 6 National Press Club event, VA Secretary [REDACTED] lamented the department's historical challenges in managing big, costly projects, and likened making projections for them to "being asked to look at a crystal ball."

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3.5 - Healthcare Informatics: [Lawmakers Move to Strengthen Congress' Oversight of VA's EHR Implementation](#) (6 November, [REDACTED], 158k online visitors/mo; New York, NY)

A group of bipartisan lawmakers from the House Committee on Veterans' Affairs introduced legislation last week to give Congress additional oversight to monitor the Department of Veterans Affairs (VA) transition to its new Cerner electronic health record (EHR) system. Chairman [REDACTED] and Ranking Member [REDACTED], along with Subcommittee on Oversight and Investigations Committee Chairman [REDACTED] and Ranking Member [REDACTED]

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3.6 - Health Data Management: [House bill seeks to hold VA accountable as it moves to Cerner EHR](#) (6 November, [REDACTED], 143k online visitors/mo; New York, NY)

A House committee on Friday introduced bipartisan legislation to help ensure that the Department of Veterans Affairs is held accountable as it pursues plans to replace its legacy

electronic health record system with a commercial off-the-shelf EHR from Cerner. “VA is currently in the final stages of its negotiations with Cerner for one of the largest contracts in VA’s history,” said [REDACTED]

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3.7 - Fierce Healthcare: [Health IT Roundup—New bill adds oversight to VA's EHR transition; providers want more money for rural broadband](#) (6 November, [REDACTED],

141k online visitors/mo; Washington, DC)

A bill introduced in the House and the Senate would place additional requirements on the Department of Veterans Affairs to provide lawmakers with updates on the agency’s transition to Cerner’s EHR platform. The bill, known as the “Veterans’ Electronic Health Record Modernization Oversight Act of 2017,” would require the VA to submit a master plan and schedule and update Congress on any changes to those plans on a quarterly basis.

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3.8 - FedScoop: [Help the VA build a digital, interactive memorial for veterans](#) (6 November, [REDACTED], 57k online visitors/mo; Washington, DC)

A visit to one of the 135 national cemeteries can be a powerful way to memorialize veterans. But an in-person trip isn’t always possible, so the Department of Veterans Affairs is looking to leverage technology to move some aspects of the experience online. As part of its mission to “memorialize veterans in perpetuity,” the VA’s National Cemetery Administration currently maintains a web portal called the Nationwide Gravesite Locator, which allows visitors to find burial information for sites across the country.

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4. [Focus Resources More Efficiently](#)

4.1 - USA Today: [A tweet and a promise: Trump finds campaign pledges easy to tweet, harder to keep](#) (6 November, [REDACTED], 37M online visitors/mo; McLean, VA)

Here are some of Trump’s tweeted campaign promises: Promise: ‘I will fix the VA quickly’
Action: The Department of Veterans Affairs continues to face complaints about long wait times, shoddy care and bad doctors. But Trump has ordered a number of accountability measures, and VA Secretary [REDACTED] has taken a data-driven approach to fix management problems.

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4.2 - Atlanta Journal-Constitution: [New PBS documentary includes Atlanta VA enrollment office problems](#) (6 November, [REDACTED], 11.9M online visitors/mo; Atlanta, GA)

A new PBS documentary that airs tonight examines problems with the VA health care system and includes mention of problems with the national healthcare enrollment system that serves millions of veterans and is overseen by an office in Atlanta. The film, VA: The Human Cost of War, which airs on public broadcasting television stations nationwide, takes a sweeping look at the history of the Department of Veterans Affairs...

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4.3 - Military.com: [Army Offers Medical Help for Veterans Injured in Chem-Bio Agent Tests](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

The U.S. Army is notifying veterans that they may be eligible to receive medical care if they participated in chemical or biological substance testing from 1942 to 1975. Following a recent class-action lawsuit filed by the Vietnam Veterans of America, the service must provide medical care to veterans who volunteered to contribute to the advancement of the U.S. biological and chemical programs, according to a Nov. 6 Army Medical Command press release.

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4.4 - WDTV (CBS-5): [VA Medical Center says 'thank you' to veterans and employees](#) (6 November, [REDACTED], 172k online visitors/mo; Bridgeport, WV)

President Trump proclaimed November as National Veterans and Military Families Month. The goal is to honor the significant contributions made by American service members, their families, and their loved ones. Locally, the VA Medical Center in Clarksburg is contributing to the month long celebration by greeting veterans and employees at the door. Service chiefs and volunteers are shaking hands at the main entrance Monday-Friday from 7:00-9:00 am.

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4.5 - Wyoming Tribune-Eagle: [Cheyenne South High student continues painting series for veterans](#) (6 November, [REDACTED], 152k online visitors/mo; Cheyenne, WY)

Some students and staff at Cheyenne's South High are putting extra work into honoring the community's veterans. Senior [REDACTED], with art teachers [REDACTED] and [REDACTED], is painting the third in a series of Veterans Day paintings South High will distribute to veterans organizations throughout the community. "It's building that culture that we appreciate veterans in lots of different ways, and that's just one piece that South can play," [REDACTED] said.

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4.6 - Wisconsin Public Radio (Audio): [Tomah VA Patients File Class Action Lawsuit Over Improper Dental Care, 6 Plaintiffs Seeking More Than \\$29M For All Patients Treated By VA Dentist](#) (6 November, [REDACTED], 151k online visitors/mo; Madison, WI)

Several patients of the Tomah Veterans Affairs Medical Center have filed a class action lawsuit against the United States government for negligent dental care. Six individuals say they experienced "extreme emotional distress" after discovering a VA dentist had potentially exposed them to HIV and other infections, according to a complaint filed in U.S. District court Wednesday.

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4.7 - Sentinel & Enterprise: [VA chief calls for Bedford hospital shake-up](#) (6 November, [REDACTED], 80k online visitors/mo; Fitchburg, MA)

Following a string of deaths and reports of retaliation against whistleblowers at the Edith Nourse Rogers Memorial Veterans Hospital, Veterans Affairs Secretary [REDACTED] announced Saturday that he has proposed demoting the hospital's former director and initiated a search for a new permanent leader. The Bedford hospital is currently on its third director in little more than a year.

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4.8 - WUFT (PBS-5): [Families Of Veterans Find A Home Away From Home At Fisher House](#) (6 November, ██████████, 58k online visitors/mo; Gainesville, FL)

This year, the Fisher House Foundation is on track to help about 30,000 families, ██████████ said. While the average length of stay is nine days, the longest was just shy of three years. The ability for families to stay at the Fisher House for no cost is made possible through a unique public-private partnership, he said. ██████████ believes in providing free, convenient housing for the families of veterans that are faced with a health crisis.

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5. [Improve Timeliness of Service](#)

5.1 - WBBM (CBS-2, Video): [2 Investigators: Veteran's Cancer May Be Tied To Marine Base](#) (6 November, 27.2M online visitors/mo; Chicago, IL)

— Former Marine ██████████ of northwest suburban Huntley says he's disappointed in his government. The 62-year-old cancer patient learned he drank contaminated water for years on a U.S military base in North Carolina. He was based at Camp Lejeune in Jacksonville during a time when it had highly contaminated, cancer-causing drinking water. Making matters worse, Derrig tells 2 Investigator ██████████, no one from the Department of Defense told him about his exposure to the tainted wells.

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5.2 - New York Post: [VA Secretary: Texas church shooter is no veteran to me](#) (6

November, ██████████, 23.9M online visitors/mo; New York, NY)
Veterans Affairs Secretary ██████████ has condemned the actions of Texas church shooter ██████████ — saying he does not consider the former US airman to be a veteran, but rather an “evil person” and a “criminal.” Speaking at a National Press Club event in Washington on Monday, ██████████ noted how the 26-year-old was court-martialed in 2012 for assaulting his then-wife and stepson...

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5.3 - Military.com: [Texas Church Shooter Doesn't Rate Being Called 'Veteran:' VA Secretary](#) (6 November, ██████████, 9M online visitors/mo; San Francisco, CA)

The Texas church shooter forever forfeited the right to be called a “veteran” with his bad-conduct discharge and criminal acts, Veterans Affairs Secretary Dr. ██████████ said Monday. He added that Sgt. ██████████ had also forfeited his VA benefits for life with his dishonorable discharge for desertion and misbehavior before the enemy. “In my opinion, I do not consider him a veteran,” ██████████ said of alleged Texas shooter ██████████.

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5.4 - Washington Examiner (Video): [VA Secretary David Shulkin: I don't consider the Texas church gunman as a veteran](#) (6 November, ██████████, 4.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary ██████████ said Monday he doesn't consider the gunman who opened fire on parishioners at a church in Texas to be a veteran and said instead he was an “evil person.” The suspected gunman, 26-year-old ██████████, served in the U.S. Air

Force from 2010 to 2014. He received a bad conduct discharge after he was court-martialed in 2012 for assault on his wife and their child, and served a year behind bars.

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5.5 - Military Times: [VA secretary calls Texas shooter a criminal, not a veteran](#) (6

November, [REDACTED], 2.1M online visitors/mo; Springfield, VA)

Veterans Affairs Secretary [REDACTED] took exception to describing the Texas church shooter as a veteran, because he was given a bad conduct discharge for domestic violence crimes in the ranks. "In my opinion, I do not consider him a veteran," [REDACTED] said at a National Press Club event on Monday, one day after the Texas tragedy. "That would give him much more respect than he deserves. He is a criminal."

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5.6 - WNEM (CBS-5, Video): [Injured veteran to receive benefits after fighting VA, Army](#) (6

November, [REDACTED], 442k online visitors/mo; Saginaw, MI)

After years of fighting the Veterans Affairs, a Mid-Michigan veteran will finally get the help he deserves. The VA cut off Sgt. First Class [REDACTED] family's insurance and retirement compensation in 2015. Now he is getting the money he is owed from the Army for being injured.

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5.7 - New Hampshire Union Leader: [Grant Bosse: Every day is Veterans Day](#) (7 November,

[REDACTED], 318k online visitors/mo; Manchester, NH)

This year, the 11th day of the 11th month falls on a Saturday, and we don't have an editorial page on Saturdays. So I think it's appropriate to take today to address the debt we owe to our veterans, and how we can improve the manner in which we repay it. On Sunday, former Dartmouth College President [REDACTED] spoke at the Bridges House in Concord as part of the Friends of Bridges House author series.

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5.8 - KWTX (CBS-10, Video): [Waco: Homeless Gulf War veteran finds a new life.](#) (6

November, [REDACTED], 315k online visitors/mo; Waco, TX)

"I had no place to go. I came to this town and all I had was the shoes on my feet the shorts I was wearing and one shirt" Stringer recalls. He says he heard a sermon at Baylor University and that night he chose to give his life to Christ. His troubles wouldn't end immediately he would live in shelters and use his VA benefits to survive.

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5.9 - Florence Morning News: [VA official: Filing new claims are faster than appeals process](#) (6 November, [REDACTED], 288k online visitors/mo; Florence, SC)

The U.S. Department of Veterans Affairs distributes approximately \$1.4 billion annually to more than 100,000 veterans in South Carolina. These numbers might seem high, but some veterans still face challenges with getting the care they need. [REDACTED], regional director of benefits for the VA in Columbia, spoke Monday to the Florence Rotary Club on problems many veterans are facing and how they can get help faster.

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5.10 - The Citizen: [Healing mission: Auburn Army veteran takes on new fight in medical marijuana field](#) (7 November, [REDACTED], 200k online visitors/mo; Auburn, NY)

While shooting pool at the Canandaigua VA Medical Center, [REDACTED] met a World War II veteran. He was missing his legs, one arm and part of his face, and he'd have [REDACTED] hop on the back of his motorized scooter and take her into the woods to smoke cannabis, she said. [REDACTED] laughed as she remembered her friend.

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5.11 - Northwest Florida Daily News: [VA pharmacy to stop filling prescriptions on base](#) (6 November, [REDACTED], 192k online visitors/mo; Fort Walton Beach, FL)

Officials say the pharmacy at the Department of Veterans Affairs outpatient clinic at Eglin Air Force Base is not closing. By late next year, however, prescriptions will no longer be filled there. Veterans who need prescriptions filled will eventually need to do so through either private pharmacies or through the mail.

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5.12 - MD Magazine: [Veterans Affairs Aims at HCV Infection Cure](#) (6 November, [REDACTED], 21k online visitors/mo; Plainsboro, NJ)

The US Department of Veterans Affairs (VA), the nation's largest care provider for hepatitis C virus (HCV) patients, has recently described its successful programs and indicated it is "poised to share" best practices with other organizations and healthcare providers to reduce the overall burden of HCV infection. [REDACTED], PharmD (pictured), VA Office of Public Health/Population Health, Los Angeles, CA, and lead author of the article on the VA approach to providing HCV treatment, described some key components to MD Magazine.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The State: [‘Unclaimed’ veterans will finally be laid to rest at Fort Jackson National Cemetery](#) (6 November, [REDACTED], 2.1M online visitors/mo; Columbia, SC)

Two previously unclaimed veterans will be laid to rest at the Fort Jackson National Cemetery shortly after Veterans Day. None of the veterans' family members will be present for the ceremony, so veterans groups will fill in, and the public is invited to attend the proper send off for these "heroes." The cremated remains of Army veteran [REDACTED] and Air Force veteran [REDACTED] will be interred on Nov. 17...

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7.2 - WFED (AM-1500): [VA's Shulkin calls for new, strategic approach to veterans benefits programs](#) (6 November, [REDACTED], 831K online visitors/mo; Washington, DC)

Five days before Veterans Day, VA's top leader is calling on the veterans community to consider the past 150 years and the vast variety of benefits the department currently provides to those who "have borne the battle" in a completely new way. "Today ... I call for a new way of

thinking about benefits,” Veterans Affairs Secretary [REDACTED] said Monday during a speech at the National Press Club.

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7.3 - KVLV (NBC-11, Video): [Fargo's veterans cemetery now to open one year later than planned](#) (6 November, [REDACTED], 198k online visitors/mo; Fargo, ND)

- Last year veterans were excited to learn about the first-ever Veterans Affairs national cemetery in North Dakota, originally scheduled to open in Fargo in 2018. But delays in construction have some worried that it might not open at all. The cemetery would be the first U.S. federal government cemetery for veterans in all of North Dakota. Right now the nearest one is in St. Paul, M.N.

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7.4 - KOBV (NBC-5, Video): [Honoring Our Veterans: Part One](#) (6 November, 27k online visitors/mo; Medford, OR)

Veteran's Day is Saturday, November 11, and in honor of our service members, NBC5 News is bringing you a local vet's story each day of the week on NBC5 News at 6. Each of the veterans has faced personal challenges and struggles, but each have sought help, and are now thriving in our community. In part one, we're meeting [REDACTED]. For years, she was living on the street and selling drugs. Four years later, she's clean, and a homeowner.

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8. [Other](#)

8.1 - Military.com: [About 250,000 Veterans Sign Up for New Exchange Benefit](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

About 250,000 people have registered for a new benefit from the military exchanges that allows all honorably discharged veterans to shop online, officials with the Army and Air Force Exchange Service (AAFES) said Monday. In the past, exchange access -- both online and at brick-and-mortar stores on military bases worldwide...

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8.2 - Cincinnati Enquirer: [Mercury spill closes portions of Cincinnati VA Medical Center](#) (6 November, [REDACTED], 3.9M online visitors/mo; Cincinnati, OH)

An environmental response team responded to the Cincinnati VA Medical Center last week after mercury leaked out of an old pipe that was moved during construction. During the evening of Nov. 1, Engineering Service personnel were removing a section of non-functioning drain piping out of an active construction area on the first floor, VA officials said. During the removal of the pipe, liquid spilled out onto the floor in the construction area.

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1. [Top Stories](#)

1.1 - The Washington Post (PowerPost): [Veterans tell of medical marijuana use in defiance of backward federal policy](#) (6 November, [REDACTED], 43.9M online visitors/mo; Washington, DC)

[REDACTED] is clear: “Without medical marijuana I would be dead.”

This Marine Corps veteran is a two-time Purple Heart awardee. He is among the former warfighters, led by the American Legion, who are on the frontlines of the fight for a sensible, federal medical marijuana policy.

They are pushing a reluctant Uncle Sam to catch up with overwhelming public opinion that favors allowing cannabis for medical use. We covered the Legion’s Capitol Hill press conference on Thursday with [REDACTED] other veterans and a bipartisan group from Congress. Veterans, among the most respected citizens, are a potent force in the effort to move the federal government from a backward, anti-marijuana stance that resembles the 1936 melodramatic film propaganda of “Reefer Madness” more than today’s reality of widespread medical cannabis use.

Now, we hear the stories of two veterans who use medical marijuana and one who didn’t, but whose mother believes would be alive if he did. In powerful, emotional statements at the news conference, they all complained about the dangers of the drug cocktails prescribed by doctors who are prohibited from even discussing the marijuana that has proven far more beneficial for the two vets. Their stories differ starkly from a presidential commission on drug addiction report this month that said “there is a lack of sophisticated outcome data on dose, potency, and abuse potential for marijuana.”

Let’s start with [REDACTED], a Melbourne, Fla., combat veteran of the Third Battalion, First Marine Regiment. “Medical marijuana saved me,” he told the Federal Insider. “I feel like I did before the war (in Iraq) mentally and ... know this could help not just the veterans struggling, but it could help anyone struggling with addiction and PTSD (post traumatic stress disorder). It’s time we all stand as one voice and truly move forward with real hard-lined research and move forward with real compassionate care.”

[REDACTED] was wounded twice in 2004, once in November by a rocket-propelled grenade. Less than a month later, shortly before Christmas, he was shot in the right shoulder, shattering it and detaching his right bicep. He spent two years at the Naval Medical Center San Diego, also known as Balboa Hospital, had six blood transfusions and 22 operations.

“I’ve been real quiet about my medical marijuana use,” he said at the news conference. “If it wasn’t for medical marijuana, I wouldn’t be here today. I wouldn’t have kids today. I wouldn’t have a beautiful wife I’ve been married to for 13 years now.”

He resents the Department of Veterans Affairs (VA) saying “you are doing something bad.” “We need to stop the madness. We need to get this stuff on the books. ... It could help a lot of vets.”

[REDACTED] is an Army veteran who spent two years in Walter Reed Army Medical Center recovering from combat injuries suffered in Baghdad. Host of the Tipping Point show on

KNEWS, 107.3 FM in Reno, Nev., he has been diagnosed with early-onset Parkinson's disease, related to his wartime blast injury. He authored the Spartan Pledge, the veterans' commitment against suicide, and is a national spokesman for the Warfighter Rights Movement on PTSD issues.

During his two years at Walter Reed, "I was given just about every chemical cocktail you can imagine. When people look at that cocktail they want to know two things. One, why am I still alive and two, why isn't somebody in prison, because it was that dangerous."

At a low point, he "grabbed my gun and put it to my head," blaming the prescription drugs for losing "my self-preservation instinct."

He turned to marijuana to help him sleep.

"My story is not one of Cheech and Chong," he said, sunglasses perched just above his eyes. "It wasn't a good time when I started using cannabis. It was simply a way to survive."

When he tried marijuana he slept for five hours. "At that time," he said, "I hadn't slept for five hours in five years."

██████████ isn't here to tell his story, so his mother did. She told a sad tale of depression and prescription drug complicit suicide. He saw combat in Iraq and Afghanistan, where 14 of his colleagues died during Operation Khanjar in Helmand Province in 2009.

"It is our hope that the story of my son, who was lost because of prescribed pharmaceuticals will open your hearts and minds to research," ██████████ said before an emotional pause, "to research cannabis, the most safe and effective treatment for our veterans today." She started the ██████████ Live to Tell Foundation in Davie, Fla., in support of military and first responders.

Her son was diagnosed with severe PTSD and brain injury. The two dozen drugs he was prescribed included Klonopin, which he took in June 2010. "Within a week, Johnny attempted suicide," said ██████████. Her son was saved, and "Do not give ██████████ Klonopin" was noted on his hospital chart. But the veteran was not told that, and he continued to believe that "he wanted to take his own life by his own free will," his mother said, "not knowing that it was the medication that was messing with his mind." Three months later he was given the drug again, only to be followed by another unsuccessful suicide attempt.

This scenario repeated in 2012, but this time her son was successful in his suicide by overdosing on the drugs doctors prescribed.

"I think my son would be here today," ██████████ said, if medical marijuana had been available.

But it's not for veterans at VA facilities. Almost two-thirds of the general population, however, live in the 29 states and the District where doctors can recommend it. At the VA, medical professionals are not allowed to even discuss marijuana therapy.

Many veterans, some using medical cannabis from other sources, have asked VA doctors such as ██████████ in Phoenix about it. "I was not officially allowed to discuss the subject," she said.

“Whether the establishment wants to recognize it or not,” Mitchell added, “because marijuana use has moved into the mainstream, health-care providers have an ethical obligation to help our patients understand the potential positive and negative impacts marijuana could have on their health.”

Instead, she and other VA medical professionals must act like medical marijuana doesn’t exist.

What sense does that make?

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1.2 - The Hill: [VA secretary on Texas shooter: 'I do not consider him a veteran'](#) (6 November, [REDACTED], 11.8M online visitors/mo; Washington, DC)

Veteran Affairs (VA) Secretary [REDACTED] on Monday said he does not consider the former Air Force service member identified as the gunman in a Texas mass shooting as a veteran, and that he would not have had access to mental health help from the department.

“I do not consider him a veteran. That would give him much more respect than he deserves,” [REDACTED] said of [REDACTED], whom law enforcement identified as the gunman in a church shooting Sunday in Sutherland Springs, Texas.

[REDACTED] had served in the Air Force in Logistics Readiness at Holloman Air Force Base in New Mexico beginning in 2010, but was court-martialed in 2012 for an assault on his then-wife and child. He was sentenced to 12 months confinement, received a reduction in rank and was discharged in 2014 for “bad conduct,” according to the Air Force.

“He is a criminal and I think that he was convicted and with a dishonorable discharge does not deserve to have the same title as the men and women who have served this country and have honorably been discharged,” [REDACTED] said during remarks at the National Press Club in Washington.

Authorities say [REDACTED] killed 26 churchgoers and injured and at least 20 others when he opened fire outside and inside the First Baptist Church in Sutherland Springs, a small town about 30 miles east of San Antonio.

[REDACTED] reportedly used a military-style Ruger AR-556 rifle in the shooting and killed himself after fleeing the scene.

[REDACTED] said there is a distinction between those who have received an other than honorable discharge and those who have received a dishonorable discharge. Those with the former, he said, “we do believe are in need of our assistance and help, particularly with mental illness.”

“Those dishonorable discharged have violated the law, have violated our morals and ethics, and I do not believe deserve the types of services and benefits and VA would not be providing those benefits,” [REDACTED] explained.

“This is not a person who has ever been treated in the VA system and would not be eligible for those benefits,” he said.

President Trump said after the shooting that the issue was a mental health issue and not “a guns situation.”

█████ said, however, that officials don’t “know enough about [█████] state of mind to give him a diagnoses.”

“Unfortunately, in this world there are people that are evil and there are people that are criminal and you don’t always know the reason why, but I certainly believe that he was an evil person,” █████ said.

█████ was also asked whether the VA system needs to change to accommodate those in need of help, including █████ and █████ — who received a dishonorable discharge and loss of military benefits last week for walking off his post in Afghanistan in 2009.

In response, he said such individuals would not be eligible for VA benefits.

“I believe there’s a very small segment — two individuals that we’re talking about today — that have violated basic legal and moral and ethical behaviors, that we do not owe those same rights to.”

█████ added: “They have other systems that I believe that they could get the help that they need in, whether they are prison systems or other community-based systems but not the Department of Veteran Affairs.”

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1.3 - Military Times: [New PBS documentary explores the history, problems of the VA system](#) (6 November, █████, 2.1M online visitors/mo; Springfield, VA)

“Every morning when I wake up, a memory of what happened to me in Iraq lingers in my mind,” retired Marine █████ recounts in a new PBS documentary. “They didn’t really prepare us on how to feel or how to react coming home.”

And when █████ turned to the VA for help, the agency canceled a scheduled appointment with him and promised to call back soon to reschedule.

“I never got the call that day, or the following day. My anxiety was super high. I didn’t know who to talk to,” █████ said. “I called the mental health clinic and ring-ring, click.”

His story, of an ill-prepared and overbooked bureaucracy, is one of many highlighted in a new PBS documentary premiering Monday night at 9 p.m. EST, according to a PBS press statement.

“VA: The Human Cost of War” examines the Department of Veterans Affairs from its inception in the 1920s to the modern era.

Directed by six-time Emmy Award-winning filmmaker █████ and executive produced by █████ the hour-long film chronicles the inner workings of one of the most important but beleaguered bureaucracies in American society, according to PBS.

Personal testimonies, like that of [REDACTED], are interwoven with policy analysis and historical context to explore societal debt to its veterans throughout the film, according to PBS.

“From policy-makers to the average citizens, we tend to pay a lot of lip service to how much we appreciate our veterans and how they deserve our honor and respect ... but, as we have far too often seen in recent years, there has been an abundance of negligence when it comes to ensuring their care and well-being,” [REDACTED] said. “This film is meant to raise awareness and create an open, candid dialogue addressing this situation.”

The VA is the second largest government agency, training 70 percent of the doctors and the majority of the nurses in the United States and researching many of modern medicine’s most innovative new treatments, “yet few know what it is and how it works,” [REDACTED] said.

“This film is an attempt to provide the public with more background about the institution behind the headlines — the VA and its policies, work, successes and failures — and begin a dialogue about what we owe our veterans when they leave the service,” [REDACTED] said.

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1.4 - Omaha World-Herald: [VA chief says Omaha's unauthorized waiting list doesn't signal a return to broader problems](#) (6 November, [REDACTED], 2.1M online visitors/mo; Omaha, NE)

WASHINGTON — U.S. Secretary of Veterans Affairs [REDACTED] on Monday rejected the idea that revelations about an unauthorized waiting list at Omaha’s veterans facility reveal a broader return of wait list issues across the VA.

The department has come a long way since 2014, when there were systemic problems in the way that patients were being scheduled, [REDACTED] said during his appearance at the National Press Club.

“But look, let’s put this situation in Omaha into context,” [REDACTED] said. He said two Omaha employees left VA employment over the issue in a system with 350,000 employees. “To label the entire Department of Veterans Affairs as having a systemic issue ... would be irresponsible.”

The unauthorized Omaha list came to light following a story published Oct. 15 in The World-Herald that was based on redacted documents obtained using the Freedom of Information Act. The list delayed mental health care for 87 veterans this year.

The unauthorized list echoed a nationwide scandal in 2014 at the VA Medical Center in Phoenix, where veterans died while waiting months for medical care on lists that were kept secret. An internal VA audit in June 2014 found that, in all, more than 120,000 veterans waited 90 days or more or never got care.

Omaha VA officials have disclosed some details about the Omaha wait list in response to inquiries from U.S. senators representing Nebraska and Iowa. Omaha VA Director [REDACTED] also penned an opinion piece that stated once the unauthorized spreadsheets came to their attention, they stopped the practice, launched an internal investigation, reported the activity to offices in Washington and took disciplinary action against employees involved, two of whom chose to leave.

Deputy Secretary ██████ recently visited VA facilities in Nebraska and met Saturday with Rep. ██████, a retired Air Force brigadier general. After the meeting, Bacon said in a statement that Burman “ensured proper procedures were followed and disciplined those involved, ensuring this will never happen again.”

█████ said that Omaha VA officials were doing what they’re supposed to do in discovering and acting on the problem.

He said with tens of thousands of employees responsible for scheduling appointments, the department must always be vigilant in monitoring systems, retraining employees and improving.

“But this does not necessarily represent that the VA has fallen back to the problems that we had in 2014,” ██████ said. “Far from that. We’re making progress. We still have a ways to go. We will stick at this until we get this better and better. But each day I think we’re getting better.”

Asked about protecting whistleblowers, ██████ said the department is working to shield them from retaliation, but also said one issue is people falling short at their jobs and then trying to avoid accountability by declaring themselves whistleblowers.

█████ was asked about the Omaha situation during a speech on broader issues facing the VA system.

In his prepared remarks, ██████ talked about the history of veterans benefits in America going back to 1636 when the pilgrims of Plymouth at war with Native Americans passed a law saying disabled soldiers would be supported by the colony.

Over the past 150 years, the country has adopted various benefits without giving much strategic thought to how they fit together, he said.

“They just kept on piling on benefits without any clear objective in mind other than patriotic gratitude and political expedience — sometimes more of the latter than the former,” he said.

█████ said he has priorities that include simplifying benefit determinations, emphasizing service-connected ailments rather than age-related issues, focusing on benefits that encourage and enable veterans to be independent and continuing to support those who are truly dependent on their benefits.

He said the effort is intended to transform the VA into a department that works better for future veterans.

“This is not about taking benefits away from veterans,” ██████ said.

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1.5 - Government Executive: [House Votes for VA to Clean Up Its Management](#) (6 November, ██████, 852k online visitors/mo; Washington, DC)

The Veterans Affairs Department would have to ensure all of its management layers are necessary and are being held accountable for their performance under a bill the House approved 399-0 on Monday.

The VA Management Alignment Act (H.R. 1066) would require the department to report to Congress on its organizational structure, including details on the “roles, responsibility and accountability” of all of its “elements and individuals.” The report would include results from already conducted studies, such as two assessments required by the 2014 Veterans Access, Choice and Accountability Act.

Proponents of the measure pointed to findings from one such existing report that found the Veterans Health Administration’s structure is “intensely, unnecessarily complex.” Managerial deficiencies such as “inadequate oversight and accountability” and “inadequate training” have for years landed VA on the Government Accountability Office’s high-risk list. Since it first released its explosive findings in 2014 about widespread malfeasance in Phoenix, VA’s inspector general has published an array of investigations identifying systemic problems at medical facilities across the country.

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The bill would call on VA to include recommendations for legislation in its report, which it would have six months to draft. President Trump already signed a measure aimed at improving accountability at the department, enacting in June legislation speeding the disciplinary process for VA employees. The new report would include a list of the leaders at every VA office, region and medical facility.

Rep. [REDACTED], said when he introduced the measure in February it would help VA better deliver services to veterans.

“Stories and reports about manipulated wait times and mismanagement in our VA system proved that systemic reforms were needed,” [REDACTED] said. “We are calling on the VA to address management challenges and improve care so veterans get the services they have earned.”

In September testimony, [REDACTED] added that VA struggles to implement new policies “due to a severe lack of clarity regarding the roles, missions and accountability of senior leaders and organizations within the agency.”

“There has to be a clear, transparent, and enforced relationship between the leaders and layers of the VA,” [REDACTED] said. “We need all the rowers in the boat paddling in the same direction, not beating each other over the heads.”

The measure would be a victory for many crusading for reform at VA, such as those on and supporting the Commission on Care that was created under the 2014 law [REDACTED] [REDACTED] signed to overhaul the department in the wake of secret wait list and patient data manipulation scandals. The commission issued its final report in 2016, and while some lawmakers pledged its findings would not “sit on the shelf and collect dust,” its most significant recommendations have not yet been implemented. Under the Management Alignment Act, VA would have to consider the commission’s findings in its report to Congress.

The American Federation of Government Employees, which represents 230,000 VA employees, has opposed accountability bills and reforms proposed by the Commission on Care for what

union officials see as a disproportionate focus on rank-and-file employees over management. AFGE has endorsed the new bill, however, as has the American Legion.

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1.6 - Healthcare IT News: [Congress is trying to ensure interoperability between VA, DoD - Senate, House propose bills for congressional oversight of VA's Cerner project, would require reports of any major cost increase, loss of health data, delay or privacy breach.](#) (3 November, [REDACTED], 438k online visitors/mo; Portland, ME)

The House Committee on Veterans Affairs introduced legislation today that would strengthen congressional oversight of the U.S. Department of Veterans Affairs' transition from its legacy VistA EHR to the Cerner platform.

Introduced by committee Chairman Rep. [REDACTED], and ranking member Rep. [REDACTED], the bill is designed to ensure "seamless interoperability" between the U.S. Department of Defense and the U.S. Department of Veterans Affairs.

However, to accomplish its goal, Congress will require "additional tools to carry out effective oversight of this challenging undertaking."

"It's now incredibly important to make sure the modernization process is as seamless as possible," [REDACTED] said in a statement. "This bill will ensure that Congress has the authority it needs to oversee the process and hold VA accountable every step of the way."

The congressmen and co-sponsors expressed continued support of the VA's desire to modernize its system, along with the VA's decision to choose the same EHR as the DoD.

[Also: House passes bill supporting national VA telehealth program]

But to co-sponsor Rep. [REDACTED], the bill will help to alleviate concerns, as it's "no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts."

The proposed bill will require the VA provide Congress access to the agency's key implementation and planning documentation. Further, the agency will need to report to Congress with any major cost increase, loss of health data, delay or privacy breach.

"It's well known that large IT modernization projects, particularly those in the government, often encounter significant problems," said [REDACTED]

A similar bill was introduced in the Senate by Sens. [REDACTED] and [REDACTED] on Thursday.

The legislation would require a one-time comprehensive report on timelines, cost projections, risk management plans and a plan to ensure the new EHR works with non-VA providers. The VA would also need to provide quarterly updates on the project's implementation --- including changes to the initial plan.

As part of the Veterans' Electronic Health Record Modernization Oversight Act of 2017, the agency is required to provide Congress with key planning and implementation documents for the Cerner project, as well as copies of contracts to verify the project's status and how funds are being spent.

VA Secretary [REDACTED], announced its plan to implement Cerner for its new EHR in June. Just last month, [REDACTED] said the agency said it will soon sign the contract with Cerner. He estimated the project would take seven to eight years to complete, with the first roll-out in just 18 months after the contract is signed.

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2. Greater Choice for Veterans

2.1 - Bloomberg (Audio): Incremental Changes for Veterans May Be Coming on Capitol Hill (6 November, 43.7M online visitors/mo; New York, NY)

With Veterans Day coming up this weekend, Congress has scheduled something of a veteran-themed week, with more than a dozen bills tied to the Department of Veterans Affairs set to come up for votes on the House floor. Bloomberg Government legislative analyst Michael Smallberg says the measures call for incremental changes for retired servicemembers' finances and health care, while setting aside more controversial questions, such as expanding the Veterans Choice program, which allows vets to seek care outside the VA system. He talked about it with Bloomberg's Nathan Hager in the Bloomberg 99.1 Washington newsroom.

This is a Bloomberg podcast. To download, watch or listen to this report now, click on the thumbnail/player on the sidebar.

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2.2 - HuffPost: Taking Care Of Our Veterans' Caregivers (6 November, [REDACTED], 22.9M online visitors/mo; New York, NY)

The nation will say "thank you for your service" to its military veterans this week. New York State is home to more than 800,000 veterans, most of whom return home from war healthy and whole. Of those veterans who come back to New York with injuries or chronic physical and mental health care needs, many rely on family members or friends as informal caregivers. These caregivers make it possible for wounded veterans to remain at home rather than in-care facilities, helping with daily activities such as bathing, dressing, physical therapy, meal preparation and medication.

Informal caregivers are a lifeline for veterans and a critical part of our health care system. The RAND Corporation estimates that informal caregivers for veterans save the United States millions of dollars in health care costs each year, providing in-home assistance to 5.5 million veterans. Yet time spent on caregiving takes a toll; family members are often not well-trained or well-supported as they care for their loved ones, and taking on a caregiver role may lead to the loss of a job or income. The role can be physically and emotionally taxing, and caregivers may feel burned out, stressed and isolated.

Caring for a family member who is a veteran comes with unique challenges; for example, nearly two-thirds of veterans receiving support from an informal caregiver cope with mental health or substance use disorders, compared with only one-third of civilians who receive this type of care. Nearly one-third of post-9/11 veteran caregivers are uninsured compared with about 20 percent of civilian caregivers. And more than 60 percent of veteran caregivers say they experience financial strain because of this role, while less than 40 percent of civilian caregivers report a financial burden.

Recognizing the important and demanding role of informal caregivers for veterans, since 2010, the U.S. Department of Veterans Affairs (VA) has offered what it calls a Program of Comprehensive Assistance for Family Caregivers for veterans of the post-9/11 era. The program does just what it says: provides support for informal caregivers of veterans—most often spouses or other family members. Family members who serve as primary caregivers receive formal training and, importantly, financial assistance. Nearly 23,000 caregivers have signed up for the program since its inception.

Earlier this year, the program came under fire when dozens of local VA medical centers dropped caregivers from the rolls, seemingly without warning and without cause. Families who had relied on the program for years were told they were no longer eligible, even in cases where the veteran continued to require the services provided by the caregiver. In response, VA Secretary [REDACTED] called for a full review of the program. Following the three-month review, the VA reported this summer that the program has resumed full operations with better processes and clarity in place to ensure that eligible families get and keep the services they need. And a new committee, chaired by former Senator [REDACTED], was recently established to advise the VA on issues facing veterans' families, caregivers, and survivors.

It's encouraging to see this work back on track, because caregivers of military veterans need the types of assistance it provides. According to the RAND report, more than half of these caregivers say they lack a support network, which makes their jobs even more difficult. Without support, education, and training, the mental and emotional health of the caregivers themselves are at risk. They may take on a caregiver role without much preparation, and without knowing how to properly administer medication, detect and address signs of mental health distress, or deal with common ailments. And sometimes, these caregivers just need the opportunity to share their experience with someone who's in the same boat, to vent and feel a sense of community, fellowship, and support with others who care for veteran family members.

The VA caregiver support program offers many of these needed resources. It provides online materials about dealing with veterans' post-traumatic stress disorder, traumatic brain injury, and other common conditions, along with peer support services such as monthly phone calls that allow caregivers to connect with each other. But only a tiny portion of the 1.1 million people caring for post-9/11 veterans are eligible for and enrolled in the program. Friends or relatives who don't live with the veteran full time, even if they serve as the primary caregiver, are not eligible.

Service to our country is not exclusive to those who wear the uniform. Many caregivers sacrifice their careers and free time to enrich the lives of our veterans, often to their own detriment. Organizations—both community-based and VA-based—that serve veterans must also focus on serving their caregivers. When you think about a veteran, think about a military family and how our nation can provide them all with the care they need and deserve.

Thanks to my colleague [REDACTED], a U.S. Marine veteran, for his input on this post.

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2.3 - WBTV (CBS-3): [VA, Congress taking steps to address VA Choice program](#) (6 November, [REDACTED], 319k online visitors/mo; Charlotte, NC)

CHARLOTTE, NC (WBTV) - The US Department of Veterans Affairs has recommended new legislation to Congress that would, among other things, overhaul the VA Choice program.

The program was created by Congress and signed into law by President [REDACTED] as a way to give veterans faster access to specialty care. The program came on the heels of revelations that veterans were waiting months to see a specialist at many VA hospitals.

Under the current program, veterans qualify to see a private doctor through VA Choice if they would have to wait more than 30 days to see the same specialist at a VA hospital or if they live more than 40 miles away from a VA facility.

But WBTV has uncovered a number of problems with the program dating back to February 2016.

Among other things, veterans have called WBTV for help after having surgery through the VA Choice program claiming they are not able to get the required post-surgery rehabilitation because it was never authorized.

Medical practices have had to stop accepting VA Choice patients because they were not getting paid to see veteran patients.

In October, the VA proposed the Veterans Coordinated Access & Rewarding Experiences (CARE) Act to the House and Senate Veterans Affairs Committees. According to the VA, the legislation aims to change the way the VA Choice program currently operates to a more streamlined criteria.

Watch WBTV News on Thursday night at 6 p.m. to find out more about how leaders at the VA and in Congress are listening to the feedback from veterans and turning it into action.

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2.4 - NextGov: [VA To Run Massive Survey Of High-Risk Vets](#) (6 November, [REDACTED], [REDACTED] 193k online visitors/mo; Washington, DC)

Today's electronic health records rarely tell a patient's complete story, and the Veterans Affairs Department could benefit from knowing about the social and behavioral factors affecting patients outside the clinic, a new project posits.

The VA is considering surveying 10,000 veterans across the country about any factors in their lives that might predict whether they'll be admitted to a hospital, and might help the VA understand which characteristics can be linked to success in certain types of interventions, care teams and specialized treatment.

The “Interconnected Factors that Influence Health, Experiences and Needs” or the “IF-THEN” program would require a vendor to conduct the survey, hire and train all personnel involved, and track who opts in and out of the questionnaire. The VA would also need a “Temporary Authority to Operate” for the duration of the survey, according to the solicitation.

A form filed to the Office of Management and Budget describing the IF-THEN survey, which appears to have been submitted by VA researchers, specifically counts “life stressors, perceived locus of control, grit, resilience, functional status, social support and loneliness, sleep problems, symptoms, insecurity and patient activation” among factors they would ask veterans to report on.

The VA requested any source that could meet the survey administration requirements to send in a capability statement by Nov. 13.

Nextgov has requested more information from the VA.

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2.5 - Kokomo Tribune: [VA officials expect to open Kokomo clinic by end of year, Va also moving forward with finding location for an expanded Peru outpatient clinic](#) (6 November, [REDACTED], 77k online visitors/mo; Kokomo, IN)

Kokomo should have a health clinic for veterans by the end of the year, according to officials with the Veterans Affairs Northern Indiana Health Care System.

[REDACTED], associate director of operations, said VA officials have been in talks with a couple of providers interested in housing the clinic, which could offer urgent care or telemedicine services.

He said they are currently working out an agreement with a provider to install a clinic in Kokomo by the end of the year.

At the same time, the VA is moving forward with finding a location to expand the outpatient clinic in Peru.

[REDACTED] said they are set to begin advertising to solicit offers from real estate agents and contractors for potential sites that will allow the size of the facility to increase to around 20,000 square feet. That will double the current number of primary-care providers at the clinic from three to six.

He said in a previous interview the facility at 750 N. Broadway was originally slated for an expansion in 2020, but that process has been expedited because of feedback from area veterans, who expressed concerns about wait times and the quality of care during a VA town hall meeting in December.

Now, the new facility is tentatively set to open late next year and double the amount of vets it can service from approximately 3,000 to around 6,000.

[REDACTED] said once they receive offers on the site, VA officials will review each location and rank the sites to determine which would work best for the new clinic.

The new facility is slated to expand mental-health services, including suicide-prevention efforts, and offer more robust telemedicine options. It is also projected to house new physical-rehabilitation services, ██████ said.

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2.6 - Sunshine State News: [Neal Dunn Gets Bill Giving Veterans More Options on Organ Transplants to House Floor](#) (6 November, ██████, 64k online visitors/mo; Tallahassee, FL)

U.S. Rep. ██████ who served more than a decade as an Army surgeon, scored a win last week as his “Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act” cleared the U.S. House Veterans Affairs Committee.

██████’s proposal would give veterans needing organ transplants more access, allowing those who live 100 miles or more from VA transplant centers have their procedures done at other medical facilities though it would need to be federally certified and cover Medicare patients. Noting the current policy, ██████ pointed to his own district, which includes parts of the Big Bend, as an area where veterans would benefit from his legislation. For veterans in ██████’s district, the nearest VA facility that performs organ transplants is in Nashville

The North Florida Republican congressman, who was elected to Congress for the first time back in November, brought out his bill back in May.

“As a surgeon and a veteran, I believe this is good medicine and good public policy,” ██████ said on Thursday after the committee passed his bill. “The status quo puts roadblocks in front of veterans who need life-saving transplant care. The VICTOR Act eliminates these roadblocks and increases access to the care our veterans have earned.”

So far, ██████ has reeled in almost 30 co-sponsors including three from the Sunshine State as Republican U.S. Reps. ██████, who is the vice-chair of the House Veterans Affairs Committee, ██████ and ██████ are backing his proposal. So is U.S. Rep. ██████ R-Tenn., the chairman of the Veterans Affairs Committee.

“Arcane rules should not prohibit veterans from receiving lifesaving care such as an organ transplant,” ██████ said after the vote. “I applaud Rep. ██████ for his leadership on this legislation that would enable veterans who aren’t able to access care at a VA transplant center to seek care in the community, and I look forward to continuing to move this important bill through the legislative process.”

For his part, ██████ was happy to have ██████ support.

“We owe it to our veterans to give them every chance to obtain a transplant, and more years with their loved ones. I commend Chairman ██████ for moving this important legislation through committee,” ██████ said.

So far, there is no similar proposal over in the Senate.

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2.7 - KXXV (ABC-25): [Central Texas Veterans Health Care System achieves high quality rating](#) (6 November, 56k online visitors/mo; Waco, TX)

CENTRAL TEXAS (KXXV) - The Central Texas Veterans Health Care System was awarded a high three-star quality rating in Strategic Analytics for Improvement and Learning.

This rating makes CTVHCS one of the most improved sites this year.

SAIL was designed by the Department of Veterans Affairs for internal benchmarking within the VHA to promote high quality, safety and value-based healthcare across all of its medical centers.

In the fiscal year 2017, CTVHCS scored among the best in inpatient satisfaction, mental health continuity of care, mental health population coverage and reducing preventable admissions. High marks were also received in hospital adjusted length of stay and employee satisfaction.

"This doesn't just happen - sustained performance improvement is a team sport, and your leadership is essential," [REDACTED], Executive in Charge, Veterans Health Administration said. "[CTVHCS] and [their] dedicated team have demonstrated commitment, persistence and dedication to assure that the veterans we served receive timely access to safe, high-quality care."

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3. [Modernize Our System](#)

3.1 - WFED (AM-1500, Audio): [Pelosi supports training for Congress to prevent sexual harassment](#) (6 November, [REDACTED], 831k online visitors/mo; Washington, DC)

[...]

The House Veterans Affairs Committee said it wants the Department of Veterans Affairs to share key planning documents as it implements a new electronic health record. Committee Chairman [REDACTED] and Ranking Member [REDACTED] introduced the Veterans Electronic Health Record Modernization Oversight Act, requiring VA to tell Congress about significant cost increases, scheduling delays or data breaches. VA is in the final stages of negotiating its contract with Cerner Corporation for the same electronic health records system used by the Defense Department. (House VA Committee)

[...]

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3.2 - Becker's Hospital Review: [Representatives introduce bipartisan bill to promote EHR oversight at the VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

A bipartisan group of four representatives introduced legislation Nov. 3 to improve accountability during the U.S. Department of Veterans Affairs' upcoming EHR implementation.

House Committee on Veterans Affairs Chairman [REDACTED], and ranking member [REDACTED], introduced the bill with House Subcommittee on Oversight and Investigations Chairman [REDACTED], and ranking member [REDACTED].

The bill, titled the Veterans' Electronic Health Record Modernization Oversight Act of 2017, would strengthen Congress' authority to oversee the VA's EHR implementation process.

"As chairman and a physician, I know firsthand the value an effective electronic health records system plays in providing patients with quality healthcare," [REDACTED] said.

Under the proposed legislation, the VA would provide Congress with key planning and implementation documents, including contracts, for the EHR project. The VA would also be required to notify Congress of any significant cost increases, schedule delays, data losses or privacy breaches. The goal is to ensure Congress is up-to-date on the project's progress and spending.

"It is well known that large IT modernization projects, particularly those in the government, often encounter significant problems," Mr. Bergman said. "It's also no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts. While it appears the VA has made strides to improve the flow of information, complete transparency is essential for the modernization of its electronic health record."

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3.3 - Becker's Hospital Review: [House committee approves bill to support nationwide telehealth for VA](#) (6 November, [REDACTED], 441k online visitors/mo; Glencoe, IL)

The House Committee on Veterans Affairs approved legislation Nov. 2 that would enable the U.S. Department of Veterans Affairs to extend physicians' medical licenses across state lines, according to the Politico Morning eHealth newsletter.

The bill represents the first step to expanding the department's telehealth capabilities by ensuring specialists at VA facilities in one state can offer services to patients residing elsewhere. President Donald Trump and VA Secretary [REDACTED], pledged in August to expand the use of telehealth under a nationwide program called VA Video Connect, branded with the tagline "anywhere to anywhere."

"As you may know, [the] VA already has the largest telehealth program in the country," [REDACTED] said at the time, noting the VA served 700,000 veterans via telehealth last year. "We're going to be issuing a regulation that allows our VA providers to provide telehealth services from anywhere in the country to veterans anywhere in the country."

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3.4 - Federal Computer Week: [VA looks to Congress to improve cost management](#) (6 November, [REDACTED], 189k online visitors/mo; Vienna, VA)

The Department of Veterans Affairs is working with Congress to improve its financial management. The agency also plans to roll out a series of initiative to improve its veterans' benefits services.

At a Nov. 6 National Press Club event, VA Secretary [REDACTED] lamented the department's historical challenges in managing big, costly projects, and likened making projections for them to "being asked to look at a crystal ball."

"We have great difficulty in doing financial projections so we can understand our needs, and how we can provide services," he said, "and we have a great deal of problems on delivering projects on time and on budget."

[REDACTED] noted that while VA is responsible for some of the issues, "much of the difficulty has to do with the complexity of the laws that we are given by Congress." He also pointed to excessive siloing within VA.

[REDACTED] said VA is working with both the House and Senate veterans affairs committees "to come up with financial rules ... that are predictable, easier to use, easier to manage, and then let us be accountable for a rational system, rather than what we have now, which is a system that is completely irrational."

He also announced that throughout November, which the president has dubbed "National Veterans and Military Families Month," VA plans to roll out a series of initiatives aimed at better service delivery.

[REDACTED] said the initiatives will include a national ID card for veterans, as well as a 24-hour, seven-day-a-week hotline set up in the White House to handle veteran complaints.

Since taking over as secretary, [REDACTED] has said his top priorities for improving service delivery to veterans are to improve the timeliness of service and disability claims appeals, and to generally modernize the VA.

For evidence of progress on the modernization effort, [REDACTED] pointed to the ongoing adoption of a commercial major electronic medical records system, publicly posted appointment wait times, plans to reduce VA's real estate footprint, and the department's Nov. 2 announcement of the launch of the Rapid Appeals Modernization Program to expedite appeal decisions on benefits claims.

Legislatively, [REDACTED] applauded Congress's passage of a slate of bills aimed at supporting veterans and VA services. However, he added that Congress also should tackle veterans' benefits.

"Policymakers just haven't thought strategically about veterans benefits over the past 150 years," he said. "They just kept piling on benefits without any clear objective in mind, other than patriotic gratitude and political expedience, sometimes more of the latter than the former."

The result, he said, is that "we have a system that, in my opinion, is far too complex, filled too much bureaucracy."

██████ also called for the establishment of a veterans' benefits advisory board "to bring clarity about what we're trying to do for veterans... and how we can do that the best way."

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3.5 - Healthcare Informatics: [Lawmakers Move to Strengthen Congress' Oversight of VA's EHR Implementation](#) (6 November, ████████, 158k online visitors/mo; New York, NY)

A group of bipartisan lawmakers from the House Committee on Veterans' Affairs introduced legislation last week to give Congress additional oversight to monitor the Department of Veterans Affairs (VA) transition to its new Cerner electronic health record (EHR) system.

Chairman ████████.) and Ranking Member ████████ along with Subcommittee on Oversight and Investigations Committee Chairman ████████ and Ranking Member ████████ introduced the Veterans' Electronic Health Record Modernization Oversight Act of 2017.

In June 2017, the VA announced its plan to replace its Veterans Health Information Systems and Technology Architecture (VistA) with the Cerner Millennium EHR system, with the Department of Defense (DoD) is already implementing. In the announcement, VA cited the need to achieve seamless interoperability with DoD and a desire to reallocate resources away from in-house software development and back into core functions of VA.

"The transition to a new electronic records system will impact nearly every aspect of veterans' health care, and congressional oversight is critical to ensure this effort is carried out responsibly and successfully," the lawmakers wrote in a summary of the bill.

The legislation directs VA to provide Congress with the project's key planning and implementation documents, in addition to copies of the contracts, to indicate the effort's progress and how the money is being spent. The legislation also requires VA to notify Congress in the event of any significant cost increase, schedule delay, loss of veteran health data or breach of privacy.

Chairman Rep. ████████ called the bill "essential legislation that will give Congress additional tools to carry out effective oversight of this challenging undertaking." Chairman ████████ also said in a statement, "As chairman and a physician, I know firsthand the value an effective electronic health records system plays in providing patients with quality health care. The transition to the Cerner system aims to achieve seamless interoperability with the Department of Defense, which has been one of my priorities since coming to Congress, and will be one of the largest projects the department has been tasked with implementing."

"It is well known that large IT modernization projects, particularly those in the government, often encounter significant problems," Oversight and Investigations Committee Chairman Bergman said in a statement. "It's also no secret that VA has a poor track record of keeping Congress informed regarding its modernization efforts. While it appears the VA has made strides to improve the flow of information, complete transparency is essential for the modernization of its electronic health record. This legislation ensures Congress has access to key implementation documents within the VA to enable the rigorous oversight required by all who are served by the VA."

“The Department of Veterans Affairs’ outdated electronic health records (EHR) system has posed a persistent challenge to efforts to improve care for veterans,” Oversight and Investigations committee Ranking Member ██████ said. “I’m pleased that VA has decided to move forward with modernization of their records system so that VA’s EHR system will be able to operate seamlessly with healthcare facilities outside of the VA network. This legislation will ensure that this process is undertaken with the transparency and accountability necessary.”

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3.6 - Health Data Management: [House bill seeks to hold VA accountable as it moves to Cerner EHR](#) (6 November, ██████, 143k online visitors/mo; New York, NY)

A House committee on Friday introduced bipartisan legislation to help ensure that the Department of Veterans Affairs is held accountable as it pursues plans to replace its legacy electronic health record system with a commercial off-the-shelf EHR from Cerner.

“VA is currently in the final stages of its negotiations with Cerner for one of the largest contracts in VA’s history,” said ██████, chairman of the House Veterans’ Affairs Committee. “The transition to a new electronic records system will impact nearly every aspect of veterans’ healthcare, and congressional oversight is critical to ensure this effort is carried out responsibly and successfully.”

The Veterans’ Electronic Health Record Modernization Oversight Act of 2017 directs VA to provide Congress with the project’s key planning and implementation documents, as well as copies of the contracts to indicate the effort’s progress and how the money is being spent. In addition, the bill requires the agency to notify Congress in the event of any significant cost increase, schedule delay, loss of veteran health data or breach of privacy.

In June, VA announced that it plans to replace its decades-old legacy Veterans Health Information Systems and Technology Architecture (VistA) with Cerner’s Millennium EHR, the same platform that the Department of Defense is currently implementing as part of Military Health System (MHS) Genesis.

Lawmakers have called for “seamless interoperability” between the VA and DoD EHR systems, which they believe will be aided by both agencies leveraging the Millennium platform.

“For far too long, service members transitioning from DoD to VA healthcare have been unable to take their electronic health records with them,” said Ranking Member ██████. “That is why I applauded Secretary ██████ when he announced that VA would soon adopt the same electronic health record as DoD. While Secretary ██████ announcement was a welcome one, it is now incredibly important to make sure the modernization process is as seamless as possible.”

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3.7 - Fierce Healthcare: [Health IT Roundup—New bill adds oversight to VA’s EHR transition; providers want more money for rural broadband](#) (6 November, ██████, 141k online visitors/mo; Washington, DC)

New bill would require regular updates on VA's EHR implementation

A bill introduced in the House and the Senate would place additional requirements on the Department of Veterans Affairs to provide lawmakers with updates on the agency's transition to Cerner's EHR platform. The bill, known as the "Veterans' Electronic Health Record Modernization Oversight Act of 2017," would require the VA to submit a master plan and schedule and update Congress on any changes to those plans on a quarterly basis. It would also require Secretary [REDACTED], to submit annual cost estimates for the project. (Senate announcement) (House announcement)

[...]

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3.8 - FedScoop: [Help the VA build a digital, interactive memorial for veterans](#) (6 November, [REDACTED], 57k online visitors/mo; Washington, DC)

A visit to one of the 135 national cemeteries can be a powerful way to memorialize veterans. But an in-person trip isn't always possible, so the Department of Veterans Affairs is looking to leverage technology to move some aspects of the experience online.

As part of its mission to "memorialize veterans in perpetuity," the VA's National Cemetery Administration currently maintains a web portal called the Nationwide Gravesite Locator, which allows visitors to find burial information for sites across the country. But the portal isn't particularly modern, so the NCA has turned to Challenge.gov with a plan for crowdsourcing ideas for an online memorial.

"NCA seeks to expand its interactive digital capabilities to better engage the public (rather than simply informing it)," the challenge statement reads. For example, NCA would like visitors to be able to leave comments, pictures and more attached to the burial profiles. Ideally, the NCA would like a memorial that encourages users to visit "on a habitual basis."

Participants are tasked with proposing a creative, engaging online memorial feature or integration that can "invoke powerful emotions that resonate with The Department of Veterans Affairs mission to virtualize memorialization in a meaningful way." The challenge runs through Nov. 30, and winners will be announced in December. One top winner will be awarded \$5,000, while five finalists will get \$1,000 each.

The challenge coincides with November's National Veterans and Military Families month focus.

"This online memorial space will allow visitors to honor, cherish, share, and pay their respects and permit researchers, amateurs, students, and professionals to share information about Veterans," the challenge states.

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4. [Focus Resources More Efficiently](#)

4.1 - USA Today: [A tweet and a promise: Trump finds campaign pledges easy to tweet, harder to keep](#) (6 November, [REDACTED], 37M online visitors/mo; McLean, VA)

WASHINGTON — A promise tweeted isn't always a promise kept.

Campaigning for president in 2015 and 2016, President Trump exuded optimism in his ability to "drain the swamp," bring back American jobs and repeal Obamacare.

Using his preferred online social network – and his trademark short, exclamatory sentences – he pledged quick action if elected.

"I will fix!" he promised on Twitter at least 10 times, referring alternately to crime, education, poverty, the economy, the trade deficit, health care and veterans benefits.

Just as many times, he promised, "I will stop it." Stop war, stop job losses, stop heroin, stop gangs, stop terrorism.

And, as politicians often do, Trump made promises to various interest groups: veterans, gays and lesbians, and even Idaho potato farmers.

But in the year since he upended the political establishment with his victory over [REDACTED], some of Trump's campaign promises have been more elusive than others — and some he seems to have forgotten entirely.

Here are some of Trump's tweeted campaign promises:

Promise: 'I will fix the VA quickly'

Action: The Department of Veterans Affairs continues to face complaints about long wait times, shoddy care and bad doctors. But Trump has ordered a number of accountability measures, and VA Secretary [REDACTED] has taken a data-driven approach to fix management problems.

Status: In progress.

[...]

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4.2 - Atlanta Journal-Constitution: [New PBS documentary includes Atlanta VA enrollment office problems](#) (6 November, [REDACTED], 11.9M online visitors/mo; Atlanta, GA)

A new PBS documentary that airs tonight examines problems with the VA health care system and includes mention of problems with the national healthcare enrollment system that serves millions of veterans and is overseen by an office in Atlanta.

The film, VA: The Human Cost of War, which airs on public broadcasting television stations nationwide, takes a sweeping look at the history of the Department of Veterans Affairs and the

challenges it's faced over the decades trying to serve veterans. The current crisis of veteran suicide is the latest in a series of problems the VA has struggled to address.

The documentary, which airs at 10 p.m. on Georgia Public Broadcasting, includes an interview with Atlanta whistleblower Scott Davis, who testified before Congress in 2014 about problems at the VA's Health Eligibility Center that operates in an office building off Clairmont Road.

The center was the subject of an AJC investigation in 2014 that revealed more than 800,000 health care applications were stuck in an administrative backlog. Some 300,000 were from veterans who died before their application was adequately processed by the VA. The documentary mentions a 2015 inspector general's report that confirmed the findings of the investigation, which included information provided by [REDACTED] and other whistleblowers.

[REDACTED] said the documentary, directed by [REDACTED], was shown in a special screening last spring at President Trump's Mar-A-Lago resort in Palm Beach.

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4.3 - Military.com: [Army Offers Medical Help for Veterans Injured in Chem-Bio Agent Tests](#) (6 November, [REDACTED] 9M online visitors/mo; San Francisco, CA)

The U.S. Army is notifying veterans that they may be eligible to receive medical care if they participated in chemical or biological substance testing from 1942 to 1975.

Following a recent class-action lawsuit filed by the Vietnam Veterans of America, the service must provide medical care to veterans who volunteered to contribute to the advancement of the U.S. biological and chemical programs, according to a Nov. 6 Army Medical Command press release.

The Government Accountability Office found that the U.S. military conducted three secret military research projects between 1942 and 1975, according to a March 9, 1993, GAO report.

Neither the Army nor the Navy maintained records for all personnel involved in mustard agent testing during World War II, according to the GAO.

Prior to July 1992, a veteran had to prove that his disability was service-connected or a result of injuries or disease incurred during a period of military service, and the Department of Veterans Affairs disallowed many claims because veterans could not provide evidence of having been injured by mustard gas exposure, according to the GAO.

To be eligible for medical care, according to the Army Medical Command, veterans who may fall within this identified class must have:

- A Department of Defense Form 214 or War Department discharge/separation form(s) or the functional equivalent.
- Served as a volunteer medical research subject in a U.S. Army chemical or biological substance testing program from 1942 to 1975, including the receipt of medications or vaccines under the Army investigational drug review.

- A diagnosed medical condition they believe to be a direct result of their participation in an Army chemical or biological substance testing program.

Medical care, to include medications, will be provided at the closest military medical treatment facility that has the capability and capacity.

Care will be provided on a space-available basis for a specific period of time as described in the authorization letter, and is supplemental to the comprehensive medical care a plaintiff is entitled to receive through the VA based on their status as a veteran, according to the release.

Eligible veterans are encouraged to visit this website, or call 1-800-984-8523 if they have any questions or need assistance, according to the release.

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4.4 - WDTV (CBS-5): [VA Medical Center says 'thank you' to veterans and employees](#) (6 November, [REDACTED], 172k online visitors/mo; Bridgeport, WV)

CLARKSBURG, W.Va (WDTV)- President Trump proclaimed November as National Veterans and Military Families Month. The goal is to honor the significant contributions made by American service members, their families, and their loved ones.

Locally, the VA Medical Center in Clarksburg is contributing to the month long celebration by greeting veterans and employees at the door. Service chiefs and volunteers are shaking hands at the main entrance Monday-Friday from 7:00-9:00 am.

Public Affairs Officer [REDACTED] says the idea is to thank the veterans for their selfless service. Walls says it is also important to show appreciation to the employees that help serve them.

"We have the distinct honor and privilege of serving veterans everyday, and thus we celebrate Veterans Day every day, 365 days a year," [REDACTED] said. "It is a small token of our appreciation."

Although the service chiefs and volunteers say it is a small gesture, it means much more to the veterans.

"Most people just go about their day," Air Force Veteran [REDACTED] said. "These people here at the VA went out of their way and when people go out of their way it make you feel special."

Many other events will take place throughout the month.

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4.5 - Wyoming Tribune-Eagle: [Cheyenne South High student continues painting series for veterans](#) (6 November, [REDACTED], 152k online visitors/mo; Cheyenne, WY)

CHEYENNE – Some students and staff at Cheyenne's South High are putting extra work into honoring the community's veterans.

Senior [REDACTED], with art teachers [REDACTED] and [REDACTED], is painting the third in a series of Veterans Day paintings South High will distribute to veterans organizations throughout the community.

"It's building that culture that we appreciate veterans in lots of different ways, and that's just one piece that South can play," [REDACTED] said.

Veterans Day is celebrated on Nov. 11 each year.

[REDACTED] and [REDACTED] received a \$2,600 grant sponsored by the Laramie County School District 1 employees through the Cheyenne Schools Foundation. The teachers bought paint, large canvases, portable projectors and documentary cameras with the money.

[REDACTED] said the projectors will allow students to draw a smaller design and then project it onto a larger canvas to make a bigger piece.

Students can use the documentary cameras to do outside research to go toward their designs.

"Maybe they want to go to a memorial or interview a veteran," [REDACTED] said.

All of the supplies can be used in regular classroom assignments, and next year's Veterans Day painting already is in the works.

[REDACTED] said the project originally was inspired by [REDACTED] and [REDACTED], two former South High students.

During their early years at South, they created a graffiti-style painting, which the school donated to the Veterans of Foreign Wars Post 4343, located at 3216 S. Greeley Highway.

The two wanted to make another piece during their senior year.

"They came to me and said they wanted my help painting a canvas for the Veterans Day assembly that we hold here," [REDACTED] said.

That painting currently hangs in the South High commons area. It has a kneeling soldier with angel wings – which [REDACTED] painted – bookended with graffiti-style words. "Home" is on the left, and "brave" is on the right.

[REDACTED] said she saw merit in the idea of veterans paintings and wanted to continue the effort as a bigger project.

"We have a lot of students whose parents are veterans or in the military."

[REDACTED] said she is a veteran too, and the project allows her to put a piece of her into her work with the students. She served in the Army Reserve for 10 years.

Harsy's painting involves a tattered American flag in the background with a symbol of military sacrifice in the foreground. It's a pair of boots, a gun and a helmet painted to match the field of stars on the flag.

She is painting the word “sacrifice” across the bottom and plans to include words like “brother,” “wife,” “son” and others throughout the painting. It’s about half done right now.

“I wanted to showcase the amount of sacrifice that not only soldiers give to their country, but their families as well,” ██████ said.

She explained that military members sacrifice time with their families and sometimes their lives to serve their country.

“They’re missing all these holidays and birthdays, and those aren’t things you can get back. But they’re doing it all for the sake of our country – to give us the freedom and to keep it,” she said.

██████ father was a Seabee in the U.S. Navy. Her grandfather and other family members are veterans as well.

██████ said the tattered condition of the flag in her painting is particularly symbolic because it represents what the country has been through.

“As our country is experiencing all these terrorist attacks – domestic terrorism, as well as international terrorism – it’s important that we all come together and unite together to show that we are stronger together and that we can get through anything,” she said.

“(The flag) shows that we are united together and that we’re still standing strong.”

Although ██████ designed the flag, her classmates, ██████ and ██████, are helping her paint it.

██████ said her goal is to bring all the Veterans Day paintings together at the Veterans Affairs Medical Center each Veterans Day.

Every painting will be included in that showcase and then remain at South High for a year. Paintings then will be donated to a local veterans organization, where they will be displayed year-round, except during the annual showcase.

██████ said she expects the three paintings will be available for public viewing around Nov. 13 or Nov. 14.

██████ said she is proud to have her work showcased in the community.

“I’m not doing it for myself. I’m doing it for the veterans that we have here in Cheyenne and across the country. I’m sure it will be significant for them,” she said.

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4.6 - Wisconsin Public Radio (Audio): [Tomah VA Patients File Class Action Lawsuit Over Improper Dental Care, 6 Plaintiffs Seeking More Than \\$29M For All Patients Treated By VA Dentist](#) (6 November, ██████, 151k online visitors/mo; Madison, WI)

Several patients of the Tomah Veterans Affairs Medical Center have filed a class action lawsuit against the United States government for negligent dental care.

Six individuals say they experienced "extreme emotional distress" after discovering a VA dentist had potentially exposed them to HIV and other infections, according to a complaint filed in U.S. District court Wednesday.

Last November, VA officials informed 592 patients their dentist had been using personal equipment instead of following hygiene procedures.

The medical center offered free blood testing to those involved. As of September, almost 90 percent of the affected patients had been tested and no infections had been reported.

The plaintiffs are seeking \$50,000 for each of the affected patients, bringing the total claim to \$29.6 million.

The plaintiffs' attorney declined a request for comment.

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4.7 - Sentinel & Enterprise: [VA chief calls for Bedford hospital shake-up](#) (6 November, [REDACTED], 80k online visitors/mo; Fitchburg, MA)

BEDFORD -- Following a string of deaths and reports of retaliation against whistleblowers at the Edith Nourse Rogers Memorial Veterans Hospital, Veterans Affairs Secretary [REDACTED] announced Saturday that he has proposed demoting the hospital's former director and initiated a search for a new permanent leader.

The Bedford hospital is currently on its third director in little more than a year. [REDACTED], the last permanent director, was removed in September 2016 due to a whistleblower retaliation investigation and an administrative investigation into whether she urged staff not to report patient deaths in the facility, according to VA documents.

[REDACTED], who took over as acting director following [REDACTED]'s departure, was reassigned this summer, 10 months into her one-year posting. That leadership shake-up came as the U.S. Office of Special Counsel was investigating another potential case of hospital administrators retaliating against a whistleblower.

"I think you're seeing what happens when you have a continued shift of leadership," [REDACTED] said during a press conference at the hospital, adding "That's why we have moved quickly now, and frankly it has taken us too long, in terms of filling this (permanent director) position, but we are now moving forward."

The VA has already received 10 applications for the job, [REDACTED] said.

[REDACTED] is seeking [REDACTED]'s demotion.

The visit followed several media reports about substandard care at the Bedford hospital.

Earlier this month, the Boston Globe published an article about [REDACTED], a Vietnam veteran who died at the hospital while the nurse who was supposed to be checking on him played a video game on her computer.

The Sun had previously reported on the deaths of three men who overdosed in Bedford VA facilities. Two of them, [REDACTED] and [REDACTED], were linked to a hospital employee who was under OIG investigation for selling drugs to patients.

VA employee [REDACTED], who was a source for that article, received death threats following its publication. His case is the subject of an ongoing U.S. Office of Special Counsel whistleblower retaliation investigation.

Both [REDACTED] and the legislative delegation said that there would be a renewed focus on protecting employees who uncovered wrongdoing.

"The only way we're going to protect our veterans is if we protect those people who are whistleblowers," [REDACTED] said. "It is, without question, going to be the key going forward."

There are ongoing OIG investigations into both the drug overdose deaths and the death of [REDACTED]. [REDACTED] said he could not provide an update on those investigations, but that the legislative delegation had made clear that they should be given the highest priority.

"We have a lot of work to do before we build back the trust of our veterans here in Massachusetts," [REDACTED] said. "We need more than just words, we need actions. That is why I've asked the secretary to expedite the VA inspector general's criminal investigation into the circumstances surrounding the death of [REDACTED]."

[REDACTED], a former Marine who served in Iraq, said there was nothing more painful than learning that a veteran had died alone, as [REDACTED] did, especially outside of combat. He thanked [REDACTED] for working with the delegation to ensure no similar tragedies occur at the hospital.

"The VA is not perfect," [REDACTED] said. "We're letting some of our veterans and our families down and our veterans deserve the best health care in the world. So Mr. Secretary, we have a lot of work to do."

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4.8 - WUFT (PBS-5): [Families Of Veterans Find A Home Away From Home At Fisher House](#) (6 November, [REDACTED], 58k online visitors/mo; Gainesville, FL)

[REDACTED] has suffered from health problems for years, but it wasn't until Hurricane Maria passed over Puerto Rico that his symptoms grew dire.

As the storm ravaged the island with damaging wind and torrential rains, the 81-year-old Korean War army veteran started to experience severe chest pain. He was taken by ambulance October 1 to the VA Caribbean Healthcare in San Juan, where he stayed for four days before being airlifted to Malcom Randall VA Medical Center in Gainesville, Fla.

When [REDACTED] learned his father was flown to Florida, he packed his things, rented a car and began the 18-hour drive from his home in Watertown, New York to meet his father and brother at the hospital in Gainesville.

While scrambling to find a hotel for his stay, ██████ found the Fisher House — a home for the family members of veterans who are staying at the Randall VA Medical Center. He was relieved to find they had a room for him.

“The first madness right there was finding a place to stay,” he said, “because most of the hotels close to here, there was no chance.”

██████ said finding the Fisher House was a blessing.

“It’s not a hotel, it is a home,” he said. “There are other people here going through the same things.”

Since it opened for guests on July 7, 2014, the Gainesville Fisher House has provided a free place to stay for families of veterans. Located on the northwest side of the hospital, the 20-bedroom, two-story house is typically full, operating between 95 to 97 percent capacity, said ██████, house manager.

In order to qualify for lodging at the house, guests must live at least 50 miles away and have a family member hospitalized at Malcom Randall VA Medical Center, ██████ said. Although they do not typically have to turn people away, there have been times. Last April, they had an extensive waiting list, she said.

After traveling more than 1,200 miles to be with his father, ██████ was thankful for the help. He said he was unsure where he would have stayed if the Fisher House was not available.

Having his son nearby helped to calm ██████ nerves. Coming from Puerto Rico, he was anxious about his condition and undergoing a procedure in an unfamiliar place.

“All that worrying and all that concern eased up because at least he had his family there,” ██████ said, while translating his father’s words from Spanish to English.

██████ received a transcatheter aortic valve replacement during his stay. The Gainesville VA specializes in cardiology among other treatments and procedures.

The North Florida/South Georgia Veterans Health System serves more veterans annually than any other VA in the nation, according to ██████, public affairs officer for the North Florida/South Georgia Veterans Health System. This VA serves veterans in Florida, 19 counties in Georgia, Puerto Rico and the Caribbean. Along with primary care, the Malcom Randall VA Medical Center also offers specialty healthcare services including cardiology, gastroenterology, podiatry and mental health. Over the past 10 years, the North Florida/South Georgia Veterans Health System has grown 16.7 percent, according to Henry.

This heightened demand for veteran services in the region is mirrored by the addition of Fisher Houses. There are currently 72 Fisher Houses around the country with eight more in the works, said ██████, president of the Fisher House Foundation. Two of these new houses will be erected in Florida — one in Orlando at the Orlando VA Medical Center and another in Tampa at the James A. Haley Veterans Hospital.

This year, the Fisher House Foundation is on track to help about 30,000 families, ██████ said. While the average length of stay is nine days, the longest was just shy of three years. The ability for families to stay at the Fisher House for no cost is made possible through a unique public-

private partnership, he said. [REDACTED] believes in providing free, convenient housing for the families of veterans that are faced with a health crisis.

"We think that the people we serve have paid it up front," he said.

Most of the money that funds the operations of Fisher Houses comes from the public that it serves, [REDACTED] said.

"This is still a grateful nation and there are a lot of people who want to help and bless the military."

[REDACTED] stayed in the Gainesville Fisher House for a week, but it did not take that long for it to feel like home, he said. The house offered more than just a roof over his head, it became a support system for him to lean on when he needed it.

During his stay, [REDACTED] met a woman whose mother was having the same surgery as his father.

"I think that is the key, having all these families here at the same time," he said. "You've got a home."

[REDACTED] said that talking with other people in the house and sharing personal experiences helps to get through the difficult moments.

It is a sentiment echoed by the staff. [REDACTED] believes the familial bonds that are created among guests are long-lasting and an important aspect of the Fisher House.

"They are so appreciative of the comfortable bed, but more so the family that they made here," she said.

[REDACTED] checked out of the Fisher House when his father was discharged from the hospital October 17.

His feelings of gratitude, however, won't fade anytime soon, he said.

"Someone was taking care of my dad and someone was taking care of me," he said.

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5. Improve Timeliness of Service

5.1 - WBBM (CBS-2, Video): [2 Investigators: Veteran's Cancer May Be Tied To Marine Base](#) (6 November, 27.2M online visitors/mo; Chicago, IL)

(CBS) — Former Marine [REDACTED] of northwest suburban Huntley says he's disappointed in his government.

The 62-year-old cancer patient learned he drank contaminated water for years on a U.S military base in North Carolina.

He was based at Camp Lejeune in Jacksonville during a time when it had highly contaminated, cancer-causing drinking water. Making matters worse, ██████ tells 2 Investigator ██████, no one from the Department of Defense told him about his exposure to the tainted wells.

"It would be nice if they even sent like a little postcard, 'If you served on this base from this time to this time and you have these symptoms.'"

The military says about 900,000 service members were potentially exposed to the danger. As many as 700,000 may not even know about it.

██████ says he got no warning when contamination was found in the 1980s or through the years when wells were closed, or even this year when the Veterans Affairs Administration named eight diseases Camp Lejeune veterans may get because of the contamination.

He served from 1979 to 1983. This period represents four of the 34 years Camp Lejeune's water was contaminated with chemicals from leaked fuel tanks and a nearby dry cleaner.

Those chemicals can cause various cancers that include Non-Hodgkin's lymphoma, the cancer ██████ has been battling for 10 years. He says the last two chemotherapy treatments have been the worst.

"My recovery time is longer and longer. It just makes me more and more depressed and down," ██████ says.

Had he been warned sooner, ██████ says, he could have applied for military medical benefits to cover his expensive medical care.

"It would be nice to have someone acknowledge the fact that 'Oh, gee, maybe we're sorry,'" he says.

A spokesperson for the Marine Corps says they didn't send letters to everyone through direct mail because they didn't have accurate addresses on file. ██████ however, contends they had his Social Security number and should have been able to contact him sooner.

Since the military wasn't actively sending out warning letters about the contamination, questions remain about how many may have gotten sick or died without ever knowing the truth about what happened at Camp Lejeune.

"We have been watching my uncle suffer for the last 10 years," says ██████ nephew.

██████ and another nephew are the ones who learned this year about the contamination through a website and told him.

"I am frustrated and honestly disappointed and upset," ██████ says.

██████ was recently granted 100 percent service-related disability. But federal law prohibits any retroactive disability pay for Camp Lejeune claims.

Notices have been put on social media. If you think you were exposed, the Marines have posted information online; affected spouses can file claims, too. Another option is to contact the Camp Lejeune Historic Drinking Water Call Center at (877) 261-9782, or by e-mail: Clwater@usmc.Mil.

The cost of this contamination could reach \$2.2 billion, according to some reports.

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5.2 - New York Post: [VA Secretary: Texas church shooter is no veteran to me](#) (6 November, [REDACTED], 23.9M online visitors/mo; New York, NY)

Veterans Affairs Secretary [REDACTED] has condemned the actions of Texas church shooter [REDACTED] — saying he does not consider the former US airman to be a veteran, but rather an “evil person” and a “criminal.”

Speaking at a National Press Club event in Washington on Monday, [REDACTED] noted how the 26-year-old was court-martialed in 2012 for assaulting his then-wife and stepson and then thrown in a military prison for 12 months and discharged for bad conduct in 2014.

“In my opinion, I do not consider him a veteran,” [REDACTED] said. “That would give him much more respect than he deserves. He is a criminal. He was convicted ... and does not deserve to have the same title as the men and women who served this country honorably.”

[REDACTED] killed 26 people on Sunday and wounded 20 more during his mass shooting at the First Baptist Church in Sutherland Springs. He later took his own life after being shot at and pursued by two local residents.

Many people, including President Trump, have argued that Sunday’s massacre was the result of [REDACTED] being mentally ill. [REDACTED] said Monday that the young man would not have had access to shrinks or mental health doctors on account of his controversial status with the Air Force.

“Those dishonorable discharged have violated the law, have violated our morals and ethics, and I do not believe deserve the types of services and benefits and VA would not be providing those benefits,” he explained. “This is not a person who has ever been treated in the VA system and would not be eligible for those benefits.”

[REDACTED] went on to say, though, that it’s still early to tell if [REDACTED] was actually suffering from a mental illness at the time of the shooting.

“Unfortunately, in this world there are people that are evil and there are people that are criminal,” he said. “And you don’t always know the reason why, but I certainly believe that he was an evil person.”

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5.3 - Military.com: [Texas Church Shooter Doesn't Rate Being Called 'Veteran:' VA Secretary](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

The Texas church shooter forever forfeited the right to be called a "veteran" with his bad-conduct discharge and criminal acts, Veterans Affairs Secretary [REDACTED] said Monday.

He added that [REDACTED] had also forfeited his VA benefits for life with his dishonorable discharge for desertion and misbehavior before the enemy.

"In my opinion, I do not consider him a veteran," [REDACTED] said of alleged Texas shooter [REDACTED]

"That would give him much more respect than he deserves," he said of [REDACTED], who served stateside in the Air Force until he was kicked out with a bad-conduct discharge for assaulting his wife and child.

"He is a criminal," [REDACTED] said, and "does not deserve to have the same title as the men and women who have served this country and have honorably been discharged."

Law enforcement officials have charged that [REDACTED] killed 26 churchgoers and injured at least 20 others Sunday when he opened fire outside and inside the First Baptist Church in Sutherland Springs, Texas, a small town about 30 miles east of San Antonio.

The officials said [REDACTED] was found dead in his car of a self-inflicted gunshot wound after a high-speed chase by local residents.

Air Force officials said the 26-year-old [REDACTED] joined the service in 2010 and served in logistics readiness at Holloman Air Force Base in New Mexico.

In wide-ranging remarks at the National Press Club, [REDACTED] said there is a distinction between those with bad-conduct and dishonorable discharges, and those with discharges under other than honorable conditions.

He said he had authorized emergency mental health treatment at the VA for those with other-than-honorable discharges. "We know they are at a higher rate of suicide and homelessness."

However, those with bad-conduct or dishonorable discharges do not deserve VA benefits or treatment, [REDACTED] said, "and the VA would not be providing those benefits."

He also appeared to take issue with President Donald Trump and Gov. [REDACTED], who have said that [REDACTED] was possibly mentally deranged.

In Japan on Monday on his Asian trip, Trump said the Texas shootings were a "mental health problem at the highest level," and not a "guns situation."

"I don't think we know enough about his state of mind to give him a diagnosis," [REDACTED] said. "Unfortunately, in this world, there are people that are evil and there are people that are criminal."

About [REDACTED] said, "We would not recognize him as having the ability to receive benefits at VA. I don't believe he honors those who served and have worn the uniform proudly."

However, ██████ said, as a doctor and "as a compassionate person, I certainly want him to get the help he needs and believe he should have access to treatment, but it would not be in the system that is supported by the Department of Veterans Affairs."

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5.4 - Washington Examiner (Video): [VA Secretary David Shulkin: I don't consider the Texas church gunman as a veteran](#) (6 November, ██████, 4.8M online visitors/mo; Washington, DC)

Veterans Affairs Secretary ██████ said Monday he doesn't consider the gunman who opened fire on parishioners at a church in Texas to be a veteran and said instead he was an "evil person."

The suspected gunman, 26-year-old ██████, served in the U.S. Air Force from 2010 to 2014. He received a bad conduct discharge after he was court-martialed in 2012 for assault on his wife and their child, and served a year behind bars.

"This is a very sad situation and a tragedy not only for the families and the town in Texas but really for the country. But in my opinion, I really do not consider him a veteran," ██████ said during an event at the National Press Club. "That would give him much more respect than he deserves. He is a criminal, and I think that he was convicted, and with a dishonorable discharge does not deserve to have the same title as the men and women who have served this country and have honorably been discharged."

Despite ██████ comments, ██████ was not dishonorably discharged and instead received a bad conduct discharge.

Police believe ██████ killed 26 and wounded 20 others when he opened fire on the First Baptist Church in Sutherland Springs, Texas, during a church service Sunday. The victims range in age from 18 months to 77 years.

Under a 1997 law called the Lautenberg Amendment, anyone convicted of domestic violence is prohibited from accessing firearms. But federal authorities are still working to determine whether ██████ conviction in 2012 and bad conduct discharge in 2014 were enough to prohibit him from having firearms. Either way, ██████ did not have a permit to carry at the time of the shooting.

Law enforcement officials said Monday that ██████ purchased four guns — two in Colorado and two in Texas — from 2014 to 2017, and said he used a Ruger AR-556 in the attack. Police also found two handguns in ██████'s vehicle.

In the wake of the shooting Sunday, President Trump said it was a "mental health problem at the highest level," instead of a "guns situation."

██████ was asked about the benefits, such as access to mental health services, available to veterans depending on their military discharge, and said there's a difference between service members who receive an other-than-honorable discharge and those that receive a dishonorable discharge. The VA secretary said the VA expanded emergency mental health services to those with other-than-honorable discharges.

However, ██████ said ██████ wouldn't have been eligible for benefits from the VA.

"Those with bad conduct or discharge, bad discharges such as those gentlemen, have violated the law, have violated our morals and ethics, and I do not believe deserve the types of services and benefits, and the VA would not be providing those benefits," he said. "This is not a person who's ever been treated in the VA system and would not be eligible for those benefits."

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5.5 - Military Times: [VA secretary calls Texas shooter a criminal, not a veteran](#) (6 November, ██████ 2.1M online visitors/mo; Springfield, VA)

Veterans Affairs Secretary ██████ took exception to describing the Texas church shooter as a veteran, because he was given a bad conduct discharge for domestic violence crimes in the ranks.

"In my opinion, I do not consider him a veteran," ██████ said at a National Press Club event on Monday, one day after the Texas tragedy. "That would give him much more respect than he deserves. He is a criminal."

"He was convicted ... and does not deserve to have the same title as the men and women who served this country honorably," he said.

U.S. Air Force officials said that the suspected shooter — 26-year-old ██████ — joined service in 2010 and served in logistics readiness at Holloman Air Force Base in New Mexico.

But four years later, he was given a court-martial for a domestic violence accusation, confined for 12 months and kicked out of the military with a reduced rank and a bad conduct discharge.

On Sunday, ██████ entered the First Baptist Church in Sutherland Springs, Texas, with several firearms and began shooting. At least 26 people were killed and 20 more injured. ██████ was later found dead a few miles from the scene.

Local law enforcement officials say the shooting may have been motivated by arguments with his ex-wife's family. But ██████ military experience has been emphasized in numerous news reports, much to the chagrin of veterans groups.

██████'s bad conduct discharge made him ineligible for a host of veterans benefits, including VA health care. It's unclear whether his military conviction made him ineligible under federal law to purchase firearms.

██████ has made outreach to veterans with other-than-honorable discharges a point of emphasis in recent months. But he said those efforts are meant to better identify veterans who may have undiagnosed mental health problems that contribute to lesser offenses — drug or alcohol abuse, for example — and not give a pass to more serious crimes.

"Those with bad conduct discharges have violated the law, have violated our morals and ethics and I do not believe deserve services and benefits," he said. "VA will not be providing them. This is not a person who has ever been treated in the VA system and would not be eligible."

He also called [REDACTED] "an evil person" but said it was impossible to draw any connection between the murders and his military experience.

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5.6 - WNEM (CBS-5, Video): [Injured veteran to receive benefits after fighting VA, Army](#) (6 November, [REDACTED], 442k online visitors/mo; Saginaw, MI)

After years of fighting the Veterans Affairs, a Mid-Michigan veteran will finally get the help he deserves.

The VA cut off [REDACTED] family's insurance and retirement compensation in 2015.

Noe he is getting the money he is owed from the Army for being injured.

"I had a fruitful career, but once that career ended by me being injured, I saw how quickly the Department of Defense turned their back on me," [REDACTED] said in 2015.

After fighting the Army and the VA for two years over compensation he felt he was owed, he is happy to report there has been a change in the case.

"It's finally going to be granted, at least we think it is. The records have been changed to show that the cause of injury has been identified and we've been granted relief," [REDACTED] said.

[REDACTED] said finally getting the money means so much to his family.

"It's going to give us the opportunity to dig ourselves out of debt and provide a better life for my family," [REDACTED] said.

[REDACTED] said getting the money is helpful, but it's more than that.

"The money is very welcome, but I think for me personally, what's more important is finally getting that validation from the Army that they said, 'yes we made a mistake and we are correcting this issue,'" she said.

The [REDACTED] family remains cautiously optimistic about getting the money they feel they deserve. For now they are happy with how far they have come in the last few years.

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5.7 - New Hampshire Union Leader: [Grant Bosse: Every day is Veterans Day](#) (7 November, [REDACTED], 318k online visitors/mo; Manchester, NH)

This year, the 11th day of the 11th month falls on a Saturday, and we don't have an editorial page on Saturdays.

So I think it's appropriate to take today to address the debt we owe to our veterans, and how we can improve the manner in which we repay it.

On Sunday, former Dartmouth College President ██████ spoke at the Bridges House in Concord as part of the Friends of Bridges House author series.

Wright recently published "Enduring Vietnam: An American Generation and Its War." ██████ served as a lance corporal in the U.S. Marine Corps from 1957 to 1960.

At Dartmouth, ██████ opened the college on the hill to veterans, including those wounded in the line of duty. ██████ reached out to a group of talented men and women who may never have seen the Ivy League as a possibility.

██████ chronicles America's experience with Vietnam and that long war's legacy with the eye of a historian, and with the heart of someone who has worked closely with veterans for years.

My father and father-in-law both served in Southeast Asia during the Vietnam conflict. I've never served in the military.

I owe them, and all our veterans, a debt that can never be repaid. We all do. Because of their service, we wake up each day in a nation that protects our rights to life, liberty, and the pursuit of happiness. That's why I say that every day is Veterans Day.

The VA Medical Center in Manchester failed to live up to our commitment to our veterans. By all accounts, director ██████ and his staff are doing a great job cleaning up the mess they found after whistleblowers brought the center's many problems to the public's attention.

New Hampshire's congressional delegation last week thanked ██████ for heeding their call to improve facilities for female veterans. Last week, the center also announced a partnership with UNH's Northeast Passage Program to provide recreational therapy services to vets in their communities.

Such partnerships should be commonplace. I've long argued that the VA should be pared back to research and treatment of combat-related injuries. Veterans should be able to get their non-service related health care at any hospital.

I think shunting veterans into a segregated health care system should be a scandal.

Of course, many veterans love the Manchester VA, and praise the care they've received, even as others were left languishing on waiting lists, or treated with unsanitary equipment.

The VA often provides excellent care, but lacks the efficiency or accountability of private hospitals.

For all the faults of how we finance health care in America, the quality of care is unmatched. Yet we don't allow veterans open access to this system.

Working at WTSL-Lebanon in the late '90s, I produced a weeklong series on medical research in the Upper Valley. The White River Junction VA was doing some ground-breaking work. I'd have the VA nationwide concentrate on such efforts, and let veterans cash in their health care benefits anywhere they'd like.

Many veterans disagree. They want to keep the VA as their primary health provider. We can do that, while still finding ways to massively improve standards and accountability.

That will require more than will and federal appropriations. It will mean putting people in charge of the VA who are willing to take on a moribund bureaucracy sheltered from consequences for decades.

██████████ is one of those people. From what I've seen so far, ██████████, the VA secretary, is another.

The health care we provide to our veterans is not an entitlement program. It is a promise made in exchange for their service. When the VA system leaves a veteran on a waiting list, it means we've failed to keep that promise.

Friends of Bridges House, the volunteer nonprofit group that cares for the governor's official residence, is donating proceeds from Wright's speech to New Hampshire Vietnam veterans. If you would like to help, you can donate at FriendsofBridgesHouse.org.

██████████ is editorial page editor of the New Hampshire Union Leader and Sunday News.

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5.8 - KWTX (CBS-10, Video): [Waco: Homeless Gulf War veteran finds a new life.](#) (6 November, ██████████, 315k online visitors/mo; Waco, TX)

WACO, Texas (KWTX) Life for R.V. ██████████ hasn't been easy.

The Gulf War veteran has learned to manage his PTSD, but at one point it shattered his life to pieces.

Looking to find a fresh start R.V. moved to Waco and things only seemed to get worse.

"I had no place to go. I came to this town and all I had was the shoes on my feet the shorts I was wearing and one shirt" ██████████ recalls.

He says he heard a sermon at Baylor University and that night he chose to give his life to Christ.

His troubles wouldn't end immediately he would live in shelters and use his VA benefits to survive.

While homeless R.V. attended Church Under The Bridge, a ministry for those who are homeless.

The outdoor church services provide the opportunity for Sunday Christian worship services for those whom may feel cast aside by mainstream society.

The services are headed by President and Executive Director of Mission Waco ██████████.

He's been ministering to people like R.V. in Waco under Interstate 35 and 5th street for 25 years.

According to [REDACTED] "My wife and I were having breakfast and we looked over and saw the homeless sleeping and we said hey let's invite those guys to breakfast".

The ministry recently celebrated it's 25th year anniversary.

Since R.V. has been attending the services his life has begun to change for the better.

"We've been so blessed by the church and all the people who have come along and just loved on us and just helped us through the walk".

R.V. is no longer homeless.

[REDACTED] says "R.V. is just like a lot of folks a good man that got sidetracked in life. He was at the bottom and today he's working, he's got a family, he's got a place and a car, they are doing well".

R.V. says he owes it all to God and the outreach of Church Under The Bridge.

He wants his story to be one of inspiration for others just like him.

As for Church Under The Bridge they hope to continue their ministry of positively impacting people's lives.

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5.9 - Florence Morning News: [VA official: Filing new claims are faster than appeals process](#) (6 November, [REDACTED], 288k online visitors/mo; Florence, SC)

FLORENCE, S.C. – The U.S. Department of Veterans Affairs distributes approximately \$1.4 billion annually to more than 100,000 veterans in South Carolina.

These numbers might seem high, but some veterans still face challenges with getting the care they need.

[REDACTED], regional director of benefits for the VA in Columbia, spoke Monday to the Florence Rotary Club on problems many veterans are facing and how they can get help faster.

[REDACTED], an Iraq War veteran, said she understands how the claims process can become convoluted and frustrating. She said the best thing to do is call and get help.

"Come in and visit us or get a service officer to help you understand the process and where you are in that process," she said. "Also, file a new or reopen a claim, instead of an appeal. Appeals can take five to eight years, where a new claim takes an average of 112 days."

[REDACTED] said veterans coming from tours in recent wars, such as the Gulf War, Iraq and Afghanistan, are facing trauma and health issues at higher rates.

"Ultimately we want to treat these veterans, find the causes of what's happened to them and prevent that from happening to other veterans," she said. "We're not an office full of bureaucrats; most of us are veterans also."

Weldon urged veterans in need to call the VA at 1-800-827-1000, or the Florence County Veterans Affairs office at 843-665-3045.

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5.10 - The Citizen: [Healing mission: Auburn Army veteran takes on new fight in medical marijuana field](#) (7 November, [REDACTED], 200k online visitors/mo; Auburn, NY)

AUBURN — [REDACTED] is far away from Rocket City now.

Living in Auburn with her wife, [REDACTED], and 3-year-old son, [REDACTED] the 28-year-old Army veteran is still haunted by her days at Forward Operating Base Salerno in Afghanistan.

It was nicknamed "Rocket City," "The City of Lights" and "The Bowl" due to the heavy Taliban fire it received. The base was home for [REDACTED] in 2010, when she was an Apache attack helicopter crew chief. Accompanied by her family in an interview on Nov. 1, she explained that she was a mechanic, making sure her "bird" was ready for missions.

The Syracuse native had wanted to serve in the military since seventh grade, and so when she suffered multiple concussions during hand-to-hand combat training between 2009 and 2010, she kept her resulting seizures quiet. She deployed from Fort Drum in Watertown to FOB Salerno, and despite looking out at "Taliban Hill" every morning, she did her job and liked it. One of two women in her line crew, [REDACTED] was living her dream.

Little did she know an incoming attack in Afghanistan would change her life path dramatically.

At the end of October, [REDACTED] officially became the owner of a limited liability company called Happy Healing 420. Based in Auburn for now, she is working to create a space where patients in the state's Medical Marijuana Program can commune and use their medications, and learn more about the health benefits of marijuana and other available resources.

[REDACTED] said she uses the plant herself to treat many of her health conditions, namely post-traumatic stress disorder, traumatic brain injuries, insomnia and chronic pain. Cannabis works for [REDACTED] — but it was a long road to finding that out.

A month and a half away from completing her deployment, she had had a seizure down range (in a combat zone). She was transported to a hospital in Germany, unable to fly back to the states because the elevation would cause her to experience seizures.

"All I'm doing now is just figuring out how to stay in the military," she recalled. "I'm not even doing my job. My guys are still down range. They're still deployed. I'm the scumbag that's still got all my limbs, all my legs, all my eyes. I'm with a bunch of guys that are blown up and burned, and I'm here because I have seizures."

Doctors prescribed [REDACTED] 13 different medications. On bad days, that could mean 40 pills in 24 hours. Depressed and angry, [REDACTED] said she turned to alcohol and cocaine. She attempted suicide three times.

On May 31, 2013, [REDACTED] was discharged from the military. She checked into a Veterans Affairs center, but couldn't get into a drug treatment program. Calling around to different facilities, trying desperately to get help, a few new people entered her life and began to turn things around.

While shooting pool at the Canandaigua VA Medical Center, [REDACTED] met a World War II veteran. He was missing his legs, one arm and part of his face, and he'd have [REDACTED] hop on the back of his motorized scooter and take her into the woods to smoke cannabis, she said. [REDACTED] laughed as she remembered her friend.

"That was actually my first introduction, medically wise, to cannabis," [REDACTED] said. "He actually helped me get off a lot of the pills I was on at the time."

The VA was also where [REDACTED] met [REDACTED] and [REDACTED]. The mother and son would come in to visit [REDACTED] uncle, and over time, [REDACTED] and [REDACTED] fell in love. Gracen would fall asleep on [REDACTED]

"What is this little thing?" she said, recalling the first time he fell asleep in her arms. "It's staying with me? This thing is cool."

During the interview on Nov. 1, [REDACTED] looked up from his coloring book and grinned at [REDACTED]

"Yeah you!" she said to her son, and he laughed.

[REDACTED] said that at first, she was dead set against [REDACTED]'s cannabis use. But as [REDACTED] started taking fewer pills, [REDACTED] said she stopped acting like a zombie.

"I think the transitions from medication to medical marijuana, it was a slow transition," [REDACTED] said. "I think it was something she wasn't completely aware of, the amount of change that took place when she was transitioning. I got to witness that."

[REDACTED], however, is deeply critical of the state's Medical Marijuana Program. She said there is no equal access to cannabis medication, and that what is available is expensive. She feels the program has been set up to fail.

[REDACTED] advocates for the decriminalization of cannabis and has traveled the country telling her story. She's learned what has worked and what has not in other states. She hopes to make a difference in her own state, working to start a nonprofit homestead for veterans transitioning from active duty. She wants to set up temporary housing and teach them how to grow cannabis, educate them about its health benefits and get them working, making money and contributing to society in a way beneficial to themselves and to others.

That dream is tricky, she realizes, as she works to stay within the state's legal boundaries.

"In the cannabis industry, you really walk a thin line, and you really have to make sure you're on your game and doing everything correctly," she said. "I mean, I got 420 in my name. I've got a big pot leaf as the American flag as my logo."

█████ laughed. Balancing the business and the advocacy, she hopes to break the stigma surrounding marijuana and eventually see the state decriminalize and legalize the organic plant that helped her get her life back. With her "bird" tattooed on her arm and her American flag pot leaf pin on her lapel, █████ is ready to fight her next battle — and win.

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5.11 - Northwest Florida Daily News: [VA pharmacy to stop filling prescriptions on base](#) (6 November, █████, 192k online visitors/mo; Fort Walton Beach, FL)

Officials say the pharmacy at the Department of Veterans Affairs outpatient clinic at Eglin Air Force Base is not closing. By late next year, however, prescriptions will no longer be filled there. Veterans who need prescriptions filled will eventually need to do so through either private pharmacies or through the mail.

EGLIN AFB — Officials say the pharmacy at the Department of Veterans Affairs outpatient clinic at Eglin Air Force Base is not closing.

By late next year, however, prescriptions will no longer be filled there. Veterans who need prescriptions filled will eventually need to do so through either private pharmacies or through the mail.

"The Eglin CBOC (Community-Based Outpatient Clinic), like most CBOCs nationwide, is transitioning to a first-fill contract for emergent prescriptions," █████, chief of the Community and Public Affairs Service for the Gulf Coast Veterans Health Care System, said in an email responding to rumors circulating among local veterans. "If a veteran needs a prescription immediately, they will be able to use the first-fill contract pharmacies in the community. All other medications will be mailed from Biloxi or from the VA centralized mail-out pharmacy which is the current process."

The transition to the first-fill contract is ongoing, and is expected to be completed by October of next year, according to GCVHS officials.

The VA pharmacy's transition to a "first-fill contract" means that prescriptions for medications that a veteran needs immediately — deemed medically necessary by the prescribing physician — will have to be filled through local retail pharmacies.

As opposed to those "emergent" prescription needs that will be filled by private pharmacies, veterans' "maintenance" medications — prescriptions for chronic long-term conditions like diabetes, high blood pressure and high cholesterol — will continue to be provided through the VA's mail-out pharmacy services and sent directly to veterans' home addresses.

First-fill contracts are already in place in other VA facilities, and GCVHS is "simply expanding an existing process that has already been proven ... by other VA facilities as a fiscally responsible means to provide urgent medication needs and expand clinical services to increase patient access," according to the email.

Local veterans are being made aware of the move through town-hall meetings and their primary care team. Multiple area pharmacies are part of the first-fill contract, and those choices are communicated regularly to patients, according to GCVHS officials.

"The full implementation will take place over the next few months, and patients will be fully educated as the process is phased in," according to the GCVHS.

One local veteran, who did not want his name used for this story, said the switch to a first-fill contract will be an inconvenience to many veterans who use the VA clinic at Eglin and are used to having their prescriptions filled on-site.

The veteran also contends that the VA isn't letting veterans know about the change. The switch hasn't been mentioned in his own visits to the pharmacy, he said.

"If it's such a great deal, why haven't they told people?" the veteran wondered.

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5.12 - MD Magazine: [Veterans Affairs Aims at HCV Infection Cure](#) (6 November, [REDACTED], 21k online visitors/mo; Plainsboro, NJ)

The US Department of Veterans Affairs (VA), the nation's largest care provider for hepatitis C virus (HCV) patients, has recently described its successful programs and indicated it is "poised to share" best practices with other organizations and healthcare providers to reduce the overall burden of HCV infection.

[REDACTED], PharmD (pictured), VA Office of Public Health/ Population Health, Los Angeles, CA, and lead author of the article on the VA approach to providing HCV treatment, described some key components to MD Magazine.

She cited the expansion of non-physician provider use, video telehealth, and teleconsultation as "critically important" to improving veteran access to HCV providers.

"The VA also has utilized care-delivery teams that personalize care where access is somehow more limited," [REDACTED] said.

While acknowledging that some aspects of the program are unique to the VA system, [REDACTED] and colleagues wrote that many could be adapted by other systems, including "the importance of engaging organizational leadership to prioritize HCV treatment and support interventions, providing feedback on performance and outcomes; negotiating reduced drug prices or lower-priced preferred agents."

Success in negotiating lower drug costs may be easier to achieve because of elements such as the size of the VA and the involvement of Congress. However, the authors suggested that commercial insurers can respond to "consistent leveraging of drug prices and removal of restrictions to HCV treatment."

They also argued the importance of eliminating policies that are not based on evidence of improved outcomes, such as requiring a defined length of abstinence before paying for HCV treatment.

██████████ and colleagues described 5 pillars supporting the VA strategy: information, interventions, service delivery, financing, and research. The information processes utilized databases and analytics for population health management strategies to measure, monitor and identify trends in HCV care.

The interventions include continuously improving case identification, initiatives to increase HCV testing; and staffing multi-disciplinary "HCV Innovative Teams" (HITs) across VA facilities to strategize implementation of programs in their particular settings.

The area of service delivery encompasses expanding access to care through telemedicine and electronic technology, involvement of non-physician advanced practice providers, and addressing barriers to care such as substance use, homelessness and mental illness.

"The VA has reached out to veterans in multiple ways," ██████████ said, "For example, lists were generated of all untreated HCV patients with their relevant clinical characteristics and each VA clinic used this to contact patients — usually by phone or letter — and invite them for screening and treatment."

Financing for the broadened programs has been attained through several initiatives, including funding priorities in proposed budgets, "steadfast negotiations" on the prices of direct-acting antivirals (DAAs), and removal of restrictions on payment for treatment based on liver disease stage.

Research is included among the principles of the comprehensive approach because of the utility of their large database and capacity of their faculty to contribute to advances in the field.

██████████ and colleagues reported that between January 2014 — when the DAAs were introduced — and June 2017, approximately 92,000 HCV-infected veterans received treatment, and over 90% achieved a sustained virologic response (SVR) corresponding to a cure.

Researchers contrasted this to the period before 2014, when 39,388 had received any HCV treatment of 174,889 patients who had a detectable HCV viral load (23%). Currently, there are approximately 51,000 veterans in VA care who remain potentially eligible for treatment.

"Although elimination seems attainable, the VA recognizes the reality of the HCV epidemic and population — namely, many of those in care who remain to be treated have complex substance use, mental health, and medical comorbidities," Belperio and colleagues wrote.

The researchers found that accomplishing HCV control in the VA includes a "long tail of persistence driven by system, patient and care delivery determinants."

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6. [Suicide Prevention](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The State: 'Unclaimed' veterans will finally be laid to rest at Fort Jackson National Cemetery (6 November, [REDACTED], 2.1M online visitors/mo; Columbia, SC)

COLUMBIA, SC - Two previously unclaimed veterans will be laid to rest at the Fort Jackson National Cemetery shortly after Veterans Day.

None of the veterans' family members will be present for the ceremony, so veterans groups will fill in, and the public is invited to attend the proper send off for these "heroes."

The cremated remains of Army veteran [REDACTED] and Air Force veteran [REDACTED] will be interred on Nov. 17, according to [REDACTED], the commander of American Legion Post 193 in Chapin.

"There is no family to lay them to rest with the honor and dignity they deserve," [REDACTED] wrote in a news release Monday, adding several veterans groups will step up in their absence. "These two heroes (will) receive the honorable and dignified interment they deserve."

The American Legion, Patriot Guard, Vietnam Veterans of America, The Veterans of Foreign Wars and many other veterans from across South Carolina will participate, according to [REDACTED]

Little is known about Duncan, beyond the fact that he served his country when called upon to do so, [REDACTED] said.

[REDACTED] served in the Air Force for six years, overseas and in the U.S., according to [REDACTED] s brother, [REDACTED], claimed him, but can't be present for the 11 a.m. ceremony.

The veterans' remains will be escorted to Fort Jackson National Cemetery from Post 193 by American Legion Riders and members of the Patriot Guard.

Post 193 [REDACTED] will officiate at the ceremony. An Honor Guard from the Army, Air Force and American Legion Post 71, in North Augusta, will provide full military honors.

This interment is being supported by veterans and community members from across South Carolina. Juveniles from the SC Department of Juvenile Justice built the urns and will also attend the service.

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7.2 - WFED (AM-1500): VA's Shulkin calls for new, strategic approach to veterans benefits programs (6 November, [REDACTED], 831K online visitors/mo; Washington, DC)

Five days before Veterans Day, VA's top leader is calling on the veterans community to consider the past 150 years and the vast variety of benefits the department currently provides to those who "have borne the battle" in a completely new way.

"Today ... I call for a new way of thinking about benefits," Veterans Affairs Secretary ██████ said Monday during a speech at the National Press Club. "I want to see an ongoing dialogue with stakeholders about rationalizing veterans benefits — a veterans benefit advisory board that can bring clarity to what we're trying to do for veterans and what's best and how we can do that in the best way."

The creation of a new veterans benefit advisory board will help VA focus on what ██████ described as key aspects of Veterans Benefits Administration programs: providing financial security for those who are severely disabled, providing mental and physical well being to veterans, offering economic and professional opportunities and helping them reintegrate back into civilian life.

"We need more incentives for achieving wellness and independence," ██████ said. "This should be a system that focuses on veterans' abilities, not on their disabilities. VA needs to transform into an organization where we are veterans' advocates and we facilitate them getting benefits, not being the gatekeeper of benefits decisions."

"Let me be clear though, this is not about taking away benefits from veterans," he added. "This is about making benefits work better for veterans and transforming the Department of Veterans Affairs to do better for years and for generations for future veterans. I think they deserve no less than that."

The speech was a different one for ██████ whose public appearances often focus on health care.

"I wanted to challenge myself, and in the spirit of Veterans Day, I'm going to talk about something that I don't spend as much time as maybe I should talk about, and that is our area of benefits. This is an area that I believe we can do better in. We have a system that ... is far too complex, filled with too much bureaucracy."

██████ detailed the history of veterans benefits dating all the way back to the Roman Empire, describing various programs and "a piecemeal development" of laws that previous presidents and Congress have enacted throughout American history.

But despite the vast variety of veterans benefits programs and the myriad of rules and regulations that come with them, ██████ said he's found a few points of commonality across history.

"Our country is never really fully prepared for the impact of returning veterans," he said. "We always seem to be surprised that these people come back and they have all sorts of issues that need our help. The changes in benefits that we've seen over these 150 years are always politically contentious, and they're related to the economic conditions of the country."

The full scope of veterans benefits has never gotten a full, systematic review, ██████ said, and previous administrations haven't thought about the financial impact or the red tape and bureaucratic boundaries that these programs would cause.

"The system, it appears to me, puts VA in an adversarial relationship with veterans, where they have to come to us and ask rather than we are trying to help them," ██████ said. "Lastly, I would say the cost projections always fall short. The actual costs of these programs always tend to be more than what's initially thought."

Mandatory VA benefits spending has risen by more than \$80 billion dollars over the past 30-to-40 years. The department spent \$95.3 billion on mandatory benefits in 2017, well above the \$13.7 billion total in 1980.

Before 2004, military veterans couldn't receive Defense Department retirement benefits and VA disability compensation at the same time. But by 2013, 59,000 DoD retirees received concurrent benefits, along with Social Security, which totaled more than \$3.5 billion, ██████ said.

Administrative costs at the Veterans Benefits Administration have gone up by \$4 billion — from \$1 billion in 2000 to \$5 billion in 2017.

"We have to make simpler benefits determinations," ██████ said. "Frankly, we're spending too much on administrative costs and we have to let veterans know what they can expect. They shouldn't have to constantly be refiling claims to get what they deserve. We have to emphasize service-connection for disabilities so we aren't compensating veterans for age-related issues. We have to focus benefits on enabling independence so veterans can succeed on their own, because that's what I think leads towards feeling a sense of well being."

VA is already beginning to make some changes that would put Shulkin's vision for veterans benefits into reality.

The department last week launched the Rapid Appeals Modernization Program (RAMP), which lets veterans choose from multiple different paths to resolve pending claims. VA began the 18-month implementation plan when President Donald Trump signed the Veterans Appeals Improvement and Modernization Act into law over the summer, which authorizes a new claims review process.

The goal of RAMP is to give veterans the earliest possible resolution of their pending claims with VBA.

Later this month, the department will begin making VA benefits determinations for military members on the day they leave service, ██████ said.

And in the future, ██████ said he wants VA to make instant adjudications, similar to the way consumers can get immediately get their credit scores online or through a mobile app.

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7.3 - KVLV (NBC-11, Video): [Fargo's veterans cemetery now to open one year later than planned](#) (6 November, ██████, 198k online visitors/mo; Fargo, ND)

FARGO, N.D. (Valley News Live) - Last year veterans were excited to learn about the first-ever Veterans Affairs national cemetery in North Dakota, originally scheduled to open in Fargo in 2018. But delays in construction have some worried that it might not open at all.

The cemetery would be the first U.S. federal government cemetery for veterans in all of North Dakota. Right now the nearest one is in St. Paul, M.N.

Now officials say it won't open until around September 2019.

John Knapp, who works for the National Cemetery Administration and heads the project Fargo, says the main reason is because bidding for a contractor couldn't begin until the plan went through the process of approvals in Washington. By the time a contract was awarded, he says, it was already almost August of this year. So because of the coming weather, it was better to just start the construction next summer instead.

Veteran [REDACTED], commander of the United Patriotic Bodies of the Fargo-Moorhead area, says the delay disappoints him.

"I've actually been at four military funerals," he said, "and they've been cremations and because of that they all said in their brochures that they're gonna be buried at the cemetery. Well, now we just extended it another year. So, that makes a difference to our veterans."

The cemetery will be located on 40th Ave. Northwest, along county road 20. Last year the Department of Veterans Affairs National Cemetery Administration purchased 4.82 acres of land for \$90,000.

Right now, the only other cemetery for veterans in all of North Dakota is about 200 miles away: the state-run one in Mandan, N.D.

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7.4 - KOB (NBC-5, Video): [Honoring Our Veterans: Part One](#) (6 November, 27k online visitors/mo; Medford, OR)

White City, Ore. — Veteran's Day is Saturday, November 11, and in honor of our service members, NBC5 News is bringing you a local vet's story each day of the week on NBC5 News at 6. Each of the veterans has faced personal challenges and struggles, but each have sought help, and are now thriving in our community.

In part one, we're meeting [REDACTED]. For years, she was living on the street and selling drugs. Four years later, she's clean, and a homeowner.

In late August, [REDACTED] attended an annual event honoring women veterans at the White City VA. The message of the event: I am not invisible. From the speakers to the audience, veterans shared experiences where they felt invisible to male service members while on active duty, and even to people back at home.

But [REDACTED] said she's felt that twice over.

"I immediately felt invisible, everything that I wanted to do in life and everything that I thought was going to happen, just crumbled," [REDACTED] said.

[REDACTED] said she was sexually assaulted by her Sergeant in the first year after joining the Army in 1991.

"I joined the army right after high school," [REDACTED] said. "I actually graduated early, and went into the Army."

When she was honorably discharged after the assault, her life took a downward turn.

"Suffered with my military trauma for 25 years, so, in and out of jail, homelessness, drugs," [REDACTED] said.

After years, bouncing from house to house, she began living in her car with a single focus.

"It was really all about drugs, and getting more drugs, and selling more drugs, and it was just a crazy way to live," [REDACTED] said.

She said it was an arrest that changed her entire life.

"I went to jail in March of 2013 for drug charges, and found out when I was in jail, I was a couple weeks pregnant," [REDACTED] said.

[REDACTED] said she's been clean ever since that day.

"Something changed when I was in jail, I just, I found God, and he gave me the strength to change everything about myself," [REDACTED] said.

She got out of custody, and into a couple local programs. It was then that she first realized she was a veteran.

"I didn't realize that I was a veteran until I was clean and sober," [REDACTED] said. "When I left the Mom's house, I went to the Hope House, and one of the first questions they asked me was if I was a veteran, if I'd ever serviced in the service, and I was very ashamed, and said yes, I had served in the service."

While she was ashamed, it was one of the first times [REDACTED] felt really seen, and not invisible. In turn, the help she received inspired her to help others.

"I would like to be that glimmer of hope, I wanted to show them that there's light out there, and give them a resource or a community partner phone number, or a blanket or a hot meal, or something that they can rely on and they can know that they deserve better, and they can actually do something to change their situation," [REDACTED] said.

If you or a veteran you know is struggling, there are local resources available to provide help and support. The White City VA SORCC offers everything from treatment programs to mental and recreational therapy. Rogue Valley Veterans & Community Outreach offers similar help.

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8. [Other](#)

8.1 - Military.com: [About 250,000 Veterans Sign Up for New Exchange Benefit](#) (6 November, [REDACTED], 9M online visitors/mo; San Francisco, CA)

About 250,000 people have registered for a new benefit from the military exchanges that allows all honorably discharged veterans to shop online, officials with the Army and Air Force Exchange Service (AAFES) said Monday.

In the past, exchange access -- both online and at brick-and-mortar stores on military bases worldwide -- has been reserved for active-duty troops and their families; Reserve and Guard members and their families; military retirees; 100 percent service-connected disabled veterans; and the families of fallen troops. Medal of Honor recipients are also given access.

The new benefit, however, allows all honorably discharged troops to access the exchange services' online stores, regardless of how long they spent in uniform.

To access the new benefit, each veteran must submit to VetVerify.org a variety of personal information, including his or her Social Security number.

Beginning Nov. 11, Veterans Day, all qualifying applicants will be able to use the exchange websites to shop. Some applicants will be cleared as "beta testers" and given immediate access to the sites. Other will be required to wait until the official launch date.

Users will be able to access online stores for AAFES, the Navy Exchange, the Marine Corps Exchange and the Coast Guard Exchange.

About 13 million veterans qualify for the new benefit, officials said. Products purchased through the exchanges are tax free, and a percentage of revenue benefits Morale, Welfare and Recreation programs.

The new benefit does not give veterans access to any military base or allow them to shop in-person at the exchange or commissary. It also does not give access to gasoline, tobacco, alcohol or uniform purchases, officials said.

Veterans who have trouble applying should visit VetVerify's frequently asked questions page for more information.

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8.2 - Cincinnati Enquirer: [Mercury spill closes portions of Cincinnati VA Medical Center](#) (6 November, [REDACTED], 3.9M online visitors/mo; Cincinnati, OH)

An environmental response team responded to the Cincinnati VA Medical Center last week after mercury leaked out of an old pipe that was moved during construction.

During the evening of Nov. 1, Engineering Service personnel were removing a section of non-functioning drain piping out of an active construction area on the first floor, VA officials said. During the removal of the pipe, liquid spilled out onto the floor in the construction area.

It was determined to be mercury, officials said.

The drain pipe, which was considered to be a "dead pipe" was not connected to any water or drainage systems within the Medical Center.

The VA medical center's department of Industrial Hygiene and Safety was contacted the next morning and determined that an outside commercial environmental response team needed to come on site and evaluate the situation further.

The outside environmental firm advised IH&S to close off specific areas in the hospital for testing and as a precaution, officials said. Hallways around the spill site were closed off as an additional precaution.

The Ohio EPA and the Cincinnati Health Department are also working with the VA for advisement and testing as well as a cleanup strategy. Officials said some sections of the hospital have been deemed safe and are scheduled to reopen.

Officials said there is minimal risk to veterans, employees and visitors.

The mercury spill is the latest minor building failures at the Corryville hospital, which serves more than 44,000 veterans in Greater Cincinnati. Last month, during a required weeklong test of its building-wide electrical system, the hospital experienced a power failure that shut down hallway lights for about six hours one night. The next night, another failure cut power for several more hours.

Hospital officials said the clinical staff had been prepared for the testing and put in temporary lighting, even glow sticks, to compensate. Hospital Director [REDACTED] said last month that no patient care was affected by the testing or the temporary failures.

Reporter [REDACTED] contributed.

[Back to Top](#)

From: [US Department of Veterans Affairs](#)
To: [VAAIUUsers](#)
Subject: A Message from the Chief of Staff - VA Good News Stories of the Week
Date: Friday, October 13, 2017 3:43:35 PM

MESSAGE FROM THE CHIEF OF STAFF

Veteran-focused Employees: Living our VA I-CARE Values, Serving our Nation's Veterans

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On October 13, we celebrate the birthday of the United States Navy. Established in 1775, the Navy is a crucial branch of America’s military that is always ready to answer the call of duty to deter aggression and maintain freedom of the seas. We pay tribute to the active, reserve and retired naval forces, as well as their families. Anchors Aweigh!

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The primary care Lexington PACT Tango Team went above and beyond to serve one very special Veteran on his birthday.

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A special thanks to the VAMC Lexington staff, who took the Veteran’s care beyond the clinical aspect. Through pride in their work and truly knowing their patient, they honored this Veteran in a way that communicated how thankful VA is for his service to his country.

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A Physical Therapist with the Polytrauma Transitional Rehabilitation Program became concerned when she saw a Veteran did not show for an appointment or answer his phone when she called him.

The Veteran, a former pediatric cardiothoracic surgeon, had made great strides in the program and this was unusual behavior for him. The Therapist decided to visit the Veteran's home to check on his welfare, but when she arrived she found him unresponsive and suffering from seizures. She immediately called 911 and had the Veteran transported to the VAMC for emergency care. She then locked up his home and brought his keys with her to the hospital to later return to the Veteran.

Because of the dedication and concern of this highly intuitive Physical Therapist, the Veteran is now recovering.

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The cemetery employees helped two young ladies from a local Girl Scout troop and a young man applying for military service to accomplish a community service project to contribute to a better Veteran cemetery. Their project was to clean headstones in the Old Post Section of the cemetery. A VA staff member, an Army Veteran and Purple Heart recipient who had been injured by an improvised explosive device, assisted them through the entire duration of their cleaning efforts.

After the event, a mother of one of the Girl Scouts wrote, "I cannot thank you enough for helping us get set up with the Jefferson Barracks National Cemetery. We had such a great experience and the girls really learned a lot. We really appreciate the staff meeting and working with us. We could not have asked for better people to work with. Please pass along our thanks."

The young man who volunteered is working on his application to the Air Force Academy, as well as Harvard and Stanford Universities. The VA staff member expressed how valuable his time was with the young man, as he felt he was passing the legacy of military service on to the next generation of those volunteering.

Connecting a Veteran's Past with his Family VA Pacific Island Health Care System (HCS), Honolulu, Hawaii

While the Homeless Program staff was cleaning out their office, they discovered a number of personal items belonging to a World War II Veteran that included photos of the Veteran in Europe with his comrades, a bronze star, a burial flag, war stamps, family photos, and old video tapes.

The Homeless Program Coordinator, whose father is a World War II Veteran, made it a personal project to identify the Veteran and reunite these items to a family member. There was very little personal identification information on any of the items to help track down family members. After days of searching the Internet, the Homeless Program Coordinator reached out to a Veterans Service Organization representative and explained the situation to him. He suggested that she check to see if the Veteran had an insurance policy and beneficiary. With the help of a Veterans Benefits Administration Legal

Administration Specialist, they were able to locate a family name. The Coordinator reached out to the VA Regional Office Insurance Center, who provided additional contact information. Using available information, the Coordinator was able to contact the Veteran's grandson.

The HCS mailroom carefully boxed the Veteran's personal items and sent them to the Veteran's grandson to be presented to his mother, the Veteran's daughter. She wrote to the HCS, "I just wanted to let you know how grateful I am to you for returning my father's and brother's memorabilia items from their military service. It included my father's bronze star. My brother had a difficult time at the end of his life and I was afraid these cherished items were gone forever. My son surprised me with your box on a recent visit and I was overwhelmed! On behalf of my brother's family, thank you. He was such a grand man – we miss him very much and you brought parts of his life back to us."

The staff's teamwork demonstrated VA's honor and respect for our Veterans' military service by preserving his history and passing on his personal items to his family.

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[REDACTED]

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[REDACTED]

**PLEASE PRODUCE LOCALLY FOR ALL THOSE WHO DO NOT ROUTINELY ACCESS
EMAIL DUE TO THEIR SPECIALTIES**

From: [VAIOC](#)
Subject: AWARENESS (FINAL): Beaumont CBOC Open, Beaumont, TX
Date: Monday, November 06, 2017 5:37:50 PM
Attachments: [image003.jpg](#)

cid:image002.jpg@01D2E503.23A08270



SOURCE: VHA

DATE / TIME: 6 Nov 17 / 1730 ET

LOCATION: Beaumont, TX

NARRATIVE

- Contract cleaning crews completed clinic cleaning and restructuring of all offices and common areas in the Beaumont CBOC ahead of schedule (original ETR was 1 Feb 18).
- On Friday, 3 Nov 17, patients were seen in the Beaumont CBOC. After check-in at the tent, they were escorted to and from the CBOC for their appointment.
- Over the weekend (4-5 Nov), all mobile assets were demobilized.
- The Beaumont CBOC opened for normal operations on 6 Nov 17.

FOLLOW-UP: VAIOC will continue to monitor but does not anticipate further reporting.

Released by: [REDACTED], VA Watch Officer

VA Integrated Operations Center

Email: vaioc@va.gov

[REDACTED]

From: [VAIOC](#)
Subject: AWARENESS (FINAL): Beaumont CBOC Open, Beaumont, TX
Date: Monday, November 06, 2017 5:37:52 PM
Attachments: [image003.jpg](#)

cid:image002.jpg@01D2E503.23A08270



SOURCE: VHA

DATE / TIME: 6 Nov 17 / 1730 ET

LOCATION: Beaumont, TX

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Released by: [REDACTED], VA Watch Officer

VA Integrated Operations Center

Email: vaioc@va.gov

[REDACTED]

From: [VAIOC](#)
To:



Subject: AWARENESS (Final): Facility Disruption, Battle Creek, MI
Date: Thursday, January 04, 2018 6:24:28 AM
Attachments: [image001.jpg](#)

cid:image002.jpg@01D2E503.23A08270



SOURCE: VHA

DATE / TIME: 04 Jan 18 / 0625 ET

LOCATION: Battle Creek, MI

Final Update:

- Services/Operations returned to normal as of 3 Jan 18 (OT, PT, Speech Therapy, Prosthetics).
- Urgent Care, Compensation and Pension, and Acute Medicine Service all moved back into the building.
- The attic louvres' controls that malfunctioned and caused the pipe to freeze have been changed to prevent this occurrence in the future.

Update 1:

- Engineering and Housekeeping Staff are currently in the process of cleaning the building and repairing the damage.
- Services are anticipated to resume normal operations on 3 Jan 18.

NARRATIVE

- On 28 Dec 17, at approximately 1547 ET, VA Police Dispatch received notification of a fire alarm from Building 82 at Battle Creek VAMC.
- VA Fire Department and VA Police entered the building and discovered a pipe had burst in the attic and flooded the three story building.
- Patients were transported to other nearby buildings on property.
- Engineering, Safety, EM, IT, and VA Leadership responded to assess damages.
- All appointments have been cancelled for Friday, 29 Dec 17.

FOLLOW-UP: VAIOC will continue to monitor but doesn't anticipate any further updates.

Released by: [REDACTED], VA Watch Officer

VA Integrated Operations Center

Email: vaiooc@va.gov



From: [VAIOC](#)
To:



Subject: AWARENESS (Update): Facility Disruption, Battle Creek, MI
Date: Friday, December 29, 2017 2:37:04 PM
Attachments: [image003.jpg](#)

cid:image002.jpg@01D2E503.23A08270



SOURCE: OSLE

DATE / TIME: 28 Dec 17 / 2000 ET

LOCATION: Battle Creek, MI

Update 1:

- Engineering and Housekeeping Staff are currently in the process of cleaning the building and repairing the damage.
- Services are anticipated to resume normal operations on 3 Jan 18.

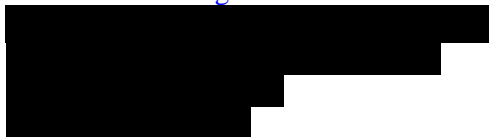
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- All appointments have been cancelled for Friday, 29 Dec 17.

FOLLOW-UP: VAIOC will continue to monitor and provide updates as necessary

Released by: [REDACTED], VA Watch Officer

VA Integrated Operations Center
Email: vaioc@va.gov



From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Subject: COS in UL
Date: Tuesday, November 07, 2017 8:48:52 AM
Attachments: [image001.jpg](#)
[image002.png](#)
[image003.jpg](#)

Mark Hayward's piece is out. It was on A8. The piece by the Editor balanced it and it is a few pages in from that.

Doctor relieved of duties at Manchester VA returns to New Hampshire

Tilton:

Dr. James

Schlosser was assigned to Tilton clinic Oct. 2.

By MARK HAYWARD

New Hampshire Union Leader

The Veterans Affairs physician relieved of his duties the day that the Boston Globe reported about problems with the Manchester VA Medical Center is back in New Hampshire, working at a VA clinic in the Lakes Region, officials said.

Dr. James Schlosser, former medical director at the Manchester VA, was temporarily assigned as a staff physician at the Tilton Community Based Outpatient Clinic beginning Oct. 2, said Manchester VA spokesman Kristin Pressly.

He had been working in an administrative role at the VA New England Healthcare System headquarters since mid-July when the Globe Spotlight team reported about "Third World" outcomes for patients with spinal ailments, a fly infestation in an operating room, unsanitary operating equipment and problems veterans face getting outside care through Veterans Choice.

Donald Day, 59, is one of several veterans who have been pushing for changes in the VA for

the past several years.

He was disappointed to hear that Schlosser is back in New Hampshire.

He blames Schlosser for the curtailment of VA payments to the private practitioner who provided acupuncture and massage therapy to address his chronic pain.

"I was on the verge of suicide," said Day, a Newmarket resident who was in the Army for 21 years and retired as a sergeant.

Pressly said Schlosser is in good standing as a provider, and any VA patient is able to request a new provider through the patient advocate office if they don't want to see him.

During a visit to Manchester earlier this year, VA Secretary David Shulkin stressed

that Schlosser and Manchester VA director Danielle Ocker were good, dedicated professionals, but a new leadership team was needed.

“We have not found that there is anything wrong that they have done,” Shulkin said at the time.

Schlosser’s salary is \$255,647 per year.



Every day is Veterans Day

THIS YEAR, the 11th day of the 11th month falls on a Saturday, and we don’t have an editorial page on Saturdays.

So I think it’s appropriate to take today to address the debt we owe to our veterans, and how we can improve the manner in which we repay it.

On Sunday, former Dartmouth College President James Wright spoke at the Bridges House in Concord as part of the Friends of Bridges House author series. Wright recently published “Enduring Vietnam: An American Generation and Its War.” Wright served as a lance corporal in the U.S. Marine Corps from 1957 to 1960.

At Dartmouth, Wright opened the college on the hill to veterans, including those wounded in the line of duty. Wright reached out to a group of talented men and women who may never have seen the Ivy League as a possibility.

Wright chronicles America’s experience with Vietnam and that long war’s legacy with the eye of a historian, and with the heart of someone who has worked closely with veterans for years.

My father and father-in-law both served in Southeast Asia during the Vietnam conflict. I’ve never served in the military.

I owe them, and all our veterans, a debt that can never be repaid. We all do. Because of their service, we wake up each day in a nation that protects our rights to life, liberty, and the pursuit of happiness. That’s why I say that every day is Veterans Day.

The VA Medical Center in Manchester failed to live up to our commitment to our veterans. By all accounts, director Al Montoya and his staff are doing a great job cleaning up the mess they found after whistleblowers brought the center’s many problems to the public’s attention.

New Hampshire’s congressional delegation last week thanked Montoya for heeding their call to improve facilities for female veterans. Last week, the center also announced a partnership with UNH’s Northeast Passage Program to provide recreational therapy services to vets in their communities.

Such partnerships should be commonplace. I’ve long argued that the VA should be pared back to research and treatment of combat-related injuries. Veterans should be able to get their non-service related health care at any hospital.

I think shunting veterans into a segregated health care system should be a scandal. Of course, many veterans love the Manchester VA, and praise the care they’ve received, even as others were left languishing on waiting lists, or treated with unsanitary equipment.

The VA often provides excellent care, but lacks the efficiency or accountability of private hospitals.

For all the faults of how we finance health care in America, the quality of care is unmatched. Yet we don't allow veterans open access to this system.

Working at WTSLLebanon in the late '90s, I produced a weeklong series on medical research in the Upper Valley. The White River Junction VA was doing some ground-breaking work. I'd have the VA nationwide concentrate on such efforts, and let veterans cash in their health care benefits anywhere they'd like. Many veterans disagree. They want to keep the VA as their primary health provider. We can do that, while still finding ways to massively improve standards and accountability.

That will require more than will and federal appropriations. It will mean putting people in charge of the VA who are willing to take on a moribund bureaucracy sheltered from consequences for decades.

Montoya is one of those people. From what I've seen so far, Dr. David Shulkin, the VA secretary, is another.

The health care we provide to our veterans is not an entitlement program. It is a promise made in exchange for their service. When the VA system leaves a veteran on a waiting list, it means we've failed to keep that promise.

Friends of Bridges House, the volunteer nonprofit group that cares for the governor's official residence, is donating proceeds from Wright's speech to New Hampshire Vietnam veterans. If you would like to help, you can donate at FriendsOfBridgesHouse.org.

Grant Bosse is editorial page editor of the New Hampshire Union Leader and Sunday News.



**Grant
Bosse**



Suicide Prevention is Everyone's Business. [#BeThere.](#)

VHA ISSUE BRIEF
VISN 1 – Manchester VAMC

Issue Title: Flies Present in Temporary Cystoscopy Area

Date of Report: August 10, 2017

Brief Statement of Issue and Status: On August 10, a Veteran undergoing a cystoscopy saw a fly located in the Radiology Department. This space is being used for pain procedures as well, and was approved by the acting chief of surgery.

Actions:

- At 10:17 a.m. the providers involved in performing cystoscopies emailed the acting Director and copied the acting Chief and Deputy Chief of Staff noting their concerns.
- At 10:34 a.m. Manchester VAMC acting Chief of Surgery provided a written recommendation to contact Facility Management Service (FMS) for a terminal cleaning of the involved room with a visual follow up inspection to follow. Following the terminal cleaning, the providers would be consulted as to their comfort level in performing procedures. The acting Chief of Staff concurred, via email, to this recommendation at 10:34 a.m.
- At 10:48 a.m., the acting Director emailed the Associate Director, FMS and the pest control coordinator and ordered an immediate stand-down of all procedures in this area. The following items were identified as necessary for completion prior to any further use of the space:
 - Terminal cleaning and contact with the pest control vendor, General Environmental Services (GES), and Orkin who is a consultant. To include any actions required as a result of the consultation;
 - Contact made to the VHA Central Office consultant for a copy of the report from the recent inspection and to seek guidance;
 - Visual inspection and consultation with providers conducting procedures for concurrence on the appropriateness of continued procedures in this space.
- At 11:07 a.m. the acting Director emailed the providers to support and confirm discontinuation of procedures.
- At 11:23 a.m., the acting Director contacted the Network Director to give a verbal notification of this issue and seek guidance.
- At 11:25 a.m., the acting Director contacted the Governor to seek support allowing federal providers to perform additional procedures at CMC.
- At 1:00 p.m., the acting Director held a briefing for the New Hampshire Congressional delegation staff to alert them to the situation and the immediate actions taken. All questions were answered to their satisfaction.
- All Veterans with affected appointments have been clinically triaged and rescheduled appropriately.

- At 2:30 p.m. Manchester VAMC terminal cleaning was completed, pest control review and mitigation was conducted, and a walk thru was conducted by the acting director, associate director, acting chief of surgery and facility management service.
- At 3:00 p.m. there was a decision made that the three (3) procedures scheduled for August 11, 2017 could go forward as scheduled. Additionally, it was noted that the back door in the area was ajar which is likely to have been the cause of any presences of flies. There was no infestation found after a review from GES; no additional long-term recommendations were made as they were found to be only “occasional invaders.”

This issue brief should be considered closed.

Contact for Further Information: [REDACTED],
[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: FW: DC VA Medical Center question
Date: Wednesday, November 08, 2017 4:43:11 PM
Attachments: [image001.gif](#)

From: [REDACTED]
Sent: Wednesday, November 08, 2017 4:34 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Following up on this one – we are just discovering that the dates are not lining up and the statement below is possibly combining two incidents. OCLA is trying to sort this through with the facility to try and send out an updated statement.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:58 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Thank you.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:57 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Thank you – will be sure Dr. Clancy is aware also.

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:48 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: DC VA Medical Center question

See below. Statement will go to 4 corners and local delegation in anticipation of news story. I'm not sure if you were aware.

Sent with Good (www.good.com)

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 07, 2017 2:09:14 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Roger, will do.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:09 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Ok, also send to DC-MD-VA Members.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:08 PM
To: [REDACTED]
Subject: RE: DC VA Medical Center question

[REDACTED]

Thanks, reviewing the previous email and statement now. I will send out to 4 Corners shortly.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:06 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: DC VA Medical Center question

fysa

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 5:03 PM
To: [REDACTED]
Subject: RE: DC VA Medical Center question

NBC 4 will be running a story about this on TV and on-line ***THURSDAY***.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388

Curt.Cashour@va.gov
[@curtcashour](#)

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 4:58 PM
To: [REDACTED]
Subject: RE: DC VA Medical Center question

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

You would have to ask the inspector general regarding possible reviews, but, as always, we welcome the IG's oversight.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:58 PM
To: Cashour, Curtis
Subject: FW: DC VA Medical Center question

Curt, What are we putting out on this or what is our position, so I can notify Hill?

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:55 PM
To: [REDACTED]
Subject: FW: DC VA Medical Center question

FYI.
Do you need more details?

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 1:45:41 PM
To: [REDACTED]
Subject: RE: DC VA Medical Center question

Thanks. Will get it to Scott.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
@curtcashour

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:41 PM
To: Cashour, Curtis
Subject: RE: DC VA Medical Center question

Good

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 1:33:43 PM
To: [REDACTED]
Cc: Ballesteros, Mark
Subject: RE: DC VA Medical Center question

How about this:

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

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Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 3:04 PM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Close. I don't want minimize the safety issue. We cancelled surgeries to ensure safe care.

Also, there was some surface rust on a few instruments. They have been re polished and are back in use.

I guess words have meaning. Do we want to mention the word "rust"?

Thoughts?

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 11:44:00 AM
To: Connell, Lawrence B.

Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Is this accurate?

After an internal review, we discovered discoloration on some surgical instruments. We did not find any sterilization issues, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday.

You would have to ask the inspector general regarding possible reviews, but, as always, we welcome the IG's oversight.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 10:40 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: RE: DC VA Medical Center question

Curt,
Yes. 10N is aware. Will call shortly.

Hold off answering till I call.

Bottom Line: Instruments are Sterile, but there was some discoloration identified on some instruments. We cancelled 9 cases in Friday as a safety precaution.

ALL of our instruments have been re polished and re processed before use.

We checked our VASQUIP data which shows a 0% increase in infection rates.

This was done entirely for patient safety to PREVENT harm.

Will call soon.

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 6:58:42 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: DC VA Medical Center question

Hi, Larry. Please see below. Do you have any insight into this?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:50 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] DC VA Medical Center question

Hey man....

I've been notified OIG is reviewing a situation from FRIDAY NOV. 3 at the DC VA Medical Center. There are reports of cancelled/postponed surgeries because of concerns about the medical center's sterile processing system. VISN 5 or VACO has been briefed. The sterile processing system concerns are not terribly new.

Can you work up comment on the postponement of surgeries from Friday? Will need that .. if we can get it.

[REDACTED]
Reporter
Description: NBC4



[REDACTED]
[REDACTED] ell

[website](#) | [vCard](#) | [map](#) | [email](#)

Follow me on Twitter at [REDACTED]

From: [Syrek, Christopher D. \(Chris\)](#)
To: [Wagner, John \(Wolf\)](#); [Verschoor, Thayer](#); [REDACTED]
Cc: [Cashour, Curtis](#)
Subject: FW: Governor Greitens Takes Action to Protect Veterans
Date: Monday, December 11, 2017 11:33:11 AM
Attachments: [HHI Executive Summary for SLVH 12.11.17.pdf](#)
[ATT00001.htm](#)
[image2017-12-11-084129.pdf](#)
[ATT00002.htm](#)

All,

Here is a copy of the press release from the Governor.

A copy of the Executive Summary for the report is attached as well for VHA review.

The press conference has concluded so I would expect the stories/media inquiries to follow.

On the call it was stated that Larry Kay, Director of the Missouri Veterans Commission had resigned, he has since rescinded his resignation.

Chris

Christopher D. Syrek
Executive Director of State and Local Government Affairs
Office of Public and Intergovernmental Affairs, Department of Veterans Affairs
Washington, D.C. 20420
(202) 461-7486
Email: Christopher.syrek@va.gov

From: [REDACTED]
Sent: Monday, December 11, 2017 11:23 AM
To: Syrek, Christopher D. (Chris)
Subject: [EXTERNAL] Fwd: Governor Greitens Takes Action to Protect Veterans

Sent from my iPhone

Begin forwarded message:

From: [REDACTED]
Date: December 11, 2017 at 10:21:05 AM CST
To: [REDACTED]
Subject: Governor Greitens Takes Action to Protect Veterans

FOR IMMEDIATE RELEASE

Contact: [REDACTED]
December 11, 2017

Governor Greitens Takes Action to Protect Veterans

Today, at the St. Louis Veterans Home, Governor Greitens took action to protect veterans.

An independent investigation—ordered by the Governor—looked into complaints made by family members of veterans residing in the St. Louis Veterans Home. When that investigation revealed serious issues at the home, the Governor took immediate action.

“Big government failed these veterans. The Missouri Veterans Commission and VA told us that there was nothing wrong with these homes. Based on what the families told us, however, we were still concerned. So we launched an independent investigation. It found failures at the St. Louis Veterans Home that the VA and Missouri Veterans Commission missed or ignored,” said Governor Eric Greitens.

The Governor added: “We hold leaders responsible. Missouri's veterans—our neighbors, friends, parents, and grandparents--were being hurt. When people are being hurt, and bureaucrats fail to act, fail to listen, and offer only excuses, we're going to find out, and they are going to be fired.”

In response to the findings of the independent investigation into care at the St. Louis Veterans Home, the Governor launched full investigations into each of Missouri's other veterans homes, replaced all five of the previous administration's appointees to the Missouri Veterans Commission, called on Larry Kay to be replaced as the Executive Director of the Missouri Veterans Commission and for Rolando Carter, the administrator of the home, to be fired.

Background:

In July 2017, the Governor's office received reports of mistreatment and inadequate care at the St. Louis Veterans Home. The Missouri Veterans Commission (MVC) oversees and runs these homes. The Governor told the MVC that he expected answers—an immediate investigation and response. The MVC reported that they were unable to find evidence confirming the allegations.

The Governor then instructed the Department of Public Safety to follow up, looking for any criminal misconduct. At the conclusion of their work, the Department of Public Safety advised the Governor to call in the US Department of Veterans Affairs to conduct another full and complete investigation.

The Governor then requested an investigation from the VA. They published a 57-page report that examined the quality of the home against 158 different standards. The VA said that, for all 158 standards, the St. Louis Veterans Home met all quality thresholds.

Based on the serious concerns expressed by the family members of veterans in the home, the Governor determined that he would launch another investigation into these homes to continue demanding answers. That investigation was

commissioned by Missouri's Department of Public Safety and conducted by Harmony Healthcare International.

Their investigative team visited the St. Louis Veterans Home nine times over the course of one month. They conducted 144 interviews with staff, family members, and veterans. They also looked directly at the care veterans were getting and did a full review of the home's policies and procedures. They examined patient charts and collected and reviewed data about patient care.

That investigation revealed serious failures in the home. The executive summary of the report is attached. Investigators found “substandard qualities of care” and “triggers for immediate jeopardy.” Immediate jeopardy is defined as “a situation in which the provider’s noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.”

The report also investigated the home's policies and found many of them to be inadequate. For example, they found that the Cardio-Pulmonary Resuscitation policy did not specify which members of the staff are CPR certified. They found a problem with the policy on Catheterization, which “does not meet current evidence-based practice.” They found a problem in the home's Psychotropic Drug Protocol. The investigators found that the policy is “not consistent with current evidence-based and recommended practice for obtaining informed consent from veterans prior to initiating treatment with psychotropic medications.”

Today, December 11th, 2017, the Governor announced that he has launched full investigations into each of Missouri's other six veterans homes and replaced all five of the previous administration's appointees to the Missouri Veterans Commission.

The Governor also called for Larry Kay, the Executive Director of the Missouri Veterans Commission, to be replaced and for Rolando Carter, the administrator of the St. Louis Veterans Home, to be fired.

The Governor has appointed Dr. John “Bucky” Buckner, Dr. José Dominguez, Meredith Knopp, Tim Noonan, and Tim Smith to the Missouri Veterans' Commission.

Dr. John Buckner is a Colonel (Ret.) in the United States Army. He is a member of The American Legion, the Veterans of Foreign Wars, the Reserve Officers Association, and the Association of Military Surgeons of the United States. Dr. Buckner has received numerous military awards from his service, including the Meritorious Service Medal and the Combat Medic Badge. He is a general surgeon at the Ferrell-Duncan Clinic at CoxHealth in Springfield. Dr. Buckner holds a medical degree from the University of Missouri-Kansas City School of Medicine and is a fellow of the American College of Surgeons.

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###

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To: [Wagner, John \(Wolf\)](#); [Verschoor, Thayer](#); [REDACTED]
Cc: [Cashour, Curtis](#)
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Washington, D.C. 20420
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Email: Christopher.syrek@va.gov

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###

From: [Hutton, James](#)
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Questions on Kayla Miller (Williams)
Date: Tuesday, April 04, 2017 11:35:00 AM

Gary, Brandon --- Please be aware we are about to give highly legalized responses to query about Kayla William's social media accounts.

Randy – Wait to send until we hear back from Gary and Brandon.

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Tuesday, April 04, 2017 11:31 AM
To: Hutton, James; [REDACTED]
Subject: RE: Questions on Kayla Miller (Williams)

Scroll down to where I've highlighted the word **RESPONSES:**

From: Hutton, James
Sent: Tuesday, April 04, 2017 11:30 AM
To: [REDACTED]
Subject: RE: Questions on Kayla Miller (Williams)

What are the responses?

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]

Sent: Tuesday, April 04, 2017 11:18 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: Questions on Kayla Miller (Williams)

Kayla, James,

Re Washington Examiner query on Kayla and her political views; her book; her tweets.

Pulled from other emails, I've put together the following responses and want to run it by you before providing to the reporter. He pinged me this morning on it, so I do need to send today.

The vast majority of this came from Doris Gruntmeir, Chief Counsel, Personnel Law Group. I added the response at the bottom about scheduling Tweets in advance and Kayla provided the legal citation, which I reviewed.

Please provide any comments.

Thanks.

Randy

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

VA ceased to be named the Veterans Administration on March 15, 1989 when President Ronald Reagan elevated it to a Cabinet level department. At that time, VA became the Department of Veterans Affairs.

From: [REDACTED]
Sent: Friday, March 31, 2017 1:41 PM
To: VA Public Affairs
Subject: [EXTERNAL] questions on Kayla Miller (He means Williams) rn

Hi,

Does the VA have any comment about Kayla Williams staying on in her job at the VA, even though she is known to oppose Trump? See here:

<http://dailycaller.com/2017/02/24/trump-opts-to-keep-anti-trump-obama-appointees-in-the-va/>

[utm_campaign=atdailycaller&utm_source=Twitter&utm_medium=Social](https://www.dailycaller.com/?utm_campaign=atdailycaller&utm_source=Twitter&utm_medium=Social)

Also wondering if there is comment about the VA helping to promote her book, which I believe goes against current government ethics rules:

<http://www.blogs.va.gov/VAntage/33133/kayla-williams-army-veteran/>

Williams has also been tweeting about her book. It's possible this was during personal hours, but she can be seen tweeting about her book at several different times of the day.

Does your office have any comment about all of this, and would it be possible to speak with her about it directly?

Thanks,

[REDACTED]
[REDACTED]
[REDACTED]

--
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

RESPONSES:

Like other Federal employees, VA employees have a Constitutionally-protected right to freedom of speech in their private lives, including during non-duty hours (e.g., lunch break). Unless otherwise authorized, such private speech should not be held out as being approved or authorized by VA. Moreover, employees should not provide information that may be restricted by law.

1. Can an employee be subject to disciplinary actions for posting (on their private social media during off duty hours) their agreement or disagreement with the Trump Administration?

Employees have a Constitutionally-protected right to the freedom of speech in their private lives, but cannot hold that speech out as being approved or authorized by VA (including using their official title or position as some sort of endorsement) or provide information that may be restricted by law (e.g., classified matters, sensitive contracting data, Veteran or other PII). *See, e.g.,* VA Directive 6515, para. 3p(2). With regard to their employment in the Government, an employee should not use Government equipment or time to engage in prohibited partisan political activity, among other things specified in VA Directive 6001, paragraph 2c. If authorized (e.g., public affairs), an employee can represent the views of the agency or office on social media in their Government capacity. *See* VA Directive 6515, para. 2k.

If an employee, in their private capacity, were to use social media to communicate agreement or disagreement with the Administration, without holding that their speech is approved or authorized by VA and without providing information that may be restricted by law, then an action against such an employee for their private speech would likely violate the First Amendment and would be considered a prohibited personnel practice, which could be investigated by the Office of Special Counsel (OSC).

Also note that, regardless of the method in which an employee makes a protected disclosure (that is, a disclosure not restricted by law) alleging, among other things, a violation of law, rules, or regulations; gross mismanagement; or abuse of authority, the fact that an agency takes a personnel action (defined more broadly than simply a disciplinary action) against the employee for the disclosure could be considered whistleblower retaliation.

2. Can an employee be subjected to disciplinary actions for sharing their agreement or disagreement with the Trump Administration during normal business hours at work with their boss, peers, subordinates, veterans? Could be an employee voicing concern over the impact of the hiring freeze on patient care, for example.

See above answer. An employee may not be disciplined for sharing their agreement or disagreement with the Administration if that employee is making a protected disclosure (that is, a disclosure not restricted by law) alleging, among other things, a violation of law, rules, or regulations; gross mismanagement; or abuse of authority, and if the basis of the discipline is either the disclosure made by the employee or based on the fact or belief that the employee made a disclosure. As stated above, the means (e.g., social media versus going to Congress) for the disclosure are irrelevant as long as management had either actual or constructive knowledge of the disclosure and took a personnel action (again, defined more broadly than simply a disciplinary action) based on the disclosure.

An employee should not use Government equipment for the activities described in VA Directive 6001, paragraph 2c, including:

- creating, copying, transmitting or retransmitting chain letters or unauthorized mass mailings, regardless of the subject matter;
- activities that are illegal, inappropriate, or offensive to fellow employees or the public. Such activities include hate speech, or material that ridicules others on the basis of race, creed, religion, color, sex, disability, national origin, or sexual orientation;
- the creation, downloading, viewing, storage, copying, or transmission of sexually explicit or sexually oriented materials;
- the creation, downloading, viewing, storage, copying, or transmission of materials related to gambling, illegal weapons, terrorist activities, and any illegal activities, or activities otherwise prohibited;
- use for commercial purposes or in support of "for profit" activities or in support of other outside employment or business activity (e.g. consulting for pay, sales or administration of business transactions, sale of goods or services);
- engaging in any outside fund-raising activity, endorsing any product or service, or engaging in any prohibited partisan political activity;

- participating in any lobbying activity, without authority; and
- use for posting agency information to external news groups, bulletin boards, or other public forums without authority. This includes any use that could create the perception that the communication was made in one's official capacity as a Federal Government employee (unless appropriate agency approval has been obtained), or uses that are at odds with the Agency's mission or positions.

With regard to communication with colleagues, supervisors, and especially Veterans, on disagreement (rather than actually making a disclosure) with Administration or Government policy, that is a fact-specific analysis, which requires weighing whether the employee's interest in expressing himself on the matter is outweighed by any injury the speech could cause to the Government's interest as an employer in promoting the efficiency of the public service it performs through its employees. *See generally, Waters v. Churchill*, 511 U.S. 661, 668 (1994); *Connick v. Myers*, 461 U.S. 138, 142 (1983); *Pickering v. Board of Education*, 391 U.S. 563, 568 (1968). More specifically, the propriety of the discipline turns on a balancing of the employee's right, as a citizen, in commenting upon matters of public concern, and the Government's interest, as an employer, in conducting efficient public operations. *Rankin v. McPherson*, 483 U.S. 378, 384-87 (1987) (comments on the President's policies, particularly where the policy is newsworthy, are "matters of public concern" and, thus, protected by the First Amendment).

Matters of purely private concern, e.g., whether an employee is being reassigned, are not "matters of public concern." *See Connick*, 461 U.S. at 144-49. Also note that, an employee's statements pursuant to his or her official duties or professional work activities are not protected by the First Amendment. *See Garcetti v. Ceballos*, 547 U.S. 410, 421-23 (Deputy District Attorney's statements in a memorandum about alleged inaccuracies in an affidavit was not made as a citizen but rather made pursuant to his official duties and was thus not protected by the First Amendment).

==

Regarding Ms. Williams' Tweets: Tweets are normally scheduled in advance to go out periodically throughout the day. For this reason, it may appear to be accomplished during business hours when in fact they were set up earlier to go out.

38 U.S. Code § 318 - Center for Women Veterans

<https://www.law.cornell.edu/uscode/text/38/318>

From: [REDACTED]
To: [Cashour, Curtis](#); [Hutton, James](#)
Cc: [REDACTED]
Subject: FW: Statement re Huntington VA Skin Rashes
Date: Friday, December 15, 2017 3:20:20 PM
Attachments: [TP Veterans Town Hall Dec 2017.docx](#)
Importance: High

Curt - re the Huntington VA skin rash issue, VHA Leg Affairs/OCLA will notify the local delegation prior to an employee town hall today at 4pm.

Dr. Lynch made the suggested edit to the approved media statement below. Forwarding for your approval please.

No media is expected at the employee town hall but we want to be prepared.

In response to episodes of contact dermatitis identified among employees, facility leadership has been working with subject matter experts to identify a cause. During this exploratory process, Huntington VA Medical Center is conducting a comprehensive cleaning of the facility's duct work and air handling systems. We have also begun terminal cleaning in areas where duct cleaning has been completed, and anticipate the entire cleaning effort will be completed by early next week. To ensure the safety of our patients and staff, Huntington VAMC has temporarily suspended admissions to our inpatient units. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals.

From: [REDACTED]
Sent: Friday, December 15, 2017 1:10 PM
To: [REDACTED] >
Cc: [REDACTED]
[REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

Attaching the talking points

From: [REDACTED]
Sent: Friday, December 15, 2017 1:09 PM
To: [REDACTED]
Cc: [REDACTED]
[REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

Thank you, this is the approved media statement I was looking for.

My understanding is that [REDACTED] will notify the local delegation prior to the employee town hall at 4pm, correct?

+ [REDACTED] for awareness

From: Brammer, [REDACTED]
Sent: Friday, December 15, 2017 12:58 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

This was approved by the Press Secretary on Dec. 13.

Huntington VA Medical Center is conducting a comprehensive cleaning of the facility's duct work and air handling systems. We have also begun terminal cleaning in areas where duct cleaning has been completed, and anticipate the entire cleaning effort will be completed by early next week. To ensure the safety of our patients and staff, Huntington VAMC has temporarily suspended admissions to our inpatient units. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals.

From: [REDACTED]
Sent: Friday, December 15, 2017 12:55 PM
To: [REDACTED] >
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

Yes, from VHA coms

From: [REDACTED]
Sent: Friday, December 15, 2017 12:54 PM
To: [REDACTED] >
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

I have the approved statement for media. Is that what you are looking for?

From: [REDACTED]
Sent: Friday, December 15, 2017 12:50 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

We developed a statement awhile back, looking through my files for that now – stand by

From: [REDACTED]
Sent: Friday, December 15, 2017 12:47 PM
To: [REDACTED]
Cc: [REDACTED]

Subject: RE: Statement re Huntington VA Skin Rashes

Attached are [REDACTED] talking points. Please let me know if you need additional information.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED].
Sent: Friday, December 15, 2017 11:59 AM
To: [REDACTED]
Cc: [REDACTED] >
Subject: Statement re Huntington VA Skin Rashes

[REDACTED]

Thank you so much for speaking to me. As discussed, we would like to put together a notification to the local delegation prior to the Director's town hall at 4pm. I have the attached IB that provides the history but I understand there will be additional actions going forward. I have included on this message [REDACTED] and [REDACTED] from VHA Communications for awareness and assistance as well.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

*Your feedback is important to our mission.
Please take a brief [customer survey](#) to tell us how we are doing.*

From: [REDACTED]
To: [Hutton, James](#); [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: FW: Veterans Health Center Failed to Update Cleaning Standards
Date: Friday, October 06, 2017 10:12:27 AM

fysa

-----Original Message-----

From: [REDACTED]
Sent: Friday, October 06, 2017 9:49 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: AP: Veterans Health Center Failed to Update Cleaning Standards

FYI, AP picked up below article from Northwest Arkansas Democrat Gazette:

<https://www.usnews.com/news/best-states/arkansas/articles/2017-10-05/veterans-health-center-failed-to-update-cleaning-standards>

Veterans Health Center Failed to Update Cleaning Standards

A health care system that provides services to veterans has confirmed that its center in northwest Arkansas failed to follow updated cleaning standards for instruments used in eye surgery.

Oct. 5, 2017, at 2:48 p.m.

Veterans Health Center Failed to Update Cleaning Standards

FAYETTEVILLE, Ark. (AP) — A health care system that provides services to veterans at various clinics has confirmed that its center in northwest Arkansas failed to follow updated cleaning standards for instruments used in eye surgery.

The Veterans Health System of the Ozarks released a statement Tuesday saying staff members are taking further precautions and looking into how long the outdated procedures were in effect at the Fayetteville center.

The Northwest Arkansas Democrat-Gazette reports the error was found during a routine inspection on Sept. 25.

The system has also requested a review of case records and procedures by Department of Veterans Affairs experts in sterile processing and infectious diseases.

<http://www.arkansasonline.com/news/2017/oct/05/va-cleaning-standards-lapsed-for-instru/?f=news-arkansas>

VA: Cleaning standards lapsed for instruments at Fayetteville campus

Story by Doug Thompson

Thursday, October 5, 2017

FAYETTEVILLE -- The Veterans Health System of the Ozarks didn't follow updated cleaning standards for instruments used in eye surgery, the center confirmed in a statement Tuesday afternoon.

"At this point, the main impact to patients is that some appointments had to be canceled and rescheduled," the statement said.

Patients of the Veterans Health System of the Ozarks with questions may call (479) 444-5047.

The error was discovered Sept. 25 and an ongoing check of patients who might have been affected shows no increase in the rate of infection. The statement also said the staff is taking further precautions and determining how long the outdated standards were in use.

The Fayetteville center has requested both the National Sterile Processing Officer for the federal Department of Veterans Affairs and the department's Infectious Disease Office review its case records and procedures. A team from those two offices will come to the medical center the week of Oct. 23 to review new procedures in place, similar procedures for other surgical instruments and compliance with those procedures, the statement said.

"On September 25, 2017, a routine program inspection found that eye instrumentation had not been processed following the manufacturers correct instructions for use," the statement said. "Immediately, the facility implemented a pause in operations to implement standard operating procedures and rescheduled future appointments in accordance with manufacturer instructions."

The hospital rewrote its standard operating procedures in light of the latest guidelines and trained staff in those procedures, the statement said.

No patients with an infection stemming from surgery has been found by the medical center's staff or its eye surgeon, the statement said.

No spikes or unusual trends in infections have been found pointing to any potential harm to patients, the statement said.

A follow-up check of records is also in progress by a panel of experts from the medical center, the statement said.

The Ozarks system holds a five-star rating, the agency's highest. David Shulkin, U.S. Secretary of Veterans Affairs, toured the hospital in June.

The system serves more than 54,000 veterans, according to Shulkin. It operates six community clinics at various locations in Arkansas, Missouri and Oklahoma in addition to the medical center in Fayetteville.

NW News on 10/05/2017

From: [Hutton, James](#)
To: [Hutton, James](#)
Subject: FW: Veteran
Date: Monday, August 14, 2017 10:58:10 AM
Attachments: [image001.jpg](#)
[image002.jpg](#)

From: [REDACTED]
Sent: Monday, August 14, 2017 7:57 AM
To: Hutton, James
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: Veteran

Veteran has hired more than 40 out-of-work veterans for his business

<http://www.ksdk.com/news/local/making-a-difference/veteran-has-hired-more-than-40-out-of-work-veterans-for-his-business-1/464130269>

Company Web Site:

[REDACTED]

[REDACTED]

ADDRESS:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] US

The inspiration for Patriot Commercial Cleaning (PCC) came from the ability to serve others and provide the opportunity for veterans when they return from combat. PCC was established to provide professional commercial cleaning services with an overlying commitment to service for both our clients and employees. We understand that your business has a mission and so do we, ensure that you have peace of mind with your cleaning services.

There are over two million veterans that have served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). The unemployment rate is nearly 30% higher for those returning from service. PCC is

dedicated to alleviating some of this issue by focusing on hiring as many returning veterans as possible. We are committed to providing veterans and their family members the opportunity to utilize all resources that they have available to them from their service to our country.

PCC's president, **Tim Smith**, is a trained leader in Motivational Interviewing which is a proven technique that raises employee motivation. Through his service in the military and subsequent training, Tim is able to cultivate and maintain a dedicated workforce that will ensure a superior level of service to your organization.

Additionally, the PCC staff features employees that measure their experience in decades, not years. Vice-President James Smith has over 22 years of logistical experience and is an expert in daily operations and schedule. Terri Farias-Smith is the CFO for Patriot Commercial Cleaning that has a bachelors degree in social work and over 7 years experience in the management field. Terri is also an Army spouse that was stationed with Tim in Baumholder Germany. Ultimately, we are committed to providing superior cleaning services to you business while also making a difference in lives of countless veterans.

==





From: Hutton, James
Sent: Monday, August 14, 2017 7:02 AM
To: [REDACTED]
Cc: Cashour, Curtis
Subject: Veteran

Randy – Can you find this guy?

<http://www.ksdk.com/news/local/making-a-difference/veteran-has-hired-more-than-40-out-of-work-veterans-for-his-business-1/464130269>

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jchutton](https://twitter.com/jchutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
To: [REDACTED]
Cc: [Cashour, Curtis](#)
Subject: FW: VISN 6 Salem VAMC - Procedure Related Issue (UPDATE: 11-02-2017)
Date: Thursday, November 02, 2017 5:47:36 PM

From: [REDACTED]
Sent: Thursday, November 02, 2017 4:59 PM
To: [REDACTED]
Cc: VISN Support Team 1
Subject: FW: VISN 6 Salem VAMC - Procedure Related Issue (UPDATE: 11-02-2017)

Brief Statement: On October 23, 2017 at approximately 9:00 a.m., the Salem VAMC Executive Leadership Team was notified of a potential case of Toxic Anterior Segment Syndrome (TASS), a noninfectious inflammation of the Cornea, typically introduced during Ophthalmic surgery. On Tuesday, October 17, 2017, a 57-year-old female Veteran (80% Service Connected for Diabetes and Paralysis) underwent Cataract surgery in the right eye. On October 19, 2017, the Veteran presented with decreased vision and corneal edema of the right eye. The Veteran is currently being treated for possible TASS with an aggressive steroid therapy. This case is the fourth case since March, 2017. Clinical Disclosure provided. There is potential for media interest.

-
UPDATE – November 2, 2017: A team from NPOSP conducted a site visit on October 31st, 2017 through November 2nd, 2017. The team's findings and recommendations were presented to facility leadership on November 2nd, 2017. Vulnerabilities were noted with the reprocessing of eye instrumentation in SPS. The final report with findings and recommendations will be sent to facility leadership within ten days of the site visit. The National Center for Patient Safety (NCPS) will conduct a site visit and fact-finding on November 9th, 2017. The stand-down of all Ophthalmic surgical cases remains in effect. A total of twelve Ophthalmic surgical cases scheduled for the week of November 6th, 2017 were cancelled and sent to local Ophthalmic clinics.

[Modify my alert settings](#) | [View V6, Salem VAMC, 658-Procedure Re...](#) | [View Issue Tracker](#) | [Mobile View](#)

Report Date:	10/24/2017
VISN:	(V06) (483) Mid-Atlantic HealthCare Network
Title:	V6, Salem VAMC, 658-Procedure Related Issue
Incident Date:	10/17/2017
Severity and Risk Assessment:	6
Brief	On October 23 rd , 2017 at approximately 0900, the Salem VAMC

Statement:

Executive Leadership Team was notified of a potential case of Toxic Anterior Segment Syndrome (TASS), a noninfectious inflammation of the Cornea, typically introduced during Ophthalmic surgery. On Tuesday, October 17th, 2017, a 57-year-old female Veteran (80% Service Connected for Diabetes and Paralysis) underwent Cataract surgery in the right eye. On October 19th, 2017, the Veteran presented with decreased vision and corneal edema of the right eye. The Veteran is currently being treated for possible TASS with an aggressive steroid therapy. This case is the fourth case since March, 2017.

**Action /
Progress /
Resolution:**

The first surgical case was a Cataract surgery of the right eye, which occurred on March 21st, 2017. The patient is a 70-year-old male, Vietnam Era Veteran (90% Service Connected for Post-Traumatic Stress Disorder and nerve inflammation). On March 30th, 2017, the patient experienced symptoms of right eye pain and blurred vision. The Veteran was seen by a local eye clinic on April 3rd and April 4th, 2017. The Veteran was given an antibiotic and intraocular fluid to determine the root cause. Culture results were negative for infection. On April 5th, 2017, the Veteran's symptoms began to improve. To date, the Veteran's vision is better.

As a result of the case on March 21st, 2017, the antibiotic used in the operating room was changed, as an evidence-based practice to reduce infections.

The second surgical case was a Cataract surgery of the right eye, which occurred on July 12th, 2017. The patient is a 78-year-old male, Post-Korean War Veteran (Non-Service Connected). On July 19th, 2017, the Veteran experienced symptoms of severe right eye pain and headaches. On July 22nd, 2017, the patient was seen at a local hospital for further evaluation. A Vitrectomy (surgical removal of the vitreous gel) was completed to treat the symptoms. Culture results were negative for infection and antibiotics were given. The Veteran has experienced vision loss.

The following steps were taken as a result of the second case on July 12th, 2017:

- The facility increased the dose of the antibiotic used in the operating room, began using manual and alcohol scrub for every case, began changing masks after every case, began sealing the wounds with biological glue in high-risk patients, began using disposable irrigation tips and began using disposable corneal marker.

The third surgical case was a Cataract surgery of the left eye, which occurred on August 30th, 2017. The patient is a 64-year-

old male, Vietnam Era Veteran (Non-Service Connected). On August 10th, 2017, the Veteran presented to the Salem VAMC Emergency Department (ED) for severe left eye pain and blurred vision. The Veteran was seen at a local hospital for further evaluation. A Vitrectomy (surgical removal of the vitreous gel from the eye) was completed to treat the symptoms. Culture results were negative for infection and antibiotics were given. The Veteran has experienced vision loss.

The following steps were taken as a result of the third case on August 30th, 2017:

- The dosage of antibiotic used in the operating room increased.
- An additional antibiotic is now used.
- Biological glue is used in all cases.

In September, the provider who performed all three cases identified small fibers on the gloves and packaging of gloves. The provider then began to wash all gloves with sterile water prior to surgery.

As of October 8th, 2017, the facility discontinued the use of preservative-based epinephrine used in these cases. A preservative-free product is now in use.

On October 23rd, 2017 at approximately 0900, the Salem VAMC Executive Leadership Team was notified of a potential case of Toxic Anterior Segment Syndrome (TASS), a noninfectious inflammation of the Cornea, typically introduced during surgery. On Tuesday, October 17th, 2017, a 57-year-old female Veteran (80% Service Connected for Diabetes and Paralysis) underwent Cataract surgery in the right eye. On October 19th, 2017, the Veteran presented with decreased vision and corneal edema of the right eye. The Veteran is currently being treated for possible TASS with an aggressive steroid therapy. Epinephrine was not used in this case. A different provider performed this surgery.

As a result of the most recent case, a new plan of action was implemented to focus on Sterile Processing Service (SPS) to manually clean and disinfect the Alcon hand piece, used during Cataract surgery. It is thought that the auto washer process may not adequately flush the ports within the device, thus leaving residual detergent. An initial risk-based decision was made to continue cases today, October 24th, 2017.

All cases were treated as an infection to reduce the symptoms. However, these cases are most consistent with late onset TASS.

As of today, October 24th, 2017, additional actions include:

- The Patient Safety Manager is in contact with the National Center

for Patient Safety (NCPS) to identify any other facilities with similar cases.

- The Patient Safety Manager has confirmed there have not been any recalls on the Alcon products used, lenses, saline solution, and other products used during surgery.
- An emergency order was submitted to replace the gloves currently used in the operating room with those by a different manufacturer.

A stand-down occurred in SPS on October 24th, 2017 to educate staff on the new manual process. Since that time, additional recommendations have been made by the National Program Office for Sterile Processing (NPOSP). Education and Standard Operating Procedures (SOPs) will be revised to reflect these recommendations tomorrow, October 25th, 2017.

The facility Infection Preventionist (IP) completed a preliminary risk assessment on October 24th, 2017, in which the IP indicated a high risk. A total of four procedures were cancelled for tomorrow, October 25th, 2017. These procedures will be rescheduled. There are no scheduled procedures on Thursday, October 26th, and Friday, October 27th. A conference call is scheduled for tomorrow, October 25th, with the Veterans Integrated Service Network (VISN) Lead Infection Disease Specialist to review the Risk Assessment and determine next steps.

Update: As of October 25, 2017, the National Surgery Office has concurred to continue stand-down of all Ophthalmic surgical cases until further notice. The National Program Office for Sterile Processing (NPOSP) has been in contact with the facility Chief of SPS and the Nurse Executive with additional guidance and recommendations.

To improve safety standards and decrease risk of human error, Salem VAMC will propose the following action items to NPOSP and National Surgery Office by October 26th, 2017 in order to safely expedite resumption of Ophthalmologic surgical cases:

- For all instrumentation, one washer will be dedicated for Ophthalmic use only.
- In addition, the Facilities Management Service (FMS) will collect water samples from all sinks and washers used for eye instrumentation.
- Local contracting officials will expedite the completion of the Reverse Osmosis (RO) water system.

- SPS will review the process of cleaning eye instrumentation in the same area where scope reprocessing occurs in order to avoid cross contamination.

SPS plans to resume manual cleaning of the Alcon handpieces in lieu of utilizing the automatic washer, to include a sterile water rinse prior to sterilization, upon approval to continue Ophthalmic surgical cases at Salem VAMC.

Update: As of October 27, 2017, the stand-down of all Ophthalmic surgical cases remains in effect until further notice. A total of seven Ophthalmic surgical cases scheduled for the week of October 30th, 2017 through November 3rd, 2017 will be rescheduled or sent to a local Ophthalmologic clinic. The facility will begin contacting patients on Monday, October 30th, 2017, who are scheduled for the week of November 6th, 2017, to be rescheduled as well. A team from the NPOSP will conduct a site visit on October 30th, 2017 through November 3rd, 2017. A team of subject matter experts will also conduct a site visit on November 9th, 2017.

UPDATE – November 2, 2017: A team from NPOSP conducted a site visit on October 31st, 2017 through November 2nd, 2017. The team's findings and recommendations were presented to facility leadership on November 2nd, 2017. Vulnerabilities were noted with the reprocessing of eye instrumentation in SPS. The final report with findings and recommendations will be sent to facility leadership within ten days of the site visit. The National Center for Patient Safety (NCPS) will conduct a site visit and fact-finding on November 9th, 2017. The stand-down of all Ophthalmic surgical cases remains in effect. A total of twelve Ophthalmic surgical cases scheduled for the week of November 6th, 2017 were cancelled and sent to local Ophthalmic clinics.

Actions:	Action Plan; Patient Rescheduling; Program Office Review
Next Action Due Date:	11/3/2017
Issue Brief Closure Date:	
Disclosure:	Clinical Disclosure
Media Interest:	Potential for Media Interest
Point of Contact for Questions:	
Primary Phone:	
Initial Issue Identification	

Level:	
Final Action Level:	
Facility:	(V06) (658) Salem, VA
Associated Categories:	Surgical
Primary Issue Category:	Procedure Related Issue/ Complications
Uniform Offense Report (UOR) Number:	
Assistance:	
Comments:	
Associated Categories Contracting Issues:	
Has the OIG been notified?:	
10N Program Office:	
Uniform Offense Report (UOR) Number Lookup:	
Predecessors:	
Assigned To:	VHA VISN 6 Action Group; VISN Support Team 1 Edited
Target Audiences:	
Assign to::	
Last Modified 11/2/2017 4:20 PM by [REDACTED]	

From: [REDACTED]
To: [Ullyot, John](#); [Hutton, James](#); [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]
Subject: FW: [EXTERNAL] 7 November Veterans Affairs Media Summary and News Clips
Date: Tuesday, November 07, 2017 7:15:24 AM
Attachments: [171107_Veterans Affairs Media Summary and News Clips.docx](#)
[171107_Veterans Affairs Media Summary and News Clips.pdf](#)
[image001.jpg](#)

Good morning, I hope this note finds you well. I thought I might take a moment of your time to point out this unprecedented endorsement of Mr. Montoya by the editor of our leading print publication in NH! #TheWayForward!

“Montoya and his staff are doing a great job cleaning up the mess they found after whistleblowers brought the center’s many problems to the public’s attention.”

5.7 - New Hampshire Union Leader: [Grant Bosse: Every day is Veterans Day](#) (7 November, Grante Bosse, 318k online visitors/mo; Manchester, NH)

This year, the 11th day of the 11th month falls on a Saturday, and we don’t have an editorial page on Saturdays. So I think it’s appropriate to take today to address the debt we owe to our veterans, and how we can improve the manner in which we repay it. On Sunday, former Dartmouth College President James Wright spoke at the Bridges House in Concord as part of the Friends of Bridges House author series.

[Hyperlink to Above](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:44 AM
Subject: FW: [EXTERNAL] 7 November Veterans Affairs Media Summary and News Clips

Good morning.

V/r,

[REDACTED]

[REDACTED]

[REDACTED]

Confidentiality Note: This e-mail is intended only for the person to whom it is addressed and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this e-mail or the information herein by anyone other than the intended recipient is prohibited. If you have received this e-mail in error, please notify by reply e-mail and destroy the original message and all copies.

From: VA Media Analysis
Sent: Tuesday, November 07, 2017 5:16:20 AM
To: VA Media Analysis
Subject: [EXTERNAL] 7 November Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.



From: [REDACTED]
To: [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: FW: [EXTERNAL] hey - the definitive story on Brockton death
Date: Thursday, October 26, 2017 9:12:14 AM

Curt,

Please keep me connected to all stories that involve our facilities. Please put me on the cc line as I do you when there are emerging issues so that you are connected and aware at the outset. Thanks ~ Linda

[REDACTED]

From: [REDACTED]
Sent: Thursday, October 26, 2017 5:51:25 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] hey - the definitive story on Brockton death

Thank you.

I just sent an email to our communications colleague asking that she include me on any and all interactions with the press secretary. I was not aware of the update so that I could update our leadership team here, so thank you kindly.

Please encourage our colleague to keep her own communications team connected to all VHA-related stories and do not work separately from us. Aside from that, killing a story is good news. We love it when bad stories die.

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Thursday, October 26, 2017 5:41:46 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: [EXTERNAL] hey - the definitive story on Brockton death

You may have gotten this already but this is the latest

-----Original Message-----

From: [REDACTED]
Sent: Thursday, October 26, 2017 06:58 AM Central Standard Time
To: [REDACTED]
Subject: FW: [EXTERNAL] hey

Below is info I sent to Curt. Curt talked to reporter and conveyed info. That killed the story.

From: [REDACTED]
Sent: Wednesday, October 25, 2017 7:53:05 PM
To: Cashour, Curtis
Subject: RE: [EXTERNAL] hey

From VA Boston

A resident of the Howard House was found deceased by a private carpet cleaning company at approximately 1:00 pm on October 25. The Howard House is a one year old private apartment complex for previously homeless Veterans, managed by a private nonprofit entity, independent of the VA. It is located on land leased to them by the Department of Veterans Affairs, on the grounds of the Brockton Campus of VA Boston Healthcare System. The Brockton Fire Department was called upon discovery and determined that the Veteran may have passed away within the past 12 hours. A physician from the VA pronounced his death at 4:05 pm and the staff of Brockton VA's Urgent Care Unit, assisted by VA Police, then attended the Veteran's body and prepared it for removal by the funeral director. At approximately 7:15 pm, the body was removed by the funeral director. At this time, there is no known next of kin, but a friend of the Veteran's is being notified of his death. This World War II's Veteran's death is a loss to our VA community and has proven difficult for our staff.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, October 25, 2017 6:40:46 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] hey

Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:40 PM
To: Cashour, Curtis
Subject: FW: [EXTERNAL] hey

FYSA

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:39:04 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] hey

Maureen – we are on it and will get you an IB asap.

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:38 PM
To: Boston action team; [REDACTED]
Subject: FW: [EXTERNAL] hey

Please check ASAP.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, October 25, 2017 6:32:01 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: [EXTERNAL] hey

Dr. Mayo-Smith - can you please check on this?

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:21 PM
To: [REDACTED]; Cashour, Curtis
Subject: [EXTERNAL] hey

i know it's late but there is a 92 year old vet who apparently died in an apartment at the Brockton VA yesterday and he's been in his bed since last night because no one knows what to do with him.

i'm told that employees may take it upon themselves to put him in a body bag and take him to the morgue themselves. does this make any sense?

can you find out what's up?

From: [Cashour, Curtis](#)
To: [Ulyot, John](#)
Cc: [Hutton, James](#)
Subject: FW: [EXTERNAL] hey
Date: Wednesday, October 25, 2017 8:30:18 PM

Please see below from the Boston Globe. Are you ok with the following response:

A resident of the Howard House - a private apartment complex on the Brockton VA campus for previously homeless Veterans, managed by a private nonprofit entity and independent of VA - was found deceased by a private carpet cleaning company at approximately 1:00 pm today.

A VA physician pronounced the Veteran dead at 4:05 pm and at approximately 7:15 pm the body was removed by the funeral director. At this time, there is no known next of kin, but a friend of the Veteran's is being notified of his death. This World War II's Veteran's death is a loss to our VA community and has proven difficult for our staff.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 3:55:09 PM
To: [REDACTED]; Cashour, Curtis
Subject: Re: [EXTERNAL] hey

apparently there is no protocol in place for removing a body from on site VA housing... only if the veteran is an inpatient. crazy.

someone has to do something. he's decomposing -- literally.

On Wed, Oct 25, 2017 at 6:44 PM, [REDACTED] wrote:
Looking into it now. Thanks. [REDACTED]

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:21:01 PM
To: [REDACTED]; Cashour, Curtis
Subject: [EXTERNAL] hey

i know it's late but there is a 92 year old vet who apparently died in an apartment at the Brockton VA yesterday and he's been in his bed since last night because no one knows what to do with him.

i'm told that employees may take it upon themselves to put him in a body bag and take him to the morgue themselves. does this make any sense?

can you find out what's up?

From: [Hutton, James](#)
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: [EXTERNAL] interview request
Date: Tuesday, March 28, 2017 1:54:00 PM

[REDACTED]

We're working on this. When do you expect to write?

James

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

-----Original Message-----

From: [REDACTED]
Sent: Monday, March 27, 2017 03:39 PM Eastern Standard Time
To: [REDACTED]
Subject: [EXTERNAL] interview request

[REDACTED]

Please see the email below. I am writing about the ongoing breakdowns and the pending backlog at the HEC in Atlanta. (See email below)

I'm requesting an interview with Secretary Shulkin to discuss the pending backlog and the plan to purge records. Please see the myriad of issues outlined in this email below.

Please let me know when the secretary is available to discuss.

Best,

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, February 21, 2017 3:11 PM

To: [REDACTED]

Cc: [REDACTED]

[REDACTED]

[REDACTED]

Subject: RE: 365 Final Letter Closure Options

[REDACTED],

I am extremely concerned with the haste to remove the pending backlog. The pending backlog is a result of years of mismanagement and lack of oversight, and requires a thoughtful approach to resolve.

When I reached out to OIG in October 2013 to report the mismanagement of enrollment operations, I actually believed there would be improvements. Yet, here we are, a few acting Member Services directors and several HEC directors later, still attempting to recycle the same old ideas. In his first visit to HEC, former VA Deputy Secretary, Sloane Gibson, spoke about how he is uncomfortable closing out records in batches. Yet, seventeen months later, this is exactly what is being proposed.

When VERP was completed in July 2016, there were 39,756 Veterans enrolled. However, when you asked for updated VERP numbers a couple weeks ago, that number had grown to almost 64,000. Most of these Veterans were subsequently enrolled without ever responding to the pending letter, meaning that VA had sufficient information in its possession, and the ability, to enroll these Veterans. How many more Veterans could have been, and still can be, enrolled? You are not exercising sufficient diligence to resolve the pending issue, but are rather attempting to do what is expeditious. One cannot argue that all pending records were properly reviewed during VERP, because there was never proper guidance given to the facilities to conduct VERP reviews. The VERP project manager, Nick Spantgos, even stated that he was directed by you to withhold specific guidance to the field. Even worse, was that Jim Weishaar gave bad guidance to the field to inappropriately mark records as ineligible. Even though, HEC and Member Services leadership are aware of this wrongdoing, no effort has been made to correct these records. Several weeks ago, Office of Communications could not even confirm that the correct pending letters have been mailed to Veterans.

Now Angel's project managers are asking my team to generate a list of pending records to dump records, using weak information about the status of the letters, performing manual processes to track a 365-day clock. This is not the proper way to administer a benefits program.

Here are just a few of the risks associated with this approach.

1. Enrollment statuses are constantly changing. Using a static list means that anyone who has a change in status between when the list is generated and when the script is executed could have his or her enrollment status negatively affected. If you are opting for a mass cancelling of applications, then the Enrollment System should be used to determine which applications are closed. OIT has been working on this solution for over two years, yet Angel and her team thinks a better solution can be implemented in a few weeks.
2. By generating a manual list, you are attempting to manage benefits outside the official system

of record in a non-production environment that doesn't have the adequate process and security controls. This could have unintended consequences. Veterans' benefits could be inappropriately terminated.

3. The Enrollment System is fully integrated with the MVI, where authoritative identity matching would be performed, ensuring that the wrong Veteran's record is not affected. While you may see this as merely cleaning up a list, this directly affects access to health care, and has downstream directly affects clinical, administrative, billing, and data sharing impact.
4. There are hundreds of files created by the mail vendor specifically for the Enrollment System to consume to determine which Veteran's application is closed. While these files can be easily processed by the Enrollment System's communications log using existing rules, we do not have the technological resources to process these files. This is exactly why the Enrollment System exists. Do you really want benefits decisions made on an individual's computer workstation?

Has the Compliance and Internal Controls Program Office assessed the proposed solution and identified all the risks? Even if they have, I would have little confidence in their work, evidenced when they were asked to review whether the correct letters were mailed to Veterans. They not only did not know how to perform the task, but did not even have the understanding of compliance to realize what they were "auditing" was a poorly documented process, fraught with risks. Has anyone even checked if all the vendor files are available, considering that Office of Communications previously reported that the mail vendor cleans up its server of letter files after 120 days?

What is the way forward? As many as 10,000 new Veterans are added to the pending backlog each month. Is the final solution to continue to incentivize staff to not completely process applications, and place the burden on Veterans to respond to a letter? There are currently over 13,000 unprocessed work items in WRAP due to poor prioritization of work by HEC management. Any pending application in WRAP could potentially be a Veteran who would be negatively affected by this mass modification of Enrollment System records. The Pending OB project appears to be mostly call center activities, as opposed to real case management that could afford Veterans' records the proper review they deserve. The issues with the accuracy of mailing addresses are still not solved. However, it has been acknowledged, based on the fact that the HEC Deputy Director, Julie Jenkins, is working with a contractor to get updated addresses. Is there a proper feedback loop to the Enrollment System when the contractor finds new addresses? What is OGC guidance on undeliverable mail in terms of closing pending application, and where is this guidance documented?

Has any thought been given to data synchronization issues between VistA and ES? There could be data inconsistencies preventing the update of financial and other information. Has there been any modification to the Enrollment System to reverse enrollment cancellations, or does it still require re-processing an entire new application?

OIT has not completed processing of the SSA Death Master File (DMF). Allowing MVI and OIT to complete their work, which includes authoritative identity matching and proper processing of the DMF further reduces risks.

Despite all of these risks and the concerns that others feel intimidated to express publicly, the

proposed solution is to bypass the solution that OIT has been developing for the past two years and to force my team in a situation to deny benefits. This is not sound judgment.

This urgency appears to only benefit you and VA leadership. There is no plausible argument for how this benefits Veterans. Leaders should not make decisions that are only in their self-interest.

You and your directors have not done the required work, yet there is a rush to close out applications without addressing the issues, or to execute the process properly. I understand there is political will to reduce the pending backlog, but it must be done in an appropriate manner. A project manager using a smiley face to request the closing of applications, and invoking urgency based on what the HEC Director wants, as opposed to what best serves Veterans' interest is the opposite of advocacy. Such an important undertaking requires solid project management, reliable systems, proper eligibility case management, and the necessary internal controls.

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: FW: [EXTERNAL] Re: From reporter
Date: Wednesday, August 30, 2017 6:43:08 PM

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, August 30, 2017 05:38 PM Eastern Standard Time
To: [REDACTED]
Subject: [EXTERNAL] Re: From reporter

Thanks. Although it remains a mystery to me why you require me to submit questions when you don't answer them.

You could have sent this response without ever seeing my questions.

Sent from my iPhone

> On Aug 30, 2017, at 4:21 PM, [REDACTED]
>
> [REDACTED],
>
> Here's VA's statement on this:
>
> Destruction and defacement of federal property is a serious crime, and VA is working with law enforcement officials to identify those responsible. VA is committed to maintaining our cemeteries as national shrines, and that includes cleaning this statue, which memorializes those interred at the cemetery.

>
> [REDACTED]
[REDACTED]

>
>
> -----Original Message-----
> **From:** [REDACTED]
> **Sent:** Wednesday, August 30, 2017 1:21 PM
> **To:** [REDACTED]
> **Subject:** [EXTERNAL] From reporter

>
>
> The Confederate monument here in Springfield mo. Was vandalized some time in the past 24 hours.
>
> How was the monument vandalized?

>
> How long did it take to clean up?
>
> When was the statue vandalized?
>
> Where was the security that has been hired by your dept. to prevent this from happening?
>
> Thanks,
>
>
> [REDACTED]
>
> Please respond via text and email spokin@gannett.com
>
>
> I am a reporter and columnist with the Springfield News-Leader
>
>
> Sent from my iPhoneh
>

From: [REDACTED]
To: [Cashour, Curtis](#)
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Date: Wednesday, August 30, 2017 6:43:08 PM

Sent with Good (www.good.com)

-----Original Message-----

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To: [REDACTED]
Subject: [EXTERNAL] Re: From reporter

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Sent from my iPhone

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> Here's VA's statement on this:
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>
> [REDACTED]
[REDACTED]

>
>
> -----Original Message-----
> **From:** [REDACTED]
> **Sent:** Wednesday, August 30, 2017 1:21 PM
> **To:** [REDACTED]
> **Subject:** [EXTERNAL] From reporter

>
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> How was the monument vandalized?

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> Thanks,
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> [REDACTED]
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> Please respond via text and email s [REDACTED]
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> I am a reporter and columnist with the Springfield News-Leader
>
>
> Sent from my iPhoneh
>

From: [Cashour, Curtis](#)
To: [Ulyot, John](#)
Cc: [Hutton, James](#)
Subject: FW: [EXTERNAL] Re: FW: Northport
Date: Friday, September 22, 2017 1:23:54 PM
Attachments: [Case 17-02.pdf](#)

John – please see below from the Northport VAMC director. Video of the helicopter is here:
<https://www.youtube.com/watch?v=7FZYEWRYyQM>

I think we need to ask the IG to investigate this.

From: [REDACTED]
Sent: Friday, September 22, 2017 1:18 PM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: [EXTERNAL] Re: FW: Northport

From our understanding the failed air handlers for B200 were replaced this at a cost of approx. \$12M-\$13M and were lowered onto the roof of the medical center by helicopter Nov 6, 2016 (conclusion #8, 9, 10 of AIB 17-02). The AIBs revealed that if a proper review and engineering solution had been taken, the old units may have had some useful life left in them vice procuring new units at a much lower cost. Additionally, the replacement of the cooling tower units did not include balancing the air handling units or upgrading/repairing duct work.

From: Cashour, Curtis
Sent: Friday, September 22, 2017 12:14 PM
To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: FW: [EXTERNAL] Re: FW: Northport

[REDACTED]

Please see below from Martin Evans. What are the facts? Feel free to call me if it's easier. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, September 22, 2017 12:09 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Re: FW: Northport

Curt:

Thanks for the statement. A few requests.

Is there a definitive statement or timeline, or someone I could ask, about when and why the air conditioning failed at Building 200, and how much did it cost to fix? What was the relationship between the cooling towers failure and the particulate contamination in the surgical suite?

The AIB reports are critical of the engineering department's oversight of the infrastructure at Northport. What steps have been taken to ensure adequate oversight?

Phil Moschitta has said that blaming his administration or the engineering department for Northport's infrastructure failings unfairly shifts blame for the fact that the facility needs has been in need of hundreds of millions of dollars of rehabilitation for maintenance lapses that go back decades. Comment?

On Thu, Sep 21, 2017 at 6:18 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

From: Cashour, Curtis
Sent: Thursday, September 21, 2017 6:06 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. VA's comment is below. Please confirm receipt. Thanks.

“These reports highlight inexcusable failures in management and indefensible examples of waste. This type of misbehavior will not be tolerated on my watch. That's why we have already started implementing the recommendations from these reports and cleaning house in our engineering department. We are going to restore leadership, fiscal responsibility and accountability in our engineering department because veterans and taxpayers deserve no less.”
– **Scott Guermonprez, Director, Northport VA Medical Center**

Curt Cashour
Press Secretary
Department of Veterans Affairs
[202-461-7388](tel:202-461-7388)
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Thursday, September 21, 2017 2:35 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: Northport

Hi, Curt:

Any progress toward having someone review with me the Conclusions of the Administrative Board Investigation, case numbers 17-01 and 17-02, dated June 19, 2017 and signed by VISN 2 Director Joan McInerney?

Please let me know when I can speak with someone.

Thanks.

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Wednesday, September 20, 2017 7:22 PM
To: [REDACTED] >
Subject: RE: Northport

Hi, Martin. I've been emailing you, but I haven't heard back. Here is VA's comment on your questions from Sept. 12. Can you confirm receipt?

The Department of Veterans Affairs is committed to holding employees accountable and making employment decisions that ensure Veterans are receiving the best care possible. Following your inquiry, VA is looking into this situation and will conduct further reviews or investigations if warranted.

You asked about the status of several employees. Due to privacy act restrictions, we are permitted to give you the following information, which is current as of the last pay period:

Dr. Mark Kaufman

Duty station: Northport
Title: Physician (Chief of Staff)
Salary: \$256,146
Dates of employment: 7/1/1992 to Present

Ronald Brattain

Duty station: Northport
Title: Supervisory General Engineer (Chief of Engineering Service)
Salary: \$131,073
Dates of employment: 1/29/2012 – resigned effective 9/16/17

Joseph Sledge

Duty station: Northport
Title: Supervisory Health Systems Specialist (Supervisor, Community Outreach)
Salary: \$123,966
Dates of employment: 8/23/1992 to present

Patricia Burke

Duty station: Northport
Title: Nurse (Associate Director of Patient Care Services)
Salary: \$161,900 + nurse exec. pay \$12,000
Dates of employment: 3/22/2015 to present

Finally, on July 7, Secretary Shulkin [announced](#) that VA had expanded its transparency and accountability efforts by making public a list of adverse employee actions.

Information about any future actions taken at the regional level can be found at <http://www.va.gov/accountability>. That list is updated weekly.

Curt Cashour
Press Secretary
Department of Veterans Affairs
[202-461-7388](tel:202-461-7388)
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Wednesday, September 20, 2017 7:03 PM
To: Cashour, Curtis
Subject: [EXTERNAL] FW: Northport

Hi, Curt:

I am writing about further problems at the Northport Veterans Affairs Medical Center, where your friend Todd Goodman is the public affairs officer. For some reason, he has referred me directly to you (see our correspondence below).

The VISN 2 Network Director, Joan McInerney, sent June 19 memos to then-acting director Vincent Immiti regarding an Administrative Investigations Board reports on of case numbers 17-02 and 17-03. I have copies of those reports.

These AIB reports detail failures of oversight by the engineering department that resulted in the destruction of cooling equipment that forced a four-month closure of the surgical suite, the loss of more than \$9 million in federal construction dollars earmarked for improvements of Northport's crumbling infrastructure, badly-managed projects resulting in poor work, patient care delays and cost overruns, and other problems. It is my understanding that the engineering director resigned Sept 13, rather than contest his potential firing.

I have put calls and e-mails to the public affairs offices at both Northport and to the VISN headquarters in Albany, to no avail.

Is there someone who can walk me through the AIB reports on Thursday? I feel I owe it to the 150,000 veterans in Newsday's readership area to explain what is going on at the only veterans hospital on Long Island. This is a serious matter, and I intend to write about it whether or not the VA responds to my detailed questions.

Please call me at your earliest convenience. I may be reached at [REDACTED]

- [REDACTED]

From: [REDACTED]
Sent: Wednesday, September 20, 2017 4:53 PM
To: [REDACTED]
Subject: RE: Northport

Hi, [REDACTED]. VA Press Secretary Curt Cashour has sent you a few emails about this. Feel free to reach out to him at Curt.Cashour@va.gov if you haven't received his messages.

Sincerely,

[REDACTED]

From: [REDACTED]
Sent: Wednesday, September 20, 2017 2:53 PM
To: [REDACTED]
Subject: [EXTERNAL] FW: Northport

Hey, [REDACTED]

Eight days ago, I forwarded the following questions to you. To date, I don't think I've gotten a response. Am I missing something?

From: [REDACTED]
Sent: Tuesday, September 12, 2017 4:21 PM
To: [REDACTED]
Subject: Re: Northport

[REDACTED]

Here are issues I would like to have addressed:

Last month, Northport's director apparently assured members of Congress that his chief of staff and nursing directors had been temporarily "detailed" to the Bronx to share urgent expertise there.

Did that in fact happen?

The chief of staff, Dr. Mark Kaufman, has never reported to the Bronx, and is at Northport every day. My sources tell me that the nursing director, never reported to the Bronx, either. So, have either of these individuals reported to the Bronx? [Where are they currently working, and what is their job description, and are they expected to be restored to their positions as chief of staff and nursing director?](#)

It has also been asserted that Northport's \$122,000-per-year chief of engineering, Ronald Brattain, has been "reassigned," and is now a "line employee" in the housekeeping department. As engineering director, Brattain would have been responsible for monitoring the air conditioning equipment whose failure led to the months-long closure of Northport's surgical department earlier this year.

What is Brattain's job status and title? Why was he "transferred"? And what is the salary (public information) associated with the position he currently fills?

Also, since April 1, the director, the associate director, the chief of staff, the nursing director, and the chief of engineering have all left their positions. In the months before that, the facility's de-facto ombudsman, Joseph Sledge, also was given a position of lesser responsibility.

In essence, the entire leadership at Long Island's only veterans hospital has been ousted. Why?

We know that the last director, Phil Moschitta, kept members of Congress in the dark about the condition of the operating rooms. Has the current VA leadership kept Congress in the loop regarding these personnel developments? If so, when and how did they make members of Congress aware?

Please call me at your earliest convenience.

- Martin

From: [REDACTED]
Sent: Tuesday, September 12, 2017 2:24:01 PM
To: [REDACTED]
Subject: Northport

Martin, would you please send me a list of your questions so that I may do my best to have them answered?

Thank you,

[REDACTED]

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From: [Hutton, James](#)
To: [Ulyot, John](#); [Cashour, Curtis](#)
Subject: FYI - Freedom Daily Blog: Veterans OUTRAGED After Seeing Whose Picture Veterans Affairs Hospital Put Up Over President Trump's – FIRE Them NOW!
Date: Tuesday, December 12, 2017 8:14:51 AM
Attachments: [image001.png](#)
[image004.jpg](#)
[image010.jpg](#)
[image011.jpg](#)

[Freedom Daily](#)



Veterans OUTRAGED After Seeing Whose Picture Veterans Affairs Hospital Put Up Over President Trump's – FIRE Them NOW!

This is Sick & it will piss you off!

Dec 10, 2017

By, [Liberty Belle](#)



There is no denying that the left cannot stand President Trump and everything he stands for, but you would think they would at least be mature about it, right? Well, apparently that is asking too much of these so-called adults who continually call Trump immature all while having a temper tantrum for the last year. Not only do these hateful leftists and “never Trumpers” refuse to get behind our president, but they continuously mock him every chance they get.

Now, one arrogant leftist physician who works for Veterans Affairs Hospital has taken his contempt for President Trump one step too far with the image he posted in the place of honor at a VA office reserved for the President of the United States, alongside a photo of VA Secretary David Shulkin.

No one believes that everyone has to agree with the president of the United States, but it is expected to respect the office they hold. For years, people all around the country have not agreed with election results from time to time, but they put those feelings aside for the good of the country. However, that was at a time when people in America loved our country and wanted it to succeed, but it appears that those days are far behind us.

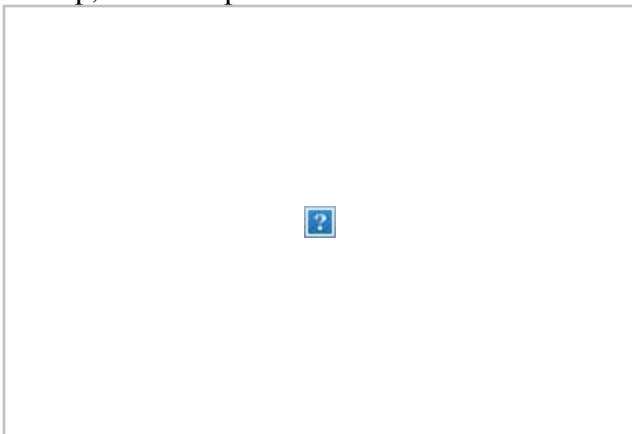
Today, we have liberals who refuse to join hands with their fellow Americans and stand behind President Trump, and some even have gone as far as to refuse to acknowledge that he is the president of the United States.

Sadly, many of these hateful liberals work in government offices and to show their disgust for the President Trump some have refused to display his photo.

For instance, in government buildings and airports around the country, it is expected to see the president of the United States' portrait hanging on the wall. However, that is not the case at

Veteran Affairs Office where one physician refused to display President Trump's photograph in its typical spot and replaced it with another.

This arrogant leftist doctor filled the frame not with President Trump's image but a photograph of Alec Baldwin, in his Saturday Night Live character mocking President Donald Trump, and then posted it on Twitter.



It didn't take long to discover the doctor who posted the image was no other than **Dr. Eric Strong**, and after looking at his account, you can see that he is incredibly anti-Trump.

Here is more from [The Gateway Pundit](#):

The photo was posted to the Twitter account of [REDACTED] whose Twitter profile lists his home as California. [Strong's Twitter feed](#) shows him to be strongly anti-Trump. The photo did not turn up in Internet searches.

Strong posted the VA photo to former Obama administration official Tommy Vietor Saturday night, but [deleted the tweet within minutes](#).

<https://twitter.com/DrEricStrong/status/939686122439004161>

However, Strong has not deleted an earlier post of the photo on Saturday, November 25, 2017, at 1:25 p.m. PST that he captioned, "Lol"

Lol pic.twitter.com/ACDkc8Ircj

— [REDACTED] [November 25, 2017](#)

The site [Vitals.com](#) describes Strong as being a VA doctor in Palo Alto.

Dr. Eric Strong, MD is a Doctor primarily located in Palo Alto, CA, with another office in Castro Valley, CA. He has 8 years of experience. His specialties include Internal Medicine. Dr. Strong is affiliated with Palo Alto Veterans Affairs Medical Center. He speaks English."

The [VA lists Strong as a doctor at Palo Alto](#).

[Strong's LinkedIn page](#) lists him as having worked at the Palo Alto VA for ten years.



Dr. Eric Strong

Strong did not state which VA facility the Baldwin photo was posted at.

Strong's Twitter feed Saturday night shows his strong contempt for President Trump, including "Trump can go to hell" and ..." his narcissistic personality disorder – a pathological delusion that he is incapable of being wrong."

No. He has literally never apologized for anything in his entire public life. It's part of his narcissistic personality disorder – a pathological delusion that he is incapable of being wrong.

— [REDACTED] [December 10, 2017](#)

It's a safe bet that if he hasn't already tried to fire Mueller by then, when Kushner and Donnie Jr are hit with indictments, all hell will break loose in DC.
Just hope Mueller gives Mathis and Kelly a heads up, to prevent some catastrophic unhinged response.

— [REDACTED]) [December 10, 2017](#)

Dr. Strong later posted on Twitter that it was a joke.

Sorry sir, but the picture is Photoshopped. I attached the original. **You can think this isn't funny, and I'm a jerk. That's fine.** And you can keep the story up – that's your call, it's your site. But please update it to point out that the photo is a joke, and not real.

pic.twitter.com/NCm38q4fy7

— [REDACTED]) [December 10, 2017](#)

This is beyond disrespectful and should not even be happening in our country, and especially NOT in our Veteran hospitals.

As previously stated, it is one thing to disagree with the president, but it is quite another to show this sort of contempt for Trump. If they have an issue then, by all means, they can use their big people words and articulate their grievances, but to hang a picture mocking our president is just immature.

Just think of the backlash received if a conservative hung a picture mocking Barack Obama? There would have been riots in the streets and demands for the “evil-doer” to be arrested for a hate crime, but, this is the left, and they believe that they are righteous in their vile hatred for Trump.

Hopefully, this so-called doctor is fired or at the very least disciplined for his actions, so that others can see that this immaturity will not be tolerated anymore.

H/T [[The Gateway Pundit](#)]

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From: [Hutton, James](#)
To: [Ulyot, John](#); [Wagner, John \(Wolf\)](#); [Cashour, Curtis](#); [Blaha, Lydia B.](#); [Spero, Casin D.](#)
Subject: Hot Air: Shulkin won't resign: It wasn't us, it was the one-memoed hacker, or something
Date: Thursday, February 15, 2018 2:22:23 PM
Attachments: [image001.jpg](#)

Hot Air

Shulkin won't resign: It wasn't us, it was the one-memoed hacker, or something

Ed Morrissey Posted at 2:01 pm on February 15, 2018

So much for cleaning up the swamp — and for that matter, Congressional oversight on it. A day after the VA's inspector general detailed [misuse of public resources and efforts to manipulate records to cover it up](#) by David Shulkin and his office, the House Veteran Affairs Committee [shrugged it off as "bad optics."](#) In a hearing, some of the lawmakers hailed the "trust" they have in Shulkin rather than ask tough questions as to whether it is warranted: At a hearing on the administration's \$198 billion VA budget proposal, members on both sides tut-tutted over the \$122,000 cost of the trip but treated it as a distraction that they urged Shulkin to clear away so he could deal with substantial problems like paying for veterans care by community providers, EHR modernization, unused VA assets and streamlining benefit appeals.

"I believe your intentions to serve and care for our nation's veterans are clear," Chairman Phil Roe said in an opening statement. "I encourage you to take every step to address the findings of this report, and to make any changes necessary."

"Trust on this committee is strong," added ranking member Tim Walz. He said he was prepared to ask the Department of Justice to examine allegations Shulkin raised in a POLITICO interview that a hacker might have sent an email from his chief of staff that altered information about the purpose of his visit.

A hacker? Shulkin [emphasized the point with reporters](#) after the hearing, insisting that he won't resign:

"No," Shulkin told reporters when asked if he has considered resigning. "Listen, I came here, I left a very good career in the private sector for one reason, and that's because I believe so strongly that our veterans deserve better care. I'm going to stay focused on that as long as I'm here to make sure that we're doing that every day. I'm not going to be distracted by issues like that."

He also doubled down on allegations that the aide's email was hacked and said the department will investigate if the doctored email was among those that were hacked.

Shulkin was speaking to reporters after a largely genial House Veterans Affairs Committee in which he acknowledged "the optics of this are not good."

Let's run this hacker theory out to its conclusion, shall we? [The IG alleges](#) that Shulkin's chief of staff, Viveca Wright Simpson, falsely gained approval for paying travel costs for the wife of the VA Secretary by altering an e-mail she had received and forwarding it to an ethics officer. The OIG also accused her of lying about this sequence of events to cover up her actions, which resulted in a criminal referral to the Department of Justice. Here is the specific allegation in the IG report about the e-mails, alterations, and their impact on the approval process:

The OIG found that in April 2017 Chief of Staff Wright Simpson instructed staff to seek approval from VA ethics officials for Dr. Bari to be designated as an "invitational traveler." This would have authorized VA to pay her expenses on the trip. VA ethics officials initially

declined to approve Dr. Bari as an invitational traveler on the grounds that the available information did not show that her presence would serve a “sufficient government interest.” In response, Ms. Wright Simpson became personally involved and communicated directly with VA Designated Agency Ethics Official (DAEO) Tammy Kennedy. The OIG found that in order to obtain a favorable decision, Ms. Wright Simpson falsely represented to DAEO Kennedy that Secretary Shulkin would receive an award while in Denmark, which Ms. Wright Simpson understood to be the criterion that would justify Dr. Bari’s travel at VA expense.² When Ms. Kennedy asked for additional information about the award that Ms. Wright Simpson told her would be presented to Secretary Shulkin, the following emails were exchanged:

- Ms. Wright Simpson to Program Specialist Gough: “Hey, when at the event in Denmark, will Dr. Shulkin be receiving an award or special recognition[?]”
- Mr. Gough immediately replied: “Not that I’m aware of. However, all of the planning is still in draft phase, and has not been finalized by Denmark.”
- Four minutes later, Mr. Gough sent another email to Ms. Wright Simpson: “We’re working on having a dinner at the US Ambassador’s Residence in honor of SECVA, but that has not been confirmed by US Embassy Copenhagen yet.”
- Ms. Wright Simpson then altered this second email, making it appear that Mr. Gough wrote: “We’re having a special recognition dinner at the US Ambassador’s Residence in the honor of SECVA.”
- Ms. Wright Simpson then forwarded the altered email to Ms. Kennedy with a note: “Let me know if you need more.”
- Ms. Kennedy emailed in response: “Vivieca – This is exactly what I needed. Thanks. I am in the middle of drafting an e-mail which addresses the below and should serve as an approval to proceed.”

The OIG found no evidence that Secretary Shulkin was aware of Ms. Wright Simpson’s false representations or alteration of official records. Based on this email exchange and Ms. Wright Simpson’s prior oral representation that Secretary Shulkin would be receiving an award, Ms. Kennedy approved Dr. Bari as an invitational traveler and VA paid more than \$4,000 for her airline ticket. Ms. Kennedy told OIG investigators that she would not have approved the expense reimbursement for Dr. Bari if she had been informed that Secretary Shulkin was not getting an award. Secretary Shulkin did not receive an award or special recognition during this Europe trip. Dr. Bari also did not qualify for VA travel expense reimbursement under any other allowable criteria.

Since Ms. Wright Simpson’s false representations and alteration of an official record may have violated federal criminal statutes, the OIG referred this specific matter to the US Department of Justice (DOJ) to consider it for potential criminal prosecution; DOJ decided not to prosecute at this time.

Soooo ... Shulkin wants us to believe that the VA’s chief of staff got hacked, and hacker’s sole intention was to *gain approval for Shulkin’s wife’s travel*? It can’t be that the hacker *only* intended to frame Wright Simpson, because absent the change, Wright Simpson would have had no reason to forward the e-mail to Kennedy at all. Furthermore, the supposed “hack” matches what Wright Simpson told Kennedy in oral communication at the same time. Did the hacker gain access to Wright Simpson’s mouth too?

Besides this, what else did this mysterious hacker do? Did he arrange all of the leisure-time scheduling for Shulkin and his wife too, which the OIG reports was done by VA personnel? Send out the request to add Denmark as a destination for no particular purpose but to extend the trip at taxpayer expense?

This is an absurd explanation. *It wasn’t me ... it was the one-memoed hacker!* And at least one

committee member called out the nonsense. Mike Coffman (R-CO) had already called for Shulkin to step down, and says this explanation didn't help matters:
After the hearing, Coffman, a member of the Veterans Affairs Committee, called the hacking claim "amazing to me."
"He's been all over the place," Coffman said of Shulkin's response to the report. "It is a moving target."
Coffman also said Shulkin's answers to the committee did not satisfy him and that he still wants to see Shulkin go.
"He should have been forthright and said, 'I made a mistake,'" Coffman told reporters. "I think that there's a culture of corruption at the Department of Veterans Affairs. I just don't think he's the one to clean it up."
That's exactly correct. The Office of Inspector General has done its job, but the House Veterans Affairs Committee seems uninterested in doing theirs. Perhaps their Senate counterparts will take more of an interest in Shulkin's nonsensical explanation because this goes beyond optics. If not, Donald Trump should clean the swamp himself.

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From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: Mare Island
Date: Wednesday, January 10, 2018 12:52:45 PM
Attachments: [image001.gif](#)
[image002.gif](#)

Curt,

I wanted to reach out to see what your thoughts were on the Mare Island articles. To give you a bit of background, Matt Saintsing from Connecting Vets reached out to OMR in August for comment. I worked with Terrence and here's what was published:

[Naval cemetery left for dead](#)

Aug 9, 2017 - By Matt Saintsing. "A national disgrace." That's how a 76-year-old retired Navy captain describes the state of a 160-year-old cemetery housing the remains of three Medal of Honor recipients. Ralph Parrott and his wife discovered the decrepit Mare Island **Naval Cemetery** – and tombstones of 996 people ...

NCA's Response in August 2017:

"The National Cemetery Administration (NCA), has never had jurisdiction over the Mare Island Cemetery, which was transferred from the Department of the Navy to the City of Vallejo in 1996," said a VA spokesperson. "NCA is however, working closely with the Department of the Navy on the issue and has offered to replace damaged or illegible Veterans' headstones," said the spokesperson. They also will offer technical support to the city on cemetery maintenance and exploring the use of federal grants for its upkeep.

Since then, we assisted in the development of Vallejo's Innovation Readiness Training application by providing:

- a. Technical specs and assistance to the city for turf renovation
- b. Technical specs and assistance to the city for headstone raise, realign, and cleaning to include both beam system and regular RR
- c. A recommendation that the city include storm drainage runoff corrections in their grant request
- d. A recommendation that the city include historic fence restoration work in their grant request
- e. An offer of direct assistance in replacement of government headstones if and when the time came

Still trying to confirm when we think the Navy would be able to award the grant (I think it's next fiscal year).

Heading over to 1100 this afternoon to pack up my things for an official move to 810, but I'm accessible by phone.

Thanks,

[REDACTED]



From: [REDACTED]
To: [REDACTED]
Subject: OPA Regional Summary
Date: Friday, December 15, 2017 3:04:17 PM
Attachments: [Daily Summary 12-15.docx](#)

**Regional Office Daily Summary
Friday, December 15, 2017**

Office of Public Affairs, Field Operations Service

North Atlantic OPA

Facility Developments:

- DC VAMC: Reached out to PAO regarding media query from NY Times reporter Amy Zipkin about an article in the American Journal of Geriatric Psychiatry, "Productive Aging and Creativity..." Zipkin would like to conduct an interview Dr. Maria Llorente on Dec. 19 to talk about the changing way older artists are marketing their work; story may run Dec. 26. VACO disapproved the initial request due to lack of direct application to veterans or VA's mission. Advised PAO to discuss ties to veteran art therapies with SME and requested she rework the request. Reviewed update and recommended SME reach out to reporter under her university affiliation for the interview. Advised VISN 5 PAO the request was declined by CO. (SP, JB)

- Richmond VAMC: A reporter from Richmond Magazine requested an interview with a SME at Richmond VAMC to discuss animal research for an article taking empirical view to the subject. Deadline is Jan. 2. Press secretary will work. (MH)

- Altoona VAMC, VISN 4, Pittsburgh: Tori Richards queried OPIA again regarding an email sent to facility employees providing guidance for employees on legal processes regarding receipt of subpoenas. After again receiving the statement sent in response to her query in November, Richards asked for further clarification. After consultation with VACO, PAO re-sent the statement. On related matter, VISN 4 PAO sent social media posts by whistleblower who is the subject of Richards' inquiries. (MH, JB, SP)

- VA Pittsburgh HCS: Notified by PAO of a CBOC patient who allegedly killed his estranged wife, then himself in the parking lot at the Penn State – Beaver campus. Recommended some draft language for a RTQ. Reminded PA team to send any draft response to CO for review and approval. On another matter, received IB on drug overdose of an inpatient in the system's Community Living Center. EMTs were called and administered Narcan successfully resuscitating and stabilizing him. The veteran is receiving further evaluation prior to discharge. PAO doesn't anticipate media interest but is crafting RTQ for our review just in case. (SP, JB)

- Martinsburg VAMC: Reached out to PAO to discuss media query from Scott MacFarlane, reporter with WRC (NBC-4, DC), regarding ADA upgrades and updates. He asked to shoot some b-roll of the upgrades/updates sometime in January and

provided no deadline. PAO recommends approval and would coordinate and monitor the visit with chief of FMS. The tone of the piece would be positive, as Martinsburg is compliant on all upgrades. Facility and VISN 5 leadership are in concurrence with approval. PAO prefers to accommodate the request after Jan. 12, due to lobby construction to be completed prior to that date. Submitted request to Field Ops Director with background and CO comms team is reviewing. (SP)

Southeast OPA

Media Contacts (local):

- WXIA-TV (NBC- Atlanta Tegna): Reporter Andy Pierrotti sent us follow-up questions concerning emergency bill reimbursements. On Wednesday, we sent him a statement, provided by the VA press secretary, about a national VA policy concerning emergency bill reimbursements. The reporter asserts Augusta VAMC denied a veteran's claim for a hospital bill because he had not seen a VA doctor in the last 24 months – a requirement for emergency bill refunds. According to the reporter, the veteran did not receive a notification letter about the policy. As a result, the reporter is seeking documentation of VA correspondence communicating the policy; and he asked why the Affordable Care Act would not have covered the bill. Reporter also inquired about a SME for future interviews. HEC is working with VHA Comms on a response for the reporter's deadline, which is Monday. (CH)

Facility Developments:

- VISN 8 (St. Petersburg); Tampa VAMC: VA press secretary handled a Tampa Bay Times query about a shipping contract (2014-2015), and asked the VAMC PAOs to respond to the reporter's follow up questions. Reporter Howard Altman queried VA about a freight management contractor, Capture LLC. We are awaiting the VAMC's response, and will share our findings with the VA press secretary. (CH)

- VA Tennessee Valley Health System (Nashville, Tenn.): We submitted the PAO's request to initiate contact with the Tennessean/USA Today reporter Jake Lowery ahead of potential negative coverage. PAO anticipates negative media attention due to letters that will be issued next week informing families that their caregiver benefits will be discontinued following a recent program review. PAO drafted a statement, in addition to talking points, should he receive permission to provide the reporter an interview. (CH)

- Southeast OPA: We alerted PAOs to VA's news release on Wreaths Across America. Volunteers will place holiday wreaths to honor veterans at more than 100 VA national cemeteries as part of the annual event, Dec. 16. (ER)

- VISN 8 (St. Petersburg); San Juan VAMC (P.R.): Most of the VAMC facilities are operational, however recovery procedures from Hurricane Maria continue. The Arecibo Clinic is closed due to flooding damage associated with Hurricane Maria. Veterans registered with the clinic can receive care at a temporary medical shelter. Also, the Vieques Rural Clinic is closed because the municipality is cleaning the

facility. VA staff members are conducting home visits for Vieques veteran patients. (CH/ER)

Midwest OPA

Facility Developments:

- Lovell FHCC: PAO noted that WLS-TV (ABC, Chicago) and Chicago Tribune ran short stories on the hit-and-run vehicle accident that occurred on campus Wednesday. Both stories were factual and were primarily based on information provided by the PAO; including the request for witnesses to contact police. PAO will continue to provide updates as needed. (CL)

- Dayton VAMC: Contacted by the PAO after his interim director was asked about the Veteran ID Card during a weekly radio show. The interim director was asked a question about the current state of the card; he provided information regarding the website and the need for an email address. PAO will forward any additional queries to the national media line. (CL)

Ann Arbor VAMC: PAO contacted our office regarding a piece of veteran artwork the facility is reviewing. The veteran would like to donate the work for display in the new facility welcome center, which is under construction. RD provided input. (CL)

Continental (North) OPA

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Media Contacts – Regional:

- Denver area media: Re-transmitted advisory for WAA ceremonies at Fort Logan NC. (EN)

- Kaiser Health News: Provided approved response to reporter's inquiry on VA rules regarding vets in Veterans homes who want to use local aid-in-dying laws. Approved response is that state Veterans homes are managed and controlled by states, not VA, however, in order to receive payments from VA for the care of Veterans in their homes, State Veterans Homes are required to comply with applicable Federal laws. Provided links to more information. (PS)

Facility Developments

- Denver VAMC: Awaiting OMR SME and decision on our recommendations - Reporter from Westword magazine wants to attend one of the regular meetings of mental health patients, hosted at the Denver VAMC and attended by the Chief of Mental Health. PAO said reporter wants to interview a VA SME about "why it's taking so long to hire people, why are we not marketing things better, questions like that." We are recommending a VA SME follow through with an interview because the magazine does reach local veterans. Also recommending against allowing attendance at patients' meeting. (PS, EB, EN)

- Sheridan VAMC: Awaiting SME from OMR - PAO provided details on request from local reporter to interview her on CHOICE. Reporter said she wants to write something that will help veterans navigate the system. Advised PAO to discuss how VAMC administers CHOICE locally, to refer reporter to VA website and to OMR for national perspective or for discussion on VA proposal for changes to CHOICE. While she is prepared to discuss how CHOICE operates locally, she would like to know who to refer reporter to for national perspective. (PS)

- Marion VAMC: Planning training logistics for PAO and SMEs. PAO requesting training in interview skills, customer service and social media. Trip is set for Jan 10-11 (travel days Jan 9 and 12). (EB, EN)

Continental (South) OPA

Media Contacts - Local:

- WAA Media Advisories: Distributed WAA advisories for the following media markets: El Paso, Dallas, San Antonio, Port Hudson, Louisiana. (LS)

-KSAT and KABB (Fox): Coordinated interviews with San Antonio NC director and reporters regarding vandalism that occurred on the grounds of San Antonio National Cemetery. (JJ)

- San Antonio Express-News: Reporter Sig Christensen requested info on the vandalism at San Antonio NC. Referred him to cemetery director. (LS)

Facility Developments:

- Amarillo VAMC: PAO notified Dallas OPA that AFGE will host a vacancy rally today. Sent latest VA statement to her attention for use with any media queries on the subject. Also sent her past coverage on vacancy rallies from region. Made note of inaccurate figures referenced in various articles and advised to stress the 35K figure is for all of VA (not just VHA). Also advised PAO to notify Dallas OPA of any media interest. (JJ)

- El Paso VA HCS: Assisting PAO with invitation list for opening of a new clinic in Las Cruces, NM on Feb. 14 as well as other logistical considerations for media coverage. (JJ)

Pacific OPA

Facility Developments:

- Greater Los Angeles HCS: Talked with acting Chief of Comms about some talking points and messaging we're going to need to develop around the Master Plan and some decisions that have been made. Set a meeting to go over some short term and long term strategic goals for Master Plan and other issues. Also discussed the fires and how they are affecting veterans and facilities. (JB)

- Southern Nevada HCS: PAO was asking about what kinds of training our office can provide to potential SME's at his facility. VISN 21 PAO is actually putting on a "train your SME" course at his facility and we discussed partnering to take that to other facilities within VISN 21. Explained this to PAO in Las Vegas and will start planning some training opportunities in the new year. (JB)

-

From: [REDACTED]
To: [REDACTED]
Subject: OPA Regional Summary
Date: Wednesday, November 29, 2017 2:28:50 PM
Attachments: [Daily Summary 11-29.docx](#)

Regional Office Daily Summary Wednesday, November 29, 2017

Office of Public Affairs, Field Operations Service

North Atlantic OPA

Facility Developments:

- VA Maryland HCS: Reached out to PAO regarding a 48-year-old service-connected veteran who completed suicide, and requested draft RTQ. Sent media guidance and precis for background and provided assistance for RTQ development, and reminded of the need to coordinate the response with VACO. Will continue to track and work with the facility on any updates. (SP)
- Lebanon VAMC: PAO requested assistance with a query from the district office of U.S. Rep. Charles Dent (R-Pa.) regarding recent announcement by SECVA on Agent Orange presumptive conditions. Shared with PAO the statement issued Nov. 1 and found out from OCLA that the Department is still working on this with OMB and the White House, and no additional guidance or information has been given at this time. Recommended PAO share recent statement and advise Dent's office that once additional information is received the facility will pass it along. (JB)
- Northport VAMC: Tracking developments regarding a veteran who left a voicemail message with PAO detailing several complaints about the facility's responsiveness. He also stated he plans to "name, names" during an interview he's scheduled to give this week on Long Island News Radio. On a related matter, the director is scheduled to be interviewed by Newsday reporter Martin Evans on Dec. 4 for a profile piece. PAO said the VA press secretary is aware of the interview. (JB)
- Clarksburg VAMC: Discussed a potential personnel issue with the PAO in which a veteran and employee of the medical center was arrested and charged with several serious offenses. Advised the PAO should be prepared to respond to inquiries from media. Offered assistance with developing a draft response. (MH)
- Winston Salem VARO: Reviewed a rough draft of an op-ed written by the PAO on "choosing VA." Provided feedback and offered to further develop the draft and loop in VBA communications once we have a more developed product. (MH)

Southeast OPA

Facility Developments:

- Birmingham VAMC: PAO alerted us to a surprise visit from Italian reporter Edoardo Cigolini, Il Giornale.it , www.ilgiornale.it. Apparently, they were in Birmingham, learned of local Veterans Day events, and asked for a brief interview on the care of veterans in Alabama, before heading to Charlotte, N.C. Since the crew was already in the PAO's office, we advised a very brief overview of the care that Birmingham VA provides. (JN)

- VISN 8 (St. Petersburg); Gainesville VAMC: VHA Comms alerted us to a FOIA response to a request from Paige Fry, Gainesville Sun reporter, for the VAMC's patient advocacy complaint data from Oct. 1, 2015 to Nov. 6, 2017. We informed the PAO. (JN)

- VISN 7 (Atlanta); Atlanta VAMC: VHA Comms alerted the PAOs to a FOIA response to a request from Justin Goodman, White Coat Waste Project, for copies of contracts, employment agreements and other documents showing salaries (Jan. 1, 2015-present) of several VA employees including two staff members from the VAMC. (JN/CH/ER)

- VISN 8 (St. Petersburg); Bay Pines VAMC: Bay Pines VAHS: OPA field ops director alerted us to a FOIA submission from reporter Steve Andrews, WFLA (NBC-Tampa), seeking content from an employee sent about a missing nursing home patient (Oct. 23, 2017). We forwarded the notification to the PAOs. (ER)

- VISN 9 (Nashville): PAO sent us a release announcing Todd Burnett as VISN 9's Deputy Network Director effective, Nov. 26, 2017. He served as acting Deputy Network Director since October 2016. (JN/CH/ER)

- Southeast OPA: We sent PAOs a link to the HVAC page for live streaming video of today's hearing about provider quality and safety concerns. (CH)

Midwest OPA

Facility Developments:

- Jesse Brown VAMC: Informed by PAO of query from WFLD-TV's (FOX, Chicago) Jennifer Struzik who was contacted regarding the facility's cafeteria closure yesterday. Struzik requested a statement as to why the cafeteria was temporarily closed and if veterans were affected. Worked with PAO on a statement explain that the cafeteria was closed due to deep cleaning and was scheduled to reopen today. Informed field director who advised to share drafted response with press secretary for approval. PAO was provided concurrence and responded to reporter. Story expected to be informational. (CL)

- Cleveland VAMC/VARO: Reached out to PAOs for input on any local VA issues in preparation for VBA's Deputy Under Secretary for Economic Opportunity's scheduled satellite media interview with WFMJ-TV (NBC, Youngstown). We discussed local issues and provided VBA with a few talking points about local topics for SME prep.

(BG)

- Battle Creek VAMC: PAO provided IB detailing the allegations made by a veteran and his wife to local media about their visit to the facility's urgent care clinic over the weekend. PAO updated us today that the facility continues to reach out to the veteran but has been unable to make contact and has not received a callback. (CL/BG)

- Iron Mountain VAMC: PAO shared media coverage of the facility's upcoming town hall meeting. Coverage was positive. (CL/BG)

- Cincinnati VAMC: Communications Chief shared his media/social media report metrics providing a comprehensive look into communication measurement at the facility. PAO has been working on this product and requested feedback with plans to create and share each FY. (CL/BG)

- Midwest OPA: We have received several requests for guidance on obtaining the official portrait of POTUS. Provided information shared by GPO and a link to print them locally. Will share further information as it becomes available. (CL/BG)

Continental (North) OPA

Facility Developments

- Denver VAMC: Awaiting VACO input on Rep Perlmutter's request for a tour of the Fitzsimons construction site for his communications director, in company with Denver Post reporter Mark Matthews, December 27 or 28. Forwarded 11/28 to OPIA, OCLA and Hatch Act SME since Perlmutter is running for re-election and therefore we have concerns about a special tour that pairs up his spokesperson with a reporter of their choice. OCLA sees no issues. Pending with OPIA. (PS, EN)

- Minneapolis VAMC: PAO reports Annals of Internal Medicine plans to send a film crew to the Minneapolis on December 12 to interview 4 VAMC researchers and capture b-roll on one of the researchers to be used in a nationwide Video News Release. The researcher who will be featured studied treatments for mild cognitive impairment (MCI) and concludes in his article "Evidence does not support use of the studied pharmacologic treatments for cognitive protection in persons with normal cognition or MCI." Recommended approval along with blanket clearance for interviews after study publication. (PS)

- Kansas City VAMC: PAO reports VFW Magazine asked for basic overview of diabetes within the veteran population. Advised PAO to steer magazine to OMR since they are asking about national data and programs. (PS)

- Fort Logan NC: Assisted at interment of recent OEF KIA. Two local TV stations covered the event. More than 100 people attended. (EB, EN)

- Trip packs: Working on trip pack for DepSec trip to Breckenridge Dec. 9. (PS, EB, EN)

- OPIA 2018 Calendar: PAS working on this. (EN)

Continental (South) OPA

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Media Contacts - Local:

- Dallas Media: Distributed Dallas-Fort Worth NC's media advisory on their Dec. 16 Wreaths Across America event. Also distributed the Dallas Vet Center's annual Resource Day media advisory on Dec. 1. (LS)
- Mississippi Media: Distributed a media advisory about the Jackson VAMC and VBA Regional Office hosting a town hall for Veterans and family members today, Nov. 29. Also distributed a media advisory about the Jackson VAMC's drive thru flu shot clinic taking place on Dec. 2. (LS)

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Facility Developments:

- Houston: COSVA will travel to Houston Dec. 4-5 to speak at the Minority Veterans Program Open House. COSVA's office requested a local media advisory be distributed about her participation in the event. PAO will share copy of the advisory. (JJ)
- Central Texas VA HCS: MCD will meet with Rep. John Carter on Friday, Dec. 1 while in DC this week. Carter wrote a letter to SECVA following publication of the Austin American Statesman article on corruption and alleged patient abuse by employees at Central Texas VA. The meeting was arranged by OCLA at MCD's request. (JJ)
- NOLA VA: Facility received a request for filming of a NCIS: New Orleans episode in an unoccupied med/surgical inpatient floor of the facility and their main drive. The request is for filming on Friday, Dec. 1 and Monday, Dec. 4. Sent sample film and location agreement and assisted with questions. PAO is also running request through local regional counsel. (JJ)
- Kerrville VA: AFGE is hosting a vacancy rally today from 4-5 p.m. PAO has updated vacancy statement for use with media queries. San Antonio Express News reporter interviewed with facility this morning and will attend rally. (JJ)
- Big Spring VAMC: Congressman Jodey Arrington's (R-19) office requested a conference call to discuss their 1-star SAIL rating with a new senior advisor from Arrington's office who is temporarily covering Veterans Affairs. MCD gave an overview of SAIL and the steps they are taking to improve in each metric. Senior advisor indicated she was gathering information for the Congressman in advance of the oversight subcommittee meeting for today. The GAO report regarding uncovered incidents of false and inaccurate reporting was brought up by the advisor. (JJ)
- National Memorial Cemetery of Arizona: Cemetery will hold a high profile burial for

a Navy Veteran on Nov. 30. He was the Captain of the Daisy Mountain Fire Department. The Daisy Mountain Fire Department will setup two ladder trucks to display the American Flag. They are expecting more than 2,000 attendees. Media will be present at the church and the cemetery has not received a request for filming on cemetery property. Reached out to offer support if needed. (JJ)

Pacific OPA

Facility Developments:

- VHA PAOs: In response to queries about veterans affected by the liver fluke parasite, we sent out the response that the press secretary used as a RTQ about the issue, but only for information. All queries will still go to VACO. (DB)
- Puget Sound HCS: We received a query about the Bremerton clinic thru VACO. PAO is checking with reporter who has said she will send documents to Puget Sound. (DB)
- Pacific Islands HCS: PAO had notified us that she was going to be interviewed by Veterans Voice on iHeart KHVH 830AM today and she wanted to have answers to the query about recent GAO report about hiring. We passed along a statement for her use alone. (DB).
- Fresno HCS: PAO sent it an article about parking at the facility. They are solving the problem when they construct more new parking at the facility. (DB)

From: [REDACTED]
To: [REDACTED]
Subject: OPA Regional Summary
Date: Friday, December 15, 2017 3:04:18 PM
Attachments: [Daily Summary 12-15.docx](#)

**Regional Office Daily Summary
Friday, December 15, 2017**

Office of Public Affairs, Field Operations Service

North Atlantic OPA

Facility Developments:

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Midwest OPA

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Continental (North) OPA

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Continental (South) OPA

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Pacific OPA

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-

From: [REDACTED]
To: [REDACTED]
Subject: OPA Regional Summary
Date: Thursday, December 28, 2017 3:03:40 PM
Attachments: [Daily Summary 12-28.docx](#)

Regional Office Daily Summary Thursday, December 28, 2017

Office of Public Affairs, Field Operations Service

North Atlantic OPA

Facility Developments:

- VA Acquisition Academy: PAS is working on policy on privacy of persons regarding photos, digital images, etc. She found the VHA policy that covers the issue but inquired to see if VA has a policy. Suggested she pursue the VHA policy until an overarching Department policy is published. (MH)
- Richmond VAMC: Shared with PA team FOIA request from legal firm representing White Coats Waste Project requesting text messages between several VA employees regarding animal research projects at VA. (MH)
- VISN 5, Huntington VAMC: Touched base with VISN 5 Chief Communications Officer for an update on the dermatitis issue at the Huntington VAMC. Facility allowed staff back in over the weekend. A couple of employees reported a reoccurrence of rash, which experts think may be caused by layering two cleaning products. Beginning Jan. 2, inpatients will be admitted on a phased basis. So far, there has been no media follow up on the issue. (MH)
- Washington (DC) VAMC: Provided PAO with FOIA from Veterans Esquire Legal Solutions. The law firm seeks copies of digital and written products from all VAMC employees, management, or other representative or agent from any VA national administrators. The request is linked to a recent NBC-4 VA (NBC, Washington, D.C.) story about cancelled surgeries back in Nov. 2017. (SP)

Southeast OPA

Facility Developments:

- VISN 8 (St. Petersburg); Orlando VAMC: We were alerted by VISN PAO to media queries regarding a physician at the Orlando VAMC, who was arrested after an accident for allegedly driving under the influence. Orlando PAO issued press secy.-approved statement after conferring with facility and OGC on the matter. They also worked to have the story, which ran on WOFL-TV (FOX), corrected as it inferred the arrest was confirmed as alcohol related. (JN/CH)
- VISN 8 (St. Petersburg); San Juan VAMC, VARO: We shared updated fact sheets

from FEMA on the island's recovery efforts, which includes useful resource content and links that may be helpful to veterans and employees. (JN)

- VISN 7 (Atlanta); Atlanta VAMC: We shared a FOIA notification with Atlanta VAMC and VISN PAOs regarding a request from the vice-president of Advocacy and Public Policy, White Coat Waste Project, for copies of all text messages, etc., regarding the VA's use of dogs in experimentation, research and testing. The request named specific members of VA's leadership and staff at several facilities including the Atlanta VA.

Midwest OPA

- Facility Developments:

- VISN 10: Moderated a conference call between DAS and VISN PAO regarding WBNS-TV (CBS, Columbus) reporter Bennett Haeberle's request for an on-camera interview to discuss RTLS and lost equipment from reports of survey. PAO provided background and summary of request as well as VISN's objective for doing the interview. PAO requests to do the interview the week of Jan. 8 when the VISN SME is available. Currently, VACO is reviewing the request and will decide the appropriate approach. In the meantime, PAO is preparing drafted SME prep documents and gathering facts for possible statement. Pending. (CL/BG)

- Milwaukee VAMC: Contacted by PAO requesting guidance on a request he received from Plum Media, a commercial outlet, to interview local SMEs on services and programs available at the facility to treat PTSD. The interviews would be used in wellness network videos for medical facilities, both private and public, to purchase for educational purposes. Advised PAO to speak with his local legal counsel. (BG)

- 2018 VA National Salute Letter: Standing by on SECVA's review/signature on this year's letter. (CL/BG)

Continental (North) OPA

- Facility Developments:

- Kansas City VAMC: PAO reports question from Midwest Biomedical Research Foundation (MBRF – a non-profit research organization), which has space in the VAMC's research building, regarding what they can do to promote their research projects and attract more private-sector donors. Advised PAO that there are limitations on promotion of VA-funded research (e.g. cannot imply product or organization endorsements, etc.) and that if MBRF also intends to use publicity for fund-raising, PAO should reach out to regional counsel for additional guidance. Looking into VA research promotion guidelines. PAO has also reached out to VHA Comms. Pending. (EB)

- Denver VAMC: Backup PAO / Congressional Liaison called to ask for our assistance with HVAC chairman visit 12 January. RD plans to be on hand, Deputy

RD and PAS will be in Marion that day. Backup PAO said HVAC chairman wants to tour both current VAMC site and construction site the morning of the 12th, although touring both in one morning is not feasible due to distance and size of sites. VAMC trying to get further details. Noted that members of the Colorado congressional delegation may try to attend as well and will likely want to hold a news conference. (PS)

- Denver VARO: Working with PAO on logistics for TV / Interview training class in January. (PS)
- Marion VAMC: Working with PAO to tailor classes to VAMC needs for training in early January. (EB, EN)
- OPIA Calendar of Events 2018: Working with CBOPC to make COE 508 compliant. (EN)

Continental (South) OPA

Facility Developments:

- VHA Mentor/Protégé Training Class: Arranged presenter for writing course taking place today for VHA mentor/proteges. (JJ)
- PAC Preparations: Working on logistics for upcoming PAC meeting in March. (JJ)
- South Texas VA HCS: Held conference call to discuss upcoming media training at both Kerrville, San Antonio campuses, leadership and at UT San Antonio. (JJ)
- VBA Media Training: Working on training slides for Jan. 11-12 media training. (JJ)

Pacific OPA

Facility Developments:

- San Francisco HCS: PAO and leadership drafted a proposed statement in response to an anticipated query following a BuzzFeed FOIA request about redacted research from 2004. One of the researchers involved in two redacted studies is still working at the SFVAMC. Will send the background info and proposed statement to OPA and VHA comms for their review. No official query or request of statement from BuzzFeed yet. (JB)
- Greater Los Angeles HCS: Had a meeting with the Acting chief of communications on strategies for the future of the office. Will continue to work on strategic plan with comms team here. (JB)

From: [REDACTED]
To: [REDACTED]
Subject: OPA Regional Summary
Date: Friday, December 15, 2017 3:04:17 PM
Attachments: [Daily Summary 12-15.docx](#)

**Regional Office Daily Summary
Friday, December 15, 2017**

Office of Public Affairs, Field Operations Service

North Atlantic OPA

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Continental (North) OPA

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-

From: [REDACTED]
To: [Blaha, Lydia B.](#)
Cc: [Cashour, Curtis](#)
Subject: Pittsburgh Issue
Date: Tuesday, September 12, 2017 2:27:03 PM

Lydia,

As we discussed, one of the topics that will likely come up is the issue of HHA.

Bottom line is that the Pittsburgh VAMC was providing this benefit to some 900 Veterans, but recently had to re-assess the program. Now, fewer are receiving the benefit.

The facility and VHA differ in their views as to the reason for the re-assessment. This led to the story at the bottom.

As I see it, the important talking points are (and I'll let Curt chime in if he sees something differently):

VA Pittsburgh Healthcare System must prioritize budget dollars for Veterans with the most critical health care needs

All decisions about the Home Maker/Home Health Aide program are based on clinical need.

This wasn't about saving money, it was about directing resources where they were needed the most.

Story:

An Allegheny County program might fill the gap for 90-year-old World War II vets who recently saw a cutback in housekeeping and home aide care from the VA, but those vets still wonder why they were thrown such a curve in the first place.

"That's a helluva thing to take away," said Jack Naughton, 91, of Forest Hills, a Marine with dreams he can't shake about the Battle of Iwo Jima, who recently saw his home aide care reduced. "There're not that many of us left and they're taking the benefits away."

On Sunday, I wrote about Lawrence DeLisio, 90, of the North Side, who lost his housekeeping services. He's young for a World War II vet, and since the column ran I've heard of three other nonagenarian World War II vets and an 85-year-old Korean War rifleman who have lost housecleaning and other home services.

Mr. Naughton, coincidentally, was a friend of Mr. DeLisio back when they both worked for the Bettis Atomic Power Laboratory six decades ago, but it was only this week they realized they were on Guam at the same time during the war.

At least five people emailed me to volunteer to do the biweekly housework for Mr. DeLisio after they read about his situation, and others offered to contribute money. But it appears the county's Area

Agency on Aging can do the work every couple of weeks for about \$21 a month. It currently does home support housekeeping for 1,650 people, more than 100 of them veterans, for as little as nothing depending on the clients' income.

Mr. DeLisio won't be turning the county down, but said, "I don't feel I should be taxing county taxpayers. I'm entitled to this from the service."

The VA Pittsburgh Healthcare System disagrees. In an explanatory letter to Washington lawmakers about the cutbacks earlier this year, it said that light housekeeping — which Mr. DeLisio has received for about four years — and the laundering, meal preparation, grocery shopping and home hygiene help that other vets get "is not a benefit that can be guaranteed to every veteran" eligible for VA health care.

Curt Cashour, press secretary for the Department of Veterans Affairs in Washington, emailed last week to say this is a local issue.

"The VA Pittsburgh Healthcare System granted benefits that its budget could not support," Mr. Cashour said.

About 1,000 veterans were receiving in-home services, and they were discontinued only for veterans "with the highest functional capacity," he said.

That raises some questions: How much is the VA saving by snipping off relatively low-cost programs designed to allow vets to stay in their homes? Is there any chance these programs will come back?

Of the people who volunteered to help clean his home, Mr. DeLisio said he'd rather have them write to their representatives in Congress to ask why these cutbacks in veterans services have occurred. His old friend, Mr. Naughton, noted that when President Donald Trump was on the campaign trail, he made frequent promises to help veterans.

For now, though, the county should be able help many veterans — and others of a certain age — who need in-home assistance. Individuals 60 and older with some degree of frailty might call the senior line at the county Area Agency on Aging at 412-350-5460. Individuals with an income of less than \$1,337 per month, and couples seeing less than \$1,800, could get household assistance at no cost, Russell Goralczyk, the Options program supervisor, said. Others would pay on a sliding scale.

Mr. Naughton told me that he hadn't known until this week that when he was on Guam eating with the Navy Seabees as often as he could — "Marine food was bad" — Mr. DeLisio was among those Seabees. He suspects their paths crossed long before they met and became friends at Bettis Atomic Power after the war.

Now these vets are in the same boat, but you'll forgive both for wishing they'd reconnected in a different way.

George Thomas Adams, 94, legally blind and using a walker, fell and broke his hip shortly after his meal preparation and other household help was cut off at the end of July. Mr. Adams since has needed to move from an assisted living high-rise in Natrona Heights to a skilled nursing home in Brackenridge, his stepdaughter Kathy Lorish said.

From: [REDACTED]
To: [Hutton, James](#); [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]
Subject: Query: Interview request to address medical scopes issue; News Outlet: Buffalo News
Date: Wednesday, August 16, 2017 4:04:56 PM
Attachments: [image001.jpg](#)
Importance: High

James, Buffalo News reporter Henry Davis received the RTQ but came back with several questions, which are below along with the facility's key messaging and responses. Recommend interview with SME Dr. John Sellick (background below) and facility director Brian Stiller. Please advise.

Date of Request: Original request, 8/14/17; Approved statement provided 8/15/17.

Subject: Buffalo Medical Scopes issue

Media Outlet: Buffalo News

Reporter: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Deadline: Thursday, 8/17/17 at 11p.m.

Request: The reporter is interested in speaking to someone about the issue. The following questions were provided:

What type of scope procedure(s) was involved? Colonoscopies? Enteroscopies? Other?

Over what time period did this occur?

What infections might a person be at risk for – hep C, hep B, HIV?

How was this issue discovered and when?

How are the patients being notified? Mail? Phone?

How many scopes are involved? What is their current condition? Have you put a hold on further procedures using the scopes or is everything OK at this time?

Any reported problems?

Can I get more details on the problem? Were the scopes improperly sanitized? Were they properly sanitized but some other step in the reprocessing omitted?

If patients have questions/concerns, is there a number they can call?

Reponses:

Key Messaging

- VA has a robust patient safety program. The quality care and safety of Veterans is our first priority at VA Western New York Healthcare System.
- Systematic reviews are a part of ensuring the highest level of care is provided.
- If there is ever a concern regarding care, we take immediate action to look in to it, take corrective actions and if necessary, notify patients.
- VA Western New York Healthcare System is notifying this select group of Veterans that may have been affected, and offered free screening for possible infection.
- Notification does not mean Veterans were infected, but we are taking extra steps to be certain. While we believe the risk of infection is very low, we are offering tests to Veterans who want to be tested.
- Our commitment to patients is to ensure they receive the care they have earned and deserve.

RTQ Statement:

VA is notifying 526 Veterans who had a scope procedure at the facility. During a recent review of the disinfection process it was noted that repetitive steps listed by manufacturer's instructions may not have been followed in some cases by an employee. The employee was immediately relieved from the position.

VA is notifying this group of Veterans and offering free screening. Notification does not mean Veterans were infected and the risk of infection is very low. In fact, evidenced based data of previous nationwide studies shows no transmission of infection occurring due to improper cleaning of medical scopes.

Q&As (responses to Davis' questions)

Q. What type of scope procedure(s) was involved? Colonoscopies? Enteroscopies? Other?

A. The issue is in reference to disinfection of colonoscopes.

Q. Over what time period did this occur?

A. The time period of review is April 19, 2015-June 23, 2017.

Q. What infections might a person be at risk for – hep C, hep B, HIV?

A. Notification does not mean Veterans were infected and the risk of infection is very low. The type of infection a person may be at risk for is Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus.

Q. How was this issue discovered and when?

A. The issue was discovered on June 23, 2017 during a systematic review, when a supervisor was reviewing an employee's processing of disinfecting colonoscopes.

Q. How are the patients being notified? Mail? Phone?

A. Patients are being notified by telephone call by Registered Nurses and then followed up with a letter.

Q. How many scopes are involved? What is their current condition? Have you put a hold on further procedures using the scopes or is everything OK at this time?

A. There is nothing wrong with the scopes and there is no disruption in patient care.

Q. Any reported problems?

A. No

Q. Can I get more details on the problem? Were the scopes improperly sanitized? Were they properly sanitized but some other step in the reprocessing omitted?

Scopes undergo high level disinfection. Each scope used was disinfected, however, one technician may not have followed manufacturer's recommendations for repetitive cleaning, in all cases.

Q. If patients have questions/concerns, is there a number they can call?

A. We have a dedicated communication center with knowledgeable staff available to answer your questions 24 hours a day, 7 days a week. The toll-free number is xxx-xxxx-xxxx.

Recommendation: Offer reporter an interview with SME Dr. John Sellick (background below) and Brian Stiller, VAMC director.

Tone: Informative/slightly negative

Background:

John Sellick

Associate Professor of Medicine

Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo

AREAS OF EXPERTISE:

Infectious disease, outbreaks and pandemics, vaccinations, bioterrorism planning, flu, Ebola



John Sellick can speak with members of the media about infectious diseases, including outbreaks.

Sellick's work involves infection prevention and post-travel care. He is a hospital epidemiologist at Veterans Affairs Western New York Healthcare System and Kaleida Health and a staff physician with UB Student Health Services.

His work includes pandemic and bioterrorism planning activities for those hospital systems, as well as for UB. Sellick collaborates with hospital infection control teams, pharmacists, microbiologists and administrators.

He has given talks to the public and medical community about the risks for and treatment of Ebola, and has done media interviews about that disease and others.

John A. Sellick, DO

Associate Professor of Medicine, Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo

Staff Physician, University at Buffalo Student Health Services

Hospital Epidemiologist, Veterans Affairs Western New York Healthcare System

Hospital Epidemiologist, Kaleida Health

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]; [Hutton, James](#); [REDACTED]
Cc: [REDACTED]
Subject: RE: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query
Date: Tuesday, November 28, 2017 7:33:34 PM

Thank you everyone. PAO has sent the below to the reporter.

From: Cashour, Curtis
Sent: Tuesday, November 28, 2017 6:20:39 PM
To: [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query

Agree. Can you please just go with this:

The Veterans Canteen Kitchen was temporarily closed for one day for deep cleaning and will reopen tomorrow morning. There are no reported issues involving the kitchen and inpatient Veterans were not impacted.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 28, 2017 4:07:20 PM
To: [REDACTED] Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query

This asks more questions than it answers. This language "coordinated by the Nutrition and Food Services program of the facility" is not germane to the statement.

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 28, 2017 3:42:17 PM
To: Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query

Curt,

I just talked with the PAO. Facility director would like to add just a bit more in order differentiate between the canteen and main facility kitchen:

The Veterans Canteen Kitchen was temporarily closed for one day for deep cleaning and will reopen tomorrow morning. There are no reported issues involving the kitchen and inpatient Veterans were not impacted since their meals are managed and coordinated by the Nutrition and Food Services program of the facility.

Any issues? Thanks.

Semper Fi,
Craig

From: Cashour, Curtis
Sent: Tuesday, November 28, 2017 5:31 PM
To: [REDACTED] Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query

Is this accurate?

The Veterans Canteen Kitchen was temporarily closed for one day for deep cleaning and will reopen tomorrow morning. There are no reported issues involving the kitchen and inpatient Veterans were not impacted.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov<<mailto:Curt.Cashour@va.gov>>
@curtcashour<<https://twitter.com/CurtCashour>>

From: [REDACTED]
Sent: Tuesday, November 28, 2017 6:24 PM
To: [REDACTED]; Cashour, Curtis; Hutton, [REDACTED]
Cc: [REDACTED]
Subject: RE: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query

Adding Linda

Sent with Good (www.good.com<<http://www.good.com>>)

From: Larson, Craig W.
Sent: Tuesday, November 28, 2017 3:17:46 PM

To: [REDACTED]; Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query
All,

Heads Up - Informed by the Jesse Brown VAMC PAO Lela Vance-Glover that the canteen (cafeteria) kitchen was closed for the day for "deep" cleaning (IB attached). This did not involve pests or a leak/spill – just the need for a deeper clean of the kitchen. Local FOX affiliate reached out to her this afternoon. I suggested that the PAO keep her response short and to the point, such as “The Veterans Canteen Kitchen was temporarily closed for one day for deep/additional cleaning and is planned to reopen tomorrow morning. There are no reported issues involving the kitchen and inpatient Veterans were not impacted.”

I’ve also asked that she let me see what she intends to send. This is not a negative issue, per se, though the PAO needs to respond quickly to the query.

Semper Fi,
Craig

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 28, 2017 4:40:54 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] RE: Jesse Brown VA Health Cafeteria
Lela,

Keep the response short and to the point. Along the lines of "The Veterans Canteen Kitchen was temporarily closed for one day for deep/additional cleaning and is planned to reopen tomorrow morning. There are no reported issues involving the kitchen and inpatient Veterans were not impacted."

Let me know what you plan to send and thanks.

Semper Fi,

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 28, 2017 4:31:41 PM
To: [REDACTED]
Subject: FW: [EXTERNAL] RE: Jesse Brown VA Health Cafeteria
Good afternoon [REDACTED],

We are considering using some of the wording from today's IB to respond to this query (attached).

Your advice is appreciated.

[REDACTED]
Jesse Brown VA Medical Center | Public Affairs Specialist | Office: (312) 569-6402

From: [REDACTED]
Sent: Tuesday, November 28, 2017 1:00:47 PM
To: [REDACTED]
Cc: 'news@foxchicago.com'
Subject: [EXTERNAL] RE: Jesse Brown VA Health Cafeteria
Good Afternoon Lela,

We received a call concerning the cafeteria apparently being closed at the Jesse Brown VA Center. We have also heard that people have been seen cleaning.

Just checking to see what is happening. If the cafeteria is in fact closed, what caused the cafeteria to be closed? Have any patients gotten sick, etc? How were meals handled today? Will the cafeteria reopen?

Thanks!!

[REDACTED] | Assignment Editor | [REDACTED] >
WFLD FOX32 <<http://myfoxchicago.com/>> | WPWR MY50 <<http://my50chicago.com/>>
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o: 312-565-5533 | @newsforstruz
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Twitter <<https://twitter.com/fox32news>> |
Instagram <https://www.facebook.com/FoxChicagoNews#!/FoxChicagoNews/app_267091300008193>
[SIG]

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#); [Hutton, James](#); [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure
Date: Thursday, December 21, 2017 4:04:08 PM
Attachments: [image001.jpg](#)

Thanks, Todd.

All, FYSA – facility is also planning to send the below as an update to employees regarding the temporary kitchen closure:

I would like to start out by acknowledging the Nutrition & Food Service (N&FS) staff for their patience and perseverance during the last few weeks while the N&FS kitchen located in the basement has been closed. Your actions along with our Canteen Staff have been outstanding in keeping food service seamlessly occurring during this time.

Here is an update regarding the Nutrition & Food Service (N&FS) Basement Kitchen Closure

Many events have occurred over the course of the past several weeks involving the Nutrition and Food Service kitchen (food operation for inpatients) at the Medical Center. These events started with N&FS employees bringing concerns about odors in their work areas. Subsequent tests revealed the source of the reported odors was from construction welding work performed above the kitchen work area that produced metal fume odors that resulted in these odors traveling through air ducts and an air exhaust system in the kitchen area that are secluded from the rest of the hospital.

Thus a decision was made by Medical Center leadership to close the basement kitchen for the safety of those who work in this area, and for additional environmental testing and cleaning to the air ducts and air exhaust system that directly provides air exchanges only to the kitchen work areas.

Consultation with a toxicologist in partnership with Cincinnati VA Medical Center have determined there is minimal risk to Veterans, visitors and the vast majority of staff. All employees known to have been in the affected areas have been notified and offered testing to determine exposure levels involving metal fumes. While it has been determined that there is minimal risk of exposure to employees outside of the affected area, Employees who work outside of the affected areas and are concerned about exposure are encouraged to consult their private physician. While there is minimal risk to patients, Veterans concerned about potential exposure as an inpatient or resident from November 2017 until present are encouraged to contact their primary care provider for more information.

While the N&FS Kitchen remains closed, the safety office is working diligently to complete cleaning and testing to ensure there is no detected metals in this area prior to reopening the space and getting the N&FS staff back to their work areas.

More information will be shared as developments take place involving this matter.

Thanks,

Medical Center Leadership

###

PA team at Cincinnati VAMC will keep us in the loop regarding any additional queries.

Semper Fi,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Providing Department of Veterans Affairs public affairs support in Illinois (except East Moline, Marion, Mound City), Indiana (except Evansville), Michigan, Ohio and Wisconsin (except Superior)

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From: [REDACTED]
Sent: Thursday, December 21, 2017 1:47 PM
To: Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED];
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Cincinnati Public Affairs is acknowledging and confirming that the highlighted portion below is not related to the kitchen closure, and to attach the mercury news release with Cincinnati's response back to the reporter.

Will execute an email to reporter within the next 10 minutes.

Thanks for the quick turnaround and assistance.

[REDACTED]

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 2:40 PM

To: [REDACTED] Hutton, James <James.Hutton@va.gov>; [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Cc: [REDACTED]
[REDACTED]

Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Please double check the below for accuracy. I added the highlighted portion. If you are good, please have the appropriate PAO provide it to the reporter along with the mercury news release.

Allegation: The hospital kitchen has been unable to prepare patients [sic] meals.

Response: The Cincinnati VA Medical Center's Nutrition and Food Service kitchen was closed at the end of November immediately after routine and regular testing revealed the presence of tiny metal particles within the basement kitchen. Inpatients were not affected by this closure, as the facility's Canteen Kitchen is now preparing all inpatient meals.

Allegation: In November 2017, a pipe containing mercury was cut into, causing contamination.

Response: This is true. See the attached press release.

The Nov. 1, 2017 spill was immediately contained, remediated and the area of the medical center impacted has reopened. This issue has nothing to do with the kitchen closure.

Allegation: So called meals of cold sandwiches are now the norm for our veterans.

Response: This is not true. Since the first day of the inpatient kitchen closure, patients were offered appropriate meals for their dietary needs.

On the first day of the kitchen closure, the menu included sandwiches, but only for Veterans who were not on a restricted diet. After the first day of the kitchen closure, Cincinnati VA Nutrition and Food Services transitioned to a menu consisting of four menu meal choices.

Special and restricted menu choices for Veterans with special dietary needs have been available without interruption.

Allegation: My family member was in ICU for serious diabetic emergency. He was given carbohydrates after carbohydrates in direct opposition to his physician's orders.

Response: This is not true. All Cincinnati VAMC diabetic inpatients' meals are coordinated with their physician and a registered clinical dietitian provides consultation with the Veteran regarding a low fat, low sugar diet as well as improving diet choices at home.

Allegation: Of even greater concern to me is that there are no nurses assistants now! Those poor nurses are expected to do it all! This includes toileting and feeding and vitals. A patient who clearly was unable to feed himself received nothing to eat. Patients are no longer bathed; my family member wasn't afforded even a wet facecloth during his whole stay there. Bedsheets weren't changed either.

Response: This is not true at all.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, December 21, 2017 2:39 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

No problem. We will stand by.

From: Cashour, Curtis
Sent: Thursday, December 21, 2017 1:38 PM
To: [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Don't respond just yet. I will be in touch.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, December 21, 2017 2:38 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Yes, correct on the mercury issue (attached). They will include with the response. Spoke with PAOs – date of mercury spill updated (occurred on Nov. 1).

From: Cashour, Curtis

Sent: Thursday, December 21, 2017 1:24 PM

To: [REDACTED]; Hutton, James; [REDACTED]

Cc: [REDACTED]

Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Is this accurate? Didn't they do a press release about the mercury issue? We should include that.

Allegation: The hospital kitchen has been unable to prepare patients meals.

Response: The Cincinnati VA Medical Center's Nutrition and Food Service kitchen was closed at the end of November immediately after routine and regular testing revealed the presence of tiny metal particles within the basement kitchen. Inpatients were not affected by this closure, as the facility's Canteen Kitchen is now preparing all inpatient meals.

Allegation: In November 2017, a pipe containing mercury was cut into, causing contamination.

Response: This is true. See the attached press release.

The Nov. 1, 2017 spill was immediately contained, remediated and the area of the medical center impacted has reopened.

Allegation: So called meals of cold sandwiches are now the norm for our veterans.

Response: This is not true. Since the first day of the inpatient kitchen closure, patients were offered appropriate meals for their dietary needs.

On the first day of the kitchen closure, the menu included sandwiches, but only for Veterans who were not on a restricted diet. After the first day of the kitchen closure, Cincinnati VA Nutrition and Food Services transitioned to a menu consisting of four menu meal choices.

Special and restricted menu choices for Veterans with special dietary needs have been available without interruption.

Allegation: My family member was in ICU for serious diabetic emergency. He was given carbohydrates after carbohydrates in direct opposition to his physician's orders.

Response: This is not true. All Cincinnati VAMC diabetic inpatients' meals are coordinated with their physician and a registered clinical dietitian provides consultation with the Veteran regarding low fat low sugar diet as well as improving diet choices at home.

Allegation: Of even greater concern to me is that there are no nurses assistants now! Those poor nurses are expected to do it all! This includes toileting and feeding and vitals. A patient who clearly was unable to feed himself received nothing to eat. Patients are no longer bathed; my family member wasn't afforded even a wet facecloth during his whole stay there. Bedsheets weren't changed either.

Response: This is not true at all.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, December 21, 2017 11:22 AM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Curt,

Submitted as requested. Also confirmed updated responses with the facility. FYSA, the facility director will also be sending an all-employee update later today regarding the kitchen.

DRAFT RESPONSE:

Allegation: The hospital kitchen has been unable to prepare patients meals.

Response: This is true, but patient meals continue to be prepared at the facility through a contingency plan that involves the use of the facility Canteen Kitchen. The Nutrition and Food Service kitchen (food operation for inpatients) at the Cincinnati VA Medical Center was closed at the end of November as a result of testing involving concerns related to metal fumes. Cincinnati VAMC transferred inpatient food preparation to the Canteen Kitchen the following day.

Allegation: In November 2017, a pipe containing mercury was cut into, causing contamination.

Response: This is true, though the Nov. 3, 2017 spill was contained, remediated and the area

of the medical center impacted has reopened. The inpatient kitchen closure is not related or connected with that incident in any way.

Allegation: So called meals of cold sandwiches are now the norm for our veterans. My family member was in ICU for serious diabetic emergency. He was given carbohydrates after carbohydrates in direct opposition to his physician's orders.

Response: This is not true. Since the first day of the inpatient kitchen closure patients were offered appropriate meals for their dietary needs. On the first day of the closure this did include sandwiches for Veterans who were not on a restricted diet. Veterans with special dietary needs were provided appropriate nutritional choices. After the first day of the kitchen closure, Cincinnati VA Nutrition and Food Services transitioned to a menu consisting of four menu meal choices. Special and restricted diets have been available without interruption.

Regarding diabetic diets, diabetic Veterans are provided a healthy choice meal that meets the criteria for a low fat low sugar heart healthy diet. While caring for a diabetic Veteran, a Physician orders a carb consistent diet and a Registered Clinical Dietitian provides consultation with the Veteran regarding low fat low sugar diet as well as improving diet choices at home.

Allegation: Of even greater concern to me is that there are no nurses assistants now! Those poor nurses are expected to do it all! This includes toileting and feeding and vitals. A patient who clearly was unable to feed himself received nothing to eat. Patients are no longer bathed; my family member wasn't afforded even a wet facecloth during his whole stay there. Bedsheets weren't changed either.

Response: This is not true. Since you reference ICU in one of your previous questions, here is some information regarding nursing staff for the Medical Center ICU. The ICU is staffed by RNs only providing a higher level of care. Ratio for ICU patients is 1:2 ratio unless a patient requires a 1:1 then one RN cares for one patient only.

#

Semper Fi,

[REDACTED]

From: [REDACTED]
Sent: Thursday, December 21, 2017 8:24 AM
To: Cashour, Curtis; Hutton, James; [REDACTED]
[REDACTED]
Cc: [REDACTED]

Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Curt,

Here is the rework for your review. Thanks.

DRAFT RESPONSE:

The hospital kitchen has been unable to prepare patients meals: The Nutrition and Food Service kitchen (food operation for inpatients) at the Cincinnati VA Medical Center was closed at the end of November as a result of testing that was performed involving concerns related to metal fumes. Those tests revealed the presence of metals within the basement kitchen and food preparation area that resulted from construction welding. Thus a decision was made by medical center leadership to close the basement kitchen for the safety of those who work in this area, and for additional environmental testing and cleaning.

In November 2017, a pipe containing mercury was cut into, causing contamination: The kitchen closure is not related or connected to the mercury incident that occurred in early November. The kitchen closure and initial testing findings have resulted in exposure below levels of concern to staff and minimal risk to Veterans.

So called meals of cold sandwiches are now the norm for our veterans. My family member was in ICU for serious diabetic emergency. He was given carbohydrates after carbohydrates in direct opposition to his physicians orders: Since the first day of the kitchen closure patients were offered appropriate meals for their dietary needs. On the first day of the closure this included sandwiches for Veterans who were not on a restricted diet. Veterans with special dietary needs were provided appropriate nutritional choices. After the first day of the kitchen closure, Cincinnati VA Nutrition and Food Services transitioned to a menu consisting of four menu meal choices. Special and restricted diets have been available without interruption.

Regarding diabetic diets, diabetic Veterans are provided a healthy choice meal that meets the criteria for a low fat low sugar heart healthy diet. While caring for a diabetic Veteran, a Physician orders a carb consistent diet and a Registered Clinical Dietitian provides consultation with the Veteran regarding low fat low sugar diet as well as improving diet choices at home.

Of even greater concern to me is that there are no nurses assistants now! Those poor nurses are expected to do it all! This includes toileting and feeding and vitals. A patient who clearly was unable to feed himself received nothing to eat. Patients are no longer bathed; my family member wasn't afforded even a wet facecloth during his whole stay there. Bedsheets weren't changed either: Since you reference ICU in one of your previous questions, here is some information regarding nursing staff for the Medical Center ICU. The ICU is staffed by RNs only providing a higher level of care. Ratio for ICU patients is 1:2 ratio unless a patient requires a 1:1 then one RN cares for one patient only.

###

Semper Fi,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Providing Department of Veterans Affairs public affairs support in Illinois (except East Moline, Marion, Mound City), Indiana (except Evansville), Michigan, Ohio and Wisconsin (except Superior)

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From: [REDACTED]
Sent: Wednesday, December 20, 2017 4:29 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

I'll ask Todd Sledge to rework. Should be able to. Thanks.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Wednesday, December 20, 2017 4:27:28 PM
To: [REDACTED]; Hutton, James; [REDACTED]; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Can we do this in an allegation and response format? Like this:

Allegation: So called meals of cold sandwiches are now the norm for our veterans.

Response: That's false. Here's why....

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, December 20, 2017 5:22 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: #HOT_Query response regarding Cincinnati VAMC kitchen closure

Curt,

We received the statement from PAO Todd Sledge. For your review. They would like to respond to Anne Saker (Cincinnati Enquirer) tomorrow.

DRAFT RESPONSE:

The Nutrition and Food Service kitchen (food operation for inpatients) at the Cincinnati VA Medical Center was closed at the end of November as a result of testing that was performed involving concerns related to metal fumes. Those tests revealed the presence of metals within the basement kitchen and food preparation area that resulted from construction welding. Thus a decision was made by medical center leadership to close the basement kitchen for the safety of those who work in this area, and for additional environmental testing and cleaning.

The kitchen closure is not related or connected to the mercury incident that occurred in early November. The kitchen closure and initial testing findings have resulted in exposure below levels of concern to staff and minimal risk to Veterans.

Since the first day of the kitchen closure patients were offered appropriate meals for their dietary needs. On the first day of the closure this included sandwiches for Veterans who were not on a restricted diet. Veterans with special dietary needs were provided appropriate nutritional choices. After the first day of the kitchen closure, Cincinnati VA Nutrition and Food Services transitioned to a menu consisting of four menu meal choices. Special and restricted diets have been available without interruption.

Regarding diabetic diets, diabetic Veterans are provided a healthy choice meal that meets the criteria for a low fat low sugar heart healthy diet. While caring for a diabetic Veteran, a Physician orders a carb consistent diet and a Registered Clinical Dietitian provides consultation with the Veteran regarding low fat low sugar diet as well as improving diet choices at home.

Since you reference ICU in one of your previous questions, here is some information regarding nursing staff for the Medical Center ICU. The ICU is staffed by RNs only providing a higher level of care. Ratio for ICU patients is 1:2 ratio unless a patient requires a 1:1 then one RN cares for one patient only.

#

Semper Fi,
[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Wednesday, December 20, 2017 3:38:31 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: #HOT_Prep for query response_Cincinnati VAMC kitchen closure and patient care

All,

FYSA – PAO is navigating a few issues with the response. We will have it and will share with the group mid-morning. We'll keep you posted.

Semper Fi,
[REDACTED]

[REDACTED]

Providing Department of Veterans Affairs public affairs support in Illinois (except East Moline, Marion, Mound City), Indiana (except Evansville), Michigan, Ohio and Wisconsin (except Superior)

Suicide Prevention is Everyone's Business. [#BeThere](#)

VCL Button



From: Cashour, Curtis

Sent: Tuesday, December 19, 2017 3:22 PM

To: [REDACTED] Hutton, James; [REDACTED],

Cc: [REDACTED]

Subject: RE: #HOT_Prep for query response_Cincinnati VAMC kitchen closure and patient care

ok

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](#)

From: [REDACTED]

Sent: Tuesday, December 19, 2017 4:16 PM

To: Cashour, Curtis; Hutton, James; [REDACTED],

Cc: [REDACTED]

Subject: #HOT_Prep for query response_Cincinnati VAMC kitchen closure and patient care

All,

Just spoke with Cincinnati VAMC PAO Todd Sledge regarding an ongoing issue with the temporary closure of the facility main kitchen at the medical center. In late November, PAO relayed that the facility was conducting environmental testing in the main food kitchen and food preparation has been temporarily moved to the canteen kitchen during testing. Wipe tests conducted showed a presence of metal particles on surfaces. Air ducts in the vicinity have been cleaned twice, but metal particles are still being detected in wipe tests; food is still being prepared in the canteen kitchen. Employees have been tested and levels are reported as low; one employee is reportedly sick at this time, not known if related to the issue – but this is being tracked. The working theory is that metal in the kitchen may be coming from renovation work in the area (welding work/air ducts). Patients are receiving their meals as scheduled.

This issue is not related to the mercury spill reported in early November. In that issue Engineering Service personnel from the Cincinnati VA Medical Center were removing a section of old, non-connected (non-operational, non-functioning) drain piping out of an active construction area on the first floor. This drain pipe was considered a “dead pipe” and not connected to any water or drainage systems within the medical center. During the removal of the pipe, liquid spilled out onto the floor in the construction area that was determined to be mercury. The mercury was recovered and area

reopened.

This being noted, Sledge received a query from Cincinnati Enquirer reporter Anne Saker:

From: [REDACTED]
Sent: Monday, December 18, 2017 3:50:03 PM
To: [REDACTED]
Subject: [EXTERNAL] FW: Poor Care at VA Hospital

Todd, I got this message today. Can you please let me know something about this as soon as you can? Thanks.

In November 2017, a pipe containing mercury was cut into, causing contamination. The hospital kitchen has been unable to prepare patients meals ever since.

So called meals of cold sandwiches are now the norm for our veterans.

My family member was in ICU for serious diabetic emergency. He was given carbohydrates after carbohydrates in direct opposition to his physicians orders.

There are too many other hospitals and organizations near the VA as well as a kitchen in the Ft Thomas VA facility for this to be happening.

Of even greater concern to me is that there are no nurses assistants now! Those poor nurses are expected to do it all!

This includes toileting and feeding and vitals A patient who clearly was unable to feed himself received nothing to eat.

Patients are no longer bathed, my family member wasn't afforded even a wet facecloth during his whole stay there.

Bedsheets weren't changed either.

I could hear call buttons beeping and patients yelling for assistance nearly continually.

I ask that your reporters bring these issues to light. WCPO had the exclusive last year on the whistleblowers - please stand up for our veterans. Thank you.

###

Sledge spoke with Saker and said he would work on the query. In our call a short time ago, he noted

that leadership is meeting tomorrow morning to provide information on the allegations made in the email. Sledge stated to us that the mercury and kitchen are two separate issues (the mercury issue was remediated and the area reopened by mid- November and mercury was not detected in the kitchen area). The other allegations regarding patient care are being reviewed, but do not appear to be accurate. Sledge will prepare a response for Saker after Wednesday's morning meeting with leadership.

Facility leadership is also planning to hold an employee town hall to discuss the ongoing temporary closure of the kitchen on Thursday.

We will route the PAOs proposed response as soon as we receive it, likely late tomorrow morning or early afternoon. PAO is aware that he is not to move forward on providing the response to Saker until it is reviewed. He wants to provide Saker with a response prior to the employee town hall on Thursday.

I have included a copy of the most current IB regarding the kitchen.

Semper Fi,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Providing Department of Veterans Affairs public affairs support in Illinois (except East Moline, Marion, Mound City), Indiana (except Evansville), Michigan, Ohio and Wisconsin (except Superior)

Suicide Prevention is Everyone's Business. [#BeThere](#)



From: [REDACTED]
To: [Hutton, James](#); [REDACTED]
Cc: [Cashour, Curtis](#)
Subject: RE: Buffalo VAMC Sterilization Issue
Date: Wednesday, August 16, 2017 10:47:21 AM
Attachments: [RE Buffalo VAMC Sterilization Issue.msg](#)
[image001.png](#)

According to the VAMC Director last night, it was sent.

From: Hutton, James
Sent: Wednesday, August 16, 2017 10:44 AM
To: [REDACTED]
Cc: Cashour, Curtis
Subject: FW: Buffalo VAMC Sterilization Issue

Please confirm that this statement was delivered.

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Tuesday, August 15, 2017 6:56 PM
To: [REDACTED]; Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Ulyot, John; [REDACTED]; [REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

Yes. Thank you.



From: [REDACTED]
Sent: Tuesday, August 15, 2017 6:55 PM

To: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED], James; Ulyot, John; [REDACTED]

Subject: RE: Buffalo VAMC Sterilization Issue

Adding our PAO.

Evangeline, are you set?

-----Original Message-----

From: Hutton, James

Sent: Tuesday, August 15, 2017 05:32 PM Eastern Standard Time

To: [REDACTED]; Cashour, Curtis; [REDACTED]

Cc: [REDACTED]; Ulyot, John; [REDACTED],
[REDACTED]

Subject: RE: Buffalo VAMC Sterilization Issue

Please execute the approved statement highlighted below.

James Hutton

Executive Director, Public Affairs

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: [@jehutton](https://twitter.com/jehutton)

VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]

Sent: Tuesday, August 15, 2017 5:04 PM

To: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]

Cc: [REDACTED]

Subject: RE: Buffalo VAMC Sterilization Issue

Hold on a second...

Out of respect for our doctors who spent an hour hashing this out, let me make sure they are comfortable with this and that it is factually accurate. For example, we put the approximate number of "500" because that number may go up or down. This is their business, let's keep them in control of it.

Linda

From: [REDACTED]
Sent: Tuesday, August 15, 2017 4:14 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

Mark – Please send this to the reporter (from the correct PAO):

VA is notifying 526 Veterans who had a scope procedure at the facility. During a recent review of the disinfection process it was noted that repetitive steps listed by manufacturer's instructions may not have been followed in some cases by an employee. The employee was immediately relieved from the position.

VA is notifying this group of Veterans and offering free screening. Notification does not mean Veterans were infected and the risk of infection is very low. In fact, evidenced based data of previous nationwide studies shows no transmission of infection occurring due to improper cleaning of medical scopes.

James Hutton
Executive Director, Public Affairs
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Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Tuesday, August 15, 2017 1:24 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: FW: Buffalo VAMC Sterilization Issue

All – sending the recommended response from VHA regarding this issue.

Mr. Hippolit – can you take a look to see if there are any legal objections?

James / Curt – for your review and approval.

Once this is done, we'll ask the facility to respond to the reporter.

v/r

Mark

VA Western New York Healthcare System is in the process of notifying approximately 500 veterans about a possible issue involved primarily with colonoscopies they received at the facility within the last two and a half years. During a recent review of the disinfection process, it was discovered that manufacturer's recommendations may not have been followed in all cases.

VA Western New York Healthcare System is notifying this select group of veterans and offering free screening for possible infection. While the risk of infection is very low, out of an abundance of caution, we are taking extra steps to be certain.

We want to assure veterans, families and the public, these review practices are in place to protect veterans. VA Western New York Healthcare System is committed to providing the care and benefits veterans have earned and deserve.

From: [REDACTED]
Sent: Tuesday, August 15, 2017 12:19 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED] Cashour, Curtis; [REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

All, the below RTQ has been approved by local leadership in response to Buffalo News query. Please review and advise when PAO can send forward to the reporter.

V/r,

Jim

VA Western New York Healthcare System is notifying over 500 veterans who had a scope procedure at the facility about a possible issue that may have occurred. During a recent review of the disinfection process, where equipment is cleaned and disinfected, repetitive steps suggested by manufacturer's recommendations may not have been followed in some cases by an individual. This employee was immediately removed from the position.

VA Western New York Healthcare System is notifying this select group of veterans and offering free screening for possible infection. Notification does not mean veterans were subject to equipment that wasn't disinfected correctly or that they are infected, but we are taking extra steps to be certain. While the risk of infection is very low, we believe in true transparency and are offering screenings to any of these veterans who would like to be tested.

We want to assure veterans, families and the public, these review practices are in place to protect veterans. VA Western New York Healthcare System is committed to providing the care and benefits veterans have earned and deserve.

BACKGROUND:

VA has a robust patient safety program. Part of its mission is to let veterans know about any potential concern regarding their care. Evidenced based data of nationwide studies show no transmission of infection due to improper cleaning of medical scopes. However, though minimal, there remains a potential for the possible transmission of infection. Our focus remains on ensuring the maximized benefit for our veterans.

From: [REDACTED]
Sent: Tuesday, August 15, 2017 8:06 AM
To: Hutton, James
Cc: [REDACTED]; Cashour, Curtis
Subject: Buffalo VAMC Sterilization Issue

James,

Re-visiting this report from two weeks ago regarding the medical scopes issue in Buffalo.

A Buffalo News reporter has now asked about the situation. Unfortunately, at this point, the facility has not completed notifications of Veterans who may potentially be affected. The attached IB provides a timeline.

The facility is getting approval from their leadership for the below statement:

VA Western New York Healthcare System is notifying 526 Veterans who had a scope procedure at the facility. During a recent review of the disinfection process, it was noted, although equipment was cleaned and disinfected, repetitive steps suggested by manufacturer's instructions, may not have been followed in some cases by an individual. This employee was immediately removed from the position.

VA Western New York Healthcare System is notifying this select group of Veterans that may have been affected, and offered free screening for possible infection. Notification does not mean Veterans were infected, but we are taking extra steps to be certain. While we believe the risk of infection is very low, we are offering tests to Veterans who want to be tested.

We want to assure Veterans, families and the public, these review practices are in place to protect Veterans. VA Western New York Healthcare System is committed to providing the care and benefits Veterans have earned and deserve.

BACKGROUND:

VA's policy and practice of having a robust patient safety program is to let Veterans know about any potential concern regarding their care. Although there is a potential of transmission of infection, such as Hepatitis A, Hepatitis C or Human Immunodeficiency Virus, it is minimal. Evidenced based data of previous nationwide studies shows no transmission of

infection occurring due to improper cleaning of medical scopes.

A previous patient safety issue identified at VA Western New York Healthcare System of improper use of the insulin pen, resulted in nationwide patient safety alerts, and change in practice within VA for inpatient use. In addition, no new infectious disease transmissions were identified as a result of testing Veterans affected at that time.

From: [REDACTED]
Sent: Wednesday, August 02, 2017 3:31 PM
To: Hutton, James
Cc: [REDACTED]
Subject: Potential National Stories

- VA Buffalo: Worked with PAO on crafting RTQ statement on the **medical scopes issue**. Also, U.S. Rep. Chris Collins (R-NY) was scheduled to visit the system's Batavia campus today. (JB)

From: [REDACTED]
To: [REDACTED]; [Hutton, James](#); [REDACTED]; [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]; [Ullyot, John](#); [REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue
Date: Tuesday, August 15, 2017 6:55:35 PM

Message sent

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, August 15, 2017 05:54 PM Central Standard Time
To: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Ullyot, John; [REDACTED],
[REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

Adding our PAO.

Evangeline, are you set?

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From: Hutton, James
Sent: Tuesday, August 15, 2017 05:32 PM Eastern Standard Time
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Ullyot, John; [REDACTED],
[REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

Please execute the approved statement highlighted below.

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]

Sent: Tuesday, August 15, 2017 5:04 PM
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Cc: [REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

Hold on a second...

Out of respect for our doctors who spent an hour hashing this out, let me make sure they are comfortable with this and that it is factually accurate. For example, we put the approximate number of "500" because that number may go up or down. This is their business, let's keep them in control of it.

Linda

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Sent: Tuesday, August 15, 2017 4:14 PM
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Cc: [REDACTED]
Subject: RE: Buffalo VAMC Sterilization Issue

Mark – Please send this to the reporter (from the correct PAO):

VA is notifying 526 Veterans who had a scope procedure at the facility. During a recent review of the disinfection process it was noted that repetitive steps listed by manufacturer's instructions may not have been followed in some cases by an employee. The employee was immediately relieved from the position.

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VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

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Cc: [REDACTED]
Subject: FW: Buffalo VAMC Sterilization Issue

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Mr. Hippolit – can you take a look to see if there are any legal objections?

James / Curt – for your review and approval.

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v/r
Mark

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Sent: Tuesday, August 15, 2017 12:19 PM
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Cc: [REDACTED] Cashour, Curtis; [REDACTED]
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From: [REDACTED]
Sent: Tuesday, August 15, 2017 8:06 AM
To: Hutton, James
Cc: [REDACTED]; Cashour, Curtis
Subject: Buffalo VAMC Sterilization Issue

James,

Re-visiting this report from two weeks ago regarding the medical scopes issue in Buffalo.

A Buffalo News reporter has now asked about the situation. Unfortunately, at this point, the facility has not completed notifications of Veterans who may potentially be affected. The attached IB provides a timeline.

The facility is getting approval from their leadership for the below statement:

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From: [REDACTED]
Sent: Wednesday, August 02, 2017 3:31 PM
To: Hutton, James
Cc: [REDACTED]
Subject: Potential National Stories

- VA Buffalo: Worked with PAO on crafting RTQ statement on the **medical scopes issue**. Also, U.S. Rep. Chris Collins (R-NY) was scheduled to visit the system's Batavia campus today. (JB)

From: Noller, Randal
To: [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta
Date: Thursday, January 18, 2018 1:17:28 PM
Attachments: [image001.png](#)

Good deal – BUT – Schrade has a history of being somewhat...negative when it comes to VA.
His story will publish BEFORE the upcoming meeting (next Tuesday.)
My concern is that if we don't provide an appropriate response that is satisfactory to him, whatever he writes could effectively "sabotage" the meeting and create problems that don't need to exist.

Written response is fine but if he pushes for an interview, I'd give it to him.

Randy

From: Cashour, Curtis
Sent: Thursday, January 18, 2018 1:14 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta

Donna is working on a written response.

Mark/Tom - Can you please have someone take a picture of the poster at the Atlanta VAMC ASAP so we can share with the reporter?

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, January 18, 2018 12:49 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta

Oh, good Lord. Thank you for your truths. ☺

So the answer to the reporter is this is *not* true. Posters are provided and available at all VA medical centers.

From: [REDACTED]
Sent: Thursday, January 18, 2018 12:45 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta

It is true that a reporter from an Atlanta newspaper has contacted VBA with this query.

It is true that Donna Stratford at VBA has the lead for this interview.

It is true that both VHA and VBA have made major efforts to distribute information and materials on Camp Lejeune to MC's and RO's to post and distribute to Veterans and their families.

It is true that some individuals have complained that we are not doing enough.

It is true that my office is regularly in touch with CL Veterans who ask about these materials availability.

It is true that my office has helped MC's get their materials posted and distributed.

It is true that VHA and VBA have assembled a team to participate in the Tuesday, 23 January CAP meeting in Atlanta at the invitation of ATSDR and the CAP.

It is true that VHA and VBA regularly send a team to such CAP events throughout the year.

From: [REDACTED]
Sent: Thursday, January 18, 2018 12:38 PM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta

Adding Drs. Erickson and Hastings and others to help us. Is this true?

VHA Team: Reporter is working on a story about the progress in notifying and offering benefits to Camp Lejeune veterans regarding the water contamination. The Camp Lejeune Community Assistance Panel is meeting next Tuesday at the CDC in Atlanta. There are veterans who believe not enough is being done to educate veterans about the problem and benefits available. **Some vets say VA medical centers, including VAMC Atlanta, is not posting posters and communication through internal billboard systems about the problem and benefits available.**

From: Cashour, Curtis
Sent: Thursday, January 18, 2018 11:52 AM
To: [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta

+ [REDACTED].

[REDACTED] – please scroll to the bottom and note the highlights. Any truth?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
@curtcashour

From: [REDACTED]
Sent: Thursday, January 18, 2018 11:32 AM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: FW: Camp Lejeune CAP meeting in Atlanta

Curt,

‘Recommend doing this one. I’m told we’re “squeaky clean” on this issue, having gone to almost extreme lengths to make sure Vets are notified and informed. Posters, Web sites, mailings, etc. etc.

We also have a long history of Donna Stratford and Loren Erickson (and Brad Flohr until recently) attending and presenting at these meetings. They have rapport with the attendees.

There’s no need to get beaten up by Schrade for something we don’t deserve – and can demonstrate that.

Randy

From: [REDACTED]
Sent: Thursday, January 18, 2018 11:26 AM
To: [REDACTED]
Subject: FW: Camp Lejeune CAP meeting in Atlanta

From: [REDACTED]
Sent: Thursday, January 18, 2018 7:51 AM
To: Cashour, Curtis; [REDACTED]
Subject: RE: Camp Lejeune CAP meeting in Atlanta

Curt,

I’d be happy to do an interview on this subject and will be attending the meeting. Here is a listing of what has been done to date. This will be presented at the meeting.



Donna

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Wednesday, January 17, 2018 4:49 PM
To: [REDACTED]
Subject: FW: Camp Lejeune CAP meeting in Atlanta

Please let me know what your recommended response are to the below?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Wednesday, January 17, 2018 4:33 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Camp Lejeune CAP meeting in Atlanta

Hi Curt,

Hope you're well.

I'm working on a story about the progress in notifying and offering benefits to Camp Lejeune veterans regarding the water contamination. The Camp Lejeune Community Assistance Panel is meeting next Tuesday at the CDC in Atlanta. There are veterans who believe not enough is being done to educate

veterans about the problem and benefits available. Some vets say VA medical centers, including VAMC Atlanta, is not posting posters and communication through internal billboard systems about the problem and benefits available.

I'm publishing a story this weekend looking at the issue and previewing the meeting.

Can you make someone available on Thursday to talk with me by phone about the issue? I'm trying to get a handle on what, if anything, VA has done in the past couple years to get the word out and figures available regarding the benefits and treatment offered to Camp Lejeune veterans.

Thanks,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Cc: [Ulyot, John](#)
Subject: RE: CBS News question
Date: Thursday, November 09, 2017 4:06:48 PM

Curt,

My PAO is telling me she has numerous media on hold asking questions and VACO is not answering phone (according to them).

Thoughts?

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Thursday, November 09, 2017 3:29 PM
To: [REDACTED]
Subject: FW: CBS News question

Larry – please see below from CBS Evening News. Is the below still accurate?

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

You would have to ask the inspector general regarding possible reviews, but, as always, we welcome the IG's oversight.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, November 09, 2017 3:14 PM
To: Hutton, James; VA Public Affairs
Subject: [EXTERNAL] CBS News question

Hi James. I was wondering if you can help me confirm a report from a local TV station that the Washington DC VA Medical Center was forced to postpone surgeries recently because of questions about the safety of some surgical instruments. If that is true, what is the current status of surgeries at the DC VA? I contacted the DC VA press office directly, but I was referred to your office for comment.

I'm on deadline for tonight's CBS Evening News, so I would appreciate a reply by 5pm ET.

Thanks,

[REDACTED]
[REDACTED]
[REDACTED]

From: [Ullyot, John](#)
To: [REDACTED] [Cashour, Curtis](#); [REDACTED]
Cc: [Hutton, James](#); [REDACTED] [Wagner, John \(Wolf\)](#)
Subject: Re: Circling back..
Date: Tuesday, August 01, 2017 1:58:04 PM
Attachments: [image001.gif](#)

+ Jake/Wolf

Let's rephrase the first sentence as follows:

On July 28, VA removed former Washington DC VA Medical Center Director Brian Hawkins from his position for [insert reason here], and he is no longer employed by VA. This action underscores VA's commitment to holding all employees accountable if they fail to uphold VA's standards or values.

Please advise.

Thanks,

John U.

From: [REDACTED]
Date: Tuesday, August 1, 2017 at 1:50 PM
To: Curt Cashour <Curt.Cashour@va.gov>, [REDACTED]
Cc: "Hutton, James" <James.Hutton@va.gov>, [REDACTED], [REDACTED]
Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>
Subject: RE: Circling back..

Brigitte please provide the cause for removal from the decision.

Thank you.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

-----Original Message-----

From: Cashour, Curtis

Sent: Tuesday, August 01, 2017 01:48 PM Eastern Standard Time

To: [REDACTED]

Cc: Hutton, James; [REDACTED] Ulliyot, John

Subject: RE: Circling back..

Ok. Can we tell the press something like the below? If someone could fill in the highlighted portion I would appreciate it. Thanks - Curt

On July 28, 2017, VA fired former Washington DC VA Medical Center Director Brian Hawkins for [insert reason here]. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains Washington DC VA Medical Center's acting director. Under Connell's leadership, the facility has undergone a host of recent improvements, including:

<!--[if !supportLists]--> <!--[endif]-->Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.

<!--[if !supportLists]--> <!--[endif]-->Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.

- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.

<!--[if !supportLists]--> <!--[endif]-->Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.

<!--[if !supportLists]--> <!--[endif]-->Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, August 01, 2017 1:39 PM
To: Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Ullyot, John
Subject: RE: Circling back..

Mr. Hawkins' removal was effective Friday, July 28th.

Thanks –

[REDACTED]
[REDACTED]
[REDACTED]

This e-mail (including any attachments) may contain information that is private, confidential, or protected by attorney-client or other privilege. If you received this e-mail in error, you are notified that any disclosure, copying, distribution, or use of the information contained herein (including any reliance thereon) is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and destroy the e-mail and any attachments.

From: Cashour, Curtis
Sent: Tuesday, August 01, 2017 12:57 PM
To: [REDACTED]; Ullyot, John; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Circling back..

Any update here? An IG report re: Hawkins was just released today:
<https://www.va.gov/oig/pubs/VAOIG-15-01119-315.pdf>

It found he violated VA policy and recommended VA consider disciplinary action:

From the report

We concluded that Mr. Hawkins violated VA policy by sending VA sensitive information and SPI to his, as well as his spouse's unsecured, private email accounts. Mr. Hawkins confirmed that he used his VA-assigned email account to send VA sensitive information to his spouse on a number of occasions, but he could not recall the exact number of times he did so. When issued a subpoena instructing him to produce communications he sent from his VA-assigned

email account to non-VA, private email accounts, Mr. Hawkins refused to produce those he sent to his spouse's private email account. He claimed these emails were protected under spousal privilege. VA policy states that VA email is for official use only and there is no expectation of privacy or confidentiality. It does not contain any communication exclusions, privileged or otherwise.

Recommendation: We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Mr. Hawkins.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, July 28, 2017 11:02 AM
To: Ulliyot, John; [REDACTED]; Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Subject: RE: Circling back..
Importance: High

Late-breaking legal issue – no communication should go out until it's resolved, which may not be today.

From: Ulliyot, John
Sent: Thursday, July 27, 2017 1:47 PM
To: [REDACTED] Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Subject: Re: Circling back..

Understood — we will hold on any communication until we get the green light from OGC

Thanks,

John U.

From: [REDACTED]
Date: Thursday, July 27, 2017 at 1:34 PM
To: [REDACTED] >, Curt

Cashour <Curt.Cashour@va.gov>

Cc: "Hutton, James" <James.Hutton@va.gov>, Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>, "[REDACTED]"

Subject: RE: Circling back..

It is imperative that any announcement occur AFTER the document is physically in Mr. Hawkins' hands. If we aren't certain that will happen this afternoon, the announcement must hold until it is done.

From: [REDACTED]

Sent: Thursday, July 27, 2017 1:27 PM

To: [REDACTED] Cashour, Curtis

Cc: Hutton, James; Ulyot, John; [REDACTED]

Subject: RE: Circling back..

Good afternoon,

I confirmed that the effective date listed in the letter is tomorrow July 28th. While Dr. LaPuz has scheduled a time to deliver the decision today, it is my understanding that Mr. Hawkins has not responded to any attempts to contact him. At this time, we do not know if Mr. Hawkins will actually appear at 4pm to receive the decision. If he does not, then the decision letter will be sent to Mr. Hawkins' home address, email, and to his attorneys via mail and fax.

If Mr. Hawkins does not appear at 4pm today and a statement is immediately issued, we also run the risk of Mr. Hawkins learning of the decision from the media as opposed to from Dr. Lapuz. We also need enough time to ensure that a copy of the decision has been effectively delivered to Mr. Hawkins prior to any statement going out. I am happy to discuss further today if necessary.

Thank you,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]

Sent: Thursday, July 27, 2017 12:53 PM

To: Cashour, Curtis

Cc: Hutton, James; Ulyot, John; [REDACTED], [REDACTED]

Subject: RE: Circling back..

Good afternoon,

We would not recommend announcing Mr. Hawkins' termination before it is effective – and my understanding is that his removal will be effective COB tomorrow?

I am also concerned about the detail you intend to provide regarding the changes at DCVAMC. The level of detail in this draft will negatively impact our defense of the likely litigation the VA will have in defending this removal.

Could we consider a different tone regarding this announcement with much less detail? I'd be happy to participate in a call to further discuss my concerns if needed.

Thank you –



Tel: [REDACTED]

Email:

Address: 810 Vermont Avenue, NW, Mail Stop 028, Washington, DC 20420

This e-mail (including any attachments) may contain information that is private, confidential, or protected by attorney-client or other privilege. If you received this e-mail in error, you are notified that any disclosure, copying, distribution, or use of the information contained herein (including any reliance thereon) is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and destroy the e-mail and any attachments.

From: Cashour, Curtis

Sent: Thursday, July 27, 2017 12:18 PM

To: [REDACTED]

Cc: Hutton, James; Ulliyot, John

Subject: RE: Circling back..

We didn't announce his proposed removal, we just announced he had been proposed for disciplinary action. Would like to be able to say something like the below today at 4:01 p.m:

Today, VA fired former Washington DC VA Medical Center Director Brian Hawkins for [insert reason here]. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains Washington DC VA Medical Center's acting director. Under Connell's leadership, the facility has undergone a host of recent improvements, including:

<!--[if !supportLists]--> <!--[endif]-->Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.

<!--[if !supportLists]--> <!--[endif]-->Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.

- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.

<!--[if !supportLists]--> <!--[endif]-->Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.

<!--[if !supportLists]--> <!--[endif]-->Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, July 27, 2017 12:15 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

Curt,

I would prefer to say the least in this situation. There is already a legal team hired by Mr. Hawkins and this will definitely go to a third party or even to court. How do you prefer to handle this from the Public Affairs stand point? Thanks,

From: [REDACTED]
Sent: Thursday, July 27, 2017 11:07 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulliot, John
Subject: RE: Circling back..

I believe we announced that he had received a proposed removal. If we want to announce now that a final decision has been made to remove him, we need to time that announcement to occur AFTER he receives the decision letter. We will need to include in the announcement an explanation as to why we used the traditional removal process with full MSPB appeal rights rather than the new accountability authorities, and what his appeal rights are, including timeframes. Bridget Frantz from Peter's team and Iris Barber from our Personnel Law Group can assist Dr. Lapuz in crafting an appropriate statement.

There is litigation risk associated with publicly announcing an individual's termination. Given how much detail we've already announced about this individual, however, the additional risk associated with this announcement is just additive and incremental.

From: Cashour, Curtis
Sent: Thursday, July 27, 2017 9:11 AM
To: [REDACTED]
Cc: Hutton, James; Ulliot, John
Subject: RE: Circling back..

Thanks. Adding Meghan.

Meghan – Please see below. What can we say to the press and when can we say it?

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, July 27, 2017 8:12 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulliot, John
Subject: RE: Circling back..

Termination decision will be handed personally to Mr. Hawkins today at 4PM. Thanks,

From: Cashour, Curtis

Sent: Wednesday, July 26, 2017 6:47 PM
To: [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: FW: Circling back..

Just checking to see if there is an update on Brian Hawkins.

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, July 26, 2017 6:20 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Circling back..

No hurry.. but gonna check on an update on the discipline case of Brian Hawkins before Friday at 9am. I'm keeping day available... just in case you get something

[REDACTED]

Reporter

Description: NBC4



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [Cashour, Curtis](#)
To: [REDACTED]
Cc: [Hutton, James](#); [Ulliyot, John](#)
Subject: RE: Circling back..
Date: Thursday, July 27, 2017 12:18:26 PM
Attachments: [image001.gif](#)

We didn't announce his proposed removal, we just announced he had been proposed for disciplinary action. Would like to be able to say something like the below today at 4:01 p.m:

Today, VA fired former Washington DC VA Medical Center Director Brian Hawkins for [insert reason here]. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains Washington DC VA Medical Center's acting director. Under Connell's leadership, the facility has undergone a host of recent improvements, including:

- - Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.
 - Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.
 - In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.
 - Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.
- - Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388

Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, July 27, 2017 12:15 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

Curt,

I would prefer to say the least in this situation. There is already a legal team hired by Mr. Hawkins and this will definitely go to a third party or even to court. How do you prefer to handle this from the Public Affairs stand point? Thanks,

From: [REDACTED]
Sent: Thursday, July 27, 2017 11:07 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

I believe we announced that he had received a proposed removal. If we want to announce now that a final decision has been made to remove him, we need to time that announcement to occur AFTER he receives the decision letter. We will need to include in the announcement an explanation as to why we used the traditional removal process with full MSPB appeal rights rather than the new accountability authorities, and what his appeal rights are, including timeframes. Bridget Frantz from Peter's team and Iris Barber from our Personnel Law Group can assist Dr. Lapuz in crafting an appropriate statement.

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Sent: Thursday, July 27, 2017 9:11 AM
To: [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

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From: [REDACTED]
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Cc: Hutton, James; Ulyot, John
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Cc: Hutton, James; Ulyot, John
Subject: FW: Circling back..

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Thanks,

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From: [REDACTED]
Sent: Wednesday, July 26, 2017 6:20 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Circling back..

No hurry.. but gonna check on an update on the discipline case of Brian Hawkins before Friday at 9am. I'm keeping day available... just in case you get something

[REDACTED]
Reporter

Description: NBC4



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [Ulyot, John](#)
To: [REDACTED] [Cashour, Curtis](#)
Cc: [Hutton, James](#); [REDACTED]
Subject: Re: Circling back..
Date: Thursday, July 27, 2017 1:47:10 PM
Attachments: [image001.gif](#)

Understood — we will hold on any communication until we get the green light from OGC

Thanks,

John U.

From: [REDACTED]
Date: Thursday, July 27, 2017 at 1:34 PM
To: [REDACTED] Curt
Cashour <Curt.Cashour@va.gov>
Cc: "Hutton, James" <James.Hutton@va.gov>, Department of Veterans Affairs Department of
Veterans Affairs <john.ulyot@va.gov>, "[REDACTED]"
[REDACTED]
Subject: RE: Circling back..

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Subject: RE: Circling back..

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Thank you,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, July 27, 2017 12:53 PM
To: Cashour, Curtis
Cc: Hutton, James; Ulliot, John; [REDACTED],
[REDACTED]
Subject: RE: Circling back..

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Could we consider a different tone regarding this announcement with much less detail? I'd be happy to participate in a call to further discuss my concerns if needed.

Thank you –

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Address: 810 Vermont Avenue, NW, Mail Stop 028, Washington, DC 20420

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Cc: Hutton, James; Ulyot, John
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Curt Cashour
Press Secretary
Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, July 27, 2017 12:15 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

Curt,

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From: [REDACTED]
Sent: Thursday, July 27, 2017 11:07 AM
To: Cashour, Curtis; [REDACTED].
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

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To: [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

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Press Secretary

Department of Veterans Affairs
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From: [REDACTED]
Sent: Thursday, July 27, 2017 8:12 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

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Sent: Wednesday, July 26, 2017 6:47 PM
To: [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: FW: Circling back..


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Thanks,

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Press Secretary
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From: [REDACTED]
Sent: Wednesday, July 26, 2017 6:20 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Circling back..

No hurry.. but gonna check on an update on the discipline case of Brian Hawkins before Friday at 9am. I'm keeping day available... just in case you get something

[REDACTED]
Reporter
Description: NBC4


[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#);
Cc: [Hutton, James](#); [REDACTED]; [Ulyot, John](#); [REDACTED]
Subject: RE: Circling back..
Date: Wednesday, August 02, 2017 10:04:29 AM
Attachments: [image001.gif](#)

All take this off email and let me manage this.

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, August 02, 2017 09:20 AM Eastern Standard Time
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]; Ulyot, John; [REDACTED]
Subject: RE: Circling back..

Just realized I didn't hit send on this last night...

As Paula stated, VHA and CSEMO are working together to execute the action expeditiously, weighing all of the options and taking into consideration the best way ahead for the department and the candidate. The hiring authority must be determined first and included in what 's provided to OPM for review.

From: [REDACTED]
Sent: Wednesday, August 02, 2017 9:17 AM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]; Ulyot, John; [REDACTED]
Subject: RE: Circling back..

Looping in VA Chief of Staff, who has been on a separate e-mail string.

Many thanks,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, August 01, 2017 5:50 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED] Ulyot, John; [REDACTED]
Subject: RE: Circling back..

So who will take the lead in expediting this procedure? I'm willing to volunteer and work the traps if necessary.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, August 01, 2017 05:16 PM Eastern Standard Time
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED] Ulyot, John; [REDACTED]
Subject: RE: Circling back..

All,

OPM reviews the proposed hiring of all individuals who have held political positions within the past 5 years. So, regardless of the hiring authority used, OPM will need to review the appointment, before it can be effected and essentially approve it.

I've pasted the statement from the OPM policy below; the full memo can be found here:
<https://www.chcoc.gov/content/political-appointees-and-career-civil-service-positions-0>

Pursuant to our oversight authority under section 1104(b)(2) of title 5, United States Code (U.S.C.) and section 5.2 of title 5, Code of Federal Regulations, OPM requires agencies to seek our approval prior to appointing any current or recent political appointee to a competitive, career senior executive, or non-political excepted service position, at any level, under the provisions of 5 U.S.C. A former or recent political appointee is someone who held a political appointment covered by OPM's policy within the previous five-year period. OPM's oversight in this area safeguards merit system principles and assures fair and open competition free from political influence.

In no case may an agency make [such] an appointment without written authorization from OPM...

[REDACTED]

From: [REDACTED]
Sent: Tuesday, August 01, 2017 5:00 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED],
[REDACTED]
Cc: Hutton, James; [REDACTED]; Ulliot, John; [REDACTED],
[REDACTED]
Subject: RE: Circling back..

We are in dialog with CSEMO about how best to carry out the Secretary's intention with minimal delay. I know that our Chief of Staff will also want to ensure the Secretary is protected from anything that might place a shadow over this important step forward, and I don't want to create a vulnerability for Larry in his new role. OPM has very strict rules about how political appointees are moved to career positions to avoid the appearance of "burrowing in."

We will make this happen.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, August 01, 2017 4:56 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]);
[REDACTED]
Cc: Hutton, James; [REDACTED]; Ulliot, John; [REDACTED],
[REDACTED]
Subject: RE: Circling back..

I fully concur with Jake. This is the ideal opportunity for VA to exercise our new direct hire authority under the Accountability and Whistleblower legislation.

Peter

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, August 01, 2017 04:50 PM Eastern Standard Time
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED] Wagner, John (Wolf); [REDACTED]; Ullyot, John;
[REDACTED]
Subject: RE: Circling back..

This is old VA thinking that I continue to hear the Secretary call us out on. Larry has been endorsed by senior VHA leadership as well as a preponderance of DCVA employees. We should make permanent and celebrate his position as agreed by the Secretary in a meeting this afternoon.

From: [REDACTED]
Sent: Tuesday, August 01, 2017 4:11 PM
To: [REDACTED] Cashour, Curtis; [REDACTED]
Cc: Hutton, [REDACTED]; Wagner, John (Wolf); [REDACTED] Ullyot, John; [REDACTED]
Subject: RE: Circling back..

All,

Because Larry is currently a political appointee, I don't believe we can appoint him using the new authority without a review from OPM.

Tia

From: [REDACTED]
Sent: Tuesday, August 01, 2017 3:58 PM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED] Wagner, John (Wolf); Frantz, [REDACTED] Ullyot, John; [REDACTED]
Subject: RE: Circling back..

Adding Jessica, Paula from VHA and Tia from CSEMO to speak to the authority VHA is using to make Larry Connell permanent. OGC has no involvement in or visibility over that action, so I really can't say whether it's accurate to report that he is now the permanent Director.

As far as publically announcing the specific reasons for an individual's termination, there is always some element of legal and political risk, particularly when the decision has not yet been appealed. Iris, Brigitte and Peter are in a better position than I am to assess whether this action is likely to withstand appeal, or whether releasing this level of detail about the action will exacerbate weaknesses that may exist in our case. There is also always the possibility that the individual will sue VA for violating his rights under the Privacy Act. Whether such a suit would be viable in this case is hard to say.

It's my job to identify the legal risks, which I've just done. It's the Secretary's job to decide whether he's ok with those risks and wants, in the interest of transparency and of owning the narrative, to

disclose this level of detail.

From: Cashour, Curtis

Sent: Tuesday, August 01, 2017 3:47 PM

To: [REDACTED]

Cc: Hutton, James; [REDACTED]; Wagner, John (Wolf); [REDACTED] Ulliot, John; [REDACTED]

Subject: RE: Circling back..

Meghan – are you OK with the below? We want to make sure it's OK to list the reasons for firing and that we are correctly using a direct hiring authority to make Larry Connell permanent.

On July 28, 2017, VA fired former Washington DC VA Medical Center Director Brian Hawkins for failure to exercise effective oversight, failure to follow instructions, failure to follow policy, and lack of candor. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Today, we are announcing that Lawrence B. Connell will serve as the Washington DC VA Medical Center's permanent director. Under Connell's leadership, the facility has undergone a host of recent improvements, including:

- Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.
- Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.
- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.
- Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.
- Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting

director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Cashour, Curtis
Sent: Tuesday, August 01, 2017 2:29 PM
To: [REDACTED]; Ulliyot, John; [REDACTED]
Cc: Hutton, James; [REDACTED]; Wagner, John (Wolf)
Subject: RE: Circling back..

OK. How about the below? One caveat: I recommend we say we fired him, as the term removal is confusing, considering we initially removed Hawkins from his position as director and detailed him to another job and also the fact that we have removed the director and CoS in Manchester from their positions, pending the outcome of the review there.

On July 28, VA removed former Washington DC VA Medical Center Director Brian Hawkins from his position for failure to exercise effective oversight, failure to follow instructions, failure to follow policy, and lack of candor. Hawkins is no longer employed by VA. This action underscores VA's commitment to holding all employees accountable if they fail to uphold VA's standards or values.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, August 01, 2017 2:23 PM
To: Ulliyot, John; [REDACTED] Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]; Wagner, John (Wolf)
Subject: RE: Circling back..

There were in the removal. They were: Failure to exercise effective oversight, failure to follow instructions, failure to follow policy, and lack of candor. I would recommend perhaps a more general "failure to provide effective leadership at the medical center" which accurately summarizes the

charges.

Thanks,

[REDACTED]

From: Ulliyot, John

Sent: Tuesday, August 01, 2017 1:58 PM

To: [REDACTED] Cashour, Curtis; [REDACTED]

Cc: Hutton, James; [REDACTED]

Wagner, John (Wolf)

Subject: Re: Circling back..

+ Jake/Wolf

Let's rephrase the first sentence as follows:

On July 28, VA removed former Washington DC VA Medical Center Director Brian Hawkins from his position for [insert reason here], and he is no longer employed by VA. This action underscores VA's commitment to holding all employees accountable if they fail to uphold VA's standards or values.

Please advise.

Thanks,

John U.

From: "[REDACTED]" <[REDACTED]>

Date: Tuesday, August 1, 2017 at 1:50 PM

To: Curt Cashour <Curt.Cashour@va.gov>, "[REDACTED]"

Cc: "Hutton, James" <James.Hutton@va.gov>, [REDACTED], [REDACTED]

[REDACTED]

Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>

Subject: RE: Circling back..

[REDACTED] please provide the cause for removal from the decision.

Thank you.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

-----Original Message-----

From: Cashour, Curtis

Sent: Tuesday, August 01, 2017 01:48 PM Eastern Standard Time

To: [REDACTED]

Cc: Hutton, James; [REDACTED]; Ulliyot, John

Subject: RE: Circling back..

Ok. Can we tell the press something like the below? If someone could fill in the highlighted portion I would appreciate it. Thanks - Curt

On July 28, 2017, VA fired former Washington DC VA Medical Center Director Brian Hawkins for [insert reason here]. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains Washington DC VA Medical Center's acting director. Under Connell's leadership, the facility has undergone a host of recent improvements, including:

- Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.
- Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.
- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.
- Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.
- Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
Press Secretary
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202-461-7388
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From: [REDACTED]
Sent: Tuesday, August 01, 2017 1:39 PM
To: Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Ulyot, John
Subject: RE: Circling back..

Mr. Hawkins' removal was effective Friday, July 28th.

Thanks –

[REDACTED]
[REDACTED]
[REDACTED]

This e-mail (including any attachments) may contain information that is private, confidential, or protected by attorney-client or other privilege. If you received this e-mail in error, you are notified that any disclosure, copying, distribution, or use of the information contained herein (including any reliance thereon) is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and destroy the e-mail and any attachments.

From: Cashour, Curtis
Sent: Tuesday, August 01, 2017 12:57 PM
To: [REDACTED]; Ulyot, John; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Circling back..

Any update here? An IG report re: Hawkins was just released today:
<https://www.va.gov/oig/pubs/VAOIG-15-01119-315.pdf>

It found he violated VA policy and recommended VA consider disciplinary action:

From the report

We concluded that Mr. Hawkins violated VA policy by sending VA sensitive information and SPI to his, as well as his spouse's unsecured, private email accounts. Mr. Hawkins confirmed that he used his VA-assigned email account to send VA sensitive information to his spouse on a number of occasions, but he could not recall the exact number of times he did so. When issued a subpoena instructing him to produce communications he sent from his VA-assigned

email account to non-VA, private email accounts, Mr. Hawkins refused to produce those he sent to his spouse's private email account. He claimed these emails were protected under spousal privilege. VA policy states that VA email is for official use only and there is no expectation of privacy or confidentiality. It does not contain any communication exclusions, privileged or otherwise.

Recommendation: We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Mr. Hawkins.

Curt Cashour
Press Secretary
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202-461-7388
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From: [REDACTED]
Sent: Friday, July 28, 2017 11:02 AM
To: Ulliyot, John; [REDACTED]; Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Subject: RE: Circling back..
Importance: High

Late-breaking legal issue – no communication should go out until it's resolved, which may not be today.

From: Ulliyot, John
Sent: Thursday, July 27, 2017 1:47 PM
To: [REDACTED]; Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Subject: Re: Circling back..

Understood — we will hold on any communication until we get the green light from OGC

Thanks,

John U.

From: [REDACTED]
Date: Thursday, July 27, 2017 at 1:34 PM
To: [REDACTED], Curt

Cashour <Curt.Cashour@va.gov>

Cc: "Hutton, James" <James.Hutton@va.gov>, Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>, [REDACTED]
[REDACTED]

Subject: RE: Circling back..

It is imperative that any announcement occur AFTER the document is physically in Mr. Hawkins' hands. If we aren't certain that will happen this afternoon, the announcement must hold until it is done.

From: [REDACTED]
Sent: Thursday, July 27, 2017 1:27 PM
To: [REDACTED]; Cashour, Curtis
Cc: Hutton, James; Ulyot, John; [REDACTED]
Subject: RE: Circling back..

Good afternoon,

I confirmed that the effective date listed in the letter is tomorrow July 28th. While Dr. LaPuz has scheduled a time to deliver the decision today, it is my understanding that Mr. Hawkins has not responded to any attempts to contact him. At this time, we do not know if Mr. Hawkins will actually appear at 4pm to receive the decision. If he does not, then the decision letter will be sent to Mr. Hawkins' home address, email, and to his attorneys via mail and fax.

If Mr. Hawkins does not appear at 4pm today and a statement is immediately issued, we also run the risk of Mr. Hawkins learning of the decision from the media as opposed to from Dr. Lapuz. We also need enough time to ensure that a copy of the decision has been effectively delivered to Mr. Hawkins prior to any statement going out. I am happy to discuss further today if necessary.

Thank you,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, July 27, 2017 12:53 PM
To: Cashour, Curtis
Cc: Hutton, James; Ulyot, John; [REDACTED]
[REDACTED]
Subject: RE: Circling back..

Good afternoon,

We would not recommend announcing Mr. Hawkins' termination before it is effective – and my understanding is that his removal will be effective COB tomorrow?

I am also concerned about the detail you intend to provide regarding the changes at DCVAMC. The level of detail in this draft will negatively impact our defense of the likely litigation the VA will have in defending this removal.

Could we consider a different tone regarding this announcement with much less detail? I'd be happy to participate in a call to further discuss my concerns if needed.

Thank you –

Tel: [REDACTED]

Email:

Address: 810 Vermont Avenue, NW, Mail Stop 028, Washington, DC 20420

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From: Cashour, Curtis

Sent: Thursday, July 27, 2017 12:18 PM

To: [REDACTED]

Cc: Hutton, James; Ulliyot, John

Subject: RE: Circling back..

We didn't announce his proposed removal, we just announced he had been proposed for disciplinary action. Would like to be able to say something like the below today at 4:01 p.m:

Today, VA fired former Washington DC VA Medical Center Director Brian Hawkins for [insert reason here]. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains Washington DC VA Medical Center's acting director. Under Connell's leadership, the facility has undergone a host of recent improvements, including:

- Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.
- Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.
- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.
- Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.
- Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
 Press Secretary
 Department of Veterans Affairs
 202-461-7388
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[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, July 27, 2017 12:15 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulyot, John
Subject: RE: Circling back..

Curt,

I would prefer to say the least in this situation. There is already a legal team hired by Mr. Hawkins and this will definitely go to a third party or even to court. How do you prefer to handle this from the Public Affairs stand point? Thanks,

From: [REDACTED]
Sent: Thursday, July 27, 2017 11:07 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulliot, John
Subject: RE: Circling back..

I believe we announced that he had received a proposed removal. If we want to announce now that a final decision has been made to remove him, we need to time that announcement to occur AFTER he receives the decision letter. We will need to include in the announcement an explanation as to why we used the traditional removal process with full MSPB appeal rights rather than the new accountability authorities, and what his appeal rights are, including timeframes. Bridget Frantz from Peter's team and Iris Barber from our Personnel Law Group can assist Dr. Lapuz in crafting an appropriate statement.

There is litigation risk associated with publicly announcing an individual's termination. Given how much detail we've already announced about this individual, however, the additional risk associated with this announcement is just additive and incremental.

From: Cashour, Curtis
Sent: Thursday, July 27, 2017 9:11 AM
To: [REDACTED]
Cc: Hutton, James; Ulliot, John
Subject: RE: Circling back..

Thanks. Adding Meghan.

Meghan – Please see below. What can we say to the press and when can we say it?

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
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[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Thursday, July 27, 2017 8:12 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; Ulliot, John
Subject: RE: Circling back..

Termination decision will be handed personally to Mr. Hawkins today at 4PM. Thanks,

From: Cashour, Curtis
Sent: Wednesday, July 26, 2017 6:47 PM
To: [REDACTED]

Cc: Hutton, James; Ulyot, John
Subject: FW: Circling back..

Just checking to see if there is an update on Brian Hawkins.

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, July 26, 2017 6:20 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Circling back..

No hurry.. but gonna check on an update on the discipline case of Brian Hawkins before Friday at 9am. I'm keeping day available... just in case you get something

[REDACTED]

Reporter

Description: NBC4



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: RE: Connecting re report to HVAC
Date: Monday, December 04, 2017 10:16:42 AM

1 January, according to my Facilities Branch. However, we can mix at DC in less than 2 weeks (in another room). Just have to wait for air samples to come back.

Again, I think it's important to emphasize NO patient harm, NO interruption to chemo at DCVAMC.

Thanks

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Monday, December 04, 2017 10:10 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

What is the timeline for installing custom HEPA filters and air balancing equipment?

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, December 01, 2017 2:58 PM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

Can you shut down the story?

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Friday, December 01, 2017 11:56:50 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

Press.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Friday, December 01, 2017 11:56:25 AM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

Is this for the hill or the press?

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Friday, December 01, 2017 11:46:39 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

Thanks. Will go with it.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
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[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Friday, December 01, 2017 2:46 PM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

I think it's good.

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Friday, December 01, 2017 10:16:56 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

Just following up here.

OK. How about this.

A single, routine air sampling report indicated a trace presence of two low-potential risk molds in the chemotherapy preparation room, which is separate from patient care areas.

Despite the fact that a second air sample test found no mold present, DC VAMC officials have elected out of an abundance of caution to close the existing chemotherapy preparation room until custom HEPA filters and air balancing equipment can be installed. We have already conducted a review of all 2017 chemotherapy patients and determined there was no impact on any patients.

Again, patient care has not been and will not be impacted, and all of DC VAMC's chemotherapy patients continue to receive uninterrupted chemotherapy at DC VAMC. While we are in the process of identifying another chemotherapy prep room, we will be preparing our chemotherapy solution at the Baltimore VAMC, rather than mixing it at DC VAMC.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, December 01, 2017 11:00 AM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

Correct, but needs a few more details to paint the entire picture; we conducted a review of all CY17 chemo patients and there was NO HARM to any of the patients.

Also, the Baltimore solution is only temporary (about two weeks or sooner). We have another room identified at DCVAMC to mix chemo but we need to get the “all clear” on air sampling in that room as well.

Hope that helps.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Friday, December 01, 2017 10:50 AM
To: [REDACTED]
Subject: FW: Connecting re report to HVAC

Larry – is this accurate?

A single, routine air sampling report indicated a trace presence of two low-potential risk molds in the chemotherapy preparation room, which is separate from patient care areas.

Despite the fact that a second air sample test found no mold present, DC VAMC officials have elected out of an abundance of caution to close the chemotherapy preparation room until custom HEPA filters and air balancing equipment can be installed.

Patient care has not been and will not be impacted, as all of DC VAMC’s chemotherapy patients continue to receive uninterrupted chemotherapy at DC VAMC. The only change is that we will be preparing our chemotherapy solution at the Baltimore VAMC, rather than mixing it in the DC VAMC chemotherapy prep room.

Curt Cashour
Press Secretary
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202-461-7388
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[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, November 30, 2017 10:38 AM
To: Cashour, Curtis
Subject: FW: Connecting re report to HVAC

Call me and I’ll explain.

Bottom Line: Zero interruption for chemo patients at DC. This should be a non-event, but it's getting spun up to meet the narrative.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 29, 2017 5:11 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Connecting re report to HVAC

Hi [REDACTED],
It's important to note that all of our patients (approx. 6-8 per day) will continue to have uninterrupted chemo therapy at DCVAMC i.e. zero impacted patients.
The only change is we are getting the chemo solution from Baltimore VAMC vice mixing it in D.C.

Also, for what it's worth (although this might confuse the issue) the second air sample test came back today with negative results i.e. no mold spores detected.

Regardless, out of an abundance of caution we will still move forward with the "glovebox" solution as well as the upgraded HEPA Filter and air exchange upgrade (as mentioned below).

Please let me know if this answers the mail.

Thanks,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 29, 2017 4:48 PM
To: [REDACTED]
Cc: [REDACTED];
Subject: RE: Connecting re report to HVAC

Thank you - I likely will remove the third paragraph but send forth the rest. Please note that

the original request does ask for the number of impacted patients. Do you happen to have that?

See below for revised response and let me know if you have any other concerns.

Request: I was informed that the DC VAMC would not be preparing IV chemotherapy on site. Can I please have an explanation as to why this is happening and also how many patients will be affected?"

Response: Operations within the DC VAMC Oncology Drug Preparation space are currently limited. Despite recent improvements in ventilation, cleaning processes, and PPE procedures in this space, a viable air sampling report received on 11/17/17 indicated a trace presence of two molds in the chemotherapy clean room, both considered to be of low potential risk. The same report also indicated zero positive samples from the biological hoods where chemotherapy drugs are compounded. The testing consultant noted that fresh air by-passing the space's HEPA filter may have contributed to the positive mold test results.

Following a thorough risk analysis, the facility and network leadership team made a decision to proceed with the most-cautious immediate mitigation strategy, which includes closing the chemotherapy prep room and proceeding to compound these medications at another facility within the VA network. Medications will then be transported back to the DC VAMC for uninterrupted patient care.

Near-term mitigation strategy includes setup and certification of a "glovebox" at the DC VAMC to safely resume compounding locally. This is expected to be complete within two weeks. As a long-term solution, DC VAMC staff has initiated contract work to install new custom HEPA filters and air balancing equipment in the permanent chemo prep space. This solution was suggested by the testing consultant to remedy any remaining engineering control deficiencies and is expected to be complete by January 2018. Once all known concerns are resolved and a full certification is received, chemotherapy drug preparation in this space will resume.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, November 29, 2017 11:42:27 AM
To: [REDACTED]
Cc: [REDACTED];
Subject: RE: Connecting re report to HVAC

Hi Krystal,

This may be more detail than you need. It's important to note that chemo patient care will not be interrupted.

Let me know if this works.

Thanks,

[REDACTED]

//

Operations within the DC VAMC Oncology Drug Preparation space are currently limited. Despite recent improvements in ventilation, cleaning processes, and PPE procedures in this space, a viable air sampling report received on 11/17/17 indicated a trace presence of two molds in the chemotherapy clean room, both considered to be of low potential risk. The same report also indicated zero positive samples from the biological hoods where chemotherapy drugs are compounded. The testing consultant noted that fresh air by-passing the space's HEPA filter may have contributed to the positive mold test results.

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Infectious Diseases performed a chart review of every patient who grew mold from January 1, 2017 – present and found only one patient who grew mold and had received prior chemotherapy. The mold that this patient grew from his lungs (*Aspergillus versicolor* from 8 Feb 2017) was different than the molds isolated from the chemotherapy clean room (*Penicillium* and *Bipolaris*). Because molds are ubiquitous in the environment, it is not unusual to recover *Aspergillus* (or other molds) from the lungs and this was not felt to be related to the chemotherapy infusion. The infectious disease team is continuing to follow all positive fungal cultures.

Near-term mitigation strategy includes setup and certification of a "glovebox" at the DC VAMC to safely resume compounding locally. This is expected to be complete within two weeks. As a long-term solution, DC VAMC staff has initiated contract work to install new custom HEPA filters and air balancing equipment in the permanent chemo prep space. This solution was suggested by the testing consultant to remedy any remaining engineering control deficiencies and is expected to be complete by January 2018. Once all known concerns are resolved and a full certification is received, chemotherapy drug preparation in this space will resume.

//

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 29, 2017 7:52 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Connecting re report to HVAC

Yes, I will follow up.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, November 29, 2017 4:38:41 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Connecting re report to HVAC

[REDACTED]

Can you reach out to Mr Connell (acting mcd DC) re responding to HVAC request for information-- thx

We texted last evening so he is aware

Thx!!

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: RE: Connecting re report to HVAC
Date: Monday, December 04, 2017 2:42:40 PM

Yeah, but don't hold me to 1 Jan (it is, after all, a holiday). Can we say early Jan?

Also, NO interruption to chemo patients. That has to be emphasized.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Monday, December 04, 2017 2:29 PM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

OK. So is this accurate?

Custom HEPA filters and air balancing equipment will be installed in the chemotherapy preparation room by Jan. 1, 2018.

We will resume preparing chemotherapy treatments at DC VAMC in a different room within two weeks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Monday, December 04, 2017 10:17 AM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

1 January, according to my Facilities Branch. However, we can mix at DC in less than 2 weeks (in another room). Just have to wait for air samples to come back.

Again, I think it's important to emphasize NO patient harm, NO interruption to chemo at DCVAMC.

Thanks

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Monday, December 04, 2017 10:10 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

What is the timeline for installing custom HEPA filters and air balancing equipment?

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, December 01, 2017 2:58 PM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

Can you shut down the story?

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Friday, December 01, 2017 11:56:50 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

Press.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Friday, December 01, 2017 11:56:25 AM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

Is this for the hill or the press?

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Friday, December 01, 2017 11:46:39 AM
To: [REDACTED]
Subject: RE: Connecting re report to HVAC

Thanks. Will go with it.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Friday, December 01, 2017 2:46 PM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

I think it's good.

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Friday, December 01, 2017 10:16:56 AM

To: [REDACTED]
Subject: RE: Connecting re report to HVAC

Just following up here.

OK. How about this.

A single, routine air sampling report indicated a trace presence of two low-potential risk molds in the chemotherapy preparation room, which is separate from patient care areas.

Despite the fact that a second air sample test found no mold present, DC VAMC officials have elected out of an abundance of caution to close the existing chemotherapy preparation room until custom HEPA filters and air balancing equipment can be installed. We have already conducted a review of all 2017 chemotherapy patients and determined there was no impact on any patients.

Again, patient care has not been and will not be impacted, and all of DC VAMC's chemotherapy patients continue to receive uninterrupted chemotherapy at DC VAMC. While we are in the process of identifying another chemotherapy prep room, we will be preparing our chemotherapy solution at the Baltimore VAMC, rather than mixing it at DC VAMC.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, December 01, 2017 11:00 AM
To: Cashour, Curtis
Subject: RE: Connecting re report to HVAC

Correct, but needs a few more details to paint the entire picture; we conducted a review of all CY17 chemo patients and there was NO HARM to any of the patients.

Also, the Baltimore solution is only temporary (about two weeks or sooner). We have another room identified at DCVAMC to mix chemo but we need to get the "all clear" on air sampling in that room as well.

Hope that helps.

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis
Sent: Friday, December 01, 2017 10:50 AM
To: [REDACTED]
Subject: FW: Connecting re report to HVAC

Larry – is this accurate?

A single, routine air sampling report indicated a trace presence of two low-potential risk molds in the chemotherapy preparation room, which is separate from patient care areas.

Despite the fact that a second air sample test found no mold present, DC VAMC officials have elected out of an abundance of caution to close the chemotherapy preparation room until custom HEPA filters and air balancing equipment can be installed.

Patient care has not been and will not be impacted, as all of DC VAMC's chemotherapy patients continue to receive uninterrupted chemotherapy at DC VAMC. The only change is that we will be preparing our chemotherapy solution at the Baltimore VAMC, rather than mixing it in the DC VAMC chemotherapy prep room.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, November 30, 2017 10:38 AM
To: Cashour, Curtis
Subject: FW: Connecting re report to HVAC

Call me and I'll explain.

Bottom Line: Zero interruption for chemo patients at DC. This should be a non-event, but it's getting spun up to meet the narrative.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 29, 2017 5:11 PM
To: [REDACTED]
Cc: [REDACTED];
[REDACTED]
Subject: RE: Connecting re report to HVAC

Hi [REDACTED]
It's important to note that all of our patients (approx. 6-8 per day) will continue to have uninterrupted chemo therapy at DCVAMC i.e. zero impacted patients.
The only change is we are getting the chemo solution from Baltimore VAMC vice mixing it in D.C.

Also, for what it's worth (although this might confuse the issue) the second air sample test came back today with negative results i.e. no mold spores detected.

Regardless, out of an abundance of caution we will still move forward with the "glovebox" solution as well as the upgraded HEPA Filter and air exchange upgrade (as mentioned below).

Please let me know if this answers the mail.

Thanks,

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 29, 2017 4:48 PM
To: [REDACTED];
[REDACTED]
Subject: RE: Connecting re report to HVAC

Thank you - I likely will remove the third paragraph but send forth the rest. Please note that the original request does ask for the number of impacted patients. Do you happen to have that?

See below for revised response and let me know if you have any other concerns.

Request: I was informed that the DC VAMC would not be preparing IV chemotherapy on site. Can I please have an explanation as to why this is happening and also how many patients will be affected?"

Response: Operations within the DC VAMC Oncology Drug Preparation space are currently

limited. Despite recent improvements in ventilation, cleaning processes, and PPE procedures in this space, a viable air sampling report received on 11/17/17 indicated a trace presence of two molds in the chemotherapy clean room, both considered to be of low potential risk. The same report also indicated zero positive samples from the biological hoods where chemotherapy drugs are compounded. The testing consultant noted that fresh air by-passing the space's HEPA filter may have contributed to the positive mold test results.

Following a thorough risk analysis, the facility and network leadership team made a decision to proceed with the most-cautious immediate mitigation strategy, which includes closing the chemotherapy prep room and proceeding to compound these medications at another facility within the VA network. Medications will then be transported back to the DC VAMC for uninterrupted patient care.

Near-term mitigation strategy includes setup and certification of a "glovebox" at the DC VAMC to safely resume compounding locally. This is expected to be complete within two weeks. As a long-term solution, DC VAMC staff has initiated contract work to install new custom HEPA filters and air balancing equipment in the permanent chemo prep space. This solution was suggested by the testing consultant to remedy any remaining engineering control deficiencies and is expected to be complete by January 2018. Once all known concerns are resolved and a full certification is received, chemotherapy drug preparation in this space will resume.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, November 29, 2017 11:42:27 AM
To: [REDACTED]
Cc: [REDACTED];
[REDACTED]
Subject: RE: Connecting re report to HVAC

Hi [REDACTED]
This may be more detail than you need. It's important to note that chemo patient care will not be interrupted.

Let me know if this works.

Thanks,
[REDACTED]

////////////////////////////////////
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////////////////////////////////////

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
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To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Connecting re report to HVAC

Yes, I will follow up.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, November 29, 2017 4:38:41 AM
To: [REDACTED]
Cc: [REDACTED]

Subject: Connecting re report to HVAC

[REDACTED]

Can you reach out to Mr Connell (acting mcd DC) re responding to HVAC request for information-- thx

We texted last evening so he is aware

Thx!!

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#); [Ulliyot, John](#); [Wagner, John \(Wolf\)](#)
Subject: RE: DC VA Medical Center question
Date: Tuesday, November 07, 2017 8:49:26 PM
Attachments: [image001.gif](#)

Boys,
I'm at the point of inviting Scott to come see for himself. I'll show him the OR's and our Core Supply section for the OR. Nothing to hide, it looks good.

I'm even willing to show him how we process instruments for surgery. Nothing to hide, but you have to suit up to go in there.

I'll leave that up to you guys for approval, but I'd like to let him look for himself and be done with it.

Let me know your thoughts.

That said, I would like some lead time before he just pops in.

Thanks

[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 2:43:33 PM
To: [REDACTED]
Subject: FW: DC VA Medical Center question

Please see below from NBC 4. Are you OK with the following response:

There haven't been any issues with the operating room. The issue had to deal with surface discoloration on some surgical instruments – or handheld tools.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]

Sent: Tuesday, November 07, 2017 5:38 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: DC VA Medical Center question

Is it worth asking DC VAMC (Gloria Hairston) or VISN 5 (Mary Riley) if they would care to share any hand-out photos/images of this space? To help prevent our audience from any assuming anything wildly wrong about this operating space.



From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, November 07, 2017 4:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Please see below, Scott. Thanks.

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

You would have to ask the inspector general regarding possible reviews, but, as always, we welcome the IG's oversight.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388

Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:56 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Still loose on both of those .. to make things easier for you. But is END OF DAY possible for the background info?



From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, November 07, 2017 9:56 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Will check. What is your deadline and when will your story air?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

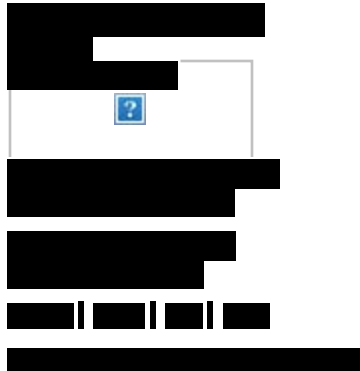
From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:50 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] DC VA Medical Center question

Hey man....

I've been notified OIG is reviewing a situation from FRIDAY NOV. 3 at the DC VA Medical Center. There are reports of cancelled/postponed surgeries because of concerns about the medical center's sterile processing system. VISN 5 or VACO has been briefed. The sterile processing system

concerns are not terribly new.

Can you work up comment on the postponement of surgeries from Friday? Will need that .. if we can get it.



From: [REDACTED]
To: [Cashour, Curtis](#); [Ulliyot, John](#); [Wagner, John \(Wolf\)](#)
Subject: RE: DC VA Medical Center question
Date: Tuesday, November 07, 2017 8:49:26 PM
Attachments: [image001.gif](#)

Boys,
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[REDACTED]

Sent from my iPhone.
Please forgive the typos.

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 2:43:33 PM
To: [REDACTED]
Subject: FW: DC VA Medical Center question

Please see below from NBC 4. Are you OK with the following response:

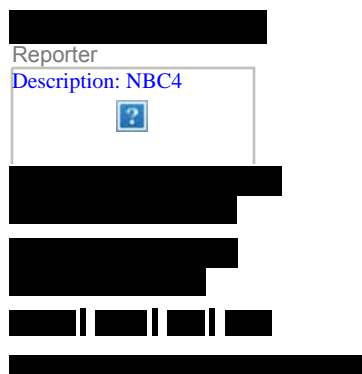
There haven't been any issues with the operating room. The issue had to deal with surface discoloration on some surgical instruments – or handheld tools.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]

Sent: Tuesday, November 07, 2017 5:38 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: DC VA Medical Center question

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From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, November 07, 2017 4:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Please see below, Scott. Thanks.

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We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

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Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388

Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:56 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Still loose on both of those .. to make things easier for you. But is END OF DAY possible for the background info?

[REDACTED]
Reporter
Description: NBC4


[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, November 07, 2017 9:56 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Will check. What is your deadline and when will your story air?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:50 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] DC VA Medical Center question

Hey man....

I've been notified OIG is reviewing a situation from FRIDAY NOV. 3 at the DC VA Medical Center. There are reports of cancelled/postponed surgeries because of concerns about the medical center's sterile processing system. VISN 5 or VACO has been briefed. The sterile processing system

concerns are not terribly new.

Can you work up comment on the postponement of surgeries from Friday? Will need that .. if we can get it.

[REDACTED]

Reporter

Description: NBC4



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: RE: DC VAMC Media Statement
Date: Wednesday, November 08, 2017 6:04:54 PM

Ok, got it. Thanks

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, November 08, 2017 3:03:00 PM
To: [REDACTED]
Subject: RE: DC VAMC Media Statement

And just so there's no confusion, here is the reporter's original inquiry:

I've been notified OIG is reviewing a situation from FRIDAY NOV. 3 at the DC VA Medical Center. There are reports of cancelled/postponed surgeries because of concerns about the medical center's sterile processing system. VISN 5 or VACO has been briefed. The sterile processing system concerns are not terribly new.

Can you work up comment on the postponement of surgeries from Friday?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Cashour, Curtis
Sent: Wednesday, November 08, 2017 6:00 PM
To: [REDACTED]
Subject: RE: DC VAMC Media Statement

This is what we provided yesterday:

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station

to ensure staff are trained appropriately in the sterile processing of instruments.

You would have to ask the inspector general regarding possible reviews, but, as always, we welcome the IG's oversight.

Today – we provided the following in response to a request for pictures of the area in which the instruments are cleaned:

There aren't any issues with the space. The issue had to deal with surface discoloration on some surgical instruments – or handheld tools.

And again, this is something VA discovered, and we found zero evidence of patient harm. In other words it's an example of department employees being vigilant and doing the right thing to ensure patient safety.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, November 08, 2017 5:24 PM
To: Cashour, Curtis
Subject: DC VAMC Media Statement

Curt
Can you send me the media statement you guys provided on the Anonymous complaint at the DC VAMC.

Thanks

[REDACTED]

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR
Date: Thursday, August 10, 2017 10:57:41 AM

After review of the email traffic, I am concerned about the perception of sterility of the procedure room. The probability of having an adverse outcome is very low. However, if an infection did occur from a procedure with the noted background going forward, at this time under the circumstances, would be questionable.

Please give me feedback as I need to move forward with scheduling changes.

Thanks,

[REDACTED]

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:35 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR

I concur with this approach.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:34 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR

I think [REDACTED] is referring to the procedure room in Radiology, not the OR.

I suggest we call FMS for a terminal cleaning of the involved room. Once that's done, we should do a visual inspection for flies. If none, ask Dr. Provost if he is comfortable proceeding. If yes, I would go ahead.

We should also re-contact the local pest control vendor (Orkin?) to examine and treat the area.

/bz

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:17 AM
To: [REDACTED]
Cc: [REDACTED]

Subject: FLY IN OR

I would like to report that a fly was noted by my patient prior to a cystoscopy and was killed on the RNs back and landed on his stretcher sheets by the surgical tech. I saw another fly in radiology as well.

I remain concerned with the pain procedures scheduled today.

[REDACTED]

From: [REDACTED]
To: Blaha, Lydia B.; [REDACTED]
Subject: Re: FW: [EXTERNAL] Fwd: Dr. Shulkin
Date: Tuesday, January 31, 2017 9:23:53 AM

Did yesterday. Let her know she was an Obama appointee who resigned on Jan 20th

On Tue, Jan 31, 2017 at 9:07 AM [REDACTED] > wrote:

The "she" the reporter is referring to is RoseMary Williams who was an Obama appointee and no longer works for the VA. Thus she is also not in line to be the Press Secretary.

You going to correct the reporter?

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: Blaha, Lydia B.
Sent: Tuesday, January 31, 2017 7:47 AM
To: [REDACTED]
Subject: FW: [EXTERNAL] Fwd: Dr. Shulkin

Sent with Good (www.good.com)

-----Original Message-----

From: Hutton, James
Sent: Tuesday, January 31, 2017 07:32 AM Eastern Standard Time
To: Blaha, Lydia B.
Cc: [REDACTED]
Subject: RE: [EXTERNAL] Fwd: Dr. Shulkin

She is Roaemary Williams --- our former Assistant Secretary.

-----Original Message-----

From: Blaha, Lydia B.

Sent: Monday, January 30, 2017 08:36 PM Eastern Standard Time

To: Hutton, James

Subject: FW: [EXTERNAL] Fwd: Dr. Shulkin

Any idea of who "she" may be?

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]

Sent: Monday, January 30, 2017 04:26 PM Eastern Standard Time

To: Blaha, Lydia B.

Subject: FW: [EXTERNAL] Fwd: Dr. Shulkin

See below

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]

Sent: Monday, January 30, 2017 03:13 PM Eastern Standard Time

To: [REDACTED]

Subject: [EXTERNAL] Fwd: Dr. Shulkin

FYI... I've asked her to forward the email. Do either of you know the story behind this?...

----- Forwarded message -----

From: [REDACTED] >

Date: Mon, Jan 30, 2017 at 3:07 PM

Subject: Re: Dr. Shulkin

To: [REDACTED]

David:

I wrote a story on whistleblower retaliation by the VA for NBC News over the weekend. I

received back an attack email by the person who is soon to be the VA's new press person. She basically called the whistleblowers liars in the email and discounted their stories. This is NOT Trump's vision for #MAGA and draining the swamp. Why would the VA put in the media slot a person hostile to whistleblowers and veterans? This woman should be removed from this job immediately and replaced with someone who shares Trump's vision of cleaning up the VA.

I would like to send you her email. Would you be willing to forward it on to the heads of the transition team?

Tori Richards

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]; [Cashour, Curtis](#); [Hutton, James](#)
Subject: RE: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17
Date: Tuesday, November 07, 2017 5:03:31 PM

[REDACTED], This is what OPIA has crafted for media inquiry. Take a look and rework for Hill consumption. I added some information to assist..want to get word to Hill asap.

On November 6, 2017, the Director of Medical Consultation and Review at the Office of Inspector General (OIG) contacted the Medical Center Director at the Washington DC VA Medical Center with concerns that they received an OIG Anonymous Complaint regarding three specific allegations: 1) four patients contracted Hepatitis-C from the Operating Room (OR) and that the facility closed the OR 2) Rusty OR Equipment 3) Bacteria in Facility Water.

A telephone meeting was scheduled for the same day at 4:15PM between OIG and the Executive Leadership Team regarding the anonymous allegations.

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed November 6, 2017 and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 8:12 AM
To: [REDACTED]
Cc: [REDACTED]; Cashour, Curtis; Hutton, James
Subject: RE: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

[REDACTED]
That is correct, the Executive Team is from the VAMC. Will continue to monitor.

Regards
[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 07, 2017 8:00 AM
To: [REDACTED]
Cc: [REDACTED]; Cashour, Curtis; Hutton, James
Subject: RE: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

Glenn, Presume Executive Team referenced below is at the VAMC. At this point it appears

the allegations are still unsubstantiated.

Adding OPIA as a precaution.

[REDACTED]

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:52:46 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

All
FYI-

Facility Name: VISN 5 - Washington DC VAMC

2) What Occurred: The Director of Medical Consultation and Review at the Office of Inspector General (OIG) contacted the Medical Center Director at the Medical Center with concerns that they received an OIG Anonymous Complaint regarding three specific allegations: 1) four patients contracted Hepatitis-C from the Operating Room (OR) and that the facility closed the OR 2) Rusty OR Equipment 3) Bacteria in Facility Water.

A telephone meeting was scheduled for the same day at 4:15PM between OIG and the Executive Leadership Team regarding the anonymous allegations.

3) When: November 6, 2017

From: [REDACTED]
Sent: Tuesday, November 07, 2017 7:37 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

Sent with Good (www.good.com)

[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:34:32 AM
To: VHA 10B2 Action; VHA 10B3 Congressional Team
Subject: FW: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

Good morning teams,

Sharing with you for awareness/action. A full issue brief will be forthcoming.

Thank you,

[REDACTED]

From: [REDACTED]
Sent: Monday, November 06, 2017 11:08 PM
To: VHA 10B; VHA 10A Action; Lynch, Thomas (VHA)
Cc: [REDACTED]
Subject: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

VISN 5 will provide additional details in full IB tomorrow. More to follow.

HEADS UP

1) Facility Name: VISN 5 - Washington DC VAMC

2) What Occurred: The Director of Medical Consultation and Review at the Office of Inspector General (OIG) contacted the Medical Center Director at the Medical Center with concerns that they received an OIG Anonymous Complaint regarding three specific allegations: 1) four patients contracted Hepatitis-C from the Operating Room (OR) and that the facility closed the OR 2) Rusty OR Equipment 3) Bacteria in Facility Water.

A telephone meeting was scheduled for the same day at 4:15PM between OIG and the Executive Leadership Team regarding the anonymous allegations.

3) When: November 6, 2017

4) Have you notified other offices or programs? No

5) Additional details will be provided by: Full Issue Brief will be submitted on November 7, 2017.

6) If there are any questions, please contact: [REDACTED], Acting Medical Center Director at [REDACTED]

From: [REDACTED]
Sent: Monday, November 06, 2017 10:07 PM
To: VISN Support Team 1 Urgent

Cc: VISN5 Action Team

Subject: Heads-Up - DC VAMC - OIG Anonymous Complaint - 11.06.17

Good evening-

Please see Heads-Up submitted on behalf of the DC VAMC. A full IB is expected by COB November 7, 2017.

Thank you,

[REDACTED]

HEADS UP

1) Facility Name: VISN 5 - Washington DC VAMC

2) What Occurred: The Director of Medical Consultation and Review at the Office of Inspector General (OIG) contacted the Medical Center Director at the Medical Center with concerns that they received an OIG Anonymous Complaint regarding three specific allegations: 1) four patients contracted Hepatitis-C from the Operating Room (OR) and that the facility closed the OR 2) Rusty OR Equipment 3) Bacteria in Facility Water.

A telephone meeting was scheduled for the same day at 4:15PM between OIG and the Executive Leadership Team regarding the anonymous allegations.

3) When: November 6, 2017

4) Have you notified other offices or programs? No

5) Additional details will be provided by: Full Issue Brief will be submitted on November 7, 2017.

6) If there are any questions, please contact: [REDACTED], Acting Medical Center Director at [REDACTED]

From: [REDACTED]
To: [Hutton, James](#)
Cc: [Cashour, Curtis](#); [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes
Date: Thursday, September 07, 2017 11:08:27 AM

Thanks.

From: Hutton, James
Sent: Thursday, September 07, 2017 11:07 AM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Correct. Written answers.

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Thursday, September 07, 2017 11:07 AM
To: Hutton, James
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Got it. Interview request not approved – correct?

From: Hutton, James
Sent: Thursday, September 07, 2017 11:06 AM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: FW: HOT - DEADLINE TODAY Query: Buffalo News, scopes
Importance: High

[REDACTED],

The following answers are approved. Please note that we've slightly changed answer 3.

Please have the facility send.

James

Q: Where are we in the process of notifying veterans?

A: All veterans have been contacted by phone and/or letter with the exception of three veterans who were unable to be reached through multiple attempts

Q: How many veterans are being tested?

A: All veterans who were contacted were recommended to have free testing. Veterans can elect this screening at their convenience.

Q: Has any infection been detected?

A: Test results are communicated directly to individual veteran patients. Any treatment **needed** will be provided. The Veterans Health Administration, through the office of Public Health Surveillance and Research, will publish the outcomes upon completion of the investigation and follow-up of this case.

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Thursday, September 07, 2017 10:23 AM
To: [REDACTED]; Cashour, Curtis; Hutton, James
Cc: [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Thanks, [REDACTED]. Adding James and Curt.

James / Curt – please see the below query and highlighted proposed responses. Facility is asking for permission to interview with the reporter.

v/r
[REDACTED]

From: [REDACTED]
Sent: Thursday, September 07, 2017 10:10 AM
To: Ballesteros, Mark

Cc: [REDACTED]

Subject: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Importance: High

Mark – The Buffalo News wants an update on the notification of veterans who may have been exposed to blood-borne illness because an employee did not clean colonoscopes according to the manufacturer's recommendations. Facility and VISN 2 directors support the interview with proposed SMEs. **The reporter has moved the deadline to 2 p.m. today.**

Subject: Buffalo Scopes

Media Outlet: Buffalo News

Reporter: [REDACTED]

Reporter's phone: [REDACTED]

Reporter's email: [REDACTED]

Deadline: TODAY 2 p.m. EDT (Sept. 7)

Request: The reporter is interested in speaking to someone about the scope issue, asking for more details. He is aware local representatives were updated on a call recently and has a transcript of that call (PAO does not). See questions and proposed answers below.

Response: VA WNY recommends two VHA SMEs for an interview with Mr. Davis:
Mark Holodniy, MD, FACP, FIDSA, Director, Public Health Surveillance and Research, VA Office of Quality, Safety and Value
Gavin West, MD, VHA Clinical Episode Review Team

Original RTQ on this issue:

VA is notifying 526 veterans who had a scope procedure at the facility. During a recent review of the disinfection process it was noted that repetitive steps listed by manufacturer's instructions may not have been followed in some cases by an employee. The employee was immediately relieved from the position.

VA is notifying this group of veterans and recommending free screening. Notification does not mean veterans were infected and the risk of infection is very low. In fact, evidence-based data of previous nationwide studies shows no transmission of infection occurring due to improper cleaning of medical scopes.

Messaging:

VA has a robust patient safety program. The quality care and safety of veterans is our first priority at VA Western New York Healthcare System.

Systematic reviews are a part of ensuring the highest level of care is provided. If there is ever a concern regarding care, we take immediate action to look in to it, take corrective actions and if necessary, notify patients.

Our commitment to patients is to ensure they receive the care they have earned and deserve. VA Western New York Healthcare System is notifying this select group of veterans that may have been affected, and offered free screening for possible infection. Notification does not mean veterans were infected, but we are taking extra steps to be certain. While we believe the risk of infection is very low, we are offering tests to veterans who want to be tested.

Reporter's questions 9-5-17 and proposed answers:

Q: Where are we in the process of notifying veterans?

A: All veterans have been contacted by phone and/or letter with the exception of three veterans who were unable to be reached through multiple attempts

Q: How many veterans are being tested?

A: All veterans who were contacted were recommended to have free testing. Veterans can elect this screening at their convenience.

Q: Has any infection been detected?

A: Test results are communicated directly to individual veteran patients. Any treatment necessary is being provided. The Veterans Health Administration, through the office of Public Health Surveillance and Research, will publish the outcomes upon completion of the investigation and follow-up of this case.



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have received this email in error, please notify by return email and destroy the original message and all a copies.

From: [REDACTED]
To: [Hutton, James](#)
Cc: [Cashour, Curtis](#); [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes
Date: Thursday, September 07, 2017 11:08:27 AM

Thanks.

From: Hutton, James
Sent: Thursday, September 07, 2017 11:07 AM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Correct. Written answers.

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
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Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Thursday, September 07, 2017 11:07 AM
To: Hutton, James
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Got it. Interview request not approved – correct?

From: Hutton, James
Sent: Thursday, September 07, 2017 11:06 AM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: FW: HOT - DEADLINE TODAY Query: Buffalo News, scopes
Importance: High

[REDACTED]

The following answers are approved. Please note that we've slightly changed answer 3.

Please have the facility send.

James

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Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Thursday, September 07, 2017 10:23 AM
To: [REDACTED]; Cashour, Curtis; Hutton, James
Cc: [REDACTED]
Subject: RE: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Thanks, [REDACTED]. Adding James and Curt.

James / Curt – please see the below query and highlighted proposed responses. Facility is asking for permission to interview with the reporter.

v/r
Mark

From: [REDACTED]
Sent: Thursday, September 07, 2017 10:10 AM
To: [REDACTED]

Cc: [REDACTED]

Subject: HOT - DEADLINE TODAY Query: Buffalo News, scopes

Importance: High

Mark – The Buffalo News wants an update on the notification of veterans who may have been exposed to blood-borne illness because an employee did not clean colonoscopes according to the manufacturer's recommendations. Facility and VISN 2 directors support the interview with proposed SMEs. **The reporter has moved the deadline to 2 p.m. today.**

Subject: Buffalo Scopes

Media Outlet: Buffalo News

Reporter: [REDACTED]

Reporter's phone: [REDACTED]

Reporter's email: [REDACTED]

Deadline: TODAY 2 p.m. EDT (Sept. 7)

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Reporter's questions 9-5-17 and proposed answers:

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have received this email in error, please notify by return email and destroy the original message and all a copies.

From: [Cashour, Curtis](#)
To: [REDACTED] [Hutton, James](#)
Cc: [REDACTED]; [Ulliot, John](#); [REDACTED]
Subject: RE: Media query at the McGuire VA Medical Center
Date: Tuesday, August 22, 2017 10:36:57 AM

OK. That's fine.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, August 22, 2017 10:32 AM
To: Cashour, Curtis; [REDACTED]; Hutton, James
Cc: [REDACTED]; Ulliot, John; [REDACTED]
Subject: RE: Media query at the McGuire VA Medical Center

yes

[REDACTED] | [REDACTED] | [REDACTED] | [REDACTED]

From: Cashour, Curtis
Sent: Tuesday, August 22, 2017 10:26 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]; Ulliot, John; [REDACTED]
Subject: RE: Media query at the McGuire VA Medical Center

Is it the same case the statement applies to?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, August 22, 2017 10:25 AM
To: Cashour, Curtis; [REDACTED] Hutton, James
Cc: [REDACTED]; Ulliot, John; [REDACTED]
Subject: RE: Media query at the McGuire VA Medical Center

Good day,

The Richmond Times Dispatch has reached out about a recent case of bed bugs. Are we able to provide the previously approved statement to the reporter?

The reporter's name is [REDACTED].

[REDACTED]

From: Cashour, Curtis

Sent: Tuesday, August 22, 2017 8:21 AM

To: [REDACTED]
[REDACTED] Hutton, James <James.Hutton@va.gov>

Cc: [REDACTED];
[REDACTED]
<[REDACTED]>; Ulliyot, John <John.Ulliyot@va.gov>; [REDACTED]

Subject: RE: Media query at the McGuire VA Medical Center

OK. Then you need to change "area" to "areas" in the second paragraph.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Tuesday, August 22, 2017 7:51 AM
To: Cashour, Curtis; [REDACTED] Hutton, James

Cc: [REDACTED]; Ulliyot, John; [REDACTED]

Subject: RE: Media query at the McGuire VA Medical Center

The word areas more accurately reflects the instance last week. It was one Veteran and he traveled to more than one area before the bed bugs were discovered. At that point all affected areas were dealt with.

Okay to keep areas?

[REDACTED]

[REDACTED]
[REDACTED]

From: Cashour, Curtis

Sent: Tuesday, August 22, 2017 7:31 AM

To: [REDACTED] Hutton, James <James.Hutton@va.gov>

Cc: [REDACTED]

[REDACTED]

[REDACTED] Ulyot, John <John.Ulyot@va.gov>; [REDACTED]

[REDACTED],

[REDACTED]

[REDACTED]

Subject: RE: Media query at the McGuire VA Medical Center

The last word in the first paragraph should be area. Approved after that change. Thanks.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]

Sent: Tuesday, August 22, 2017 07:24 AM Eastern Standard Time

To: Hutton, James

Cc: [REDACTED] Cashour,

Curtis; [REDACTED]; Ulyot, John;

[REDACTED],

[REDACTED].

Subject: RE: Media query at the McGuire VA Medical Center

For your review:

McGuire VA Medical Center staff discovered evidence of bed bugs in one of the hospital's homeless veteran treatment areas on Thursday 8/17. Upon discovery, medical center officials took immediate actions to eliminate the bed bugs and completely clean the affected areas.

Thanks to the actions of McGuire VA Medical Center staff, all bed bugs have been eliminated in the affected area and the facility's operations were not impacted.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: Hutton, James

Sent: Monday, August 21, 2017 5:24 PM

To: [REDACTED]

Cc: [REDACTED]; Cashour, Curtis; [REDACTED]

[REDACTED]; Ulliyot, John; [REDACTED]

Subject: RE: Media query at the McGuire VA Medical Center

John,

Can you assist here?

James

James Hutton

Executive Director, Public Affairs

Office of Public and Intergovernmental Affairs

Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: [@jehutton](https://twitter.com/jehutton)

VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: Cashour, Curtis

Sent: Monday, August 21, 2017 4:38 PM

To: [REDACTED]; Ulliyot, John; [REDACTED],

Cc: [REDACTED]; Hutton, James

Subject: RE: Media query at the McGuire VA Medical Center

Richmond – do you have a revised statement?

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED], [REDACTED]

Sent: Monday, August 21, 2017 2:47 PM

To: Cashour, Curtis; Ulliyot, John; [REDACTED],

Cc: [REDACTED]; Hutton, James

Subject: RE: Media query at the McGuire VA Medical Center

Because bed bugs are tough and can show up in other places, recommend we add a qualifier here...

Thanks to the actions of McGuire VA Medical Center staff, all bed bugs **IN THE AFFECTED AREAS** have been eliminated and the facility's operations were not impacted.

From: Cashour, Curtis

Sent: Monday, August 21, 2017 2:43 PM

To: Ulliyot, John; [REDACTED],

Cc: [REDACTED]; Hutton, James

Subject: RE: Media query at the McGuire VA Medical Center

I think the statement needs to be more aggressive and more specific. You can wordsmith it, but something more along the lines of the below:

McGuire VA Medical Center staff discovered evidence of bed bugs in one of the hospital's homeless veteran treatment areas [insert date]. Upon discovery, medical center officials took immediate actions to

Thanks to the actions of McGuire VA Medical Center staff, all bed bugs have been eliminated and the facility's operations were not impacted.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Ulliyot, John

Sent: Monday, August 21, 2017 2:31 PM

To: [REDACTED]; Cashour, Curtis; [REDACTED];

Cc: [REDACTED]; Hutton, James

Subject: Re: Media query at the McGuire VA Medical Center

Thanks — adding James Hutton

John U.

From: [REDACTED] >

Date: Monday, August 21, 2017 at 2:28 PM

To: Curt Cashour <Curt.Cashour@va.gov>, [REDACTED] Department of Veterans Affairs Department of Veterans Affairs <john.ullyot@va.gov>, [REDACTED]

[REDACTED]
[REDACTED]
Cc: [REDACTED]
[REDACTED]

Subject: Media query at the McGuire VA Medical Center

Good afternoon, below is the suggested response to a query by local ABC affiliate. Thank you in advance.

Date of Request: Voicemail left at 5pm on Friday, Aug. 18

Subject: Bed Bugs Occurrence at McGuire VAMC

Outlet: WRIC ABC News

Reporter: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Deadline: Close of Business today, Aug. 21, 2017

Publication/Broadcast: 8 News TV station in Richmond, Va.

Request: Employees reached out to reporter with reports that a bed bug occurrence wasn't given proper attention by the facility.

Background Info: Last week, a homeless Veteran was being treated at our facility and was found to have bed bugs. Once bed bugs were discovered, the hospital initiated its response and thoroughly cleaned all affected areas.

Recommended Statement: - The McGuire VA Medical Center recently treated an area of the hospital for bed bugs. The affected area is where homeless Veterans receive care. Once discovered, according to protocol, the area was temporarily closed for cleaning and to prevent spreading. The area was cleared soon after the discovery last week.

Tone: neutral

[REDACTED]

From: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]; [Hutton, James](#); [Cashour, Curtis](#)
Subject: RE: NEW BUFFALO DEVELOPMENT
Date: Thursday, August 24, 2017 8:19:54 AM

The Buffalo VAMC received a singular phone call request from Senator Gillibrand's office for any additional available information from Mr. Michael Burten, Constituent Liaison, in the Military and Veterans Affairs department of the Senator's New York City District Office on August 17th.

On August 18th, the same cleared materials that Jon provided to the DC representative offices were sent by email to the Senator's Military and Veterans Affairs email distribution list as well as the Senator's Buffalo district office manager.

Additional follow up phone calls and voice mail messages to the Senator's NYC District Office on August 18th and August 21st to see if any the Senator's office had any additional questions were not returned.

No formal or informal constituent inquiries from the Senator's office on the look back or any topic have been received by the facility or forwarded from VA OCLA in over 30 days.

[REDACTED]
(

-----Original Message-----

From: [REDACTED]
Sent: Thursday, August 24, 2017 7:57 AM
To: [REDACTED]
Cc: [REDACTED]; [Hutton, James](#); [Cashour, Curtis](#)
Subject: RE: NEW BUFFALO DEVELOPMENT

I am not as confident about the communication results with the Senator. We reached out but did not connect as well as we did with others. I think if you Jon can speak with someone higher on the Senator's team we could provide the detail of what we are doing for Veterans?

Brian

-----Original Message-----

From: [REDACTED]
Sent: Thursday, August 24, 2017 6:46 AM
To: [REDACTED]
Cc: [REDACTED]; [Hutton, James](#); [Cashour, Curtis](#)
Subject: RE: NEW BUFFALO DEVELOPMENT

We are setting up a call with the delegation and 4 corners for next week. I don't know if a call specifically to Sen

Gillibrand is warranted. I know the Buffalo team has kept them apprised every step of the way.

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, August 23, 2017 09:14 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED] Hutton, James; Cashour, Curtis
Subject: NEW BUFFALO DEVELOPMENT

Sen. Gillibrand is calling for probe.

Jon: is there a need to reach out to her office?

<http://buffalonews.com/2017/08/23/gillibrand-seeks-probe-buffalo-va/>

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, August 22, 2017 02:46 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

At this point, we will hold on this.

No additional media inquiries have been received after publication of this.

[REDACTED]

From: [REDACTED]
Sent: Tuesday, August 22, 2017 1:59 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Please proceed with an oped. I will share it with the crew. What did you think of the editorial? Any points to challenge? I'm always up for a good fight. :)

I proposed a sit down with someone with the reporter and maybe the editorial page editor. They were on the fence, but didn't say no. All of this is predicated on the temperature. Is coverage fading?

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Tuesday, August 22, 2017 01:48 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

I would be happy to help with one if it is the will of the group, we have done it with other cases and had success.

GSW

From: [REDACTED]
Sent: Tuesday, August 22, 2017 11:31 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

[REDACTED]

What are your thoughts about the Buffalo News editorial? Is the story petering out or growing?

Drs. [REDACTED] and [REDACTED]: would either of you be up to writing an oped?

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 18, 2017 02:56 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

I just sent it to our Congressional reps prior to seeing your message.

[REDACTED] VA Western NY Healthcare System

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 18, 2017 2:39 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Please let me quickly look at the document with the edits made. And again, this will not be given to media.

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 18, 2017 2:32 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

We will share with related Hill staff as well

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 18, 2017 02:27 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

No media.

From: [REDACTED]
Sent: Friday, August 18, 2017 2:27 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Thank you all. May we begin communicating to the Congressional offices, VSOs, Veterans, media with this updated information?

From: [REDACTED]
Sent: Friday, August 18, 2017 2:25 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Cleared as well.

TGL

[REDACTED]

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Friday, August 18, 2017 2:20 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

I am fine with this, looks good.

GSW

From: [REDACTED]
Sent: Friday, August 18, 2017 12:09 PM
To: [REDACTED]
Cc: [REDACTED]

Subject: RE: need immediate concurrence on Buffalo letter

From: [REDACTED]
Sent: Friday, August 18, 2017 1:16 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Removing most of OGC.

[REDACTED] have you made the edits so that [REDACTED] can review?

From: [REDACTED]
Sent: Friday, August 18, 2017 1:15 PM
To: [REDACTED]

Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

So to be clear, I am not exactly sure what I am clearing. The document is lost in an e-trail. I would request that Dr. West review first, as he has been tracking this issue.

TGL

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Friday, August 18, 2017 12:56 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Checking on the status of this, is it good to go? FYI, we would also like to set up a briefing to Hill to the delegation and/or 4 corners.

Thank you!

[REDACTED]

From: [REDACTED]
Sent: Friday, August 18, 2017 12:04 PM

To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Thank you and noted.

Evangeline: the letter and q and a are back to you. Just a reminder, the q and a is NOT for media. I will defer to Drs. Lynch and West for final disposition.

Thanks everyone.

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 18, 2017 11:54 AM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Thank you for sending the additional Q&A document. Many of the same issues commented upon previously are also potentially in play here. Hence, to the extent they apply to the same issues are in the draft Q & A document, our previous comments apply. Nevertheless, our specific comments are as follows:

- The last sentence of the first paragraph states that “The employee was immediately removed from the position”. Now that the employee has actually been issued a notice of removal from Federal service (we have been informed by Medical Center personnel that this occurred this morning), it would be more accurate and precise to say something to the effect of “The employee was immediately removed from his responsibilities in cleaning the scopes and was subsequently issued a notice of proposed removal from Federal service in accordance with the new accountability legislation”.

- Question 3 references a particular time frame involved. Our assumption is that this reflects the time the identified employee was employed at the Medical Center cleaning scopes, but it might be helpful, especially to the Congressional delegation, to indicate that. This could be easily accomplished by adding language (if true) at the end of the prponse to the effect of “which was when this particular employee was employed at the Medical Center cleaning scopes”.

- Similar to the comment in the first bullet above, the answer to question 8 would be more accurate, and likely music to the ears of the Congressional delegation if they are the intended audience, if language as added at the end of the current sentence to the effect of “...and subsequently issued a notice of proposed removal from Federal service in accordance with the new accountability legislation”.

- Lastly, there is nothing that specifically he Medical Center has taken other than pertaining to the individual employee. Hence, it may be prudent and helpful to the intended audience, if the additional steps taken by the Medical Center since the discovery of this issue to ensure scopes are now properly cleaned were set forth. Of course this does not directly address my previously stated concern of the absolutism to date that these cleaning deficiencies were limited to only this one individual.

While we hope that you will incorporate the changes listed above as well as those previously made below, ultimately it is your decision as our clients whether to implement them in whole or in part. Hence, for all practical purposes, unless you have additional questions or other material for us to review, our legal review as part of the concurrence process is complete. Of course feel free to contact me directly should you wish to discuss this matter further. Regards. JM.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

The contents of this message should be considered confidential legal advice between the sender, an attorney with the VA Office of the General Counsel, and recipient(s) of this message as specified above. It should not be forwarded to any other individual, including other employees of the Department, without written permission of the sender.

From: [REDACTED]
Sent: Friday, August 18, 2017 10:29 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Re-adding [REDACTED]

TGL

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Friday, August 18, 2017 10:23 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Thank you.

Once those changed are made, are we clear? This is the document. It will be used as a q and a for the local delegation. Adding [REDACTED], too.

-----Original Message-----

From: [REDACTED]
Sent: Friday, August 18, 2017 10:05 AM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Ms. [REDACTED]: I have reviewed the e-mail and proposed follow-up letter and offer the following comments:

Relative to the other document "they want to share with their members", I did not see that document attached to this e-mail. Should you want us to review and comment on that document, we are certainly willing and able once you forward the same.

Regarding the proposed follow-up letter itself:

The draft specifically indicates two specific dates where the patient had a procedure with the scopes at issue. I assume that these dates are specific to a particular veteran and that each letter will be specifically tailored for each veteran, but feel obliged to state that may be and should be obvious. Having said that, it is imperative that the information provided by the Medical Center for each veteran is 100% accurate and covers all procedures where the suspect scopes may have been used.

· We strongly recommend that the language of the third sentence, "...one technician did not follow...", be changed in order to preserve the integrity of the ongoing process to remove this employee. We note that it is proposed that the letter will be signed by the Medical Center Director, the same person that will be the deciding official g personnel action. In order to avoid any potential argument or defense that the Director predetermined his decision to remove the employee before reviewing the employee's response or evidence rebutting the same, we strongly suggest that alternative language such as "...one technician may not have followed...." or "...it appears that one technician may not have followed...".

· The fourth sentence is not legally objectionable as to content, but might be easier for the veteran to digest if states something to the effect of "Because of this, there is a chance, although a very small chance, that you may have been exposed to a risk of infection".

· The fifth sentence indicates that the veteran "may come in" for testing. We do not believe this language is adequate and suggest you consider using stronger language such as "...we suggest..." or "...we encourage...".

· The sixth sentence is not legally objectionable, but we believe would be better understood and more comforting to veterans if language such as "...that is not the case" is added at the end after "certain".

The last two paragraphs have both legal and other issues, which are better demonstrated by our suggested rewrite (additional language highlighted in yellow) below rather than trying to explain the same:

We are deeply sorry this situation occurred and are committed to the safety that when this issue was identified, we took immediate action to ensure our patients' safety. We removed the employee from his responsibilities in cleaning the scopes and we checked all staff members' scope disinfection techniques to ensure proper procedures are followed. We have also taken actions to prevent this from happening in the future.

I sincerely apologize for the concern this notification may bring to you and your family. Please know we are here to help you.

The language regarding tpreviously regarding the integrity of the pending disciplinary action. Of course, a huge issue, hopefully determined with absolutely certainty, is that there were/are no other incidents of improper cleaning by other Medical Center employees. As currently written, in my opinion we are close to boxing VA in a corner in the assertion that only one employee was involved, when I am not sure and cannot say with absolute confidence or knowledge that a sufficient and thorough enough review has been conducted to rule out the additional involvement of others. I certainly hope that is not the case, but on the off chance a deeper look (e.g. by VA OIG and/or the Medical Inspector) subsequently indicates that this was not limited only to this individual employee, the potential and entirely avoidable PR whiplash will likely be severe.

Last but not least, in order to build in another fail safe for veterans who may not immediately request further testing, we believe it would be prudent to include a sentence something to the effect of "Regardless of what action you take,

please be sure to show this letter to your VA health care provider at your next medical appointment”. In this way, we could build in another opportunity to engage impacted veterans regarding testing to confirm or rule out infection.

Should you have any questions or wish to discuss the same, feel free to contact me. JM.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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From: [REDACTED]
Sent: Friday, August 18, 2017 9:53 AM
Cc: [REDACTED]
Subject: RE: need immediate concurrence on Buffalo letter

Can you please clear the letter and the attachment? We need it now. We are being pummeled.

-----Original Message-----

From: [REDACTED]
Sent: Thursday, August 17, 2017 09:14 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]

Subject: RE: need immediate concurrence on Buffalo letter

Jeff and Joe (cc'd) have been involved locally and can concur or comment.

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Thursday, August 17, 2017 06:02 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: need immediate concurrence on Buffalo letter

Hey there.

Adding you, too, Dick. Buffalo is anxious. They want to be able to send a copy of the letter to their delegation, whom they believe is trying to be helpful.

From: [REDACTED]
Sent: Thursday, August 17, 2017 5:43 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: need immediate concurrence on Buffalo letter

Hi there. Buffalo would like to send the letter below to Veterans impacted by the scope situation as soon as possible. Can you concur on the letter? They also have another document they want to share with their members. Do either of these cause you pause?

Attachment 2 – Follow-up Letter to Veterans

XX month XX, 2017

Dear _____:

Our records indicate you were seen as a patient at VA Western New York Healthcare System for a scope procedure April 19, 2015, and June 23, 2017. Each scope used was disinfected. However, this letter is to inform you that one technician did not follow a part of the established disinfection procedure when cleaning scopes. Because of this, there

is a very low risk that you may have been exposed to an infection risk.

While we believe your risk of infection is very low, you may come in to be tested for Hepatitis B, Hepatitis C and HIV. We want to point out that receiving this letter does not mean you were infected, but we are taking extra steps to be certain. Tests for infection require having a small amount of blood taken. We would like to offer you blood testing at VA at no charge or co-pay. Results will be provided to you via phone call, letter or visit with your primary care provider.

You may have already been contacted about this by a nurse; however, we have also established a dedicated phone line staffed by a Registered Nurse which you may reach 24-hours-a-day, 7 days-a-week, by calling (716) 862-8505. We are committed to helping you get your questions answered and providing you with the prompt care and services you deserve.

When this issue was identified, we took immediate action to ensure our patients' safety. We removed the employee from this position and we checked all staff members' scope disinfection techniques to ensure proper procedures are followed. We have taken actions to prevent this from happening in the future.

We are deeply sorry this situation occurred and are committed to the safety and well-being of all the patients we serve. I sincerely apologize for the concern this notification may bring to you and your family. Please know we are here p you.

Sincerely,

Medical Center Director

From: [REDACTED].
Sent: Thursday, August 17, 2017 5:31 PM
To: [REDACTED]
Cc: VHA 10B
Subject: RE: need immediate concurrence on Buffalo letter

Hi Ana. 10B2 needs to obtain OGC review/clearance. Assuming this is also one piece of larger coms plan – i.e., OCLA?

From: [REDACTED]
Sent: Thursday, August 17, 2017 5:26 PM
To: [REDACTED]
Cc: VHA 10B
Subject: FW: need immediate concurrence on Buffalo letter
Importance: High

For expedited clearance:

We need approval for a letter that will go to Veterans who may have been impacted as a result of the large disclosure in Buffalo. The letter is straightforward and is needed immediately.

Attachment 2 – Follow-up Letter to Veteran

XX month XX, 2017

Dear _____:

Our records indicate you were seen as a patient at VA Western New York Healthcare System for a scope procedure April 19, 2015, and June 23, 2017. Each scope used was disinfected. However, this letter is to inform you that one technician did not follow a part of the established disinfection procedure when cleaning scopes. Because of this, there is a very low risk that you may have been exposed to an infection risk.

While we believe your risk of infection is very low, you may come in to be tested for Hepatitis B, Hepatitis C and HIV. We want to point out that receiving this letter does not mean you were infected, but we are taking extra steps to be certain. Tests for infection require having a small amount of blood taken. We would like to offer you blood testing at VA at no charge or co-pay. Results will be provided to you via phone call, letter or visit with your primary care provider.

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When this issue was identified, we took immediate action to ensure our patients' safety. We removed the employee from this position and we checked all staff members' scope disinfection techniques to ensure proper procedures are

followed. We have taken actio prevent this from happening in the future.

We are deeply sorry this situation occurred and are committed to the safety and well-being of all the patients we serve. I sincerely apologize for the concern this notification may bring to you and your family. Please know we are here to help you.

Sincerely,

Medical Center Director

From: [REDACTED]
Sent: Thursday, August 17, 2017 5:20 PM
To: VHA 10B
Cc: [REDACTED]
Subject: need immediate concurrence on Buffalo letter
Importance: High

Hi there.

We need approval for a letter that will go to Veterans who may have been impacted as a result of the large disclosure in Buffalo. The letter is straightforward and is needed immediately.

Attachment 2 – Follow-up Letter to Veteran

XX month XX, 2017

Dear _____:

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April 19, 2015, and June 23, 2017. Each scope used was disinfected. However, this letter is to inform you that one technician did not follow a part of the established disinfection procedure when cleaning scopes. Because of this, there is a very low risk that you may have been exposed to an infection risk.

While we believe your risk of infection is very low, you may come in to be tested for Hepatitis B, Hepatitis C and HIV. We want to put that receiving this letter does not mean you were infected, but we are taking extra steps to be certain. Tests for infection require having a small amount of blood taken. We would like to offer you blood testing at VA at no charge or co-pay. Results will be provided to you via phone call, letter or visit with your primary care provider.

You may have already been contacted about this by a nurse; however, we have also established a dedicated phone line staffed by a Registered Nurse which you may reach 24-hours-a-day, 7 days-a-week, by calling (716) 862-8505. We are committed to helping you get your questions answered and providing you with the prompt care and services you deserve.

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We are deeply sorry this situation occurred and are committed to the safety and well-being of all the patients we serve. I sincerely apologize for the concern this notification may bring to you and your family. Please know we are here to help you.

Sincerely,

Medical Center Director

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [Hutton, James](#); [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]
Subject: RE: New SPS Article with elected official quotes
Date: Thursday, August 17, 2017 2:08:32 PM

In case you missed it.

V/r,

Jim

<http://buffalonews.com/2017/08/17/higgins-seeks-information-infection-risk-notice-va-patients/>

Higgins, Collins respond to infection risk notice to Buffalo VA patients

By [Henry L. Davis](#) | Published 11:30 a.m. August 17, 2017 | Updated 41 minutes ago

Rep. Brian Higgins says he is posing questions to Veterans Affairs officials about an alert to more than 500 patients at the Buffalo VA Medical Center who underwent procedures with medical scopes.

"Anything that compromises the health and safety of those who so bravely served is extremely troubling," Higgins, D-Buffero, said in a statement.

[VA medical center warning 526 patients of infection risk from scopes](#)

"We will ask for more details, await the results of the ongoing investigation, and will work with the Buffalo VA to see that our nation's duty to properly care for our veterans is met," he said.

Rep. Chris Collins, R-Clarence, encouraged veterans in his district who may be concerned to contact his district office for assistance.

"It is completely unacceptable that proper protocols were not being followed, but I applaud the actions taken to relieve the employee at fault from their duties," he said in a statement.

The hospital acknowledged this week that it is notifying 526 patients that the use of an improperly cleaned medical scope may have put them at risk of infection.

During a recent review of the disinfection process for the reusable equipment generally known as endoscopes, it was noted that steps in the manufacturer's instructions may not have been followed in some cases by an employee of the hospital, the medical center said in a statement. Hospital officials characterized the risk of infection as "very low," and announced they will offer screening to the patients at no charge.

Concerns around inadequately cleaned medical scopes usually revolves around the transmission of such illnesses as hepatitis C and HIV. "Notification does not mean veterans were infected," medical center officials said in a brief statement on Wednesday.

The VA declined to offer any additional information — including what type of procedure the patients received, and over what time period. The medical center also declined to say when or how the issue was discovered, how many scopes were involved, or what steps in the cleaning process were not followed.

For years, there has been increasing concern about infections linked to endoscopes, the flexible, lighted tubes that doctors use to peer inside patients' bodies. The devices can be difficult to clean, and require strict adherence to steps to remove organic residues and prepare for reuse in another patient.

Outbreaks have been associated with a number of different medical scopes, including duodenoscopes threaded into the top of the small intestine, gastroscopes passed into the stomach, colonoscopes inserted into the rectum to view the large intestine, and bronchoscopes to view the airways.

"Unfortunately, this is not the first time this type of negligence has occurred, yet is an example of how important our reforms have been, especially when it comes to holding VA employees accountable," said Collins, who cited legislation he has supported related to the operation of the Veterans Administration.

[REDACTED]

—

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From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#); [REDACTED]; [Hutton, James](#); [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval
Date: Tuesday, November 07, 2017 5:56:05 PM

Thank you all for letting us get out ahead of this. We had positive remarks from the Senators and actually had a positive opinion piece from the state newspaper. The editorial board of the Oklahoman wrote the below article.

<http://m.newsok.com/work-remains-but-okc-va-hospital-making-strides/article/5571017>

From: [REDACTED]
Sent: Wednesday, November 01, 2017 2:50:24 PM
To: Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Thank you

From: Cashour, Curtis
Sent: Wednesday, November 01, 2017 4:35 PM
To: [REDACTED]
[REDACTED]; Hutton, James <James.Hutton@va.gov>; [REDACTED]
[REDACTED]
[REDACTED] >
Cc: [REDACTED]
[REDACTED]
[REDACTED] >
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Approved. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, November 01, 2017 5:21 PM

To: Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED]

Cc: [REDACTED], [REDACTED]

Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Many egregious acts of conduct and negligence by prior leadership in Oklahoma City. All guilty parties have either been terminated or removed, resigned or have been into retirement when facing removal.

Wade as the new director is dealing with each of these issues and has the full support of elected officials in Oklahoma including the two senators and appropriate members of the house and has been candid with local media who appreciate his efforts and understands the magnitude of what he is cleaning up.

That's the bottom line

Sent with Good (www.good.com)

From: Cashour, Curtis

Sent: Wednesday, November 01, 2017 2:01:43 PM

To: [REDACTED]; Hutton, James; [REDACTED]

Cc: [REDACTED], [REDACTED]

Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

What is the bottom line of the report?

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](#)

From: [REDACTED]

Sent: Wednesday, November 01, 2017 4:53 PM

To: [REDACTED]; Cashour, Curtis; Hutton, James; [REDACTED]

Cc: [REDACTED], [REDACTED]

[REDACTED] OKC to publish tomorrow - statement for approval

If there is anything we can do to speed up the approval, then it will be greatly appreciated. We have made positive strides with the media here and with the Congressionals. I don't want to get on the wrong footing with them since there have been many media requests and Congressional discussions about being proactive. I just want to make sure that when we have Senators willing to go to bat for us that we don't impact the relationship by me not being able to comment. I just want to keep the media relations positive and Senators and Congressmen to continue to help us move forward. I also know my boss and he will expect me to stay out in

front of this. I appreciate any help.

Thanks,
Wade

From: [REDACTED]
Sent: Wednesday, November 01, 2017 11:36:28 AM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: OIG report on OKC to publish tomorrow - statement for approval

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[REDACTED]
[REDACTED]

Thank you
Susan

[REDACTED]

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To: [Cashour, Curtis](#); [REDACTED]; [Hutton, James](#); [REDACTED];
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval
Date: Wednesday, November 01, 2017 5:50:27 PM

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Sent: Wednesday, November 01, 2017 4:35 PM
To: [REDACTED]
[REDACTED] Hutton, James <James.Hutton@va.gov>; [REDACTED]
[REDACTED]
[REDACTED]
Cc: [REDACTED]
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[REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

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Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

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[REDACTED]
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[REDACTED]

Thank you
Susan

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [Ullyot, John](#)
To: [Hutton, James](#); [REDACTED]; [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]; [Wagner, John \(Wolf\)](#)
Subject: Re: OIG report on OKC to publish tomorrow - statement for approval
Date: Wednesday, November 08, 2017 7:50:51 AM
Attachments: [322DB9A0-59D1-4AE7-8B95-A63AC70185D4.png](#)

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Thanks everyone,

John U.

John Ullyot

Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
202-461-7500 office
john.ullyot@va.gov



From: "Hutton, James" <James.Hutton@va.gov>
Date: Tuesday, November 7, 2017 at 9:38 PM
To: [REDACTED]
[REDACTED], Curt Cashour
<Curt.Cashour@va.gov>, [REDACTED]
[REDACTED]
[REDACTED]
Cc: [REDACTED]
[REDACTED]
[REDACTED] John Ullyot <john.ullyot@va.gov>
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Adding John Ullyot

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:35:45 PM
To: [REDACTED] Cashour, Curtis; [REDACTED] Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED])

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:56:03 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Thank you all for letting us get out ahead of this. We had positive remarks from the Senators and actually had a positive opinion piece from the state newspaper. The editorial board of the Oklahoman wrote the below article.

<http://m.newsok.com/work-remains-but-okc-va-hospital-making-strides/article/5571017>

From: [REDACTED]
Sent: Wednesday, November 01, 2017 2:50:24 PM
To: Cashour, Curtis; [REDACTED] Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Thank you

From: Cashour, Curtis

Sent: Wednesday, November 01, 2017 4:35 PM

To: [REDACTED]

[REDACTED] Hutton, James <James.Hutton@va.gov>; [REDACTED]

Cc: [REDACTED]

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Curt Cashour
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Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

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To: Cashour, Curtis; [REDACTED] Hutton, James; [REDACTED]

Cc: [REDACTED]

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Cc: [REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]; [Hutton, James](#); [REDACTED];
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval
Date: Wednesday, November 01, 2017 5:50:29 PM

Thank you

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Sent: Wednesday, November 01, 2017 4:35 PM
To: [REDACTED]
[REDACTED] Hutton, James <James.Hutton@va.gov>; [REDACTED]
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[REDACTED] >, Curt Cashour
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[REDACTED]

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:56:03 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED] Hutton, James; [REDACTED];
[REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Thank you all for letting us get out ahead of this. We had positive remarks from the Senators and actually had a positive opinion piece from the state newspaper. The editorial board of the Oklahoman wrote the below article.

<http://m.newsok.com/work-remains-but-okc-va-hospital-making-strides/article/5571017>

From: [REDACTED]
Sent: Wednesday, November 01, 2017 2:50:24 PM
To: Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED]
[REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Thank you

From: Cashour, Curtis

Sent: Wednesday, November 01, 2017 4:35 PM

To: [REDACTED]
[REDACTED] >; Hutton, James <James.Hutton@va.gov> [REDACTED]
<[REDACTED]>
[REDACTED]
Cc: [REDACTED] >;
[REDACTED])
[REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Approved. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Wednesday, November 01, 2017 5:21 PM
To: Cashour, Curtis; [REDACTED]; Hutton, James; [REDACTED],
[REDACTED]
Cc: [REDACTED],
[REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

Many egregious acts of conduct and negligence by prior leadership in Oklahoma City. All guilty parties have either been terminated or removed , resigned or have been into retirement when facing removal.

Wade as the new director is dealing with each of these issues and has the full support of elected officials in Oklahoma including the two senators and appropriate members of the house and has been candid with local media who appreciate his efforts and understands the magnitude of what he is cleaning up.

That's the bottom line

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, November 01, 2017 2:01:43 PM
To: [REDACTED]; Hutton, James; [REDACTED]
Cc: [REDACTED],
[REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

What is the bottom line of the report?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, November 01, 2017 4:53 PM
To: [REDACTED]; Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

If there is anything we can do to speed up the approval, then it will be greatly appreciated. We have made positive strides with the media here and with the Congressionals. I don't want to get on the wrong footing with them since there have been many media requests and Congressional discussions about being proactive. I just want to make sure that when we have Senators willing to go to bat for us that we don't impact the relationship by me not being able to comment. I just want to keep the media relations positive and Senators and Congressmen to continue to help us move forward. I also know my boss and he will expect me to stay out in front of this. I appreciate any help.

Thanks,
[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 01, 2017 11:36:28 AM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: OIG report on OKC to publish tomorrow - statement for approval

Tomorrow, OIG is expected to publish its report *Healthcare Inspection Evaluation of System-Wide Clinical, Supervisory, and Administrative Practices Oklahoma City VA Health Care System Oklahoma City*. I've attached the draft report we received in August for awareness/background.

The Congressional delegation advised facility director Wade Vlosich they were briefed by OIG yesterday, and will be proactively supporting the progress the facility has made by issuing statement/NR as soon as the report publishes. Mr. Vlosich has built a very transparent relationship with key local media and often engages with them one on one. He has even informed media at various times that this report will be forthcoming, so they are anticipating it. It is expected that multiple local media outlets will query the Oklahoma City VAHCS immediately upon release of the OIG report.

Additional information is outlined in the attached communications plan - employee messaging, focus of the report and OIG recommendations. Of the 24 recommendations in the report, 10 are closed and completed, 3 are completed and awaiting OIG closure after verification, 11 are pending with the majority of them almost completed.

Requesting approval to send this statement to media as soon as the report publishes and engage in interviews as needed.

“I have reviewed the OIG’s findings and recommendations and concur with all of them,” said OKCVAHCS Director Wade Vlosich. “We have already enacted bold changes at this facility. Thirteen of the recommendations have already been implemented or completed and we are actively working to complete the remaining eleven. Of the five leadership positions noted in the report, four of those employees no longer work for the Department of Veterans Affairs and the fifth employee has been issued appropriate disciplinary action.”

Media will also be provided a link to the (below) Veteran message posted on the facility website and social media platforms, as this provides additional messaging on progress they have made.

Veteran Message: The Oklahoma City VAHCS is a transparent organization and wants to continue to build the trust our Veterans have in our health care system. This proposed “Message from the Director” will be posted on our website as a feature story, emailed to our local GovDelivery subscribers, and links posted on our social media platforms.

Today the VA Office of Inspector General (OIG) released their report on a range of clinical, supervisory and administrative practices at the Oklahoma City VAHCS {insert link to OIG report}. This extensive review began with an initial visit in May 2016 in conjunction with a review by The Joint Commission.

OIG made 24 recommendations in the areas of staffing, quality and administrative practices. We have already enacted bold changes at this facility. Thirteen of the recommendations have already been implemented or completed and we are actively working to complete the remaining eleven. Some of the corrections and improvements already completed include:

- A strong, permanent executive leadership team in place that includes Dr. Susan Bray-Hall as Chief of Staff, Kerri Craft as Associate Director for Patient Care Services and Paul Gregory as Assistant Director. We are also recruiting for our vacant Associate Director position.
- We have established an improved Education department. Education is a core mission of the VA and our Education department oversees resident supervision and the numerous medical trainees that help us provide health care to our Veterans.
- We have implemented new administrative processes to correct identified issues with patient safety reporting, peer reviews, professional practice evaluations, and audits.
- We continue to add resources where needed to improve access to care and timeliness. Additional staffing in our call center has reduced wait times on the phone by about 50% in the last year. Planned urgent care clinics at the main hospital, our South Oklahoma City clinic and our Lawton clinic will improve access to care and reduce ER wait times.

I’ve only been in Oklahoma City for 16 months; however, in that short time we’ve made great strides and we have improved the care we deliver to our Veterans. It is my commitment that we will continue to improve and advance the care we provide because our Veterans deserve the best.

How can you help? We want to hear from you, whether you had a great experience at one of our facilities or you want to provide feedback on how we can better serve you. Our team of patient advocates are available as a resource to you. You can visit them in Room 1B107 at our main facility or by calling (405) 456-1788. During non-business hours, you can visit our Medical Administration Officer at the front desk in the Emergency Room or call (405) 456-5412 for assistance.

Our continued focus is providing the best care that our Veterans have earned and deserve. Thank you for your service.

[REDACTED]
[REDACTED]
[REDACTED]

Thank you
Susan

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]; [Hutton, James](#); [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval
Date: Wednesday, November 01, 2017 5:20:48 PM

Many egregious acts of conduct and negligence by prior leadership in Oklahoma City. All guilty parties have either been terminated or removed , resigned or have been into retirement when facing removal.

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Sent: Wednesday, November 01, 2017 2:01:43 PM
To: [REDACTED]; [Hutton, James](#); [REDACTED]
Cc: [REDACTED]
Subject: RE: OIG report on OKC to publish tomorrow - statement for approval

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Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
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From: [REDACTED]
Sent: Wednesday, November 01, 2017 4:53 PM
To: [REDACTED]; [Cashour, Curtis](#); [Hutton, James](#); [REDACTED]
Cc: [REDACTED]
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continue to help us move forward. I also know my boss and he will expect me to stay out in front of this. I appreciate any help.

Thanks,
Wade

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Cc: [REDACTED]
Subject: OIG report on OKC to publish tomorrow - statement for approval

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Our continued focus is providing the best care that our Veterans have earned and deserve. Thank you for your service.

[REDACTED]
[REDACTED]
[REDACTED]

Thank you
Susan

[REDACTED]

From: [REDACTED]
To: [Ulliot, John](#); [Hutton, James](#); [REDACTED]
Cc: [REDACTED]
Subject: RE: PAO reiterate RTQ statement with Buffalo News & sent to WGRZ; Any objections to all-employee message?
Date: Wednesday, August 16, 2017 6:51:23 PM
Importance: High

PAO just received query from CBS News (national). She's going to send the statement. Contact information below.

V/r,

Jim

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, August 16, 2017 5:33 PM
To: Ulliot, John; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: PAO reiterate RTQ statement with Buffalo News & sent to WGRZ; Any objections to all-employee message?
Importance: High

Gentlemen, PAO is sending Buffalo News and WGRZ (NBC, Buffalo) the approved statement. No interviews will be offered. Any objections to the below all-employee message from the director? The messaging is by and large consistent with the RTQ.

V/r,

Jim

All Employee Message

Part of VA's robust patient safety program is to inform Veterans if there is any potential concern regarding their care. It is important you know as employees, VA is a transparent organization, sharing information, even when the risk is very low.

VA is notifying approximately 500 Veterans who had a scope procedure at the facility. During a recent review of the disinfection process it was noted that repetitive steps listed by manufacturer's instructions may not have been followed in some cases by an employee. The employee was immediately relieved from the position.

VA is notifying this group of Veterans and offering free screening. Notification does not mean Veterans were infected and the risk of infection is very low. In fact, evidenced based data of previous nationwide studies shows no transmission of infection occurring due to improper cleaning of medical scopes.

We are deeply sorry this situation occurred and are committed to the safety and well-being of all the patients we serve. We do not want to cause unnecessary concern to patients and their families and want them to be reassured, we are here to answer any questions, provide testing, and treatment as needed.

As you know, reviews are an important part of ensuring the highest quality of care provided to patients. Please continue to provide our Veterans the quality care they have earned and deserve.

[REDACTED]

Jim

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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From: [REDACTED]
To: [Hutton, James](#); [REDACTED]; [Ulliyot, John](#); [Wagner, John \(Wolf\)](#); [Cashour, Curtis](#); [REDACTED]
Subject: RE: Potential National Stories
Date: Tuesday, August 15, 2017 9:48:07 PM
Attachments: [V19 OKCVAHCS OIG Comms Plan - HC Inspection.docx](#)

Attached. Sorry for the late hour. v/r, Tom

Sent with Good (www.good.com)

-----Original Message-----

From: Hutton, James
Sent: Tuesday, August 15, 2017 05:13 PM Eastern Standard Time
To: [REDACTED]; Ulliyot, John; Wagner, John (Wolf); Cashour, Curtis;
[REDACTED]
Subject: RE: Potential National Stories

Please send the OKC plan.

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Tuesday, August 15, 2017 3:46 PM
To: [REDACTED] Hutton, James; Ulliyot, John; Wagner, John (Wolf); Cashour, Curtis; [REDACTED]
Subject: Potential National Stories

- VA Western New York HCS, VA New York/New Jersey HCN (VISN 2): Spoke with PAO and VISN 2 Acting Chief Comms Officer about **Buffalo News medical reporter Henry Davis**, who requested comment on reports he received of problems with **proper cleaning procedures regarding medical scope equipment used to perform primarily colonoscopies**. Davis was not forthcoming on his story deadline but NAD and facility are operating on the assumption it will come out sooner rather than later. The facility is still waiting for final guidance from VHA/CO on when to begin notifications to veterans. There had been discussion about notifying in early September but in light of the News' inquiry that timetable is likely to be moved up. Reached out to facility and network director and requested approval of the draft RTQ statement so that it can be reviewed by CO leadership. PAO proposed doing a news conference, which we support but she is awaiting feedback from her director. Briefed Field Ops director. (JB)

- **Manchester VAMC:** HVAC health care investigator arrived yesterday at the Manchester VAMC to conduct a two-day oversight visit. Reiterated with PAO that any media inquiries on the visit be directed to VA press secretary. (JB)

- **VISN 12:** PAO provided Press Secretary's approved response to Art Levine, a freelance writer who is working a piece for Newsweek. The story, regarding opioids, is to include a section on the Tomah VAMC. Levine posed a few questions to the VISN PAO last week, primarily regarding previous issues that have been addressed at the facility. PAO has had no contact with Levine since providing the response but will continue to keep us updated. (CL)

- **O Magazine:** Freelance reporter is doing a public interest piece on a "Suicide Prevention Hero" and New Orleans VAMC suicide prevention coordinator April Foreman's colleagues referred reporter to her due to her work on the Suicide Prevention Social Media Chat, her work at the American Association of Suicidology, and her work on Our Data Helps. Reporter would like to discuss her work at VA as well. She is specifically interested in work she did with VASPI (releasing a synthetic data set to Data.Gov), and things like the Opportunity Project with the White House, and a basic description of her work as an SPC. (JJ)

- **Oklahoma City VAMC:** PAO drafted a communications plan in response to an upcoming **OIG report soon to publish**. OIG conducted the healthcare inspection in response to Sen. James Inhofe's request to evaluate a range of clinical, staffing, and administrative practices at the Oklahoma City VA. Director has been transparent with media that OIG had been on site and a report would be published soon detailing concerns and issues at the facility. He has also been transparent stating that actions have been taken immediately. Within the report, a draft employee, congressional, veteran and VSO message is included so distribution can occur when report publishes. Dallas OPA recommended a proactive media engagement with key local media immediately upon publishing, instead of a respond to query only. (JJ)

- **Grand Junction VAMC:** PAO reports Rocky Mountain PBS interviews with veterans and patients will occur this week pending signed privacy waivers and agreement of physicians involved. **Rocky Mountain PBS** is planning a local follow-on to upcoming PBS series on Vietnam. RMPBS is also planning interviews with Denver VAMC SMEs once reporters focus their ideas more clearly. (PS)

- **Columbia VAMC:** Contacted PAO regarding report that Office of Community Care employee working with Claims Adjudication and Reimbursement was **arrested for an alleged sexual assault of a minor**. Employee works in Columbia. Per direction from Field Ops, advised PAO to refer any inquiries on this to OMR. (PS, EB)

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#); [Hutton, James](#)
Cc: [REDACTED]
Subject: RE: Query - Cost of Buffalo Scope Notification - Buffalo Business Journal
Date: Monday, August 21, 2017 1:25:17 PM

Thanks, Linda.

Adding James.

Should we simply say we have nothing beyond the statement?

v/r
Mark

From: [REDACTED]
Sent: Monday, August 21, 2017 1:17 PM
To: [REDACTED]
Cc: [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: Query - Cost of Buffalo Scope Notification - Buffalo Business Journal

Recommend that, as you suggest, we stick with the existing statement; that's been the guidance to the PAO.



-----Original Message-----

From: [REDACTED]
Sent: Monday, August 21, 2017 01:12 PM Eastern Standard Time
To: VHA CO 10B2B Media; West, Walinda
Cc: [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: Query - Cost of Buffalo Scope Notification - Buffalo Business Journal

All – please see the below query from a Buffalo Business Journal reporter. Not sure if the information she seeks is even knowable.

Date of Request: Aug. 21
Subject: Costs associated with scope cleanliness notification
Outlet: Buffalo Business Journal

Journalist: [REDACTED]

OPA Staffer: Ballesteros

Phone: [REDACTED]

E-mail: [REDACTED]

Deadline: TBD

Broadcast/Publication: TBD

Request: I'd like to do a piece on the cost of this issue to the hospital in terms of communications, training and testing.

Also, any idea what the cost to the institution in 2013-2014 following the episode with the insulin pens and resulting lawsuits?

Is someone available for a phone interview?

Recommendation: If we decide to engage, simply provide a statement.

From: [REDACTED]

Sent: Monday, August 21, 2017 11:15 AM

To: [REDACTED]

Subject: Re: [EXTERNAL] infected scopes?

Hi Evang.

I'd like to do a piece on the cost of this issue to the hospital in terms of communications, training and testing.

Also, any idea what the cost to the institution in 2013-2014 following the episode with the insulin pens and resulting lawsuits?

Is someone available for a phone interview?

--

For more information about this commercial e-mail, either reply to this e-mail or write to:

Customer Service

Business First of Buffalo

465 Main St.

Buffalo, NY 14203-1793

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Signup for our free Daily Email Editions!

<http://www2.bizjournals.com/buffalo/emailpromo/dailylight.html>

On 8/17/17, 5:07 AM, "[REDACTED]" > wrote:

Please see statement below:

VA is notifying 526 Veterans who had a scope procedure at the facility. During a recent review of the disinfection process it was noted that repetitive steps listed by manufacturer's instructions may not have been followed in some cases by an employee. The employee was immediately relieved from the position.

VA is notifying this group of Veterans and offering free screening. Notification does not mean Veterans were infected and the risk of infection is very low. In fact, evidence based data of previous nationwide studies shows no transmission of infection occurring due to improper cleaning of medical scopes.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, August 16, 2017 09:58 PM Central Standard Time
To: Conley, Evangeline E
Subject: [EXTERNAL] infected scopes?

Hey Evang – any reason why we didn't get any media info about the notification to patients? Can you send something along please?

[REDACTED]

For more information about this commercial e-mail, either reply to this e-mail or write to:

Customer Service
Business First of Buffalo
465 Main St.
Buffalo, NY 14203-1793

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<http://www2.bizjournals.com/buffalo/emailpromo/dailylight.html>

From: [REDACTED]
To: [Hutton, James](#)
Cc: [REDACTED]; [Cashour, Curtis](#)
Subject: RE: Query - MDROs - U.S. Medicine
Date: Friday, March 23, 2018 8:15:19 AM
Attachments: [image001.jpg](#)

Thank you.

From: Hutton, James
Sent: Friday, March 23, 2018 8:15 AM
To: [REDACTED]
Cc: [REDACTED]; Cashour, Curtis
Subject: RE: Query - MDROs - U.S. Medicine

Approved

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: [REDACTED]
Sent: Friday, March 23, 2018 8:13 AM
To: Hutton, James
Cc: [REDACTED]
Subject: RE: Query - MDROs - U.S. Medicine

Good Morning James,

Requesting your approval of the interview request below.

[REDACTED]

From: [REDACTED]
Sent: Thursday, March 22, 2018 7:52 AM
To: Hutton, James

Cc: [REDACTED]

Subject: RE: Query - MDROs - U.S. Medicine

James.

Requesting approval for an interview with Annette Boyle from U.S. Medicine. VHA offers Gary Roselle talk to the reporter this AM.

Recommend that we move forward since we are past the reporter's deadline.

[REDACTED]

From: [REDACTED]

Sent: Thursday, March 22, 2018 7:30 AM

To: Mojay, Ndidi; Hammonds, Michele; Screen, Gina; Poff, Susan

Cc: VHA CO 10B2B Media; Noller, Randal; Ballesteros, Mark; Thomas, Tom

Subject: RE: Query - MDROs - U.S. Medicine

Hi [REDACTED] –

It is Gary Roselle.

Thanks,

[REDACTED]

From: [REDACTED]

Sent: Wednesday, March 21, 2018 4:49 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Query - MDROs - U.S. Medicine

[REDACTED]

What's the name of the SME for the interview? I would have to get approval for the interview.

From: [REDACTED]

Sent: Wednesday, March 21, 2018 3:32 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Query - MDROs - U.S. Medicine

Why did I get the impression that these responses were available?

Is there not another SME that can address the questions?

From: [REDACTED]

Sent: Wednesday, March 21, 2018 3:30 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Query - MDROs - U.S. Medicine

Hi [REDACTED] –

It looks like our expert is tied up and can do written responses for this by April 18 – or can jump on the phone for an interview tomorrow or Friday morning. Do you have any issues with that?

Thanks,

[REDACTED]

From: [REDACTED]
Sent: Wednesday, March 21, 2018 7:58 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Query - MDROs - U.S. Medicine

VHA,

Is there a status update available? Still standing by for this information.

[REDACTED]

From: [REDACTED]
Sent: Tuesday, March 20, 2018 10:48 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Query - MDROs - U.S. Medicine

[REDACTED] – I am in the office, but have been on the phone and email talking with the experts so, I can get you the response. The response is coming today.

From: [REDACTED]
Sent: Tuesday, March 20, 2018 10:31 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Query - MDROs - U.S. Medicine

VHA,

I'm not sure if Michele is here today. But she mentioned to me that we will have a response for this yesterday.

Can someone check to see if we got anything back?

[REDACTED]

From: [REDACTED]
Sent: Tuesday, March 13, 2018 12:46 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Query - MDROs - U.S. Medicine

Hey [REDACTED] – I've got this one.

[REDACTED]

From: [REDACTED]
Sent: Tuesday, March 13, 2018 12:31 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Query - MDROs - U.S. Medicine

VHA,

See inquiry from U.S. Med below. Deadline for Friday COB.

She names the SME she wants attribution from. However, in the interest of time, please consider another SME is Suda is not available.

[REDACTED]

From: [REDACTED]
Sent: Tuesday, March 13, 2018 12:25 PM
To: [REDACTED]
Subject: [EXTERNAL] query on MDROs

[REDACTED]

This story has a deadline of Friday for US Medicine.

I'm writing about the VA's leadership in preventing the spread of multi-drug resistant organisms (relevant press release below.) Ideally, I'd like Katie Suda, Research Health Scientist with the Center of Innovation for Complex Chronic Healthcare at the Department of Veterans Affairs (Illinois), to answer the following questions:

1. What would you consider to be the most significant successes for the VA's antimicrobial stewardship/MDRO programs to date?
2. Where do the greatest challenges lie in the next few years for control of MDROs?
3. What roles do pharmacists play in the antimicrobial stewardship in the VA today?
4. How would you want their role to change in the future?
5. How might pharmacists help reduce the inappropriate use of antibiotics in outpatient and other non-acute (spinal cord rehab, mental health facilities, long-term care) settings?
6. What two or three issues/actions would you want other VA clinicians to keep in mind or change in their practice in terms of antimicrobial stewardship and MDROs?

Thanks.

[REDACTED]

Veterans health administration outlines recommendations to combat 'crisis' of MDROs

Four publications address gaps in knowledge and key targets for research

SOCIETY FOR HEALTHCARE EPIDEMIOLOGY OF AMERICA

NEW YORK (February 8, 2018) - The Veterans Health Administration, the largest integrated healthcare system in the United States, is leading efforts to prevent the spread of dangerous multi-drug resistant organisms (MDROs), as detailed in a series of articles published in the February issue of Infection Control & Hospital Epidemiology, the journal of the Society for Healthcare Epidemiology of America. The articles, authored by experts in each area, identify gaps in the existing knowledge about MDROs and set a research agenda in four specific areas: transmission dynamics, antimicrobial stewardship, the microbiome, and special populations.

"Multi-drug resistant organisms cause infections that are very difficult to treat. This threat goes beyond the medical community. It is a public health crisis waiting to happen," said Eli Perencevich, MD, MS, director of the Center for Comprehensive Access & Delivery Research and Evaluation (CADRE) at the Iowa City Veteran's Affairs Health Care System. "The Veteran's Health Administration is uniquely positioned to be a leader in this area and has the ability to make a real impact. These four articles will help set the research agenda and provide a starting point for other healthcare systems to implement, or improve upon, in their own approaches."

Funded by VA's Health Services Research and Development Service (HSR&D), a group of infectious disease researchers convened in Iowa City, Iowa, in September 2016. Conference participants included experts in antimicrobial stewardship, medical anthropology, clinical medicine, epidemiology, infection prevention, pharmacy, and sociology. The participants were divided into four subgroups, to work together to identify key knowledge gaps and important targets for future investigation. The focus of the four articles are summarized below:

1. Transmission dynamics: Resistant pathogens are spread via human hands and environmental surfaces. Disrupting this transmission is essential to controlling MDROs. In this article, the researchers outline the keystones of transmission prevention and opportunities for further investigation in hand hygiene, active surveillance, isolation measures, and enhanced environmental cleaning interventions. (Establishing a Research Agenda for Preventing Transmission of Multidrug-Resistant Organisms in Acute-Care Settings in the Veterans Health Administration, Perencevich EN, et al)
2. Antimicrobial stewardship: Strategies to improve the use of antibiotics and

antifungals can reduce antibiotic resistance and improve clinical outcomes for patients. To improve antibiotic stewardship strategies in inpatient and outpatient settings, research must focus on optimizing structures for teams leading these efforts, refining the activities implemented, determining dosing and duration of use, and using metrics for predicting changes in resistance. (Research Agenda for Antimicrobial Stewardship in the Veterans Health Administration, Suda KJ, et al)

3. Microbiome: Microbiome research is in its infancy, particularly in the context of how it influences MDRO infections in healthcare settings. There may be ways to manipulate the human microbiome to eradicate or prevent colonization by resistant pathogens. This article notes the importance of establishing a framework for microbiome research and prioritizing certain study designs, such as longitudinal studies and randomized controlled trials. It also recommends further study of the efficacy of Fecal Microbiota Transplantation, and of additional microbiota research beyond the gastrointestinal tract. (Research Agenda for Microbiome Based Research for Multidrug-resistant Organism Prevention in the Veterans Health Administration System, Kates A, et al)

4. Special populations: Protocols commonly used to reduce the risk of healthcare-associated infections and MDROs in the hospital setting may be inappropriate or inadequate for healthcare personnel and patients in other settings. The authors of this paper outline specific care settings that should be prioritized, including long-term care, spinal cord injury/disorder, rehabilitation, mental health care, ambulatory care, and home-based care. (Setting a Research Agenda in Prevention of Healthcare-Associated Infections (HAIs) and Multidrug-Resistant Organisms (MDROs) Outside of Acute Care Settings, Evans C, et al)

"Drug-resistant bacteria are not a new phenomenon and even the appropriate use of antimicrobials will nonetheless promote further resistance," said Perencevich.

"Sustained, coordinated, and aggressive efforts to better understand and implement prevention strategies may help to evolve the current crisis into a more manageable problem."

###

Daniel J. Livorsi, MD, MSc; Charlesnika T. Evans, PhD, MPH; Daniel J. Morgan, MD; Heather S. Reisinger, PhD; Nasia Safdar, MD, PhD; Katie J. Suda, PharmD, MS; Eli N. Perencevich, MD, MS. Setting the Research Agenda for Preventing Infections From Multidrug-Resistant Organisms in the Veterans Health Administration. Web

(February 8, 2018).

Eli N. Perencevich, MD, MS; Anthony D. Harris MD, MPH; Christopher D. Pfeiffer, MD, MHS; Michael A. Rubin, MD, PhD, MS; Jennifer Hill, MA; Gio J. Baracco, MD; Martin E. Evans, MD; J. Stacey Klutts, MD, PhD; Judy A. Streit, MD; Richard E. Nelson, PhD; Karim Khader, PhD, MStat, MS; Heather Schacht Reisinger, PhD. Establishing a Research Agenda for Preventing Transmission of Multidrug-Resistant Organisms in Acute-Care Settings in the Veterans Health Administration. Web (February 8, 2018).

Katie J. Suda, PharmD, MS; Daniel J. Livorsi, MD, MSc; Michihiko Goto, MD, MSc; Graeme N. Forrest, MD; Makoto M. Jones, MD; Melinda M. Neuhauser, PharmD, MPH; Brian Hoff, PharmD; Dilek Ince, MD; Margaret Carrel, PhD; Rajeshwari Nair R., PhD; Mary Jo Knobloch, PhD, MPH; Matthew B. Goetz, MD. Research Agenda for Antimicrobial Stewardship in the Veterans Health Administration. Web (February 8, 2018).

Ashley E. Kates, PhD; Jessica Tischendorf, MD; Marin Schweizer, PhD; Loreen Herwaldt, MD3; Matthew Samore, MD; Kimberly Dukes, PhD; Dale Gerding, MD; Daniel Diekema, MD, MS; Nasia Safdar, MD, PhD. Research Agenda for Microbiome Based Research for Multidrug-resistant Organism Prevention in the Veterans Health Administration System. Web (February 8, 2018).

Charlesnika T. Evans, PhD, MPH; Robin L. Jump, MD, PhD; Sarah L. Krein, RN, PhD; Suzanne F. Bradley, MD; Christopher J. Crnich, MD, PhD; Kalpana Gupta, MD; Eli N. Perencevich, MD, MS; Mark W. Vander Weg, PhD; Daniel J. Morgan, MD. Setting a Research Agenda in Prevention of Healthcare-Associated Infections (HAIs) and Multidrug-Resistant Organisms (MDROs) Outside of Acute Care Settings. Web (February 8, 2018).



From: [REDACTED]
To: [Blaha, Lydia B.](#)
Cc: [REDACTED]
Subject: RE: question on political appointees and problems at the VA
Date: Thursday, April 20, 2017 8:30:57 AM
Attachments: [FW FW EXTERNAL Re urgent questions on VA's Tim Lawson.msg](#)

Yes, I provided a response. See attached.

I suspect Pete may come back with similar questions about other employees by name, but unless something changes, our response should be the same.

[REDACTED]

From: Blaha, Lydia B.
Sent: Wednesday, April 19, 2017 4:49 PM
To: [REDACTED]
Subject: FW: question on political appointees and problems at the VA

You responded to this request a while ago, correct?

Lydia B Blaha
Deputy Press Secretary
Department of Veterans Affairs
| O: (202) 461-7458 | C: (202) 897-7407 | Lydia.Blaha@va.gov |

From: [REDACTED]
Sent: Wednesday, April 19, 2017 4:40 PM
To: Blaha, Lydia B.
Subject: [EXTERNAL] FW: question on political appointees and problems at the VA

From: Blaha, Lydia B. [<mailto:Lydia.Blaha@va.gov>]
Sent: Tuesday, April 4, 2017 2:51 PM
To: [REDACTED]
Subject: RE: question on political appointees and problems at the VA

Yes, below response is being approved right now:

Like other Federal employees, VA employees have a Constitutionally-protected right to freedom of speech in their private lives, including during non-duty hours (e.g., lunch break). Unless otherwise authorized, such private speech should not be held out as being approved or authorized by VA. Moreover, employees should not provide information that may be restricted by law.

1. Can an employee be subject to disciplinary actions for posting (on their private social media during off duty hours) their agreement or disagreement with the Trump Administration?

Employees have a Constitutionally-protected right to the freedom of speech in their private lives, but cannot hold that speech out as being approved or authorized by VA (including using their official title or position as some sort of endorsement) or provide information that may be restricted by law (e.g., classified matters, sensitive contracting data, Veteran or other PII). *See, e.g.,* VA Directive 6515, para. 3p(2). With regard to their employment in the Government, an employee should not use Government equipment or time to engage in prohibited partisan political activity, among other things specified in VA Directive 6001, paragraph 2c. If authorized (e.g., public affairs), an employee can represent the views of the agency or office on social media in their Government capacity. *See* VA Directive 6515, para. 2k.

If an employee, in their private capacity, were to use social media to communicate agreement or disagreement with the Administration, without holding that their speech is approved or authorized by VA and without providing information that may be restricted by law, then an action against such an employee for their private speech would likely violate the First Amendment and would be considered a prohibited personnel practice, which could be investigated by the Office of Special Counsel (OSC).

Also note that, regardless of the method in which an employee makes a protected disclosure (that is, a disclosure not restricted by law) alleging, among other things, a violation of law, rules, or regulations; gross mismanagement; or abuse of authority, the fact that an agency takes a personnel action (defined more broadly than simply a disciplinary action) against the employee for the disclosure could be considered whistleblower retaliation.

2. Can an employee be subjected to disciplinary actions for sharing their agreement or disagreement with the Trump Administration during normal business hours at work with their boss, peers, subordinates, veterans? Could be an employee voicing concern over the impact of the hiring freeze on patient care, for example.

See above answer. An employee may not be disciplined for sharing their agreement or disagreement with the Administration if that employee is making a protected disclosure (that is, a disclosure not restricted by law) alleging, among other things, a violation of law, rules, or regulations; gross mismanagement; or abuse of authority, and if the basis of the discipline is either the disclosure made by the employee or based on the fact or belief that the employee made a disclosure. As stated above, the means (e.g., social media versus going to Congress) for the disclosure are irrelevant as long as management had either actual or constructive knowledge of the disclosure and took a personnel action (again, defined more broadly than simply a disciplinary action) based on the disclosure.

An employee should not use Government equipment for the activities described in VA Directive 6001, paragraph 2c, including:

- creating, copying, transmitting or retransmitting chain letters or unauthorized mass mailings, regardless of the subject matter;
- activities that are illegal, inappropriate, or offensive to fellow employees or the public. Such activities include hate speech, or material that ridicules others on the basis of race, creed, religion, color, sex, disability, national origin, or sexual orientation;
- the creation, downloading, viewing, storage, copying, or transmission of sexually explicit or sexually oriented materials;
- the creation, downloading, viewing, storage, copying, or transmission of materials related to gambling, illegal weapons, terrorist activities, and any illegal activities, or activities otherwise prohibited;
- use for commercial purposes or in support of "for profit" activities or in support of other outside employment or business activity (e.g. consulting for pay, sales or administration of business transactions, sale of goods or services);
- engaging in any outside fund-raising activity, endorsing any product or service, or engaging in any prohibited partisan political activity;
- participating in any lobbying activity, without authority; and
- use for posting agency information to external news groups, bulletin boards, or other public forums without authority. This includes any use that could create the perception that the communication was made in one's official capacity as a Federal Government employee (unless appropriate agency approval has been obtained), or uses that are at odds with the Agency's mission or positions.

With regard to communication with colleagues, supervisors, and especially Veterans, on disagreement (rather than actually making a disclosure) with Administration or Government policy, that is a fact-specific analysis, which requires weighing whether the employee's interest in expressing himself on the matter is outweighed by any injury the speech could cause to the Government's interest as an employer in promoting the efficiency of the public service it performs through its employees. *See generally, Waters v. Churchill*, 511 U.S. 661, 668 (1994); *Connick v. Myers*, 461 U.S. 138, 142 (1983); *Pickering v. Board of Education*, 391 U.S. 563, 568 (1968). More specifically, the propriety of the discipline turns on a balancing of the employee's right, as a citizen, in commenting upon matters of public concern, and the Government's interest, as an employer, in conducting efficient public operations. *Rankin v. McPherson*, 483 U.S. 378, 384-87 (1987) (comments on the President's policies, particularly where the policy is newsworthy, are "matters of public concern" and, thus, protected by the First Amendment).

Matters of purely private concern, e.g., whether an employee is being reassigned, are not "matters of public concern." *See Connick*, 461 U.S. at 144-

49. Also note that, an employee's statements pursuant to his or her official duties or professional work activities are not protected by the First Amendment. *See Garcetti v. Ceballos*, 547 U.S. 410, 421-23 (Deputy District Attorney's statements in a memorandum about alleged inaccuracies in an affidavit was not made as a citizen but rather made pursuant to his official duties and was thus not protected by the First Amendment).

==

Regarding Ms. Williams' Tweets: Tweets are normally scheduled in advance to go out periodically throughout the day. For this reason, it may appear to be accomplished during business hours when in fact they were set up earlier to go out.

38 U.S. Code § 318 - Center for Women Veterans

<https://www.law.cornell.edu/uscode/text/38/318>

Lydia B Blaha
Deputy Press Secretary
Department of Veterans Affairs
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From: [REDACTED]
Sent: Tuesday, April 04, 2017 2:46 PM
To: Blaha, Lydia B.
Subject: [EXTERNAL] FW: question on political appointees and problems at the VA

Do you know anything about this?

From: [REDACTED]
Sent: Tuesday, April 4, 2017 2:43 PM
To: [REDACTED]
Subject: Re: question on political appointees and problems at the VA

Hi again [REDACTED]

I sent in a request to the VA for comment about an employee who openly opposes Trump, and who the VA is helping to promote her book.

I haven't heard back... would you have a comment on this? My initial inquiry is below:

Hi,

Does the VA have any comment about Kayla Williams staying on in her job at the VA, even though she is known to

oppose Trump? See here:

http://dailycaller.com/2017/02/24/trump-opts-to-keep-anti-trump-obama-appointees-in-the-va/?utm_campaign=atdailycaller&utm_source=Twitter&utm_medium=Social

Also wondering if there is comment about the VA helping to promote her book, which I believe goes against current government ethics rules:

<http://www.blogs.va.gov/VAntage/33133/kayla-williams-army-veteran/>

Williams has also been tweeting about her book. It's possible this was during personal hours, but she can be seen tweeting about her book at several different times of the day.

Does your office have any comment about all of this, and would it be possible to speak with her about it directly?

Thanks,

[REDACTED]

On Wed, Feb 22, 2017 at 5:22 PM, [REDACTED]
[REDACTED] wrote:

Hi Pete—

Feel free to use the following comment on background from a White House spokesperson:

"Throughout his campaign, President Trump consistently reiterated his commitment to taking care of our veterans and reforming and modernizing the VA. Employees of the Trump administration should support President Trump and his agenda to improve the lives of all Americans."

Thanks!

From: [REDACTED]
Sent: Wednesday, February 22, 2017 4:49 PM
To: [REDACTED] >
Cc: [REDACTED]
[REDACTED] >

Subject: Re: question on political appointees and problems at the VA

Ok thanks... please let me know Ninio.

On Feb 22, 2017, at 4:30 PM, [REDACTED]
<[REDACTED]> wrote:

Ninio on our team can help you.

From: [REDACTED]
Sent: Wednesday, February 22, 2017 4:29 PM
To: [REDACTED]

Cc: [REDACTED]

Subject: Re: question on political appointees and problems at the VA

Sarah will get you to person that handles the VA

Sent from my iPhone

On Feb 22, 2017, at 2:08 PM, [REDACTED] wrote:

Hi Sean,

Close observers of the VA are wondering how to square your statements today with the idea that the VA is loaded up with people like the guy I wrote about last week...

This guy openly makes fun of President Trump on Twitter, and the VA has told me it's not a problem and he can keep his job:

<http://www.washingtonexaminer.com/veterans-affairs-official-mocking-trump-over-twitter/article/2615182>

Is that the case.... really not a problem?

FYI, talking to Hegseth tonight, he has other examples at the VA.

Let me know if you have a comment. I realize also there is a ton of clutter to unclutter here, and it may take more weeks and months to get to it all.

Pete

--
[REDACTED]

[REDACTED]

)

From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Subject: RE: Questions from Martin Evans for review
Date: Thursday, February 08, 2018 1:15:52 PM
Attachments: [image001.jpg](#)

Will do. Sending now.

From: Cashour, Curtis
Sent: Thursday, February 08, 2018 12:55 PM
To: [REDACTED]
Subject: RE: Questions from Martin Evans for review

The statement below is approved. Nothing else.

Please send the following to the reporter. Thanks.

This was not an explosion. It was a momentary high demand for steam, which hit a bend in the pipe, causing the entire pipe to shift. The pipe was attached to a bracket, which moved, causing a pop-out in the concrete. This will require a very simple repair (likely a patch). The damage affected one floor tile in the Day Room of the unit. Damage to the concrete under the tile was approximately 3" in diameter and ¼" deep into the concrete. Staff investigated the problem and saw that the pipes were intact (no explosion) and will reinforce the brackets.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, February 08, 2018 11:47 AM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: FW: Questions from Martin Evans for review

I added a statement below in blue about fixing the problem.

Northport's statement: This was not an explosion. It was a momentary high demand for steam—coupled with some water in the system—which hit a bend in the pipe, causing the entire pipe to shift. The pipe was attached to a bracket, which moved, causing a pop-out in the concrete. This will require a very simple repair (likely a patch). The damage affected one floor tile in the Day Room of the unit. Damage to the concrete under the tile was approximately 3" in diameter and ¼" deep into the concrete. Staff investigated the problem and saw that the pipes were intact (no explosion) and will reinforce the brackets.

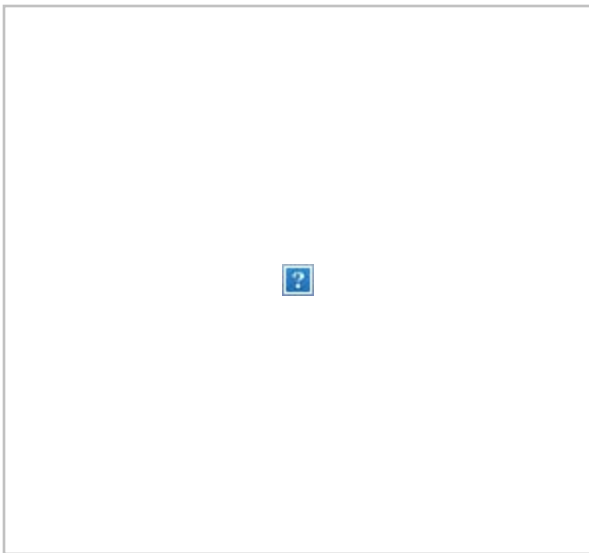
Please address the highlighted portions below.

Q: Have there been steam explosions at the building housing the PTSD inpatient program, or elsewhere at Northport? When?

A: It was not an explosion. There have been three separate occasions **from August 2017 through February 2018** when high demand for steam—coupled with water in the system—hit a bend in the steam pipe, which shook loose a bracket, damaging tile and concrete underneath. It has not been reported as happening anywhere else on campus.

Q: What was the extent to the damage?

A: Damage to floor tile, 3" diameter, ¼" deep into concrete



Q: Have there been any injuries?

A: No

Q: Which room was affected?

A: Day room/common area

Q: How is that room used?

A: Group therapy/lounge area **that is used daily.**

Q: How many patients are in the PTSD program at any time?

A: 8

Q: What was the cause? I have been told a clogged "steam trap" is to blame? True?

A: It was a momentary high demand for steam, which hit a bend in the pipe, causing the entire

pipe to shift. The pipe was attached to a bracket, which moved, causing a pop-out in the concrete. Staff has investigated under the flooring and all piping is intact (hence, no explosion). There were a couple of steam traps that had water build up, but those have since been repaired.

Q: How has the administration handled the explosions? Why has it recurred?

A: Water in the steam line, high demand caused the lines to shift. No perfect solution being that is an old system. There is a project in the works to replace the steam lines, which should solve the problem. There is no timeline for the completion of this project. Engineering Service discovered a valve that was closed near a bend in the pipe. The valve was opened and should prevent this from happening again.

Q: Sources have referred to this as "a dangerous situation." Comment?

A: This is not a dangerous situation, but we are taking every precaution and being vigilant. The room has been closed temporarily. There is, however, plenty of other meeting space available on the unit.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, February 08, 2018 10:54 AM
To: [REDACTED]
Cc: [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: Questions from Martin Evans for review

Thank you, Oscar.

From: [REDACTED]
Sent: Thursday, February 08, 2018 10:53 AM
To: [REDACTED]
Cc: [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: Questions from Martin Evans for review

Suggested improvements...

Oscar

From: [REDACTED]
Sent: Thursday, February 08, 2018 10:41 AM
To: [REDACTED]

Cc: [REDACTED] Cashour, Curtis; [REDACTED]
Subject: Questions from Martin Evans for review
Importance: High

All, please review the answers to questions sent in from Newsday's Martin Evans.

Northport's statement: This was not an explosion. It was a momentary high demand for steam **coupled with some water in the system**, which hit a bend in the pipe, causing the entire pipe to shift. The pipe was attached to a bracket, which moved, causing a pop-out in the concrete. This will require a very simple repair (likely a patch). The damage affected one floor tile in the Day Room of the unit. Damage to the concrete under the tile was approximately 3" in diameter and 1/4" deep into the concrete. Staff investigated the problem and saw that the pipes were intact (no explosion) and will reinforce the brackets.

Q: Have there been steam explosions at the building housing the PTSD inpatient program, or elsewhere at Northport? When?

A: It was not an explosion. There have been three separate occasions when high demand for steam **coupled with water in the system** hit a bend in the steam pipe, which shook loose a bracket, damaging tile and concrete underneath. It has not been reported as happening anywhere else on campus.

Q: What was the extent to the damage?

A: Damage to floor tile, 3" diameter, 1/4" deep into concrete

Q: Have there been any injuries?

A: No

Q: Which room was affected?

A: Day room/common area

Q: How is that room used?

A: Group therapy/lounge area

Q: How many patients are in the PTSD program at any time?

A: 8

Q: What was the cause? I have been told a clogged "steam trap" is to blame? True?

A: It was a momentary high demand for steam, which hit a bend in the pipe, causing the entire pipe to shift. The pipe was attached to a bracket, which moved, causing a pop-out in the concrete. Staff has investigated under the flooring and all piping is intact (hence, no explosion). There were a couple of steam traps that had water build up, but those have since been repaired.

Q: How has the administration handled the explosions? Why has it recurred?

A: Water in the steam line, high demand caused the lines to shift. No perfect solution being that is an old system. There is a project in the works to replace the steam lines, which should solve the problem. There is no timeline for the completion of this project. The cleaning of the steam traps may prevent this from happening again.

Q: Sources have referred to this as "a dangerous situation." Comment?

A: This is not a dangerous situation, but we are taking every precaution and being vigilant. The room has been closed temporarily. There is, however, plenty of other meeting space available on the unit.

[REDACTED]

From: [Cashour, Curtis](#)
To: [REDACTED]; [Hutton, James](#)
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment
Date: Thursday, October 05, 2017 12:47:13 PM
Attachments: [image001.png](#)
[image002.gif](#)

What are we approving?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:46 PM
To: [REDACTED]; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Now another one – KNWA (NBC, Fayetteville, Ark) – wants same interview/same topic. Requesting approval for this one as well. Could do interview at the same time if approval given.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, October 05, 2017 11:12 AM
To: [REDACTED]; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Adding others.

Recommend we accommodate the request.

v/r
Mark

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:06 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical

equipment

KFSM (CBS, Fayetteville, Ark) requests interview over same subject as below. Northwest Arkansas Democrat Gazette published story this morning (see attached) – very balanced and included approved statement. Facility and V16 would like approval to conduct interview. Dallas OPA agrees and feels message can be better articulated in an interview given its television.

Approved statement released to Northwest Arkansas Democrat Gazette on Oct. 3:

On September 25, 2017, a routine program inspection found that eye instrumentation had not been processed following the manufacturers correct instructions for use. Immediately, the VAMC rescheduled future appointments, and implemented a pause in operations to implement standard operating procedures, in accordance with manufacturer instructions.

All SOPs have been rewritten and our staff has received the training necessary to fully understand the instructions for use.

No patients with surgical infection have been found by infection control or eye surgeon. The facility has engaged the National Sterile Processing Office, and the VA Central Office Infectious Disease Office. A review has been conducted of all surgical cases for the prior 2 years, and no infections have been found with eye cases.

No spikes or unusual trends in infections have been found that would point to any potential harm to patients. Patients with questions can call (xxx) xxx-xxxx.

At this point, the main impact to patients is that some appointments had to be cancelled and rescheduled.

Yes, we did notify our national office as indicated above, and they will review our Standard Operating Procedures to ensure compliance with manufacturer instructions. They are scheduled to come on site October 24 to review, and we welcome there feedback to ensure all processes are done in accordance with manufacturers guidelines.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:45 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: Media Request (quick turnaround pls): Northwest Arkansas Democrat Gazette/cleaning of eye surgical equipments

Subject: Cleaning of eye surgical equipment not properly sterilized at Fayetteville

VAMC (Ark)

Outlet: [REDACTED]

Reporter: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]

Deadline: Interview request within the hour (story to publish tomorrow)

Request: Reporter wants to know if there is any truth to a “rumor” that the Fayetteville (Ark.) VAMC’s cleaning of surgical instruments, specifically related to eye surgery, is “not up to par” and DC “troubleshooters” are coming to review the situation.

Proposal: Facility has prepared comms plan (see attached) on issue and is prepared to address. They wish to conduct interview today with reporter. PAO has a good relationship with reporter and anticipates the story to be balanced and fair. Dallas OPA recommends approval to proceed with interview.

Prepared Statement from VA to be used in response to reporter’s questions (based off attached comms plan):

On September 25, a routine program inspection found that eye instrumentation had not been processed following the manufacturers correct instructions for use. Immediately, the VAMC rescheduled future appointments, and implemented a pause in operations to implement standard operating procedures, in accordance with manufacturer instructions. All SOPs have been rewritten and staff has received the training necessary to fully understand the instructions for use. No patients with surgical infection have been found by infection control or eye surgeon. Leadership invited the VAs National Sterile Processing Service to review all of our SOPs and we look forward to their visit on Oct. 23.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED] (FAV)
Sent: Tuesday, October 03, 2017 2:17 PM
To: [REDACTED]
Subject: FW: Rumor around town

We need to respond to this. Can we do it locally? He wants to run a story tomorrow. This is a very responsible reporter who we would like to work with on what is put out.



From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:11 PM
To: [REDACTED]
Subject: [EXTERNAL] Rumor around town

Wanda;

There is a rumor going around town that either needs to be confirmed or quashed.

Rumor has it that the medical center's cleaning of surgical instruments, specifically those related to eye surgery, is not up to par and that a crew of troubleshooters from D.C. are coming to town to review the situation.

Is there any truth to this? Any thing it might be related to? If I have recent had surgery at the medical center, should I be concerned or take any precautions? Please advise in detail. Thanks.

Also, please confirm receipt of this message.



Our community. Our paper.



From: [REDACTED]
To: [REDACTED]; [Hutton, James](#); [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment
Date: Thursday, October 05, 2017 12:45:58 PM
Attachments: [image001.png](#)
[image002.gif](#)

Now another one – KNWA (NBC, Fayetteville, Ark) – wants same interview/same topic. Requesting approval for this one as well. Could do interview at the same time if approval given.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, October 05, 2017 11:12 AM
To: [REDACTED]; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Adding others.

Recommend we accommodate the request.

v/r
Mark

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:06 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

KFSM (CBS, Fayetteville, Ark) requests interview over same subject as below. Northwest Arkansas Democrat Gazette published story this morning (see attached) – very balanced and included approved statement. Facility and V16 would like approval to conduct interview. Dallas OPA agrees and feels message can be better articulated in an interview given its television.

Approved statement released to Northwest Arkansas Democrat Gazette on Oct. 3:

On September 25, 2017, a routine program inspection found that eye instrumentation had not been processed following the manufacturers correct instructions for use. Immediately, the VAMC rescheduled future appointments, and implemented a pause in operations to implement standard operating procedures, in accordance with manufacturer instructions.

All SOPs have been rewritten and our staff has received the training necessary to fully understand

the instructions for use.

No patients with surgical infection have been found by infection control or eye surgeon. The facility has engaged the National Sterile Processing Office, and the VA Central Office Infectious Disease Office. A review has been conducted of all surgical cases for the prior 2 years, and no infections have been found with eye cases.

No spikes or unusual trends in infections have been found that would point to any potential harm to patients. Patients with questions can call (xxx) xxx-xxxx.

At this point, the main impact to patients is that some appointments had to be cancelled and rescheduled.

Yes, we did notify our national office as indicated above, and they will review our Standard Operating Procedures to ensure compliance with manufacturer instructions. They are scheduled to come on site October 24 to review, and we welcome their feedback to ensure all processes are done in accordance with manufacturers guidelines.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:45 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: Media Request (quick turnaround pls): Northwest Arkansas Democrat Gazette/cleaning of eye surgical equipments

Subject: Cleaning of eye surgical equipment not properly sterilized at Fayetteville VAMC (Ark)

Outlet: [REDACTED]

Reporter: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]

Deadline: Interview request within the hour (story to publish tomorrow)

Request: Reporter wants to know if there is any truth to a "rumor" that the Fayetteville (Ark.) VAMC's cleaning of surgical instruments, specifically related to eye surgery, is "not up to par" and DC "troubleshooters" are coming to review the

situation.

Proposal: Facility has prepared comms plan (see attached) on issue and is prepared to address. They wish to conduct interview today with reporter. PAO has a good relationship with reporter and anticipates the story to be balanced and fair. Dallas OPA recommends approval to proceed with interview.

Prepared Statement from VA to be used in response to reporter's questions (based off attached comms plan):

On September 25, a routine program inspection found that eye instrumentation had not been processed following the manufacturers correct instructions for use. Immediately, the VAMC rescheduled future appointments, and implemented a pause in operations to implement standard operating procedures, in accordance with manufacturer instructions. All SOPs have been rewritten and staff has received the training necessary to fully understand the instructions for use. No patients with surgical infection have been found by infection control or eye surgeon. Leadership invited the VAs National Sterile Processing Service to review all of our SOPs and we look forward to their visit on Oct. 23.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:17 PM
To: [REDACTED]
Subject: FW: Rumor around town

We need to respond to this. Can we do it locally? He wants to run a story tomorrow. This is a very responsible reporter who we would like to work with on what is put out.

[REDACTED]
Public Affairs Officer



[REDACTED]

 "Like" Us on Facebook!

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:11 PM
To: [REDACTED]
Subject: [EXTERNAL] Rumor around town

Wanda;

There is a rumor going around town that either needs to be confirmed or quashed.

Rumor has it that the medical center's cleaning of surgical instruments, specifically those related to eye surgery, is not up to par and that a crew of troubleshooters from D.C. are coming to town to review the situation.

Is there any truth to this? Any thing it might be related to? If I have recent had surgery at the medical center, should I be concerned or take any precautions? Please advise in detail. Thanks.

Also, please confirm receipt of this message.



[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]; [Hutton, James](#)
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment
Date: Thursday, October 05, 2017 12:59:51 PM
Attachments: [image001.png](#)
[image002.gif](#)

An interview with the local CBS affiliate about cleaning of eye equipment.

The outlet is following up on a story that ran in the Northwest Arkansas Democrat Gazette.

From: Cashour, Curtis
Sent: Thursday, October 05, 2017 12:47 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

What are we approving?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:46 PM
To: [REDACTED]; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Now another one – KNWA (NBC, Fayetteville, Ark) – wants same interview/same topic. Requesting approval for this one as well. Could do interview at the same time if approval given.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, October 05, 2017 11:12 AM
To: [REDACTED]; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Adding others.

Recommend we accommodate the request.

v/r
Mark

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:06 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

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At this point, the main impact to patients is that some appointments had to be cancelled and rescheduled.

Yes, we did notify our national office as indicated above, and they will review our Standard Operating Procedures to ensure compliance with manufacturer instructions. They are scheduled to come on site October 24 to review, and we welcome there feedback to ensure all processes are done in accordance with manufacturers guidelines.

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:45 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: Media Request (quick turnaround pls): Northwest Arkansas Democrat Gazette/cleaning of eye surgical equipments

Subject: Cleaning of eye surgical equipment not properly sterilized at Fayetteville VAMC (Ark)

Outlet: [REDACTED]

Reporter: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]

Deadline: Interview request within the hour (story to publish tomorrow)

Request: Reporter wants to know if there is any truth to a “rumor” that the Fayetteville (Ark.) VAMC’s cleaning of surgical instruments, specifically related to eye surgery, is “not up to par” and DC “troubleshooters” are coming to review the situation.

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[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:17 PM
To: [REDACTED]
Subject: FW: Rumor around town

We need to respond to this. Can we do it locally? He wants to run a story tomorrow. This is a very responsible reporter who we would like to work with on what is put out.



[REDACTED]

 "Like" Us on Facebook!

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:11 PM
To: [REDACTED]
Subject: [EXTERNAL] Rumor around town

Wanda;

There is a rumor going around town that either needs to be confirmed or quashed.

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Also, please confirm receipt of this message.



Our community. Our paper.

[REDACTED]

From: [Hutton, James](#)
To: [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment
Date: Thursday, October 05, 2017 4:06:38 PM
Attachments: [image001.png](#)
[image002.gif](#)

Curt – I've approved this. I talked through a statement yesterday with Jessica.

Jessica – Can you send the statement we ended up with yesterday (or day before)?

James Hutton
Executive Director, Public Affairs
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: Cashour, Curtis
Sent: Thursday, October 05, 2017 12:47 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

What are we approving?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:46 PM
To: [REDACTED]; Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Now another one – KNWA (NBC, Fayetteville, Ark) – wants same interview/same topic. Requesting approval for this one as well. Could do interview at the same time if approval given.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, October 05, 2017 11:12 AM
To: [REDACTED] Hutton, James; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

Adding others.

Recommend we accommodate the request.

v/r
Mark

From: [REDACTED]
Sent: Thursday, October 05, 2017 12:06 PM
To: [REDACTED] Hutton, James
Cc: [REDACTED]
Subject: Second Media Request: KFSM (CBS, Channel 5, Fayetteville, Ark)/cleaning of eye surgical equipment

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[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:45 PM
To: Cashour, Curtis; Hutton, James; [REDACTED]
Cc: [REDACTED]
Subject: Media Request (quick turnaround pls): Northwest Arkansas Democrat Gazette/cleaning of eye surgical equipments

Subject: Cleaning of eye surgical equipment not properly sterilized at Fayetteville VAMC (Ark)

Outlet: [REDACTED]

Reporter: [REDACTED]

Email: [REDACTED]

Phone: [REDACTED]

Deadline: Interview request within the hour (story to publish tomorrow)

Request: Reporter wants to know if there is any truth to a "rumor" that the Fayetteville (Ark.) VAMC's cleaning of surgical instruments, specifically related to eye surgery, is "not up to par" and DC "troubleshooters" are coming to review the situation.

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Prepared Statement from VA to be used in response to reporter's questions (based off attached comms plan):

On September 25, a routine program inspection found that eye instrumentation had not been processed following the manufacturers correct instructions for use.

Immediately, the VAMC rescheduled future appointments, and implemented a pause in operations to implement standard operating procedures, in accordance with manufacturer instructions. All SOPs have been rewritten and staff has received the training necessary to fully understand the instructions for use. No patients with surgical infection have been found by infection control or eye surgeon. Leadership invited the VAs National Sterile Processing Service to review all of our SOPs and we look forward to their visit on Oct. 23.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:17 PM
To: [REDACTED]
Subject: FW: Rumor around town

We need to respond to this. Can we do it locally? He wants to run a story tomorrow. This is a very responsible reporter who we would like to work with on what is put out.



From: [REDACTED]
Sent: Tuesday, October 03, 2017 2:11 PM
To: [REDACTED]
Subject: [EXTERNAL] Rumor around town

Wanda;

There is a rumor going around town that either needs to be confirmed or quashed.

Rumor has it that the medical center's cleaning of surgical instruments, specifically those related to eye surgery, is not up to par and that a crew of troubleshooters from D.C. are coming to town to review the situation.

Is there any truth to this? Any thing it might be related to? If I have recent had surgery at the medical center, should I be concerned or take any precautions? Please advise in detail. Thanks.

Also, please confirm receipt of this message.



[REDACTED]

Our community. Our paper.

[REDACTED]

From: [Hutton, James](#)
To: [REDACTED]
Subject: RE: Starzl
Date: Friday, March 10, 2017 1:41:00 PM
Attachments: [image001.jpg](#)

Push your latest on to Brandon. Don't wait for my review unless there's something specific you want me to look at.

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Friday, March 10, 2017 1:40 PM
To: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: Starzl

Cleaning both up now.

Very Respectfully,

[REDACTED]

www.vets.gov
VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)

From: [REDACTED]
Sent: Friday, March 10, 2017 1:39 PM
To: [REDACTED] Hutton, James; [REDACTED]
Subject: RE: Starzl

Hold off on publishing please. Typically, Martin or I would sign off, but now that we have a new Chief I want to give her a chance to approve that process or change it before send something out.

Can you please send me the clean version of both the statement and blog and I will walk them over to her.

Thanks!

From: [REDACTED]
Sent: Friday, March 10, 2017 1:36 PM
To: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: Starzl

I've attached my edits to the Starzl blog, which now includes a tagline, per VA blog rules.

I summarized the tagline from Dr. Shulkin's VA bio. If everyone is OK with this, I'll clean up and share with Megan and her team.

Meanwhile, I will accept the edits on the "statement" and publish.

Thank you.

Very Respectfully,

[REDACTED]

www.vets.gov

VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)

From: [REDACTED]
Sent: Friday, March 10, 2017 1:28 PM
To: Paige, Paula; Noller, Randal; Hutton, James; Taylor, Martin A.
Subject: RE: Starzl

Again, I don't think this warrants a tic toc or pre notification. We honoring someone, not making a significant policy announcement.

From: [REDACTED]
Sent: Friday, March 10, 2017 1:26 PM
To: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: Starzl

And pre-notification?

Very Respectfully,

[REDACTED]

[REDACTED]
www.vets.gov

VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)

From: [REDACTED]

Sent: Friday, March 10, 2017 1:26 PM

To: [REDACTED]; Hutton, James; [REDACTED]

Subject: RE: Starzl

For this topic, I don't see a need for OGC or OCLA to concur. We will send it to them so they know they can share it though.

From: [REDACTED]

Sent: Friday, March 10, 2017 1:24 PM

To: [REDACTED]; Hutton, James; [REDACTED]

Subject: RE: Starzl

Brandon,

Are we fast-tracking the concurrence process? Meaning, am I still forwarding to OCLA and OGC first, then Hutton, then you—again? Or should I just send the pre-notification then publish to the Content Maintenance System?

Very Respectfully,

[REDACTED]

www.vets.gov

VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)

From: [REDACTED]

Sent: Friday, March 10, 2017 1:02 PM

To: [REDACTED]; Hutton, James; [REDACTED]

Subject: RE: Starzl

Thank you. Can you also make similar changes to the blog Linda sent? That way the two products are consistent?

From: [REDACTED]

Sent: Friday, March 10, 2017 12:35 PM

To: [REDACTED]; Hutton, James; [REDACTED]

Subject: RE: Starzl

All,

Here are my suggested edits, which focus on consistency, tightening and ease of

reading.

Very Respectfully,

[REDACTED]

www.vets.gov

VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)

From: [REDACTED]
Sent: Friday, March 10, 2017 12:07 PM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

[Here you go...](#)

From: [REDACTED]
Sent: Friday, March 10, 2017 11:25 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl
Importance: High

[When's it coming?](#)

From: [REDACTED]
Sent: Friday, March 10, 2017 10:25 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl
Importance: High

[ALL HOLD. May need to make a correction!!!!](#)

[REDACTED]

Screen shot 2011-12-27 at 12.26.42 PM.png



From: [REDACTED]
Sent: Friday, March 10, 2017 10:24 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

Here is your statement.

Thank you, Mr. Herring for the tip and the heavy lift. ☺

From: [REDACTED]
Sent: Friday, March 10, 2017 8:36 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

Great – thanks!

From: [REDACTED]
Sent: Friday, March 10, 2017 8:30 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

My shop will have a release with an embedded statement for your use by late morning.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Screen shot 2011-12-27 at 12.26.42 PM.png



From: [REDACTED]
Sent: Friday, March 10, 2017 8:29 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

Linda,

Obviously, earlier is better so we can push through concurrence and get it out at a decent time. I'd like this one to go as early as possible to avoid the 4:00 (+) on a Friday afternoon issue.

Thanks again.

Randy

From: [REDACTED]
Sent: Friday, March 10, 2017 8:26 AM
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

Ok. Thank you.

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Friday, March 10, 2017 08:25 AM Eastern Standard Time
To: [REDACTED]; Hutton, James
Cc: [REDACTED]
Subject: RE: Starzl

Paula's ready to receive on our end. We'll ask for a rush concurrence.

Randy

From: [REDACTED]
Sent: Friday, March 10, 2017 8:16 AM
To: Hutton, James
Cc: [REDACTED]
Subject: FW: Starzl

Hey there.

We are going to do a statement from Dr. Shulkin for you to send out immediately if we can on the death of the pioneer of liver transplantation for VA. VA conducted the first liver transplant and this is the guy. We will use the statement to carry our transplant innovations. Work for

you? Will have to work fast.

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Friday, March 10, 2017 07:35 AM Eastern Standard Time
To: [REDACTED]
Subject: FW: Starzl

Linda,

This is a big deal. Dr. Starzl is known as "the father of the transplant" and did his pioneering work while at the VA. I'm going to get with my team to develop a social media post and try to push it to the VA level.

This might be worth a release if we could push it in 24 hours. We could highlight him but as an ancillary effort we get to highlight the fact that VA has an important research activity. If it's not something we can turn quickly, we lose the impact.

Thoughts?

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Thursday, March 09, 2017 6:52 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Starzl

Starzl, the person that did the first liver transplant, and VA star, has passed away. Info in the link at the end of the email. He is deemed the father of transplantation. This is hot news.

I'd venture the guess that the guy deserves some blurb from our office about his contribution - and - to show that VA does great research. My two cents. ;)

Ron

[REDACTED]

Sent with Good (www.good.com)

From: [REDACTED]
To: [REDACTED] [Cashour, Curtis](#); [Hutton, James](#)
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes
Date: Friday, December 15, 2017 3:34:03 PM

To clarify, it is a Veterans Town Hall and media have been invited although none have confirmed they will attend.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Friday, December 15, 2017 3:20 PM
To: Cashour, Curtis <Curt.Cashour@va.gov>; Hutton, James <James.Hutton@va.gov>
Cc: [REDACTED]
[REDACTED]
Subject: FW: Statement re Huntington VA Skin Rashes
Importance: High

Curt - re the Huntington VA skin rash issue, VHA Leg Affairs/OCLA will notify the local delegation prior to an employee town hall today at 4pm.
Dr. Lynch made the suggested edit to the approved media statement below. Forwarding for your approval please.
No media is expected at the employee town hall but we want to be prepared.

In response to episodes of contact dermatitis identified among employees, facility leadership has been working with subject matter experts to identify a cause. During this exploratory process, Huntington VA Medical Center is conducting a comprehensive cleaning of the facility's duct work and air handling systems. We have also begun terminal cleaning in areas where duct cleaning has been completed, and anticipate the entire cleaning effort will be completed by early next week. To ensure the safety of our patients and staff, Huntington VAMC has temporarily suspended admissions to our inpatient units. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals.

From: [REDACTED]

Sent: Friday, December 15, 2017 1:10 PM

To: [REDACTED]

Cc: [REDACTED]
[REDACTED]

Subject: RE: Statement re Huntington VA Skin Rashes

Attaching the talking points

From: [REDACTED]

Sent: Friday, December 15, 2017 1:09 PM

To: [REDACTED] >

Cc: [REDACTED]
[REDACTED]

Subject: RE: Statement re Huntington VA Skin Rashes

Thank you, this is the approved media statement I was looking for.

My understanding is that Krystal/VHA Leg Affairs/OCLA will notify the local delegation prior to the employee town hall at 4pm, correct?

+ Jim Blue and Mary Riley for awareness

From: [REDACTED]

Sent: Friday, December 15, 2017 12:58 PM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: Statement re Huntington VA Skin Rashes

This was approved by the Press Secretary on Dec. 13.

Huntington VA Medical Center is conducting a comprehensive cleaning of the facility's duct work and air handling systems. We have also begun terminal cleaning in areas where duct cleaning has been completed, and anticipate the entire cleaning effort will be completed by early next week. To ensure the safety of our patients and staff, Huntington VAMC has temporarily suspended admissions to our inpatient units. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals.

From: [REDACTED]

Sent: Friday, December 15, 2017 12:55 PM

To: [REDACTED] >

Cc: [REDACTED]

Subject: RE: Statement re Huntington VA Skin Rashes

Yes, from VHA coms

From: [REDACTED]
Sent: Friday, December 15, 2017 12:54 PM
To: [REDACTED]
Cc: [REDACTED] >
Subject: RE: Statement re Huntington VA Skin Rashes

I have the approved statement for media. Is that what you are looking for?

From: [REDACTED]
Sent: Friday, December 15, 2017 12:50 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

We developed a statement awhile back, looking through my files for that now – stand by

From: [REDACTED]
Sent: Friday, December 15, 2017 12:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: Statement re Huntington VA Skin Rashes

Attached are Mr. Nimmo's talking points. Please let me know if you need additional information.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Friday, December 15, 2017 11:59 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: Statement re Huntington VA Skin Rashes

Deborah-

Thank you so much for speaking to me. As discussed, we would like to put together a notification to the local delegation prior to the Director's town hall at 4pm. I have the attached IB that provides the history but I understand there will be additional actions going forward. I have included on this message Gina Screen and Susan Poff from VHA Communications for awareness and assistance as well.

[REDACTED]

*Your feedback is important to our mission.
Please take a brief [customer survey](#) to tell us how we are doing.*

From: [REDACTED]
To: [REDACTED]
Cc: [Cashour, Curtis](#); [REDACTED]
Subject: RE: VA Opioid press release today
Date: Thursday, January 11, 2018 11:30:59 AM

Cleaning it up and will send to you shortly.

[REDACTED]

VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)

From: [REDACTED]
Sent: Thursday, January 11, 2018 11:30 AM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: FW: VA Opioid press release today

I need to see the press release now with Dr. Shulkin's edits.

From: [REDACTED]
Sent: Thursday, January 11, 2018 11:19 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] Re: VA Opioid press release today

Larry,

Would you be able to discuss this on the 5 PM conference call tonight?

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

On Jan 11, 2018, at 10:28 AM, [REDACTED] wrote:

Chip-

There is a press release and opening of a VA web site with opioid prescribing rates by facility across the VA, now planned for later this afternoon. I believe Secretary Shulkin

has just called Kellyanne, and she will be sent the press release. The data will be the prescribing rate in 2012 and 2017, and the percent change for each of the 152 VA facilities. The press release is still being revised currently.

Please let me know if you need more information.

Larry

[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
To: [REDACTED]
Cc: [Hutton, James](#); [REDACTED] [Cashour, Curtis](#)
Subject: RE: VA Statement Regarding Washington DC VA Medical Center
Date: Friday, September 15, 2017 10:59:39 AM
Attachments: [image001.jpg](#)

Thanks, Curt.

Mr. O'Rourke / Mr. Shelby,

I've been given the task to draft a news release about the latest personnel development with Mr. Brian Hawkins. Please share whatever new information you have regarding his status.

v/r
Mark

From: Cashour, Curtis
Sent: Friday, September 15, 2017 10:56 AM
To: [REDACTED]
Cc: Hutton, James
Subject: FW: VA Statement Regarding Washington DC VA Medical Center

For the release we discussed, we need an update of the below with this added in:
<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2939>

It should also include whatever new information we have on Hawkins' firing, which I believe will be finalized tomorrow. For more info on that, please contact [REDACTED]
[REDACTED]

Thanks.

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, August 01, 2017 4:49 PM
To: [REDACTED]
Subject: VA Statement Regarding Washington DC VA Medical Center

cid:4A816D60-DB98-4CC5-ADB2-3251FC538863



On July 28, VA terminated the employment of former Washington DC VA Medical Center Director Brian Hawkins because he failed to provide effective leadership at the medical center. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains acting director of Washington DC VAMC. Under Connell's leadership, the facility has undergone a number of recent improvements, including:

- Continuing aggressive recruiting and hiring efforts in critical areas such as nursing,

logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.

- Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.
- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.
- Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.
- Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
To: [REDACTED]
Cc: [Hutton, James](#); [REDACTED]; [Cashour, Curtis](#); [REDACTED]
Subject: RE: VA Statement Regarding Washington DC VA Medical Center
Date: Friday, September 15, 2017 6:34:01 PM
Attachments: [image001.jpg](#)

Thanks. I believe we have the info we need at this point.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Friday, September 15, 2017 06:18 PM Eastern Standard Time
To: [REDACTED]
Cc: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: VA Statement Regarding Washington DC VA Medical Center

Added a few more for awareness/response...

Sincerely,

Peter

[REDACTED]

[REDACTED]

-----Original Message-----

From: [REDACTED]
Sent: Friday, September 15, 2017 10:59 AM Eastern Standard Time
To: [REDACTED]
Cc: Hutton, James; [REDACTED]; Cashour, Curtis
Subject: RE: VA Statement Regarding Washington DC VA Medical Center

Thanks, Curt.

Mr. [REDACTED]

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v/r
Mark

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Thanks.

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cid:4A816D60-DB98-4CC5-ADB2-3251FC538863



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202-461-7388
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[@curtcashour](#)

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To: [REDACTED]
Cc: [Hutton, James](#); [REDACTED]; [Cashour, Curtis](#); [REDACTED]
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Cc: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: VA Statement Regarding Washington DC VA Medical Center

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Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

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Cc: Hutton, James; [REDACTED]; Cashour, Curtis
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v/r
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Department of Veterans Affairs
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Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: RE: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed
Date: Thursday, November 09, 2017 5:00:18 AM

Noted, I plan to discuss with the acting director today and will follow up with the team.

Best,
Kristin

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, November 08, 2017 11:21:28 PM
To: [REDACTED]; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed

If you don't have a query, it's ok. Just making sure that if you get one and a statement becomes necessary, that we are in the loop and not learning after the fact that one has been approved and sent to media. We brief Dr. Clancy and her senior leaders every evening about what we expect to see in the clips in the morning. "I didn't know about that story" should not be the response I give to her team when I do my daily analysis of the clips in the morning.

I know you are swamped with other stuff. Please don't waste your time doing a statement now. If it becomes warranted, keep us posted and connected to you.

[REDACTED]

From: [REDACTED]
Sent: Wednesday, November 08, 2017 4:39:37 PM
To: [REDACTED]; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed

We'll get you a draft in the morning. We've no queries at this time.

Maureen

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, November 08, 2017 4:38:17 PM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: RE: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed

Following up here.

From: [REDACTED]
Sent: Wednesday, November 08, 2017 4:06 PM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]
Subject: FW: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed

Do you have this and working on a statement? If so, I want to make sure Dr. Clancy and our nurse executive have the benefit of weighing in and reviewing any statement before being launched. If anyone is working on this with anyone in VHA, add us to the chain.

From: [REDACTED]
Sent: Wednesday, November 08, 2017 4:03 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed

Brief Statement: On November 8, 2017 at approximately 9:00 a.m., it was discovered that an Advance Practice Registered Nurse (APRN) working in the Medical Center's Cardiology Service has been practicing without a license since September 30, 2017. The APRN conducts stress tests and cardiology clinical exams for the Medical Center. The APRN is one of the Whistleblowers identified in the Boston Globe article on care issues at the Medical Center. The Medical Center is in the process of transferring the supervisory responsibility for several APRN positions. The discovery was made in preparing/cleaning up employee files for this transfer. The APRN was licensed in the State of New Hampshire; the state licensing board was contacted.

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Report Date: 11/8/2017

VISN: (V01) (478) VA New England Healthcare System

Title: APRN Practicing on an Expired Licensed

Incident Date:	11/8/2017
Severity and Risk Assessment:	5
Brief Statement:	<p><u>Brief Statement of Issue and Status:</u></p> <p>On November 8, 2017 at approximately 9:00AM it was discovered that an Advance Practice Registered Nurse (APRN) working in the Medical Center's Cardiology Service has been practicing without a license since September 30, 2017. The APRN conducts stress tests and cardiology clinical exams for the Medical Center. The APRN is one of the Whistleblowers identified in the Boston Globe article on care issues at the Medical Center.</p> <p>The Medical Center is currently in the process of transferring the supervisory responsibility for several APRN positions and the discovery was made in preparing/cleaning up employee files for this transfer. The APRN was licensed in the State of New Hampshire and the state licensing board was contacted. The licensing board confirmed that the employee's license had been in an inactive status since September 30, 2017 and stated that he should not be treating patients. After the discovery that his license was inactive, the APRN was told that he was to have no patient care contact.</p>
Action / Progress / Resolution:	<p><u>Actions, Progress, and Resolution Date:</u></p> <ul style="list-style-type: none"> On November 8, 2017 at approximately 11:00AM it was discovered that the APRN's licensing status had been changed to full and unrestrictive. The licensing board was again contacted and confirmed that the APRN licensing status was now full and unrestrictive. The licensing board stated the change occurred around 10:45AM on November 8, 2017. The licensing board confirmed that from October 1, 2017 until 10:45AM on November 8, 2017 the APRN had been practicing without a license. Employee related questions: <ol style="list-style-type: none"> Was person also a Veteran? <u>No</u> Was person an "employee" or was the person participating in some other work-related program (such as CWT)? <u>Employee</u>

- 3) What was the person's "job"? Cardiology APRN
- 4) What was the person's EOD? September 9, 2012
- 5) Did the person have a complete NACI/background check? Yes, October 5, 2012
- 6) Did the person have a PIV card? Yes
- 7) CRISP/HSPD-12 related question: Has the supervisor (or other appropriate agency) taken custody of the PIV card and/or has the PIV card been deactivated to preclude access to buildings/IT systems? Not at this time
- 8) What are the employee's position, employment series, and grade? Nurse 3
- 9) Has the employee record been sensitized? No
- 10) What is the employee's leave status (i.e., AWOL, Authorized Absence, etc.)? On duty
- 11) Has the Facility and/or VISN initiated a disciplinary action? Not at this time

- Regional Counsel was consulted, based on the APRN's status as a whistleblower and the fact that his license had been restored, it was recommended not to terminate the employee.
- On November 8, 2017 at approximately 1:00PM, Medical Center Leadership decided to allow the APRN to resume clinical care activities.
- Patients who were scheduled with the APRN between 9:00AM and 1:00PM on November 8, 2017, were seen by another cardiology provider.
- The Medical Center will conduct a review of all patients seen by the APRN while his license was inactive. It is known that he performed approximately 85 clinical exams, 10 nuclear stress tests and 5 regular stress tests during this timeframe.
- A determination on the need to make a Clinical Disclosure and/or Institutional Disclosure is pending the outcome of the review.
- A determination on any disciplinary action is also pending at this time.

Indicate if Applicable: place an "X" next to the response reflecting the facility's action

- **Institutional Disclosure** ____ YES; ____ NO; ____ N/A
 X TBD

- **Clinical Disclosure** ____YES; ____NO; ____N/A
 X TBD

This Issue Brief will be updated by close of business on December 8, 2017

Actions:

Next Action Due Date: 12/8/2017

Issue Brief Closure Date:

Disclosure: Not Applicable

Media Interest: Potential for Media Interest

Point of Contact for Questions:

Primary Phone:

Initial Issue Identification Level:

Final Action Level:

Facility: (V01) (608) Manchester, NH

Associated Categories:

Primary Issue Category: Credentialling/Privileging

Uniform Offense Report (UOR) Number:

Assistance:

Comments:

Associated Categories Contracting Issues:

Has the OIG been notified?:

10N Program Office:

Uniform Offense Report (UOR) Number Lookup:

Predecessors:

Assigned To: VISN Support Team 1

Target Audiences:

Assign to::

Last Modified 11/8/2017 3:50 PM by Felix, Lisa

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: RE: VISN 6 Manchester VAMC, NH - APRN Practicing on an Expired Licensed
Date: Wednesday, November 08, 2017 11:21:32 PM

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[Modify my alert settings](#) | [View APRN practicing on an expired li...](#) | [View Issue Tracker](#) | [Mobile View](#)

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Action /
Progress /
Resolution:

Actions, Progress, and Resolution Date:

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 - 9) Has the employee record been sensitized? No

- 10) What is the employee's leave status (i.e., AWOL, Authorized Absence, etc.)? On duty
- 11) Has the Facility and/or VISN initiated a disciplinary action? Not at this time

- Regional Counsel was consulted, based on the APRN's status as a whistleblower and the fact that his license had been restored, it was recommended not to terminate the employee.
- On November 8, 2017 at approximately 1:00PM, Medical Center Leadership decided to allow the APRN to resume clinical care activities.
- Patients who were scheduled with the APRN between 9:00AM and 1:00PM on November 8, 2017, were seen by another cardiology provider.
- The Medical Center will conduct a review of all patients seen by the APRN while his license was inactive. It is known that he performed approximately 85 clinical exams, 10 nuclear stress tests and 5 regular stress tests during this timeframe.
- A determination on the need to make a Clinical Disclosure and/or Institutional Disclosure is pending the outcome of the review.
- A determination on any disciplinary action is also pending at this time.

Indicate if Applicable: place an "X" next to the response reflecting the facility's action

- **Institutional Disclosure** ____ YES; ____ NO; ____ N/A
 X TBD
- **Clinical Disclosure** ____ YES; ____ NO; ____ N/A
 X TBD

This Issue Brief will be updated by close of business on December 8, 2017

Actions:

Next Action Due Date: 12/8/2017

Issue Brief Closure Date:

Disclosure: Not Applicable

Media Interest: Potential for Media Interest

Point of Contact for Questions:	[REDACTED]
Primary Phone:	[REDACTED]
Initial Issue Identification Level:	
Final Action Level:	
Facility:	(V01) (608) Manchester, NH
Associated Categories:	
Primary Issue Category:	Credentialling/Privileging
Uniform Offense Report (UOR) Number:	
Assistance:	
Comments:	
Associated Categories Contracting Issues:	
Has the OIG been notified?:	
10N Program Office:	
Uniform Offense Report (UOR) Number Lookup:	
Predecessors:	
Assigned To:	VISN Support Team 1
Target Audiences:	
Assign to:	

Last Modified 11/8/2017 3:50 PM by Felix, Lisa

From: [Hutton, James](#)
To: [Blaha, Lydia B.](#)
Cc: [REDACTED]
Subject: RE: [EXTERNAL] Fwd: Dr. Shulkin
Date: Tuesday, January 31, 2017 7:32:55 AM

She is Roaemary Williams --- our former Assistant Secretary.

-----Original Message-----

From: Blaha, Lydia B.
Sent: Monday, January 30, 2017 08:36 PM Eastern Standard Time
To: Hutton, James
Subject: FW: [EXTERNAL] Fwd: Dr. Shulkin

Any idea of who "she" may be?

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Monday, January 30, 2017 04:26 PM Eastern Standard Time
To: Blaha, Lydia B.
Subject: FW: [EXTERNAL] Fwd: Dr. Shulkin

See below

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Monday, January 30, 2017 03:13 PM Eastern Standard Time
To: [REDACTED]
Subject: [EXTERNAL] Fwd: Dr. Shulkin

FYI... I've asked her to forward the email. Do either of you know the story behind this?...

----- Forwarded message -----

From: [REDACTED]
Date: Mon, Jan 30, 2017 at 3:07 PM
Subject: Re: Dr. Shulkin
To: [REDACTED]

David:

I wrote a story on whistleblower retaliation by the VA for NBC News over the weekend. I received back an attack email by the person who is soon to be the VA's new press person. She basically called the whistleblowers liars in the email and discounted their stories. This is NOT Trump's vision for #MAGA and draining the swamp. Why would the VA put in the media slot a person hostile to whistleblowers and veterans? This woman should be removed from this job immediately and replaced with someone who shares Trump's vision of cleaning up the VA.

I would like to send you her email. Would you be willing to forward it on to the heads of the transition team?

Tori Richards

From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Subject: RE: [EXTERNAL] hey
Date: Wednesday, October 25, 2017 8:49:09 PM

Thanks

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, October 25, 2017 8:47:19 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] hey

Never mind. I called the reporter. There will be no story. Thanks for your help.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 5:09:35 PM
To: [REDACTED]
Cc: Cashour, Curtis
Subject: FW: [EXTERNAL] hey

Pallas - Curt needs a statement from this ASAP for the Globe. Can you give him a few sentences from this? Now that we know the story we just need a quick statement. Let me know when you get this.

Thanks,
[REDACTED]

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 7:53:05 PM
To: Cashour, Curtis
Subject: RE: [EXTERNAL] hey

From VA Boston

A resident of the Howard House was found deceased by a private carpet cleaning company at approximately 1:00 pm on October 25. The Howard House is a one year old private apartment complex for previously homeless Veterans, managed by a private nonprofit entity, independent of the VA. It is located on land leased to them by the Department of Veterans

Affairs, on the grounds of the Brockton Campus of VA Boston Healthcare System. The Brockton Fire Department was called upon discovery and determined that the Veteran may have passed away within the past 12 hours. A physician from the VA pronounced his death at 4:05 pm and the staff of Brockton VA's Urgent Care Unit, assisted by VA Police, then attended the Veteran's body and prepared it for removal by the funeral director. At approximately 7:15 pm, the body was removed by the funeral director. At this time, there is no known next of kin, but a friend of the Veteran's is being notified of his death. This World War II's Veteran's death is a loss to our VA community and has proven difficult for our staff.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, October 25, 2017 6:40:46 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] hey

Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:40 PM
To: Cashour, Curtis
Subject: FW: [EXTERNAL] hey

FYSA

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:39:04 PM
To: [REDACTED]
Subject: RE: [EXTERNAL] hey

[REDACTED] – we are on it and will get you an IB asap.

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:38 PM
To: [REDACTED]
Subject: FW: [EXTERNAL] hey

Please check ASAP.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Wednesday, October 25, 2017 6:32:01 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: FW: [EXTERNAL] hey

[REDACTED] - can you please check on this?

From: [REDACTED]
Sent: Wednesday, October 25, 2017 6:21 PM
To: [REDACTED]; Cashour, Curtis
Subject: [EXTERNAL] hey

i know it's late but there is a 92 year old vet who apparently died in an apartment at the Brockton VA yesterday and he's been in his bed since last night because no one knows what to do with him.

i'm told that employees may take it upon themselves to put him in a body bag and take him to the morgue themselves. does this make any sense?

can you find out what's up?

From: [Hutton, James](#)
To: [REDACTED]
Cc: [REDACTED]; [Blaha, Lydia B.](#); [REDACTED]
Subject: RE: [EXTERNAL] interview request
Date: Wednesday, March 29, 2017 11:29:00 AM

I'm on the conference call now.

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 11:21 AM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Confirmed.

From: Hutton, James
Sent: Wednesday, March 29, 2017 9:59 AM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Confirming: 11:30

1800-767-1750 – when prompted 98888#

Calling now for prep.

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 10:36 AM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

James, We will be flexible. Preference around Noon -2pm.

Thanks

[REDACTED]

From: Hutton, James
Sent: Wednesday, March 29, 2017 9:19 AM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
W.
Subject: RE: [EXTERNAL] interview request

Thanks much.

Matt what is your availability today?

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 10:16 AM
To: [REDACTED] Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
W.
Subject: RE: [EXTERNAL] interview request

Please proceed, I am on my way to Little Rock

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, March 29, 2017 09:47 AM Eastern Standard Time
To: [REDACTED] Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Glad to support if desired.

Tammy will indicate if she desires me to do so.

[REDACTED]

[REDACTED]

[REDACTED])

From: [REDACTED]
Sent: Wednesday, March 29, 2017 8:14 AM
To: Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED], [REDACTED]
Subject: RE: [EXTERNAL] interview request

It sounds like you are suggesting we talk or send a statement at least- would recommend someone prepping Matt/Tammy and see if one of them can talk - I would rather be engaged than to ignore

Sent with Good (www.good.com)

-----Original Message-----

From: Hutton, James
Sent: Wednesday, March 29, 2017 07:37 AM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]; [REDACTED]
Subject: RE: [EXTERNAL] interview request

It's about the backlog in general and the plan to purge records specifically.

He asks to to speak to someone today.

If we can't someone to speak to him, which I recommend, a solid statement could be a good alternative.

James

-----Original Message-----

From: [REDACTED]

Sent: Wednesday, March 29, 2017 07:31 AM Eastern Standard Time

To: Hutton, James

Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]; [REDACTED]

Subject: RE: [EXTERNAL] interview request

Is his concern about the backlog in general or is it about the wrong letters allegations around determination in the backlog? Is there an opportunity for us to talk about how we are improving our processes in HEC – copying Tammy and Steve for additional thoughts from them

From: Hutton, James

Sent: Tuesday, March 28, 2017 2:02 PM

To: [REDACTED]

Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED], [REDACTED]

Subject: RE: [EXTERNAL] interview request

[REDACTED]

We received a query (below) from reporter Brad Schrade from the Atlanta Journal-Constitution. He based his query on an email that he gained from a VA employee (bottom of this email trail) regarding the HEC's backlog.

Do you feel it is in our interest to put someone on the phone with the reporter?

Matt Eitutis, below, says we are taking "no action until the OIG provides a disposition from their investigation."

The fact that IG is involved may preclude a substantial response. I've included Meghan Flanz for legal guidance on how much we can discuss. If we can't discuss, perhaps there is a statement we could provide.

Thanks and will await your guidance.

James

James Hutton
Deputy Assistant Secretary (Acting)
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Department of Veterans Affairs
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Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)

VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Monday, March 27, 2017 7:03 PM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Adding for context, we are taking no action until OIG provides a disposition from their investigation.

[REDACTED]

[REDACTED]
[REDACTED])

From: Hutton, James
Sent: Monday, March 27, 2017 3:41 PM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: FW: [EXTERNAL] interview request

FLAG.

Brad Schrade has covered the HEC for a long time. He did speak briefly to Sec McDonald on related issues, but mostly we've had him speak to a succession of SMEs.

I'm not sure of our ability to schedule or whether providing SMEs is still the best course of action to get accurate and timely answers.

James

James Hutton
Deputy Assistant Secretary (Acting)
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Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Monday, March 27, 2017 4:33 PM
To: [REDACTED])'
Cc: Hutton, James; Blaha, Lydia B.
Subject: RE: [EXTERNAL] interview request

Brad; adding in James and Lydia who handle Dr Shulkin's media requests for further action.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Monday, March 27, 2017 03:39 PM Eastern Standard Time
To: [REDACTED]
Subject: [EXTERNAL] interview request

[REDACTED]

Please see the email below. I am writing about the ongoing breakdowns and the pending backlog at the HEC in Atlanta. (See email below)

I'm requesting an interview with Secretary Shulkin to discuss the pending backlog and the plan to purge records. Please see the myriad of issues outlined in this email below.

Please let me know when the secretary is available to discuss.

Best,

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, February 21, 2017 3:11 PM
To: [REDACTED]
Cc: [REDACTED]; [REDACTED]
[REDACTED]
[REDACTED]
Subject: RE: 365 Final Letter Closure Options

[REDACTED]

I am extremely concerned with the haste to remove the pending backlog. The pending backlog is a result of years of mismanagement and lack of oversight, and requires a thoughtful approach to resolve.

When I reached out to OIG in October 2013 to report the mismanagement of enrollment operations, I actually believed there would be improvements. Yet, here we are, a few acting Member Services directors and several HEC directors later, still attempting to recycle the same old ideas. In his first

visit to HEC, former VA Deputy Secretary, Sloane Gibson, spoke about how he is uncomfortable closing out records in batches. Yet, seventeen months later, this is exactly what is being proposed.

When VERP was completed in July 2016, there were 39,756 Veterans enrolled. However, when you asked for updated VERP numbers a couple weeks ago, that number had grown to almost 64,000. Most of these Veterans were subsequently enrolled without ever responding to the pending letter, meaning that VA had sufficient information in its possession, and the ability, to enroll these Veterans. How many more Veterans could have been, and still can be, enrolled? You are not exercising sufficient diligence to resolve the pending issue, but are rather attempting to do what is expeditious. One cannot argue that all pending records were properly reviewed during VERP, because there was never proper guidance given to the facilities to conduct VERP reviews. The VERP project manager, Nick Spantgos, even stated that he was directed by you to withhold specific guidance to the field. Even worse, was that Jim Weishaar gave bad guidance to the field to inappropriately mark records as ineligible. Even though, HEC and Member Services leadership are aware of this wrongdoing, no effort has been made to correct these records. Several weeks ago, Office of Communications could not even confirm that the correct pending letters have been mailed to Veterans.

Now Angel's project managers are asking my team to generate a list of pending records to dump records, using weak information about the status of the letters, performing manual processes to track a 365-day clock. This is not the proper way to administer a benefits program.

Here are just a few of the risks associated with this approach.

1. Enrollment statuses are constantly changing. Using a static list means that anyone who has a change in status between when the list is generated and when the script is executed could have his or her enrollment status negatively affected. If you are opting for a mass cancelling of applications, then the Enrollment System should be used to determine which applications are closed. OIT has been working on this solution for over two years, yet Angel and her team thinks a better solution can be implemented in a few weeks.
2. By generating a manual list, you are attempting to manage benefits outside the official system of record in a non-production environment that doesn't have the adequate process and security controls. This could have unintended consequences. Veterans' benefits could be inappropriately terminated.
3. The Enrollment System is fully integrated with the MVI, where authoritative identity matching would be performed, ensuring that the wrong Veteran's record is not affected. While you may see this as merely cleaning up a list, this directly affects access to health care, and has downstream directly affects clinical, administrative, billing, and data sharing impact.
4. There are hundreds of files created by the mail vendor specifically for the Enrollment System to consume to determine which Veteran's application is closed. While these files can be easily processed by the Enrollment System's communications log using existing rules, we do not have the technological resources to process these files. This is exactly why the Enrollment System exists. Do you really want benefits decisions made on an individual's computer workstation?

Has the Compliance and Internal Controls Program Office assessed the proposed solution and

identified all the risks? Even if they have, I would have little confidence in their work, evidenced when they were asked to review whether the correct letters were mailed to Veterans. They not only did not know how to perform the task, but did not even have the understanding of compliance to realize what they were “auditing” was a poorly documented process, fraught with risks. Has anyone even checked if all the vendor files are available, considering that Office of Communications previously reported that the mail vendor cleans up its server of letter files after 120 days?

What is the way forward? As many as 10,000 new Veterans are added to the pending backlog each month. Is the final solution to continue to incentivize staff to not completely process applications, and place the burden on Veterans to respond to a letter? There are currently over 13,000 unprocessed work items in WRAP due to poor prioritization of work by HEC management. Any pending application in WRAP could potentially be a Veteran who would be negatively affected by this mass modification of Enrollment System records. The Pending OB project appears to be mostly call center activities, as opposed to real case management that could afford Veterans’ records the proper review they deserve. The issues with the accuracy of mailing addresses are still not solved. However, it has been acknowledged, based on the fact that the HEC Deputy Director, Julie Jenkins, is working with a contractor to get updated addresses. Is there a proper feedback loop to the Enrollment System when the contractor finds new addresses? What is OGC guidance on undeliverable mail in terms of closing pending application, and where is this guidance documented?

Has any thought been given to data synchronization issues between VistA and ES? There could be data inconsistencies preventing the update of financial and other information. Has there been any modification to the Enrollment System to reverse enrollment cancellations, or does it still require re-processing an entire new application?

OIT has not completed processing of the SSA Death Master File (DMF). Allowing MVI and OIT to complete their work, which includes authoritative identity matching and proper processing of the DMF further reduces risks.

Despite all of these risks and the concerns that others feel intimidated to express publicly, the proposed solution is to bypass the solution that OIT has been developing for the past two years and to force my team in a situation to deny benefits. This is not sound judgment.

This urgency appears to only benefit you and VA leadership. There is no plausible argument for how this benefits Veterans. Leaders should not make decisions that are only in their self-interest.

You and your directors have not done the required work, yet there is a rush to close out applications without addressing the issues, or to execute the process properly. I understand there is political will to reduce the pending backlog, but it must be done in an appropriate manner. A project manager using a smiley face to request the closing of applications, and invoking urgency based on what the HEC Director wants, as opposed to what best serves Veterans’ interest is the opposite of advocacy. Such an important undertaking requires solid project management, reliable systems, proper eligibility case management, and the necessary internal controls.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [Hutton, James](#)
To: [REDACTED]
Cc: [REDACTED] [Blaha, Lydia B.](#); [REDACTED]
Subject: RE: [EXTERNAL] interview request
Date: Wednesday, March 29, 2017 4:49:00 PM
Attachments: [HEC 365 Day Letter Review - Final Report.pdf](#)

[REDACTED]

Matt sat for an interview today. The reporter attempted several times to pull Matt away from the finding of his audit and fact-finding concerning his initial thought that an error had been made. He also clearly explained why he asked the OIG to review his findings – several times in fact.

The reporter also was intent on describing the required dispositioning of records as “deleting” records which Matt flatly rejected.

The reporter specifically asked for an email from Matt to an employee acknowledging receipt of an email with numerous concerns. It was provided.

He also asked for the number of pending in the enrollment system and the number of pending who received the 365 day equitable relief letter. Both figures were provided. Additionally he asked for the report attached to this email. I have sent it to OGC for a readout on what process we need to employ to consider that request. The reporter wanted it right away, but there may very well be privacy reasons or other legal hurdles to clear before deciding. I await a find OGC readout.

The reporter also asked about a personnel issue wholly unrelated to the original interview request. Matt is not part of the disciplinary process for the individual named and he stated such. I’m sure Matt can provide more details to you if necessary.

Overall solid responses. The reporter, however, puts a lot of stock in information provided by people he’s come to rely on for giving him insider information. This will likely be a generally unfavorable story, but it is also likely Matt’s input will be included.

James

James Hutton
Deputy Assistant Secretary (Acting)
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Email: james.hutton@va.gov
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VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 7:32 AM
To: Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Is his concern about the backlog in general or is it about the wrong letters allegations around determination in the backlog? Is there an opportunity for us to talk about how we are improving our processes in HEC – copying Tammy and Steve for additional thoughts from them

From: Hutton, James
Sent: Tuesday, March 28, 2017 2:02 PM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

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VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Monday, March 27, 2017 7:03 PM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Adding for context, we are taking no action until OIG provides a disposition from their investigation.

[REDACTED]

[REDACTED]
[REDACTED]

From: Hutton, James
Sent: Monday, March 27, 2017 3:41 PM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
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FLAG.

Brad Schrade has covered the HEC for a long time. He did speak briefly to Sec McDonald on related issues, but mostly we've had him speak to a succession of SMEs.

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From: [REDACTED]
Sent: Monday, March 27, 2017 4:33 PM
To: [REDACTED]
Cc: Hutton, James; Blaha, Lydia B.
Subject: RE: [EXTERNAL] interview request

Brad; adding in James and Lydia who handle Dr Shulkin's media requests for further action.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Monday, March 27, 2017 03:39 PM Eastern Standard Time
To: [REDACTED]
Subject: [EXTERNAL] interview request

[REDACTED]

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Please let me know when the secretary is available to discuss.

Best,

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, February 21, 2017 3:11 PM
To: [REDACTED]
Cc: [REDACTED]
[REDACTED]
[REDACTED]
Subject: RE: 365 Final Letter Closure Options

[REDACTED]

I am extremely concerned with the haste to remove the pending backlog. The pending backlog is a result of years of mismanagement and lack of oversight, and requires a thoughtful approach to resolve.

When I reached out to OIG in October 2013 to report the mismanagement of enrollment operations, I actually believed there would be improvements. Yet, here we are, a few acting Member Services directors and several HEC directors later, still attempting to recycle the same old ideas. In his first visit to HEC, former VA Deputy Secretary, Sloane Gibson, spoke about how he is uncomfortable closing out records in batches. Yet, seventeen months later, this is exactly what is being proposed.

When VERP was completed in July 2016, there were 39,756 Veterans enrolled. However, when you

asked for updated VERP numbers a couple weeks ago, that number had grown to almost 64,000. Most of these Veterans were subsequently enrolled without ever responding to the pending letter, meaning that VA had sufficient information in its possession, and the ability, to enroll these Veterans. How many more Veterans could have been, and still can be, enrolled? You are not exercising sufficient diligence to resolve the pending issue, but are rather attempting to do what is expeditious. One cannot argue that all pending records were properly reviewed during VERP, because there was never proper guidance given to the facilities to conduct VERP reviews. The VERP project manager, Nick Spantgos, even stated that he was directed by you to withhold specific guidance to the field. Even worse, was that Jim Weishaar gave bad guidance to the field to inappropriately mark records as ineligible. Even though, HEC and Member Services leadership are aware of this wrongdoing, no effort has been made to correct these records. Several weeks ago, Office of Communications could not even confirm that the correct pending letters have been mailed to Veterans.

Now Angel's project managers are asking my team to generate a list of pending records to dump records, using weak information about the status of the letters, performing manual processes to track a 365-day clock. This is not the proper way to administer a benefits program.

Here are just a few of the risks associated with this approach.

1. Enrollment statuses are constantly changing. Using a static list means that anyone who has a change in status between when the list is generated and when the script is executed could have his or her enrollment status negatively affected. If you are opting for a mass cancelling of applications, then the Enrollment System should be used to determine which applications are closed. OIT has been working on this solution for over two years, yet Angel and her team thinks a better solution can be implemented in a few weeks.
2. By generating a manual list, you are attempting to manage benefits outside the official system of record in a non-production environment that doesn't have the adequate process and security controls. This could have unintended consequences. Veterans' benefits could be inappropriately terminated.
3. The Enrollment System is fully integrated with the MVI, where authoritative identity matching would be performed, ensuring that the wrong Veteran's record is not affected. While you may see this as merely cleaning up a list, this directly affects access to health care, and has downstream directly affects clinical, administrative, billing, and data sharing impact.
4. There are hundreds of files created by the mail vendor specifically for the Enrollment System to consume to determine which Veteran's application is closed. While these files can be easily processed by the Enrollment System's communications log using existing rules, we do not have the technological resources to process these files. This is exactly why the Enrollment System exists. Do you really want benefits decisions made on an individual's computer workstation?

Has the Compliance and Internal Controls Program Office assessed the proposed solution and identified all the risks? Even if they have, I would have little confidence in their work, evidenced when they were asked to review whether the correct letters were mailed to Veterans. They not only did not know how to perform the task, but did not even have the understanding of compliance to realize what they were "auditing" was a poorly documented process, fraught with risks. Has anyone

even checked if all the vendor files are available, considering that Office of Communications previously reported that the mail vendor cleans up its server of letter files after 120 days?

What is the way forward? As many as 10,000 new Veterans are added to the pending backlog each month. Is the final solution to continue to incentivize staff to not completely process applications, and place the burden on Veterans to respond to a letter? There are currently over 13,000 unprocessed work items in WRAP due to poor prioritization of work by HEC management. Any pending application in WRAP could potentially be a Veteran who would be negatively affected by this mass modification of Enrollment System records. The Pending OB project appears to be mostly call center activities, as opposed to real case management that could afford Veterans' records the proper review they deserve. The issues with the accuracy of mailing addresses are still not solved. However, it has been acknowledged, based on the fact that the HEC Deputy Director, Julie Jenkins, is working with a contractor to get updated addresses. Is there a proper feedback loop to the Enrollment System when the contractor finds new addresses? What is OGC guidance on undeliverable mail in terms of closing pending application, and where is this guidance documented?

Has any thought been given to data synchronization issues between VistA and ES? There could be data inconsistencies preventing the update of financial and other information. Has there been any modification to the Enrollment System to reverse enrollment cancellations, or does it still require re-processing an entire new application?

OIT has not completed processing of the SSA Death Master File (DMF). Allowing MVI and OIT to complete their work, which includes authoritative identity matching and proper processing of the DMF further reduces risks.

Despite all of these risks and the concerns that others feel intimidated to express publicly, the proposed solution is to bypass the solution that OIT has been developing for the past two years and to force my team in a situation to deny benefits. This is not sound judgment.

This urgency appears to only benefit you and VA leadership. There is no plausible argument for how this benefits Veterans. Leaders should not make decisions that are only in their self-interest.

You and your directors have not done the required work, yet there is a rush to close out applications without addressing the issues, or to execute the process properly. I understand there is political will to reduce the pending backlog, but it must be done in an appropriate manner. A project manager using a smiley face to request the closing of applications, and invoking urgency based on what the HEC Director wants, as opposed to what best serves Veterans' interest is the opposite of advocacy. Such an important undertaking requires solid project management, reliable systems, proper eligibility case management, and the necessary internal controls.

[REDACTED]

[REDACTED]

From: [Hutton, James](#)
To: [REDACTED]
Cc: [REDACTED] [Blaha, Lydia B.](#); [REDACTED]
Subject: RE: [EXTERNAL] interview request
Date: Wednesday, March 29, 2017 11:29:00 AM

I'm on the conference call now.

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 11:21 AM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Confirmed.

From: Hutton, James
Sent: Wednesday, March 29, 2017 9:59 AM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Confirming: 11:30

1800-767-1750 – when prompted 98888#

Calling now for prep.

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 10:36 AM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

James, We will be flexible. Preference around Noon -2pm.

Thanks

[REDACTED]

From: Hutton, James
Sent: Wednesday, March 29, 2017 9:19 AM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Thanks much.

Matt what is your availability today?

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Wednesday, March 29, 2017 10:16 AM
To: [REDACTED] Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Please proceed, I am on my way to Little Rock

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, March 29, 2017 09:47 AM Eastern Standard Time
To: [REDACTED] Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Glad to support if desired.

Tammy will indicate if she desires me to do so.

[REDACTED]

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, March 29, 2017 8:14 AM
To: Hutton, James
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

It sounds like you are suggesting we talk or send a statement at least- would recommend someone prepping Matt/Tammy and see if one of them can talk - I would rather be engaged than to ignore

Sent with Good (www.good.com)

-----Original Message-----

From: Hutton, James
Sent: Wednesday, March 29, 2017 07:37 AM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

It's about the backlog in general and the plan to purge records specifically.

He asks to to speak to someone today.

If we can't someone to speak to him, which I recommend, a solid statement could be a good alternative.

[REDACTED]

-----Original Message-----

From: [REDACTED]

Sent: Wednesday, March 29, 2017 07:31 AM Eastern Standard Time

To: Hutton, James

Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]; [REDACTED]

Subject: RE: [EXTERNAL] interview request

Is his concern about the backlog in general or is it about the wrong letters allegations around determination in the backlog? Is there an opportunity for us to talk about how we are improving our processes in HEC – copying Tammy and Steve for additional thoughts from them

From: Hutton, James

Sent: Tuesday, March 28, 2017 2:02 PM

To: [REDACTED]

Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]

Subject: RE: [EXTERNAL] interview request

[REDACTED]

We received a query (below) from reporter Brad Schrade from the Atlanta Journal-Constitution. He based his query on an email that he gained from a VA employee (bottom of this email trail) regarding the HEC's backlog.

Do you feel it is in our interest to put someone on the phone with the reporter?

Matt Eitutis, below, says we are taking "no action until the OIG provides a disposition from their investigation."

The fact that IG is involved may preclude a substantial response. I've included Meghan Flanz for legal guidance on how much we can discuss. If we can't discuss, perhaps there is a statement we could provide.

Thanks and will await your guidance.

James

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)

VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: [REDACTED]
Sent: Monday, March 27, 2017 7:03 PM
To: Hutton, James; [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: RE: [EXTERNAL] interview request

Adding for context, we are taking no action until OIG provides a disposition from their investigation.

[REDACTED]

[REDACTED]
[REDACTED])

From: Hutton, James
Sent: Monday, March 27, 2017 3:41 PM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.; [REDACTED]
Subject: FW: [EXTERNAL] interview request

FLAG.

Brad Schrade has covered the HEC for a long time. He did speak briefly to Sec McDonald on related issues, but mostly we've had him speak to a succession of SMEs.

I'm not sure of our ability to schedule or whether providing SMEs is still the best course of action to get accurate and timely answers.

James

James Hutton
Deputy Assistant Secretary (Acting)
Office of Public Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](#)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)

From: Tallman, Gary
Sent: Monday, March 27, 2017 4:33 PM
To: [REDACTED]
Cc: [REDACTED]; Blaha, Lydia B.
Subject: RE: [EXTERNAL] interview request

Brad; adding in James and Lydia who handle Dr Shulkin's media requests for further action.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Monday, March 27, 2017 03:39 PM Eastern Standard Time
To: [REDACTED]
Subject: [EXTERNAL] interview request

[REDACTED],

Please see the email below. I am writing about the ongoing breakdowns and the pending backlog at the HEC in Atlanta. (See email below)

I'm requesting an interview with Secretary Shulkin to discuss the pending backlog and the plan to purge records. Please see the myriad of issues outlined in this email below.

Please let me know when the secretary is available to discuss.

Best,

[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Tuesday, February 21, 2017 3:11 PM

To: [REDACTED]
Cc: [REDACTED]
[REDACTED],
[REDACTED]

Subject: RE: 365 Final Letter Closure Options

Matt,

I am extremely concerned with the haste to remove the pending backlog. The pending backlog is a result of years of mismanagement and lack of oversight, and requires a thoughtful approach to resolve.

When I reached out to OIG in October 2013 to report the mismanagement of enrollment operations, I actually believed there would be improvements. Yet, here we are, a few acting Member Services directors and several HEC directors later, still attempting to recycle the same old ideas. In his first

visit to HEC, former VA Deputy Secretary, Sloane Gibson, spoke about how he is uncomfortable closing out records in batches. Yet, seventeen months later, this is exactly what is being proposed.

When VERP was completed in July 2016, there were 39,756 Veterans enrolled. However, when you asked for updated VERP numbers a couple weeks ago, that number had grown to almost 64,000. Most of these Veterans were subsequently enrolled without ever responding to the pending letter, meaning that VA had sufficient information in its possession, and the ability, to enroll these Veterans. How many more Veterans could have been, and still can be, enrolled? You are not exercising sufficient diligence to resolve the pending issue, but are rather attempting to do what is expeditious. One cannot argue that all pending records were properly reviewed during VERP, because there was never proper guidance given to the facilities to conduct VERP reviews. The VERP project manager, Nick Spantgos, even stated that he was directed by you to withhold specific guidance to the field. Even worse, was that Jim Weishaar gave bad guidance to the field to inappropriately mark records as ineligible. Even though, HEC and Member Services leadership are aware of this wrongdoing, no effort has been made to correct these records. Several weeks ago, Office of Communications could not even confirm that the correct pending letters have been mailed to Veterans.

Now Angel's project managers are asking my team to generate a list of pending records to dump records, using weak information about the status of the letters, performing manual processes to track a 365-day clock. This is not the proper way to administer a benefits program.

Here are just a few of the risks associated with this approach.

1. Enrollment statuses are constantly changing. Using a static list means that anyone who has a change in status between when the list is generated and when the script is executed could have his or her enrollment status negatively affected. If you are opting for a mass cancelling of applications, then the Enrollment System should be used to determine which applications are closed. OIT has been working on this solution for over two years, yet Angel and her team thinks a better solution can be implemented in a few weeks.
2. By generating a manual list, you are attempting to manage benefits outside the official system of record in a non-production environment that doesn't have the adequate process and security controls. This could have unintended consequences. Veterans' benefits could be inappropriately terminated.
3. The Enrollment System is fully integrated with the MVI, where authoritative identity matching would be performed, ensuring that the wrong Veteran's record is not affected. While you may see this as merely cleaning up a list, this directly affects access to health care, and has downstream directly affects clinical, administrative, billing, and data sharing impact.
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Has the Compliance and Internal Controls Program Office assessed the proposed solution and

identified all the risks? Even if they have, I would have little confidence in their work, evidenced when they were asked to review whether the correct letters were mailed to Veterans. They not only did not know how to perform the task, but did not even have the understanding of compliance to realize what they were “auditing” was a poorly documented process, fraught with risks. Has anyone even checked if all the vendor files are available, considering that Office of Communications previously reported that the mail vendor cleans up its server of letter files after 120 days?

What is the way forward? As many as 10,000 new Veterans are added to the pending backlog each month. Is the final solution to continue to incentivize staff to not completely process applications, and place the burden on Veterans to respond to a letter? There are currently over 13,000 unprocessed work items in WRAP due to poor prioritization of work by HEC management. Any pending application in WRAP could potentially be a Veteran who would be negatively affected by this mass modification of Enrollment System records. The Pending OB project appears to be mostly call center activities, as opposed to real case management that could afford Veterans’ records the proper review they deserve. The issues with the accuracy of mailing addresses are still not solved. However, it has been acknowledged, based on the fact that the HEC Deputy Director, Julie Jenkins, is working with a contractor to get updated addresses. Is there a proper feedback loop to the Enrollment System when the contractor finds new addresses? What is OGC guidance on undeliverable mail in terms of closing pending application, and where is this guidance documented?

Has any thought been given to data synchronization issues between VistA and ES? There could be data inconsistencies preventing the update of financial and other information. Has there been any modification to the Enrollment System to reverse enrollment cancellations, or does it still require re-processing an entire new application?

OIT has not completed processing of the SSA Death Master File (DMF). Allowing MVI and OIT to complete their work, which includes authoritative identity matching and proper processing of the DMF further reduces risks.

Despite all of these risks and the concerns that others feel intimidated to express publicly, the proposed solution is to bypass the solution that OIT has been developing for the past two years and to force my team in a situation to deny benefits. This is not sound judgment.

This urgency appears to only benefit you and VA leadership. There is no plausible argument for how this benefits Veterans. Leaders should not make decisions that are only in their self-interest.

You and your directors have not done the required work, yet there is a rush to close out applications without addressing the issues, or to execute the process properly. I understand there is political will to reduce the pending backlog, but it must be done in an appropriate manner. A project manager using a smiley face to request the closing of applications, and invoking urgency based on what the HEC Director wants, as opposed to what best serves Veterans’ interest is the opposite of advocacy. Such an important undertaking requires solid project management, reliable systems, proper eligibility case management, and the necessary internal controls.

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED] [REDACTED] [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#)
Cc: [REDACTED]
Subject: RE: [EXTERNAL] RE: DC VAMC
Date: Tuesday, November 07, 2017 7:04:40 PM

No worries, will get them straight in the am.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:02:48 PM
To: [REDACTED]; Cashour, Curtis
Cc: [REDACTED]
Subject: RE: [EXTERNAL] RE: DC VAMC

Mea culpa Glenn, I botched the first date. I added additional background so Committees had a better sense of how this came about.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 4:00:45 PM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: RE: [EXTERNAL] RE: DC VAMC

Curt
Thanks, i believe we got it straight, will follow up with a clarification in the am.

Glenn

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Tuesday, November 07, 2017 3:57:56 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: [EXTERNAL] RE: DC VAMC

Sorry but The part about the dates and the IG didn't come from me.

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 3:43:20 PM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: FW: [EXTERNAL] RE: DC VAMC

Curt

We sent the statement below on DC VAMC to 4 Corners and DC-MD-VA delegation. It is the statement OPIA crafted for media inquiry.

We received inquiries seeking clarifications on dates/timeline as noted below.

We will need to follow up with VHA for clarification but if you have a sense of the timeline from working this issue as well, please share.

Thanks

[REDACTED]

Sent with Good (www.good.com)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 3:31:01 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VAMC

[REDACTED] – thanks for the information but can we get a little more clarity on the dates below? On Nov. 6th the IG contacted DCVA about the issues and met that same day. However, normal surgical operations were restarted Nov. 6th, the same day? Is the first date supposed to be from sometime last week? Thanks.

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:36 PM
To: [REDACTED];
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Cc: [REDACTED]
[REDACTED]
[REDACTED]

Subject: DC VAMC

4 Corners,

On **November 6, 2017**, the Director of Medical Consultation and Review at the Office of Inspector General (OIG) contacted the Medical Center Director at the Washington DC VA Medical Center (VAMC) with concerns that they received an OIG Anonymous Complaint regarding three specific allegations: 1) four patients contracted Hepatitis-C from the Operating Room (OR) and that the facility closed the OR 2) Rusty OR Equipment 3) Bacteria in Facility Water.

A telephone meeting was scheduled for the same day at 4:15PM between OIG and the DC VAMC Executive Leadership Team regarding the anonymous allegations.

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed **November 6, 2017** and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

*The same update will be shared with the DC-MD-VA delegation.

Regards
[REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: Re: [EXTERNAL] Re: FW: Northport
Date: Friday, September 22, 2017 3:44:56 PM

We are trying to answer a few more questions, gather greater detail. So article may hold into (early) next week.

[REDACTED]

On Sep 22, 2017, at 12:50 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

What is your deadline?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, September 22, 2017 12:09 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Re: FW: Northport

Curt:

Thanks for the statement. A few requests.

Is there a definitive statement or timeline, or someone I could ask, about when and why the air conditioning failed at Building 200, and how much did it cost to fix? What was the relationship between the cooling towers failure and the particulate contamination in the surgical suite?

The AIB reports are critical of the engineering department's oversight of the infrastructure at Northport. What steps have been taken to ensure adequate oversight?

Phil Moschitta has said that blaming his administration or the engineering department for Northport's infrastructure failings unfairly shifts blame for the fact that the facility needs has been in need of hundreds of millions of dollars of rehabilitation for maintenance lapses that go back decades. Comment?

On Thu, Sep 21, 2017 at 6:18 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

From: Cashour, Curtis
Sent: Thursday, September 21, 2017 6:06 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. VA's comment is below. Please confirm receipt. Thanks.

“These reports highlight inexcusable failures in management and indefensible examples of waste. This type of misbehavior will not be tolerated on my watch. That's why we have already started implementing the recommendations from these reports and cleaning house in our engineering department. We are going to restore leadership, fiscal responsibility and accountability in our engineering department because veterans and taxpayers deserve no less.” – **Scott Guermonprez, Director, Northport VA Medical Center**

Curt Cashour
Press Secretary
Department of Veterans Affairs
[202-461-7388](tel:202-461-7388)
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, September 21, 2017 2:35 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: Northport

Hi, Curt:

Any progress toward having someone review with me the Conclusions of the Administrative Board Investigation, case numbers 17-01 and 17-02, dated June 19, 2017 and signed by VISN 2 Director Joan McInerney?

Please let me know when I can speak with someone.

Thanks.

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Wednesday, September 20, 2017 7:22 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. I've been emailing you, but I haven't heard back. Here is VA's comment on your questions from Sept. 12. Can you confirm receipt?

The Department of Veterans Affairs is committed to holding employees accountable and making employment decisions that ensure Veterans are receiving

the best care possible. Following your inquiry, VA is looking into this situation and will conduct further reviews or investigations if warranted.

You asked about the status of several employees. Due to privacy act restrictions, we are permitted to give you the following information, which is current as of the last pay period:

Dr. Mark Kaufman

Duty station: Northport
Title: Physician (Chief of Staff)
Salary: \$256,146
Dates of employment: 7/1/1992 to Present

Ronald Brattain

Duty station: Northport
Title: Supervisory General Engineer (Chief of Engineering Service)
Salary: \$131,073
Dates of employment: 1/29/2012 – resigned effective 9/16/17

Joseph Sledge

Duty station: Northport
Title: Supervisory Health Systems Specialist (Supervisor, Community Outreach)
Salary: \$123,966
Dates of employment: 8/23/1992 to present

Patricia Burke

Duty station: Northport
Title: Nurse (Associate Director of Patient Care Services)
Salary: \$161,900 + nurse exec. pay \$12,000
Dates of employment: 3/22/2015 to present

Finally, on July 7, Secretary Shulkin [announced](#) that VA had expanded its transparency and accountability efforts by making public a list of adverse employee actions.

Information about any future actions taken at the regional level can be found at <http://www.va.gov/accountability>. That list is updated weekly.

Curt Cashour
Press Secretary
Department of Veterans Affairs
[202-461-7388](tel:202-461-7388)
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, September 20, 2017 7:03 PM
To: Cashour, Curtis
Subject: [EXTERNAL] FW: Northport

Hi, Curt:

I am writing about further problems at the Northport Veterans Affairs Medical Center, where your friend Todd Goodman is the public affairs officer. For some reason, he has referred me directly to you (see our correspondence below).

The VISN 2 Network Director, Joan McInerney, sent June 19 memos to then-acting director Vincent Immiti regarding an Administrative Investigations Board reports on of case numbers 17-02 and 17-03. I have copies of those reports.

These AIB reports detail failures of oversight by the engineering department that resulted in the destruction of cooling equipment that forced a four-month closure of the surgical suite, the loss of more than \$9 million in federal construction dollars earmarked for improvements of Northport's crumbling infrastructure, badly-managed projects resulting in poor work, patient care delays and cost overruns, and other problems. It is my understanding that the engineering director resigned Sept 13, rather than contest his potential firing.

I have put calls and e-mails to the public affairs offices at both Northport and to the VISN headquarters in Albany, to no avail.

Is there someone who can walk me through the AIB reports on Thursday? I feel I owe it to the 150,000 veterans in Newsday's readership area to explain what is going on at the only veterans hospital on Long Island. This is a serious matter, and I intend to write about it whether or not the VA responds to my detailed questions.

Please call me at your earliest convenience. I may be reached at [REDACTED]

- [REDACTED]

From: [REDACTED]
Sent: Wednesday, September 20, 2017 4:53 PM
To: [REDACTED] >
Subject: RE: Northport

Hi, Martin. VA Press Secretary Curt Cashour has sent you a few emails about this. Feel free to reach out to him at Curt.Cashour@va.gov if you haven't received his messages.

Sincerely,

[REDACTED]

From: [REDACTED]
Sent: Wednesday, September 20, 2017 2:53 PM
To: [REDACTED]
Subject: [EXTERNAL] FW: Northport

Hey, [REDACTED]:

Eight days ago, I forwarded the following questions to you. To date, I don't think I've gotten a response. Am I missing something?

From: [REDACTED]
Sent: Tuesday, September 12, 2017 4:21 PM
To: [REDACTED]
Subject: Re: Northport

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In essence, the entire leadership at Long Island's only veterans hospital has

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Please call me at your earliest convenience.

- [REDACTED]

From: [REDACTED] >
Sent: Tuesday, September 12, 2017 2:24:01 PM
To: [REDACTED]
Subject: Northport

[REDACTED] would you please send me a list of your questions so that I may do my best to have them answered?

Thank you,

[REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]; [Hutton, James](#); [REDACTED]
Subject: RE: [EXTERNAL] Re: FW: Northport
Date: Friday, September 22, 2017 1:17:37 PM

From our understanding the failed air handlers for B200 were replaced this at a cost of approx. \$12M-\$13M and were lowered onto the roof of the medical center by helicopter Nov 6, 2016 (conclusion #8, 9, 10 of AIB 17-02). The AIBs revealed that if a proper review and engineering solution had been taken, the old units may have had some useful life left in them vice procuring new units at a much lower cost. Additionally, the replacement of the cooling tower units did not include balancing the air handling units or upgrading/repairing duct work.

<https://www.youtube.com/watch?v=7FZYEWRYyQM>

From: Cashour, Curtis
Sent: Friday, September 22, 2017 12:14 PM
To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: FW: [EXTERNAL] Re: FW: Northport

Joan/Colleen/Scott,

Please see below from Martin Evans. What are the facts? Feel free to call me if it's easier. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, September 22, 2017 12:09 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Re: FW: Northport

Curt:

Thanks for the statement. A few requests.

Is there a definitive statement or timeline, or someone I could ask, about when and why the air conditioning failed at Building 200, and how much did it cost to fix? What was the relationship between the cooling towers failure and the particulate contamination in the surgical suite?

The AIB reports are critical of the engineering department's oversight of the infrastructure at Northport. What steps have been taken to ensure adequate oversight?

Phil Moschitta has said that blaming his administration or the engineering department for Northport's infrastructure failings unfairly shifts blame for the fact that the facility needs has been in need of hundreds of millions of dollars of rehabilitation for maintenance lapses that go

back decades. Comment?

On Thu, Sep 21, 2017 at 6:18 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

From: Cashour, Curtis
Sent: Thursday, September 21, 2017 6:06 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. VA's comment is below. Please confirm receipt. Thanks.

“These reports highlight inexcusable failures in management and indefensible examples of waste. This type of misbehavior will not be tolerated on my watch. That’s why we have already started implementing the recommendations from these reports and cleaning house in our engineering department. We are going to restore leadership, fiscal responsibility and accountability in our engineering department because veterans and taxpayers deserve no less.”
– **Scott Guermonprez, Director, Northport VA Medical Center**

Curt Cashour
Press Secretary
Department of Veterans Affairs
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Curt.Cashour@va.gov
[@curtcashour](https://www.instagram.com/curtcashour)

From: [REDACTED]
Sent: Thursday, September 21, 2017 2:35 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: Northport

Hi, Curt:

Any progress toward having someone review with me the Conclusions of the Administrative Board Investigation, case numbers 17-01 and 17-02, dated June 19, 2017 and signed by VISN 2 Director Joan McInerney?

Please let me know when I can speak with someone.

Thanks.

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Wednesday, September 20, 2017 7:22 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. I've been emailing you, but I haven't heard back. Here is VA's comment on your questions from Sept. 12. Can you confirm receipt?

The Department of Veterans Affairs is committed to holding employees accountable and making employment decisions that ensure Veterans are receiving the best care possible. Following your inquiry, VA is looking into this situation and will conduct further reviews or investigations if warranted.

You asked about the status of several employees. Due to privacy act restrictions, we are permitted to give you the following information, which is current as of the last pay period:

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Duty station: Northport

Title: Physician (Chief of Staff)

Salary: \$256,146

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Duty station: Northport

Title: Supervisory General Engineer (Chief of Engineering Service)

Salary: \$131,073

Dates of employment: 1/29/2012 – resigned effective 9/16/17

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Duty station: Northport

Title: Supervisory Health Systems Specialist (Supervisor, Community Outreach)

Salary: \$123,966

Dates of employment: 8/23/1992 to present

Patricia Burke

Duty station: Northport

Title: Nurse (Associate Director of Patient Care Services)

Salary: \$161,900 + nurse exec. pay \$12,000

Dates of employment: 3/22/2015 to present

Finally, on July 7, Secretary Shulkin [announced](#) that VA had expanded its transparency and accountability efforts by making public a list of adverse employee actions.

Information about any future actions taken at the regional level can be found at <http://www.va.gov/accountability>. That list is updated weekly.

Curt Cashour

Press Secretary

Department of Veterans Affairs

[202-461-7388](tel:202-461-7388)

Curt.Cashour@va.gov

[@curtcashour](#)

From: [REDACTED]

Sent: Wednesday, September 20, 2017 7:03 PM
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Subject: [EXTERNAL] FW: Northport

Hi, Curt:

I am writing about further problems at the Northport Veterans Affairs Medical Center, where your friend Todd Goodman is the public affairs officer. For some reason, he has referred me directly to you (see our correspondence below).

The VISN 2 Network Director, Joan McInerney, sent June 19 memos to then-acting director Vincent Immiti regarding an Administrative Investigations Board reports on of case numbers 17-02 and 17-03. I have copies of those reports.

These AIB reports detail failures of oversight by the engineering department that resulted in the destruction of cooling equipment that forced a four-month closure of the surgical suite, the loss of more than \$9 million in federal construction dollars earmarked for improvements of Northport's crumbling infrastructure, badly-managed projects resulting in poor work, patient care delays and cost overruns, and other problems. It is my understanding that the engineering director resigned Sept 13, rather than contest his potential firing.

I have put calls and e-mails to the public affairs offices at both Northport and to the VISN headquarters in Albany, to no avail.

Is there someone who can walk me through the AIB reports on Thursday? I feel I owe it to the 150,000 veterans in Newsday's readership area to explain what is going on at the only veterans hospital on Long Island. This is a serious matter, and I intend to write about it whether or not the VA responds to my detailed questions.

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In essence, the entire leadership at Long Island's only veterans hospital has been ousted. Why?

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about the condition of the operating rooms. Has the current VA leadership kept Congress in the loop regarding these personnel developments? If so, when and how did they make members of Congress aware?

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From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: Re: [EXTERNAL] Re: FW: Northport
Date: Friday, September 22, 2017 6:26:03 PM

Thanks

[REDACTED]

On Sep 22, 2017, at 6:08 PM, Cashour, Curtis <Curt.Cashour@va.gov> wrote:

Please see below, attributable to me. Please confirm receipt. Have a good weekend.
Thanks - Curt

The air handlers were replaced at a cost of approximately \$12 to \$13 million. As a result of this problem and others within the Northport VAMC engineering department, New York/New Jersey VA Health Care Network Director Joan McNerney has turned over both reports to the VA Inspector General for further investigation if warranted.

Q: What was the relationship between the cooling towers failure and the particulate contamination in the surgical suite?

A: There is no direct relationship. Overall, both problems were caused by a general lack of preventive maintenance and routine upgrades.

Q: Phil Moschitta has said that blaming his administration or the engineering department for Northport's infrastructure failings unfairly shifts blame for the fact that the facility needs has been in need of hundreds of millions of dollars of rehabilitation for maintenance lapses that go back decades. Comment?

A: Virtually all of Northport VAMC's infrastructure issues are rooted in mismanagement. The notion that a lack of funding is somehow to blame is ridiculous. Once again, we have referred the reports to the VA Inspector General for further investigation if warranted.

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From: [Ulliyot, John](#)
To: [Cashour, Curtis](#)
Cc: [Hutton, James](#)
Subject: RE: // for approval // #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query
Date: Tuesday, November 28, 2017 7:35:44 PM
Attachments: [image001.jpg](#)

Thanks Curt — approved — good job on this

John U.

Sent with Good (www.good.com)

From: Cashour, Curtis
Sent: Tuesday, November 28, 2017 3:45:20 PM
To: Ulliyot, John
Cc: Hutton, James
Subject: // for approval // #HEADS UP_ Jesse Brown VA Health Cafeteria Kitched Temp Closed for Cleaning_Local Query

Please see below from Chicago's Fox Affiliate. Are you OK with the following response:

The Veterans Canteen Kitchen was temporarily closed for one day for deep cleaning and will reopen tomorrow morning. There are no reported issues involving the kitchen and inpatient Veterans were not impacted since their meals are managed and coordinated by the facility's Nutrition and Food Services program.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 28, 2017 1:00:47 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: Jesse Brown VA Health Cafeteria

Good Afternoon Lela,

We received a call concerning the cafeteria apparently being closed at the Jesse Brown VA Center. We have also heard that people have been seen cleaning.

Just checking to see what is happening. If the cafeteria is in fact closed, what caused the cafeteria to be closed? Have any patients gotten sick, etc? How were meals handled today? Will the cafeteria reopen?

Thanks!!

[REDACTED]

Connect with FOX 32 Anywhere: [Facebook](#) | [Twitter](#) | [Instagram](#)

SIG



From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]; [Hutton, James](#); [REDACTED]
Subject: RE: // for approval // more answers for Newsday
Date: Friday, September 22, 2017 6:40:18 PM

Thanks Curt, your assistance on this item is greatly appreciated!

Sent with Good (www.good.com)

-----Original Message-----

From: Cashour, Curtis
Sent: Friday, September 22, 2017 03:03 PM Pacific Standard Time
To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

I talked to Scott. He confirmed the numbers. I will send to Martin. Thanks, all.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: McNerney, Joan E.
Sent: Friday, September 22, 2017 5:51 PM
To: Cashour, Curtis; Guernonprez, Scott; Luckner, Colleen
Cc: West, Walinda; Hutton, James; Screen, Gina; Ballesteros, Mark
Subject: RE: // for approval // more answers for Newsday

This is perfect. I just cannot confirm the \$ of the air handlers. Scott, please confirm.

Sent with Good (www.good.com)

-----Original Message-----

From: Cashour, Curtis
Sent: Friday, September 22, 2017 05:11 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

Thanks. Joan?

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Friday, September 22, 2017 05:10 PM Eastern Standard Time
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

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Subject: RE: // for approval // more answers for Newsday
Date: Friday, September 22, 2017 6:40:18 PM

Thanks Curt, your assistance on this item is greatly appreciated!

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-----Original Message-----

From: Cashour, Curtis
Sent: Friday, September 22, 2017 03:03 PM Pacific Standard Time
To: [REDACTED]
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Press Secretary
Department of Veterans Affairs
[202-461-7388](tel:202-461-7388)
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

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Sent: Wednesday, September 20, 2017 7:03 PM
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Subject: [EXTERNAL] FW: Northport

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Thank you,

[REDACTED]

[REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Cc: [REDACTED]; [Hutton, James](#); [REDACTED]
Subject: RE: // for approval // more answers for Newsday
Date: Friday, September 22, 2017 6:40:18 PM

Thanks Curt, your assistance on this item is greatly appreciated!

Sent with Good (www.good.com)

-----Original Message-----

From: Cashour, Curtis
Sent: Friday, September 22, 2017 03:03 PM Pacific Standard Time
To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

I talked to Scott. He confirmed the numbers. I will send to Martin. Thanks, all.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, September 22, 2017 5:51 PM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

This is perfect. I just cannot confirm the \$ of the air handlers. Scott, please confirm.

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From: Cashour, Curtis
Sent: Friday, September 22, 2017 05:11 PM Eastern Standard Time
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Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

Thanks. Joan?

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From: [REDACTED]
Sent: Friday, September 22, 2017 05:10 PM Eastern Standard Time
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: RE: // for approval // more answers for Newsday

Looks good—thank you again...Scott

From: Cashour, Curtis
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To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
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The air handlers were replaced at a cost of approximately \$12 to \$13 million. As a result of this problem and others within the Northport VAMC engineering department, New York/New Jersey VA Health Care Network Director Joan McInerney has turned over both reports to the VA Inspector General for further investigation if warranted.

Q: What was the relationship between the cooling towers failure and the particulate contamination in the surgical suite?

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Q: Phil Moschitta has said that blaming his administration or the engineering department for Northport's infrastructure failings unfairly shifts blame for the fact that the facility needs has been in need of hundreds of millions of dollars of rehabilitation for maintenance lapses that go back decades. Comment?

A: Virtually all of Northport VAMC's infrastructure issues are rooted in mismanagement. The notion that a lack of funding is somehow to blame is ridiculous. Once again, we have referred the reports to the VA Inspector General for further investigation if warranted.

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Sent: Thursday, September 21, 2017 6:06 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. VA's comment is below. Please confirm receipt. Thanks.

“These reports highlight inexcusable failures in management and indefensible examples of waste. This type of misbehavior will not be tolerated on my watch. That’s why we have already started implementing the recommendations from these reports and cleaning house in our engineering department. We are going to restore leadership, fiscal responsibility and accountability in our engineering department because veterans and taxpayers deserve no less.”
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Any progress toward having someone review with me the Conclusions of the Administrative Board Investigation, case numbers 17-01 and 17-02, dated June 19, 2017 and signed by VISN 2 Director Joan McInerney?

Please let me know when I can speak with someone.

Thanks.

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
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To: [REDACTED]
Subject: RE: Northport

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The Department of Veterans Affairs is committed to holding employees accountable and making employment decisions that ensure Veterans are receiving the best care possible. Following your inquiry, VA is looking into this situation and will conduct further reviews or investigations if warranted.

You asked about the status of several employees. Due to privacy act restrictions, we are permitted to give you the following information, which is current as of the last pay period:

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Title: Physician (Chief of Staff)
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Thank you,

[REDACTED]

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From: [Cashour, Curtis](#)
To: [Ullyot, John](#)
Cc: [Hutton, James](#)
Subject: RE: // for approval // response to Springfield News Leader re: Confederate statue vandalism
Date: Friday, September 01, 2017 11:12:00 AM

Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Ullyot, John
Sent: Friday, September 01, 2017 11:10 AM
To: Cashour, Curtis
Cc: Hutton, James
Subject: RE: // for approval // response to Springfield News Leader re: Confederate statue vandalism

Roger -- approved

Thanks,

John U.

Sent with Good (www.good.com)

-----Original Message-----

From: Cashour, Curtis
Sent: Friday, September 01, 2017 11:08 AM Eastern Standard Time
To: Ullyot, John
Cc: Hutton, James
Subject: RE: // for approval // response to Springfield News Leader re: Confederate statue vandalism

I agree with that totally. How about the following:

We are not providing photos of the vandalism because it would only give more attention to a criminal act.

Destruction and defacement of federal property is a serious crime, and VA is working with law enforcement officials to identify those responsible. VA is committed to maintaining our cemeteries as national shrines, and that includes cleaning this statue, which memorializes

those interred at the cemetery.

VA's National Cemetery Administration determined the need for additional security measures at certain facilities to ensure the safety of staff, property and visitors paying respect to those interred. VA has a responsibility to protect the federal property it administers, and will continue to monitor and assess the need for enhanced security going forward.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Ulliot, John
Sent: Friday, September 01, 2017 11:07 AM
To: Cashour, Curtis
Cc: Hutton, James
Subject: RE: // for approval // response to Springfield News Leader re: Confederate statue vandalism

What do you think about adding something along the lines of this as a second sentence to the statement, while keeping all the rest of the statement?

We are not providing photos of the vandalism because it only gives more attention to a criminal act.

I could go either way on it -- let me know.

John U.

Sent with Good (www.good.com)

-----Original Message-----

From: Cashour, Curtis
Sent: Friday, September 01, 2017 10:56 AM Eastern Standard Time
To: Ulliot, John
Cc: Hutton, James
Subject: // for approval // response to Springfield News Leader re: Confederate statue vandalism

Please see below from the Springfield News-Leader regarding Vandalism of a confederate statue. They are asking for photos. I recommend the following statement:

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Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Friday, September 01, 2017 10:50 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] Springfield statue

Hello,

My inquiry about photographs of the recent vandalism of a Confederate monument in the Springfield National Cemetery was referred to the VA by the local sheriff's office.

Could the VA provide photos of the vandalism? There is local interest in this incident; I guess people want to know how much paint was used, where it was thrown, what specific color it was, etc.

Thanks for your help. Please give me a call at the number below if you want to talk, on background or otherwise.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [Ullyot, John](#)
To: [Hutton, James](#); [Cashour, Curtis](#)
Subject: RE: // for approval // response to Springfield News Leader re: Confederate statue vandalism
Date: Friday, September 01, 2017 11:13:38 AM

I'm fine with providing the photo in general but kind of like the principled position that we are not dignifying the criminal by giving him publicity.

Let me know if you feel strongly otherwise let's go with the approved statement.

Thanks,

John U.

Sent with Good (www.good.com)

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From: Hutton, James
Sent: Friday, September 01, 2017 11:09 AM Eastern Standard Time
To: Ullyot, John; Cashour, Curtis
Subject: RE: // for approval // response to Springfield News Leader re: Confederate statue vandalism

John,

I think it is worth giving the photo to show the amateurish vandalism. It won't look like appropriate protest.

James

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Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
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Thanks for your help. Please give me a call at the number below if you want to talk, on background or otherwise.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [Cashour, Curtis](#)
To: [REDACTED]
Cc: [Hutton, James](#); [REDACTED]
Subject: RE: // for approval // statement for Newsday regarding Engineering AIB reports
Date: Thursday, September 21, 2017 6:04:46 PM

Glad to help. I will send it to Martin Evans now. Thanks, all.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, September 21, 2017 6:00 PM
To: Cashour, Curtis; Guernonprez, Scott
Cc: Hutton, James; [REDACTED]
Subject: RE: // for approval // statement for Newsday regarding Engineering AIB reports

Curt, this is wonderful. Thank you.

Sent with Good (www.good.com)

-----Original Message-----

From: Cashour, Curtis
Sent: Thursday, September 21, 2017 05:40 PM Eastern Standard Time
To: [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: // for approval // statement for Newsday regarding Engineering AIB reports

Scott – We would like to provide the following statement to Newsday regarding the AIBs. It would be in your name. Are you OK with that?

These reports highlight inexcusable failures in management and indefensible examples of waste. This type of misbehavior will not be tolerated on my watch. That's why we have already started implementing the recommendations from these reports and cleaning house in our engineering department. We are going to restore leadership, fiscal responsibility and accountability in our engineering department because veterans and taxpayers deserve no less.

– **Scott Guernonprez, Director, Northport VA Medical Center**

Curt Cashour

Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, September 21, 2017 9:29 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

The conclusions for AIB 17-01 and 17-02 are attached.

17 – 01 is relating to Engineer Projects.

17 – 02 is relating to Engineering Negligence.

Northport doesn't have a copy of 17-03, but will work with VISN asap to secure a copy.

From: [REDACTED]
Sent: Thursday, September 21, 2017 9:14 AM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Attached is AIB 17-02. Our HR staff are working w/VISN HR and OI&T to get a copy of the other AIB asap.

From: Cashour, Curtis
Sent: Thursday, September 21, 2017 8:06 AM
To: [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Thanks. They won't say where they got them.

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED].
Sent: Thursday, September 21, 2017 07:54 AM Eastern Standard Time
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Wow. How did they get them? We will work with you.

From: Cashour, Curtis
Sent: Thursday, September 21, 2017 7:38 AM
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Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Newsday has the aibs now and will report on all of the contents on Sunday, that's why we need to see unredacted versions asap. Thanks.

Sent with Good (www.good.com)

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From: [REDACTED]
Sent: Thursday, September 21, 2017 07:35 AM Eastern Standard Time
To: [REDACTED]; Cashour, Curtis
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Be aware that these AIBs are being redacted by 10N Howard Manuel since the 4 corners has requested them. Might want to say little until Congress has them.

From: [REDACTED]
Sent: Wednesday, September 20, 2017 9:05 PM
To: [REDACTED]; Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Good evening,

I believe our HR staff has hard copies of both of the engineering related AIBs. I can have them scanned first thing in the morning. The Chief Engineer did resign in lieu of termination and was coded by HR as such. Our Interim AD is working closely with HR and there may be others within engineering that may be held accountable as well for many years of poor project management and oversight.

Stay well...Scott

Sent with Good (www.good.com)

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, September 20, 2017 08:08 PM Eastern Standard Time

To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: Northport AIB Reports Needed ASAP

Hi Joan and Scott.

Since I will have to clear your answers here, you can send your answers to me and I'll package them for Curt and send around to Tom and Steve.

[REDACTED]

-----Original Message-----

From: Cashour, Curtis
Sent: Wednesday, September 20, 2017 07:49 PM Eastern Standard Time
To: [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: Northport AIB Reports Needed ASAP

Joan/Scott,

See below from Newsday. They sent over a new set of questions focusing on mismanagement and waste in Northport's engineering department, as outlined in two AIB reports (case numbers 17-02 and 17-03). Can you please send us the reports in question ASAP? We need to know exactly what's in them so we can respond to the reporter appropriately.

The Newsday story on this matter will run this Sunday.

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, September 20, 2017 7:03 PM

To: Cashour, Curtis
Subject: [EXTERNAL] FW: Northport

Hi, Curt:

I am writing about further problems at the Northport Veterans Affairs Medical Center, where your friend Todd Goodman is the public affairs officer. For some reason, he has referred me directly to you (see our correspondence below).

The VISN 2 Network Director, Joan McInerney, sent June 19 memos to then-acting director Vincent Immiti regarding an Administrative Investigations Board reports on of case numbers 17-02 and 17-03. I have copies of those reports.

These AIB reports detail failures of oversight by the engineering department that resulted in the destruction of cooling equipment that forced a four-month closure of the surgical suite, the loss of more than \$9 million in federal construction dollars earmarked for improvements of Northport's crumbling infrastructure, badly-managed projects resulting in poor work, patient care delays and cost overruns, and other problems. It is my understanding that the engineering director resigned Sept 13, rather than contest his potential firing.

I have put calls and e-mails to the public affairs offices at both Northport and to the VISN headquarters in Albany, to no avail.

Is there someone who can walk me through the AIB reports on Thursday? I feel I owe it to the 150,000 veterans in Newsday's readership area to explain what is going on at the only veterans hospital on Long Island. This is a serious matter, and I intend to write about it whether or not the VA responds to my detailed questions.

Please call me at your earliest convenience. I may be reached at 516 313-2906.

- Martin

From: [REDACTED]
Sent: Wednesday, September 20, 2017 4:53 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. VA Press Secretary Curt Cashour has sent you a few emails about this. Feel free to reach out to him at Curt.Cashour@va.gov if you haven't received his messages.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, September 20, 2017 2:53 PM
To: [REDACTED]

Subject: [EXTERNAL] FW: Northport

Hey, Todd:

Eight days ago, I forwarded the following questions to you. To date, I don't think I've gotten a response. Am I missing something?

From: [REDACTED]
Sent: Tuesday, September 12, 2017 4:21 PM
To: [REDACTED]
Subject: Re: Northport

Todd:

Here are issues I would like to have addressed:

Last month, Northport's director apparently assured members of Congress that his chief of staff and nursing directors had been temporarily "detailed" to the Bronx to share urgent expertise there.

Did that in fact happen?

The chief of staff, Dr. Mark Kaufman, has never reported to the Bronx, and is at Northport every day. My sources tell me that the nursing director, never reported to the Bronx, either. So, have either of these individuals reported to the Bronx? [Where are they currently working, and what is their job description, and are they expected to be restored to their positions as chief of staff and nursing director?](#)

It has also been asserted that Northport's \$122,000-per-year chief of engineering, Ronald Brattain, has been "reassigned," and is now a "line employee" in the housekeeping department. As engineering director, Brattain would have been responsible for monitoring the air conditioning equipment whose failure led to the months-long closure of Northport's surgical department earlier this year.

What is Brattain's job status and title? Why was he "transferred"? And what is the salary (public information) associated with the position he currently fills?

Also, since April 1, the director, the associate director, the chief of staff, the nursing director, and the chief of engineering have all left their positions. In the months before that, the facility's de-facto ombudsman, Joseph Sledge, also was given a position of lesser responsibility.

In essence, the entire leadership at Long Island's only veterans hospital has been ousted. Why?

We know that the last director, Phil Moschitta, kept members of Congress in the dark about the condition of the operating rooms. Has the current VA leadership kept Congress in the loop regarding these personnel developments? If so, when and how did they make members of Congress aware?

[Please call me at your earliest convenience.](#)

- Martin

From: [REDACTED]
Sent: Tuesday, September 12, 2017 2:24:01 PM
To: [REDACTED]
Subject: Northport

Martin, would you please send me a list of your questions so that I may do my best to have them answered?

Thank you,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#); [REDACTED]
Cc: [Hutton, James](#); [REDACTED]
Subject: RE: // for approval // statement for Newsday regarding Engineering AIB reports
Date: Thursday, September 21, 2017 6:00:14 PM

Curt, this is wonderful. Thank you.

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Sent: Wednesday, September 20, 2017 9:05 PM
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Cc: Hutton, James; [REDACTED]
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Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](#)

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To: Cashour, Curtis

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From: [REDACTED]
Sent: Wednesday, September 20, 2017 4:53 PM
To: [REDACTED]
Subject: RE: Northport

Hi, Martin. VA Press Secretary Curt Cashour has sent you a few emails about this. Feel free to reach out to him at Curt.Cashour@va.gov if you haven't received his messages.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, September 20, 2017 2:53 PM
To: [REDACTED]
Subject: [EXTERNAL] FW: Northport

Hey, Todd:

Eight days ago, I forwarded the following questions to you. To date, I don't think I've gotten a response. Am I missing something?

From: [REDACTED]
Sent: Tuesday, September 12, 2017 4:21 PM
To: [REDACTED] >
Subject: Re: Northport

Todd:

Here are issues I would like to have addressed:

Last month, Northport's director apparently assured members of Congress that his chief of staff and nursing directors had been temporarily "detailed" to the Bronx to share urgent expertise there.

Did that in fact happen?

The chief of staff, Dr. Mark Kaufman, has never reported to the Bronx, and is at Northport every day. My sources tell me that the nursing director, never reported to the Bronx, either. So, have either of these individuals reported to the Bronx? [Where are they currently working, and what is their job description, and are they expected to be restored to their positions as chief of staff and nursing director?](#)

It has also been asserted that Northport's \$122,000-per-year chief of engineering, Ronald Brattain, has been "reassigned," and is now a "line employee" in the housekeeping department. As engineering director, Brattain would have been responsible for monitoring the air conditioning equipment whose failure led to the months-long closure of Northport's surgical department earlier this year.

What is Brattain's job status and title? Why was he "transferred"? And what is the salary (public information) associated with the position he currently fills?

Also, since April 1, the director, the associate director, the chief of staff, the nursing director, and the chief of engineering have all left their positions. In the months before that, the facility's de-facto ombudsman, Joseph Sledge, also was given a position of lesser responsibility.

In essence, the entire leadership at Long Island's only veterans hospital has been ousted. Why?

We know that the last director, Phil Moschitta, kept members of Congress in the dark about the condition of the operating rooms. Has the current VA leadership kept Congress in the loop regarding these personnel developments? If so, when and how did they make members of Congress aware?

[Please call me at your earliest convenience.](#)

- Martin

From: [REDACTED] >

Sent: Tuesday, September 12, 2017 2:24:01 PM

To: [REDACTED]

Subject: Northport

Martin, would you please send me a list of your questions so that I may do my best to have them answered?

Thank you,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#); [Hutton, James](#)
Cc: [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query
Date: Thursday, January 11, 2018 7:07:41 AM

Good morning,

The interview did not take place yesterday. Apparently the reporter had something more urgent come up and requested to push to next week.

Hopefully by then we will have determined the cause of the contact dermatitis.

Best,
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Wednesday, January 10, 2018 11:54:50 AM
To: Cashour, Curtis; Hutton, James
Cc: [REDACTED]
Subject: Re: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Good morning Curt,

The interview with Dr. Breaux is scheduled to take place at 3pm today. The PAO at Huntington has been communicating with a CDC PAO who has offered the following talking points:

- CDC is assisting the Public Health Surveillance and Research division of the U.S. Department of Veterans Affairs (VA) Office of Quality, Safety & Value, in an investigation of rash illness and respiratory symptoms reported among healthcare workers and other employees that have occurred since November 2017.
- CDC staff are currently at the facility to collect information about these symptoms. CDC staff include epidemiology, medical, and industrial hygiene expertise, and are working

closely with VA staff and with other CDC staff who are not on-site.

I'm not sure yet when the story will air, but hope to have a better sense this afternoon and will update you as soon as I know more.

Best,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: "Cashour, Curtis" <Curt.Cashour@va.gov>

Date: Friday, January 5, 2018 at 4:05 PM

To: Department of Veterans Affairs Department of Veterans Affairs [REDACTED], James Hutton <James.Hutton@va.gov>

Cc: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

When is the interview taking place and when will that story run?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](https://twitter.com/curtcashour)

From: [REDACTED]

Sent: Friday, January 05, 2018 4:02 PM

To: Hutton, James; Cashour, Curtis

Cc: [REDACTED]
[REDACTED]

Subject: Re: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Good afternoon James and Curt,

Please see the statement below for your review. This will be used in the event the facility is queried on the issue outside the Ch. 3 interview request Mary detailed below.

"The Huntington VA Medical Center has invited the CDC to assist in its investigation into the cause of

contact dermatitis recently reported by patients and employees at the facility. CDC's experts are expected to arrive on Monday and will be working with the facility and VA's Office of Public Health, experts in dermatology, allergy and occupational health, to determine the cause of the outbreak. Experts are advising that the dermatitis is a contact irritation, not an infection.

Huntington VAMC leadership took precautionary measures to suspend some inpatient admissions in order to ensure the safety of patients and staff, and have conducted a thorough cleaning of the air duct systems, rooms and conducted air quality testing. Basic same day procedures are currently being conducted; inpatient surgeries are not. Patients at the medical center requiring admission to affected units are being referred to local hospitals."

Best,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

On 1/4/18, 4:40 PM, '[REDACTED]' wrote:

Please make sure we have the points below included in the statement as an rtq for Curt and James' review.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, January 04, 2018 1:32:58 PM
To: Hutton, James; [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Adding [REDACTED] and his team. Thanks, James.

-----Original Message-----

From: Hutton, James

Sent: Thursday, January 04, 2018 4:32 PM

To: [REDACTED]

Cc: Cashour, Curtis; [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Approved.

James Hutton

Deputy Assistant Secretary

Office of Public and Intergovernmental Affairs Department of Veterans Affairs

810 Vermont Ave, NW

Washington, D.C. 20420

Office: 202-461-7558

Email: james.hutton@va.gov

Twitter: @jehutton

VA on Facebook . Twitter . YouTube . Flickr . Blog

-----Original Message-----

From: [REDACTED]

Sent: Thursday, January 04, 2018 3:56 PM

To: Hutton, James

Cc: Cashour, Curtis; [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Update.

Dr. Lynch is good with facility engaging, so we concur with that approach. Once you approve the interview, we also recommend that they compose a statement that includes the following points:

The VA Office of Public Health is working closely with the facility.

We are consulting with the Centers for Disease Control and Prevention and have asked a CDC team to visit the facility.

We are monitoring this issue closely at VA and decisions are being made by a broad range of subject matter experts including dermatologists, allergists and occupational health experts.

We are cautiously resuming some services.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, January 04, 2018 12:28:18 PM
To: Hutton, James
Cc: Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

The facility is recommending that the CoS conduct the interview, but I'd like to make sure that Dr. Lynch and others are ok with that. Along with that, I'd like to see a strong statement. The problem with this is that this is baffling for the most part, but we are welcoming CDC. Yes, our VHA OCLA person is clued in.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: Hutton, James
Sent: Thursday, January 04, 2018 12:16:03 PM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: FW: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Linda,

Some questions:

What is the VHA recommendation?

If persons are to be interviewed going forward, who are they? When?

Is there a definitive statement to be published?

Has OCLA been clued in?

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov<<mailto:james.hutton@va.gov>>
Twitter: @jehutton<<https://twitter.com/jehutton>>
VA on Facebook<<http://www.facebook.com/VeteransAffairs>> .
Twitter<<http://twitter.com/DeptVetAffairs>> . YouTube<<http://www.youtube.com/user/DeptVetAffairs>> .
Flickr<<http://www.flickr.com/photos/VeteransAffairs>> . Blog<<http://www.blogs.va.gov/>>

From: [REDACTED]
Sent: Thursday, January 04, 2018 12:03 PM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED] Hutton, James; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

I wanted to let everyone know that this situation has not resolved, but at best is on-going, and may be worsening.

After taking all the actions recommended by SMEs (epidemiologists, infectious disease, NCPS), including a full shutdown of the 4th and 5th floors, staff at the Huntington medical center continues to experience new rashes or re-experiences rashes after returning to the area. One staff member on the 3rd floor had severe respiratory distress and had to be intubated and hospitalized. Additional previously unreported cases are on the 3rd floor (to clarify, not new rashes, but unreported by staff until now). The VAMC, VISN, and VHA, (Dr. Lynch, et al) hold regular status calls; this may be of interest if you want first-person up to the minute status.

The medical center has invited the CDC to investigate and the team arrives on Monday.

Channel 3 (WSAZ) asked for a status update yesterday, which was provided by the chief of staff. The tone was neutral and informational. Channel 3 has also asked for an on-air interview with the CoS Tues or Weds next week. We'd like to stay ahead of any negativity and take the interview, emphasizing that the medical center invited the CDC to investigate. Both the director and the CoS are excellent spokespersons.

Yesterday HVAC has sent a list of questions to the medical center for response. The EA to the MCD is working on the answers and they are due on the 10th:

"Reports like this allege that patients and staff at the Huntington, West Virginia VA Medical Center recently suffered from symptoms including itching skin, red bumps, hives, coughing, and shortness of

breath. We understand that mitigation efforts included cleaning rooms, isolating affected areas and placing them in negative pressure, and ultimately suspending inpatient admissions to the facility. We are told that air quality testing and an examination for bed bugs also took place, and that a number of procedures were cancelled.

We request a full explanation of what took place, including answers to the following questions:

1. What air quality tests were conducted? Please provide the results of any air quality, bed bug, water, etc. testing that was done as a result of this incident.
2. Is VA coordinating with the Centers for Disease Control and Prevention? If so, what does that coordination consist of?
3. Has VA concluded if this outbreak is infectious? On what is this conclusion based?
4. How many total individuals experienced symptoms?
5. Has the Huntington VAMC resumed admitting veterans on an inpatient basis? What actions has the facility taken to be capable of resuming normal operations, and what steps has it taken to prevent this kind of incident from happening again?
6. How many total procedures and appointments were cancelled as a result of this outbreak? How many of these cancelled procedures and appointments have been rescheduled? How many veterans were referred out into the community as a result of this incident?"

Lastly, Cong. Alex Mooney has requested a tour of one of the VAMC's CBOCs, located in Charleston, WV on Jan 12th. We don't know if the timing is coincidental or related. The MCD will personally meet him and brief him on the situation. The VAMC has excellent relations with their congressional delegations, we believe that Senators Manchin and Moore-Capito's offices should be informed given the continuing impact to access and employee health.

Given all pieces that are on the board at this time, how do want us to proceed? I can create a media release, if that's the way you prefer to update folks. Note that the facility PAO, Debbie Brammer, is on leave until Monday.

Any questions?

Mary

-----Original Message-----

From: Cashour, Curtis

Sent: Wednesday, December 13, 2017 3:44 PM

To: [REDACTED]

Cc: [REDACTED] Hutton, James; [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Please double check the below for accuracy and have the appropriate PAO deliver it:

Huntington VA Medical Center is conducting a comprehensive cleaning of the facility's duct work and air handling systems. We have also begun terminal cleaning in areas where duct cleaning has been completed, and anticipate the entire cleaning effort will be completed by early next week. To ensure the

safety of our patients and staff, Huntington VAMC has temporarily suspended admissions to our inpatient units. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov<<mailto:Curt.Cashour@va.gov>>
@curtcashour

-----Original Message-----

From: [REDACTED]
Sent: Wednesday, December 13, 2017 1:12 PM
To: [REDACTED]; Cashour, Curtis
Cc: [REDACTED]; Hutton, James; [REDACTED]
Subject: Re: // immediate attention needed // FW: West Virginia VA facility question - NBC query

Thanks, Linda.

The PAO at Huntington just received another call from the reporter after she spoke with him this morning and told him she'd get back to him this afternoon.

On 12/13/17, 12:21 PM, [REDACTED]
wrote:

Hold please. Let me clear this. Not sure that this is the same progress I heard.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Wednesday, December 13, 2017 8:37:48 AM
To: Cashour, Curtis

Cc: [REDACTED]; Hutton, James; [REDACTED],
[REDACTED]

Subject: Re: // immediate attention needed // FW: West Virginia VA
facility question - NBC query

Hi Curt,

The WSAZ TV-3 reporter who queried Huntington last week and aired the
story liked below about the contact dermatitis requested an update this
morning. Below is the facility's statement for review and concurrence:

³The cleaning of the duct work and air handling systems is well underway.
We have begun terminal cleaning in the areas where the duct cleaning
has been completed. We now anticipate all the cleaning will be
accomplished by early next week. The temporary suspension of inpatient
admissions and surgeries remains in place for now.²

They would like to provide it early this afternoon.

Best,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

<http://www.wsaz.com/content/news/Dozens-come-down-with-rash-at-Huntington-VA--462637693.html>

From: "Cashour, Curtis"
<Curt.Cashour@va.gov<<mailto:Curt.Cashour@va.gov><<mailto:Curt.Cashour@va.gov><<mailto:Curt.Cashour@va.gov>>>>

Date: Thursday, December 7, 2017 at 11:36 AM

To: "[REDACTED]"
<[REDACTED]>
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] James Hutton
<James.Hutton@va.gov<<mailto:James.Hutton@va.gov><<mailto:James.Hutton@va.gov><<mailto:James.Hutton@va.gov>>>>, Department of Veterans Affairs
Department of Veterans Affairs

<[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA
facility question - NBC query

Ok. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov<<mailto:Curt.Cashour@va.gov><<mailto:Curt.Cashour@va.gov><<mailto:Curt.Cashour@va.gov>>>>
ov<<mailto:Curt.Cashour@va.gov>>>
@curtcashour<<https://twitter.com/CurtCashour>>

From: [REDACTED]
Sent: Thursday, December 07, 2017 10:35 AM
To: Cashour, Curtis; [REDACTED]
Cc: [REDACTED]; Hutton, James; [REDACTED]
[REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA
facility question - NBC query
Importance: High

To my knowledge, the AP story has never run. However, I just received a
query from our NBC affiliate who says they have received several calls.
I have not spoken directly to the reporter at this time. I will call
him back and provide the approved statement with your concurrence.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Tuesday, December 05, 2017 11:05 AM
To: Cashour, Curtis; [REDACTED];
[REDACTED];
Hutton, James
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

To address your questions, I have worked with our COS to make the revisions below.

Media Statement:

³To ensure the safety of our patients and staff, the Huntington VA Medical Center has temporarily suspended admissions to our inpatient units while we work to resolve an issue of possible contact dermatitis. There is no indication of an infectious origin. At the present time, we are working diligently to identify the cause and rectify the situation. Current inpatients are being housed on one inpatient unit and have not shown any issues with the problem. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals.²

Employee Message:

It's important to make you aware of an evolving situation at our medical center. As you may have heard, we are addressing an issue of possible contact dermatitis (mild to moderate skin irritation) that was initially reported late last week on the 4 South inpatient unit. All inpatients are currently being housed on the 5 South inpatient unit, and none have shown any issues with the problem. We have temporarily suspended inpatient admissions and surgeries while we work to identify the cause and rectify the situation. Patients who present to the medical center and are deemed to require admission are being referred to local hospitals. Staff who may develop symptoms should report to Employee Health. We are taking these measures to ensure the safety and well-being of our patients and staff which is our top priority. We will keep you apprised of the situation.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

@curtcashour<<https://twitter.com/CurtCashour>>

From: Cashour, Curtis

Sent: Tuesday, December 05, 2017 10:06 AM

To: [REDACTED]
[REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

What should veterans or staff who have symptoms do?

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov<<mailto:Curt.Cashour@va.gov><<mailto:Curt.Cashour@va.gov>

ov<<mailto:Curt.Cashour@va.gov>>>

@curtcashour<<https://twitter.com/CurtCashour>>

From: [REDACTED]

Sent: Tuesday, December 05, 2017 9:10 AM

To: [REDACTED]

Cc: [REDACTED] Cashour, Curtis;
[REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Adding Mark and Curt.

Curt, this is our facility's response to this issue.

From: [REDACTED]

Sent: Tuesday, December 05, 2017 8:51 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

The statement below has been vetted through our Director and Chief of Staff.

³To ensure the safety of our patients and staff, the Huntington VA Medical Center has temporarily suspended admissions to our inpatient units while we work to resolve an issue of contact dermatitis. There is no indication of an infectious origin. At the present time, we are working diligently to identify the cause and rectify the situation.²

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Suicide Prevention is Everyone's

Business.#BeThere<<https://www.veteranscrisisline.net/BeThere.aspx>>.

[<http://veteranscrisisline.net/banners/public/ads/VeteransCrisisLine-Badge-Phone.gif>]<http://www.veteranscrisisline.net/>>

From: [REDACTED]

Sent: Tuesday, December 05, 2017 7:50 AM

To: [REDACTED]
[REDACTED]
[REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Sounds good. Thank you.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]

Sent: Tuesday, December 05, 2017 7:47:43 AM

To: [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question I'll call you shortly. I have prepared a statement but need to review it first with leadership.

From: [REDACTED]

Sent: Tuesday, December 05, 2017 7:42 AM

To: [REDACTED]

[REDACTED]
[REDACTED]

Subject: FW: // immediate attention needed // FW: West Virginia VA facility question

[REDACTED],

Forwarding to you for context. I'll call you shortly and hope to catch you. If I miss you, can you just give me a call back when you get a moment?

Thanks,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: [REDACTED]

Sent: Tuesday, December 05, 2017 6:48:55 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: FW: // immediate attention needed // FW: West Virginia VA facility question Good morning Meagan. Please follow up with Debbie Brammer on this one. I haven't seen any further e-mails on this query, so it's possible Curt received enough information from VHA to answer AP. Let's get an status update from Debbie, and whether she's received any local media inquiries.

V/r,

Jim

From: [REDACTED]

Sent: Monday, December 04, 2017 5:44 PM

To: [REDACTED]
Subject: FW: // immediate attention needed // FW: West Virginia VA facility question

Jim - FYI

Sent with Good
(www.good.com<<http://www.good.com><<http://www.good.com><<http://www.good.com><<http://www.good.com>>>>))

From: [REDACTED]
Sent: Monday, December 04, 2017 2:41:13 PM
To: [REDACTED]
Cc: Hutton, James; [REDACTED] Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question Walinda

As requested.

From: [REDACTED]
Sent: Monday, December 04, 2017 5:34 PM
To: [REDACTED]
[REDACTED]
(VHA)
Cc: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

[REDACTED]
I understand you have an IB on this. Can you send what you have on this right away?

[REDACTED]
From: [REDACTED]
Sent: Monday, December 04, 2017 5:30 PM
To: [REDACTED]
Cc: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA

facility question
Importance: High

Can someone help us right away?

Do we have some sort of illness-sickness outbreak at the VA Medical Center in Huntington, West Virginia.

From: Cashour, Curtis
Sent: Monday, December 04, 2017 5:19 PM
To: [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: // immediate attention needed // FW: West Virginia VA facility question

Folks please see below. Need to find out what's going on ASAP. Thanks.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov<<mailto:Curt.Cashour@va.gov><<mailto:Curt.Cashour@va.gov>>
ov<<mailto:Curt.Cashour@va.gov>>>
[@curtcashour](https://twitter.com/CurtCashour)<<https://twitter.com/CurtCashour>>

From: [REDACTED]
Sent: Monday, December 04, 2017 5:15 PM
To: VA Public Affairs
Subject: [EXTERNAL] West Virginia VA facility question

Hello,
My name is [REDACTED]. I'm a reporter for The Associated Press in Charleston, West Virginia.

I'm looking for information about an apparent illness-sickness outbreak at the VA Medical Center in Huntington, West Virginia. I'm told that several patients and family members have symptoms. I'd like to know what the outbreak is and what's being done about it.

Thanks for your time.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

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From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question
Date: Monday, December 04, 2017 6:08:26 PM

I was working to get it to you now.

[REDACTED]

From: Cashour, Curtis
Sent: Monday, December 04, 2017 3:06:29 PM
To: [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Thanks. See below from the reporter:

I would like to have this information by 5 p.m. Tuesday, if possible. However, whatever you can do at your earlier convenience. Thanks!

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Monday, December 04, 2017 6:06 PM
To: Cashour, Curtis; [REDACTED]
Cc: Hutton, James; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Happy to pull together a statement for you to consider. Will also reach out to the facility to see if they have one already.

[REDACTED]

From: Cashour, Curtis

Sent: Monday, December 04, 2017 3:01:10 PM

To: [REDACTED]

Cc: Hutton, James; [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Linda – what is your recommended response based on the IB?

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](#)

From: [REDACTED]

Sent: Monday, December 04, 2017 5:55 PM

To: [REDACTED]

Cc: Hutton, James; Screen, [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Thank you.

[REDACTED]

From: [REDACTED]

Sent: Monday, December 04, 2017 2:53:25 PM

To: [REDACTED]

Cc: Hutton, James; [REDACTED] Cashour, Curtis; [REDACTED]

Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

[REDACTED]

Resubmitting IB with word version attached. Thank you.

[Modify my alert settings](#) | [View \(V05\) Huntington VAMC Bed Closure...](#) | [View Issue Tracker](#) | [Mobile View](#)

Report Date: 12/1/2017

VISN: (V05) (482) VA Capitol Health Care Network

Title: (V05) Patient/Employee Rashes of Undetermined Origin (V05-16798)

Incident Date: 11/29/2017

Severity and Risk 4

Assessment:

Brief Statement:

On November 29, an issue was brought forward regarding 16 employees on 4 South having complaints of itching skin. Other reported symptoms included hives, red bumps, and painful itching skin that felt like a bite or shock. Multiple employees reported bruises or cuts in their skin from scratching due to the severe itching. Many of the employees stated the rash goes away after they have showered and have been out of the hospital for 24 hours. All employees were given the option to be seen by employee health. Nine (9) out of sixteen (16) employees were seen by employee health or by the Chief of Medicine, Assistant Chief of Medicine, Infectious Disease, or Medicine Physician Assistant.

On November 29, one Veteran, an inpatient on 4 South, complained of rash and itching on the upper body which resolved after a bath. This patient was seen by the Chief of Medicine on November 30 and the Veteran had a mild generalized allergic rash which could be related to the use of telemetry lead patches.

On November 29, the 4 South nurse manager reviewed the staffing assignments of the affected employees. At approximately 4:00 pm, facility leadership decided as a precautionary measure to close eight (8) patient rooms (11 beds) on the telemetry floor. Patient care access has not been affected by the room closures. 4 South has 11 additional telemetry rooms (19 beds) and a ten (10) bed Intensive Care Unit at the opposite end of the hallway. Environmental sampling of the indoor air quality was conducted with following results:

	Accepted Ranges	Readings
Temperature	72 +/- 4 °F	75.49 °F
Relative Humidity	30% - 60%	27.40%
TVOC's	0.64 ppm or (3mg/m ³)	0.04 ppm
Carbon Dioxide-CO ₂	< 1000 ppm	568 ppm
Carbon Monoxide-CO	< 100ppm	0.2 ppm

Overall averages were within acceptable limits except for humidity.

Note: The outside humidity was 34.7%. The facility has no way of adding humidity to the ambient air. Providing heating and cooling reduces the humidity. The 4 South heating system would reduce the humidity.

Additional precautionary measures include: area has been isolated and placed under negative pressure, and all HVAC unit HEPA filters have been replaced. Additional indoor air quality (IAQ) testing using Full VOC scan monitors and monitoring for mold will occur on Monday, December 4, 2017 and results should be returned before December 15, 2017. Facility Engineering is pursuing HVAC duct cleaning as well. No further action is required. An external expert looked for evidence of bedbugs and found none.

Action / Progress / Resolution:

- VISN 5 Staff Notification: VISN 5 CMO notified via phone on November 30 and by via Issue Brief on December 1.
- Veteran Plan of Care and Follow-up: The Veteran with symptoms was discharged home on November 30 and was instructed to notify the Chief of Medicine if rash worsens.
- Employee Plan of Care and Follow-up: Employees on 4 South have been

instructed to report any unusual symptoms.

- Pending results of environmental testing, the rooms on 4 South will remain closed. An updated Issue Brief will be submitted after results of the environmental testing are complete.

Actions: None

**Next Action
Due Date:**

**Issue Brief
Closure
Date:** 12/1/2017

Disclosure: None (was reviewed for disclosure)

**Media
Interest:** No

**Point of
Contact for
Questions:**

**Primary
Phone:**

From: [REDACTED]
Sent: Monday, December 04, 2017 5:34 PM
To: [REDACTED]
Cc: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question

Mike,

I understand you have an IB on this. Can you send what you have on this right away?

[REDACTED]

From: [REDACTED]
Sent: Monday, December 04, 2017 5:30 PM
To: [REDACTED]
Cc: Hutton, James; [REDACTED]; Cashour, Curtis; [REDACTED]
Subject: RE: // immediate attention needed // FW: West Virginia VA facility question
Importance: High

Can someone help us right away?

Do we have some sort of illness-sickness outbreak at the VA Medical Center in Huntington, West Virginia.

From: Cashour, Curtis
Sent: Monday, December 04, 2017 5:19 PM
To: Ballesteros, Mark; Thomas, Tom; West, Walinda
Cc: Hutton, James; Screen, Gina
Subject: // immediate attention needed // FW: West Virginia VA facility question

Folks – please see below. Need to find out what’s going on ASAP. Thanks.

Curt Cashour

Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Monday, December 04, 2017 5:15 PM
To: VA Public Affairs
Subject: [EXTERNAL] West Virginia VA facility question

Hello,
My name is John Raby. I'm a reporter for The Associated Press in Charleston, West Virginia.

I'm looking for information about an apparent illness-sickness outbreak at the VA Medical Center in Huntington, West Virginia. I'm told that several patients and family members have symptoms. I'd like to know what the outbreak is and what's being done about it.

Thanks for your time.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

The information contained in this communication is intended for the use of the designated recipients named above. If the reader of this communication is not the intended recipient, you are hereby notified that you have received this communication in error, and that any review, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify The Associated Press immediately by telephone at +1-212-621-1500 and delete this email. Thank you.

From: [REDACTED]
Subject: SECVA Weekend Summary Report for November 18, 2017
Date: Saturday, November 18, 2017 10:00:30 AM
Attachments: [image001.jpg](#)

cid:image001.jpg@01D2E503.23A08270



Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary:

- The HHS Federal Medical Station (FMS) in Manati, Puerto Rico will be demobilized by 19 Nov

2. Caribbean Recovery Operations – Puerto Rico and US Virgin Islands

- Based on reduction on requirements for FMS in PR, the VHA staffed FMS in Manati will be demobilized by 19 Nov
 - The 25 remaining patients will be placed in locations based on their needs
 - All remaining VHA staff that supported the FMS will depart PR NLT 20 Nov
- **VHA:** 4th DEMPS rotation (VAMC): 83 of 103 rostered; 4th FMS rotation: 52 of 58 rostered
 - Ponce OPC: air sample indicated mold, cleaning continues; estimated date for reopening – 20 Nov; Western Shelter and MMU will continue to be utilized
 - When Ponce OPC building re-opens, the MMU will be relocated to Vieques OPC
 - Vieques OPC staff are conducting home visits for patients
- **OSP:** Producing Situation Reports (SITREP) daily at 1000 & 1900 ET
 - Crisis Response Conference call Monday / Wednesday / Friday at 1200 ET

3. Open Incidents

None

4. Closed Incidents

Los Angeles Vet Center Closed due to Veteran Threat, Gardena, CA *Source: OSLE*

- On 17 Nov, Los Angeles Vet Center closed due to telephonic threats by a Veteran
- The Director closed the facility, sent employees and patients home. All patient appointments were rescheduled
- Los Angeles County Sheriff's Department conducted a health and welfare check on the Veteran but were unable to locate the Veteran
- The Los Angeles Vet Center will open for normal operations on Monday, 20 Nov 17
- VAIOC will continue to monitor but does not anticipate any further reporting

5. Facility Disruptions

- **Manchester VAMC, NH** – Flooding resulted in reduced service capability. Mobile medical units on site. Estimated date for reopening 1 Dec due to extensive work required

to comply with safety codes

- **Corpus Christi CBOC, TX** – Damage from HARVEY; repairs expected to be completed by 1 Feb 18. Patients being seen at Corpus Christi Specialty Clinic

6. Ten Day Outlook

- Track/report Caribbean recovery efforts, unmet needs, and location/activities of mobile units

If you no longer wish to receive the daily SECVA Stand Up Report from the VAIOC, please click here. [Unsubscribe](#)

V/R,

[REDACTED]

From: [REDACTED]
Subject: SECVA Weekend Summary Report for November 19, 2017
Date: Sunday, November 19, 2017 10:00:16 AM
Attachments: [image001.jpg](#)

cid:image001.jpg@01D2E503.23A08270



Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary:

- The HHS Federal Medical Station (FMS) in Manati, Puerto Rico ceased inpatient operations on 17 Nov. All VHA staff departed on the FEMA Charter flight to Atlanta, GA.

2. Caribbean Recovery Operations – Puerto Rico and US Virgin Islands

- Based on reduction on requirements for FMS in PR, the VHA staffed FMS in Manati ceased operations on 17 Nov; Manati FMS opened on 30 Sep and utilized approx. 325 DEMPS over four rotations
 - The 25 remaining patients will be placed in locations based on their needs
 - All remaining VHA staff that supported the FMS will depart PR NLT 20 Nov
- **VHA:** 4th DEMPS rotation (VAMC): 83 of 103 rostered; 4th FMS rotation: 52 of 58 rostered
 - Ponce OPC: air sample indicated mold, cleaning continues; estimated date for reopening – 20 Nov; Western Shelter and MMU will continue to be utilized
 - When Ponce OPC building re-opens, the MMU will be relocated to Vieques OPC
 - Vieques OPC staff are conducting home visits for patients
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 - Crisis Response Conference call Monday / Wednesday / Friday at 1200 ET

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None

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Source: OSLE

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- The Director closed the facility, sent employees and patients home and patient appointments were rescheduled
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6. Ten Day Outlook

- Track/report Caribbean recovery efforts, unmet needs, and location/activities of mobile units

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V/R,

[REDACTED]

From:
To:

Subject: SECVA Weekend Summary Report for November 26, 2017
Date: Sunday, November 26, 2017 10:00:21 AM
Attachments: [image001.jpg](#)

cid:image001.jpg@01D2E503.23A08270



Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary:

- The Enrique Ortega water filter plant in Toa Alta is out of operation due to a damaged pipeline. Repairs are underway, and are expected to continue into Sunday night. Customers in Bayamon, Naranjito, and parts of Toa Alta could experience service interruptions.
- 6th Rotation requirement submitted for 88 personnel to support San Juan VAMC; active rostering initiated.

2. Caribbean Recovery Operations – Puerto Rico and US Virgin Islands

- HHS revised mission at Centro Medico is to provide emergency room augmentation and decompression.
 - One Federal Medical Shelter (FMS) remains open in Ponce
- **VHA:** 5th DEMPS rotation (VAMC): 93 of 119 rostered
 - Ponce OPC: Recent air sampling indicated continued existence of mold; additional cleaning will be required; target date for additional testing is 28 Nov.
- **OSP:** Producing Situation Reports (SITREP) daily at 1000 & 1900 ET
 - Crisis Response Conference call Monday / Wednesday / Friday at 1200 ET

3. Hepatitis A Outbreak – California

- An outbreak of Hepatitis A has been occurring in three counties in California since March 2017; San Diego, Los Angeles and Santa Cruz
- The majority of individuals infected have been homeless and/or illicit drug users.
- VA is aware of the situation in the affected communities and is instituting aggressive prevention practices in alignment with guidance from local authorities. VA Hepatitis A vaccine supplies appear to be sufficient despite manufacturer reports of supply chain shortages.
- While three Veterans have presented with Hepatitis A at San Diego VAMC, there is no evidence of transmission occurring within the VA facility.

4. Facility Disruptions

- **Manchester VAMC, NH** – Flooding resulted in reduced service capability. Mobile medical units on site. Estimated date for reopening 1 Dec due to extensive work required to comply with safety codes
- **Corpus Christi CBOC, TX** – Damage from HARVEY; repairs expected to be completed by 1 Feb 18. Patients are being seen at Corpus Christi Specialty Clinic

5. Ten Day Outlook

- Track/report Caribbean recovery efforts, unmet needs, and location/activities of mobile units

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V/R,

[REDACTED]

From: [REDACTED]
Subject: SITREP (UPDATE 96): VA Recovery Operations, Caribbean
Date: Monday, November 06, 2017 9:18:01 PM
Attachments: [image001.jpg](#)

cid:image002.jpg@01D2E503.23A08270



SOURCE: FEMA / HHS / VA

DATE / TIME: **6 Nov 17 / 1900 ET**

LOCATION: Caribbean

UPDATE 96

CARIBBEAN PUERTO RICO AND USVI

SUMMARY

Moderate rain is expected near the Guajataca Dam, where a flash flood warning is still in effect through Tuesday morning.

Vieques OPC: Caribbean VA HCS sending a team to Vieques on Tuesday, 7 Nov to retrieve all VA property from existing damaged building/clinic. Will deploy MMU from Ponce OPC at the completion of that mission to provide services in front of clinic. All Vieques patients are currently receiving home visits by the Vieques VA staff.

Ponce OPC: Cleaning was performed in record room, VCS cafeteria; all A/C units and vents were cleaned for mold remediation. An additional inspection and air sampling test will be conducted on 7 Nov to assess ability to occupy building. **FRU provided on Monday, 6 Nov 17.**

Arecibo CBOC: Providing services at an alternate site, Manuel G. "Petaca" Iguina Reyes Coliseum parking lot; medical shelter system and MMU are providing limited Primary Care and Mental Health services. **VSAT provided on Monday, 6 Nov 17.**

Canteen Services: FMS meals for 5 Nov: 375 6,850 meals provided to date.

4th Rotation: HHS approved staffing requirement of 58 for the FMS in Manati, PR; **45** of 58 rostered. SJVAMC DEMPS 83 of 103 rostered

Department of Defense: The USNS Comfort is at sea for refueling 5-6 Nov and will return to San Juan 7 Nov/1700 ET.

CURRENT OPERATIONS (as of 1900 ET, 6 Nov)

	Puerto Rico	U.S. Virgin Islands
Confirmed Fatalities	55	0
Shelters/Population	65 (-2) 2,660 (-184)	3; 67 (-2)
Hospitals	67 of 68 open	1 of 3 open HHS HMTF and Mental Health personnel providing support on St. Croix. Mobile Medical Facility established on St. Thomas.
Fuel/Gas	927 (nc) of 1,100 service stations open	Adequate supply
Water	83% (+1%) potable Boil Water Advisory	Boil Water Advisory
Communication	49.4% (nc) operational Cell Towers	58.7% (nc) operational Cell Towers
Power	42.2% (+5%) Power Restored	23.6% (nc) Power Restored

STATUS

• DEPLOYED PERSONNEL (As of 1900 ET, 2 Nov)

ADMINISTRATION / STAFF OFFICE	SUPPORTING VETERANS AFFAIRS	SUPPORTING INTERAGENCY	REMARKS
VHA	140	69	4th Rotation: FMS staffing requirement 58; 45 rostered. San Juan VAMC DEMPS: 83 of 103 rostered
OSP	1	0	VA Coordinating Official (Fwd)
Total	141	69	

• **FEDERAL COORDINATING CENTERS** (Total Patient Movement as of 1900 ET, 4 Nov).

FCC	FLIGHTS	PATIENTS	ATTENDANTS	TOTAL PAX
Atlanta, GA	67	3	1	342
Total	94	280	138	418

- (3) AMR flights on Sunday, 5 Nov

• **VHA**

FACILITY	STATUS	REMARKS
San Juan VAMC	Open	On commercial power and municipal water
OUTPATIENT CLINICS		
Arecibo CBOC (Temporary Location)	Open	Western Shelter, Mobile Medical Unit, Mobile Vet Center Generator power Reserve water Satellite Phone and VSAT
Cieba OPC	Open	Generator power; Municipal water Satellite Phone and VSAT
Comerio Rural OPC	Open	Generator power and Municipal water Satellite Phone Joint VA / HHS Community Clinic VA Physician – Mon/Tue/Wed only
Guayama CBOC	Open	Generator Power; Municipal Water Satellite Phone
Mayaguez OPC	Open	Generator power and Municipal water Satellite Phone Satellite Phone and VSAT
Ponce OPC	Open	Western Shelter, Mobile Medical Unit, Mobile Pharmacy Unit Commercial Power; Municipal water Satellite Phone and VSAT
St. Croix OPC	Open	Generator power; No Municipal Water Network Connectivity Satellite Phone and Landline
St. Thomas OPC	Open	Commercial Power; Municipal Water Network Connectivity Satellite Phone and Landline
Utua Rural OPC	Open	Commercial power; Municipal Water Landline and Satellite Phone Joint VA / HHS Community Clinic
Vieques OPC	Closed	HHS Western Shelter Generator power, DoD Sat comms 3 PCs and 2 phones Building condemned due to mold; no municipal water
VETERAN CENTERS		
Arecibo Vet Center	Open	Mobile Vet Center Commercial Power and Municipal Water
Ponce Vet Center	Open	Mobile Vet Center Commercial Power and Municipal water
San Juan Vet Center	Open	Commercial Power and Municipal Water
St. Croix Vet Center	Open	Generator Power and Municipal Water 1 Counselor from San Juan VAMC
St. Thomas Vet Center	Open	Commercial Power and Municipal Water 1 Counselor from St. Croix providing services

◦ **VAMC PATIENT SERVICES**

CATEGORY	DAILY TOTAL (on 5 Nov)
Inpatient	340
Outpatient	252
Emergency Department	79

• **NCA**

FACILITY	STATUS	REMARKS
Puerto Rico National Cemetery	Open	Generator Power; Municipal Water Landline Connectivity Network Connectivity

- Security
 - 24 hours VA Police or contract security presence
 - No criminal activity at the cemetery reported
- VBA

FACILITY	STATUS	REMARKS
San Juan Regional office	Open	GSA Leased facility Generator power; Municipal Water Landline Connectivity Network Connectivity Satellite Phone (9)

- RO Director has requested 13 additional sat phones; issued 10. VBA will not be issued additional 3 Sat phones, is aware and concurs.

- OSP
 - VA Coordinating Official (Forward) – San Juan, PR

- Logistics Movements

	CONTENTS	DEPARTURE LOCATION	ARRIVAL LOCATION	MODE OF TRANSPORT	CURRENT STATUS
		DEPARTURE DATE	ARRIVAL DATE		
Package #11	450 Filled O2 H-tanks	Port of Jacksonville	Port of San Juan	Barge	Staging
		7 Nov	11 Nov		
Package #10	6 pallets of water	Port of Jacksonville	Port of San Juan	Barge	At Sea
		3 Nov	7 Nov		

FOLLOW-UP: VAIOC will continue to monitor. The next update will be provided at **1000 ET, 7 Nov 17.**

Released by: [REDACTED]

[REDACTED]

From: [REDACTED]
Subject: SITREP (UPDATE 96): VA Recovery Operations, Caribbean
Date: Monday, November 06, 2017 9:17:56 PM
Attachments: [image001.jpg](#)

cid:image002.jpg@01D2E503.23A08270



SOURCE: FEMA / HHS / VA

DATE / TIME: **6 Nov 17 / 1900 ET**

LOCATION: Caribbean

UPDATE 96

CARIBBEAN PUERTO RICO AND USVI

SUMMARY

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		3 Nov	7 Nov		

FOLLOW-UP: VAIOC will continue to monitor. The next update will be provided at **1000 ET, 7 Nov 17.**

Released by: [REDACTED]

[REDACTED]

From: [US Department of Veterans Affairs](#)
To: [VAAIUsers](#)
Subject: VA Good News Stories of the Week
Date: Thursday, December 28, 2017 2:38:14 PM

MESSAGE FROM THE CHIEF OF STAFF

Veteran-focused Employees: Living our VA I-CARE Values, Serving our Nation's Veterans

Check out [VA INSIDER](#), VA's blog for VA employees. It is full of useful news, from information about VA's transformation, to health and wellness tips to news on VA innovations. Mark it as a "favorite" today! This week, VA Insider brings you the following stories:

- **Stay on a healthy track this holiday season** - The 35 days between Thanksgiving and New Year's Day can sabotage your health and well-being goals with treat temptations and a busy schedule. However, by setting up a plan in advance, you can make sure you stay motivated and your healthy lifestyle doesn't get derailed. [Read more.](#)
- **Lafayette Building reopens in DC, highlights VA modernization efforts** - Underscoring a key milestone in its efforts to modernize its infrastructure, VA recently marked the reopening of its newly renovated Lafayette Building in Washington, DC, with a ribbon-cutting ceremony. The 11-year renovation project consolidates VA's footprint from four buildings into one energy-efficient space, eliminates two leases, and results in a cost avoidance of more than \$10 million in rent. [Read more.](#)
- **So you want to learn something new** - The Talent Management System (TMS) offers more than just your assigned courses. You can use the TMS for any available courses and information that may satisfy your urge to expand your job skills, or just to learn something interesting and new. The courses, videos and books available through the TMS are accessible to VA Employees at any time, whether using a work or personal Internet device – best of all, they are free! [Read more.](#)
- **VA modernization at Tuscaloosa VAMC – From the ground up** - The call for big and bold changes has been heard, and Tuscaloosa VA Medical Center, in Tuscaloosa, Alabama, is responding. While VA has focused on VA Modernization from the Department level, each facility has also been asked to look at ways they can modernize to become more efficient and better serve Veterans. At Tuscaloosa VAMC, the medical center director challenged every employee to develop an action they can take to improve care to Veterans. [Read more.](#)

Below are a few inspiring stories we received about employees who provide exemplary care and service for our Nation's Veterans, and who demonstrate VA's I-CARE values.

There are great things happening at VA every single day that make a real difference to Veterans. If you have an inspirational story, click [here](#) to share it with us. We would love to hear about it. To read other submitted stories, click [here](#).

Coordinated Care for Recently Released Incarcerated Veteran

The New York/New Jersey VA Health Care Network Incarcerated Veterans Program Coordinator received a surprise call from a colleague, the Patient Experience, Vocational Rehabilitation Services Social Worker, at the Albany Stratton VAMC, about a United States Army Vietnam Veteran. The Social Worker was assisting the Veteran who was recently released from prison. She shared with the Coordinator that the Veteran said how thankful he was for all the Coordinator did to help the Veteran prepare for life outside of prison.

Upon returning to the United States, the Veteran experienced a tremendous amount of difficulty in readjusting to civilian life, which eventually led to a run-in with the law and a long prison sentence. While in prison, the Veteran joined a group for Veterans where he met the VA Coordinator and learned how to confront his Posttraumatic Stress Disorder symptoms (PTSD), which he had suppressed for years. The Veteran remembered attending several presentations provided by the Coordinator who provided attendees with vital reentry information.

The Veteran shared, "I have a chance to get my life back which I did not get back when I got back from Vietnam." The Veteran has his own apartment, secured a work training position in VA's Compensated Work Therapy Program and is volunteering with a Veterans Service Organization. He has also gotten reacquainted with family members. When asked what he is looking forward to, he said, "I am looking forward to a happy life, finding a job, meeting nice people, staying positive, and being accepted and respected by others."

The outreach and support provided by the Coordinator and Social Worker to the Veteran ensured he got connected with a wide range of resources available to meet the needs of incarcerated Veterans so he could have a smoother adjustment to civilian life than when he first left the military.

Two Kudos for the
Coatesville VA Medical Center (CVAMC), Pennsylvania
CVAMC Home Based Primary Care Nurse

A Home Based Primary Care Nurse is being recognized for going above and beyond her duty while caring for an elderly wheelchair bound Veteran!

Upon a recent home visit with the Veteran, the Nurse noted the Veteran's home was in need of pest control treatment, which he could not afford. She followed up with a charitable organization that was able to secure the necessary funds to hire an exterminator to safely treat the Veteran's home. While his home was being treated, the Nurse also notified the Respite Coordinator to arrange a respite stay for the Veteran and to continue receiving his hemodialysis treatment without interruption.

While treatment arrangements were being coordinated for this Veteran, the Nurse went further in her efforts to assist the Veteran by finding another non-profit organization to assist with the vaccination and boarding of his two dogs. She and another nurse took the time to help clean and sanitize the Veteran's residence after the pest-extermination. A hospital bed was then ordered, to include purchasing essentials such as bed sheets and food for the Veteran and his pets.

Returning home, the Veteran was overwhelmed with joy for all that the Nurse had done for him and his dogs.

CVAMC Homeless Outreach Nurse Case Manager

Through simple actions and dedication, the CVAMC Homeless Outreach Case Manager successfully triaged with the Veterans Crisis Line and Houston VAMC Suicide Prevention Coordinator (SPC) on behalf of a Veteran who was threatening suicide.

The Houston VAMC SPC emailed the CVAMC Case Manager stating he received a consult from the Veterans Crisis Line that a Veteran was driving his car to Florida and expressing suicidal ideations. When the SPC initially spoke with the Veteran, the Veteran refused to return to the Houston VAMC or stop at any VA on the way to Florida. The SPC saw a past contact with the CVAMC Case Manager in the Veteran's chart and reached out to him for help. The Case Manager immediately called the Veteran as well as the VA Police and CVAMC SPC staff. The Case Manager was able to establish rapport with the Veteran and due to his skilled intervention, he was able to establish the Veteran's current location and work on an agreeable plan.

The Case Manager located the Alexandria VAMC in Louisiana, an hour away from the Veteran's current location, and he was able to reach a VA social worker after hours to arrange for a hotel bed, as well as resources to assist with payment for gas and food. He also connected with the local VA staff to assist and initiate an evaluation of the Veteran. The Case Manager got the Veteran to agree to go to the local VA and get registered where the Veteran was later admitted in a transitional residence program.

The team's extraordinary skill, knowledge, and resourcefulness in serving Veterans helped avert a crisis almost 1,500 miles away from a VA facility. We are proud of this dedicated staff!

The commitment of these employees to go above and beyond their duties reflects VA's I-CARE values.



PLEASE PRODUCE LOCALLY FOR ALL THOSE WHO DO NOT ROUTINELY ACCESS EMAIL DUE TO THEIR SPECIALTIES.

From: [REDACTED]
To: [Ulyot, John](#); [Cashour, Curtis](#)
Subject: [EXTERNAL] A question
Date: Thursday, March 01, 2018 4:13:32 PM
Attachments: [SHULKIN - WILLOUGHBY 2012 FALSE TESTIMONY.docx](#)

Who approved a \$5.1billion contract last this past summer for Vighter Medical Group (San Antonio), LHI ("Logistics Health Incorporated" - LaCrosse WI), MSLA ("Medical Services of Los Angeles" - Tampa FL), all falling under Optum which falls under United Healthcare....to do veterans' Compensation & Pensions ("C&P") examinations? I've asked Paul Lawrence, Ph.D., at Kaiser Associates the same question as he takes over VBA, but he hasn't gotten back to me yet. Probably busy cleaning up Tom Murphy's mess, and Tom never finished getting all of the "items" vacuumed from Allison Hickey's mess. 'Round and 'round it goes.

Also, unless you've had one of these civilian C&P examinations done upon yourself (as I have), you may not notice that places like Baptist-St. Anthony's Hospital of Amarillo TX sticks in a \$25.00 "pharmaceutical fee" on plain-film X-Rays when there's nothing pharmaceutical at all about the procedure. Just a whim, you say? Multiply 25 bucks x a few thousand, repeat here there and everywhere, and, as Ev Dirksen used to say, pretty soon you're talking a lot of money.

Points of contact: [REDACTED], Donald J. Weber (LHI)
[REDACTED] Mr. Weber appears to have made quite a few political contributions to both sides of the aisle over the years.

Plus, just for S's and giggles, google "Frederick Willoughby, Ph.D.", a psychologist at the C&P Department in Temple, Texas. Seems that no less an authority than the Texas State Supreme Court determined that he was a liar as an expert witness several years back. When I brought that to the WACO RO's attention, I got my 100% *within a week*. And they even let me know by phone. Now, *that's* a "Thank You" for your service!

Seek, gentlemen, and ye shall find.

V/R

[REDACTED]

From: [REDACTED]
To: [Blaha, Lydia B.](#)
Subject: [EXTERNAL] FW: question on political appointees and problems at the VA
Date: Tuesday, April 04, 2017 2:47:18 PM

Do you know anything about this?

From: [REDACTED]
Sent: Tuesday, April 4, 2017 2:43 PM
To: [REDACTED]
Subject: Re: question on political appointees and problems at the VA

Hi again Ninio,

I sent in a request to the VA for comment about an employee who openly opposes Trump, and who the VA is helping to promote her book.

I haven't heard back... would you have a comment on this? My initial inquiry is below:

Hi,

Does the VA have any comment about Kayla Williams staying on in her job at the VA, even though she is known to oppose Trump? See here:

http://dailycaller.com/2017/02/24/trump-opts-to-keep-anti-trump-obama-appointees-in-the-va/?utm_campaign=atdailycaller&utm_source=Twitter&utm_medium=Social

Also wondering if there is comment about the VA helping to promote her book, which I believe goes against current government ethics rules:

<http://www.blogs.va.gov/VAntage/33133/kayla-williams-army-veteran/>

Williams has also been tweeting about her book. It's possible this was during personal hours, but she can be seen tweeting about her book at several different times of the day.

Does your office have any comment about all of this, and would it be possible to speak with her about it directly?

Thanks,

Pete K.

On Wed, Feb 22, 2017 at 5:22 PM, Fetalvo, Ninio J. EOP/WHO
<Ninio.J.Fetalvo@who.eop.gov> wrote:

Hi Pete—

Feel free to use the following comment on background from a White House spokesperson:

"Throughout his campaign, President Trump consistently reiterated his commitment to taking care of our veterans and reforming and modernizing the VA. Employees of the Trump administration should support President Trump and his agenda to improve the lives of all Americans."

Thanks!

From: [REDACTED]
Sent: Wednesday, February 22, 2017 4:49 PM
To: [REDACTED]
Cc: [REDACTED]
[REDACTED]

Subject: Re: question on political appointees and problems at the VA

Ok thanks... please let me know Ninio.

On Feb 22, 2017, at 4:30 PM, Sanders, Sarah H. EOP/WHO
[REDACTED] wrote:

Ninio on our team can help you.

From: [REDACTED]
Sent: Wednesday, February 22, 2017 4:29 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Re: question on political appointees and problems at the VA

Sarah will get you to person that handles the VA

Sent from my iPhone

On Feb 22, 2017, at 2:08 PM, Pete Kasper
[REDACTED] > wrote:

Hi Sean,

Close observers of the VA are wondering how to square your statements today with the idea that the VA is loaded up with people like the guy I wrote about last week...

This guy openly makes fun of President Trump on Twitter, and the VA has told me it's not a problem and he can keep his job:

<http://www.washingtonexaminer.com/veterans-affairs-official-mocking-trump-over-twitter/article/2615182>

Is that the case.... really not a problem?

FYI, talking to Hegseth tonight, he has other examples at the VA.

Let me know if you have a comment. I realize also there is a ton of

clutter to unclutter here, and it may take more weeks and months to get to it all.

Pete

--

[REDACTED]

[REDACTED]

From: White House Press Office
To: [Cashour, Curtis](#)
Subject: [EXTERNAL] Out of town pool #7 - April 1
Date: Sunday, April 01, 2018 4:18:38 PM

From: [REDACTED]
Date: April 1, 2018 at 4:14:20 PM EDT
Subject: Out of town pool #7 - April 1

POTUS rolled out of Mar-a-lago at 4:02 with pool in tow, arriving at Palm Beach International Airport at 4:12.

Along the way, motorcade was greeted by people waving and holding Trump signs. One read "Hillary for Prison," a reference to the president's 2016 opponent. A few held anti-Trump signs: "Corrupt." "Shame." And "Liar."

White House referring all questions about the vandalism at Trump International Golf Club to U.S. Secret Service.

Ledyard King
USA TODAY

Sent from my iPhone

[Unsubscribe](#)

The White House · 1600 Pennsylvania Avenue, NW · Washington DC 20500 · [REDACTED]

From: White House Press Office
To: [Cashour, Curtis](#)
Subject: [EXTERNAL] President Donald J. Trump Proclaims March 18, 2018, through March 24, 2018, to be National Poison Prevention Week
Date: Friday, March 16, 2018 8:51:12 PM

THE WHITE HOUSE
Office of the Press Secretary

FOR IMMEDIATE RELEASE
March 16, 2018

NATIONAL POISON PREVENTION WEEK, 2018

- - - - -

BY THE PRESIDENT OF THE UNITED STATES OF AMERICA

A PROCLAMATION

Poisoning remains the leading cause of injury death in the United States. By taking the proper precautions and preparing for emergency situations, however, we can ensure our families and our communities avoid poisoning tragedies. During National Poison Prevention Week, we strive to reduce the frequency of poisoning deaths and educate ourselves about how to prevent accidental poisoning.

Since 2000, the rate of accidental drug-poisoning deaths has more than quadrupled. Accidental poisoning due to drug overdose has taken immense tolls on families all across the country, and synthetic opioids continue to push the death count higher. In 2016 alone, we lost 116 people per day from opioid-related drug overdoses.

To address this devastating epidemic, I have mobilized my entire Administration to combat drug addiction and opioid abuse. In October 2017, my Administration declared the opioid addiction crisis a national public health emergency. My 2018 Budget proposes \$3 billion in new funding this year to combat the opioid epidemic, including through providing additional support for mental health initiatives.

My Administration has also led multiple national "Take Back Day" events, during which Americans have had the opportunity to safely dispose of unneeded prescription medications, preventing them from falling into the wrong hands. During the most recent event last October, the Drug Enforcement Administration collected 456 tons of prescription drugs for disposal at more than 5,300 collection sites. We will continue to champion these initiatives, which help prevent future tragedies from accidental poisonings and drug overdoses.

-

This week, and every week, we warn all Americans about unintended exposure to poisons, so that we can reduce risks and prevent injuries and lost lives. We all can do our part by ensuring the products we bring into our homes, including medications, cleaning supplies, laundry detergents, small batteries, and other chemicals, are stored out of sight and out of reach of children. Accidental poisonings are preventable, and we must recommit ourselves to taking the necessary actions to protect our families, and improve the health, well-being, and

prosperity of our Nation as a whole.

To encourage Americans to learn more about the dangers of unintentional poisonings and to take appropriate preventative measures, on September 26, 1961, the Congress, by joint resolution (75 Stat. 681), authorized and requested the President to issue a proclamation designating the third week of March each year as "National Poison Prevention Week."

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States of America, do hereby proclaim March 18, 2018, through March 24, 2018, to be National Poison Prevention Week. I call upon all Americans to observe this week by taking actions to safeguard their families from poisonous products, chemicals, and medicines, and drugs found in our homes, and to raise awareness of these dangers in order to prevent accidental injuries and deaths.

IN WITNESS WHEREOF, I have hereunto set my hand this sixteenth day of March, in the year of our Lord two thousand eighteen, and of the Independence of the United States of America the two hundred and forty-second.

DONALD J. TRUMP

###

[Unsubscribe](#)

The White House · 1600 Pennsylvania Avenue, NW · Washington DC 20500 · [REDACTED]

From: White House Press Office
To: [Ulyot, John](#)
Subject: [EXTERNAL] Press Briefing by OMB Director Mick Mulvaney and Legislative Affairs Director Marc Short on the Government Shutdown, 1/20/2018
Date: Saturday, January 20, 2018 4:11:37 PM

THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

January 20, 2018

PRESS BRIEFING
BY OMB DIRECTOR MICK MULVANEY
AND LEGISLATIVE AFFAIRS DIRECTOR MARC SHORT
ON THE GOVERNMENT SHUTDOWN

James S. Brady Press Briefing Room

2:21 P.M. EST

MR. SHORT: Good afternoon. This morning, the President has spoken to Leader McConnell and to Speaker Ryan, to Leader McCarthy. He also received updates from Secretary Nielsen about the impacts of payments not -- salary not going to our border agents. He also spoke with Secretary Mattis, who gave him an update about 90,000 National Guardsmen and 20,000 Army Reservists who have had their training cancelled because of the government shutdown; additional costs that they've had to incur, including they have to pick up their own pay and travel costs.

We stand here ready to sign the bill that the House passed last night, anxious to keep the government open -- or, I should say, to reopen the government. The White House position, though, remains the same: that we will not negotiate the status of 690,000 unlawful immigrants while hundreds of millions of taxpaying Americans, including hundreds of thousands of our troops in uniform and border agents protecting our country are held hostage by Senate Democrats.

We continue to remain anxious to reach a deal on DACA, and we look forward to resuming those negotiations as soon as the Senate Democrats reopen the government.

The reality, though, that is difficult for, I think, many Americans to understand is, if you put forward a bill that continues funding the government, reauthorizes health insurance for 9 million children, provides a relief of taxes that Democrats and Republicans on a bipartisan basis, the rationale for shutting down the government over a bill that Republicans and Democrats agree with on the basis of saying, "We will not negotiate, we will not reach a resolution to open the government until there's a solution on a tangential issue that remains plenty of time to be solved," I think a lot of Americans have a hard time understanding how you make the argument of why we're not going to pay our men and women in uniform, our agents serving on the border, in order to try to resolve an issue that we also want to resolve related to unlawful residents.

We look forward, I think, that the Senate Majority Leader is going to offer -- as you know, has already offered a continuing resolution that goes to three weeks instead of the original four weeks. We look forward to that vote. We hope that Senate Democrats will yield and accept that their position is unreasonable, and reopen the government to make sure that our men and women in uniform continue to get paid.

Director of OMB, Mick Mulvaney, is here to address the status of the update and how it's impacting government agencies, and then we'll take a few questions.

DIRECTOR MULVANEY: Good morning -- or good afternoon. A couple different things. I'll walk through some of the -- how a lapse in appropriations, a shutdown works. Keep in mind, the technical term, the legal term, is actually a lapse in appropriations. So when you saw the notices go out today, they reference a lapse. That is the formal name for the shutdown.

This morning -- early this morning, federal workers got notices from their various agencies as to whether they were exempt or furloughed employees. They, sort of, fell into three categories: either you were exempt and you were to come to work either today or Monday, depending on your ordinary work schedule; you were absolutely furloughed, in which case you were not to come to work beginning today and going over to Monday; or there's actually another group of people that would show up for a few hours on Monday or today, up to four hours, in order to close down shop or prepare for the lapse. So those notices went out today.

I mentioned yesterday that this shutdown, this lapse, would look different than it did in 2013. We're already seeing evidence of that, and I want to walk you folks through a couple ways it's already different.

In 2013, most of the EPA shut down immediately during the lapse. The EPA this year, consistent with OMB guidance and direction from the President, is using its unobligated balances, what we call those carry-forward funds. Most of the agency will remain open, like several years ago.

Mine safety inspection: The number of inspectors that will be on the job for mine safety inspections will increase from 25 percent of the total in 2013 to 50 percent. Here, again, part of the administration's intentional plan to use unobligated funds that are already at the agency -- something the previous administration did not emphasize.

Cybersecurity: Agencies will ensure that staff working on the maintenance and safeguarding of IT systems will continue to work during the lapse, and that systems will continue to get their critical updates.

National parks: You may have already noticed that the parks, national monuments, private concessions -- private concessions that serve them -- are open. As I mentioned yesterday, won't be picking up the trash or cleaning the bathrooms.

Number five, trade negotiations: During the last shutdown, I think the Obama administration cancelled a few very high-level trade negotiations. By contrast, this year, the USTR will use its funding flexibilities. We talked, again, about the ability to use carry-forward funds; the ability to use transfer of funds from one account to another in order to continue round six of the NAFTA negotiations later this week.

Finally, the last example I have is that the Merchant Marine Academy was closed during the 2013 shutdown. It will stay open.

There's another important example that doesn't compare apples to apples to 2013, but it is, sort of, evidence of how we're managing this differently than the Democrats did during the 2013 shutdown. After working closely with the White House, with OMB, to review the exceptions allowed in the law for agencies to continue to operate if their work is necessary to protect life and safety, the CDC has announced this morning they will continue immediate response work and surveillance to protect Americans from seasonal influenza.

So we'll have continued updates on that either later today or

tomorrow as to how the shutdown, how the lapse, if it continues, is managed.

With that, I think we'll take a couple of questions.

Q I'm wondering how concerned you are that -- if we look at social media, Twitter, hashtags trending -- that "Trump Shutdown" seems to be far surpassing "Democrat Shutdown" or "GOP Shutdown." How concerned are you that the onus of this by the public seems to be on the President?

DIRECTOR MULVANEY: My favorite is still the "Schumer Shutdown." It's got that nice little ring to it, doesn't it?

Yes, sir.

Q (Inaudible) Senator Schumer -- he says he left the meeting yesterday with the President thinking he had arrived at the broad outlines of a deal and that something happened that the President changed his mind. Senator Schumer says that he relented under pressure from the far right. What's your account of that meeting? I know you weren't in the room, but what's the White House account of the meeting?

DIRECTOR MULVANEY: Yeah, I was in that meeting. But I did talk to the Chief about it this morning, and I'll give you an example of how Mr. Schumer is mischaracterizing the discussions. One of the things that, according to the Chief, that Mr. Schumer told the President was that, 'I will give you all of the money that you want for your wall.' And the President said, 'Oh, that's great, I need \$20 billion to build the whole wall.' And Mr. Schumer said, 'Oh, no, no, only \$1.6 [billion]. That's all you asked for last year in the 2018 budget' -- which I happened to write.

We had a \$1.6 billion request in the 2018 budget that we'd like to see in the 2018 appropriations bill. That is not all of the money for the wall, nor was it ever intended to be all the money for the wall. But Chuck Schumer actually had the gall to look at the President and said, 'I'm giving you everything you asked for the wall,' and then when pressed, admitted that he wasn't doing it.

That's the type of negotiation that Mr. Schumer has been engaged with the President. And you have to ask yourself, at what point does it even become profitable to continue to work with somebody like that? So Mr. Schumer is going to have to up his game a little bit and be a little bit more honest with the President of the United States if we're going to see progress on that front.

Yes, ma'am.

Q One question for you, but two quick ones before that. How long will this shutdown last?

DIRECTOR MULVANEY: You have to ask Congress. Again, the Democrats in the Senate could end this shutdown today.

Q What are you planning for? Days? Weeks?

DIRECTOR MULVANEY: We plan mostly a day at a time. If you, sort of, look, there's different sort of things on the horizon. For example, we have a pay period on Friday that would be one, sort of, goalpost. But we'll manage this day by day. The funds that I mentioned, some agencies are sitting on quite a bit of carry-forward funds. They could go out longer without being impacted; and some have none, so they'd be impacted immediately. So there's no real individual answer to that.

Q And I want to ask about the short-term. But before, is the President still going to go to Davos if Monday morning the government is shut down?

DIRECTOR MULVANEY: My understanding is that the President -- we just talked about this beforehand -- that the President will not be going to Florida now. And we're taking Davos, both from the President's perspective and the Cabinet perspective, on a day-by-day basis.

Q And then -- so on the short-term CR, obviously Democrats want (inaudible) -- you guys aren't going to talk about immigration right now; you'll talk about it after you get through this government shutdown. There's been talk among Democrats of trust issues. There's been talk from the President about trust issues. So if Democrats do agree on this short-term CR and to address immigration later, why should Democrats think they should trust this President on that?

MR. SHORT: Hallie, I would say again that -- step back for a second to where we were in asking Congress to address this when General Kelly first became the DHS Secretary, providing to Congress what we asked for in October as far as principles, and then refining that again. And I know that there's been some questions, saying that there's -- I think Senator Schumer today said there's lack of clarity as to what the White House is asking for. I don't think there's lack of clarity. Here's the principles we set up in September; seven pages sent up to Congress to say, here are the things we're asking for in the four broad categories.

Over the course of the negotiations and conversations, there was a sense that it needs to be refined. So what we sent back several weeks ago was a three-page document that pulled off some of the items that we were asking for off the table, particularly on interior enforcement.

And then there were meetings here at the White House, bipartisan in nature, with leadership -- Republicans and Democrats -- that many of you covered and was shown to the national audience. In that conversation at the end, there was agreement that there would be four principals leading the negotiations: Kevin McCarthy, Senator Durbin, Senator Cornyn, and Steny Hoyer.

That is the process that we have put in place, and it continues to focus on those four principles.

What I would simply add to Director Mulvaney's comments is that I would look at it as progress that, in fact, Democrats are now willing to accept funding for border security and physical barriers. That is a step forward, as well. There's some areas where we have given some ground, which is, they want a broader definition of that DACA population. To me, that is progress; all the more reason to, if we're making progress, why are we shutting down the government? Why are we shutting it down? We were making progress, and we're anxious to resume those conversations, but we're not going to be held hostage and let our troops be held hostage over this.

When they reopen the government, we will continue the discussions.

Q Marc, can I ask you a question about -- this is the one-year anniversary of the President being sworn into office. How does this White House feel to have a shutdown one year after the President was sworn in?

MR. SHORT: Well, Jim, I think it's disappointing that Congress has chosen to shut down the government, and particularly Senate Democrats have, at the one-year anniversary. But --

Q Is it a reflection at all of the leadership coming out of the White House?

MR. SHORT: I think it's a reflection, candidly, of the position that many in the Democrat Party find themselves in. For this reason, I think that there are many Democrat actors who look at all the

administration has accomplished over the year, and they've pushed their leadership to say, we want something to shut down the government. Meaning, they look back and say, the largest tax cut in history; they say, you repealed the individual mandate. They look at the regulatory rollback. They look at what's happened with \$7 trillion added to the stock markets. They see more circuit court judges ever confirmed in one year. They see a new Supreme Court justice confirmed.

Those are things that we look as tremendous progress, but I know that they're captive by a small base in their party, and they're saying, we demand a shutdown. So I do think they're related. They look at the accomplishments of the last year and all this administration has accomplished, and their reaction is, "Because we can't beat them, what we're going to do is we're going to shut down the government."

Q And, Director Mulvaney, just for the benefit of the public, can you go over -- and I have another substantive question on the politics -- but on entitlement payments, Social Security, Medicare, can you, just for the public, let them know what --

DIRECTOR MULVANEY: Yeah, we'll just reaffirm the conversation we had yesterday.

Q -- regardless of how long this lasts, what happens and what are the implications there?

DIRECTOR MULVANEY: Yeah, the technical answer is that if the source of funds is non-appropriated -- "mandatory" would be the largest component of that -- then the funds will continue to flow. The practical application of that general rule is that Social Security checks will go out.

Q And any other entitlements covered by that, is that a guarantee as well?

DIRECTOR MULVANEY: Again, if it's not appropriated -- generally speaking, the answer is, yes.

Q So, Marc and Mick, both of you, you either worked for or you were a member of Congress at times when you thought it was a matter of principle, when you had political leverage, to withhold votes on behalf of a principle you thought was important --

DIRECTOR MULVANEY: Yeah.

Q -- ideologically. Do you have any sympathy for Democrats who believe they are doing that now, under these circumstances, because they believe, as a matter principle -- and it might be politics -- but, Marc, you know this, and, Mick, you know this -- back when you were doing that, you were accused of being the small base responding to activist pressure to do something that was viewed by the (inaudible) administration as wrong.

DIRECTOR MULVANEY: I might have a lot more sympathy if I hadn't been accused at that time of being an "arsonist." But keep in mind, this is different in that, in 2013, we were being asked to vote something that -- vote for something that we did not like. The funding bill that was put before us in 2013 included funding for Obamacare. We objected to that, and for that reason refused to vote for that funding bill.

We have a funding bill today, sitting in the Senate, that senators do not oppose. They support all individual pieces of it. We've talked about CHIP, we've talked about the delay in the Cadillac tax, the medical device tax; talked about the fact that they're generally okay with CRs. That's one of the primary differences there: We were asked to vote for something in 2013 that we did not approve of. That is not the circumstance here.

Here, they are simply taking advantage of the situation to insert not only a new topic, but -- Marc may have mentioned this earlier -- they've now introduced even another topic. I think you heard Mr. Schumer talk about just it earlier today. Now they want to talk about bailing out union pension funds. That's a new \$60 billion topic that has been interjected to the conversation today.

So, clearly, things are out of control on the Senate side.

Q (Inaudible) you mentioned this earlier. Do you really believe Democrats are not negotiating in good faith and, therefore, this can't be resolved?

DIRECTOR MULVANEY: You can't -- I don't think it's ever fair to get into somebody else's mental state. I don't know what happens in your mind; you don't know what's happening in my mind. So I don't want to speak to someone else's good faith. I'm just saying it's extraordinarily difficult to negotiate with people who won't vote for something they like in order to raise a non-financial, non-fiscal issue as a part of a spending bill.

We got time for one more.

Q In 2013, Mr. Trump was critical of President Obama's handling of the shutdown. He said, "You have to get everybody in a room. You have to be a leader. The President has to lead." Why isn't he following his own advice?

MR. SHORT: I guess I would say that is what he is doing. If you look back to last week in the meeting that he had to discuss DACA, which seems to be the one issue they have complaints about, he brought together 20 different members from both the House and the Senate in bipartisan fashion. He's continued to remain on the phone. He helped to encourage the bill that got passed in the House on Thursday. It was his influence to help make sure it passed just to keep the government open.

And following up on Major's question, just to, I think, reinforce what Mick said, I think that what's hard for us to understand in other times when there's been, I think, an argument over principle -- there is nothing in this bill Democrats say they object to; yet it's like a two-year-old temper tantrum to say, I'm going to take my toys and go home because I'm upset about something else. It has nothing to do with this bill. And Senate Democrats are basically conducting a two-year-old temper tantrum in front of all of the American people.

Matt.

Q Marc, what's the shortest CR the White House would be willing to accept? You said there would be a three-week CR offered in the Senate. Some Democrats have said they'd vote for something that days long. What's the minimum this White House would take?

MR. SHORT: Matt, I'm not going to negotiate that in the national press, or what we would or wouldn't take, hypothetically. I think the reality is that there is a bill that passed the House that the President said he would sign to give us four weeks to continue the DACA negotiations. We have now agreed to reduce that to three weeks. We think that that is a concession on our part. Leader McConnell has offered that. I hope that Democrats come to their senses and support that, and keep the government open.

Q I know, yesterday, members of the administration were saying that they felt pretty confident that we'd be able to avoid a shutdown by, hopefully, end of today. You all have been up on Capitol Hill today meeting with lawmakers. Based on those conversations, where are you at now?

MR. SHORT: Well, I was confident that we'd avoid a shutdown, because, again, everything in this bill are programs that I think Democrats have advocated for. So I was wrong. I'm not going to get back into the job of handicapping what I think the chances are today. As I said, I'm just hopeful that Democrats recognize the harm they're doing to our Border Patrol agents, the harm they're doing to our troops serving overseas, and the reality and inconveniences they're placing on millions and millions of Americans. It's time to get the government open again.

DIRECTOR MULVANEY: Keep in mind, when we handicap a bill, one of the things we try -- the likelihood of passage is, can we get a bill together that people can and will support because what's in the bill is acceptable to them. And that's one of the reasons, I think, Marc and I shared the opinion that this was going to pass -- again, because it was acceptable to the Democrats.

Once folks of either party started inserting completely new and unrelated topics into a negotiation, then it's impossible to predict.

Thank you all very much. We'll do this again tomorrow.

END

2:39 P.M. EST

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From: White House Press Office
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Subject: [EXTERNAL] Press Briefing by Press Secretary Sarah Sanders, 1/2/2018, #43
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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

January 2, 2018

PRESS BRIEFING
BY PRESS SECRETARY SARAH SANDERS
James S. Brady Press Briefing Room

2:37 P.M. EST

MS. SANDERS: Good afternoon.

Q Happy New Year.

MS. SANDERS: Happy New Year. It's great to be back with all of you -- start by wishing everybody a Happy New Year, but you guys kind of stole my thunder a little bit on that.

The President would like to start by congratulating two great teams from two great states, both in the heart of Trump country. We look forward to a fantastic national championship between Georgia and Alabama next week.

And we know for certain that a lot of American workers are starting and having a very happy new year thanks to the wage increases and bonuses they got as a result of the President's tax cut bill.

Companies are doing exactly what the President said they would -- increasing investment and raising wages -- and the workers are the big beneficiaries. We will be talking a lot more about that in the coming days.

With the new year, we also have a renewed appreciation for the freedoms we enjoy here in the United States. Unfortunately, millions of people around the world are not so fortunate. In recent days, we have watched widespread protests erupt in many Iranian cities. Years of mismanagement, corruption, and foreign adventurism have eroded the Iranian people's trust in their leaders.

The Iranian regime spends its people's wealth on spreading militancy and terror abroad, rather than ensuring prosperity at home. Prices for everyday staples and fuel are rising, while the Revolutionary Guard spend the nation's wealth on foreign militant groups and enrich themselves in the process.

The Iranian people are angry at the rising tide of corruption in their daily lives. The people are tired of paying the price for their violent and corrupt rulers. As a result, we are now seeing an organic, popular uprising organized by brave Iranian citizens on the largest scale since 2009.

But the international community cannot sit silent as it did then. The United States supports the Iranian people, and we call on the regime to respect its citizens' basic right to peacefully express their desire for change. America longs for the day when Iranians will take their rightful place alongside the free people of the world.

As the President said in October, "We stand in total solidarity with the Iranian regimes longest-suffering victims: its own people." The citizens of Iran have paid a heavy price for the violence and extremism of their leaders, and the Iranian people long to reclaim their country's proud history, its culture, its civilization, and its cooperation with its neighbors.

On an even more somber note, we are sad to have to announce that a brave American service member died in Afghanistan, and we are going through the notification process. And DOD will provide updates on that situation as available. And our thoughts and prayers are with that individual's family and friends.

With that, I will take you questions. Major.

Q The Iranian protest -- does that create an opening or renew the President's desire to re-impose sanctions as part of the Iran nuclear deal? And I have a follow-up on Pakistan also.

MS. SANDERS: Look, we certainly keep our options open in terms of sanctions. In terms of signing a waiver later in January, the President hasn't made a final decision on that, and he's going to keep all of his options on the table in that regard.

Q Has the Iranian protest changed the calculations about that -- meaning, created a situation in which the President, who was already inclined to be moving in that direction, could move more rapidly in that direction to send a signal not just to the Iranian regime but to the world?

MS. SANDERS: Not necessarily. I mean, I think the President has been very clear what his position is in support of the Iranian people. And in terms of what decision he'll make on that waiver, he hasn't made a final one yet, but he's going to keep every option on the table with regard to that.

Q And on Pakistan, what precipitated the President's tweet about threatening to withhold future U.S. aid? Is there something in particular that he was either briefed upon or that he noticed? Because it's not necessarily a secret that there's been a long-running dispute between the United States government and Pakistan about how cooperative Pakistan has been with counterterrorism measures and other issues.

MS. SANDERS: The President outlined a new strategy for Afghanistan and South Asia earlier this -- past year in August. And, at that time, he laid out and said that Pakistan is not fulfilling its obligations. The President is simply following through on a commitment that he made, because this is a President that does what he says he's going to do. We know that Pakistan can do more to fight terrorism, and we want them to step up and do that.

Cecilia.

Q What did the President mean when he said the "deep state Justice Department"? And does this administration believe that the "deep state" is a real thing? That there is this shadow government out there actively plotting to sabotage him?

MS. SANDERS: Look, the President finds some of those actions very disturbing and he thinks that we need to make sure, if there is an issue, that it's looked at. But if there was anything beyond that, I would refer you to the Department of Justice -- that would look into it.

Q Does he believe the entire Justice Department and its more than 100,000 employees are a part of this deep state?

MS. SANDERS: Obviously, he doesn't the entire Justice Department is part of that. You know, one of the things that the President has done is appoint Christopher Wray at the FBI because he wants to change the culture of that agency and he thinks he's the right person to do that.

Steve.

Q What does the President see as the end game in Iran? Would he like to see regime change?

MS. SANDERS: I mean, I think the ultimate end game would be that the citizens and the people of Iran are actually given basic human rights, and he'd certainly like to see them stop being a state sponsor of terror. I think that's something the whole world would like to see.

Q Just to follow up, is there a risk that, by encouraging these demonstrators, that there could be a backlash against them from the Iranian government?

MS. SANDERS: No. And, you know, I think one of the big things -- and I think even Hillary Clinton outlined this when she said that the Obama administration was too restrained of the 2009 protests and said that won't happen again. And, for once, she's right and we agree with her because President Trump is not going to sit by silently like President Obama did. And he certainly supports the Iranian people and wants to make that clear.

Matthew.

Q Thanks, Sarah. Another question on one of this morning's tweets. Is the President requesting that the Department of Justice investigate Huma Abedin? And how did he reach his conclusion that she should be in jail given that she hasn't been indicted or convicted of any crime?

MS. SANDERS: Look, obviously, the facts of that case are very disturbing, and I think the President wants to make clear that he doesn't feel that anyone should be above the law in terms of any investigation. That would be something the Department of Justice would need to decide, and I would refer you to them on whether or not they move forward.

Jordan.

Q Thanks, Sarah. Was the President disappointed that Senator Hatch decided not to seek reelection? And is he committed to campaign for whoever the Republican nominee would be in 2018?

MS. SANDERS: Obviously, I don't think we've made a determination in terms of campaigning, but the President certainly has the greatest and deepest amount of respect for Senator Hatch and his over four decades of experience in the Senate. He's particularly thankful for the Senator's leadership and massive effort that he played, and the role that he played in getting the tax cut and reform package passed. And the President certainly praises his service and is very sad to see Senator Hatch leave and knows that he will certainly be missed.

John.

MS. SANDERS: Thanks a lot, Sarah. President Moon of South Korea has reached out to North Korea about a possible meeting between North and South Korean officials as early as next week. Is this a meeting that the administration supports? Would it any way upset your strategy for dealing with North Korea?

Q Look, our policy on North Korea hasn't changed at all. The United States is committed and will still continue to put maximum

pressure on North Korea to change and make sure that it denuclearizes the Peninsula. Our goals are the same, and we share that with South Korea, but our policy and our process has not changed in this.

Q Would such a meeting be helpful, though, in terms of defusing a situation that exists now in the region?

MS. SANDERS: Again, our policy hasn't changed and we've been very clear about the fact of what our priority is, and that's a denuclearized Peninsula and there's nothing new to update on that front.

Trey.

Q Thanks, Sarah. Two on Iran. The President tweeted over the past weekend that the U.S. is watching very closely for human rights violations. What actions are being considered by the Trump administration should these violations occur?

MS. SANDERS: Look, we'll keep you posted on any actions that we plan to take, and we're keeping a lot of options on the table at this time.

Q And if I could follow up on Steve's question about regime change. There are protestors who are calling for regime change in the country. Does the Trump administration support regime change in Iran?

MS. SANDERS: We support them giving basic rights to the people of Iran, and we support them stopping being a state sponsor of terror. And we want to see those actions take place.

Francesca.

Q Thank you, Sarah. Today, Nikki Haley, the U.S. Ambassador to the U.N., said that the aid cut for Pakistan was not tied to the United Nations vote on Jerusalem. But what is happening to the countries that did not vote with the United States? Both Ambassador Haley and President Trump made threats against those countries.

And I also wanted to ask you about what the President's schedule is today, the rest of the week, and what he has been up to lately. We know that he had a lunch today, we know that he had his intelligence briefing, and clearly we saw him tweeting. What else is on the President's agenda?

MS. SANDERS: That's a lot of questions from a lot of different angles. I'm going to try to make sure I cover them all.

First, in terms of Pakistan, as I said, our goal is that we know that they can do more to stop terrorism, and we want them to do that. That seems pretty simple. In terms of specific actions, I think you'll see some more details come out on that in the next 24 to 48 hours, and we'll be sure to keep you guys updated on that front.

In terms of the President's schedule, he's had a number of meetings today. We'll keep you guys posted on that. He met with the Vice President, Secretary of Labor, and a number of staff members talking about goals and priorities as we move into the new year, and we're excited about having a successful 2018 as we did 2017.

Ashley.

Q Sarah, this morning the President tweeted that Hispanics and DACA activists will soon be falling in love with him and Republicans. So what protections is the President, if any, prepared to provide to DREAMers? And would any protections for DREAMers have to be tied to a tangible, physical wall on the border?

MS. SANDERS: Look, the President wants to have responsible immigration reform. He said before that he would like to include a DACA

resolution in that process, and we hope to be able to work with members of Congress to get that done. And that's certainly a big priority for the administration in 2018.

Q Can you provide any specifics?

MS. SANDERS: Look, we've laid out what our principles on immigration reform look like, and that would need to be part of any package that includes DACA.

Q Can I follow up?

MS. SANDERS: Sure.

Q There are folks on Capitol Hill that are under the impression that the White House is going to provide another document, a smaller list -- more narrow list -- of policy proposals it's looking for in exchange for protections for DREAMers. So they're expecting some other kind of document. Is that going to -- is that coming? And is that something you're going to talk about tomorrow?

MS. SANDERS: We'll certainly keep you posted if it does. Right now, we're still focused on helping achieve those principles that we laid out at the end of last year, and we want to continue to work with Congress to get those done.

Q Can I ask one quick question?

MS. SANDERS: Sure.

Q There are a couple --

MS. SANDERS: I'm in a good mood today and we haven't been here in a long time. (Laughter.)

Q There are at least a couple of folks that were nominated last year that did not get confirmed by the Senate. Will you -- will the White House re-nominate them? Or are you looking for other people to nominate?

MS. SANDERS: I don't have any personnel announcements on that front, but we'll keep you posted.

Steven.

Q I want to go back to North Korea for just a second. The President, in one of his tweets this morning, said that sanctions and other pressures aren't having a big impact on North Korea. But we learned this afternoon that Kim Jong-un is apparently making preparations for another missile launch, either this week or next. There was the rhetoric over the weekend about a nuclear button on his desk. Can you point out how these pressures are having a big impact, as the President says? And I know a lot of people want to know: If we stay on the current course of maximum pressure, are we moving further from war or closer to the brink?

MS. SANDERS: Again, the focus here is to continue, like you said, to apply maximum pressure on North Korea. And we want all of the other countries -- this is not just a United States threat; this is a global threat, which is why we're calling on everybody to step up and do more. And we're going to continue to working with a lot of different leaders and other countries to help do that. And we're going to keep all of our options on the table. As we have said time and time again, our policy on that front hasn't changed.

Mike.

Q To follow up on that point -- if the policy is denuclearization and Kim won't talk to the U.S. about that, how can it be good news -- as the President suggested in his tweet -- that North Korea wants to talk to South Korea about the Olympics?

MS. SANDERS: How can -- I'm sorry, what was the last one?

Q He said it may be good news that North Korea wants to talk to South Korea about the Olympics. In what scenario is that good news for the White House?

MS. SANDERS: Look, our alliance and friendship with South Korea remains stronger than it ever has been, and we're in close contact with those people about a unified response. We're going to continue to work with South Korea to put maximum pressure on North Korea and work toward the ultimate shared goal that we both have.

Kristen.

Q Sarah, thank you. Just to follow up -- does the United States support North Korean athletes' participation in the Olympics?

MS. SANDERS: We haven't made a final determination on that front.

Q Is that something that you plan to determine in the coming days? Is it something that could (inaudible)?

MS. SANDERS: I don't know if there's a set timeline that we're going to do that in the next like 24 hours, but we're certainly keep you posted.

Q All right, let me try to drill down on the President's tweet about Iran earlier today. I know you've been asked a version of this question, but just to be very specific, the President said it's time for change in Iran. Did he mean in leadership or in policy, or both?

MS. SANDERS: I think, again, the biggest thing is the change would be that the people of Iran have basic human rights, which their government is, frankly, not allowing them to have at this time, and certainly, in large part, stop being a state sponsor of terrorism. I mean, I think those are the changes we're looking for. If they want to do that through current leadership, if that's possible, okay. But those are our priorities, is making sure those principles are met.

Q Does the President think it's possible with the current leadership?

MS. SANDERS: I haven't ask him that direct question.

Kevin.

Q Happy New Year, Sarah.

MS. SANDERS: Happy New Year.

Q Let me ask you about some agenda items and then I'll follow up with a question about the budget. Infrastructure, welfare reform, border security -- which of these is the primary focus in the early stages of 2018? Or is this a buckshot approach and you're simply going to go for them all and see which one you can stick the landing on first?

MS. SANDERS: Look, the President was elected because of his ambitious agenda and his desire to get a lot of things done. We're going to focus on that. The things that you listed are certainly going to be big priorities for us in 2018. A lot of the meetings that the President has this week with leadership will help determine what the best strategy is on each of those individual areas. But those are -- certainly welfare reform, infrastructure, responsible immigration reform, and healthcare will all be top priorities for the administration this year.

Q And speaking of the meetings, both tomorrow and even coming up this weekend, for the American people who might be wondering, "So what happens in a meeting like this," can you sort of lay out what the

expectation might be from the President's point of view?

MS. SANDERS: I think it would be to talk about, again, the strategy of the best way to accomplish maximum success in all of those areas that we've outlined. Obviously, the budget is, first and foremost, one of the biggest priorities right now and certainly the big priority in the immediate term. The President wants a two-year budget deal that provides realistic budget caps and provides certainty for our national security. That's our biggest and number-one priority, and that will be the focus front and center of the conversations that are taking place this week. And then, beyond that, it will be talking about those four other priorities that I outlined and what the strategy to get maximum success on those would look like.

Jill.

Q Thanks, Sarah. I wanted to circle back to the Orrin Hatch retirement decision. The President and Mitt Romney have obviously traded some very harsh words against one another. Would the President be open, though, to supporting Mitt Romney if he decides to run?

MS. SANDERS: I haven't had that conversation with him. And I think I would be prohibited from weighing in too far right now, given the Hatch Act, on who we might or might not support in that race.

Q And then I also wanted to follow on the questions about the President's Pakistan tweet. Just to be perfectly clear, so there was no particular incident, nothing the public doesn't know about, that prompted that tweet yesterday?

MS. SANDERS: Look, this is something that the President has been following and has talked about, again, back during August, when he laid out his Afghanistan and South Asia strategy. And this is something that the administration continues to watch on a daily basis and the President receives daily updates and briefings. And I can't go into any further detail beyond that.

John.

Q Thank you, Sarah. Several of the Iranian exile groups in the United States have praised the President's comments and statements on Iran, as have former prisoners of the Iranian government, Pastor Saeed Abedini among them. Is the President in touch, either directly or indirectly, with any of the exile groups, notably the National Council for Resistance, in Iran?

MS. SANDERS: I'm not aware of any conversations, and certainly not directly between the President. But I'd have to verify that no one in the administration has had those conversations. I'm just not prepared to answer that extensively.

Peter.

Q Sarah, can I ask about another presidential tweet today? The President today appeared to take credit for zero commercial airline deaths in 2017. In fact, there hasn't been a commercial -- U.S. commercial airline crash, fatal crash, in the country since 2009. So does President Obama deserve credit for that long stretch that dates back to 2009?

MS. SANDERS: Look, the President has raised the bar for our nation's aviation safety and security. He certainly is very grateful. Last year, the President announced his initiative to modernize air traffic control. And under his leadership, the Department of Homeland Security released enhanced security measures to ensure safer commercial air travel.

Look, the President is very happy that there were no commercial

airline deaths in 2017, and we hope that that trend continues well into 2018 and beyond.

Q Just to follow up. Michael Huerta, the FAA Administrator -- obviously, he's had a successful run -- he's an Obama holdover and his term expires this week. Will he extend Michael Huerta?

MS. SANDERS: I don't have any personnel announcements on that front.

Q And one follow if I can, because you started talking football, so I'll ask you about football. The two teams that are going to be in the national championship game come from the state of Georgia and the state of Alabama, as you know well. Obviously, Alabama just elected a Democratic senator. You said they're right in the heart of Trump country. Does the President see the country as "Trump country" and the rest of the country?

MS. SANDERS: Look, I was certainly making a congratulations to two great football teams in the greatest conference in the country.

Q SEC --

MS. SANDERS: (Laughter.) Which I'm sure that most of you will all agree, even those that don't live in one of those lucky states.

Brian.

Q I'm not going to ask you specifically about -- well, I'm not going to ask if you worked during the holiday, because I think I know what you'll say there. But what I do want to ask you --

MS. SANDERS: There was a holiday?

Q (Laughter.) Right? What I wanted to ask you is, will he give a comprehensive breakdown of what he accomplished during the holiday season? And specifically, he met with Steve Mnuchin, Wilbur Ross, Robert Lighthizer -- his Trade Rep, his Commerce Secretary, and his Treasury Secretary. Did you accomplish anything during that break? And could you let the American public know what it was that you accomplished?

MS. SANDERS: Obviously, the President has been extremely focused on trade. He talked a lot about it during the campaign, has talked a lot about it since he was sworn in. That's going to continue to be a big priority for the President in making sure that American workers and American companies are at the best end and have better trade deals. He doesn't feel like we have very many of those right now, and wants to make sure that we make every effort to improve all of the trade deals that we have so that we're benefitting our workers and our companies and our country. And that was certainly a big part of that conversation and will continue to be so, and we'll keep you posted if we have specifics to roll out on that front.

Q Does he plan to hold -- he's had one solo press conference in a year. Is there any chance we could get him out here to answer some questions from us anytime soon?

MS. SANDERS: I will certainly make sure that you guys are aware if he's going to make an appearance. Look, the President communicates; he's one of the most accessible Presidents we've ever had. He gives feedback and answers questions in a variety of different ways. Sometimes it's through a press conference. Sometimes it's chatting with you guys on the way to and from Marine One. It's often through Twitter, where he gets to speak directly to the American people and give exact information on what his thoughts and feelings are.

The purpose, if I understand correctly, is for you to get

information about where the President is. And we do that in a variety of different ways.

Hunter.

Q Thank you, Sarah. And Happy New Year.

MS. SANDERS: Happy New Year.

Q So, in less than a year in office now, President Trump has visited golf courses 91 times. There's confirmation that he's played the game of golf at least 75 times. Sean, back in March, told me that this was different than President Obama's use of golf, which was -- Obama played far less than President Trump, but Sean said Trump was using the game much differently. Can you tell me the biggest single thing the President has accomplished for the American people during his time on the golf course?

MS. SANDERS: I think it would certainly be developing deeper and better relationships with members of Congress in which those relationships have helped push forward the President's agenda, specifically when it comes to helping get the tax reform and tax cuts passed. A lot of that, I think, and the success of that came from the strong relationships that the President has. And he's played golf with a number of senators and used that time, certainly, to accomplish that.

Q If so much has been accomplished during this time, there seems to be a bit of transparency issue with his time on the golf course. We don't always get confirmation of what he's doing there, despite a lot of requests. There was this incident with the box truck. Why does it seem as though the White House has some kind of issue about his time on the course?

MS. SANDERS: I think it's the press that has an issue with his time on the course. The President is extremely proud of the accomplishments we had during 2017. I don't think anyone can argue it was probably one of the most successful first years in office: Passed major legislation, reworked the court system, and got a Supreme Court justice nominated and approved and on the bench in the first year; a booming economy; massive gains against the war on ISIS. I think we've had an extremely successful 2017, and some of that is due to the relationship-building that he was able to do there.

We'll take one last question.

Q Is there a reason for no readout or confirmation when he's having these meetings on the course?

MS. SANDERS: We provide information when it's pertinent to the day, and we'll continue to do that.

Eamon, go ahead.

Q Thanks, Sarah. Earlier, the President tweeted about tax reform, saying, "Companies are giving big bonuses to their workers because of the tax cut bill. Really great!" Will the employees of the President's own companies be getting bonuses as a result of the tax cut bill this year?

MS. SANDERS: That's a question you'd have to ask the Trump Organization. The President isn't involved in that, and that's something I would refer you to them.

Q Does the President feel that companies that can afford to pay bonuses this year, as a result of the tax bill, should do that for their workers?

MS. SANDERS: I'm sorry, I missed the first part of your question.

Q Does the President feel that companies that can afford to pay bonuses should pay bonuses to their workers this year?

MS. SANDERS: I think he certainly hopes that companies will either give bonuses to their employees or somehow reinvest and bring business back into this country. That was one of the big purposes and goals of the tax cut bill, which we've certainly seen play out over the last couple of weeks and expect to see a lot more good news come from that.

Thanks so much, guys.

END

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THE WHITE HOUSE
Office of the Press Secretary

For Immediate Release

December 7, 2017

PRESS BRIEFING
BY PRESS SECRETARY SARAH SANDERS
James S. Brady Press Briefing Room

1:40 P.M. EST

MS. SANDERS: Good afternoon. Today is a solemn day of reflection across our nation, as we remember the "date which will live in infamy" when we were attacked at Pearl Harbor.

As the President said in a stirring video released earlier today, "We remember the lives that were lost, the families torn from loved ones, and the heroes who rose to America's defense." The President will be meeting with members who served at Pearl Harbor later today, as you all know.

Also, as you're aware, the President will meet later this afternoon with congressional leaders from both parties to discuss the need to fund the government, particularly our military and the Department of Veterans Affairs.

The President and the Republicans in the House and Senate are eager to pass a bill fully funding the federal government and the military. With the threats we are facing, our national security should not be held hostage for irresponsible demands. And we certainly hope that won't happen.

Now, with Christmas season in full swing, I want to shine a spotlight on some of the incredible stories of generosity and love that show what the Christmas spirit and the American spirit are all about.

Today, I'd like to start with a story of St. Matthew's Episcopal Church in Wheeling, West Virginia. The story starts over 100 years ago, when a young girl tragically died around the Christmas season, and her family donated money to the church in her honor and asked that the money be used for children at Christmas. What they may not have realized at the time was that this act of kindness -- in the midst of incredible heartache -- would bless countless children for the next century.

To this day, St. Matthew's continues helping children and families during the Christmas season. They usually do it anonymously, but word of their generosity spread through social media this year.

At the local Walmart, numerous families will come to pay the bill for Christmas toys they had put on layaway, and be told that "there's no need" because it's already been paid in full.

There will be so many acts of generosity and kindness that go unnoticed this Christmas season, and that's okay. St. Matthew's Church wasn't looking for credit, and neither are so many others. But these stories are important because they remind us of what this season is all about -- and that's the greatest gift of all, that a savior was born.

And, hopefully, we can all focus and take time out of our busy schedules to enjoy the Christmas season, or however you may celebrate.

And with that, I'll take your questions.

Q Thank you, Sarah. I want to ask you about the possible government shutdown and the optimism that the President might have that he can avert a shutdown. And if I could follow up and ask about the California fires and the very latest the White House has on it.

MS. SANDERS: Sure. In terms of the government shutdown -- look, we expect a clean CR to pass with Democrat support. It's what we hope will happen. Funding the government, particularly our military, our Veterans Affairs, are always important. But particularly now, with so many threats that we face globally, this is certainly an important priority for the administration, and we hope something that will be discussed and agreed to later today.

Q On the fires, I'm sorry.

MS. SANDERS: Sorry, on the fires, was there a specific question?

Q Yeah. Is the White House in coordination with the folks out in California in battling that wildfire? Is there more money to be made available, especially for the areas near Los Angeles, which are under siege right now by so many devastating fires?

MS. SANDERS: Absolutely. The administration is in regular contact. Both FEMA and folks here at the White House are speaking regularly to state and local authorities and making sure that we're ready and able to help when needed and when requested by those authorities.

Jennifer.

Q Can you say a little bit about why John Bolton was here at the White House today? And also, on taxes, we're a little confused on whether the White House would support a 22 percent corporate tax rate. You had the White House economist, Kevin Hassett, talking about -- saying it would be okay and it wouldn't undermine the economy. And then, a few hours later, the Legislative Affairs Director, Marc Short, said something about it needs to be 20. So can you say --

MS. SANDERS: Look, our focus has been on getting the lowest corporate rate possible. Fifteen is better than twenty. Twenty is better than twenty-two. And twenty-two is better than what we have. Again, we're going to continue to push, but we're not going to negotiate that from the podium, and we're committed to getting the lowest corporate rate we can.

Q And on John Bolton?

MS. SANDERS: On John Bolton, he is here; he's a friend of the President. Somebody who he wanted to visit with. Nothing more than that. Nothing more than a check-in and a friendly visit.

Jonathan.

Q Sarah, Donald Trump, Jr. refused to talk about his conversations with the President, citing attorney-client privilege. Would the President release him from any such privilege and allow him to speak to the committee?

MS. SANDERS: That's a question you would have to ask his attorneys. We believe that his lawyers had a legitimate reason and basis for not answering those questions. But that's something I would direct you to his attorneys to address more fully.

Q But can you explain to me how it could be attorney-client privilege when neither Donald Trump, Jr. nor President Trump are attorneys?

MS. SANDERS: Again, that's something that you would have to talk with Don Jr.'s attorneys about. That's not something I'm able to comment from here.

Matthew.

Q Thanks, Sarah. Senator Franken today, in announcing his resignation, said that he's "aware that there is some irony in the fact that I'm leaving while a man who has bragged on tape about his history of sexual assault sits in the Oval Office, and a man who has repeatedly preyed on young girls campaigns for the Senate with the full support of his party." What's the White House response to that?

MS. SANDERS: Look, the President addressed the comments back during the campaign. We feel strongly that the people of this country also addressed that when they elected Donald Trump to be President. And I've addressed it several times from here and don't have anything new to add.

Q Can you say anything more broadly about the differences in the way the two parties are handling these accusations of sexual misconduct?

MS. SANDERS: I think that some of that would be left to some of the party leadership. I'm not sure if there's a specific question in there on the differences.

Jon.

Q Thank you, Sarah. Have any of the President's counterparts around the world contacted the President, contacted the White House to indicate that they too will follow the President's lead in moving their embassy from Tel Aviv to Jerusalem, or acknowledging that Jerusalem is the capital of Israel?

MS. SANDERS: I'm not aware of any country's commitment to follow suit on this.

Q Do you expect any? Do you expect that to happen? Do you expect that others will follow the President's lead here?

MS. SANDERS: I'm not aware of any countries that we anticipate that happening at any point soon. I'm not saying that they aren't, but I'm not aware of them.

Jordan.

Q Thanks, Sarah. Last week, the President said that the U.S. would be imposing additional sanctions on North Korea today. Do you have an update on where that stands?

MS. SANDERS: We expect the Department of Treasury to put out more details on that, hopefully by the end of this week. And we'll keep you guys posted on that front.

Jennifer.

Q Thanks, Sarah. What is the President's reaction to some U.S. allies, particularly in Europe -- notably in the United Kingdom -- who had expressed opposition to this action recognizing Jerusalem? And also, does the fact that he kept his promise give him more credibility when negotiating in the Middle East?

MS. SANDERS: Certainly, I think one of the abilities to follow through on something you've committed to, as the President has done.

But, also, let's not forget that this is something that Congress voted on starting back in 1995 and has reaffirmed 10 separate times over the last 20 years. This is something that the President took action on -- a very courageous and bold action -- and something that, frankly, the members of the United States Congress have voted on many times before.

Olivier.

Q Thank you, Sarah. So, yesterday, you guys put out a statement under the President's name, saying that he was directing other officials in the administration to reach out to Saudi Arabia and urge them to immediately allow the flow of humanitarian supplies into Yemen. I have two questions about that. The first is: Why isn't the President himself working the phones? And the second is: Are there any consequences for Saudi Arabia if they don't immediately allow this flow of goods?

MS. SANDERS: My understanding is the President did bring these up on previous conversations, and that I believe there are actions that are taking place for a port to open. And we'll keep you posted as those details become more available.

Q Any consequences for Saudi if they don't do this?

MS. SANDERS: As I just said, if we have reason to believe that they're moving in that direction for a port to be open, we'll keep you posted.

Major.

Q Hallie asked on Monday when the President became aware that Michael Flynn lied to the FBI. You referred her to John Dowd, those questions. We've tried. John Dowd is not engaging on that. That's a knowable fact in this building; it's not a legal matter -- not for their attorney to say. Can you just tell us when the President became aware of that?

MS. SANDERS: The attorneys feel differently, and they feel this is a question that should be answered by them. And I'll encourage them again to respond to you, but I'm going to have to refer you back to John Dowd again.

Q Why is it a legal question for them not about something the President knew and when he knew it?

MS. SANDERS: As I said before, Jon Decker is the only attorney in here. I'm going to listen to the attorneys on this one, and John Dowd hopefully will follow up with you in short order.

Q One other question, Sarah. One other question.

MS. SANDERS: Sorry, Major, I'm going to keep bouncing because we're tight on time.

Q I think you want to take this one. It's real simple; it's very simple. Today, the U.N. Ambassador said it's an open question whether the United States will participate in the Winter Olympics in South Korea. Is it an open question? Is that now in doubt?

MS. SANDERS: Look, that wasn't exactly what the ambassador said. No official decision has been made on that, and we'll keep you guys posted as those decisions are made.

Q So it is (inaudible).

MS. SANDERS: Look, I know that the goal is to do so, but that will be a decision made closer to time.

Q By whom?

MS. SANDERS: I think that's an interagency process. But I think, ultimately, the President would certainly weigh in. But, again, that's something that he would take into account -- probably a number of the stakeholders that would be involved.

Q And it's all about security?

MS. SANDERS: Absolutely. If we felt there was an issue, that would come up.

Q I just have two government funding questions. First, does he want S-CHIP reauthorized?

MS. SANDERS: I haven't had that specific conversation with him, but I do know that we want to fully fund the government. Beyond that, I'm not going to get into any more details before their meeting today.

Q Okay. The bipartisan leadership is coming up in a much different atmosphere than the last meeting where he tweeted about how he didn't think a deal was possible because the Democrats were so bad on illegal immigrants pouring over the border. I'm wondering, has the President changed his mind about that? And also, specifically, what was he referring to since, in a government shutdown, ICE and the Border Patrol aren't affected?

MS. SANDERS: The President is still very much committed to a strong border and to a border wall, and I would imagine that's discussed at some point today.

Q But do you think a deal can be reached with the Democrats?

MS. SANDERS: I think we all hope a deal can be reached. We hope that the Democrats will be willing to put aside partisan politics and focus on fully funding the government.

Josh.

Q On the Hill today, Chris Wray praised the FBI and said it was the finest law enforcement force in the world. The President said, you know, it's "in tatters" and it's at its worst place in history. Can you explain that discrepancy?

MS. SANDERS: Look, we don't think that there is a discrepancy. We agree with Chris Wray that FBI field agents are appreciated and respected. The President's issues are with the political leaders in the FBI under former director Comey, particularly those that played politics with the Hillary Clinton email probe. And we don't see a discrepancy beyond that.

Q Would he undermine --

MS. SANDERS: Sorry, I'm going to hop around because we're tight on time.

Q If he undermines the FBI and says it's in tatters, does the White House fear that that could create ramifications that people won't trust law enforcement; that people will say --

MS. SANDERS: No. And again --

Q -- why should we interact with the FBI when it's in tatters?

MS. SANDERS: No. And again, the President is referring to the political leaders at the FBI, particularly those that were involved in the Hillary Clinton probe.

Blake.

Q Sarah, thank you. Two quick ones about a government shutdown. Chuck Schumer, on the Senate floor, said today of the President: His party controls the Senate, the House, and the presidency -- speaking of Republicans, rather. And he said a shutdown would fall on his shoulders. How is that not just a reflection -- an accurate reflection -- of the political realities that Republicans control Washington at this point?

MS. SANDERS: Look, they may control Washington, but this still takes some Democrats to be engaged in the process, and we hope, frankly, that Democrats will play by the Schumer rule and not hold this bill hostage by playing partisan politics and that they'll come to the table, help fund our Defense Department, help fund our military, and help fund Veterans Affairs.

Q And you said you want a clear CR. At some point, though, DACA is going to have to be brought up, or potentially be brought up. Is the White House willing to mix, at one point, a DACA fix with government spending? And if so, when would that be the case?

MS. SANDERS: Look, the President said that, with DACA, he wants to make sure that we have responsible immigration reform, including a border wall and other things that we've laid out in those priorities and those principles. And that's something that would have to be part of that discussion.

John.

Q Yeah, thank you, Sarah. From that podium, Secretary Mnuchin and Gary Cohn both assured us that, when a final tax reform bill is passed, the alternate minimum tax would disappear immediately. Now, of course, recent statements by the President, as the conference is about to begin, indicate it might not completely disappear and not immediately, certainly. Is the administration still committed to ending the AMT right away?

MS. SANDERS: Look, I don't think our position has changed on that front at all. But at the same time, look, the conferees were just named. We want to let this thing work through its process. We've laid out our principles. We're very committed to those, and making sure that the bill and the final piece of legislation delivers on that.

Charlie.

Q A lot of attention on sexual misconduct and harassment by members of Congress. Is the President confident that Congress and its leaders can police and investigate themselves on this issue?

MS. SANDERS: I think that we have no reason, at this point, to see otherwise. And hopefully that process will move forward.

Hallie.

Q Thank you, Sarah. I just have one question, but I need to clarify something that you said from the podium here on taxes. You said, I think to Matt, on Tuesday, that as long as his taxes are under audit, he's not going to release them. His 2016 taxes, to our knowledge, are not under audit, unless they are. Can you --

MS. SANDERS: My understanding -- and I will double-check -- but the President's taxes, no matter who the President is, actually immediately go under audit after being filed. So that's actually inaccurate. But I'll double-check to be 100 percent sure.

Q Will you get back to us on that? So my question to you, then, more broadly, is on this moment that we find ourselves in, frankly, of a

national reckoning when it comes to sexual harassment. And so in, again, a broad 30,000-foot way, does the President believe that he has a credible role in leading this conversation? And can you speak to the specific steps this White House has taken to make sure the women who work here feel like they are in a comfortable environment to talk about these things?

MS. SANDERS: I mean, I think that the President treats -- certainly, as a woman myself, I've never felt anything but treated with the highest level of respect and been empowered to do my job. And I think that's what I've seen the President do, day in and day out, since we've been here and during the campaign. And so I think that's a pretty good start and a pretty good example on that front.

Q A lot of workplaces are having sessions, they're having seminars. Are you guys doing that here? Are you talking about, in recent days, what people in this work environment can do? Are you taking --

MS. SANDERS: There are certainly White House policies that we are reminded of. And I think all of us expect each person to live up and to meet those policies, and to not cross a line that is not only not legal but not appropriate or not ethical.

Kristen.

Q A follow-up: We've seen Democrats forcefully call for John Conyers's resignation, and Al Franken's resignation, which happened today. Do Republicans, and does this President, risk losing their moral authority on this issue -- which is a huge issue right now -- by endorsing a candidate like Roy Moore, which has now been backed by the RNC as well?

MS. SANDERS: Look, I've addressed this in depth. We think that the allegations are troubling and that ultimately this is something the people of Alabama should decide.

Q Why not call for him to drop out of the race, or a write-in candidate? Sarah, is the President failing to lead at this critical moment?

MS. SANDERS: Hey, Kristen, I'm going to move around to your colleagues.

Q But just a quick follow. Is he failing to lead on this issue?

Q Was the President's proclamation on Jerusalem delayed because of concerns expressed by the Secretaries of Defense and State, about security they wanted to get -- adequate security in place for U.S. embassies around the world?

MS. SANDERS: We wanted to make sure that we had a thoughtful and responsible process, and that the decision and the components of that decision went through the full interagency process. And once that was completed, the President moved forward and took action.

Steve.

Q The Palestinians are under the impression that the President pulled out of the peace process yesterday based on the Jerusalem decision. How do you correct that? Did he do that?

MS. SANDERS: No. In fact, in the President's remarks, he said that we are as committed to the peace process as ever, and we want to continue to push forward in those conversations and those discussions. And hopefully the ultimate goal, I think, of all those parties is to reach a peace a deal. And that's something that the United States is very much committed to.

We'll take one more. David.

Q Sarah, thank you. Given the recent revelations that at least one prosecutor on Robert Mueller's team was sending anti-Trump texts to another DOJ lawyer, and given the revelation that yet another one was congratulating Sally Yates for refusing to uphold and defend the President's travel ban, Chairman Goodlatte, at the hearing this morning, said that even the appearance of impropriety would devastate the FBI's reputation.

So the question is: Does the White House believe that the fix was in that Robert Mueller's probe was biased from the beginning?

MS. SANDERS: Look, we are fully cooperating through this process. We're going to continue to do so as we -- as I said a few minutes ago, we certainly felt like some of the political leadership at the FBI was problematic.

We're glad that Director Wray is there. We feel like he's going to clean up some of the messes left behind by his predecessor. And we look forward to this concluding soon and showing what we've been saying all along -- that there was nothing to see here and certainly no collusion.

The President has got an event here in a couple minutes. Just a couple of last-minute notes: The President has got an event here with the members of the Pearl Harbor survivors, and then we'll also have a pool spray at the top of the congressional meeting this afternoon at three o'clock.

So we'll see you guys shortly. Thanks.

Q Sarah, a question about his health, after he appeared yesterday -- just on his health, how he appeared yesterday.

MS. SANDERS: I'll break the rules and I'll come back. I know that there were a lot of questions on that -- frankly, pretty ridiculous questions. The President's throat was dry. Nothing more than that.

He does have a physical scheduled for the first part of next year, the full physical that most Presidents go through. That will take place at Walter Reed, and those records will be released by the doctor following that taking place.

Thanks so much, guys.

END

1:59 P.M. EST

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The White House · 1600 Pennsylvania Avenue, NW · Washington DC 20500 [REDACTED]

From: [REDACTED]
To: [Cashour, Curtis](#)
Subject: [EXTERNAL] Re: Your Message
Date: Wednesday, August 30, 2017 6:25:19 PM

Thank you so much!

Thank you,
[REDACTED]

From: Cashour, Curtis <Curt.Cashour@va.gov>
Sent: Wednesday, August 30, 2017 4:43:40 PM
To: [REDACTED]
Subject: RE: Your Message

Here's VA's statement:

Destruction and defacement of federal property is a serious crime, and VA is working with law enforcement officials to identify those responsible. VA is committed to maintaining our cemeteries as national shrines, and that includes cleaning this statue, which memorializes those interred at the cemetery.

VA's National Cemetery Administration determined the need for additional security measures at certain facilities to ensure the safety of staff, property and visitors paying respect to those interred. VA has a responsibility to protect the federal property it administers, and will continue to monitor and assess the need for enhanced security going forward.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Wednesday, August 30, 2017 3:31 PM
To: Cashour, Curtis
Subject: [EXTERNAL] Re: Your Message

Good Afternoon Curtis Cashour,

Thank you for your statement a few weeks ago, this is Jasmine Dell I'm a reporter with KY3 News out of Springfield, Missouri.

I am on deadline tonight to get a response regarding a Confederate monument vandalized at the Springfield National Cemetery.

I also need to confirm that extra security has been hired recently to protect the monument.

Thank you,

[REDACTED]

From: Cashour, Curtis <Curt.Cashour@va.gov>

Sent: Wednesday, August 16, 2017 6:05:11 PM

To: Jasmine Dell

Subject: Your Message

Hi, [REDACTED] Here is VA's statement on this issue:

VA's national cemetery system has a long record of balancing history with respecting our fallen Veterans and those who come to honor them.

For example, we do not allow Confederate flags to fly from a fixed pole at our cemeteries, and only allow small Confederate flags to be placed on Confederate soldiers' graves two days a year — on Memorial Day and Confederate Memorial Day.

Monuments to Confederate soldiers stand only in cemeteries where Confederate soldiers are buried or memorialized, and we have no plans to disturb those gravesites or monuments.

Thanks,

Curt Cashour

Press Secretary

Department of Veterans Affairs

202-461-7388

Curt.Cashour@va.gov

[@curtcashour](#)

From: [REDACTED]
To: [Cashour, Curtis](#)
Cc: [Hutton, James](#)
Subject: [EXTERNAL] RE: [EXT]FW: DCW50 Request For Info Confirmation - Washington DC VA Medical Center Cancels Surgeries Over Concerns About Surgical Equipment Safety
Date: Thursday, November 09, 2017 4:32:28 PM
Attachments: [image001.png](#)

Thanks, Curtis!...much appreciated...

[REDACTED]



From: Cashour, Curtis [mailto:Curt.Cashour@va.gov]
Sent: Thursday, November 09, 2017 4:26 PM
To: [REDACTED]
Subject: [EXT]FW: DCW50 Request For Info Confirmation - Washington DC VA Medical Center Cancels Surgeries Over Concerns About Surgical Equipment Safety

Hi, Ilya. Please see below and please confirm receipt.

After an internal review at the Washington DC VA Medical Center, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, November 09, 2017 4:20 PM
To: Hutton, James
Subject: [EXTERNAL] DCW50 Request For Info Confirmation - Washington DC VA Medical Center Cancels Surgeries Over Concerns About Surgical Equipment Safety

Hey James...

Here is that article I'm looking at what info in this article can you confirm?...and if there is any statement that you would like us to run on tonight's broadcast please include...

<https://www.nbcwashington.com/investigations/Washington-DC-VA-Medical-Center-Cancels-Surgeries-Over-Concerns-About-Surgical-Equipment-Safety-456429453.html>

Thanks for your help..

Sincerely,

[REDACTED]

cid:image001.png@01D35976.74CCD3F0



From: [REDACTED]
To: [Blaha, Lydia B.](#)
Subject: [EXTERNAL] Today on Newsroom
Date: Tuesday, November 28, 2017 7:05:24 AM
Attachments: [image001.png](#)
[image002.png](#)



Good Morning Lydia –

Thank you for all of your help! We have Sec. Shulkin pretaping with Bill 8:20am from the DC Bureau.

Topic: Yesterday Shulkin spoke at a DC housing project about decreasing rates in veteran homelessness. He has committed himself to cleaning up a lot of the mess at the VA. He's fired hundreds of allegedly incompetent employees and much more. So we check in on how his mission is going.

I know Bill is going to ask him a question about this as well, and what he's doing to fix problems like this that have been going on for years.

VA failed to report 90% of potentially dangerous medical providers, GAO confirms

 **USA TODAY** Published 11:00 a.m. ET Nov. 27, 2017 | Updated 1:20 p.m. ET Nov. 27, 2017


A months-long USA TODAY Network investigation reveals that for years, the U.S. Department of Veterans Affairs concealed mistakes and misdeeds by staff members entrusted with caring for veterans. [REDACTED]

 USA TODAY

(Photo: [REDACTED], Springfield News-Leader via USA TODAY Network)

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WASHINGTON — The Department of Veterans Affairs failed to report 90% of potentially dangerous medical providers in recent years to a national database designed to prevent them from crossing state lines and endangering patients elsewhere, according to the Government Accountability Office.

The watchdog's conclusions in the report to be released Monday confirm findings of a recent USA TODAY investigation that found the [VA has for years concealed medical mistakes and misconduct by health care workers](#). In response to that story published in October, the VA [vowed to overhaul its policies for reporting clinicians](#) to authorities.

The GAO also found that VA officials didn't report any of the problem clinicians to state medical boards that could have yanked their licenses.

The findings are based on a sampling of five VA hospitals, where only nine health care workers warranted reporting since 2014. But if those findings hold true across all of the VA's roughly 150 hospitals, potentially hundreds of medical providers weren't reported.

STORY FROM THE COCA-COLA COMPANY

[How listening to consumers is transforming The Coca-Cola Co. and its beverage offerings](#)

In one case examined by the GAO, a VA hospital director failed to report a clinician who went on to work at a private sector hospital, which revoked the worker's privileges two years later, suggesting patients were endangered.

In response to the GAO report, VA officials reiterated that pledge, concurred with its findings and said they planned to increase oversight of reporting by regional officials. In the past, reporting decisions have been left mainly to local hospital directors.

USA TODAY had found oversight was so lax, the VA had no idea how many medical workers had been reported or if they had been reported at all.

██████████, chairman of the House Veterans Affairs Committee, asked GAO to investigate and is chairing a hearing on the findings Wednesday.

Under VA policies, hospitals are supposed to report to the national database doctors and dentists who leave while under investigation for medical mistakes or when their clinical credentials are curtailed or revoked because of poor care. They are also supposed to report medical providers to state licensing authorities if they "raise reasonable concern for the safety of patients."

But at the five unidentified hospitals examined by GAO, providers weren't reported as required because VA "officials were generally not familiar with or misinterpreted" the policies.

"At one facility, we found that officials failed to report six providers to the (national database) because the officials were unaware that they had been delegated responsibility for...reporting," the GAO said.

The office also found VA hospitals did not adequately document investigations of medical care that can lead to reports.

In all, a total of 148 providers required clinical reviews after concerns were raised about

their care between October 2013 and March 2017. But in nearly half those cases, the hospitals could not provide documentation that the reviews occurred.

“We found that all five (hospitals) lacked at least some documentation of the reviews they told us they conducted, and in some cases, the required reviews were not conducted at all,” investigators concluded.

The GAO recommended the VA ensure reviews are documented, that they are conducted more quickly and that they are overseen by regional officials, who can ensure problem medical workers are reported. The VA said it would have those fixes in place within a year.



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On July 28, VA terminated the employment of former Washington DC VA Medical Center Director Brian Hawkins because he failed to provide effective leadership at the medical center. This action underscores VA's commitment to holding all employees accountable if they fail to do their jobs or live up to VA's values.

Lawrence B. Connell remains acting director of Washington DC VAMC. Under Connell's leadership, the facility has undergone a number of recent improvements, including:

- Continuing aggressive recruiting and hiring efforts in critical areas such as nursing, logistics, sterile processing, prosthetics, mental health and police services. 19 selections for 33 open positions in logistics have been made; 10 selections for 14 open positions in sterile processing have been made; and 44 selections for nursing positions have been made.
- Implementing an Environmental Management Service (EMS) support contract to supplement cleaning the facility; the primary supply areas in the warehouse have now been 100% inventoried and re-organized; more than 2,700 medical instruments have been ordered to ensure Surgical Service has replacement and spare instruments; and Sterile Processing Service (SPS) relocated to temporary trailers which offer expanded space and access to more washers and equipment to sterilize medical instruments.
- In the next 3-4 months, the facility will add an additional 117 patient parking spaces to improve accessibility and customer service.
- Medical supply monitoring has been overhauled and recalls are now monitored on a daily basis, with immediate removal of any equipment subject to recall.
- Regular employee town halls and monthly employee recognition ceremonies to encourage open communication and information sharing opportunities. The acting director also hosts monthly one-on-one open door sessions to speak with Veterans, community stakeholders or employees. The first employee town hall was held April 14 and a total of three have been held as of July 10.

###

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
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[@curtcashour](#)

From: White House Press Office
To: [Ulyot, John](#)
Subject: [EXTERNAL] WTAS: Support For President Donald J. Trump's State Of The Union Address
Date: Wednesday, January 31, 2018 11:36:40 AM

THE WHITE HOUSE
Office of the Press Secretary

FOR IMMEDIATE RELEASE
January 31, 2018

**WHAT THEY ARE SAYING:
SUPPORT FOR PRESIDENT DONALD J. TRUMP'S STATE OF THE UNION ADDRESS**

Members of Congress

Speaker of the House Paul Ryan (R-WI): "President Trump said it right – the state of our union is strong. Faith and family are the rightful centers of American life. America's economic confidence is on the rise. And from the police to the military, the bravery of our men and women in uniform continues to demonstrate why they are the world's finest."

Senate Majority Leader Mitch McConnell (R-KY): "...the president emphasized that America is growing again as a result of comprehensive tax reform bill last year. Employees are getting bonuses, pay raises, investments in their IRAs -- America is moving. Consumer confidence is high, the stock market is at a record level. We're coming out of this economic funk that we were in throughout the Obama years and the president was right to talk about it and to take some credit for the direction America is heading in. We're growing again – it's important."

House Majority Leader Kevin McCarthy (R-CA): "The future of America is looking up. In President Trump's first year, we've achieved lower unemployment, more take home pay for the American people, and a stronger economy. ISIS has been beaten back, the stock market is up, and investment is streaming back into America. #SOTU"

Sen. Richard Shelby (R-AL): "Tonight the President highlighted his many accomplishments and outlined his plan to continue advancing and unifying our country. From signing tax reform into law and eliminating restrictive regulations to growing our military and boosting support for veterans, President Trump has prioritized a conservative agenda that promotes a safe and strong America."

Sen. John Boozman (R-AR): "President Trump's address was a positive, optimistic message to all Americans. It laid out an opportunity to work together on many pressing issues facing our country. I look forward to working with the president and my colleagues to build on policies that have helped create jobs, grow our economy, improve consumer confidence and let hardworking Americans save and plan for the future. We can continue this momentum by rebuilding our infrastructure. I am encouraged by President Trump's commitment to improve our crumbling roads and bridges and protect our water supply."

Sen. David Perdue (R-GA): "Tonight, President Trump delivered a message of optimism that all Americans need to hear. Overall, the president's first year in office has been nothing short of a huge success. The results speak for themselves.... He is moving at a business-pace, not a bureaucratic-pace. His focus continues to be delivering on his promises and getting results for the American people."

Sen. Jim Risch (R-ID): "The American people have asked for less taxes, less regulations, more jobs and more security - they are getting exactly that. As the President outlined tonight, we were able to accomplish so many priorities in 2017 including: historic tax reform, unprecedented deregulation, job creation, repeal of a significant portion of Obamacare, reform of the Veterans Administration, degradation of ISIS' territory and strength, record breaking realignment of the federal judiciary, as well as confirmation of Supreme Court Justice Neil Gorsuch, and the list goes on."

Sen. Bill Cassidy (R-LA): “President Trump presented an optimistic vision for our country. With our tax cuts legislation already delivering bigger paychecks and better benefits for workers and families, I look forward to working with the president to expand America’s energy dominance, restore respect for the Constitution throughout the judiciary, and make our military second to none.”

Sen. Roy Blunt (R-MO): “America has come a long way in the first year of the Trump administration. As the president made clear tonight, our economy is finally giving Americans a reason to be optimistic about their future, and the future of their kids and grandkids.”

Sen. Thom Tillis (R-NC): “I was encouraged to hear President Trump speak about immigration and challenging Congress to fix a problem that has existed for decades. The White House released an immigration framework last week, and I believe it is a reasonable proposal. The framework offers solutions supported by both parties and the American people.”

Sen. Rob Portman (R-OH): “Over the last year, we have made progress on a host of important issues. We are already seeing the benefits of the new tax reform law across Ohio with companies giving pay raises and bonuses, expanding benefits and investing more in equipment. The administration has taken action to provide regulatory relief to small businesses and is making permitting reform a priority to reduce needless delays and help us rebuild our infrastructure more quickly.”

Sen. John Thune (R-SD): “During President Trump’s first year in office, the Republican-led Congress and the administration worked together to achieve big things for the American people.... I look forward to building off this momentum to address infrastructure, border security, immigration, and military readiness.”

Sen. Orrin Hatch (R-UT): “Tonight, the President called attention to the tremendous victories we secured for the American people in 2017. He also drew a roadmap to success, including an ambitious policy agenda for the year ahead — one that will make our country stronger and safer than ever before.”

Sen. John Barrasso (R-WY): “President Trump’s address tonight spoke of building a safer and stronger America. His speech was full of the same spirit of optimism and confidence I have heard over the past year from people in Wyoming.”

Rep. Robert Aderholt (R-AL): “Despite resistance from the Washington establishment, President Trump’s first year has been marked with robust economic growth, job creation, record highs in the stock market and record lows when it comes to unemployment. Because of President Trump’s willingness to shake things up in Washington, and to step over entrenched partisan lines, the State of the Union is strong.”

Rep. Bradley Byrne (R-AL): “Wonderful to hear @POTUS mention the need for greater choice in the VA system.”

Rep. Andy Biggs (R-AZ): “Under President Trump’s leadership, the state of our union is indeed strong. In the first year of his administration, President Trump has unleashed our nation’s limitless economic potential by producing the most expansive tax reform package since the Reagan administration and sweeping reductions in onerous federal regulations, enforced our laws, strengthened our military, nominated constitutionally-minded judges to federal courts, protected life and religious freedom, and sent an unmistakable message to the international community that America will protect her interests before all others.”

Rep. Ken Calvert (R-CA): “Our economy is growing thanks to the policies enacted by the Republican Congress and the President, but I believe the best is yet to come. Thanks to the passage of the Tax Cuts and Jobs Act we are seeing a host of job creators investing in their workforce in the form of bonuses, wage increases and other benefits.”

Rep. Ed Royce (R-CA): “The State of the Union Address is one of our nation’s great traditions. It’s an opportunity for us all to reflect on our democratic principles and beliefs and consider priorities for the year ahead. Tonight, as I listened to the president’s address and looked up to our special guests, I was

reminded that the state of our union is indeed strong.”

Rep. Doug Lamborn (R-CO): “@POTUS recognized the unity we share as people of this country. #SOTU”

Rep. Mike Coffman (R-CO): “I applaud @POTUS for acknowledging the need to take care of our American heroes-- Our Veterans. #SOTU”

Rep. Neal Dunn (R-FL): “We have made great strides in the fight against terrorism. @POTUS @realDonaldTrump is truly committed to keeping Americans safe at home and abroad. #SOTU”

Rep. Daniel Webster (R-FL): “.@POTUS mentions doubling standard deduction, which particularly benefits constituents in my district. #TaxCutAndJobsAct #SOTU”

Rep. Earl “Buddy” Carter (R-GA): “President Trump spoke tonight about the strong state of our union. Over the past year, Congress has worked with President Trump to produce concrete results for the American people.”

Rep. Doug Collins (R-GA): “Under President Trump’s leadership, America is learning anew what it looks like when promises are kept.... Each day brings me more stories of how our unified government led by a dynamic president is fulfilling the hopes of people in northeast Georgia – and unlocking the door to more of their dreams.”

Rep. Mike Bost (R-IL): “I appreciate President Trump using his address to highlight some of the work he and Congress are pursuing to empower America’s families and job creators. Particularly important to Southern Illinois has been the new tax reform law that will give hardworking families more money in their pockets to spend on a child’s education, growing a small business, or saving for the years ahead.”

Rep. Larry Bucshon (R-IN): “Tonight, President Trump gave his first State of the Union address, outlining the accomplishments of his first year in office and sharing with the nation his vision for moving forward and building a safe, strong and proud America.”

Rep. Luke Messer (R-IN): “2017 was a great year! We delivered on several of President Trump’s key agenda items and tonight he laid out another bold, optimistic vision for 2018. Under President Trump’s leadership, unemployment is at record lows, the economy is booming, and Hoosier workers are keeping more of their paychecks. I look forward to continue working with the President to keep delivering for Hoosiers.”

Rep. Todd Rokita (R-IN): “President Donald Trump put forth an American First agenda to build a safer, stronger, and prouder country. Thanks to President Trump’s leadership, the forgotten men and women of this country have a voice in the White House and I’m proud to be an ally to drain the swamp and make our nation great again.”

Rep. Jackie Walorski (R-IN): “I am grateful for @POTUS’s commitment to ending the epidemic and getting treatment for those who need it. #SOTU”

Rep. Mike Johnson (R-LA): “The president delivered a positive message and a bold vision for an even stronger and safer America. I look forward to investing again in our eroding infrastructure, solving the illegal immigration problems facing our nation and rebuilding our military to promote peace through strength. We have accomplished so much in just this first year, and I believe that momentum will continue through 2018 and beyond.”

Rep. Fred Upton (R-MI): “POTUS is right: Our tax reform efforts are off to a great start but it’s important we keep that momentum going. Just today, Pfizer announced a \$5B boost in U.S. #manufacturing b/c of tax reform. #Jobs #SOTU”

Rep. Virginia Foxx (R-NC): “President Trump knows the value of hard work. He understands the dignity of having a good job, and he wants people to be able to achieve a successful life. The President’s whole goal behind his infrastructure plan is creating new jobs for Americans.”

Rep. Jeff Fortenberry (R-NE): "President's tone is serious, reflective. @POTUS @realDonaldTrump #SOTU"

Rep. Adrian Smith (R-NE): "Inspiring start to #SOTU with introductions of many American heroes who represent the spirit of our great country."

Rep. Steve Pearce (R-NM): "I agree w/ @POTUS, our nation's military deserves our support. We must ensure they have the resources needed to succeed during & after service #SOTU"

Rep. Chris Collins (R-NY): "Tonight we celebrated the policies under President Trump that are putting America first and allowing our economy to thrive. In a truly heartfelt speech, the President expressed his love for his country and the necessity of working across the aisle, especially as we start to rebuild our nation's crumbling infrastructure."

Rep. Tom Reed (R-NY): "The opioid epidemic is plaguing our communities. I agree with @POTUS that we need to make sure we get those in need help and put an end to this problem #SOTU"

Rep. Jim Renacci (R-OH): "Glad to see the chamber stand united as @POTUS talks about opioids, something Ohio is too familiar with #SOTU."

Sen. Jim Inhofe (R-OK): "Tonight we heard from President Trump that the state of our Union is safe, strong and proud. It was a unifying message of optimism, but, more importantly, it was an opportunity for the president to show how he is focused on actions that keep American families safe, strengthen our economy and create opportunities for growth."

Rep. Lou Barletta (R-PA): "The American people for too long have been led by politicians who hold special interest over national interest. After President Trump's first year in office, the unique optimism of the American people has returned, and returned at historic highs."

Rep. Scott Perry (R-PA): "The President outlined some the major accomplishments of his first year in office. We saw comprehensive Tax Reform become law, and already see the benefits in terms of bonuses and wage increases for millions Nationwide."

Rep. Keith Rothfus (R-PA): "I agree @POTUS, we need both parties to come together to give America the safe, fast, reliable, & modern infrastructure our economy needs & people deserve. #SOTU"

Rep. Jeff Duncan (R-SC): "President Trump's bold address to Congress was an excellent display of leadership and vision. It is refreshing to have a President who has made the people's priorities his own and who resonates with the goals and aspirations of the American people."

Rep. Tom Rice (R-SC): "Tonight, President Trump celebrated a long list of achievements from his first year in office. Chief among them - comprehensive tax reform that is already having a transformative effect on our economy. The culmination of his policy achievements has done nothing short of restoring the American dream."

Rep. Kristi Noem (R-SD): "Tonight, we will hear from President Trump in his first State of the Union address, and I'm hopeful he will report that the State of our Union is strong, safe and proud. To me, his first year in office will be remembered as the year in which the American people gained control again."

Rep. Diane Black (R-TN): "Over the last year, President Trump has shown that he will put America first and I am proud to stand with him. Tonight's State of the Union address was no different - the President's speech was optimistic, bold and confident. It was a message to the world that we are proud to be American."

Rep. Scott DesJarlais (R-TN): "Because the mainstream media rarely credits our accomplishments, tonight's speech presented an excellent opportunity for the President to speak directly to the public, showing more appreciation for tax cuts now that they are law, and the benefits are real."

Rep. David Kustoff (R-TN): “Tonight, we heard from a President who is putting West Tennessee and America first. Just one year after President Trump took the oath of office, our economy is the strongest it has been in decades.”

Rep. John Carter (R-TX): “.@POTUS is right - we must strengthen #CTE programs and give every student the opportunity to succeed in a great career they enjoy and are passionate about #SOTU”

Rep. Jeb Hensarling (R-TX): “One year after President Trump’s election, the ‘state of the union’ is far better. It is actually far better for millions of families across our nation seeing pay increases, bonuses, and better take home pay. As we follow through on President Trump’s economic growth policies outlined tonight, it will get even better and, dare I say, greater.”

Rep. Kenny Marchant (R-TX): “The President’s speech communicated how the pro-growth policies from the last twelve months are lifting the American economy up and out from the stagnant status-quo of previous years.”

Rep. Pete Sessions (R-TX): “I support the President in his effort to crack down on sanctuary cities, combat the infiltration of MS-13 gangs, and secure our communities.”

Rep. Ted Poe (R-TX): “Encouraging words by @realDonaldTrump in first mins of #SOTU telling America we will pull through disaster recovery together.”

Rep. Chris Stewart (R-UT): [@POTUS is right, tax reform is already helping millions of hardworking Americans! You will continue to see its benefits with bigger paychecks and lower taxes. #SOTU](#)

Rep. Tom Garrett (R-VA): “Tonight, the President reminded Congress and the nation that building a safe, strong and proud America begins with completing important unfinished business to ensure that our country continues to prosper, and our nation remains safe.”

Rep. Rob Wittman (R-VA): “Looking forward to this Administration’s leadership on an infrastructure package that reduces red tape, leverages private/public partnerships, addresses priorities for rural Americans, and improves the daily lives of Virginians. #SOTU”

Rep. David McKinley (R-WV): “West Virginia has the highest rate of opioid deaths in the nation. We are the epicenter of this crisis. Glad to hear @POTUS give his strong commitment to ending this scourge. #SOTU”

Rep. Alex Mooney (R-WV): “Tonight, President Donald Trump outlined a conservative agenda to make America safer and stronger. I remain committed to helping President Trump implement our shared agenda to make America prosper again.”

House Committee on Natural Resources: “The State of the Union is STRONG. Together, we will make America great again for ALL Americans #SOTU”

State Officials

Governor Kay Ivey (R-AL): “Tonight, President Trump made clear his commitment to the American people and to improving the quality of life for everyone. By protecting our borders, strengthening our military and creating an environment that enhances domestic economic growth, the president underlined his commitment to national security.”

Governor Asa Hutchinson (R-AR): “President Trump’s State of the Union speech was good news for Arkansas on many fronts. We have seen conservative policy changes in D.C. lead to tax cuts, increased wages, bonuses, deregulation, American companies returning to the U.S. and a year-long stock-market streak.”

Governor Matt Bevin (R-KY): “We are all so proud of Corporal (Ret.) Matthew Bradford, a great Kentuckian and one of the special guests in the gallery during tonight’s State of the Union address. Corporal Bradford truly embodies the Kentucky spirit, showing all of America what it means to

overcome significant obstacles and to embrace new opportunities. How we deal with adversity has the power to unite us as Americans and, as the President noted, we must continue to rally around the opportunities that are before us — combatting the opioid epidemic, creating jobs, and rebuilding the Nation’s infrastructure.”

Governor Paul LePage (R-ME): “We commend President Trump for the all progress he has made this year, especially on the passage of comprehensive tax reform, which will create jobs, raise wages for families and jumpstart the American economy.”

Governor Phil Bryant (R-MS): “In the past 12 months, President Trump has increased security by making our military stronger, grown our economy by cutting taxes and eliminating regulations and made it clear that America comes first. I am grateful he reinforced his commitment to those values in his State of the Union.”

Governor Doug Burgum (R-ND): “President Trump’s address this evening further underscores our mutual commitment to lifting up all American by working to expand economic opportunity. Through bold tax reform and a continued effort to roll back government overreach, his administration is empowering North Dakotans.”

Governor Pete Ricketts (R-NE): ““In his first year, President Trump has helped spur economic growth through major tax reform and rolling back job-killing regulations. His pro-growth policies have helped the United States achieve its lowest unemployment rate in almost two decades, while pushing the stock market to record highs. President Trump’s focus on infrastructure and continued commitment to growing jobs and the economy for 2018 is common sense.”

Governor Jim Justice (R-WV): “Donald J. Trump is a personal friend of mine and I KNOW how much he cares for each and every one of us in this great nation. We are extremely excited about his infrastructure plan, his clear guidelines for fair trade, and the continuing policies to cut taxes that will create millions of additional jobs.”

Alabama Attorney General Steve Marshall (R): “President Trump made a commitment to nominate courageous judges, firmly dedicated to the Constitution and the rule of law. As Attorney General of Alabama, I have watched with enthusiasm as he has fulfilled that promise, knowing that there is little that a president could do to be of more encouragement to me and the attorneys in my office.”

Louisiana Attorney General Jeff Landry (R): “I commend President Trump for inviting two of Louisiana’s best to be his special guests at the State of the Union Address. Ashlee and Jon have both shown immense courage in the midst of the devastation Louisiana and our neighbors have had to endure. It is because of heroes like them that Louisiana is such a bright light for the rest of the country.”

Cabinet Members

Secretary of State Rex Tillerson: “As President Trump emphasizes, we keep America safe when our national security is based on the principle of peace through strength. We will continue to pursue the peaceful denuclearization of North Korea, prevent terrorists from regaining safe havens in Syria and Afghanistan, and hold Iran accountable for its full range of threatening activities. We work closely with allies and partners around the world to achieve all our foreign policy objectives.”

Secretary of the Treasury Steven Mnuchin: “The President’s pro-growth agenda is working for the American people. Thanks to tax and regulatory reform, millions of hardworking families are seeing pay raises, special bonuses, new jobs, and more secure retirements. Fair and reciprocal trade will make American businesses even more competitive. I look forward to working with my colleagues in Congress from both parties to deliver a safe, strong, and proud future for our country.”

Secretary of the Interior Ryan Zinke: “Tonight President Trump spoke from the heart about issues that unite all Americans like rebuilding our infrastructure, improving education, growing the economy, and honoring our veterans and first responders. Already we have seen the President’s policies and tax reform spark greater investments in our energy sector, like in coal and in the Bureau of Land Management’s oil

fields in the Permian Basin. Interior stands ready to support the President's mission to unite and rebuild our great Nation."

Secretary of Agriculture Sonny Perdue: "President Trump's unifying address to the nation recounted his administration's impressive achievements in its first year, which have strengthened the economy for all Americans, including those who do the important work in the agriculture sector. The Tax Cuts and Jobs Act is already helping workers and will allow agricultural producers to invest more in their operations and their own families. President Trump's optimistic vision for the nation includes massive investment in infrastructure, which will be a boon to a rural America that sorely needs such improvements. His emphasis on fair trade agreements will be music to the ears of farmers, ranchers, foresters, and producers, who often depend on international markets for their profitability. Additionally, his attention to the Forest Service is much appreciated as we strive to restore the health of our national forests and put them back to work for the rural communities which depend on their economic viability. This is a president who has rural America and agriculture close to his heart, as his words and deeds clearly demonstrate."

Secretary of Commerce Wilbur Ross: "President Trump's State of the Union Address was the best ever (in recent memory): it included the largest tax cuts in history, record stock prices, higher consumer and business confidence than we have seen in decades, record low unemployment – especially for minorities, and slashed red tape like never before. He spoke of a trillion-dollar plan to fix our nation's infrastructure and his policies that have driven out the caliphate, will equip a military and border that can protect us, will ensure a future for dreamers, and will promote trade that is both fair and reciprocal. What more could we want? These inspirational plans for a safe, strong, and proud America will continue the extraordinary momentum of President Trump's first term. Bravo!"

Secretary of Labor Alexander Acosta: "President Trump's pro-growth, pro-jobs policies are putting Americans back to work and more money in their pockets. Tonight, the President reminded the nation of the great strides America's economy has made under his leadership, and he laid out an optimistic vision for continued strong economic growth. In the President's first year in office, the U.S. economy created over 2 million jobs; unemployment fell to 4.1%, a 17-year low; and Americans' retirement savings have benefited from dramatic gains, fueled by a 40% increase in the stock market since Election Day 2016. Additionally, there has been an overwhelmingly positive response from job creators to the President's landmark tax reform law. The Department of Labor continues to advance the President's common sense economic agenda, including growing apprenticeships, expanding access to healthcare, and strengthening the nation's infrastructure. The American workforce is the greatest in the world, and this Administration will continue to support creation of good, family-sustaining jobs."

Secretary of Health and Human Services Alex Azar: "I commend President Trump for delivering a speech that celebrated the economic boom we have seen under his leadership, which has brought new opportunity and prosperity to the American people. A healthier economy means a healthier America, and we look forward to more such success in the coming year, including through reforms to make healthcare more affordable and accessible for all Americans. The President also deserves tremendous credit for his leadership in addressing the opioid crisis that's hitting communities all across America. During his first year in office, President Trump has brought a new level of awareness and commitment to this cause, and I look forward to expanding and enhancing our aggressive approach to this scourge of addiction and overdose."

Secretary of Housing and Urban Development Ben Carson: "Our people are America's greater resource, and no one understands that better than the President, that's why he has prioritized creating opportunity for all Americans. The President's tax reform plan is energizing the economy giving HUD-assisted households increased opportunity to graduate from government assistance and achieve self-sufficiency."

Secretary of Transportation Elaine Chao: "The President highlighted his plan for stimulating growth, creating new jobs, and making our nation stronger and safer. His focus on infrastructure is a historic opportunity to create bipartisan legislation to revitalize our roads and improve the quality of life for all Americans by delivering much needed improvements more quickly, so our country can remain globally competitive. I look forward to working with the President and Congress to improve our infrastructure."

Secretary of Energy Rick Perry: “Tonight, the American people heard an optimistic and unifying speech from the President. And there is much to be optimistic about...for the first time in 45 years, the United States is positioned to achieve net energy independence, and it will happen under President Trump’s leadership. Common-sense regulatory and tax reform are driving the energy economy and our overall economy to new heights...and every family in America will benefit. The benefits of American leadership will also be felt by families across the globe, as we continue to wisely use our resources to export freedom and energy security to our friends and allies.”

Secretary of Education Betsy DeVos: “America must do better to prepare our students for success in the 21st century economy. I join the President in calling on Congress to act in the best interest of students and expand access to more education pathways.”

Secretary of Veterans Affairs David Shulkin: “Under President Trump’s leadership, VA is engaged in the largest transformation and modernization effort in decades. As part of this effort, the department is tackling head-on issues that have lingered for years, including accountability, whistleblower protection, improving transparency and customer service for Veterans and expanding suicide prevention and mental health care services. As outlined in tonight’s address, VA will have another groundbreaking year in expanding and improving our services for Veterans, particularly when it comes giving them more choices over their health care decisions, and improving yet again on the timeliness of our decisions on Veterans’ benefits. The whole country was moved when President Trump recognized young Preston Sharp for his dedication and leadership in planting over 40,000 flags at our nation’s cemeteries to recognize America’s heroes. He has inspired hundreds of volunteers across the country who are looking to expand his effort to all 50 states. Well done, Preston — you’re an example to all Americans and everyone who works at VA.”

Secretary of Homeland Security Kirstjen Nielsen: “Tonight, President Trump delivered a strong and patriotic speech in which he laid out his security-focused agenda. The Department of Homeland Security fully supports this agenda, and the men and women of DHS remain wholeheartedly committed to securing our borders, keeping dangerous criminals off of our streets, and defeating terrorists in our country and around the world. Many of the items on the President’s immigration and border security agenda are things that our frontline officers have asked for, so that they are able to more effectively do their jobs. I thank the President for his steadfast leadership on these issues, and look forward to continuing our mission of keeping the American people safe and secure.”

Administrator of the Small Business Administration Linda McMahon: “As I travel the country visiting with small business owners, I hear a sense of optimism in our economy – entrepreneurs are thrilled to have a President who has proven he has listened to their concerns and acted in their best interests. Small business owners are applauding the Tax Cuts and Jobs Act and responding by investing in their companies and their employees – raising wages, providing bonuses or increasing benefits, and creating more jobs. Meanwhile, large companies like Apple and Chrysler are bringing billions of dollars back to our shores and planning future investments in America. The GDP is growing at a solid pace, and the stock market is at record highs, increasing the value of college savings and retirement accounts. Economic growth benefits all Americans, and a strong economy is a critical foundation on which we can build other policy priorities like workforce development, infrastructure improvement and national security.”

Administrator of the Environmental Protection Agency Scott Pruitt: “President Trump is getting things done for the American people. America is stronger and safer because the President kept his promise to cut unnecessary and duplicative regulations that shackled American businesses. From repealing the Waters of the U.S. rule and the job-killing Clean Power Plan to cleaning up toxic Superfund sites, EPA is implementing President Trump’s agenda to protect the environment and grow our economy.”

United States Trade Representative Robert Lighthizer: “After a year of accomplishments by the Trump Administration, America is stronger, more confident and more optimistic. The President’s policies are clearly helping to fuel an economic boom that is creating millions of jobs and putting more money in people’s pockets. His unwavering commitment to promoting America’s interests and insisting on fair and reciprocal trade will deliver even more prosperity to the American people. As the President has said,

America is no longer turning a blind eye to unfair foreign trade practices. We are and will continue to strongly enforce our trade laws and defend American workers, farmers, ranchers and businesses.”

Director of the Office of Management and Budget Mick Mulvaney: “As President Trump said tonight, this is our new American movement. Building on the success of this Administration’s first year – a booming economy, unequivocal deregulatory action, historic tax reform – the President delivered a sense of optimism; recommitting to his promise for greater economic relief and a safer, more secure homeland. The days are numbered for backdoor schemes and swamp dwellers rigging the system in Washington. The Trump Administration will continue to work hard each day to reverse past trends and move our country in the right direction – a direction that puts the American people first.”

United States Ambassador to the United Nations Nikki Haley: “Tonight, the President made it clear that America is finally leading again. We know our country is always stronger when we take clear action that puts the safety and security of Americans first. For the first time in a long time, our friends know that they can count on the United States to have their backs, and our enemies know that we will no longer give them passes when they threaten American interests. We are standing strong against dangerous and destabilizing regimes that continue to violate their international commitments, as well as terrorist organizations like ISIS that are losing ground and on the run. We are squeezing the North Korean regime with the strongest ever UN Security Council sanctions, and we are sharing with the world concrete evidence of Iran’s destabilizing actions. Across the world, and at the UN, we are standing up for our allies and our ideals again, paying close attention to who stands with us and who goes against us. America will continue to be a generous country – because it is the American way – but as the President has said, we are done writing blank checks to countries who act against us. It’s a new day – and a great day – for America.”

Advocacy & Policy Organizations

American Enterprise Institute Fellow Andy Smarick: “Wow. Huge applause and standing ovation for vocational schools--from both Dems and GOP.”

Americans for Prosperity President Tim Phillips: “Millions of Americans are now beginning to feel the positive benefits of the Tax Cuts and Jobs Act, and the state of the union is stronger for it. Americans have entered 2018 with a growing sense of optimism as hundreds of companies respond to the new tax policy with bonuses, pay increases, and plans for new investments. This is only the beginning.”

Chamber of Commerce Executive Vice President Neil Bradley: “Great to hear about infrastructure and workforce development in #SOTU2018. Two key priorities for @USChamber for 2018. Let’s get it done!”

Conservative Partnership Institute Chairman and Former Senator Jim DeMint: “President Trump has spent his first year delivering for conservatives and advancing freedom for all Americans. From repealing billions of dollars in burdensome regulations and cutting taxes to pulling the United States out of the illegal Paris [climate accord] and putting ISIS on the run, the president has a monumental list of achievements to be proud of.”

Family Research Council President Tony Perkins: “President Trump turned his State of the Union Address into an American pep rally. Cheering the American people for helping one another overcome a year of natural and man-made tragedies, the president cast a winning vision of unity.”

Family Research Council Senior Fellow Ken Blackwell: “I applaud President Trump’s powerful State of the Union address this evening. America has already felt the impact of the major domestic victories of Donald Trump’s first year in office.”

George Mason University’s National Security Institute Founder Jamil Jaffer: “Today’s State of the Union had a strong finish, with the President publicly making the case for a newly assertive America, unafraid of her enemies and unashamed of her allies. The President correctly called for an end to the defense sequester which has hampered our military effectiveness for far too long and instructed the Secretary of Defense to ensure that we have a viable capture option for terrorists that can’t be prosecuted.”

Independent Women's Voice President and CEO Heather Higgins: "A look back at President Trump's first year as commander-in-chief shows how serious he is about keeping his promises, how much he has achieved, upending expectations even when everything seems to be going against him, and how he runs rings around conventional wisdom."

Job Creators Network CEO Alfredo Ortiz: "American business owners have waited almost a decade to hear a State of the Union Address like this one. The President focused heavily on cutting taxes, reducing regulations, and promoting American free enterprise. It was music to our ears."

March for Life Vice President of Government Affairs Tom McClusky: "Actions speak louder than words and personnel is policy. In both, this administration has been utterly clear that it remains steadfast in its commitment to defending human life."

Republican Jewish Coalition: "President @realDonaldTrump receives a standing ovation at the mention of the #GOP #TaxReform. Tax reform will nearly double the standard deduction, he notes that Americans will start taking home a lot more in their pay checks! #SOTU"

Small Business & Entrepreneurship Council President and CEO Karen Kerrigan: "Entrepreneurs credit President Trump's leadership in getting things done during his first year. Small business owners are very optimistic about their future and the economy. High confidence, more capital and a renewed can-do spirit signal great things for entrepreneurs in 2018."

Media Commentary

Forbes Media Chairman and Editor-in-Chief Steve Forbes: "The president tonight was grand and great. He repeatedly hit home runs."

Fox News' Ed Henry: "Such an incredibly emotional moment as @realDonaldTrump honors grieving families who lost daughters to #MS13"

Fox Business' Neil Cavuto: "An incredible speech. Again, whether you support all of his positions or even like him, I have never seen anything like it."

Fox Business' Trish Regan: "I thought it was an exceptional speech, beautifully written and importantly, beautifully delivered."

NBC News' Kasie Hunt: "Bipartisan applause for President Trump's call for rebuilding infrastructure."

NBC News' Savannah Guthrie: "It was optimistic. It bright. It was conciliatory."

New York Post's Seth Mandel: "A+++ for bringing a North Korean refugee. Everyone should hear this. Well done, Mr. President."

Former Speaker of the House Newt Gingrich (R): "[He] rivaled Reagan at his very best. No one has ever taken the guests who were there, and woven their personal story into general principles about America as well as Trump did tonight."

###

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From: [Cashour, Curtis](#)
To: [Ulyot, John](#)
Cc: [Hutton, James](#)
Subject: // for approval // DC VA Medical Center question
Date: Wednesday, November 08, 2017 1:34:19 PM
Attachments: [image001.gif](#)

Please see below from DC's NBC affiliate. Are you OK with the following response?

There aren't any issues with the space. The issue had to deal with surface discoloration on some surgical instruments – or handheld tools.

And again, this is something VA discovered, and we found zero evidence of patient harm. In other words it's an example of department employees being vigilant and doing the right thing to ensure patient safety.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 5:38 PM
To: Cashour, Curtis
Subject: [EXTERNAL] RE: DC VA Medical Center question

Is it worth asking DC VAMC (Gloria Hairston) or VISN 5 (Mary Riley) if they would care to share any hand-out photos/images of this space? To help prevent our audience from any assuming anything wildly wrong about this operating space.

[REDACTED]
Reporter

Description: NBC4



[REDACTED]

[REDACTED]

[website](#) | [vCard](#) | [map](#) | [email](#)

[Follow me on Twitter at](#) [REDACTED]

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, November 07, 2017 4:47 PM
To: [REDACTED]

Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Please see below, Scott. Thanks.

After an internal review, we discovered surface discoloration on some surgical instruments that may have been caused by staff using too much cleaning solution.

We found zero evidence of patient harm, but out of an abundance of caution and to ensure patient safety, we cancelled nine surgeries on Friday so we could polish and reprocess all of our surgical instruments.

Normal surgical operations resumed Monday, and VA's National Program Office is on station to ensure staff are trained appropriately in the sterile processing of instruments.

You would have to ask the inspector general regarding possible reviews, but, as always, we welcome the IG's oversight.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:56 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Still loose on both of those .. to make things easier for you. But is END OF DAY possible for the background info?

[REDACTED]
Reporter
Description: NBC4


[REDACTED]
[REDACTED]

[website](#) | [vCard](#) | [map](#) | [email](#)

Follow me on Twitter at [REDACTED]

From: Cashour, Curtis [<mailto:Curt.Cashour@va.gov>]
Sent: Tuesday, November 07, 2017 9:56 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: [EXTERNAL] RE: DC VA Medical Center question

Will check. What is your deadline and when will your story air?

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Tuesday, November 07, 2017 9:50 AM
To: Cashour, Curtis
Cc: [REDACTED]
Subject: [EXTERNAL] DC VA Medical Center question

Hey man....

I've been notified OIG is reviewing a situation from FRIDAY NOV. 3 at the DC VA Medical Center. There are reports of cancelled/postponed surgeries because of concerns about the medical center's sterile processing system. VISN 5 or VACO has been briefed. The sterile processing system concerns are not terribly new.

Can you work up comment on the postponement of surgeries from Friday? Will need that .. if we can get it.

[REDACTED]
Reporter

Description: NBC4



[REDACTED]
[REDACTED]
[website](#) | [vCard](#) | [map](#) | [email](#)

Follow me on Twitter at [REDACTED]

From: [Cashour, Curtis](#)
To: [Ullyot, John](#)
Cc: [Hutton, James](#)
Subject: // for awareness // FLY IN OR
Date: Thursday, August 10, 2017 3:50:24 PM
Attachments: [RE FLY IN OR.msg](#)
[Files in Temporary Procedure Location 8.10.17.docx](#)
Importance: High

Just FYI. The issue has been resolved. No media inquiries at this time.

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: [REDACTED]
Sent: Thursday, August 10, 2017 3:47 PM
To: Cashour, Curtis
Subject: FW: FLY IN OR
Importance: High

Hi Curt,

So there was an all-day situation here over flies. We have it resolved and there is an Issue Brief outlining our actions attached. I'll call you now to update you.

From: [REDACTED]
Sent: Thursday, August 10, 2017 11:08 AM
To: Cashour, Curtis
Subject: FW: FLY IN OR
Importance: High

Curt,

I will call you about this shortly.

From: [REDACTED]
Sent: Thursday, August 10, 2017 11:07 AM
To: [REDACTED]
Subject: RE: FLY IN OR

Good afternoon,

After further consultation with our providers I am ordering an immediate stand-down for all procedures in that area until further notice. Please contact the Veterans affected and get them

rescheduled.

More to follow.

Thanks

■

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:54 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR

[REDACTED]

Are there any other cystoscopies scheduled for today?

[REDACTED], how many pain procedures are scheduled for today? Breakdown in times please.

Thanks

■

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:48 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR

Good morning,

I am ordering an immediate stand down on procedures in this area until the below items are done.

FMS: I am ordering an immediate terminal cleaning in this area AND contact the pest control vendor for treatment. Additionally, please reach out to [REDACTED] for consultation.

After those items are done:

[REDACTED] I am ordering an immediate visual inspection for flies. After which, consultation needs to occur with the providers in the area as to whether or not they are comfortable with proceeding.

Thanks

■

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:35 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR

I concur with this approach.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:34 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: FLY IN OR

I think [REDACTED] is referring to the procedure room in Radiology, not the OR.

I suggest we call FMS for a terminal cleaning of the involved room. Once that's done, we should do a visual inspection for flies. If none, ask [REDACTED] if he is comfortable proceeding. If yes, I would go ahead.

We should also re-contact the local pest control vendor (Orkin?) to examine and treat the area.

/bz

From: [REDACTED]
Sent: Thursday, August 10, 2017 10:17 AM
To: [REDACTED], [REDACTED]
Subject: FLY IN OR

I would like to report that a fly was noted by my patient prior to a cystoscopy and was killed on the RNs back and landed on his stretcher sheets by the surgical tech. I saw another fly in radiology as well.

I remain concerned with the pain procedures scheduled today.

[REDACTED]

From: [REDACTED]
To: [REDACTED]; [Cashour, Curtis](#)
Subject: //MEDIA QUERY// KY3 News: Confederate monument vandalized at Springfield National Cemetery
Date: Wednesday, August 30, 2017 3:31:05 PM

[REDACTED] and Curt,

I apologize, I've been waiting for Tom and Ron to approve the following statement. Please let me know your thoughts. It is edited slightly from Camp Chase and incorporates the security statement.

The Missouri Confederate Soldiers Monument was vandalized at Springfield National Cemetery this morning. Destruction and defacement of federal property is a serious crime, and VA is working with law enforcement officials to identify those responsible. VA is committed to maintaining our cemeteries as national shrines, and that includes cleaning this statue intended to memorialize those interred at the cemetery.

VA's National Cemetery Administration determined the need for additional security measures at certain facilities to ensure the safety of staff, property and visitors paying respect to those interred. VA has a responsibility to protect the federal property for which it is responsible, and will continue to monitor and assess the need for enhanced security going forward.

From: [REDACTED]
Sent: Wednesday, August 30, 2017 3:28 PM
To: [REDACTED]
Cc: Cashour, Curtis; [REDACTED]
Subject: FW: KY3 News: Confederate monument vandalized at Springfield National Cemetery

[REDACTED]

I think you already have a prepared response to this one.

[REDACTED]

From: VA Public Affairs
Sent: Wednesday, August 30, 2017 3:26 PM
To: [REDACTED]
Subject: FW: KY3 News: Confederate monument vandalized at Springfield National Cemetery

From: [REDACTED]
Sent: Wednesday, August 30, 2017 3:25 PM
To: VA Public Affairs
Subject: [EXTERNAL] KY3 News: Confederate monument vandalized at Springfield National Cemetery

Good Afternoon,

My name is [REDACTED] I'm a reporter with KY3 News out of Springfield, Missouri.

I am on deadline tonight to get a response regarding a Confederate monument vandalized at the Springfield National Cemetery.

I also need to confirm that extra security has been hired recently to protect the monument.

Thank you,

[REDACTED]



DEPARTMENT OF VETERANS AFFAIRS
Veterans Benefits Administration
Washington DC 20420



November 11, 2018

Sara Creighton
American Oversight
1030 15th Street, NW, B255
Washington, DC 20005

FOIA#: 19-01499-F

Dear Ms. Creighton,

This letter is the initial agency decision to your March 24, 2018, request under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, in which you are seeking from January 20, 2017, to the date the search is conducted by political appointees containing any of the following terms:

- 1) Holdover(s)
- 2) Turncoat(s)
- 3) Leak*
- 4) Troublemaker(s)
- 5) "Deep state"
- 6) Embed*
- 7) Burrow*
- 8) "Clean* house"
- 9) Cleans*
- 10) Cleaning
- 11) Loyal*
- 12) Purge*
- 13) Cheerleader(s)
- 14) Sabotage
- 15) "Obama person"
- 16) "Obama people"
- 17) Anti-Trump
- 18) Undermin*
- 19) Plant*
- 20) Mole*

Veterans Benefits Administration (VBA) conducted a reasonable search for documents responsive to your request. The search was conducted by utilizing the search criteria of key words and terms in the list 1-20. The cut-off date October 24, 2018.

At the conclusion of the search for Dr. Paul R. Lawrence, 133 documents were determined to be responsive to your request. All information is provided in its entirety. No portions of the requested records have been withheld either in whole or in part.

At the conclusion of the search for Joseph Quill, a total of 7 documents were found responsive. All information is provided in its entirety. No portions of the requested records have been withheld either in whole or in part.

- A CD-ROM has been provided for your convenience.

This concludes our response. Your request was processed by the undersigned. You may appeal the determination made in this response to:

General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

If you should choose to make an appeal, your appeal must be postmarked no later than ninety (90) calendar days after the date of the adverse determination. It must clearly identify the determination being appealed and must include any assigned request number. The appeal should include:

1. The name of the FOIA Officer
2. The address of the component
3. The date of the component's determination, if any
4. The precise subject matter of the appeal

If you choose to appeal only a portion of the determination, you must specify which part of the determination you are appealing. The appeal should include a copy of the request and VA's response, if any. The appeal should be marked "Freedom of Information Act Appeal". In addition to filing an appeal with the Office of General Counsel regarding my determination, you may also seek assistance and/or dispute resolution services regarding your FOIA request from VA's FOIA Public Liaison and or Office of Government Information Services (OGIS) as provided below:

VA FOIA Public Liaison:
Email Address: vacofoiaservice
Phone Number: (877) 750-3642

Office of Government Information Services (OGIS)
Email: ogis@nara.gov
Fax: (202) 741-5769
Mailing address: Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001

Thank you for your interest in the Department of Veterans Affairs. Customer service is very important to us. If you have questions regarding this letter, please feel free to contact me at 202-632-8928.

Sincerely,

Gwendolyn Smith
FOIA Officer

Enclosure

CD ROM

Department of Veterans Affairs

Secretary Stand-Up Report

July 23, 2018

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary

- The Detroit, MI RO remains closed due to loss of power from a water leak in an electrical control room.

2. Significant Weather

- Heavy rain and localized flash flooding will continue across the coastal Mid-Atlantic and Northeast.
- Excessive rain and flash flooding possible across portions of the Mid-Atlantic Coast and Central Appalachians.

3. Open Incident

Facility Closure – Detroit Regional Office, Detroit, MI, Source: VBA

- On 20 Jul 18, a water leak occurred in the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- The leak occurred in an electrical control room resulting in a loss of power to multiple floors, including those hosting the RO and HRC.

4. Facility Disruptions

Arecibo CBOC, PR Source: VHA

- Hardened (modular trailers) temporary facility opened on 16 Jul.
- Medical Center is pursuing a long-term lease; estimated Award Date is October 2018.

Vieques Rural OPC, PR Source: VHA

- Medical Mobile Unit (MMU) provides services to Veterans.
- VA Caribbean is working to initiate a new lease for the new permanent clinic.
- Preliminary Occupancy Date for the Long-Term Lease Replacement is June 2020.

5. Ten Day Outlook

38th National Veteran's Wheelchair Games, 30 Jul – 4 Aug; Orlando, FL

- 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the week long event that celebrates athleticism in our Veterans.

Department of Veterans Affairs

Secretary Stand-Up Report

July 24, 2018

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary

- The Detroit RO, MI working spaces remain closed due to loss of power from a water leak in an electrical control room. HRC re-occupied spaces on 23 July.

2. Significant Weather

- Heavy rain will maintain and elevate risk for flooding across the coastal Mid-Atlantic and Northeast. Thunderstorms are forecast across the Mississippi Valley and Central Plains.

3. Open Incident

Facility Closure – Detroit Regional Office, Detroit, MI, Source: VBA

- On 20 Jul 18, a water leak shorted out an electrical panel at the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- 23 Jul 18: RO spaces remain closed; telework and administrative leave remain in effect.
- HRC opened under 2 hour delay on 23 July.
- Public contact operations have been relocated to the John Dingell VA Medical Center, approximately three miles from the RO.

4. Facility Disruptions

Arecibo CBOC, PR Source: VHA

- Clinic is operating in a Wester shelter tent system. Modular trailers were delivered on 16 Jul; still being assembled.
- Medical Center is pursuing a long-term lease; estimated Award Date is October 2018.

Vieques Rural OPC, PR Source: VHA

- Medical Mobile Unit (MMU) provides services to Veterans.
- VA Caribbean is working to initiate a new lease for the new permanent clinic.
- Preliminary Occupancy Date for the Long-Term Lease Replacement is June 2020.

5. Ten Day Outlook

38th National Veteran's Wheelchair Games, 30 Jul – 4 Aug; Orlando, FL

- 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the week long event that celebrates athleticism in our Veterans.

Department of Veterans Affairs

Secretary Stand-Up Report

July 25, 2018

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary

- Marianna CBOC, FL resumed normal operations.
- The Detroit RO, MI resumed normal operations at the Patrick V. McNamara Federal Building.

2. Significant Weather

- Heavy rains will continue to raise flooding concerns across portions of the Mid-Atlantic and Northeast. Heavy rainfall and flash flooding for the Central/Southern Rockies and Central High Plains.

3. Closed Incident

Return to Normal Operations – Marianna CBOC, FL (VISN 8), Source: OSLE

- On 24 Jul, Marianna CBOC lock down was lifted; facility resumed normal operations.
- The Veteran was identified and being located by local law enforcement agencies.
- Gainesville VAMC Police notified OSLE Duty Agent that Marianna CBOC was locked down due to threats from a 56 y/o Veteran.

Return to Normal Operations – Detroit Regional Office, Detroit, MI, Source: VBA

- On 24 Jul 18, the Detroit RO resumed normal operations at the Patrick V. McNamara Federal Building.
- On 20 Jul 18, a water leak made an electrical panel short out, causing a power outage on the floors that housed the RO and Human Resources Center.
- HRC opened under 2 hour delay on 23 July.

4. Facility Disruptions

Arecibo CBOC, PR Source: VHA

- Clinic is operating in a Wester shelter tent system. Modular trailers were delivered on 16 Jul; still being assembled.
- Medical Center is pursuing a long-term lease; estimated Award Date is October 2018.

Vieques Rural OPC, PR Source: VHA

- Medical Mobile Unit (MMU) provides services to Veterans.
- VA Caribbean is working to initiate a new lease for the new permanent clinic.
- Preliminary Occupancy Date for the Long-Term Lease Replacement is June 2020.

5. Ten Day Outlook

38th National Veteran's Wheelchair Games, 30 Jul – 4 Aug; Orlando, FL

- 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the week long event that celebrates athleticism in our Veterans.

From: US Department of Veterans Affairs
Sent: Friday, May 18, 2018 8:01 AM
To: VAAIIUsers
Subject: CORRECTED Stories of Note from May 12 – May 18

NOTE: Due to a problem with links to stories, we are republishing this edition.

Stories of Note from May 12 – May 18

U.S. News & World Report (AP) (D.C.), May 16: [House OKs Expansion of Private Care at VA, Fix Budget Crisis](#) The House voted Wednesday to give veterans more freedom to see doctors outside the Veterans Affairs health system, a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast it as a risky step toward dismantling the struggling agency.

CNN (Video) (Atlanta, Ga.), May 16: [A Vietnam veteran was going to be buried alone. Then a stranger helped find his family](#) When Dave Fullarton discovered the ashes of former Army Captain Larry Casey, he felt the Vietnam veteran deserved a proper military funeral. But he didn't want to be the only one to honor him. The safe and vault repairman from Maryland came across the remains in February when he was cleaning out the house of a close friend who had died. That friend, he said, turned out to have been best friends with Casey.

Health Leaders (Brentwood, Tenn.), May 16: [VA Reduces Non-Aggressive Prostate Cancer Treatments](#) The Veterans Affairs health system has made tremendous progress over the past decade in convincing patients to postpone surgery or radiation for non-aggressive prostate cancer, new research shows. Instead, strong majorities of VA patients are opting for active surveillance of the slow-growing cancer, which relies on regular check-ups, blood tests, and occasional needle samplings of prostate tissue to check for any signs of a tumor getting worse.

KOTA News (ABC, Video) (Rapid City, S.D.), May 16: [200 acres expected to be added to Black Hills National Cemetery](#) With the passage of a U.S. Senate bill awaiting President Donald Trump's approval, the Black Hills National Cemetery will add 200 acres. The bill would permanently transfer the acreage from the Bureau of Land Management to the cemetery near Sturgis. It was co-sponsored by Senators John Thune and Mike Rounds of South Dakota and Wyoming's Senator Mike Enzi.

Associations Now (D.C.), May 15: [AMVETS Partners With VA To Address Veteran Suicide Crisis](#) Following a White House order providing more mental health assistance to veterans, the veterans service group has launched a hotline and more resources to connect those needing help. According to Veterans Administration research, approximately 20 veterans commit suicide every day. Providing support to veterans at risk has been one challenge—one addressed earlier this year when President Donald J. Trump signed an executive order expanding mental-health services for veterans.

WFED (AM-1500, Audio) (D.C.), May 14: [VA doctors can now treat patients in other states via telehealth](#) A rule to allow Veterans Affairs Department providers to administer health care across state lines using virtual technology has been finalized. Licensing restrictions and state telehealth laws previously created some confusion for VA. It was unclear whether VA doctors licensed in specific locations could provide care to veterans in other states. VA's new final rule overrides states laws, and lets the agency officially expand its telehealth program.

Providence Journal (Providence, R.I.), May 13 [Veterans Journal: Another way to determine eligibility for VA disability benefits](#) The National Veterans Legal Services Program (NVLSP and on Facebook) is offering a free online app for veterans at <http://app.nvlsp.org>. It is designed to help veterans and their advocates identify the

VA disability benefits to which they may be entitled. By answering a series of questions, the specific disability benefits claims that could be filed with the VA are identified. The app is available through the Apple app store and Google Play.

Montgomery Advertiser (Military Update) (Montgomery, Ala.), May 11: [Ailing 'Blue Water' Vietnam vets could get more VA benefits](#) After months negotiating with Senate colleagues, the House Veterans Affairs Committee voted unanimously on Tuesday to send to the full House a bill likely to become the vehicle to qualify 90,000 ailing sea service veterans for Agent Orange-related disability pay and health care from Department of Veterans Affairs.

From: Devlin, Margarita, VBAVACO
Sent: Tuesday, June 5, 2018 4:52 AM
To: Lawrence, Paul R., VBAVACO
Cc: Quill, Joshua J.
Subject: article in today's clips

FYSA – article in clips today – Camilo Sandoval...

1.3 - Politico: Trump campaign moves to quash sexual discrimination suit against VA official (4 June, Arthur Allen, 23.9M uvm; Arlington, VA)

President Donald Trump's presidential campaign on Monday demanded private arbitration of a \$25 million lawsuit brought by a Hispanic outreach worker who alleges she was slandered and harassed by a campaign official who now holds a senior interim position at the Department of Veterans Affairs.

In a filing in Manhattan Superior Court, the campaign said that by suing the campaign and making public her allegations against **Camilo Sandoval**, Jessica Denson violated a campaign non-disclosure agreement.

Sandoval is now executive-in-charge for the VA Office of Information and Technology.

The campaign demanded that Denson's suit be dismissed.

Mandatory arbitration and non-disclosure agreements are an increasingly common feature of private employment contracts. According to the left-leaning Economic Policy Institute, fully 55 percent of all workers have forfeited their right to sue their employers as a condition of employment. Last month the Supreme Court affirmed the legality of a common type of mandatory arbitration in which workers forfeit their right to participate in class action lawsuits against their employer.

But NDAs and mandatory arbitration remain a rarity in the fishbowl environment of presidential campaigns, and candidate Trump's insistence that his campaign workers sign extremely strict NDAs was widely noted in 2016. In March the Washington Post reported that President Trump

required senior White House aides to sign NDAs as well, though it's doubtful those would hold up in court. Denson charged in the November suit that Sandoval, her one-time boss in the campaign office in Trump Tower, slandered, harassed and sexually discriminated against her in violation of New York City's human rights laws.

After campaign CEO Steve Bannon promoted Denson in the summer of 2016, according to the suit, Sandoval threatened to fire her, and began a rumor campaign aimed at discrediting her, including a claim that she had leaked some Trump tax records. The campaign failed to come to her defense, she alleges.

Ba

From: Hutton, James
Sent: Friday, June 22, 2018 5:30 AM
To: Hutton, James
Cc: Ulliyot, John; Cashour, Curtis
Subject: Weekly Highlights by Region of Outbound Media Pitches/Positive Media Stories/Social Media - As of June 21
Attachments: Nationwide Outbound Media Pitches 062118-jeh-PDF.pdf

All,

Attached is weekly summary of what we are doing with local and state media each week to generate positive media stories about VA.

It details what VA's six regional public affairs teams are doing in three areas:

- Outbound positive story pitches for the coming week (top 3 pitches)
- Positive stories from the past week (top 5 stories)
- Social media postings (top 3 postings)

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-7558
Email: james.hutton@va.gov
Twitter: [@jehutton](https://twitter.com/jehutton)
VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: Hutton, James
Sent: Friday, June 22, 2018 5:30 AM
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James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
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810 Vermont Ave, NW
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Email: james.hutton@va.gov
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VA on [Facebook](#) . [Twitter](#) . [YouTube](#) . [Flickr](#) . [Blog](#)



From: Hutton, James
Sent: Thursday, August 2, 2018 12:33 PM
To: Hutton, James
Subject: Weekly Highlights by Region of Outbound Media Pitches/Positive Media Stories/Social Media - As of Aug 3
Attachments: Nationwide Outbound Media Pitches 080218-FINAL.pdf

All,

Attached is a weekly summary of what we are doing with local and state media each week to generate positive media stories about VA.

It details what VA's six regional public affairs teams have gathered from facilities nationwide in three areas:

- Outbound positive story pitches for the coming week (top 3 pitches)
- Positive stories from the past week (top 5 stories)
- Social media postings (top 3 postings)

James

James Hutton
Deputy Assistant Secretary
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Nationwide Outbound Pitches/Positive Media Activities
July 29 – August 4, 2018

The following is a compilation of media outreach and coverage during the week, arranged by **OUTBOUND PITCHES**; **POSITIVE STORIES**; and **SOCIAL MEDIA**

OUTBOUND PITCHES

NEW YORK (80E1)

1. **Butler (PA) VAMC** – August 15 – The facility PAO is pitching a Town Hall meeting at the Michael A. Marzano VA Outpatient Clinic (Mercer County). Veterans, the local community and media are invited to attend.
2. **Wilkes-Barre (PA) VAMC** – August 22 – The facility PA team is pitching the visit of VFW State Surgeon Nelson Lowes.
3. **Hampton (VA) VAMC** – August 23 – Hampton VAMC PAO is pitching a Veterans Town Hall/Health Fair. Hampton VAMC Director Ronald Johnson and the facility leadership will join local veterans and their families for a night of information and fellowship.

ATLANTA (80E3)

1. **Lexington (KY) VAMC** – August 9 – The facility PAO is refining pitch targets and plans for the renaming of their dual campus, Aug. 9. The Leestown campus will become the Franklin R. Sousley Campus, and Cooper Division will be the Troy Bowling Campus.
2. **Tuscaloosa (AL) VAMC** – August 10 – The VAMC PAO is pitching via social media the facility's upcoming mental health summit.
3. **Charleston (SC) VAMC** – August 25 – The facility PAO is pitching an upcoming veteran's job fair.

CHICAGO (80E4)

1. **Jesse Brown (Chicago) VAMC** – September 8 – The PAO pitched the 33rd Annual Hunger Walk in support of the facility's food pantry. The event, hosted by the Greater Chicago Food Depository, is Chicago's largest annual anti-hunger rally.
2. **Cincinnati (OH) VAMC** – September 12 – PAO is pitching a joint educational event with the Arthritis Foundation. The event will include educational sessions led by local (and medical center) health care experts.

3. Tomah (WI) VAMC – August 17 – PAO pitched the 4th Annual Central Wisconsin Hero Games. Events include archery, cornhole, fun run obstacle course, bocce, bowling, shuffle board, horseshoes, “closest to the pin” golf competition, table tennis, a pickleball exhibition and more.

DENVER (80E5)

1. Fargo (ND) VAMC – August 23 – The PAO is pitching a Veterans Town Hall and Claims Clinic at the Ward County Administration Building in Minot, N.D.

2. Des Moines (IA) VAMC – Ongoing – The PAO is pitching media coverage of open houses at its five CBOCS at Carroll, Fort Dodge, Knoxville, Marshalltown and Mason City.

3. Topeka (KS) VAMC – September 14 – The PAO has pitched the 6th Annual Community Mental Health Summit, “From Service to Civilian; Transforming the Future of Veteran Healthcare.”

LOS ANGELES (80E6)

1. San Diego (CA) VAMC – August 6 – PAO has pitched a story to KPBS about how the facility’s new mental health program for Other than Honorable veterans helps them. Story is expected to air next week.

2. Anchorage (AK) VAMC – August 7 – The PAO invited media to attend the 4th Quarter Veterans Town Hall in Juneau. VA representatives will be on hand to assist veterans with questions or issues related to their individual claims.

3. Loma Linda (CA) VAMC – August 8 – The PAO is pitching the facility’s newly implemented continuous virtual patient monitoring program, which can prevent patient falls and other adverse events. Known as the AvaSys TeleSitter Solution, the system consists of 10 in-room units affixed with cameras, digital two-way audio, infrared light for low-light viewing and Stat alarm. Nursing stations are able to monitor the cameras in case accidents occur.

DALLAS (80E7)

1. Biloxi (MS) VAMC – August 8 – The facility pitched its annual community mental health summit in Mobile, Ala. This regional event will take place in the Gulf Quest National Maritime Museum of the Gulf of Mexico.

2. Houston (TX) Vet Center – August 11 and 16 – Dallas OPA pitched, on behalf of the Vet Center, a “PTSD 101” training session offered at two different locations in the Houston area.

3. Fort Bliss (TX) National Cemetery – August 7 – Cemetery staff and Dallas OPA pitched to local media an upcoming Purple Heart Day Ceremony at the cemetery in El Paso.

TOP POSITIVE STORIES

NEW YORK (80E1)

1. Charleston Gazette-Mail: Logan event celebrates women veterans (27 July, Caity Coyne, Charleston, WV)

Alethia Gore has attended her fair share of veteran-centered events since leaving the Army. At nearly all of them, one thing always stands out to her: Among the crowds of veterans, there is rarely more than a handful of women. [Hyperlink to Above](#)

2. Kennebec Journal and Morning Sentinel: VA personnel treat patients with respect (30 July, Deborah Phair, Augusta, ME)

I saw a bumper sticker on a vehicle today. It was about Veterans Affairs. It said, "The VA, giving soldiers a second chance to die since the 1930s." It was on a high-end SUV with disabled-veteran plates. I had the chance to ask the guy who got out of the truck what that meant to him. He said that some veterans feel they've been shafted by the VA. He said he was a disabled veteran. [Hyperlink to Above](#)

3. The Fayetteville Observer: Sandhills State Veterans Cemetery to receive nearly \$6M VA grant (31 July, Drew Brooks, Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries. The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs. [Hyperlink to Above](#)

4. Finger Lakes Times: Canandaigua VA hosts retreat (31 July, Geneva, NY)

The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter. Attended by 10 women, the event focused on self-care and strengthening the community of women veterans. Activities included journaling, mindfulness activities, Reiki meditations and horsemanship. [Hyperlink to Above](#)

5. People: This 94-Year-Old Vet Is Going for Gold in the Wheelchair Games: 'I'm Gonna Do My Doggone Best!' (1 August, Jason Duaine Hahn, New York, NY)

At 94 years old, Doris Merrill still remembers the first time she used her motorized wheelchair to outrace other seniors at the National Veterans Wheelchair Games, nearly two decades ago. [Hyperlink to Above](#)

ATLANTA (80E3)

1. WTVM (ABC-9, Video): Alabama veterans organization fighting for mental health (27 July, Mya Johnson, Columbus, GA)

The Central Alabama Veterans Health Care System is bringing its mental health summit to the Chattahoochee Valley to help veterans transition back to civilian life. This is the first year the Alabama Veterans Health Care System is bringing the summit to

Columbus. This year's theme is Building Strengths, highlighting making successful transitions for service members and their families. [Hyperlink to Above](#)

2. Tampa Bay Business Journal: Tampa VA hospital to expand with more clinics, projects (31 July, Veronica Brezina-Smith, Tampa, FL)

James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works. [Hyperlink to Above](#)

3. WGNS (CMN-1450, Audio): Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own (31 July, Scott Walker, Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up. The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different. [Hyperlink to Above](#)

4. People: Legendary 'Black Hawk Down' Warfighter Campaigns to Defeat Opioid Addiction Among Veterans (1 August, Susan Keating, New York, NY)

A legendary warfighter who was made famous in the 2002 film, Black Hawk Down, is now engaged in a campaign to defeat an insidious national enemy: opioid addiction. Former Delta Force operator Norman Hooten, who fought in the brutal 1993 Battle of Mogadishu, is using his freshly earned doctorate of pharmacy to help patients at the Veterans Administration. [Hyperlink to Above](#)

5. WJAX (CBS-47)/WFOX (FOX-30, Video): New VA clinic 'great news' for Jacksonville area veterans (1 August, Ryan Nelson, Jacksonville, FL)

Rep. Ted Yoho announced on Wednesday a new VA clinic is in the works for Clay County. Yoho tells Action News Jax the county is home to about 29,000 veterans. Some Clay County veterans tell us they spend hours on the road to get to the doctor. Soon they may be able to get to the doctor in a matter of minutes. [Hyperlink to Above](#)

CHICAGO (80E4)

1. WJMN (CBS-3): Seventh Annual Adopt-a-Garden Contest takes over VAMC grounds (26 July, Escanaba, MI)

The Oscar G. Johnson VA Medical Center recently completed its seventh annual Adopt-a-Garden Contest, where departments and individual employees adopted, planted and tended a garden area at the medical center. "We started this Adopt-a-Garden Contest seven years ago to give our employees ownership and pride in our facility's grounds and to showcase their gardening talent," said Jim Rice, Medical Center Director. [Hyperlink to Above](#)

2. WTHI (FOX-10, Video): New VA Clinic To Go Behind Honey Creek Mall, Preparations Underway To Build \$25 Million Facility (27 July, Terre Haute, IN)

News 10 has confirmed the location of a new Veterans Affairs Clinic in Terre Haute. We've learned the clinic will be located in a former strip mall along West Honey Creek Drive. That is behind the mall. The sign for the new location has now been covered, but underneath, it says "U.S. Department of Veterans Affairs Terre Haute VA Clinic, Veteran Health Indiana." [Hyperlink to Above](#)

3. CBS News: Michigan girl raises more than \$2,000 for VA hospital with lemonade stand (28 July, Rebecca Bratek, New York, NY)

A young girl in Michigan is turning lemons into more than just lemonade -- she's helping local veterans, too. Samantha Stricker has raised more than \$2,000 for the VA hospital in her hometown of Saginaw, CBS affiliate WNEM reports. [Hyperlink to Above](#)

4. News and Tribune: A long, long weekend (28 July, Terry Cummins, Jeffersonville, IN)

Life is an adventure, but if you get cancer along the way, there's no other like it. I've been fighting it for over three years now, kept alive in part by radiation, chemo and other medications. But believe it or not, my government is keeping me alive. No, not the politicians. There are times when I suspect, due to their stupidity, they are intentionally trying to harm me. Despite what's in the papers, the Department of Veteran's Affairs is keeping me alive. [Hyperlink to Above](#)

5. Troy Daily News: V.A. doctor meets veterans (1 August, Cody Willoughby, Troy, OH)

The Miami Valley Veterans Museum hosted Dr. Thomas Hardy, chief of staff at the Dayton Veteran Affairs Medical Center, at their monthly veterans' breakfast on Wednesday morning. In a presentation, Hardy discussed the early days of the V.A.'s establishment, including the V.A.'s founding in 1865, when President Abraham Lincoln took action with Congress to authorize the first-ever national asylum for discharged members of the Union Army and Navy forces. [Hyperlink to Above](#)

DENVER (80E5)

1. Deseret News: VA putting new focus on needs of minority veterans (26 July, Jasen Lee, Salt Lake City, UT)

With the number of minority military veterans expected to rise significantly in the next couple of decades, local administrators are working to ensure stories like Lanier's are not repeated. "(Minority) veterans have many of the same issues facing the overall population, but some of their challenges are deeper," said Shella Stovall, medical center director of the VA Salt Lake City Healthcare System. "For us to know how to serve them better, that's what going to be meaningful for us." [Hyperlink to Above](#)

2. KXMB (CBS-12): New VA Clinic opens its doors to Dickinson (26 July, Bismarck, ND)

The Stark County Veterans Service office offers its assistance to about 2,500 veterans in the area, and they recently received some good news. Earlier this month Dickinson opened up its new VA Community Based Outpatient Clinic ; It is located at 766 Elks Drive. The primary care facility is about 7,000 square feet with five patient rooms and three telehealth rooms. [Hyperlink to Above](#)

3. WRAL (CBS-5): Robots invade Omaha VA Medical Center (27 July, Winnie Dortch, Raleigh, NC)

Robots are officially living at the Omaha VA Medical Center. The center has two active robots are programmed to make deliveries in the hospital. The name of the robots is Tug. However, there's one robot workers have named. Its name is Johnny 5. It even has its own brain. "Everyone is excited, they want the interaction, it's the new toy," Nicole Norotsky said. She's a medical laboratory scientist. [Hyperlink to Above](#)

4. The Grand Island Independent: Grand Island VA Hospital and other Nebraska sites added to historic register (26 July, Nikoel Hytrek, Grand Island, NE)

Grand Island's VA Hospital has been added to the National Register of Historic Places, History Nebraska announced Thursday. The register is the official list of historic places across the country that are worth preservation. According to a press release from History Nebraska, the hospital is significant for its post-World War II health care. [Hyperlink to Above](#)

5. KMGH (ABC-7, Video): Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day (31 July, Nicole Brady, Denver, CO)

Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first. [Hyperlink to Above](#)

LOS ANGELES (80E6)

1. Idaho Press-Tribune: VA opens cath lab (27 July, Nampa, ID)

The Boise VA Medical Center held an Open House to celebrate the opening of the new Cardiac Catheterization Laboratory (Cath Lab), last week. The new Cardiac Cath Lab will allow the Boise VA Medical Center to perform Coronary Angiography tests. A Coronary Angiography is a test performed in the Cardiac Cath Lab in which special dye is injected into the heart arteries using x-ray. It is done using a long, thin, flexible tube called a catheter. [Hyperlink to Above](#)

2. KBSU (NPR-90.3, Audio): Finding A Solution For Idaho's Homeless Veterans (31 July, Samantha Wright, Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets. [Hyperlink to Above](#)

3. The Reporter: Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard (31 July, Kimberly K. Fu, Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501. [Hyperlink to Above](#)

4. Military.com: Redding, California VA Clinic Stays Open Despite Nearby Wildfires (1 August, Richard Sisk, San Francisco, CA)

A Northern California VA clinic has shut down a threatened headquarters annex and installed air purifiers at its main facility to guard against smoke from wildfires raging nearby. The staff at the administrative annex of the Redding, California, outpatient clinic was evacuated when the fires got too close, but the two main facilities, which serve about 800 veterans daily, remain open, VA Northern California Health Care System officials said Tuesday. [Hyperlink to Above](#)

5. Tillamook Headlight Herald: New study targets Tillamook veterans (1 August, Brad Mosher, Tillamook, OR)

Tillamook has a rare opportunity to help shape the future of veterans' care, according to Bill Hatton, county veterans services officer. Researchers based in Portland's Veterans Affairs Medical Center will be looking for volunteers for a study on aging Aug. 3 in the third floor conference room of the Tillamook Regional Medical Center. [Hyperlink to Above](#)

DALLAS (80E7)

1. The Courier of Montgomery County: Construction on Conroe VA Clinic's dental facility near completion (24 July, Jennifer Summer, Conroe, TX)

In an effort to bring more health services to veterans in the Montgomery County area, the Veterans Clinic in Conroe will soon complete construction on a dental health facility. The newest health offering for veterans will be located on the fourth floor of the facility will include eight chairs, a lab and x-ray capabilities. The construction on the 3,850 square-foot dental facility is expected to end mid-August for an opening in October. [Hyperlink to Above](#)

2. Valley Morning Star: VA opens call center for Valley vets (26 July, Alana Hernandez, Harlingen, TX)

The opening of a new call center in Harlingen is showing positive impacts in the customer service the VA clinic is providing to Valley veterans. The call center provides multiple services to veterans, including scheduling, message relay and preliminary customer service for the health care clinics in Harlingen, Corpus Christi, McAllen and Laredo. [Hyperlink to Above](#)

3. Muskogee Phoenix: VA provides free care for Military Sexual Trauma (1 August, Patricia Byrd, Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care. [Hyperlink to Above](#)

4. The Sun Times: Mobile Vet Center Visit (27 July, Debbie Atwood, Heber Springs, AR)

The Mobile Vet Center (MVC), a traveling outreach facility from the Department of Veterans Affairs, will be set up to provide services to area veterans in the parking lot of the Heber Springs Walmart from 10:00 a.m. to 2:30 p.m. on Tuesday, July 31. [Hyperlink to Above](#)

5. KODE (ABC-12): VA Helps Tribal People (29 July, Joie Bettenhausen, Joplin, MO)

Veterans in Northeast Oklahoma may be eligible for a Veterans Affairs pension claim.

The VA and the Shawnee Tribe of Oklahoma will host a presumptive conditions campaign event in Miami. A presumptive condition is a medical condition that could be linked to military service even though it may have presented itself after service.

[Hyperlink to Above](#)

SOCIAL MEDIA

NEW YORK (80E1)

1. **Albany (NY) VAMC – August 2** – (Facebook) The facility used Facebook to promote the **2018 Honor Our Vets Car and Motorcycle Show** hosted by Albany VA Volunteer Services. The event, in association with Vietnam Veterans of America and American Infidels VMC, takes place Aug. 4.
2. **Asheville (NC) VAMC – August 2** – (Facebook) The **American Red Cross Blood Drive**, to be hosted by the Asheville VAMC on August 8, was promoted via Facebook.
3. **Beckley (WV) VAMC – August 1** – (Facebook) – The upcoming **Mental Health Summit**, August 9, is being promoted via Facebook. The summit's focus is on access, suicide prevention, changing use of opioids in pain management, military sexual trauma and whole health.

ATLANTA (80E3)

1. **Miami (FL) VAMC – July 30** – (Facebook) The PAO promoted a **partnership with the U.S. Customs and Border Protection to host a career seminar** at the Miami Vet Center.
2. **Augusta (GA) VAMC – July 31** – (Facebook) The facility PAO is promoting women's health. The facility is **hosting a women veterans conference** titled, "Creating and living your new normal," Aug. 10.
3. **Lexington (KY) VAMC – July 30** – (Facebook) The PAO is promoting volunteer opportunities for the facility's **DAV Drivers team**, another way community members can get involved in honoring and caring for veterans.

CHICAGO (80E4)

1. **Indianapolis (IN) VAMC – July 30** – (Facebook) The facility announced via Facebook the availability of **valet parking** to veterans which started yesterday and shared their hours of operation.
2. **Cleveland (OH) VAMC – July 31** – (Facebook) The facility posted a reminder to the public that **gun locks are available to veterans** at facility outpatient clinics and at the VA Police desk.
3. **Milwaukee (WI) VAMC – August 1** – (Twitter) The facility tweeted a link to the VA blog highlighting the **former Green Bay Packer player who was the special guest speaker** at the opening ceremonies of **VA's National Wheelchair Games**.

DENVER (80E5)

1. **Wichita (KS) VAMC** – July 31 – (Facebook) The facility used Facebook to issue a **call for blood donations** through the next blood drive with the American Red Cross.
2. **Omaha (NE) VAMC** – August 2 – (Facebook) The **Nebraska Warrior Writers Workshop**, August 25, is being touted in posts from the facility.
3. **St. Louis (MO) VAMC** – July 27 – (Facebook) **Major League Baseball umpire Jerry Layne** took time out of his busy schedule to stop by John Cochran and Jefferson Barracks to visit with veterans prior to the evening's Cardinal and Cubs game; the facility posted photos.

LOS ANGELES (80E6)

1. **Anchorage (AK) VAMC** – August 2 – (Facebook) The facility used Facebook to highlight veterans, their families, and public at their recent second annual **Veterans' Appreciation Bike and Car Show at the Anchorage Muldoon Clinic**.
2. **Walla Walla (WA) VAMC** – July 31 – (Facebook) The facility used Facebook to announce the **expansion of its eye clinic and optical service hours**. Hours were extended because of overwhelming requests by veterans.
3. **Redding (CA) Outpatient Clinic** – Ongoing – (Facebook, Twitter) The facility is using social media to keep the public updated on its **status and impacts from the Carr Wildfire**. The clinic is still open and providing care. The facility also provided updates from CAL FIRE and encouraged users to check back for continued updates on clinical operations.

DALLAS (80E7)

1. **Houston (TX) Vet Center** – July 31 – (Twitter) The vet center is using Twitter to promote an upcoming **"Money Talks"** conversation about budgeting and debt management on August 11. Navy veteran and financial analyst Dennis Spain will present.
2. **Tucson (AZ) VAMC** – July 31 – (Facebook) Every summer, the Tucson VA hosts youths, between 14-18, as part of the **Youth SERVE program** where they gain valuable work experience and serve veterans. A Facebook post features one of their Youth SERVE volunteers who went above and beyond while volunteering in the IT department.
3. **Muskogee (OK) VAMC** – August 1 – (Facebook) The facility is using Facebook to promote a **Tulsa Stand Down for Homeless Veterans** at First United Methodist Church in downtown Tulsa.

From: Hutton, James
Sent: Thursday, September 13, 2018 9:57 AM
To: Hutton, James
Subject: Weekly Highlights by Region of Outbound Media Pitches/Positive Media Stories/Social Media - As of Sep. 14
Attachments: Nationwide Outbound Media Pitches 091318-FINAL-PDF.pdf

All,

Attached is a weekly summary of what we are doing with local and state media each week to generate positive media stories about VA.

It details what VA's six regional public affairs teams have gathered from facilities nationwide in three areas:

- Outbound positive story pitches for the coming week (top 3 pitches)
- Positive stories from the past week (top 5 stories) from each region
- Social media postings (top 3 postings)

James

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Veterans Affairs Media Summary and News Clips

10 December 2017

1. [Top Stories](#)

1.1 - The Washington Post (AP): [AP Fact Check: Trump off on black homeownership, trade](#) (9 December, Josh Boak and Christopher S. Rugaber, 43.9M online visitors/mo; Washington, DC)

In his Alabama-ish rally, President Donald Trump falsely stated that black homeownership has hit a record high under his stewardship and made the dubious claim that he set Canada's prime minister straight on the state of trade between the two countries. [...] TRUMP: "Working with Republicans in Congress we've already signed 88 pieces of legislation. We get no credit. [...]"

[Hyperlink to Above](#)

1.2 - The New York Times (The Stone): [For Veterans, a Path to Healing 'Moral Injury'](#) (9 December, Aaron Pratt Shepherd, 29.8M online visitors/mo; New York, NY)

When you have a physical injury, go to the doctor. A psychological injury? Get thee to a psychiatrist. But what can be done if you suffer from a "moral injury?" The term "moral injury" was popularized in the mid-1990s by Jonathan Shay, a staff psychiatrist at a Department of Veterans Affairs outpatient clinic in Boston who was working with veterans suffering from psychological trauma.

[Hyperlink to Above](#)

1.3 - Wisconsin State Journal: [UW, VA study looks at fish oil to prevent Alzheimer's disease](#) (9 December, David Wahlberg, 18k online visitors/mo; Madison, WI)

Kendra McIntosh is watching her father deteriorate from Alzheimer's disease, and knows his diagnosis means she is more likely to get the memory-wasting condition. As an Air Force veteran, McIntosh has another risk factor. Veterans are thought to be more susceptible to Alzheimer's, largely because they have higher rates of post-traumatic stress disorder, traumatic brain injuries and depression.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - American Thinker: [The Trump Administration Is Making Progress on Veteran Affairs](#) (10 December, Larry Alton, 4.8M online visitors/mo; El Cerrito, CA)

Whether you're on the right, left, or squarely in the middle, we can all agree that veterans aren't treated nearly as well as they should be in this country. In fact, they're blatantly disrespected in many ways. But how is President Trump, who made lots of campaign promises to veterans, doing on this issue after roughly a year in office?

[Hyperlink to Above](#)

2.2 - Hill Country Community Journal: [VA employees stage protest rally on understaffing](#) (10 December, Bonnie Arnold, 30k online visitors/mo; Kerrville, TX)

Almost two dozen Kerrville Veterans Administration employees from the local VA hospital who are members of the American Federation of Government Employees were joined by a few

veterans at the sidewalk next to Highway 27 at the VA entrance to hold an hour-long protest rally.

[Hyperlink to Above](#)

3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - The Daily Courier: Holiday giving a blessing as much to the givers as the receivers

(8 December, Nanci Hutson, 490k online visitors/mo; Prescott, AZ)

At the Northern Arizona Veterans Affairs Health Care System, the holidays are a time when the staff social workers collect the names of veterans in need and then give those to various employee groups to bring cheer to those men and women. One group, the imaging laboratory, has gone a step farther.

[Hyperlink to Above](#)

4.2 - The Gazette: Senators' VA demands are proof watchdog approach works (9

December, 443k online visitors/mo; Cedar Rapids, IA)

With so many high-profile politicians expressing misgivings about media, it's good to see U.S. Sens. Chuck Grassley and Joni Ernst haven't hesitated to pounce on news reports of continued trouble within the Department of Veterans Affairs.

[Hyperlink to Above](#)

4.3 - The Vindicator: VA clinic purchases new van with donations (9 December, Billy Ludt, 193k online visitors/mo; Youngstown, OH)

The Youngstown Veterans Affairs Outpatient Clinic is keeping the wheels rolling with a newly purchased van. Volunteer coordinator Lori Stone said the clinic was in need of a new van for transporting patients to and from Wade Park VA Campus in Cleveland.

[Hyperlink to Above](#)

4.4 - Midland Daily News: Spiritual Care Conference to focus on personal peace (9

December, 192k online visitors/mo; Midland, MI)

This year's MidMichigan Medical Center - Midland's Spiritual Care Conference will focus on discovering personal peace. The annual program engages the community in exploring spiritual matters as they relate to health and health care. The purpose of the conference is to help meet the spiritual needs of patients and to better serve families and staff.

[Hyperlink to Above](#)

4.5 - San Angelo Standard-Times: Letter: Veterans organizations needs veterans' help to stay alive (8 December, Robert Dillon, 190k online visitors/mo; San Angelo, TX)

In addition to the Keith Hidalgo article of Dec. 4 (Have a chat with a veteran today), I would like to add a few other factors that should apply to the public along with veterans. As a veteran, I first would like our American citizens to show more respect for American and their values.

Veterans, we have veteran organizations in town that will help with any problem a person may have.

[Hyperlink to Above](#)

4.6 - KEZI (ABC-9, Video): [VA Chief of Surgery Receives a Vote of No Confidence](#) (8

December, Macy Hyland, 164k online visitors/mo; Eugene, OR)

In a unanimous vote, the Douglas County Veterans Forum has given the Chief of Surgery at the Roseburg VA, Dr. Dinesh Ranjan, a vote of no confidence. In doing so they have asked for his resignation. Representatives of the forum said they came to this decision with the help of both past and present employees who felt they weren't being treated right.

[Hyperlink to Above](#)

4.7 - Lake County News: [VA and Humane Society of United States announce partnership; goal is to pair veterans with rescued animals](#) (10 December, 159k online visitors/mo;

Lakeport, CA)

The Department of Veterans Affairs has announced a partnership with the Humane Society of the United States to encourage veterans to consider pet ownership and volunteer opportunities with community organizations, including local animal shelters and humane societies in an effort to pair Veterans with rescued animals.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Newsday: [Lawmakers join Vietnam vets in call for action on parasite disease](#) (9

December, Martin C. Evans, 3.2M online visitors/mo; Melville, NY)

Local members of Congress are pressing for answers about liver fluke, a river parasite that infected untold numbers of soldiers in Vietnam a half century ago, and which may be killing some of those veterans now.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

8.1 - Watertown Daily Times: [VA announces new director of its Syracuse medical center](#)

(9 December, Gordon Block, 199k online visitors/day; Watertown, NY)

The Department of Veterans Affairs appointed Dr. Judy Hayman as the new director of its Syracuse VA Medical Center. Dr. Hayman, who has been in the VA system for about 10 years, has served as acting medical center director since April.

[Hyperlink to Above](#)

8.2 - JNS: [Trump touts Jerusalem move, excludes Jewish Democrats at Hanukkah celebration](#) (8 December, 47k online visitors/mo; Boston, MA)

President Donald Trump on Thursday night held his first White House Hanukkah celebration, where he touted his decision to recognize Jerusalem as Israel's capital. Trump reportedly did not invite Jewish Democrats and liberal Jewish organizations who have been highly critical of the president to the reception.

[Hyperlink to Above](#)

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1. [Top Stories](#)

1.1 - The Washington Post (AP): [AP Fact Check: Trump off on black homeownership, trade](#) (9 December, Josh Boak and Christopher S. Rugaber, 43.9M online visitors/mo; Washington, DC)

WASHINGTON — In his Alabama-ish rally, President Donald Trump falsely stated that black homeownership has hit a record high under his stewardship and made the dubious claim that he set Canada's prime minister straight on the state of trade between the two countries.

Trump spoke Friday night in Pensacola, Florida, across the line from Alabama. The positioning was meant to help Alabama Senate candidate Roy Moore win Tuesday's election without actually having Trump set foot in a race defined by accusations of sexual misconduct against the Republican. Trump looked back on his months in office and overstated his achievements during more than an hour of boasting.

A look at some of his statements:

[...]

TRUMP: "Working with Republicans in Congress we've already signed 88 pieces of legislation. We get no credit. They always say, well, President Trump really needs this tax bill because he hasn't passed any legislation. Well, so far in 10 months we've passed more during this period of time than any other president in the history of our country and the second - let's call runner up - is Harry Truman, was second."

THE FACTS: Trump's first-year legislative record pales next to that of a variety of presidents (Franklin Roosevelt, with his New Deal, signed 14 historic laws in his first 100 days). The tax package Trump may soon sign would mark his first major legislative achievement after months of false starts and frustrations on health care and more. His promised infrastructure initiative got sidelined but appears in the offing.

Trump signed a law strengthening accountability at the Veterans Affairs Department, used executive orders to roll back Obama-era regulations and policies and, perhaps most significantly, won confirmation of a conservative Supreme Court justice, Neil Gorsuch. But legislatively, his record is thin, despite having Republican majorities in Congress.

All presidents sign plenty of bills that have little consequence; most don't make so much of it. Among Trump's routine signings: naming a Veterans Affairs health clinic in Butler County, Pennsylvania, after Bataan Death March survivor Abie Abraham, appointing a regent at the Smithsonian Institution, naming a federal building and courthouse in Nashville, Tennessee, after late Sen. Fred Thompson.

[...]

[Back to Top](#)

1.2 - The New York Times (The Stone): [For Veterans, a Path to Healing ‘Moral Injury’](#) (9 December, Aaron Pratt Shepherd, 29.8M online visitors/mo; New York, NY)

When you have a physical injury, go to the doctor. A psychological injury? Get thee to a psychiatrist. But what can be done if you suffer from a “moral injury?”

The term “moral injury” was popularized in the mid-1990s by Jonathan Shay, a staff psychiatrist at a Department of Veterans Affairs outpatient clinic in Boston who was working with veterans suffering from psychological trauma. In his book “Achilles in Vietnam,” Dr. Shay describes moral injury as a result of being ordered to do something in a “high-stakes situation” that violates an individual’s deeply held beliefs about what is right.

In the heat of battle, soldiers are often ordered to do things that are unspeakable in civil society: kill enemy soldiers, regardless of their age; toss grenades into houses, regardless of whether there are noncombatants inside; burn down villages, regardless of loss of life. These atrocities become memories that many veterans cannot shake.

In 2009, when America’s long wars in Afghanistan and Iraq had been dragging on for the better part of a decade, Dr. Brett Litz, the director of mental health services at the Department of Veterans Affairs hospital in Boston, revived Dr. Shay’s idea. There was growing concern and frustration in the veteran community about the rapid rise of suicide rates. This was frequently attributed to post-traumatic stress disorder, but Dr. Litz and his research team were unconvinced that this diagnosis was precise enough.

While some symptoms of moral injury — reexperiencing the traumatic event, sleep disturbances, self-harming activities like substance abuse and recklessness, and suicidal thoughts — overlap with those of PTSD and traumatic brain injuries, there are differences. What distinguishes moral injury is a persistent sense of guilt and shame, and an ethical “drift,” whereby veterans no longer have a clear sense of right and wrong, or of what makes their lives meaningful.

Last year, I was part of the chaplains’ service at the Atlanta Veterans Affairs Medical Center. We were trained to meet veterans in their moments of crisis to provide a comforting presence and a listening ear. But as my year there came to a close, I felt that I’d provided little comfort to many of the morally injured veterans I’d met.

In her book “Afterwar,” the philosopher and military ethicist Nancy Sherman highlighted the problematic disconnect between the American public and its military and veteran community. The disinterest among civilians in the wars being waged, she observed, had effectively cut off veterans with moral injuries from the wider community that could justify or sanction the acts they were asked to commit. (That disinterest was expressed cynically in Congress by the House leadership’s refusal to entertain an amendment to rescind and renegotiate the authorization of military force in effect since 2001.)

In treating veterans with moral injuries, the ethical dilemmas that cause their traumas are often ignored. Clinicians tend to focus on addressing the symptoms; therapists and chaplains — myself included — tend to focus on veterans’ regret and desire for forgiveness. But forgiveness may not be the balm that so many believe will make these veterans whole again. So what could recovery from moral injury look like?

Just over a century ago, a philosopher named Josiah Royce was engaged in important work that may provide us with an answer. Royce was a member of the storied Harvard philosophy department of the late 19th and early 20th centuries. One principle that Royce explored was loyalty — the commitment to a community and a cause that will (ideally) give rise to a rich and moral life. He claimed that moral actions should be understood in terms of their relation to an ideal, like friendship or patriotism, that is also always shared with others in a community.

Soldiers provide a good example. They are loyal patriots, serving their country in wartime, but also committed to protecting their fellow soldiers. But this is only one loyalty among many that a soldier may have — to family, God, the Yankees, or to ideals like freedom and justice. How can a soldier be loyal to the cause of family — and by extension, to the nearly universal community of those who share this loyalty — as he fires his weapon at an Afghan family's hut? How can he be loyal to the ideals of integrity and honor in war while acting in ways that defy those ideals?

Soldiers often describe the traumatic events connected with moral injury in terms of split loyalties — of having to make the impossible decision of betraying one ideal for another. The reality of these choices, according to Royce, is that in these decisions, we still answer for this betrayal with the penalty of moral injury. Royce appreciated this tragic aspect of the moral life: Betrayals aren't easily fixed or forgiven. "The fact that I am the one who then did thus and so, not ignorantly, but knowingly," he wrote, "that fact will outlast the ages. That fact is as endless as time." Royce called this the "hell of the irrevocable" — the tragic inability of humans to have a "do-over" in life.

Royce's philosophy of loyalty offers a different way for clinicians and concerned citizens to think about what is really at stake for veterans. Moral injury, seen through Royce's lens, is less a matter of violating some deeply held moral norm and more a matter of choosing one profoundly important loyalty over another. This is the root cause of the tragic quality of a rich and fully loyal life: "We never completely win the union; we never realize to the full the one loyal life; but insofar as we are loyal, we win enough of this unity of life to be able to understand the ideal, and to make it our own guide."

Why can't these disloyalties be forgiven? At best, forgiveness serves only as a kind of amnesia. Even if the action could be forgiven by the offended party, what would this forgiveness mean? That the act had not been committed? Seeking forgiveness is like tossing a snowball into the hell of the irrevocable. Royce thinks that there is, however, another way. Instead of forgiveness, Royce proposes that atonement — proving one's loyalty to the cause and community that have been betrayed — is the only way to regain one's moral self and restore the moral integrity of the community.

What is atonement? A creative act of compensation or recompense that attempts to unify something that has been torn apart. Deeds of atonement, according to Royce, are meant not to win forgiveness but to enrich the life of the betrayed community — and by extension, to bring something good out of disloyalty. "The deed of atonement," Royce admonishes, "shall be so wise and rich in its efficacy that the spiritual world, after the atoning deed, shall be better, richer, more triumphant amidst all its irrevocable tragedies than it was before."

So let's get concrete: The focus for those who suffer from moral injury (and those who care for them) should shift from forgiveness to creative deeds of atonement. Some veterans' organizations provide such opportunities, even if they don't adopt this language explicitly. Team Rubicon, for example, gives veterans and civilians a new mission by helping communities in distress overcome disasters and disadvantages. But volunteer opportunities are not the only or

even the best sites for deeds of atonement. After all, moral injury often extends to children and families.

Recovery from moral injury begins with identifying the causes and communities that were sacrificed in the heat of battle and finding creative new ways to re-establish loyalty to those causes. This can mean renewing one's commitment to being a good parent, serving the needy in one's community or taking political action to stem the flow of American lives into war zones that lead to moral injury. Focusing on atonement rather than forgiveness may help clinicians, community members, families and friends of veterans who suffer from moral injury begin to chart a path forward from the irrevocable deeds that haunt them.

Aaron Pratt Shepherd is a visiting assistant professor of philosophy at the University of Massachusetts Lowell.

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1.3 - Wisconsin State Journal: [UW, VA study looks at fish oil to prevent Alzheimer's disease](#) (9 December, David Wahlberg, 18k online visitors/mo; Madison, WI)

Kendra McIntosh is watching her father deteriorate from Alzheimer's disease, and knows his diagnosis means she is more likely to get the memory-wasting condition.

As an Air Force veteran, McIntosh has another risk factor. Veterans are thought to be more susceptible to Alzheimer's, largely because they have higher rates of post-traumatic stress disorder, traumatic brain injuries and depression.

Now, a study at UW Health and the Madison's Veterans Hospital is seeing if veterans with a parental history of Alzheimer's might be helped by a high-dose, prescription variety of a common supplement: fish oil.

"I've had a really charmed life health-wise, and I would like to continue that," said McIntosh, 53, of Madison, who is taking part in the study. Alzheimer's "is such a tough disease to live through."

She is among 10 veterans so far in the study, which seeks to enroll 150 veterans ages 50 to 75.

Participants undergo MRI brain scans, get spinal taps and do cognitive tests three times over 18 months, during which they take fish oil or a fake pill used as a comparison.

The study will look for changes in blood flow in the brain, Alzheimer's-related proteins in spinal fluid, and memory, said Dr. Cindy Carlsson, a geriatrician at UW Health and the VA hospital.

Six million Americans have Alzheimer's disease or mild cognitive impairment from the condition, a number expected to grow to 15 million by 2060, researchers reported this week.

More than 560,000 veterans have Alzheimer's, with 423,000 more cases expected by 2020.

"Some of the things we see more in veterans are risk factors for Alzheimer's," Carlsson said.

The study uses icosapent ethyl, a purified form of eicosapentaenoic acid, or EPA, an omega-3 fatty acid found in fish and shellfish. It is similar to but different from docosahexaenoic acid, or DHA, another omega-3 fatty acid in some fish oil pills.

Fish oil can lower triglycerides and cholesterol and improve blood vessel function, so it might help prevent or delay Alzheimer's, Carlsson said.

A study of people with Alzheimer's found DHA didn't improve their cognition, Carlsson said. Her study is using EPA in healthy people at risk for Alzheimer's.

In another study at UW and the VA, 29 healthy people whose brains show signs of risk for Alzheimer's are receiving infusions of the drug solanezumab or a placebo to see if it can prevent symptoms.

McIntosh, who is chaplain supervisor at UW Hospital and serves as a chaplain in the Air National Guard, hasn't experienced any signs of Alzheimer's.

During active duty in the Air Force from 1988 to 1999, she was deployed to Saudi Arabia to enforce no-fly zones after the Persian Gulf War.

With her father's diagnosis of dementia early last year, she is at higher risk for Alzheimer's.

To stay healthy, she bicycles and works out regularly.

"I want to keep my body active and working correctly," she said.

McIntosh and her sisters recently moved their parents into a nursing home near Kansas City, her hometown. Her mother, 82, had a stroke a few years ago.

Her father, 87, has stopped talking and uses a wheelchair. But he still appears to recognize his daughters.

"He's not able to communicate with us, but it seems like he's still in there," she said.

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2. Greater Choice for Veterans

2.1 - American Thinker: [The Trump Administration Is Making Progress on Veteran Affairs](#)
(10 December, Larry Alton, 4.8M online visitors/mo; El Cerrito, CA)

Whether you're on the right, left, or squarely in the middle, we can all agree that veterans aren't treated nearly as well as they should be in this country. In fact, they're blatantly disrespected in many ways. But how is President Trump, who made lots of campaign promises to veterans, doing on this issue after roughly a year in office?

Where Trump Found Things

When Barack Obama entered office in 2009, he found the veterans of this country in the middle of a decades-long plight, which he promised to fix many times during his campaign for the presidency.

“Caring for those who serve -- and for their families -- is a fundamental responsibility of the Commander-in-Chief,” Obama said in a 2007 campaign speech. “It is not a separate cost. It is a cost of war. It is something I’ve fought for as a member of the Senate Committee on Veterans’ Affairs. And it is something I will fight for as President of the United States.”

Perhaps Obama did fight, but he certainly didn’t get any results. The U.S. Department of Veterans Affairs (VA) is in worse shape than it’s ever been. Scandals, abuse of funds, and a toxic workplace culture are just a few of the issues plaguing the VA, and they all seemed to be exacerbated under the Obama administration.

Even something as seemingly simple as trying to locate and receive military documents that are needed in order to apply for things like VA mortgages, retirement benefits, and employment is nearly impossible to do on your own. Most veterans end up using a service like DD214 Direct to streamline the process.

This isn’t an article about Obama’s failures -- of which there are plenty -- but it’s important to understand where things stood when Trump entered office. Not to give the Trump administration excuses, but rather to show why the VA was such a big priority during the campaigning season and continues to be today.

Is Trump Making Headway?

With so much in disarray, President Trump had his work cut out for him entering office. However, he promised to make the VA a focal point, so it’s fair game to hold him accountable and see how he’s doing. And if you cut through all of the media noise and BS, you’ll see that he’s actually making some headway. Here are just a few examples of small wins and steady steps in the right direction:

With so much corruption in the VA, Trump signed into law legislation that paves the way for the firing of employees who engage in misconduct. It also helps protect the whistleblowers. In what Trump once called “the most corrupt agency in the United States,” these new standards have already led to the firing of a whopping 1,163 employees and suspension of an additional 387 (as of early November).

In May, the White House proposed a 6 percent increase to the VA budget, which included an increase of \$13 billion for the “choice” program that allows veterans to opt for private healthcare coverage.

One of Trump’s campaign promises was a private hotline to the White House to field complaints 24/7. While it’s been a bumpy road, the administration has followed through on this promise with a soft launch.

In August, Trump signed legislation to give veterans an additional \$3 billion for educational assistance over the next decade. Forever GI, which is actually a combination of more than a dozen different bills, allows spouses and children of service members killed on duty to qualify for scholarships (or have tuition reimbursed).

This isn't to say Trump has fixed the VA. He hasn't even solved some of its biggest problems yet. What his slow, steady progress does show is that he's making the VA a priority.

There's a long way to go. Privatization of the VA is probably the only permanent solution to the longstanding plight of veterans in the U.S., but that's an enormous battle that would likely require a two-term presidency. If the VA is ultimately fixed, it'll be thanks to big changes like this. But if you want to know where a president should start, just look at what Trump is doing right now. You start with small wins, build trust, and then execute more sweeping reforms.

It's Too Early to Judge

Why is it that the Left is so quick to judge the Trump presidency as a failure when he's completed, at a very minimum, just 25 percent of his term? Who says he has to live up to every promise within the first year? What would we have said about Obama, Clinton, and Carter if they had only been given a year to enact their policies?

History will ultimately determine whether the Trump presidency was a success or failure. It's impossible to do so in the moment (especially when it's only a fraction of the way complete). However, as we begin to see what sort of leadership style Trump has adopted as president, it's clear that he's not nearly as impulsive as most thought he would be. Sure, the tweets are still questionable (at best), but his actual decision-making is rather poised.

On the topic of veterans affairs, Trump hasn't lived up to every promise he made during the campaign, but he has at least three years left. He has, however, made progress in some key areas and laid promising foundations in others. While the media will continue to bash him for breathing, the reality is that he's already done more to benefit veterans than Obama accomplished in eight years.

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2.2 - Hill Country Community Journal: [VA employees stage protest rally on understaffing](#) (10 December, Bonnie Arnold, 30k online visitors/mo; Kerrville, TX)

Almost two dozen Kerrville Veterans Administration employees from the local VA hospital who are members of the American Federation of Government Employees were joined by a few veterans at the sidewalk next to Highway 27 at the VA entrance to hold an hour-long protest rally.

On Nov. 29, they held signs and shouted slogans toward drivers on the road including "Staff the VA!" and "Now!" to magnify their position that the Department of Veterans Affairs at the federal level should be filling an estimated 49,000 job vacancies, system-wide, and do it immediately.

Kerrville VA employees who choose to be AFGE members are part of Local 3511, which encompasses a large area of Texas stretching south and east to the Rio Grande Valley and Corpus Christi area.

Don Edge is president of Local 3511; and Kathryn Gray who works in the Kerrville VA administrative offices is the Kerrville area "Steward at Large."

All vacant federal positions are posted at the website www.usajobs.gov, Gray said.

The Kerrville VAMC has 100-plus beds, she said, and a patient count usually in the high 60s.

“There are about 50 job vacancies in Kerrville, from custodians to medical staff,” she said.

All VA medical facilities have been allotted more money recently, but too much of that money has been going outside the VA to the “Choice” program and to private medical care providers outside the VA, Gray said.

“We’ve been pushing for this full staffing since 2014. That money should be coming to the VA,” she said.

At the rally, the participants held signs facing the drivers on Highway 27 saying, “Staff the VA,” “I want my VA – That’s my choice,” “Don’t dismantle my VA,” “Fully staff the VA,” and “VA vacancies go up – Vet care goes down.”

They chanted loudly, “Staff the VA!” When? “Now!”

Gray said the Kerrville VA Medical Center serves veterans not only in Kerr County and the Hill Country, but patients from South Texas, Sonora and Del Rio and even from Mexico.

“Kerrville is considered rural by the national system. But whatever money we get, we stretch our arms out to reach the veterans,” Gray said.

The message before the rally came from the Washington, D.C. office of the AFGE saying, “Our nation’s veterans deserve access to the highest quality care. But with more than 49,000 vacancies nationwide at the VA, they are being deprived of the health care they’ve earned and prefer. Current staffing levels are creating risks to patient safety and a hazardous work environment to the working people at the VA.”

The notice continued, to raise awareness of the dangerously low staffing levels, AFGE was holding rallies to demand the Department of Veterans Affairs fill all VA vacancies immediately.

The message said the AFGE is the largest federal employee union, representing 700,000 federal workers including in the District of Columbia; and about 250,000 of those work for the VA system.

Cheston McGuire of the Washington, D.C., office said the organization has been asking since 2014 specifically for transparency on firings; and on not filling openings for doctors, clinics, tech positions, food service and others.

He said patients needing any of those services are often being sent to private providers, while surveys of veterans who are eligible patients show they prefer services inside the VA system.

In mid-2016, Secretary of the VA David Shulkin himself said the estimated number of vacant jobs in the VA system was more than 49,000, estimated upwards from an early 2016 number of 42,000. McGuire and Gray both said that overall number of personnel vacancies came directly from the national Secretary of the VA.

The current VA system shows the system is divided into health care systems, the veterans benefits system, and the national cemeteries division.

On a map of Texas, the “South Texas Veterans Health Care System” is number 17 out of 23 networks in Texas. The overall office for Texas is in Arlington.

VISN 17 includes the Kerrville VA Medical Center. In other parts of the STVHC, there are outpatient clinics, “community-based” clinics, veterans’ centers and Audie Murphy VA hospital.

Across Texas, there are seven different health systems, five medical centers including Kerrville, 18 community-based outpatient clinics, 37 outpatient clinics, and 21 vet centers.

By comparison in size and population, the State of Connecticut has one Veterans Health Care System, two medical centers, six community-based clinics and four veterans centers.

Wait times, staffing shortages

Nationally the VA was in the news during President Barack Obama’s administration when dangerously long wait times were revealed for veterans trying to get appointments and treatment; and then records on those wait times being falsified. The national secretary at the time was Shulkin’s predecessor.

The AFGE, representing some but not all VA employees, blames the problems at VA on staffing shortages.

AFGE members reported, and continue to say, shortages of providers in primary care and some specialties, including psychiatry, and support personnel affect timely access to veterans seeking care at most VHA facilities.

“When we look deeper into this issue of extended wait times for veterans to receive an appointment, we have to recognize that understaffing is a major culprit,” former AFGE National President J. David Cox Sr. said then.

AFGE also points to reliance on federal contractors as a key driver of growing costs at the VA.

According to the Project on Government Oversight, the cost of hiring a contractor is 1.83 times more expensive on average, than hiring a federal employee in the same position. Despite this cost-gap, the VHA system has spent billions on contract services in recent years, including a \$9.3 billion contract with private health providers for its community care initiative.

While 2014 allegations of secret waiting lists implicated senior management at Department of VA medical facilities, AFGE claimed understaffing is at the heart of the problem of long wait times.

The union said its members at the VA reported there are not enough providers and support personnel to provide timely access care at most Veterans Health Administration medical facilities.

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3. Modernize Our System

4. Focus Resources More Efficiently

4.1 - The Daily Courier: [Holiday giving a blessing as much to the givers as the receivers](#)
(8 December, Nanci Hutson, 490k online visitors/mo; Prescott, AZ)

Taylor Hicks Elementary School has its very own Elf: Her name is Carla Cornelison.

For 12 years, Cornelison has organized the holiday gift giving for the elementary schools' students and families.

And she reaps the blessings.

"It's amazing," said Cornelison, the school secretary who was just honored by the Prescott School District as one of its Going the Extra Mile Award recipients. "I'll go shopping for my kids (students) — three carts in the Walmart — and people will ask me what I'm doing and then hand me \$20 so I can buy more clothes. It brings tears to my eyes ... It's not about us. It's about the kids."

In the back of Cornelison's office this week was a table stacked high with black bags filled with winter jackets, boots and other warm weather gear. No matter how many children she ends up with on her list — this year there are 100 and all of them remain confidential — Cornelison said she never fails to get enough donations from staff and community to cover all the wishes as well as enough for siblings and parents. The other morning a local doctor came and gave her a gift card for \$250 simply because "she wanted to do something."

"Prescott is a Christmas town, I'm telling you," Cornelison said.

HELPING THE HOMELESS

The Coalition for Compassion and Justice relies on volunteers to fulfill their mission of housing the homeless, caring for vulnerable, low-income families and providing food to anyone who needs a meal.

CCJ's leaders say that many of their donors — the nonprofit agency receives no government funding — go way beyond sending a check, but help seek solutions to men and women who struggle with addiction, mental illness and long-term poverty.

One such benefactor's donation of a former recreational mobile home led to the agency's Second Chance Housing program that gives homeless people a place to call their own. The program started with three and now is in the double-digits. That donor, too, has inspired others to support the Stagger Straight homeless shelter on Madison Avenue with material goods and food as well as holiday goodies.

Yet the donor wants no public credit because the rationale for giving stems from the Christian belief that to do good for others is its own blessing, and is to be done without fanfare or personal acknowledgment.

Executive Director Paul Mitchell said he respects those anonymous givers, but also wants to recognize publicly the generosity that not only financially supports their programs but shows their clients that there are community members who care about their welfare and want to help them progress.

“They are the backbone of our efforts,” Mitchell said. “And they do wonderful things that lift our spirits and put smiles on our faces, not only during the holiday season but all year long ... We respect their anonymity, but really value and cherish their contributions because there are hundreds of donors to CCJ who are making quiet contributions and we can only do the work we do at CCJ when we compile those contributions.”

GIVING BACK AFTER RECEIVING

Sharon Martinez knows what it feels like to be enveloped in the embrace of an entire community.

When her son, U.S. Marine Lance Corp. Michael Martinez, a Prescott High School graduate, was seriously injured while serving in Afghanistan in 2010, Martinez said her family was showered with love and support. Always a family that strived to do good for others, Martinez said their experience on the receiving end allowed them to recognize how important it is to give from one’s heart to those who need it most, whether that is a neighbor, a church member, a relative, or a stranger.

“Especially after the community came together for us, it’s one of our passions to give back to the community as well,” said Martinez, co-chairman of the women’s ministry at Willow Hills Baptist Church.

Martinez is a key organizer of her church’ holiday gift-giving program at Taylor Hicks Elementary School. This year, they have adopted 22 families for Christmas; they will buy presents for the family as well as provide a holiday meal. One member just spent \$200 for one child, she said.

For Thanksgiving, the church provided meals for 15 families.

“If we see a need, we try and fill it, or we try and get a group together to fill it, or direct people in a way that they can get it taken care of,” Martinez said of the mission of both her church and her family.

“The holidays wouldn’t be a holiday if we can’t help out each other,” Martinez said. “And it shouldn’t be just at Thanksgiving and Christmas. It should be 365 days a year. That’s what we try and do.”

HELPING A SISTER CITY

The Prescott-Caborca Committee has adopted a newly-constructed kindergarten in a low-income part of Prescott’s sister city in Caborca, Mexico. The committee has contributed money to equip the community school with an air-conditioner, and has hopes of turning what is now a dirt lot into a playground, said committee treasurer Sukey Jones.

For Christmas, the committee is coordinating a cultural exchange between children at the Jardin de Ninos School and kindergartners at Lincoln Elementary School in Prescott. And Jones has hopes these leads to more events in the future.

The first project: an exchange of handmade Christmas ornaments.

“It’s a learning opportunity for our folks up here to learn about another culture,” Jones said.

VETERANS IN NEED

At the Northern Arizona Veterans Affairs Health Care System, the holidays are a time when the staff social workers collect the names of veterans in need and then give those to various employee groups to bring cheer to those men and women.

One group, the imaging laboratory, has gone a step farther.

The neighbor of one of their technicians, Rachel O’Connell, is a retired woman who is the foster mother to four young children, one of them a seven-week-old baby, and mother to an adult son with special needs. This woman has long been involved with doing good deeds for veterans, including with her church starting a bike ministry for veterans in need of their own transportation. O’Connell and her fellow lab technicians thought that for this holiday it might be nice to pay it forward to her for her many kindnesses.

“She’s a great gal with a heart for giving ... She’s changed her whole life just to give these children a better life.”

O’Connell shared the story with her colleagues who already were eager to find someone to adopt for the holidays. The next thing she knew the entire department was collecting money and shopping for gifts for this family.

“It’s really warmed my heart and made me so proud to work with people who are so caring,” O’Connell said. “To be able to help in this way is just great ... I definitely feel this makes the holidays better.”

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4.2 - The Gazette: [Senators' VA demands are proof watchdog approach works](#) (9 December, 443k online visitors/mo; Cedar Rapids, IA)

With so many high-profile politicians expressing misgivings about media, it’s good to see U.S. Sens. Chuck Grassley and Joni Ernst haven’t hesitated to pounce on news reports of continued trouble within the Department of Veterans Affairs.

Grassley and Ernst, both Republicans, recently issued a joint statement, saying they’ve received assurances from the Trump administration that individuals responsible for unauthorized waiting lists at the Omaha VA facility will be held accountable. The senators met with Tom Bowman, deputy secretary of Veterans Affairs, after an investigative report by The Omaha World-Herald showed unauthorized waiting lists have been an ongoing concern since 2006.

“The VA has pledged to provide documentation on the disciplinary action taken against each of the culpable employees,” the senators reported. “The VA has also committed to issuing further guidance to make it absolutely clear that unofficial wait lists are not permissible.”

Within hours of a USA Today investigation of questionable hiring practices at the VA, which highlighted a doctor with a history of malpractice claims and license revocation in another state briefly employed by the VA hospital in Iowa City, Grassley and Ernst demanded more information. At least one Iowa veteran died following brain surgery performed by this doctor.

The senators' joint letter to David Shulkin, secretary of Veterans Affairs, quotes from the news investigation and includes a list of information and documents the VA must produce.

Such demands are hardly historical outliers within the long-standing symbiotic relationship that exists between elected officials and media, but our current political climate makes them far more notable.

Grassley and Ernst have repeatedly researched and investigated media claims regarding the VA and other government agencies. Iowans and the nation have come to rely on such a joint, watchdog approach to wasteful government spending and disrespect of military men and women.

"Veterans who receive care through the VA deserve the highest standard of care available," write the senators. We agree.

All political rhetoric aside, the common goal of serving the public isn't a partisan issue. It's important the relationship between elected officials and members of the media remains active and valued.

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4.3 - The Vindicator: [VA clinic purchases new van with donations](#) (9 December, Billy Ludt, 193k online visitors/mo; Youngstown, OH)

The Youngstown Veterans Affairs Outpatient Clinic is keeping the wheels rolling with a newly purchased van.

Volunteer coordinator Lori Stone said the clinic was in need of a new van for transporting patients to and from Wade Park VA Campus in Cleveland.

Total donations of \$38,440 came from area American Legion posts, Veterans of Foreign Wars posts and other veterans organizations, as well as a \$20,000 grant.

"If it wasn't for them donating the money, we wouldn't have the van," said Stone.

Stone said it's a common misconception that VA clinics purchase vans themselves.

The majority of vans used in Cleveland, she said, are donated by the American Legion or Disabled American Veterans.

The van the clinic had been using exceeded 200,000 miles from frequent trips to Cleveland.

The team of drivers responsible for taking patients to Wade Park are all volunteers.

"We all do it because it's like we're giving back," Stone said.

Tom Semer, a retired Army veteran and volunteer driver, stopped at the VA after a doctor's appointment with the intention of volunteering in some capacity. He read over materials for the position, and started on the process of becoming a driver.

"I was getting my picture taken up there, and [Lori] called me," Semer said. "She said, 'Can you drive Monday?' I said, 'Yeah, I got to get my photo and I'm ready.'"

"I was thrown to the fire, but I enjoy it – I really enjoy it. It's a good group of guys and women. It's really fulfilling."

Drivers take patients who are not comfortable making the trip to Cleveland themselves. Semer said drivers work every week of the year, and rarely cancel, except for the most severe weather.

Many positions at the VA clinic are filled by volunteers, and not every volunteer is a veteran.

"There are a lot of people who may not be a veteran, but have the heart to support a veteran," Stone said. "Once you got a heart, that's how you serve your country."

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4.4 - Midland Daily News: [Spiritual Care Conference to focus on personal peace](#) (9 December, 192k online visitors/mo; Midland, MI)

This year's MidMichigan Medical Center - Midland's Spiritual Care Conference will focus on discovering personal peace.

The annual program engages the community in exploring spiritual matters as they relate to health and health care. The purpose of the conference is to help meet the spiritual needs of patients and to better serve families and staff.

The featured speaker, Deborah Grassman, is the founder of Opus Peace, a non-profit organization whose mission is to provide education and training programs that respond to soul injuries. Grassman, a nurse practitioner, worked for the Department of Veterans Affairs Bay Pines VA Healthcare System for 30 years, directing the hospice and palliative care program and caring for 10,000 veterans. She is a contributing author for three textbooks and has 22 published articles. Her books, "Peace at Last: Stories of Hope and Healing for Veterans" and "The Hero Within: Redeeming the Destiny We were Born to Fulfill," reveal the lessons learned about attaining inner peace.

The conference will take place from 8 a.m. to 5 p.m. Jan. 17 at Midland Evangelical Free Church, 7221 N. Jefferson Ave. The conference is free, but space is limited. Those who would like to attend may register at www.midmichigan.org/spiritualcare. Those needing assistance with registration may contact MidMichigan Health Line at 989-837-9090. Continuing education credits will be available to physicians, nurses and social workers.

This event is made possible by the donations to the Spiritual Care Fund at MidMichigan Medical Center - Midland by members of the local spiritual and church community.

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4.5 - San Angelo Standard-Times: [Letter: Veterans organizations needs veterans' help to stay alive](#) (8 December, Robert Dillon, 190k online visitors/mo; San Angelo, TX)

In addition to the Keith Hidalgo article of Dec. 4 (Have a chat with a veteran today), I would like to add a few other factors that should apply to the public along with veterans.

As a veteran, I first would like our American citizens to show more respect for American and their values. Veterans, we have veteran organizations in town that will help with any problem a person may have. There is our VA clinic that will be enlarging soon to aid more veterans. We have Veterans of Foreign Wars, Disabled Vets, American Legion and several other organizations that are more than willing to help.

What they need now are veterans that are younger and willing to help. We have 20-22 veterans committing suicide every day in America, of the 22 million veterans in America. (We're missing something.) American veterans can help; all they need to do is step up to the plate.

At our monthly VFW meetings, we have roughly 15-20 members present. This post has a membership of almost 400. The other organizations have the same problem.

May I remind you why you've received the veteran benefits you receive today?

I can assure you it wasn't any politician. All of the veteran organizations worked together and pooled their resources in Washington for years to get these benefits for all veterans. The monies coming from membership dues paid by veterans supported their efforts. Our VA hospitals, the G.I. Bill on housing and education are some of the benefits we've received.

Locally our post remains open because a few of the members keep working to raise funds to pay the electric bill, insurance, taxes and the maintenance of buildings. We're all nonprofit organizations trying to stay afloat so we can keep helping our returning veterans.

So you vets that are able, it's still our job to help our returning vets of today. It's payback time. Our Uncle Sam did very little in passing bills for us to be helped until these organizations were formed. All it will cost you is very little money, some of your time, and love for our returning veterans.

— Robert Dillon, San Angelo

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4.6 - KEZI (ABC-9, Video): [VA Chief of Surgery Receives a Vote of No Confidence](#) (8 December, Macy Hyland, 164k online visitors/mo; Eugene, OR)

ROSEBURG, Ore. - In a unanimous vote, the Douglas County Veterans Forum has given the Chief of Surgery at the Roseburg VA, Dr. Dinesh Ranjan, a vote of no confidence. In doing so they have asked for his resignation.

Representatives of the forum said they came to this decision with the help of both past and present employees who felt they weren't being treated right.

They said the decision also had to do with "botched surgeries" that had come up over the years.

The VA has said they take these kinds of concerns and the concerns of their veterans very seriously. They said they're currently in the process of contacting the Veterans Forum to discuss the issue further.

Larry Hill, President of the Douglas County Veterans Forum, said this organization is for veterans to help veterans.

"It's incumbent upon organizations to be watchdogs to ensure that our veterans are cared for in every way possible so that's what we do," Hill said.

He's unsure yet what will be the decision by officials, but Hill said he's happy this issue is at least on their radar now.

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4.7 - Lake County News: [VA and Humane Society of United States announce partnership; goal is to pair veterans with rescued animals](#) (10 December, 159k online visitors/mo; Lakeport, CA)

WASHINGTON, DC – The Department of Veterans Affairs has announced a partnership with the Humane Society of the United States to encourage veterans to consider pet ownership and volunteer opportunities with community organizations, including local animal shelters and humane societies in an effort to pair Veterans with rescued animals.

This announcement represents the latest example of VA's commitment to working closely with nonprofit organizations and other community partners to identify new and innovative ways to support veterans' health and well being through this initiative.

"There are many benefits to pet ownership both for veterans in need of companionship and for animals in need of good homes," said VA Secretary Dr. David J. Shulkin. "The greatest benefit for both can be a more fulfilled quality of life. We are pleased to work with the Humane Society on this important initiative and excited about its potential to create more opportunities to serve."

Wayne Pacelle, president and CEO of the Humane Society of the United States, also hailed the new alliance.

"The partnership between animal welfare groups and VA is an important program for our veterans and for homeless animals," Pacelle said. "We know the power of the human-animal bond, and I can't think of a better way to see it expressed than in helping our nation's heroes."

VA and the Humane Society of the United States will build model programs and networks with community organizations in order to establish connections with local VA medical facilities, making it easier to link veterans with animals ready for adoption in their local communities.

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5. Improve Timeliness of Service

5.1 - Newsday: [Lawmakers join Vietnam vets in call for action on parasite disease](#) (9 December, Martin C. Evans, 3.2M online visitors/mo; Melville, NY)

Local members of Congress are pressing for answers about liver fluke, a river parasite that infected untold numbers of soldiers in Vietnam a half century ago, and which may be killing some of those veterans now.

Rep. Tom Suozzi (D-Glen Cove) on Wednesday asked the chairman of the House Committee on Veterans Affairs to hold a hearing “on the links between our veterans’ military service, liver fluke infection and bile-duct cancer.”

“The ties between a veteran’s service and contracting the disease appear to be more than coincidental,” Suozzi wrote.

Concern among lawmakers gained momentum after the Department of Veterans Affairs last month said it tested 50 Vietnam combat veterans earlier this year for exposure to the parasite. Officials at the Northport VA Medical Center say they will not release the study until its findings can be peer-reviewed in early 2018.

In the past year, Vietnam veterans have voiced increasing concern about liver flukes, as some in their ranks have been diagnosed with cholangiocarcinoma, an aggressive cancer linked to the parasite that takes decades to develop, but often kills within months of first being observed.

Four participants in the study — conducted at the Northport VA — tested positive for the parasite, according to letters the agency sent them and they shared with Newsday. The four said they know of 10 other participants who tested positive, including one who has since died of cholangiocarcinoma.

“It started to be raised at meetings last year,” said James O’Donnell, a board member of the Suffolk County chapter of Vietnam Veterans of America, a national advocacy group. “People are apparently coming down with it.”

New York Sen. Chuck Schumer, a Democrat, wrote a letter to Department of Veterans Affairs Secretary David Shulkin, urging him to expedite the release of the study results. A spokesman for Rep. Peter King (R-Seaford) said Thursday the congressman intends to make a similar request.

The Schumer letter said that, because veterans don’t know the study’s results, they “live with the uncertainty around what their risk is for developing this terminal cancer.”

Some 3 million U.S. GIs served during the Vietnam War in areas of southeast and east Asia that are home to the parasite, which can be contracted by eating undercooked contaminated fish. Troops today continue to serve in regions within the range of the parasite, including South Korea.

Yet neither the VA nor the Department of Defense routinely screen for exposure to the asymptomatic flukes, which can survive in the liver for decades.

Pentagon spokesman Cmdr. Gary Ross said the military does not test unless individuals show symptoms.

“While biliary liver flukes are indeed serious, DoD does not consider these parasites to be a significant threat or risk to force health,” Ross said in an email.

The VA says there is no approved test for past liver fluke exposure available in the United States. The Northport study samples were tested at Seoul National University in South Korea.

“As we’ve said several times, VA is not aware of any studies that show that bile duct cancer occurs more often in U.S. Vietnam War veterans than in other groups of people,” said Northport VA spokesman Christopher Goodman.

The pilot study was initiated after Jim Delgiorno, a Smithtown Vietnam veteran, was diagnosed with cholangiocarcinoma two years ago, after a CT scan at Memorial Sloan Kettering Cancer Center in Manhattan.

Fellow Vietnam veteran John Ball said he spoke with Delgiorno a few weeks before the CT scan.

“He couldn’t understand why he was always exhausted,” said Ball, 73, of North Merrick. “A month later, he came to us and said, ‘I’ve been diagnosed with something called liver fluke. He had no idea what liver fluke was.’”

Delgiorno, a truck driver who rode motorcycles and enjoyed surf casting, died Oct. 3. He was 69, and had cholangiocarcinoma, according to his wife, Elizabeth.

Ball is one of the four men who were advised by the VA that they had tested positive in the study.

Veterans advocates say the VA should move swiftly to raise awareness among soldiers who fought in Southeast Asia as long as 60 years ago because cancer can develop before pain, jaundice, or other symptoms are present.

The particular variety of liver fluke that causes cancer in humans hides in the bodies of fish-eating mammals. The feces of infected animals convey parasite eggs into freshwater lakes and streams.

The parasite grows inside aquatic snails, which shed parasite larva, according to a University of Michigan publication. The larva burrow into the flesh of several species of freshwater fish.

Humans who eat undercooked fish can acquire the parasite larvae, which mature in the bile ducts, and which can produce carcinogenic irritation. The parasite can be eliminated by administering antiparasitic drugs praziquantel or albendazole, according to the CDC.

Unlike some flukes that can be ingested from drinking water, *clonorchis sinensis*, the variety most closely associated with bile duct cancer is only transmitted through eating fish, according to Paul Brindley, a George Washington University parasitologist.

Rick Weidman, the Vietnam Veterans of America national director for government affairs, said his organization has been aware of liver fluke since 1981.

But he said veterans have never been able to prod military and veterans agencies into action.

“We’ve argued with the Veterans Health Administration for many years that they have to address this,” Weidman said. “It gets infuriating, because we’ve gone over this ground with them again and again.”

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

8.1 - Watertown Daily Times: [VA announces new director of its Syracuse medical center](#)
(9 December, Gordon Block, 199k online visitors/day; Watertown, NY)

The Department of Veterans Affairs appointed Dr. Judy Hayman as the new director of its Syracuse VA Medical Center.

Dr. Hayman, who has been in the VA system for about 10 years, has served as acting medical center director since April.

In addition to running the Syracuse facility, Dr. Hayman will be responsible for overseeing seven outpatient clinics throughout a 13-county region, including locations in Watertown, Massena and Oswego.

“We are excited that Dr. Hayman has been appointed as the new director of the Syracuse VA Medical Center,” said Dr. Joan E. Mc-Inerney, Veterans Integrated Service Network 2 director, in a statement. “Her sound leadership qualities and proven experience will be valuable assets for the facility, the employees and volunteers, and most importantly, for the Veterans we are honored to serve.”

Dr. Hayman succeeds James Cody, who served 17 years in the director role.

Dr. Hayman holds a doctor of philosophy degree in clinical psychology from Fairleigh Dickinson University, Teaneck, N.J. She also is a member of the American College of Healthcare Executives and a graduate of the Health Care Leadership Development Program.

In the decade since joining the VA system, officials said Dr. Hayman has held progressive leadership positions at the Syracuse center.

The Syracuse medical center is a 136-bed general medical and surgical referral center that provides a full range of patient care services, and includes a 16-bed acute care psychiatric unit as well as a 48-bed Community Living Center and a Spinal Cord Injury Center.

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8.2 - JNS: [Trump touts Jerusalem move, excludes Jewish Democrats at Hanukkah celebration](#) (8 December, 47k online visitors/mo; Boston, MA)

President Donald Trump on Thursday night held his first White House Hanukkah celebration, where he touted his decision to recognize Jerusalem as Israel's capital. Trump reportedly did not invite Jewish Democrats and liberal Jewish organizations who have been highly critical of the president to the reception.

"The miracle of Hanukkah is the miracle of Israel. The descendants of Abraham, Isaac and Jacob have endured unthinkable persecution and oppression, but no force has ever crushed your spirit and now evil has ever extinguished your faith," Trump said in the White House's East Room, adding that the Jewish people "shine as a light to all nations."

Regarding the Jerusalem recognition, Trump said, "I know for a fact there are a lot of happy people in this room...this one will go down as especially special."

In addition to Trump's family—including his Jewish daughter Ivanka and her husband, senior presidential adviser Jared Kushner—the Hanukkah reception was attended by Treasury Secretary Steven Mnuchin, Veterans Affairs Secretary David Shulkin, and Reps. David Kustoff (Tenn.) and Lee Zeldin (N.Y.), the only two Jewish Republicans in Congress.

Rabbi Meir Soloveichik, a leading Orthodox rabbi, said at the event, "For the first time since the founding of the state of Israel, an American president has courageously declared what we have always proclaimed, which is that Jerusalem is the capital of Israel."

Congressional Jewish Democrats were notably absent from the Hanukkah affair.

"It's deeply unfortunate that the White House Hanukkah party—a bipartisan event bringing together Jewish and non-Jewish leaders alike to celebrate the Festival of Lights since 2001—has turned into a partisan affair under this administration," Rep. Nita Lowey (D-N.Y.) told The New York Times.

Trump also did not invite leaders of the Reform movement and the left-wing Jewish lobby group J Street, who have both been critical of Trump and opposed his policy change on Jerusalem.

Morton Klein, president of the Zionist Organization of America, attended the Hanukkah event and told The New York Times that Trump "did not invite people who have been hostile to him." Klein was not invited to President Barack Obama's first White House Hanukkah celebration in 2009 after condemning the former president.

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Veterans Affairs Media Summary and News Clips

17 May 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [House OKs Expansion of Private Care at VA, Fix Budget Crisis](#) (16 May, Hope Yen, 24M uvm; Washington, DC)

The House voted Wednesday to give veterans more freedom to see doctors outside the Veterans Affairs health system, a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast it as a risky step toward dismantling the struggling agency.

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1.2 - CNN (Video): [House votes to expand veterans' access to private care](#) (16 May, Juana Summers, 29.8M uvm; Atlanta, GA)

House lawmakers on Wednesday overwhelmingly passed legislation expanding veterans' access to private care at taxpayer expense, a campaign promise of President Donald Trump, and adding more money to the "Choice program" weeks before VA officials said it could run out of money. The \$51 billion plan that passed 347-70 Wednesday includes \$5.2 billion for the VA Choice program that funds private care.

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1.3 - CNN (Video): [A Vietnam veteran was going to be buried alone. Then a stranger helped find his family](#) (16 May, Isabella Gomez and Paul P. Murphy, 29.8M uvm; Atlanta, GA)

When Dave Fullarton discovered the ashes of former Army Captain Larry Casey, he felt the Vietnam veteran deserved a proper military funeral. But he didn't want to be the only one to honor him. The safe and vault repairman from Maryland came across the remains in February when he was cleaning out the house of a close friend who had died. That friend, he said, turned out to have been best friends with Casey.

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1.4 - FOX Business (Cavuto Coast to Coast, Video): [VA whistleblower: Veteran care getting worse as Trump searches for department head](#) (16 May, Julia Limitone, 10.8M uvm; New York, NY)

Scott Davis, a veteran who testified before Congress and made several TV appearance about the troubled Department of Veterans Affairs, on Wednesday told FOX Business things have gotten worse at the agency since President Trump took office. With the exception of the "crisis hotline", he says, veterans are waiting longer for care.

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1.5 - UPI: [Wide variation found in heart-related death rate at VA hospitals: Study](#) (16 May, Allen Cone, 4.8M uvm; Washington, DC)

Death rates for veterans with heart disease and chronic heart failure varied widely in the Veterans Affairs healthcare system in an analysis of medical records. Led by Peter W. Groeneveld, a researcher at the Veterans Affairs Medical Center in Philadelphia, researchers analyzed mortality rates for ischemic heart disease and chronic heart failure across the 138 VA medical centers in the United States.

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1.6 - Military Times: [Democrats call for firing of VA's top technology official](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Congressional Democrats are demanding Veterans Affairs leaders fire the department's acting chief information officer, saying his past involvement with questionable data collection during the 2016 presidential campaign raises concerns about his access to veterans' personal information. In a letter to VA Deputy Secretary Thomas Bowman sent Tues., May 15, 11 House and Senate Democrats also decried the "malign neglect" of the department's electronic health record modernization efforts since VA Secretary David Shulkin was fired in March.

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1.7 - TCPalm (Video): [U.S. Rep. Brian Mast of Treasure Coast named to House Veterans Affairs Committee](#) (16 May, Ali Schmitz, 845k uvm; Stuart, FL)

U.S. Rep. Brian Mast is joining the House Veterans Affairs Committee. He announced the assignment on Facebook Wednesday. "I'm really excited to have the opportunity to serve our veterans on the Veterans Affairs Committee," Mast said in a statement. "Our first-of-its-kind office in the West Palm Beach VA has resulted in more than 100 new cases that we're taking a look at to help veterans in our community..."

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2. [Greater Choice for Veterans](#)

2.1 - U.S. News & World Report (AP): [The Latest: House Agrees to Expand Private Care for Veterans](#) (16 May, 24M uvm; Washington, DC)

The House has voted to give veterans more freedom to see doctors outside the Veterans Affairs health system. It's a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast the effort as a risky step toward dismantling the agency.

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2.2 - Star Tribune: [Walz says U.S. House veterans' health care bill causes 'long-term problems' - Democratic congressman says it's not a long-term solution to problems at VA.](#) (16 May, Maya Rao, 10.8M uvm; Minneapolis, MN)

The U.S. House passed a major overhaul of veterans' health care on Wednesday night, as U.S. Rep. Tim Walz broke with most of his fellow lawmakers and major veterans' services organizations to oppose it. The DFL congressman's opposition follows months of negotiations over how to salvage the Veterans Choice Program, which was designed to give veterans in greater Minnesota...

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2.3 - Military.com: [House Passes Major Overhaul of Veterans Choice Program](#) (16 May, Richard Sisk, 9M uvm; San Francisco, CA)

The House Wednesday passed by a vote of 372-70 major veterans legislation to extend and reform the Veterans Choice Program to allow more private care options. The "VA Mission Act,"

would also lift the restrictions on family caregiver benefits, which are now limited to post-9/11 veterans, and extend them to the caregivers of veterans of all eras.

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2.4 - Washington Examiner: [House passes Trump-backed bill allowing veterans to see more private doctors, hospitals](#) (16 May, Kimberly Leonard, 4.8M uvm; Washington, DC)
The House passed legislation Wednesday to allow more veterans to see doctors outside the Veterans Affairs system. The bill, the VA MISSION Act, passed the House 347-70. It would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

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2.5 - Military Times: [Sweeping veterans policy bill passed overwhelmingly in the House](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)
House lawmakers advanced a \$52 billion veterans legislative package on Wednesday that would overhaul outside medical care options for Department of Veterans Affairs patients, expand stipends for veteran caregivers and launch a review of the bureaucracy's national footprint. Despite the cost of the plan, the measure easily passed the chamber by a vote of 347-70 and has the blessing of the White House...

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2.6 - Stars and Stripes: [House approves plan to increase private-sector care for veterans, fix VA funding crisis](#) (16 May, Nikki Wentling, 1.5M uvm; Washington, DC)
House lawmakers approved sweeping legislation Wednesday that changes rules dictating when veterans can go outside the Department of Veterans Affairs for medical treatment, which fulfills a promise made by President Donald Trump to give veterans more choice over their health care. Lawmakers voted 347-70 in favor of the bill. The vote comes after more than a year of negotiations between Republicans and Democrats about changes to the VA's private-sector care programs.

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2.7 - Government Executive: [House Passes Sweeping Bill to Overhaul VA-Funded Private Care, Shutter Facilities](#) (16 May, Eric Katz, 870k uvm; Washington, DC)
The House on Wednesday passed 347-70 a major overhaul to veterans health care, voting to expand their access to private sector care on the government's dime and to bring the Veterans Affairs Department through a process that would close some of its federally run facilities. The Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act won widespread support in the lower chamber and will now head to the Senate...

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2.8 - Idaho Press-Tribune: [Boise VA employees rally against privatization, vacancies](#) (16 May, Kyle Pfannensteil, 188k uvm; Nampa, ID)
Caring for veterans attracts employees with a particular interest in serving those who've served, and some employees of the Boise Veterans Affairs Medical Center fear potential changes to

agency funds could have poor consequences for the program and veterans. Around 15 people, some of whom were Boise VA employees, protested Wednesday in downtown Boise to stop what they see as a move by Congress to privatize the veterans affairs...

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3. Modernize Our System

3.1 - Newsmax: [Dems Push VA to Fire CIO Over Trump Campaign Work](#) (16 May, Jason Devany, 10.8M uvm; West Palm Beach, FL)

Democrats in the House and Senate are calling for the acting chief information officer of the Department of Veterans Affairs to be fired because of the work he did on the Trump campaign. Camilo Sandoval was appointed the V.A.'s acting CIO last month. During the 2016 presidential campaign, he worked as then-candidate Donald Trump's director of data operations. Because of the campaign's contract with data firm Cambridge Analytica...

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3.2 - Healthcare IT News: [Dems blast VA on EHR modernization progress, acting CIO controversy - In the last four months, the agency has lost about 40 senior staffers and the lack of experienced IT leadership puts the EHR modernization project at risk, 11 Congressional members argue.](#) (16 May, Jessica Davis, 438k uvm; Portland, ME)

A group of House and Senate Democrats are calling on the Department of Veterans Affairs to remove its Acting CIO over controversies that stem from his role on the Trump campaign, while expressing concerns about some in the President's inner circle who may be "inappropriately influencing EHR modernization."

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3.3 - Federal Computer Week: [Hill Dems want VA's acting CIO out](#) (16 May, Adam Mazmanian, 189k uvm; Vienna, VA)

A group of congressional Democrats wants the Department of Veterans Affairs to remove the acting CIO because allegations of professional misconduct. Sen. Richard Blumenthal (D-Conn.), who sits on the Senate Veteran's Affairs Committee, Rep. Tim Walz (D-Minn.), the ranking member on the House Veterans Affairs Committee, and nine other lawmakers said there are "serious character concerns that should disqualify" acting CIO Camilo Sandoval from holding the top tech post at the agency.

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3.4 - Register-Herald: [Beckley VA Medical Center launches Whole Health Wellness Center](#) (16 May, Wendy Holdren, 77k uvm; Beckley, WV)

Through its new "Whole Health" Wellness Center, the Beckley VA Medical Center will offer alternative approaches to healthy living, including space for yoga, Tai Chi, meditation, other innovative therapies and health-focused classes. "This is a crucial step in transforming health care so it is centered on the veteran's goals and well-being," said Beckley VAMC Director Stacy Vasquez, who is a service-connected Veteran herself.

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3.5 - KDLT (NBC-26): [VA Medical Center in Sioux Falls Opens Two New Spaces](#) (16 May, 54k uvm; Sioux Falls, SD)

The VA Medical Hospital is opening some major upgrades to better serve those who served our country. The new oncology clinic is about 6,000 square feet of brand new space. Veterans going through chemo therapy will have more personalized spaces to recover. High ceilings and natural light are just a couple of highlights to help veterans feel more comfortable.

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3.6 - Dundalk Eagle: [Eastern Baltimore County VA clinic preps to open](#) (15 May, Dianna DeCarlo, 12k uvm; Dundalk, MD)

After the Fort Howard location closed in March 2016, the Eastern Baltimore County VA Outpatient Clinic will reopen this fall at the Franklin Square Professional Center at 5235 King Ave. in Rosedale. The relocation was announced in October of 2017 following more than a year of the VA Maryland Health Care System “using the competitive lease process to identify a new location for the clinic.”

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4. [Focus Resources More Efficiently](#)

4.1 - Government Executive: [Let’s Talk About Some Bad Ideas for Civil Service Reform](#) (16 May, Debra D’Agostino, 870k uvm; Washington, DC)

In June 2017, President Trump signed a law that reduced civil service protections at the Veterans Affairs Department to expedite the firing of bad employees. The Veterans Affairs Accountability and Whistleblower Protection Act lowered VA’s burden of evidence in misconduct cases from preponderant (51 percent) to substantial (“more than a mere scintilla,” whatever that means). It also shortened the adverse action process and removed MSPB’s authority to mitigate penalties.

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4.2 - Palm Beach Post: [Brian Mast, up for VA post, seeks more congressional offices in VAs](#) (16 May, George Bennett, 633k uvm; West Palm Beach, FL)

While his name is mentioned as a potential nominee to head the Department of Veterans Affairs, U.S. Rep. Brian Mast, R-Palm City, announced Wednesday that he has been named to the House Veterans Affairs Committee, a perch that he said will “give us an even better platform to advocate for veterans” in his district and nationally.

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4.3 - Commercial-News: [VA staff to take calls Thursday](#) (16 May, Mary Wicoff, 193k uvm; Danville, IL)

Memo to veterans: Operators are standing by, waiting for your call. Or, at least, they will be Thursday when the Veterans Affairs Illiana Health Care System conducts its third phone-a-thon from 2-6 p.m. Veterans who are not enrolled in VA health care are asked to call that number to see if they’re eligible.

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4.4 - KTVX (ABC-4, Video): [Why the month of May is so important to the Utah Red Cross and Veterans](#) (16 May, Stacia Barton, 156k uvm; Salt Lake City, UT)

Red Cross volunteers and employees work hand-in-hand with military and VA hospitals and clinics to provide rehabilitation therapy, morale-building activities, and material assistance that is vital to the comfort, recovery and healthcare of service members and veterans. There are current Red Cross volunteer teams at Hill AFB and the VA Medical Center in Salt Lake City.

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4.5 - Newton County Times: [VA announces Paul Lawrence as new Under Secretary for Benefits](#) (15 May, 31k uvm; Jasper, AR)

Today VA announced that Paul R. Lawrence will assume office Tuesday, May 15 as the department's new Under Secretary for Benefits. Lawrence is a former Army captain and airborne school graduate, and has served in a number of key positions in the accounting industry, focusing primarily in the area of federal government practices.

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5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News: [Why Some Veterans Are On the Front Lines to Legalize Hemp, Solidiers tell lawmakers that cannabis helps ease chronic pain and PTSD](#) (16 May, Jonathan Small, 2.7M uvm; San Antonio, TX)

U.S. Armed Forces veterans have had to fight many enemies both on and off the battlefield. One of the most insidious is the opioid addiction that's arisen as a result of treating their pain and PTSD. A sobering 2011 study found that veterans are twice as likely to die from opioids than non-veterans.

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5.2 - Healio: [Diverse mortality rates seen in VA medical centers for HF, heart disease](#) (16 May, Darlene Dobkowski, 1.5M uvm; Thorofare, NJ)

Mortality rates for patients with ischemic heart disease and chronic HF varied across the Veterans Affairs health system, according to a study published in JAMA Cardiology. "Our findings may be placed in the context of increasing emphasis on the importance of hospital/health system quality performance in the care of populations of patients with chronic disease," Peter W. Groeneveld, MD, MS, associate professor of medicine at University of Pennsylvania Perelman School of Medicine...

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5.3 - WVEC (ABC-13, Video): [Veteran battles the VA, wins latest fight - Keith English know at the time, was poisoned by water when he was stationed at Camp Lejeune in the 1980s. Decades later, he's terminally ill with cancer.](#) (16 May, Elise Brown, 607k uvm; Norfolk, VA)

Keith English proudly served as a Marine for 20 years. While he can't say everything that he saw while serving, he called it the best ride in his life. In the late 1980s, English was stationed at Marine Corps Base Camp Lejeune in Jacksonville, North Carolina. Little did he know at the time, he was being poisoned by water on the base. Now, decades later, he's terminally ill with cancer.

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5.4 - Fayetteville Observer: [Womack Army Medical Center, Fayetteville VA celebrate partnership at Raeford Road rehabilitation clinic](#) (16 May, Drew Brooks, 439k uvm; Fayetteville, NC)

A year after Womack Army Medical Center and the Fayetteville VA partnered to open a new rehabilitation clinic on Raeford Road, officials have just one complaint. “We need to work on that sign,” said Col. John J. Melton, commander of the Fort Bragg hospital. “We need better branding.” James A. Laterza, director of the Fayetteville Veterans Affairs Medical Center, agreed.

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5.5 - Health Leaders: [VA Reduces Non-Aggressive Prostate Cancer Treatments](#) (16 May, John Commins, 162k uvm; Brentwood, TN)

The Veterans Affairs health system has made tremendous progress over the past decade in convincing patients to postpone surgery or radiation for non-aggressive prostate cancer, new research shows. Instead, strong majorities of VA patients are opting for active surveillance of the slow-growing cancer, which relies on regular check-ups, blood tests, and occasional needle samplings of prostate tissue to check for any signs of a tumor getting worse.

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5.6 - American Journal of Managed Care: [Quality of Cardiovascular Care May Vary Substantially Across the VA System](#) (16 May, Kelly Davio, 140k uvm; Plainsboro, NJ)

In a paper published today in JAMA Cardiology, Peter W. Groeneveld, MD, MS, of the Veterans Affairs Medical Center, Philadelphia, and colleagues report that death rates for patients with ischemic heart disease (IHD) and chronic heart failure (CHF) vary widely across the Veterans Affairs (VA) system. Those variations, they say, may point to important differences in care provided at VA medical centers.

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6. [Suicide Prevention](#)

6.1 - Nashville Public Radio (Audio): [VA Health Centers Struggle To Attract Tennessee’s Young Veterans](#) (16 May, Blake Farmer, 117k uvm; Nashville, TN)

The VA hospitals in the Nashville area are trying to attract young veterans transitioning out of the military. This spring, they've scheduled interest meetings every two weeks as part of a broader suicide prevention effort by President Trump. The problem is, no one is showing up.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KTVT (CBS-11, Video): [Air Force Veteran To Be Buried Wednesday With No Known Family There](#) (16 May, MaryAnn Martinez, 26.9M uvm; Dallas, TX)

An Air Force veteran will likely be buried with no family at her gravesite. Margaret King died several months ago, but the university where she worked held off burying her, hoping they would find her family. Months after her death, neither UNT or police have been able to track down any family. She served three years in the Air Force in the 70s. King will have full military honors when she's buried here at DFW National Cemetery on Wednesday.

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7.2 - Military Times: [New veterans ID cards finally being delivered, but feature Office Depot's logo on back](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Thousands of veterans received their free veterans ID cards this week featuring their names, their branch of service and a bright red advertisement on the back. The cards, approved by Congress almost three years ago, are available at no charge to veterans with good conduct discharges. But to pay for printing and delivery, the Department of Veterans Affairs partnered with Office Depot, whose logo is displayed on the back of each card.

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7.3 - KXAS (NBC-5): [Deceased UNT Student, Veteran Laid to Rest at National Cemetery](#) (16 May, Frank Heinz, 2.1M uvm; Fort Worth, TX)

A student and employee of the University of North Texas who died last fall is being laid to rest Wednesday. Margaret Rosa King, 67, an Air Force veteran, was working on her graduate degree in interdisciplinary studies while also working for the school as a custodian when she died last fall of natural causes related to heart disease.

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7.4 - WLOS (ANC-13): [Event at Asheville VA raises awareness about homelessness among veterans](#) (16 May, 480k uvm; Asheville, NC)

They were walking and rolling Wednesday at the Charles George VA Medical Center and raising awareness for homeless veterans. Rain, at least in Asheville, moved the eighth annual VA2K Walk & Roll indoors to the atrium of Charles George VA Medical Center. Nationwide, in eight years, the event has raised about \$2 million for homeless veterans.

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7.5 - WNEM (CBS-5, Video): [VA hosts walk to raise money for homeless veterans](#) (16 May, Ashlyn Hill, 442k uvm; Saginaw, MI)

Homelessness is something veterans struggle with throughout the country, including in Mid-Michigan. That's why the local Veterans Affairs is raising money with their annual walk for homeless veterans. The theme of this year's VA 2K Walk and Health Fair is "Be a Super Hero for Homeless Veterans." The Aleda E. Lutz VA Medical Center in Saginaw has hosted the fundraising event to support homeless veterans for eight years.

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7.6 - WDAY (ABC-6, Video): ['Walk & Roll' event supports homeless veterans](#) (16 May, Cassandra Rohlfing, 195k uvm; Fargo, ND)

VA hospitals across the country are promoting health and wellness while also supporting homeless veterans. Wednesday was the annual VA 2K Walk & Roll event across the United

States. In Fargo, about 150 people took part. Each participant is encouraged to bring donations to support local homeless veterans.

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7.7 - WJET (ABC-14, Video): [Erie VA Medical Center holds 8th Annual 'VA 2K Walk and Roll'](#) (16 May, Ron Hilliard, 191k uvm; Erie, PA)

Families and VA employees are getting fit while helping homeless veterans. The Erie VA Medical Center held its 8th annual 'VA 2k Walk and Roll'. The event brings awareness to the chronic issue of homelessness among veterans. Among services provided, the VA helps veterans find housing and employment.

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7.8 - Denton Record-Chronicle: [UNT student and custodian buried after months-long search for family](#) (16 May, Claire Ballor, 190k uvm; Denton, TX)

For months, UNT police dug through records to try to find a blood relative, but every lead came up dry. So, Barkenhagen was named next of kin and he planned King's funeral at Dallas-Fort Worth National Cemetery. She'd have a military honors funeral, and members of the Patriot Guard Riders would escort her remains.

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7.9 - WSIL (ABC-3, Video): [Marion VA Brings in Donations with VA 2k Walk and Roll](#) (16 May, Brooke Schlyer, 162k uvm; Carterville, IL)

The Marion VA Medical Center took part in the 8th annual VA 2K Walk and Roll, which promotes fitness and encourages donations for veterans who are homeless or at risk of becoming homeless. Organizer Sieger Giroux says, "The main thing is that its a homeless food drive, clothing and whatever other essentials they may need.

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7.10 - WDJT (CBS-58): [VA collecting donations for homeless vets with VA2K Walk](#) (16 May, 160k uvm; Milwaukee, WI)

The Milwaukee VA is helping a group of people who may not always get the support they need. The VA hosted a 2K walk on Wednesday for homeless veterans. People were asked to donate personal care items like toilet paper, shampoo, and toothpaste. The VA says the transition from active duty military to veteran can be challenging.

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7.11 - WEYI (NBC-25, Video): [Saginaw VA raises awareness, money for homeless veterans](#) (16 May, 157k uvm; Flint, MI)

Veterans, their family members and community members came together Wednesday to raise awareness for homeless veterans and help them get the medical care they need. The VA in Saginaw hosted a VA2k walk and health fair this morning. The goal to raise money and donations to help support homeless veterans. They collected toiletries, personal hygiene products and clothes for vets.

[Hyperlink to Above](#)

7.12 - Texas Public Radio (Audio): [VA Offers Onsite Food Banks, Hunger Screenings For Vets](#) (16 May, Carson Frame, 77k uvm; San Antonio, TX)

Pockets of the veteran population are experiencing food insecurity at unusually high rates, and the Department of Veterans Affairs is taking steps to understand and combat the problem. It now screens veterans for hunger, and many of its facilities offer food banks onsite. Before the sun was fully up, a crowd had already gathered in the parking lot of the VA Austin Outpatient Clinic. A truck from the Central Texas Food Bank idled nearby...

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7.13 - KKCO (NBC-11): [VA2K event raises money for homeless veterans](#) (16 May, Megan McNeil, 64k uvm; Grand Junction, CO)

In 2016, there were an estimated 40,000 homeless veterans in the United States, according to the National Alliance to End Homelessness. Wednesday, at the Grand Junction VA, people walked and rolled to help support those veterans. About 300 people attended the event. The group took a lap around the VA center, which is close to two miles.

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7.14 - News Tribune: [National cemetery effort in Jefferson City rebuffed](#) (17 May, Joe Gamm, 64k uvm; Jefferson City, MO)

Federal officials have rebuffed the first attempt by a Jefferson City committee to gain support from the U.S. government for a new national cemetery site in Jefferson City. In late April, members of the committee, in connection with a coalition of lawmakers and city leaders, sent a letter to Randy Reeves, under secretary for Memorial Affairs within the Department of Veterans Affairs, asking that feds begin the process of identifying a new national cemetery site in Jefferson City.

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7.15 - The Item: [Pageant benefits homeless female vets - Tuomey tech, drill sergeant will compete](#) (16 May, Ivy Moore, 58k uvm; Sumter, SC)

Bryanna Smith is a busy woman. She works as a histology technician at Palmetto Health Tuomey, serves as a U.S. Army drill sergeant at Fort Jackson, and she's a mom. Add to that her preparation for participating in the Ms. Veteran America 2018 Competition in June. She's used to having a full load of responsibilities, Smith said.

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7.16 - WBUP (ABC-10, Video): [VA Medical Center walks for homeless veterans](#) (16 May, Dan Callahan, 49k uvm; Ishpeming, MI)

The VA2K walk is a national event that happens at every Veterans affairs medical center. Facility staff and the general public are able to walk for and help this fundraiser for homeless veterans. The Oscar G. Johnson VA Medical Center held their walk on Wednesday morning. Many of the staff started the event off strong by putting their steps and time into the event.

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7.17 - WJMN (CBS-3, Video): [Oscar G. Johnson VA Medical Center hosts 8th annual VA2K](#) (16 May, Mollie Hollebeke, 38k uvm; Escanaba, MI)

For the eighth year in a row, the Oscar G. Johnson VA Medical Center held their annual VA2K. Bradley Nelson, Public Affairs Officer for the V.A. Medical Center, says, "It's a nationwide event at all of our VA medical centers. And the purpose of it is to promote employee wellness. To get outside, and to exercise a little bit."

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7.18 - KEVN (FOX-7, Video): [200 acres expected to be added to Black Hills National Cemetery](#) (16 May, 37k uvm; Rapid City, SD)

With the passage of a U.S. Senate bill awaiting President Donald Trump's approval, the Black Hills National Cemetery will add 200 acres. The bill would permanently transfer the acreage from the Bureau of Land Management to the cemetery near Sturgis. It was co-sponsored by Senators John Thune and Mike Rounds of South Dakota and Wyoming's Senator Mike Enzi.

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7.19 - KREX (CBS-5, Video): [GJ City Council Proclaims VA 2K Day](#) (16 May, Camila Barco, 34k uvm; Grand Junction, CO)

Homeless veterans are getting a helping hand from the VA Medical Center and Wednesday afternoon they were recognized by Grand Junction City Council members. The Grand Junction VA Medical Center participated in the national VA 2K Day where participants walked approximately 1.2 miles to raise contributions for homeless vets. The celebration is an employee health and wellness event that focuses on bringing awareness of Grand Valley's Homeless Veteran Outreach Program.

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7.20 - The Observer: [VA heightens awareness of maternity benefits](#) (16 May, Dick Mason, 22k uvm; La Grande, OR)

What she does know is what many expecting moms who are veterans appear to be unaware of: the Department of Veterans Affairs offers extensive maternity health care benefits. This point was reinforced Monday during a first-of-its-kind event at the Community Based VA Outpatient Clinic in La Grande — a baby shower for veterans who are expecting.

[Hyperlink to Above](#)

7.21 - KELO (CMN-1320): [Congress passes Black Hills National Cemetery expansion](#) (16 May, Todd Epp, 18k uvm; Sioux Falls, SD)

Congress today passed a bill that will expand the Black Hills National Cemetery by 200 acres. The measure now goes to the President. The House passed the measure today, which had already been ratified by the Senate in December. U.S. Sens. John Thune (R-S.D.), Mike Rounds (R-S.D.), and Mike Enzi (R-Wyo.) sponsored the bill, the Black Hills National Cemetery Boundary Expansion Act (S. 35).

[Hyperlink to Above](#)

7.22 - EfficientGov: [Why Women with PTSD Turn to Opioids & How to Prevent It](#) (16 May, Andrea Fox, 15k uvm; San Francisco, CA)

About one in three women will experience a sexual assault, according to the National Center for PTSD under the U.S. Department of Veterans Affairs, which studies women's exposure to combat and sexual assault traumas. When researchers began to study the effects of sexual

assault on women, they found that the effects were similar to those expressed by male combat veterans, according to the agency. The VA also learned:

[Hyperlink to Above](#)

8. [Other](#)

8.1 - Sunshine State News: [Brian Mast Named to House Veterans Affairs Committee](#) (16 May, 64k uvm; Tallahassee, FL)

Freshman U.S. Rep. Brian Mast, R-Fla., whose name has garnered buzz as a contender to lead the U.S. Department of Veterans Affairs, has been named to the U.S. House Veterans Affairs Committee. Mast made the announcement of his new assignment on Wednesday. At the start of the year, Mast, who served in the Army and who was wounded when serving in Afghanistan in 2010...

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [House OKs Expansion of Private Care at VA, Fix Budget Crisis](#) (16 May, Hope Yen, 24M uvm; Washington, DC)

The House voted Wednesday to give veterans more freedom to see doctors outside the Veterans Affairs health system, a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast it as a risky step toward dismantling the struggling agency.

The plan seeks to fulfill President Donald Trump's promise to expand private care to veterans whenever they feel unhappy with VA health care.

The long-awaited bill would change how veterans receive their medical treatment by allowing them to go to a private physician when they felt government-run VA medical centers couldn't provide the care they needed, with the approval of a VA health provider. Veterans could access private care when they endured lengthy wait times, or the treatment was not what they had expected.

The VA would decide in many cases when a veteran sees an outside doctor, based on conditions it sets that determine what is inadequate care.

Lawmakers passed the bill by a 347-70 vote, with the program to be implemented later next year as the VA works to add private doctors to its network of outside referrals.

The wide-ranging plan would avert a catastrophic shutdown of the VA's troubled Choice private-sector program, which would receive \$5 billion to continue operating for another year before it is made a longer-term fixture at the VA. The program will run out of money as early as May 31, causing disruptions in care.

The \$51 billion bill has the support of nearly 40 organizations, including The American Legion and Veterans of Foreign Wars. The program could be expanded based on veterans' demand for private services and when VA care is deemed inadequate. The VA would be able to determine how quickly the program grows.

The legislation now goes to the Senate, where lawmakers are seeking a vote before their Memorial Day break. Trump has said he is ready to sign the bill.

Rep. Phil Roe, the chairman of the House Veterans Affairs Committee, praised the measure as keeping "our promise to give veterans more choice in their health care."

The program could face escalating costs due to growing demand from veterans seeking the convenience of seeing private physicians. Some House Democrats warn the VA won't be able to handle the costs of the newly combined "community care" program that includes Choice and other VA programs of outside care, putting the VA at risk of unexpected budget shortfalls next year.

Rep. Tim Walz, the top Democrat on the Veterans Affairs Committee, cautioned that outsourcing more care to the private sector would lead to devastating cuts to VA hospitals, which many veterans see as best-suited to treat battlefield injury such as traumatic brain injury. "I am deeply concerned about the long-term health and stability of VA health care," he said.

The bill builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments. It comes as the VA is without a permanent leader after David Shulkin was ousted as VA secretary in March. Trump has yet to name a new secretary after his first nominee, Ronny Jackson, withdrew last month.

The legislation aims to steer more patients to the private sector to relieve pressure at VA hospitals, thus improving veterans care at VA facilities and with private providers alike. Patients could also access private walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury if they used VA health care in the last two years.

The bill would create a presidentially appointed commission to review the closure of underperforming VA facilities, which House Democrats opposed when the plan was drafted in March. Democrats sought restrictions on the commission but were rebuffed by House Republicans and the White House.

It would also expand a VA caregivers program to cover families of veterans of all eras, not just the families of veterans who were seriously injured in the line of duty since Sept. 11, 2001.

Veterans would be able to access private care when VA does not offer the services they need or a veteran and his VA health provider agree it is best to receive care with a private doctor. It would loosen Choice's restrictions that limit outside care only when a veteran must wait 30 days for an appointment or drive more than 40 miles to a VA facility.

"This is a great victory for those want to see the VA reformed and fixed," said Dan Caldwell, executive director of the conservative Concerned Veterans for America. "This will hopefully ensure veterans aren't trapped in failing VA hospitals."

Currently, more than 30 percent of VA appointments are in the private sector.

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1.2 - CNN (Video): [House votes to expand veterans' access to private care](#) (16 May, Juana Summers, 29.8M uvm; Atlanta, GA)

House lawmakers on Wednesday overwhelmingly passed legislation expanding veterans' access to private care at taxpayer expense, a campaign promise of President Donald Trump, and adding more money to the "Choice program" weeks before VA officials said it could run out of money.

The \$51 billion plan that passed 347-70 Wednesday includes \$5.2 billion for the VA Choice program that funds private care. VA officials have warned that the program could run out of money as early as the end of the month, disrupting care for patients.

Hours before the House vote, Trump weighed in, urging lawmakers to back the bill.

"House votes today on Choice/MISSION Act," Trump tweeted on Wednesday. "Who will stand with our Great Vets, caregivers, and Veterans Service Organizations? Must get Choice passed by Memorial Day!"

A similar plan almost became law as part of the omnibus spending bill in March, but was blocked by some Democrats concerned about privatization of services for the nation's veterans.

There has been a long simmering debate about the extent to which veterans obtain care in the private sector. Many veterans groups say they don't want to see too many resources shifted outside the VA, a move they say would fundamentally bleed the health system dry.

The legislation is moving forward in Congress as the sprawling agency remains without a permanent leader after Trump ousted former Secretary David Shulkin and the nomination of Rear Adm. Ronny Jackson, the White House physician, unraveled amid allegations about his professional conduct.

It would also launch a review of VA facilities with an eye toward closing under-performing institutions and would expand a VA caregivers program to cover the families of pre-9/11 veterans.

CNN's Ashley Killough contributed to this report.

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1.3 - CNN (Video): [A Vietnam veteran was going to be buried alone. Then a stranger helped find his family](#) (16 May, Isabella Gomez and Paul P. Murphy, 29.8M uvm; Atlanta, GA)

When Dave Fullarton discovered the ashes of former Army Captain Larry Casey, he felt the Vietnam veteran deserved a proper military funeral. But he didn't want to be the only one to honor him.

The safe and vault repairman from Maryland came across the remains in February when he was cleaning out the house of a close friend who had died. That friend, he said, turned out to have been best friends with Casey.

"I decided to contact the Baltimore National Cemetery to ask for some guidance," he told CNN. "All we had was a box of ashes and some photographs."

Neither Fullarton nor his late friend's family had ever met Casey, who died in 2002. They did not know if he had any surviving family members.

As the cemetery made arrangements for a full military burial on May 15, Fullarton posted on social media inviting people to pay their respects.

Many joined his search and managed to track down Casey's widow, who lives in Georgia, and his daughter, who lives in Texas. Both women flew out on less than a day's notice to attend the burial.

"I couldn't believe myself. I was shaking for the first couple of hours," Leah Casey, Casey's daughter, told CNN affiliate WBAL.

The family first held a memorial when Casey passed away and scattered some of his ashes. The rest were given to Casey's best friend, who he met while working as a special agent at the Bureau of Alcohol, Tobacco, Firearms and Explosives after the Army.

Fullarton found these ashes more than a decade later.

Casey's wife, Jan Casey, was deeply touched to see her husband honored for his service after so many years.

"It's unreal. I'm just overwhelmed with the turnout here," she said to WBAL.

Fullarton estimates that approximately 300 people accompanied the family for the funeral, including dozens of veterans and law enforcement officers.

"It was a wonderful experience," he said. "It's a testament to the veteran community, the law enforcement community and the American public that we take care of our veterans."

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1.4 - FOX Business (Cavuto Coast to Coast, Video): [VA whistleblower: Veteran care getting worse as Trump searches for department head](#) (16 May, Julia Limitone, 10.8M uvm; New York, NY)

Scott Davis, a veteran who testified before Congress and made several TV appearance about the troubled Department of Veterans Affairs, on Wednesday told FOX Business things have gotten worse at the agency since President Trump took office.

With the exception of the "crisis hotline", he says, veterans are waiting longer for care.

"The Hill did a report on this just in March, that VA had been caught sending false reports about wait times," he said during an exclusive interview with Neil Cavuto on "Cavuto: Coast-to-Coast." "We know that veterans are still waiting, on average, longer for care."

Despite Trump's vow to clean up the agency, Davis said the president's promise has not been fulfilled.

"Even though he is now the new president, the people that run the VA, who were running it into the ground when he was campaigning, are still there," he said. "People like Dr. Carolyn Clancy who was brought in to run VHA [Veterans Health Administration] four years ago during the height of the scandal."

The U.S. Office of Special Counsel, whose role it is to protect whistleblowers from retaliation, authorized the VA to conduct an investigation against him and other whistleblowers for violating the Computer Fraud and Abuse Act, which was established to address cybersecurity issues, he said. But instead they conducted a "criminal witch hunt" against whistleblowers.

VA officials responded to the claims, saying they are trying their hardest to address the issues, and Davis said he even exchanged emails with the former secretary, David Shulkin, but nothing is changing, and has also been stripped of his job duties in Atlanta.

"They pretty much gutted my position," he said. "They have to go through the process of firing me, which that's something they started."

"They tried to suspend me earlier this year," he added. "They want all the whistleblowers gone."

A VA spokeswoman told FOX Business that the Trump administration has made progress in the areas including accountability, transparency and efficiency.

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1.5 - UPI: [Wide variation found in heart-related death rate at VA hospitals: Study](#) (16 May, Allen Cone, 4.8M uvm; Washington, DC)

Death rates for veterans with heart disease and chronic heart failure varied widely in the Veterans Affairs healthcare system in an analysis of medical records.

Led by Peter W. Groeneveld, a researcher at the Veterans Affairs Medical Center in Philadelphia, researchers analyzed mortality rates for ischemic heart disease and chronic heart failure across the 138 VA medical centers in the United States. Their findings were published Wednesday in the Journal of American Medicine Cardiology.

The Department of Veterans Affairs provides healthcare to more than 2 million veterans with cardiovascular disease. Cardiovascular disease includes ischemic heart failure, which is a restriction in blood supply to tissues, and chronic heart disease, which is when the heart fails to pump sufficient blood through the body, including during a heart attack.

"Differences in mortality rates among VA chronic cardiovascular disease populations may reflect differences across medical centers in the quality of care," the researchers wrote.

The researchers said the differences could be in treatment and screening guidelines, access for urgent medical conditions, posthospitalization care protocols, chronic disease management programs, and specialty care, social work services and behavioral healthcare.

Studied were 930,079 veterans with IHD and 348,015 with CHF that received inpatient or outpatient care between 2010 and 2014. The average age patients was 77, and 89 percent of IHD patients and 83 percent of CHF were white.

Death rates varied across the VA medical centers from 5.5 percent to 9.4 percent for IHD and from 11.1 percent to 18.9 percent for CHF.

The number of cases at each medical center also varied widely -- from 1,060 to 19,955 with IHD and for CHF it ranged from 335 to 7,917.

"For more than 20 years, the VA has attempted to measure and improve healthcare quality for veterans with these conditions, yet most of these efforts have focused on either process

measures of quality -- such as beta blockers for heart failure -- or surrogate clinical outcomes -- such as hypertension treatment targets," the author wrote.

But the researchers noted that while data permitting hospital comparisons of the outcomes of acute cardiovascular care are publicly available, "little is known about variation" across the VA medical centers in outcomes for chronic, high-risk cardiovascular conditions.

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1.6 - Military Times: [Democrats call for firing of VA's top technology official](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Congressional Democrats are demanding Veterans Affairs leaders fire the department's acting chief information officer, saying his past involvement with questionable data collection during the 2016 presidential campaign raises concerns about his access to veterans' personal information.

In a letter to VA Deputy Secretary Thomas Bowman sent Tues., May 15, 11 House and Senate Democrats also decried the "malign neglect" of the department's electronic health record modernization efforts since VA Secretary David Shulkin was fired in March.

"This is evident through the failure to obtain qualified leadership for the Office of Information Technology, reports of political interference hindering EHR implementation, as well as the rampant vacancies for positions that ensure proper oversight of a new EHR system," the letter stated.

"We ask that you act to swiftly resolve our concerns and ensure an interoperable VA EHR system with the Department of Defense expeditiously comes to fruition."

In a statement Wednesday, acting VA Secretary Robert Wilkie pushed back on the lawmakers' request, calling Camilo Sandoval, the acting VA chief information officer, "an important member" of the VA leadership team.

"(He) has extensive experience in financial technology and digital mobile payments," Wilkie said. "Along with his close working relationship with the White House, this makes him well suited to oversee VA's IT infrastructure while the White House vets a permanent candidate for the position."

Wilkie also said finalizing a decision on electronic health record modernization remains a top priority for department leaders. A plan to overhaul Veterans Affairs records was one of President Donald Trump's most touted achievements last year, but the work has been stalled for weeks since Shulkin's dismissal.

Multiple sources close to work on the issue say White House officials are wavering on whether to move ahead on contract plans with the Missouri-based Cerner Corp. to bring VA's electronic medical records systems in line with the Defense Department.

The plan was designed to provide seamless lifelong medical files for service members, and was touted by Shulkin as potentially revolutionary to American medicine because of the interoperability between the massive Defense Department and VA health systems.

But concerns over Cerner's work with military health officials in recent weeks have lead to a halt in negotiations with the VA contract. The official mostly closely associated with that work — Scott Blackburn, VA's acting executive for the Office of Information and Technology — left his post last month.

He was replaced by Sandoval, the former data operations director for Trump's presidential campaign. Democrats in their letter Tuesday called his appointment unacceptable.

"This appointment raises serious data security concerns stemming from Mr. Sandoval's previous position as the director of data operations in 2016 while the Trump campaign was contracting with Cambridge Analytica," the letter stated.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust. As such, Mr. Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data."

The letter also references a Politico report that Sandoval is the subject of a \$25 million lawsuit for harassment and discrimination against other campaign staffers. The letter signers asked for "a first-class leader who is capable of implementing the VA's EHR modernization and fulfilling the VA's obligation to our nation's heroes" instead of Sandoval.

The letter notes that in the last four months, nearly 40 senior staffers have resigned from the department, "effectively stalling operations in essential areas such as information technology."

Both Democrats and Republicans in Congress have voiced concerns about extensive vacancies at the bureaucracy.

"In order to provide world-class service to our veterans, the VA must be fully staffed with driven, capable leaders," the letter stated. "Current VA employees, who are dedicated to serving and honoring our veterans, are forced to shoulder the work of former-colleagues, contributing the low morale among the VA workforce."

Signers of the letter included Rep. Tim Walz, D-Minn. and ranking member of the House Veterans' Affairs Committee; Mark Takano, D-Calif. and the second-ranking Democrat on that panel; and Sen. Richard Blumenthal, D-Conn. and the second-ranking Democrat on the Senate Veterans' Affairs Committee.

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1.7 - TCPalm (Video): [U.S. Rep. Brian Mast of Treasure Coast named to House Veterans Affairs Committee](#) (16 May, Ali Schmitz, 845k uvm; Stuart, FL)

U.S. Rep. Brian Mast is joining the House Veterans Affairs Committee.

He announced the assignment on Facebook Wednesday.

"I'm really excited to have the opportunity to serve our veterans on the Veterans Affairs Committee," Mast said in a statement. "Our first-of-its-kind office in the West Palm Beach VA has resulted in more than 100 new cases that we're taking a look at to help veterans in our

community, and being on this committee will give me an even better platform to advocate for my fellow veterans.”

Mast is rumored to be one of several candidates being considered for the position of Veterans Affairs secretary by the Trump administration.

Mast didn't deny the rumors last week, saying only “it is an honor to be considered to serve my fellow veterans and their families at the highest possible level.”

More: Rep. Brian Mast being considered for Veterans Affairs secretary

Mast's spokesman declined to comment further on the search Wednesday.

Mast, an Army veteran who lost both legs and a finger while in Afghanistan, is the first member of Congress to open a satellite office in a VA facility.

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2. Greater Choice for Veterans

2.1 - U.S. News & World Report (AP): [The Latest: House Agrees to Expand Private Care for Veterans](#) (16 May, 24M uvm; Washington, DC)

THE Latest on the House vote on a bill that would expand private care for veterans (all times local):

6: 45 p.m.

The House has voted to give veterans more freedom to see doctors outside the Veterans Affairs health system. It's a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast the effort as a risky step toward dismantling the agency.

The plan seeks to fulfill President Donald Trump's promise to expand private care to veterans whenever they feel unhappy with VA health care.

The bill passed 347-70.

The long-awaited measure would change how veterans receive their medical care by allowing them to go to a private physician when they felt government-run VA medical centers couldn't provide the care they needed, with the approval of a VA health provider.

—

12:01 p.m.

The House is set to give veterans more leeway to see doctors outside the Department of Veterans Affairs' health system.

It's part of an effort to fulfill President Donald Trump's promise to expand private care for veterans.

The long-awaited plan — set for a House vote later Wednesday — would mean a major change in how veterans receive medical care.

If a VA health provider gives the OK, then veterans could go to a private doctor when they felt dissatisfied with government-run VA care. This is something Democrats fear is a risky step toward "privatizing" VA care.

The House vote also would avert a shutdown of VA's Choice private-sector program. It'll run out of money as early as May 31, causing disruptions in care to tens of thousands of patients.

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2.2 - Star Tribune: [Walz says U.S. House veterans' health care bill causes 'long-term problems' - Democratic congressman says it's not a long-term solution to problems at VA.](#) (16 May, Maya Rao, 10.8M uvm; Minneapolis, MN)

The U.S. House passed a major overhaul of veterans' health care on Wednesday night, as U.S. Rep. Tim Walz broke with most of his fellow lawmakers and major veterans' services organizations to oppose it.

The DFL congressman's opposition follows months of negotiations over how to salvage the Veterans Choice Program, which was designed to give veterans in greater Minnesota and many other rural areas easier access to private care when other VA facilities had long wait times or were too far away.

But veterans and health care administrators describe the program as a bureaucratic mess, and it's set to run out of money by the end of the month.

The VA Mission Act passed 347-70 with no Republicans voting against it. It provides \$5 billion to fund the program for another year before implementing a \$47 billion replacement.

But Walz, of southern Minnesota, sounded alarms about how the government would pay for the legislation in the long run — and how it would be carried out in a U.S. Department of Veterans Affairs with no permanent leadership and continuing controversy about privatizing more services for veterans.

"I see long-term problems caused by this, but I understand a short-term desire to get something done," Walz, the ranking Democrat on the House Veterans Affairs Committee, said in an interview hours before the vote. "And in this Congress, I think there's a fair debate to be made: Do we take something for the short term? I'm making an argument that the threat is too great."

U.S. Rep. Tim Walz, D-Minn. : "We have to stop kicking the can down the road."

U.S. Rep. Tim Walz, D-Minn. : "We have to stop kicking the can down the road."
As Walz prepares to leave Congress in pursuit of the Minnesota governorship, he's also acted as one of the top negotiators in Congress on improving the system for veterans to seek private health care faster and closer to their homes. Health care providers have been eager for

Congress to act, saying that the program takes too long to reimburse them and that authorization errors are routine. And veterans' service organizations have also been demanding change, saying long wait times at participating providers defeat the purpose of the Veterans Choice Program.

"Opponents of this bill will tell you falsely that this is aimed at privatization of the VA health care system," U.S. Rep. Phil Roe, the Tennessee Republican who chairs the House Committee on Veterans Affairs, said on the House floor Wednesday, adding that there were provisions to attract personnel to work at the VA. "That preconception is based on nothing but fear."

Walz drew criticism from Joe Chenelly, executive director of the veterans' service organization AMVETS. Chenelly said on Twitter that he was "very disappointed that Tim Walz is choosing politics over veterans with his opposition. This bill isn't perfect, but it's the right bill at the right time."

The VA Mission Act would streamline the agency's myriad community-care efforts into one permanent program. It would expand benefits for caregivers of veterans injured before Sept. 11, 2001, and also create a board to review how to modernize and realign the large patchwork of VA facilities, closing some in underused areas and expanding them in areas with more need. The legislation preserves the current system of paying for private care for veterans who live at least a 40-mile drive away from the nearest VA facility or who can't schedule a doctor's appointment at one for 30 days, though former VA Secretary David Shulkin had proposed eliminating that standard last year.

The White House backs the bill, saying that it would transform the VA into a "modern, high-performing and integrated health care system that will ensure our veterans receive the best health care possible from the VA, whether delivered in the VA's own facilities or in the community." Veterans' service organizations such as the American Legion and VFW described the legislation as a "major step" toward reforming the system of veterans' health care. The Senate is expected to act soon.

Walz said he agrees with 90 percent of the bill, and he said Roe and other Republican lawmakers negotiated in good faith. But he criticized the bill for moving funding for the current Veterans Choice Program from a system of mandatory to discretionary spending in the budget, raising concerns that at some point lawmakers will be in a "hellish situation" of having to cut other critical programs in the VA to pay for the legislation when costs exceed spending caps. He's particularly worried that there's not a plan to pay for the bill's expansion of caregiver benefits.

"I think the chairman is being pragmatic in this regard, just saying, 'This is the best we can do at this point in time,'" Walz said. "I feel a responsibility, especially as an outgoing member, to say ... 'This is where we have to stop kicking the can down the road and get this right.'"

Walz said that if lawmakers run into funding problems next year, that could open the door for more expansive efforts to privatize the VA, a debate that's been growing under the Trump administration yet remains uncertain as the second-largest federal agency lacks permanent leadership. Trump fired Shulkin in March, and his nominee to replace him, Ronny Jackson, withdrew from consideration after allegations of professional misconduct.

Walz praised Acting VA Secretary Robert Wilkie. But he said that if someone else takes over who supports more privatization, "we're handing them the keys to the car on this. They are going to have the

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2.3 - Military.com: [House Passes Major Overhaul of Veterans Choice Program](#) (16 May, Richard Sisk, 9M uvm; San Francisco, CA)

The House Wednesday passed by a vote of 372-70 major veterans legislation to extend and reform the Veterans Choice Program to allow more private care options.

The "VA Mission Act," would also lift the restrictions on family caregiver benefits, which are now limited to post-9/11 veterans, and extend them to the caregivers of veterans of all eras.

The bill will now go to the Senate, where Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, and Sen. Jon Tester, the ranking member of the Committee, have already expressed their support.

President Donald Trump has said he will sign the bill quickly when it reaches his desk.

In a statement last week, the White House said the bill would "transform the Department of Veterans Affairs (VA) into a modern, high-performing, and integrated healthcare system that will ensure our veterans receive the best healthcare possible from the VA, whether delivered in the VA's own facilities or in the community."

Veterans Service Organizations (VSOs), which previously had expressed concerns that a rapid expansion of community care options could lead to the "privatization" of VA health care, had lined up to back the new bill.

Denise Rohan, national commander of the two-million member American Legion, said in a statement that "I applaud the passage of the VA Mission Act." She said the bill "will streamline and fund the Department of Veterans Affairs' many community care programs" and also "expand caregiver benefits to pre-9/11 veterans and their families."

Keith Harman, national commander of the 1.7 million member Veterans of Foreign Wars, said the bill "will help improve services throughout the VA health system while utilizing private sector resources when needed, striking the right balance to make sure we provide veterans with the best care possible."

A similar bill offered last year by Isakson was left out of the omnibus \$1.3 trillion spending package signed by Trump in February for all government agencies, forcing the House and Senate to begin anew on reforming choice.

Rep. Phil Roe, R-Tennessee, the chairman of the House Veterans Affairs Committee who was instrumental in gaining bipartisan support for the new legislation, said that "Over the last several months, we've taken great, bipartisan steps to reform the department, and this legislation is yet another strong step in the right direction."

Roe said the provisions in the bill would keep "our promise to give veterans more choice in their health care while building on our strong investment in VA's internal capacity."

The bill would authorize \$5.2 billion to extend the current Veterans Choice Program, whose funding was set to expire on May 31, for one year while the VA enacts reforms to expand private care options.

Rep. Tim Walz, D-Minnesota, the ranking member of the House Veterans Affairs Committee, voted against the bill.

"There is little debate that the VA Mission Act is better than the current Veterans Choice Program," Walz said, but he questioned whether there would be sufficient funding in the long run to sustain it.

"Voting against this bill is not something I take lightly," he said. "While I have serious concerns with regard to long term sustainability and implementation, the bill does take steps to consolidate VA's various care in the community programs while providing much needed stop gap funding for the ailing Veterans Choice Program."

Former VA Secretary David Shulkin last year said that about one-third of VA medical appointments were being handled in the private sector, but the Trump administration had argued for more private care options for veterans who face long waits for appointments or have to travel long distances to VA facilities.

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2.4 - Washington Examiner: [House passes Trump-backed bill allowing veterans to see more private doctors, hospitals](#) (16 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The House passed legislation Wednesday to allow more veterans to see doctors outside the Veterans Affairs system.

The bill, the VA MISSION Act, passed the House 347-70. It would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

Through a statement from the White House press secretary, Sarah Sanders, Trump hailed the bill's passage and urged the Senate to take it up swiftly.

"The president encourages members of the Senate to put the needs of our nation's veterans over partisan politics and pass this necessary legislation before Memorial Day to ensure that our nation's bravest do not have to wait in never-ending lines to receive the care they rightfully deserve," Sanders said.

The \$52 billion plan includes \$5.2 billion to avoid shutdown of the Choice program, which is expected to run out of funds as early as May 31, disrupting medical care for veterans. Choice was created as a reaction to the scandals involving long wait times for care in the VA system, in which veterans died while they waited to receive medical care.

Republicans in the Senate have said they support the VA MISSION Act and Sen. Jon Tester of Montana, the top Democrat on the Veterans Affairs Committee, also has said he supports the legislation.

All those who voted against the House bill were Democrats. Opponents of the legislation have said they fear the VA is headed toward privatization, which would remove many responsibilities from the VA system and provide public funding to private medical centers.

Rep. Phil Roe, R-Tenn., the bill's lead author, called the passage a "promise kept to our veterans."

The bill had the support of 40 different veterans service organizations. One of them, Concerned Veterans for America, said in a statement that they hoped senators would "put politics aside" and that the bill would head to Trump's desk before it runs out of funding at the end of the month.

"This bill is vital to the health and wellbeing of millions of our nation's veterans who utilize the VA to get the care they need," CVA Executive Director Dan Caldwell said in a statement. "Every day we don't fix the VA health care system is another day veterans are subjected to substandard care and unacceptable wait times."

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2.5 - Military Times: [Sweeping veterans policy bill passed overwhelmingly in the House](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers advanced a \$52 billion veterans legislative package on Wednesday that would overhaul outside medical care options for Department of Veterans Affairs patients, expand stipends for veteran caregivers and launch a review of the bureaucracy's national footprint.

Despite the cost of the plan, the measure easily passed the chamber by a vote of 347-70 and has the blessing of the White House, which said the legislation "will help to ensure that veterans choose the VA by getting them the right care at the right time with the right provider."

It's expected to move quickly through the Senate, with that chamber's top Democrat on veterans issues — Montana's Jon Tester — saying earlier in the day he supports the package, and Republicans in the chamber already offering support.

Lawmakers have until the end of the month to finalize legislation, including new funding for the department's controversial Choice program or risk disrupting health care for tens of thousands of veterans using the account.

House Veterans' Affairs Committee Chairman Phil Roe, R-Tenn., dismissed concerns from critics about the scope and cost of the measure, particularly charges that the package is part of a slow erosion of VA responsibilities and services.

"Opponents of this bill will tell you, falsely, that it is aimed at eventual privatization of the VA health care system," he said just before the vote. "That misconception is based on nothing but fear and rhetoric."

“A yes vote is a vote for access, for quality, for choice, for the long-term success and sustainability of the VA health care system, for caregivers and for veterans.”

Among the legislation’s opponents (all Democrats) was the committee’s ranking member, Minnesota Democratic Rep. Tim Walz, who voiced concerns that Republicans rejected proposals to exempt the costs from mandatory budget caps scheduled to take effect in coming years.

He also said that implementation of the massive veterans bill will fall to President Donald Trump’s administration, which “has been 40 days without a VA secretary” since the firing of VA Secretary Shulkin two months ago.

**** VA Choice and community care**

The legislation, dubbed the VA Mission Act, is the culmination of nearly a year of work on the contentious issue of VA community care.

More than one-third of all VA-funded medical appointments last year took place in offices outside the Veterans Health Administration, but administration officials have pushed for more access to private-sector doctors to increase options for veterans facing long waits or travel for federal care.

In 2014, lawmakers passed the VA Choice program with that same idea. The program handles around 30,000 outside medical appointments a day, but has come under fire from conservatives for being too restrictive and bureaucratic for veterans looking for options outside VA.

Last month, acting VA Secretary Robert Wilkie said the Choice program will run out of money by the end of this month. The VA Mission Act include \$5.2 billion in bridge funding to keep that program running for another year, until it is consolidated with other department care programs.

That consolidation is expected to simplify and expand the rules for accessing outside care, but still keeping VA officials involved in veterans’ over health care plans.

It requires veterans become eligible for private-sector care options if VA does not provide adequate medical options for patients, including long travel times, long wait times or poor service ratings. It revises payment rates for community care to Medicare rates, to ease concerns about reimbursement for those visits.

It would also authorize two walk-in visits at local private-sector offices for any veterans who have used department health care services in the last two years. Those appointments may require a co-pay.

Critics of the plan — including federal unions — have said the changes are a major step towards privatizing VA health services by shifting billions of dollars from VA accounts to private companies. They’ve also accused the White House of working towards that goal, in an effort to hollow out VA.

But VA officials have defended the idea as modernizing VA operations, and acknowledging that the medical needs of millions of veterans cannot be shouldered by the department alone.

Numerous House Democrats, who in the past have warned about the privatization push, backed the new legislation, saying it strikes the balance between medical access and preserving the department.

**** Caregivers and asset review**

In order to attract that Democratic support, Republican House leaders added a dramatic expansion of the current VA caregivers stipend to the measure.

The issue has been a top priority of veterans organizations in recent years, since currently only caregivers of veterans from the post-9/11 era are eligible for monthly stipends through the department. The new proposal would expand that to veterans of all eras, first starting with pre-1975 veterans and later phasing in the remaining group over two years.

The obstacle in getting that expansion has been the cost. The Congressional Budget Office estimates that more than 41,000 caregivers could be added to the program over the next five years, at a cost of nearly \$7 billion. But that bill is expected to rise even more in following years.

But the community care overhaul is expected to total more than three times that total by 2023, making it a more palatable concession in the context of the larger legislative package.

The asset review portions of the package resembles the framework of the Defense Department's base closure and review commissions, although supporters have bristled at the comparison.

Under the plan, the president would establish a nine-member Asset and Infrastructure Review Commission, with representatives from veterans service organizations, the health care industry, and federal facility management.

The panel would meet in 2022 and 2023 to issue recommendations on "the modernization or realignment of Veterans Health Administration facilities." That could include closing, reducing or expanding a host of VA health facilities across the country.

The cost of that work is unknown. Lawmakers have been reluctant to back new military base closing commissions because of controversies surrounding the 2005 round, which produced disputed savings totals.

But VA officials have repeatedly warned that their current footprint includes hundreds of outdated or obsolete facilities, and department administrators have severe restrictions on managing those locations. Roe said a "politically insulated process" is needed to fix that "massive and misaligned physical footprint" of VA.

The exterior of the Veterans Affairs Department hospital is shown in east Denver on Oct. 4, 2017. On Wednesday, House lawmakers approved a veterans legislative package which includes a review of department medical facilities and an overhaul of VA community care programs. (David Zalubowski/AP) The exterior of the Veterans Affairs Department hospital is shown in east Denver on Oct. 4, 2017. On Wednesday, House lawmakers approved a veterans legislative package which includes a review of department medical facilities and an overhaul of VA community care programs. (David Zalubowski/AP)

**** Veterans support**

In advance of the House vote, 38 veterans groups issued a letter of support for the legislation, calling it “a major step towards ... making improvements to and investments in the VA health care system, creating integrated networks so that veterans have access to care when and where they need it, and providing the further recognition and assistance to family caregivers of severely disabled veterans deserve.”

The list included the Veterans of Foreign Wars, Disabled American Veterans, Paralyzed Veterans of America, and Iraq and Afghanistan Veterans of America — all organizations that have repeatedly warned members about the threat of privatization to VA operations.

Denise Rohan, national commander of the American Legion, praised Wednesday’s vote as a critical step forward to “streamline and fund the Department of Veterans Affairs’ many community care programs, expand caregiver benefits to pre-9/11 veterans and their families, and review VA infrastructure holdings.”

The measure also received support from Concerned Veterans for America, which has close ties to the current White House and has argued against the privatization label in recent years.

“The Mission Act would go a long way towards resolving problems with the VA’s existing community care programs and stabilizing the VA’s health care system,” CVA Executive Director Dan Caldwell said in a statement. “We’re also encouraged that the MISSION Act mandates a long-overdue review of the VA’s infrastructure across the country.”

No timetable has been set for when the Senate may vote on the measure, but Senate Veterans Affairs Committee Chairman Johnny Isakson, R-Ga., said he hopes to take up the issue “without delay.”

In a gesture to colleagues, lawmakers changed the official name of the legislation to include Sen. John McCain, R-Ariz., Rep. Sam Johnson, R-Texas, and former Sen. Daniel Akaka, D-Hawaii. McCain and Johnson are both former prisoners of war, while Akaka (who died in April) was a longtime veterans advocate in his chamber.

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2.6 - Stars and Stripes: [House approves plan to increase private-sector care for veterans, fix VA funding crisis](#) (16 May, Nikki Wentling, 1.5M uvm; Washington, DC)

House lawmakers approved sweeping legislation Wednesday that changes rules dictating when veterans can go outside the Department of Veterans Affairs for medical treatment, which fulfills a promise made by President Donald Trump to give veterans more choice over their health care.

Lawmakers voted 347-70 in favor of the bill. The vote comes after more than a year of negotiations between Republicans and Democrats about changes to the VA’s private-sector care programs. The Congressional Budget Office estimated the bill would cost nearly \$52 billion.

In addition to altering eligibility criteria for veterans to access private-sector health care, the bill would extend benefits for veteran caregivers and initiate a nationwide review of VA

infrastructure, among other reforms. Rep. Phil Roe, R-Tenn., the chairman of the House Committee on Veterans' Affairs, called it transformational.

"Together, these provisions would fortify the VA health care system and make sure it stays strong and able to provide the care that it's meant to provide," Roe said on the House floor. "This is a historic opportunity to fundamentally shape and improve the second-largest agency in the federal government. The real winners here are our veterans."

The bill is named for Sen. John McCain, R-Ariz., and Rep. Samuel Johnson, R-Texas, both of whom were prisoners of war in Vietnam, as well as Daniel Akaka, a World War II veteran and former Democratic senator from Hawaii who died in April. Its short title is the VA Mission Act.

The Mission Act now goes to the Senate. Leaders of the Senate Veterans' Affairs Committee support the legislation, but it's uncertain when the chamber might act on it.

"I applaud today's bipartisan House action, and I urge the Senate to follow suit and quickly pass this legislation so we can send this bill to the president's desk," Sen. Johnny Isakson, R-Ga., said in a prepared statement. Isakson is the chairman of the Senate Veterans' Affairs Committee.

Congress is facing a tight deadline. The VA Choice program, the private-sector care program that would be replaced by the new rules outlined in the Mission Act, is struggling with another in a series of budget shortfalls. Acting VA Secretary Robert Wilkie warned lawmakers last week that the Choice program would run out of money as early as May 31, at which point veterans won't be able to secure appointments with private doctors.

The Mission Act provides \$5.2 billion in immediate funding to keep the Choice program operating until the new system is put into place next year.

Through Twitter, Trump has repeatedly called on Congress to pass the Mission Act by Memorial Day, which falls on May 28.

"House votes today on Choice/MISSION Act. Who will stand with our Great Vets, caregivers and Veterans Service Organizations?" Trump wrote Wednesday in a tweet.

In addition to the \$5.2 billion for the Choice program, the Congressional Budget Office estimated it would cost \$46.5 billion to implement the Mission Act during the next five years and increase spending by \$4.5 billion from now until 2028.

To offset some costs, the bill proposes to extend pension reductions for Medicaid-eligible veterans in nursing facilities and continue fees on VA-guaranteed home loans. The cuts were put in place in 2014 when the Choice program was first created. They were set to last until Sept. 30, 2024. The bill would move the end-date through Sept. 30, 2028.

During debate on the future of the VA Choice program, many veterans organizations worried unfettered choice for veterans would erode VA resources and eventually dismantle the agency – an occurrence often referred to as "privatization."

After former VA Secretary David Shulkin was fired in March, he blamed his ouster on disagreements with White House insiders over the program. He said they viewed him as an "obstacle to privatization" of the VA.

But the Mission Act has near-unanimous support from lawmakers, the VA, the White House and dozens of veterans organizations who celebrated its passage Wednesday.

In its report on the Mission Act released this week, the CBO said the bill is written in a way that would maintain the VA as a gatekeeper to decide when veterans would go into the private sector.

The Choice program allows veterans to seek care in the private sector only if they live more than 40 miles driving distance from a VA facility or have an estimated wait of more than 30 days for an appointment with a VA provider.

The Mission Act would require the VA to grant veterans access to the private sector if veterans and their VA doctors agree it's in their best interest. A host of issues could be considered when making that decision, including whether the veteran faces an "unusual or excessive burden" to accessing a VA facility.

"Many of the regulations that need to be written to implement the program could curtail use," the CBO report states. "For instance, VA would probably require all veterans to be seen by a VA provider before being referred for community care."

The American Federation for Government Employees, a union that represents hundreds of thousands of VA employees, remains opposed to the bill. AFGE claims it will "starve the VA for resources." National Nurses United, the largest organization of registered nurses, wrote to lawmakers, also warning the bill would lead to privatization.

Some Democrats took issue with aspects of the bill, though they generally agreed with most of it. Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs and a key negotiator on the Mission Act, voted against it Wednesday because he worried it would create funding troubles for the VA next year and in the long term. The increased spending for the bill could trigger potential cuts when budget caps are reinstated, he said.

"I agree these reforms are needed, and I agree these programs were debated in a logical, fair and open manner. We got much of what needed to be done in this," Walz said. "But I'm suggesting we budget honestly in this so we don't reach a nightmare scenario."

Rep. Rob Woodall, R-Ga., argued Congress wouldn't allow VA programs to be cut.

"We are going to run up against that conversation next year," he said. "The question is, will we have the courage to stand up together and fund those priorities? We have to stand up and say yes to those dollars."

Walz and other Democrats also expressed concerns Wednesday about Congress approving major VA reforms without knowing who will implement them. The agency has been without a permanent secretary since Shulkin was dismissed in March. White House physician Ronny Jackson, Trump's pick to replace Shulkin, withdrew from consideration in late April. A new nominee has yet to be named.

"I am also concerned that without strong leadership in place, this bill will give the Trump administration the cover it needs to slowly privatize VA," Walz said. "Especially if VA is required

to cut spending on care provided in VA hospitals, or cut funding for much needed construction and maintenance.”

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2.7 - Government Executive: [House Passes Sweeping Bill to Overhaul VA-Funded Private Care, Shutter Facilities](#) (16 May, Eric Katz, 870k uvm; Washington, DC)

The House on Wednesday passed 347-70 a major overhaul to veterans health care, voting to expand their access to private sector care on the government's dime and to bring the Veterans Affairs Department through a process that would close some of its federally run facilities.

The Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act won widespread support in the lower chamber and will now head to the Senate, where it already has bipartisan backing. The massive bill dealing with multiple areas that have for years proven to be political landmines moved quickly through the House, with House Veterans' Affairs Committee Chairman Rep. Phil Roe, R-Tenn., introducing the bill just one month ago. Roe had worked for much of the 115th Congress with Democrats, his counterparts in the Senate, the Trump administration and an array of veterans stakeholders to reach a compromise bill.

The measure this week also won the official backing of the White House, which put out a statement saying the bill would “strengthen the VA's ability to deliver timely, high-quality healthcare in its own facilities, while ensuring seamless integration with community care providers.” President Trump personally praised the bill in a tweet, saying the Senate should act within the next two weeks.

The bill would provide veterans with access to private sector care when the services they are seeking are not offered at VA, there is no full-service medical facility in their state, they previously were eligible for outside care under the Veterans Choice Program or VA cannot meet its own standards of care in providing care to an individual veteran. It would also allow a veteran and doctor to mutually agree that private care was in the patient's “best medical interest.”

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The VA provider would have to first assess the distance the veteran must go to receive care from the department's network of more than 1,200 medical facilities, the nature of the services required, the frequency of treatment, the timeliness of available appointments and other “excessive burdens to care.”

The Choice Program, which Congress established after the 2014 scandal involving department employees manipulating patient data to hide long wait times, is set to run out of funding later this month or in early June. The bill would avoid that pending crisis by providing \$5.2 billion for the program before sunseting it permanently in one year. The bill overall would cost \$52 billion over five years, according to the Congressional Budget Office.

The measure includes another controversial provision to put VA through a process similar to the Defense Department's Base Realignment and Closure Commission. The measure would require the VA secretary to assess the department's current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign. The

secretary would then pass those suggestions along to a presidentially-appointed, Senate-confirmed commission. That panel would submit its recommendations to the president, who would then have to approve of the plan in full, in part or reject it altogether. Congress would then have 45 days to vote down the plan or it would automatically go into effect.

Thirty-seven veterans service organizations and other stakeholders previously sent a letter to Congress urging lawmakers to support it. The groups have cautioned members against taking too aggressive an approach in boosting private sector care, but said Roe's bill represented "a balanced approach to ensuring timely access to care while continuing to strengthen the VA health care system."

A spokeswoman for Sen. Johnny Isakson, R-Ga., who chairs the Senate Veterans' Affairs Committee and has praised the VA MISSION Act, said Senate Majority Leader Mitch McConnell, R-Ky., would determine when the bill received floor time but the hope was for it to move "quickly." A McConnell spokeswoman said no vote has yet been scheduled.

The American Federation of Government Employees, which represents 230,000 VA employees, has called on Congress to reject the measure, saying it would endanger the department by shifting resources toward the private sector.

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2.8 - Idaho Press-Tribune: [Boise VA employees rally against privatization, vacancies](#) (16 May, Kyle Pfannensteil, 188k uvm; Nampa, ID)

Caring for veterans attracts employees with a particular interest in serving those who've served, and some employees of the Boise Veterans Affairs Medical Center fear potential changes to agency funds could have poor consequences for the program and veterans.

Around 15 people, some of whom were Boise VA employees, protested Wednesday in downtown Boise to stop what they see as a move by Congress to privatize the veterans affairs agency and to continue to delay filling what they claim is now 49,000 vacant VA positions.

The employees weren't demonstrating on official VA business, instead as part of efforts from the employee union, the American Federation of Government Employees (AFGE.) It's the largest federal employee union and the Boise rally was organized by AFGE Local 1273, a union chapter in Boise.

"We're not here representing the VA. We're here representing the interest of veterans and the interests of our union," the union chapter's president and a VA employee Travis Riggs told the Idaho Press-Tribune. "Obviously, if the VA's privatized that's horrible for workers, that's horrible for our union. But the reason we're out here today is because it's horrible for our veterans."

Riggs worries privatization could make the government program that is widely known for providing care into something more like traditional health insurance, where veterans get an insurance card and receive care from approved providers instead of primarily through VA facilities.

A bill Riggs believes could push the program in that direction passed the U.S. House of Representatives earlier Wednesday, before the rally, according to the Military Times. Riggs

argues that bill, dubbed the VA Mission Act, would drastically change the state of veteran affairs.

In a press release, Republican Speaker of the House Paul Ryan said the bill “is another critical step in fulfilling our promise to fix the Department of Veterans Affairs.”

He argues veterans have unique medical needs that centralized service providers could best service, like in detecting what diseases are caused by exposure to Agent Orange, a chemical compound used during the Vietnam War.

And he said private health care is more expensive than VA care, so he argued privatization would just lead to costlier, lower quality care.

Robyn Moulton, a registered nurse at the Boise VA, agreed that the VA provides specialized care. A daughter of a Marine Corps officer, she began working at the VA in 2008 after working at a correctional facility in Ontario, Oregon.

“Both of these tug at your heartstrings because they’re both ‘greater good’ jobs,” Moulton told the Idaho Press-Tribune. “Working with prisoners is difficult, but rewarding and so is (working with) veterans. Working at the VA is an honor. I just feel honored everyday to be a nurse and to be able to care for veterans that keep our country safe and free.”

One huge reason she loves the fellowship she has with veterans.

“There’s a quiet comradery that exists of support that I have not seen anywhere else in any other hospitals that I’ve worked that is not a common thread,” Moulton said.

And the force driving employees like Moulton to work there is something Riggs says many share.

He said most VA employees, specifically those in Boise, have personal ties to military services. Either they, a member of their family or a close friend is a veteran.

“This isn’t a job. This is a mission in our life. This is a calling in our life,” Riggs said. “We aren’t there for a paycheck, we’re here for our veterans.”

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3. Modernize Our System

3.1 - Newsmax: [Dems Push VA to Fire CIO Over Trump Campaign Work](#) (16 May, Jason Devany, 10.8M uvm; West Palm Beach, FL)

Democrats in the House and Senate are calling for the acting chief information officer of the Department of Veterans Affairs to be fired because of the work he did on the Trump campaign.

Camilo Sandoval was appointed the V.A.'s acting CIO last month. During the 2016 presidential campaign, he worked as then-candidate Donald Trump's director of data operations. Because of the campaign's contract with data firm Cambridge Analytica — which is under fire for misusing

millions of Facebook users' data for campaign purposes — Democratic lawmakers now want Sandoval out.

Eleven Democrats — six congressmen and five senators — sent a letter to Deputy VA Secretary Thomas Bowman this week, asking for Sandoval to be terminated.

After referencing the VA's "malign neglect" to modernize veterans' electronic health records, the lawmakers explained their reasons why Sandoval should no longer work at the department.

"This appointment raises serious data security concerns stemming from Mr. Sandoval's previous position as the director of data operations in 2016 while the Trump campaign was contracting with Cambridge Analytica," the letter reads.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust. As such, Mr. Sandoval's role in these activities must be thoroughly examined, and he should be put nowhere near veterans' health and benefits data."

The letter went on to reference a \$25 million lawsuit filed against Sandoval for slander, harassment, and sexual discrimination against another member of the Trump campaign. Politico reported on that lawsuit last month.

The VA employs more than 377,000 people and has been the subject of harsh criticism in recent years thanks to a waitlist scandal that resulted in dozens of veterans dying while waiting to see a doctor, poor sanitary conditions in VA facilities, and issues around company leadership. VA Secretary David Shulkin was fired in March and his replacement nominee was forced to withdraw his name from consideration after Democrats accused him of misconduct.

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3.2 - Healthcare IT News: [Dems blast VA on EHR modernization progress, acting CIO controversy - In the last four months, the agency has lost about 40 senior staffers and the lack of experienced IT leadership puts the EHR modernization project at risk, 11 Congressional members argue.](#) (16 May, Jessica Davis, 438k uvm; Portland, ME)

A group of House and Senate Democrats are calling on the Department of Veterans Affairs to remove its Acting CIO over controversies that stem from his role on the Trump campaign, while expressing concerns about some in the President's inner circle who may be "inappropriately influencing EHR modernization."

The letter, sent by 11 lawmakers include Sens. Richard Blumenthal, D-New York, and Tim Walz, D-Nebraska, blasts the VA for its "malign neglect" for failing to obtain qualified leadership and "reports of political interference hindering EHR implementation."

After Acting CIO Scott Blackburn resigned in April, Trump named Camilo Sandoval to the position. Sandoval, a former Trump campaign staffer, is surrounded by a growing list of controversies.

Among the concerns addressed in the letter is Sandoval's previous position as Director of Data Operations in 2016. During that time, the Trump campaign contracted with Cambridge Analytica, the company currently under fire for mining Facebook user data.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust," the letter authors wrote. "As such, Sandoval's role in these activities must be thoroughly examined."

"He should be put nowhere near veterans' health and benefits data," they added.

The letter also noted Sandoval is currently the subject of a \$25 million lawsuit that claims he slandered, harassed and sexually discriminated against a campaign colleague. All of these items "raise serious red flags and indicate a history of interpersonal conflicts with coworkers."

As a result, the VA should remove him from the position, the Congressional members wrote.

Sandoval is just one of many senior staffing issues concerning the Congressional members. There are more than 33,000 vacancies within the agency, including 553 in the Office of Information Technology. And about 40 senior staffers have stepped down in the last four months alone.

These vacancies are adding to concerns about the EHR modernization project.

"Current VA employees...are forced to shoulder the work of former colleagues -- contributing to low morale among the VA workforce," the letter authors wrote. "The historic overhaul of the VA's outdated [EHR] requires adequate staffing levels to ensure this project succeeds."

Given that the Department of Defense's project is facing its own serious challenges, the need for a VA leader who understands the "risks and requirements" of the project is crucial, they continued. "The need for VA's EHR modernization cannot be overstated."

Also notable is that the letter is addressed to Deputy Secretary Thomas Bowman instead of Acting Secretary Robert Wilkie. Some have called into question Wilkie's authority in that role, given Trump sidestepped appointing Bowman as secretary after ousting VA Secretary David Shulkin, MD. In fact, two veterans' groups have sued to have Wilkie removed.

Despite this opposition, Wilkie has continued to forge ahead with plans to decide on the EHR modernization by May 28.

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3.3 - Federal Computer Week: [Hill Dems want VA's acting CIO out](#) (16 May, Adam Mazmanian, 189k uvm; Vienna, VA)

A group of congressional Democrats wants the Department of Veterans Affairs to remove the acting CIO because allegations of professional misconduct.

Sen. Richard Blumenthal (D-Conn.), who sits on the Senate Veteran's Affairs Committee, Rep. Tim Walz (D-Minn.), the ranking member on the House Veterans Affairs Committee, and nine

other lawmakers said there are "serious character concerns that should disqualify" acting CIO Camilo Sandoval from holding the top tech post at the agency.

In a May 15 letter, the lawmakers noted current legal complaints against Sandoval stemming from allegations of harassment during his work on Donald Trump's presidential campaign. The letter also notes that Sandoval's "previous conflicts" at the Department of Treasury and the Veteran's Health Administration "raise serious red flags and indicate a history of rampant interpersonal conflicts with co-workers."

The lawmakers also complained that Sandoval was involved with Cambridge Analytica while working on the Trump campaign. That firm, it was discovered, improperly captured profile data on 87 million individuals which was eventually shared with the Trump campaign. The scandal is still reverberating in Congress and in legislative bodies abroad.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust," the lawmakers said. "As such, Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data."

The VA CIO oversees an annual budget of about \$4.3 billion. In addition, the CIO also has an important role in the planned \$16 billion modernization of the agency's electronic health records system, which includes an anticipated \$10 billion sole-source contract with Cerner, the same health IT firm that supplies the software in the Defense Department's new and troubled health record system.

The VA CIO is a Senate-confirmed assistant secretary position, and the letter suggests a thorough confirmation process for Sandoval should he be nominated to lead OI&T. However, the position in the past few years has been held on an acting basis more often than not. The latest CIO, Scott Blackburn, was serving on an acting basis. During the Obama administration, career tech official Stephen Warren served as the VA's top tech official on an acting basis for more than two-and-half years between the tenures of Senate-confirmed CIOs Roger Baker and LaVerne Council.

The letter also seeks information on any input provided to VA leadership and President Donald Trump on plans to modernize the VA's health record system. This request is an outgrowth of reporting in Politico that identified Dr. Bruce Moskowitz, a Palm Beach internist and denizen of the Mar-a-Lago resort, as a frequent participant in discussions on the health record modernization plan.

"As an internist with no government experience, Dr. Moskowitz lacks the expertise to provide the administration with insight to address the challenges of developing an interoperable system," the letter states.

The lawmakers also want to see VA pick up the pace in hiring, citing the recent resignation of 40 senior staffers and 553 vacancies in the Office of Information and Technology, "effectively stalling operations in essential areas."

Acting VA Secretary Robert Wilkie praised Sandoval in a May 16 statement, calling him "an important member of [the] leadership team."

"Camilo Sandoval has extensive experience in financial technology and digital mobile payments. Along with his close working relationship with the White House, this makes him well suited to oversee VA's IT infrastructure while the White House vets a permanent candidate for the position," Wilkie said.

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3.4 - Register-Herald: [Beckley VA Medical Center launches Whole Health Wellness Center](#) (16 May, Wendy Holdren, 77k uvm; Beckley, WV)

Through its new "Whole Health" Wellness Center, the Beckley VA Medical Center will offer alternative approaches to healthy living, including space for yoga, Tai Chi, meditation, other innovative therapies and health-focused classes.

"This is a crucial step in transforming health care so it is centered on the veteran's goals and well-being," said Beckley VAMC Director Stacy Vasquez, who is a service-connected Veteran herself.

The idea behind Whole Health is empowering and equipping veterans to take charge of their health and live their lives to the fullest.

"The greatest gift I can give my family is to try to stay as healthy as I can," said James Layne, a U.S. Army veteran of Afghanistan. "Like most veterans with aching knees and lower back pain, my recreational activities have lacked. Physical therapy really helped me increase my strength, but something was missing. Now, the Whole Health Clinic has filled that void."

According to a release, the Whole Health initiative is the Beckley VA Medical Center's next step toward focusing on a patient-centered care.

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3.5 - KDLT (NBC-26): [VA Medical Center in Sioux Falls Opens Two New Spaces](#) (16 May, 54k uvm; Sioux Falls, SD)

The VA Medical Hospital is opening some major upgrades to better serve those who served our country.

The new oncology clinic is about 6,000 square feet of brand new space. Veterans going through chemotherapy will have more personalized spaces to recover. High ceilings and natural light are just a couple of highlights to help veterans feel more comfortable.

A specialty medicine clinic is being introduced to the public tomorrow night on the second floor. More space and state of the art equipment is going to give veterans better, more comfortable care.

"The reception from our veterans. Our veterans are Americas heroes. They are South Dakotans, Minnesotans, and Iowans, that depend on us for their health care. They come here and they see an environment that is welcoming, healing," said Darwin Goodspeed, the Director of the VA Medical Center.

Various art pieces are scattered around this clinic to provide a welcoming environment. The special medicine clinic will open for the public to see tomorrow night from 4 p.m. to 6 p.m.

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3.6 - Dundalk Eagle: [Eastern Baltimore County VA clinic preps to open](#) (15 May, Dianna DeCarlo, 12k uvm; Dundalk, MD)

After the Fort Howard location closed in March 2016, the Eastern Baltimore County VA Outpatient Clinic will reopen this fall at the Franklin Square Professional Center at 5235 King Ave. in Rosedale.

The relocation was announced in October of 2017 following more than a year of the VA Maryland Health Care System “using the competitive lease process to identify a new location for the clinic.”

The organization announced that the new spot, just down the street from Franklin Square Hospital, was chosen due to its accessibility. Major highways such as I-95 and U.S. Route 40, along with several bus routes, are close-by and allow people spread across the county to have a quicker and easier transport.

The Fort Howard clinic closed as a result of water damage after a water heater exploded inside the building. During repairs, other infrastructure problems such as mold and out-of-date heating and air conditioning systems were discovered.

All patient care activities and staff at the time were transferred to the Loch Raven VA Outpatient Clinic.

Now, the VA system is looking towards the future. The new building will be larger, coming in at 12,000 square feet and features new amenities such as larger exam rooms and patient waiting areas.

“We are happy to bring VA health care services back to Eastern Baltimore County after the closing of the Fort Howard VA Outpatient Clinic in March 2016,” said Adam M. Robinson, Jr., MD, director of the VA Maryland Health Care System. “By finding a central location for the new clinic that is close to major roads and mass transportation, we are looking forward to serving even more veterans in the area over the next five years. Our veterans wore the cloth of our nation in service to our country, so we want to be there for them now to serve their health care needs.”

Ming T. Vincenti, the Public Affairs Specialist/Community Outreach Coordinator for VA Maryland Health Care System also told the Dundalk Eagle that the new center will have access to a system called “Telehealth”, where patients will be able to go to the new clinic and have an appointment with a specialist (i.e. mental health provider) at another location through video, called “VA Video Connect”.

As one of six community-based outpatient clinics operated by the VA Maryland Health Care System, the Eastern Baltimore County VA Outpatient Clinic will provide outpatient primary care services, mental health care, women’s health care, social work assistance, preventive health

and education services, various medical screenings, and referrals to specialized available throughout the health care system. Vinceti said the clinic will be open Monday through Friday from 8 a.m. to 4:30 p.m. and will also feature a free weekday shuttle service to and from the Baltimore VA Medical Center.

Vinceti said that there are many misconceptions veterans have when debating whether to utilize the VA center.

She provided this list busting the most common VA center myths:

Veterans may say, “I served in the military but....”

I wasn’t in combat, so I won’t be eligible

– VA serves many non-combat Veterans
I wasn’t injured, so I won’t be eligible

– having been injured is not a requirement
I have my own health insurance, so there’s no need to apply for VA health care

– you can keep both, VA providers work together with community providers

I’m still young, and I’m healthy, now is not the time to sign up

– Enrolling now can come in handy later, ie. if a Veteran has a stroke, they’ll already be “in the system” and family members won’t be left trying to find discharge papers so they can apply
VA is for men. They won’t “get me” because I’m a woman

– we have a women’s health program, and we just had a baby shower for new moms – 50-some Veterans who recently gave birth
I’m doing okay, so I’ll leave my “spot” open for another Veteran who needs help more than I do

– it’s actually the opposite – the more Veterans who sign up for an use VA health care, the more funding we receive which we can put back into the care provided to all Veterans
It’s going to take forever to get a primary care appointment –

it’s true that a few years ago we had some of the worst (longest) wait times in the country. I feel comfortable sharing that only because I can now say we have some of the best wait times in the country! We’ve done a lot of things to accomplish that, but a main thing is recruiting more physicians and staff.

The VA Maryland Health Care System (VAMHCS) provides a broad spectrum of medical, surgical, rehabilitative, mental health and outpatient care to veterans at two medical centers, one rehabilitation & extended care center and six outpatient clinics located throughout the state. More than 52,000 veterans from various generations receive care from VAMHCS annually. For information about VA health care eligibility and enrollment or how to apply for a VA medical care hardship to avoid future copayments for VA health care, interested Veterans are urged to call the Enrollment Center for the VA Maryland Health Care System, Monday through Friday, from 8 a.m. to 4:30 p.m. at 1-800-463-6295, ext. 7324 or visit www.maryland.va.gov.

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4. Focus Resources More Efficiently

4.1 - Government Executive: Let's Talk About Some Bad Ideas for Civil Service Reform

(16 May, Debra D'Agostino, 870k uvm; Washington, DC)

While the Trump administration touts salary freezes and reduced retirement benefits for federal workers (to attract new talent?), at last week's Merit Systems Protection Board Summit, MSPB Vice Chairman Mark Robbins discussed some other proposed civil service reforms. Spoiler alert: They won't help employees.

Some proposals are common sense, like excluding shutdown-created furloughs from the list of appealable adverse personnel actions (federal employees gained little from appealing furloughs during previous shutdowns). But others double down on the federal government's bad management practices. For instance:

1. Expanding the VA "accountability" law governmentwide

In June 2017, President Trump signed a law that reduced civil service protections at the Veterans Affairs Department to expedite the firing of bad employees. The Veterans Affairs Accountability and Whistleblower Protection Act lowered VA's burden of evidence in misconduct cases from preponderant (51 percent) to substantial ("more than a mere scintilla," whatever that means). It also shortened the adverse action process and removed MSPB's authority to mitigate penalties. Now the administration and some lawmakers want to expand those provisions to all executive agencies.

Given the government's resources, it is incomprehensible why an agency cannot readily prove when employee misconduct occurs. For example, if an agency removes an employee for excessive tardiness it needs only to produce reasonable documentation (a supervisor's emails to the employee discussing late arrivals, for instance) to support the firing. Do we really need to make this easier?

With its abridged timeframes, the law fails to address major slogs in the process, including agencies taking months to investigate misconduct, despite having entire offices devoted to nothing else, and then months to decide what to do about it. Yet under the new VA law, the only shortened deadlines are:

The employee has 7 instead of 10 or 14 days to respond an adverse action proposal;

The deciding official has 15 has to issue a decision; and

The employee has 10 instead of 30 days to file an MSPB appeal.

Inexplicably, the MSPB now has 180 instead of 120 days to issue a decision, which lengthens the process, thus undermining the premise for the changes. The most ridiculously drawn out parts of the removal process, which occur before the employee is sanctioned or fired, stand unaffected.

Finally, taking away MSPB's ability to mitigate a penalty means that agencies can fire employees for minor indiscretions without regard to reasonableness. If an agency fires a 15-year employee with no prior discipline problems for a technical policy violation, the board could

not instead impose a lesser penalty. This can have unintended consequences—when their options are all or nothing, administrative judges sometimes chose nothing.

2. Authorizing the MSPB to issue summary judgment decisions

When the material facts of a case are not in dispute, MSPB Vice Chairman Robbins frequently advocates for allowing the MSPB to dispose of appeals on summary judgment—in other words, limiting consideration to the narrow legal arguments of a case.

Cases concerning annuities and appeals brought under the Veterans Employment Opportunity Act are often handled this way. But extending this option to all cases would be ripe for abuse. At the core of misconduct cases is whether the employee did what he or she was charged with doing. At the core of whistleblower retaliation cases is a question of intent. It is nearly impossible to envision an administrative judge making these decisions without weighing evidence, which is not supposed to occur upon a motion for summary judgment.

One fear is that agencies will file motions for summary judgment to drive up attorney's fees and slow the process, adding another motion for the administrative judge to decide. Another is that the MSPB would only grant summary judgment in favor of the government based on how administrative judges now exercise their authority to limit evidence.

In my experience, this is a terrible idea. If I had a client who admitted to misconduct, the administrative judge would rightfully push him to stipulate as much to avoid wasting time at hearing. Yet, such stipulation rarely flows the other way. I have proceeded to hearing where the evidence showed my client was not at work on the day of an alleged incident, where the deciding official admitted there was no evidence to sustain a charge, where it has been proven that the policy alleged to have been violated does not exist, and so on. In my more than 15 years representing federal employees before the MSPB, I can recall only one time when the administrative judge tossed a charge prior to the hearing based on pre-hearing submissions.

3. Lengthening the probationary period to 2 or 3 years

Most federal employees serve a one-year probationary period during which they can be fired for any reason, with no right to appeal to MSPB. Agencies often wait to the very end of that period to terminate employees who are not working out. This appears suspicious, because if there was a genuine concern, it makes little sense that the agency sat on its hands instead of getting rid of the problem. Yet, this is what agencies do, and proposals to extend the probationary period to two or even three years, would mean agencies will sit on their hands for even longer. Every government employee can point to someone who was a problem walking in the door, who is still there because management never did its job. Solid employees, two or more years in, do not typically become problems all of a sudden.

Managers say that they tolerate the bad employees because it is so hard to hire a new employee. Perhaps the solution should be targeted at the problem—fixing the federal hiring process.

4. Pay for performance

Currently, most federal employees get raises based on tenure. To get a bigger raise, they need to be promoted. Solid performers are often promoted every year or two, until they reach the senior levels, where the jobs are fewer. This is much like the private sector.

The proposal is to tie pay raises to performance evaluations, which are inherently subjective, especially for more complex work. Subjectivity is unavoidable—in my office, an associate may draft a brief that one partner thinks is great and another thinks needs work; both can be right. Pay for performance encourages playing favorites, which is problematic for obvious reasons. One need only to look at the Environmental Protection Agency, where Administrator Scott Pruitt signed off on raises of \$12,000 or \$66,000 for certain favored aides. While this incident is extraordinary, it is not difficult to imagine it becoming more common if pay for performance was the rule, and raises were more discretionary in nature.

The goal of reform should be to attract and keep good employees, and to get the best from each employee. Congress should stop treating federal employees like the enemy. The majority of federal employees are there to serve our country, and want, like anyone, to be treated with respect and dignity. While politicians come and go like leaves on a tree, civil servants are the trunk and roots of government.

Debra D'Agostino is a founding partner of the Federal Practice Group. She has more than a decade of experience in employment law and has represented clients in matters before the EEOC, MSPB, the U.S. Court of Appeals for the Federal and D.C. and 4th Circuits and the U.S. Court of Federal Claims.

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4.2 - Palm Beach Post: [Brian Mast, up for VA post, seeks more congressional offices in VAs](#) (16 May, George Bennett, 633k uvm; West Palm Beach, FL)

While his name is mentioned as a potential nominee to head the Department of Veterans Affairs, U.S. Rep. Brian Mast, R-Palm City, announced Wednesday that he has been named to the House Veterans Affairs Committee, a perch that he said will “give us an even better platform to advocate for veterans” in his district and nationally.

Earlier Wednesday, Mast appeared before the committee to promote his bill to make it easier to put congressional offices in VA hospitals. Mast and the three other members of Palm Beach County’s U.S. House delegation — Reps. Alcee Hastings, D-Delray Beach, Lois Frankel, D-West Palm Beach, and Ted Deutch, D-Boca Raton — opened a first-of-its-kind joint office in December in the VA Medical Center in Riviera Beach.

“This office has allowed me to expedite the assistance that I provide to our veterans and I truly believe that every member of Congress should have the opportunity to open an office at their VA facility if they would like to do so,” Mast told the Veterans Affairs Committee during a Wednesday hearing. “The more present a member of Congress can be in their VA medical center, the better the quality of service our veterans should receive.”

Mast, a decorated Army combat veteran who lost both his legs after a bomb blast in Afghanistan in 2010, has introduced a bill aimed at eliminating some of the red tape he encountered when he first sought to put the congressional office at the local VA hospital.

Mast’s bill states that such offices are permitted and directs the VA secretary to establish procedures for members of Congress to use VA facilities.

Reports surfaced last week that Mast is among those being considered by President Donald Trump to head the VA. The post became available after Trump fired former Secretary David Shulkin. Trump's initial pick to replace Shulkin, White House physician Dr. Ronny Jackson, withdrew last month.

Mast has declined comment on the VA secretary's job beyond calling it "an honor to be considered to serve my fellow veterans and their families at the highest possible level."

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4.3 - Commercial-News: [VA staff to take calls Thursday](#) (16 May, Mary Wicoff, 193k uvm; Danville, IL)

Memo to veterans: Operators are standing by, waiting for your call.

Or, at least, they will be Thursday when the Veterans Affairs Illiana Health Care System conducts its third phone-a-thon from 2-6 p.m.

Veterans who are not enrolled in VA health care are asked to call that number to see if they're eligible.

Hilary Edgerly, phone-a-thon organizer, said the event is an effort to make sure staff is available to answer any questions from veterans who live in the catchment area, but aren't enrolled in the VA.

The catchment area covers more than 30 counties in east central Illinois and a couple in Indiana.

"If you're a veteran who isn't currently receiving care through the VA Illiana Health Care System, for whatever reason, give us a call and our experts will be on hand to answer your questions," said Edgerly, who's also acting chief of social work service.

Examples of calls that the VA hopes to receive include: veterans who were previously not eligible for VA health care, veterans who don't believe they're eligible, veterans who believe they are ineligible because they never served in a combat zone, and others.

If veterans are eligible, an appointment will be set up for them.

This is the first year that the VA has asked veterans to call. The past two years, volunteers called veterans who are in the system, but who have been inactive within a two-year window.

The staff at the out-patient clinics in Mattoon, Decatur, Springfield and Peoria will be calling veterans they haven't seen in a while.

At Danville, 10 volunteers each hour will be available to take calls.

Last year, Edgerly said, the response to the phone-a-thon was good, and many veterans were re-established with health care. Also, last year, a TV station showed up and wanted to show a number for veterans to call.

That gave Edgerly the idea to try a different way to reach out to veterans, and she's interested in seeing how well it goes over.

"We're here waiting," she said. "We want them to sign up with us."

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4.4 - KTVX (ABC-4, Video): [Why the month of May is so important to the Utah Red Cross and Veterans](#) (16 May, Stacia Barton, 156k uvm; Salt Lake City, UT)

May is military appreciation month. It's something the Red Cross is passionate about. Rich Woodruff from the Utah Red Cross, joined Brian Carlson to talk about why.

May is Military Appreciation Month and Woodruff says the public may or may not know how deep their roots run with the military, veterans and their families. In fact, they often say the Red Cross was "born on the battlefield," going all the way back to the Geneva Convention. Principles were created and then adopted and advocated for by social activist Clara Barton. She founded The American Red Cross during the Civil War. Their SAF (Services to the Armed Forces) program is often overlooked as one of the 5 key service lines of the Red Cross. (The other 4 being disaster services, blood services, preparedness training, and international services).

As the longest standing organization serving America's military families, the Red Cross provides steadfast care throughout a military member's course of service and beyond. The Red Cross provides this humanitarian work through the following categories of service whenever it is needed: 24 hours a day, 7 days a week and 365 days a year.

Providing Emergency Services - When significant family emergencies occur, the Red Cross is a gateway to a network of comprehensive assistance. The United States Department of Defense (DoD) relies solely on the Red Cross to obtain verified reports of family situations for service members and their commanders, enabling them to make timely decisions about returning home. The Red Cross also helps identify and provides access to the best resources, including financial assistance, in response to a family's emergency needs.

Supporting Military Hospitals and Veterans Affairs (VA) Health Care Facilities - Red Cross volunteers and employees work hand-in-hand with military and VA hospitals and clinics to provide rehabilitation therapy, morale-building activities, and material assistance that is vital to the comfort, recovery and healthcare of service members and veterans. There are current Red Cross volunteer teams at Hill AFB and the VA Medical Center in Salt Lake City.

Building Strong Families and Resilient Communities - The Red Cross works to strengthen families' capacity to cope with the unique demands of a military lifestyle. This is achieved through preparedness briefings, mental health, preparedness, health and safety courses, and networking and support opportunities that are all delivered in local communities across the nation and on military installations around the globe.

Whether our nation is at war or at peace, every day around the globe, members of the U.S. Armed Forces are deployed in service to the country. As the National Guard and Reserves return to their hometown communities, and the active duty are given new assignments, their need for Red Cross support remains critical and constant.

The Red Cross will continue to assist all members of the Armed Forces, veterans and their families, wherever they are in their military life journey. The Red Cross, through its Continuum of Care, is uniquely equipped with the global capacity to support the military 24 hours a day, 7 days a week and 365 days a year.

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4.5 - Newton County Times: [VA announces Paul Lawrence as new Under Secretary for Benefits](#) (15 May, 31k uvm; Jasper, AR)

Today VA announced that Paul R. Lawrence will assume office Tuesday, May 15 as the department's new Under Secretary for Benefits.

Lawrence is a former Army captain and airborne school graduate, and has served in a number of key positions in the accounting industry, focusing primarily in the area of federal government practices.

Most recently, Lawrence was a Public Sector Vice President with Kaiser Associates. Previously, he held leadership positions with Ernst & Young, Accenture, the MITRE Corporation, IBM Business Consulting Services, and PricewaterhouseCoopers. Lawrence has a Master of Arts and Ph.D. in Economics from Virginia Tech, as well as a Bachelor of Arts degree in Economics from the University of Massachusetts, Amherst.

Acting Secretary Robert Wilkie said, "VA is excited to have Paul Lawrence join our team in this important role for Veterans. His decades of leadership in the accounting industry will serve him well as he continues the progress VBA is making on a number of fronts. VA now has two of three Under Secretaries in place, with both assuming office more than a year before their counterparts in the previous administration."

VA also announced that Thomas J. Murphy, currently the Executive in Charge of the Veterans Benefits Administration (VBA), will become the new VBA Midwest Area Director, in St. Louis, Mo. Prior to serving in the temporary position of Executive in Charge, Murphy was Principal Deputy Under Secretary for Benefits in VBA.

Additionally, Margarita Devlin will become Principal Deputy Under Secretary for Benefits in VBA. Until recently she served as the Executive Director of VA's Benefits Assistance Service (BAS). Devlin has served as executive director of Navigation, Advocacy and Community Engagement; executive director of Interagency Care and Benefits Coordination, and other positions in VA since 2003. She holds a master's degree from the University of South Florida.

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[5. Improve Timeliness of Service](#)

5.1 - San Antonio Express-News: [Why Some Veterans Are On the Front Lines to Legalize Hemp, Solidiers tell lawmakers that cannabis helps ease chronic pain and PTSD](#) (16 May, Jonathan Small, 2.7M uvm; San Antonio, TX)

U.S. Armed Forces veterans have had to fight many enemies both on and off the battlefield. One of the most insidious is the opioid addiction that's arisen as a result of treating their pain and PTSD. A sobering 2011 study found that veterans are twice as likely to die from opioids than non-veterans.

Now some veterans are fighting for the legalization of some hemp products to manage their debilitating symptoms. Last April, a group of veterans descended on the U.S. House of Representatives in D.C. to talk with members of the Cannabis Caucus and the House Veterans' Affairs Committee.

The meeting was spearheaded by a retired Marine, Steve Danyluk, who worked with wounded vets at Walter Reed and Bethesda medical centers. "I witnessed what I believe is a policy of over-medicating wounded service men and women with opiates and other toxic medications," he said.

Disturbed by what he saw, he looked into creating an alternative and non-addictive remedy. The result was Warfighter Hemp, which contains CBD derived from the hemp plant. Unlike other cannabis strains, hemp contains less than 0.3 percent of THC, the chemical that makes you high. Still, both hemp and marijuana are classified as Schedule 1 controlled substances, which means the VA and other federally funded entities can't research it.

Navy veteran Veronica Wayne thinks this is a huge mistake. She was one of the soldiers on hand to talk about the benefits of hemp, telling lawmakers that the plant basically saved her life.

After an airplane maintenance hatch hit her head, she took opioids for 17 years. "I basically became a walking zombie," Wayne said. "I was at a higher-than-likely rate of committing suicide from pain." But after using hemp oil she says she got the relief she needed.

Airforce veteran Christine Clayburg was also there to extol the virtues of hemp. "After taking a sister soldier's advice, I was able to trade out the VA "zombie cocktail" for CBD oil," she said. "Not long after that, I began to feel an occasional sense of joy for the first time in over two years. Is it too much to ask that the VA at least test this plant that its own warriors are telling them is working?"

Related: Bipartisan Concern for Veterans Drives Bill to Allow VA to Research Medical Marijuana

Wayne, Danyluk and their colleagues asked legislators to sign a letter to Department of Veterans Affairs Acting Secretary Robert Wilke asking him to greenlight a study into CBD derived from industrial hemp.

"CBD derived from industrial hemp provides much of the relief that these Veterans seek, at a fraction of the cost, without the psychoactive side effects, making it an ideal alternative to the various psychotropic and toxic medications in the VA's dispensary," said Danyluk.

The members of Congress are still debating whether or not to allow testing, but Representative Earl Blumenauer, D-Ore. said, "I'm actually cautiously optimistic if we get something on the floor, that it will pass."

Until then, the veterans will keep fighting the good fight.

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5.2 - Healio: [Diverse mortality rates seen in VA medical centers for HF, heart disease](#) (16 May, Darlene Dobkowski, 1.5M uvm; Thorofare, NJ)

Mortality rates for patients with ischemic heart disease and chronic HF varied across the Veterans Affairs health system, according to a study published in JAMA Cardiology.

“Our findings may be placed in the context of increasing emphasis on the importance of hospital/health system quality performance in the care of populations of patients with chronic disease,” Peter W. Groeneveld, MD, MS, associate professor of medicine at University of Pennsylvania Perelman School of Medicine and attending physician and vice chair of the research and development committee of Philadelphia VA Medical Center, and colleagues wrote. “While hospital outcomes for the treatment of acute medical episodes, such as myocardial infarction, remains an important quality measure, mortality rates among the broader population of patients receiving care by a hospital and/or its outpatient clinics provides important insight into the effectiveness of the hospital/health system in optimizing the health of its patient population.”

VA medical center data

Researchers analyzed administrative data from 930,079 patients with ischemic heart disease (mean age, 72 years; 1% women; 89% white) and 348,015 patients with chronic HF (mean age, 72 years; 2% women; 83% white) who received care from 138 VA medical centers between 2010 and 2014. Both cohorts were constructed so that same patients could appear in both groups.

The overall annual mortality rate was 14.5% for patients with chronic HF and 7.4% for patients with ischemic heart disease. VA medical centers’ risk-stratified mortality for patients with ischemic heart disease varied from 5.5% (95% CI, 5.2-5.7) to 9.4% (95% CI, 9-9.9; P for difference < .001). This was also seen in patients with chronic HF, which ranged from 11.1% (95% CI, 10.3-12.1) to 18.9% (95% CI, 18.3-19.5; P for difference < .001).

Comparisons with national rates

Of the 138 VA medical centers included in the study, mortality rates for patients with ischemic heart disease exceeded the national mean in 29 centers, and mortality rates for patients with chronic HF exceeded the national mean in 35 centers.

Risk-standardized mortality for both cohorts was not associated with 30-day mortality rates for MI ($R^2 = 0.01$; $P = .35$). Weak associations were also seen for risk-standardized mortality and both 30-day chronic HF posthospitalization mortality ($R^2 = 0.16$; $P < .001$) and the VA star-rating system for quality measurement ($R^2 = 0.06$; $P = .005$).

“While process measures are undeniably important in the assessment of quality of care, these are only important to the extent that they are associated with the clinical outcomes that matter to patients,” Groeneveld and colleagues wrote. “Measurement of risk-adjusted mortality among chronic disease populations, therefore, presents an important dimension of quality measurement that might be missed if process measures or acute-care outcomes were the sole metrics.”

In a related editorial, Paul A. Heidenreich, MD, MS, professor of medicine and health research and policy and vice chair for clinical, quality and analytics at Stanford University School of Medicine, wrote: "Perhaps the most important question is how hospitals can use these data to improve. Are the mortality differences because of differences in guideline compliance? Without measures of process of care known to improve mortality, it is not clear how hospital leaders can intervene to lower the mortality rate."

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5.3 - WVEC (ABC-13, Video): [Veteran battles the VA, wins latest fight - Keith English know at the time, was poisoned by water when he was stationed at Camp Lejeune in the 1980s. Decades later, he's terminally ill with cancer.](#) (16 May, Elise Brown, 607k uvm; Norfolk, VA)

Keith English proudly served as a Marine for 20 years. While he can't say everything that he saw while serving, he called it the best ride in his life.

In the late 1980s, English was stationed at Marine Corps Base Camp Lejeune in Jacksonville, North Carolina. Little did he know at the time, he was being poisoned by water on the base. Now, decades later, he's terminally ill with cancer.

"There is nothing I regret about my service. Not even this. It still was a huge pleasure to serve," English said. He beat cancer three times and lost a vocal cord and lips to the disease. However, the cancer returned, spreading from a lung to other organs. The family's medical bills started to pile up.

"I'll put it in these terms: no vacations, no Christmas presents, none. No going out to eat. Borrowing money for gas, having my co-workers -- wonderful people -- secretly pay our electricity," said the veteran.

In January, English's doctor said the father and husband had three to six months to live. In an October 2017 letter, English's Doctor, T.W. Barkdoll at the Naval Medical Center in Portsmouth, wrote to the VA "at least his lung cancer and potentially all three cancers are more likely than not, related to his toxic exposures at Camp Lejeune."

But the VA wrote back earlier this year and denied English's claims. In part, it stated his cancer was not included on the list of approved presumptive diseases for those who were exposed.

"By the way, my employer is the Veterans Administration," said English, who is a police officer for the department.

Dr. Barkdoll listed several reasons to back up his opinion. He stated one of the contaminants found in the water causes an increased risk of lung cancer.

13News Now called a lawyer, the Navy, and a congressman, and asked that they take a look at English's case. We also gave the VA a deadline to get back to 13News Now.

On May 7, the VA called English. "They had reviewed my case, and stated that they had made an error," said English.

In a written statement, the VA told me English was initially denied because of varying medical opinions between English's doctor and the VA's medical expert.

"However, after further consideration, and based on an extensive review of all the available medical evidence, the private physician's medical opinion was ultimately found to hold a higher weighted value compared to the subject matter expert's opinion because it considered Mr. English's personal information and complete medical history as well as extensive knowledge of the research involved in Camp Lejeune contaminated water exposure. Therefore, service connection was established for lung cancer."

"Obviously it sounds like a lack of attention to detail," said English. The VA told English it will reimburse and take care of future medical bills. Congressman Scott Taylor said this demands legislative action to update the list of cancers.

"It's important for us to speak to oncologists, to speak to the military, as well as the Veterans," said Taylor.

English said it's not so much about money, he just doesn't want other families to face the same battle.

13News Now asked the VA if English's reversal will prompt it to review other like claims, but no one answered that question. The VA would only say it evaluates each case.

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5.4 - Fayetteville Observer: [Womack Army Medical Center, Fayetteville VA celebrate partnership at Raeford Road rehabilitation clinic](#) (16 May, Drew Brooks, 439k uvm; Fayetteville, NC)

A year after Womack Army Medical Center and the Fayetteville VA partnered to open a new rehabilitation clinic on Raeford Road, officials have just one complaint.

"We need to work on that sign," said Col. John J. Melton, commander of the Fort Bragg hospital. "We need better branding."

James A. Laterza, director of the Fayetteville Veterans Affairs Medical Center, agreed.

But thankfully, he said, the sign -- simple black letters on a plain white rectangle -- was not symbolic of the care that veterans, military families and retirees have received at the clinic in the past year.

Melton and Laterza visited the Fayetteville Rehabilitation Clinic at 4101 Raeford Road a year after it opened to celebrate the staff and praise the cooperation underway.

In just 12 months, officials said the clinic has had nearly 36,000 patient encounters and enjoys a patient satisfaction rate of more than 95 percent.

"That's pretty outstanding," said Daniel Jayne, supervising physical therapist for the Womack half of the operation.

Jayne said the military employs 16 physical and occupational therapists to serve military spouses, dependents and retirees.

Soldiers are treated at Womack Army Medical Center on post, he said.

In the past year, the Army clinic staff had more than 27,000 patient encounters, Jayne said, despite being understaffed for part of the year.

The clinic also has saved the government more than \$3 million based on care that would have otherwise been handled in the private sector.

Another eight therapists serve VA patients from the clinic, said Rick Peters, the supervising physical therapist on the VA side of the operation. The Fayetteville VA also has three other rehabilitation clinics, including two others in Fayetteville and one in Wilmington.

The VA clinic staff had more than 8,900 patient encounters in the last year, Peters said, including many patients who would have otherwise been forced to seek care outside of the VA.

But while their work stays separate, the Army and the VA staff are far from sequestered.

Jayne said the two staffs work side-by-side and often share in training opportunities. The joint working space has allowed the Army and the VA to save on overhead, equipment and other costs. And more important, it's led the staffs to look for more ways to break down barriers between their organizations.

"It's allowed us to collaborate more," Jayne said.

In the near future, the larger Womack staff will take on some of the VA patient load, he said.

Any VA patients who also qualify for care through the Department of Defense will be "adopted" by the Army staff, Jayne said. That will lead to quicker appointments for nearly all patients.

Peters said the clinic operates as one staff, not two.

He said VA and Army therapists have alternating work space, have combined staff meetings and share a common goal to serve the military community.

"This is a dream clinic," Peters said. "We work as a team."

Jayne agreed.

He said patients like the location, even though its shopping center facade is not much to look at.

"It's the clinic with the ugly sign and the beautiful interior," Jayne said. "We have top-level equipment. And I couldn't be prouder of the staff here."

To celebrate the anniversary, staff at the clinic cut a cake -- half chocolate and half vanilla.

Melton said the Fayetteville Rehabilitation Clinic was proof of how the VA and Department of Defense can partner together.

And Laterza said the partnership was second to none.

“You guys have got it right,” he said.

Dr. Gregory A. Antoine, chief of staff for the Fayetteville VA, said the clinic is just one of several partnerships underway between the local VA and the military.

VA doctors and nurses are working at Womack while operating rooms are being renovated in Fayetteville, he said. And the two medical centers eventually want their staffs to be fully interchangeable, with doctors having privileges at either location.

“There’s a lot of work going on right now to make this a closer, tighter relationship,” Antoine said. “We want to make this seamless.”

Partnering with military facilities is one way the Fayetteville VA is keeping pace with growth, he said.

The Fayetteville VA has the fastest growing veteran patient population in the nation and is expected to become the largest VA network in North Carolina in the coming years.

To cope with the growth, Antoine said the VA is seeking out partnerships with Fort Bragg and medical facilities at Camp Lejeune.

Those partnerships save money, he said. But more important, they help ensure that patients receive the best care possible.

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5.5 - Health Leaders: [VA Reduces Non-Aggressive Prostate Cancer Treatments](#) (16 May, John Commins, 162k uvm; Brentwood, TN)

The Veterans Affairs health system has made tremendous progress over the past decade in convincing patients to postpone surgery or radiation for non-aggressive prostate cancer, new research shows.

Instead, strong majorities of VA patients are opting for active surveillance of the slow-growing cancer, which relies on regular check-ups, blood tests, and occasional needle samplings of prostate tissue to check for any signs of a tumor getting worse.

The researchers used data from the VA's Central Data Warehouse, in one of the largest studies of its kind, involving a review of the medical records of 125,083 former servicemen, mostly over the age of 55, who were newly diagnosed with low-risk prostate cancer between 2005 and 2015.

Researchers found that:

In 2005, 27% of men under age 65 passed on immediate therapy, and 4% chose active surveillance.

In 2015, 72% passed on immediate therapy, and 39% choosing active surveillance.

"Our study shows that the Veterans Affairs health care system has done a good job over the last decade in adopting 'conservative management' of men diagnosed with early-stage disease, with many men choosing active surveillance as an alternative to immediate therapy," says study senior investigator Stacy Loeb, MD, a urologist.

"This marks a historic reversal, at least at the VA, in the decades-long overtreatment of men with prostate cancers least likely to cause harm, and brings their care more in line with the latest best practice guidelines," Loeb says in comments accompanying the study.

Loeb credits the VA's success to several factors, and noted that it is part of a national network of publicly funded hospitals, where many physicians are salaried, so there is little financial incentive to overtreat.

"The main conclusion to be drawn from the data is that if so many veterans can quickly adopt this less-risky disease-management strategy, then so too might other American men if they understood the potential benefits of this option," she says.

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5.6 - American Journal of Managed Care: [Quality of Cardiovascular Care May Vary Substantially Across the VA System](#) (16 May, Kelly Davio, 140k uvm; Plainsboro, NJ)

In a paper published today in JAMA Cardiology, Peter W. Groeneveld, MD, MS, of the Veterans Affairs Medical Center, Philadelphia, and colleagues report that death rates for patients with ischemic heart disease (IHD) and chronic heart failure (CHF) vary widely across the Veterans Affairs (VA) system.¹ Those variations, they say, may point to important differences in care provided at VA medical centers.

Although the VA is a highly integrated system, some prior research has suggested that variation in health outcomes occurs across the VA; in order to assess whether there are substantial differences in the outcomes of patients with IHD and CHF, which are prevalent in the VA healthcare system, the research team conducted a cohort study among 930,079 patients with IHD and 348,015 patients with CHF who received treatment at 138 medical centers between 2010 to 2014. The patients were predominantly white males.

They found that the overall annual mortality rate in the IHD cohort was 7.4% and that the risk-standardized mortality rate for this group ranged from 5.5% (95% CI, 5.2%-5.7%) at the medical center with the lowest mortality to 9.4% (95% CI, 9.0%-9.9%) at the facility with the highest mortality.

In the CHF cohort, the overall annual mortality rate was 14.5%, which also varied across centers, with the lowest-mortality facility having a rate of 11.1% (95% CI, 10.3%-12.1%) and the highest-mortality center having a rate of 18.9% (95% CI, 18.3%-19.5%).

Mean composite IHD and CHF standardized survival scores were slightly higher in the East and Midwest than in the West and South of the country. The researchers observed a weak ($R^2 = .06$) but statistically significant ($P = .005$) association between the composite cardiovascular outcome measure and the VA's Strategic Analytics for Improvement and Learning star system for quality measurement, but mortality rates for these cohorts were not associated with 30-day

mortality rates and were only weakly associated with hospitalized heart failure 30-day mortality rates ($R^2 = .16$; $P < .001$).

The authors write that these differences among VA populations could reflect variability across the medical centers in terms of quality of care, adherence to evidence-based treatment and screening guidelines, access to urgent care, posthospitalization care protocols, chronic disease management, and access to specialty care, social work services, and behavioral health care.

In a linked editorial,² Paul A. Heidenreich, MD, MS, called the findings “provocative” and said that “the demand for quality has outpaced our ability to measure it.” According to Heidenreich, pay-for-performance programs for IHD and CHF that focus on hospitalization and the following 30 days may be part of the problem, because hospital-centric views of quality do not adequately address most patients with chronic diseases who spend more time outside the hospital than in it.

According to Heidenreich, the next steps for improvement include better data sharing to track patients across health systems, additional health services research, and increased analytical expertise among staff in health systems.

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6. Suicide Prevention

6.1 - Nashville Public Radio (Audio): [VA Health Centers Struggle To Attract Tennessee's Young Veterans](#) (16 May, Blake Farmer, 117k uvm; Nashville, TN)

The VA hospitals in the Nashville area are trying to attract young veterans transitioning out of the military. This spring, they've scheduled interest meetings every two weeks as part of a broader suicide prevention effort by President Trump. The problem is, no one is showing up.

"So what is whole health?" former Special Forces soldier Jerry Page asks an audience of one. "Whole health is an approach to care that empowers and equips people to take charge of their health and well-being and live their lives to the fullest."

The single veteran present this morning at the Alvin C. York campus in Murfreesboro works in the sprawling VA complex and was just curious to hear what the whole health initiative is all about. In short, it's getting veterans into yoga, mindfulness and even cooking classes rather than having them only turn to the VA in a crisis looking for a pill or procedure.

Almost nobody has been making time to come and hear about the new modus operandi. Page, who served in the 5th Special Forces Group based at Fort Campbell, acknowledges the outreach presentations were sort of slapped together.

"I think the problem is, the veterans don't want to come to the VA, and the VA doesn't want to come to them," he says. "So we need to find what solution fits best."

The initiative comes from an executive order signed in the Oval Office by President Trump in January.

"I'm honored to be at the forefront of the greatest strides ever made at the VA for our veterans, and it's not even close," Trump said, flanked by cabinet members including the VA secretary who was ousted a few months later.

The larger policy change includes a free year of mental health coverage for everyone departing the military. That's when they're at an elevated risk of suicide. Previously, VA officials say only 40 percent of service members were getting mental health benefits in the first year after transitioning out of uniform.

"When I first got out, it was rough because I didn't know anybody," says Victor Odom, who spent nine years in the Army.

When Odom transitioned out in 2013 after multiple deployments as a fuel technician, he moved back to Clarksville to be near his favorite duty station — Fort Campbell.

"The information didn't flow as well as it did when you were around all your peers in the Army. It felt like I was alone," he says.

He eventually found his way to the VA to deal with his post-traumatic stress disorder but he still hasn't been looped in to the wellness initiative.

More: [To Control Pain, Battle PTSD And Fight Other Ills, Tennessee Vets Try Tai Chi](#)

The VA's new focus on whole health only works if veterans link up with the system before things get dire. Page — the VA presenter — says he knows he's battling an entrenched stigma that the system is just for old guys with health problems.

"I was in their shoes, and I wasn't looking forward to coming to the VA," Page says.

It wasn't until he had his own crisis that he wound up there himself. Local VAs are now trying to get out of the business of just dispensing pills to fix complicated conditions. But first they have to find a new way to get the word out to the right people.

Just this week, Nashville VA officials met with the medical staff at Fort Campbell to discuss ways to help transitioning soldiers get involved with the wellness program as soon as they leave the Army.

"We're going to go out to the community. We're going to try and talk to the veterans, going to try and bring them in as much as possible," he says. "But I think it also hinges on whether that veteran is ready for the care as well."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KTVT (CBS-11, Video): [Air Force Veteran To Be Buried Wednesday With No Known Family There](#) (16 May, MaryAnn Martinez, 26.9M uvm; Dallas, TX)

An Air Force veteran will likely be buried with no family at her gravesite.

Margaret King died several months ago, but the university where she worked held off burying her, hoping they would find her family.

Months after her death, neither UNT or police have been able to track down any family.

She served three years in the Air Force in the 70s. King will have full military honors when she's buried here at DFW National Cemetery on Wednesday. The only people expected to attend is a small group from the University of North Texas where she worked as a custodian.

While much remains unknown about Margaret King, what is for sure is she was very well educated.

"She put down on her application that her hobby was her education," said her supervisor at UNT, David Barkenhagen.

The 67-year-old had two associates degrees, a bachelors degree and three masters degrees. UNT says she was working on a graduate degree in interdisciplinary studies at the time of her death.

Back in September, she was found unresponsive in a parking lot on campus. The medical examiners says she died of natural causes. Her supervisor here at UNT describes her as professional, hard working and very private. She never talked about her family, barely mentioned her military service and did mention that she went to church, but didn't say where.

Her funeral is planned for Wednesday, May 16 at 11:30 a.m. at DFW National Cemetery.

All veterans, even those who are homeless or don't have families get a free burial so long as they qualify and were honorably discharged. At DFW National Cemetery, those who don't have families get a monthly visit from the Patriot Guard riders.

"They're not forgotten. No matter what. It's just saying thank you for your service...whatever happened on their life, the country has not forgotten they've done for us, for our freedom," said John Spruyt, assistant director of the cemetery.

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7.2 - Military Times: [New veterans ID cards finally being delivered, but feature Office Depot's logo on back](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Thousands of veterans received their free veterans ID cards this week featuring their names, their branch of service and a bright red advertisement on the back.

The cards, approved by Congress almost three years ago, are available at no charge to veterans with good conduct discharges. But to pay for printing and delivery, the Department of Veterans Affairs partnered with Office Depot, whose logo is displayed on the back of each card.

The arrangement was first reported by Military.com earlier this week. VA officials dismissed concerns about the unusual decision to display a corporate logo on a federal ID, noting that

Congress approved no funding for the program when it passed the requirement in summer 2015.

“As such, VA approached Office Depot regarding a partnership to print and mail ID cards to veterans after applications are reviewed and approved by VA staff,” said VA spokesman Curt Cashour. “Under the arrangement, Veterans are not required to pay a fee for the card.

“This is precisely the type of outside-the-box thinking that has been missing from the federal government for far too long and that we are bringing to the table under the leadership of President (Donald) Trump.”

Neither VA nor Office Depot officials would release the cost of the partnership to the office supply firm.

In a statement, Office Depot Vice President for Print Services Andrew Tomlin said the company will supply veterans with ID cards at no cost through the end of 2020 because “Office Depot recognizes the sacrifices that veterans have made and this partnership is one small way that we can give back and thank them for their service.”

The backs of the cards also feature contact information for the Veterans Crisis Line and a line specifying that the corporate logo “does not represent an endorsement of Office Depot’s general policies, activities, products or services” by the VA.

As of Monday, 10,735 veterans had received the ID cards, about one-tenth of the applications received through the VA website.

Administration officials touted the new card process in November, as part of their extended Veterans Day celebration. But shortly after the department began accepting online applications, the system was overwhelmed and taken offline.

Cashour said officials are confident those technical issues have now been resolved. Nearly 16,000 more veterans have been approved for the cards and are expected to receive them in the mail in coming weeks.

The new cards do not replace VA medical cards or official defense retiree cards, and will not carry any force of law behind them.

They are designed to be an easy way for veterans to prove their military service for private sector recognition or discounts, replacing the need for individuals to carry around copies of their discharge paperwork. Numerous states have adopted procedures to display veteran status on driver’s licenses to work around that problem.

Under rules developed by VA, individuals who served in the armed forces, including the reserve components, and have a character of discharge of honorable or general under honorable conditions are eligible for the new IDs. Veterans with other than honorable status are not eligible, a move that has upset some outside advocates.

Veterans can apply for the cards through the VA web site. Applicants must register through the site to begin the application process.

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7.3 - KXAS (NBC-5): [Deceased UNT Student, Veteran Laid to Rest at National Cemetery](#)
(16 May, Frank Heinz, 2.1M uvm; Fort Worth, TX)

A student and employee of the University of North Texas who died last fall is being laid to rest Wednesday.

Margaret Rosa King, 67, an Air Force veteran, was working on her graduate degree in interdisciplinary studies while also working for the school as a custodian when she died last fall of natural causes related to heart disease.

King was found unresponsive near her vehicle in a campus parking lot on Sept. 14, 2017 and was transported to an area hospital where she was pronounced dead.

Since that time the university and the Tarrant County Medical Examiner's Office have been working to identify and locate King's next of kin.

On Wednesday afternoon, King's niece arrived at the funeral. She learned of her aunt's passing on Facebook and flew in from Atlanta. UNT officers said King's half-sister is flying in from California on Tuesday.

Because King is a veteran, the university worked with the Dallas-Fort Worth National Cemetery to arrange for her interment. They also have organized a public funeral service for her that will be held at 11:30 a.m. Wednesday, May 16 at the national cemetery.

Most of what the school knows about King mostly came from her employee file and a background check. She said on her job application that she was born in Brooklyn, New York and listed Washington Irving as her high school. On her Facebook page she listed San Antonio as her hometown.

UNT said before King began working as custodian in 2016, she had an extensive academic background and obtained seven degrees including three associate's degrees, a bachelor's degree and three graduate degrees. Prior to that, King served in the U.S. Air Force from May 1971 until September 1974.

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7.4 - WLOS (ANC-13): [Event at Asheville VA raises awareness about homelessness among veterans](#)
(16 May, 480k uvm; Asheville, NC)

They were walking and rolling Wednesday at the Charles George VA Medical Center and raising awareness for homeless veterans.

Rain, at least in Asheville, moved the eighth annual VA2K Walk & Roll indoors to the atrium of Charles George VA Medical Center. Nationwide, in eight years, the event has raised about \$2 million for homeless veterans.

Although the 1.2 mile walk was this afternoon, organizers said they'll be accepting donations all week.

"Anything from housing items, bedsheets, cleaning supplies, any kind of toiletries items, anything a homeless person would benefit from," VA housing support specialist Karina Vazquez said.

Donations may be dropped off at the Charles George VA Medical Center front desk.

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7.5 - WNEM (CBS-5, Video): [VA hosts walk to raise money for homeless veterans](#) (16 May, Ashlyn Hill, 442k uvm; Saginaw, MI)

Homelessness is something veterans struggle with throughout the country, including in Mid-Michigan.

That's why the local Veterans Affairs is raising money with their annual walk for homeless veterans.

The theme of this year's VA 2K Walk and Health Fair is "Be a Super Hero for Homeless Veterans."

The Aleda E. Lutz VA Medical Center in Saginaw has hosted the fundraising event to support homeless veterans for eight years.

"It's an easy walk. It's something that everybody can do to get a little bit of physical activity to promote health," said Teri Yunus, health promotion manager.

Yunus said it's a great way to get the community involved and help out vets in need.

"Things like socks, deodorant, household cleaners, sleeping bags. Anything like that to set up homeless veterans in their first situation where they're going to need those kind of things," Yunus said.

Veterans like Charles Burns, who served in the Marine Corps. He said he used to be about 95 percent blind until he got involved with the veteran association.

"I lost my eyesight and was put into a VA contracted facility in Flint. And they got me into a doctor and they healed me," Burns said.

The VA medical center serves veterans across 35 counties in Michigan. It's a service Kylee Huber said literally changes lives.

"Just knowing that you can help them get into stable housing and see the progress," Huber said.

Huber is a social worker with the homeless veterans program. She takes pride in helping those who have served all of us.

"Because veterans served our country and it's our role to serve them. So, it's important to raise awareness. Especially for homeless veterans because they're at a greater risk of homelessness than other Americans," Huber said.

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7.6 - WDAY (ABC-6, Video): ['Walk & Roll' event supports homeless veterans](#) (16 May, Cassandra Rohlfing, 195k uvm; Fargo, ND)

VA hospitals across the country are promoting health and wellness while also supporting homeless veterans.

Wednesday was the annual VA 2K Walk & Roll event across the United States.

In Fargo, about 150 people took part.

Each participant is encouraged to bring donations to support local homeless veterans.

Since 2011, events around the nation have raised about \$2 million worth of donated goods for veterans.

"Our community, our national leaders, as well as our local leaders here at the Fargo VA, support employee health, employee wellness, as well as our veterans and this is just one simple, little event that shows that," says Wellness Coordinator, Rachel Mustachia.

This was the 8th year of the 2K in Fargo.

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7.7 - WJET (ABC-14, Video): [Erie VA Medical Center holds 8th Annual 'VA 2K Walk and Roll'](#) (16 May, Ron Hilliard, 191k uvm; Erie, PA)

Families and VA employees are getting fit while helping homeless veterans.

The Erie VA Medical Center held its 8th annual 'VA 2k Walk and Roll'. The event brings awareness to the chronic issue of homelessness among veterans. Among services provided, the VA helps veterans find housing and employment.

Michael Wehrer, Social Worker for the VA Medical Center, says, "The VA really wants homelessness amongst veterans to be rare, brief and nonrecurring; and we have a lot of programs here to assist veterans. And this whole event today is helping people just become aware of the services we have."

Each year, the VA assists 600 veterans with housing programs in Erie.

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7.8 - Denton Record-Chronicle: [UNT student and custodian buried after months-long search for family](#) (16 May, Claire Ballor, 190k uvm; Denton, TX)

The quiet and private life of Margaret Rosa King became a public affair after she collapsed and died from heart complications in a University of North Texas parking lot.

The mysterious 67-year-old janitor left behind few clues about her past when she died in Denton in September. Her funeral finally took place Wednesday after a months-long search for someone to claim her remains.

What information King left behind was little help. All her boss knew was that she was a veteran who took classes at the university by day and mopped the school's floors by night.

"The emergency contacts listed on her job application were just three different variations of her name," said David Barkenhagen, who had supervised King since June 2016. "She was a very private person."

King shared few personal details with those in her life, Barkenhagen said. She loved talking about God, which she promised to keep to a minimum while on the job, so she didn't get distracted. And she collected degrees like Girl Scout badges. But she never talked about family.

For months, UNT police dug through records to try to find a blood relative, but every lead came up dry. So, Barkenhagen was named next of kin and he planned King's funeral at Dallas-Fort Worth National Cemetery. She'd have a military honors funeral, and members of the Patriot Guard Riders would escort her remains.

He hoped someone who knew her, maybe even family, would show up.

Barkenhagen and police discovered only the most basic of details about King's life.

She was born in Brooklyn, N.Y., in 1950 and graduated from Washington Irving High School. She served in the Air Force from 1971 to 1974 before going to work for the Department of Defense in Virginia where she stayed until 1997 when she began working at Lockheed Martin. She retired in 2003.

A neighbor who lived next door to King's Haltom City two-story brick home for 24 years said she didn't even know anything about the woman. The only glimpse into King's life that her home now offers are three license plates in the first-floor windows that say "THE EYE," but their meaning is just as mysterious as the woman who put them there.

Throughout her life, King received six degrees. She completed an associate's degree in business from Tidewater Community College in Virginia, a master's degree in gerontology from Norfolk State University in Virginia, a bachelor's degree in business from Saint Leo University in Florida, an associate's degree in accounting and information technology from Tarrant County Community College, a master's degree in information science from UNT and a master's degree in computer education from UNT.

The associate's degree she was working on at the time of her death would have been her seventh.

"She said she just loved to learn. She wrote that down as a hobby on her job application," Barkenhagen said.

Not alone anymore

Days before King's funeral on Wednesday, UNT put out one last call to media outlets and shared the only photo of King they could find, her work photo, in hopes that her story would be shared and a family member would surface. But no family came forward. So Berkenhagen wrote his speech, put on a black suit and prepared to eulogize a woman he hardly knew.

At the cemetery, the parking lot filled up quickly.

"I think all of these people are here for her," Berkenhagen said. "I wasn't expecting so many people to be here!"

Dozens of people, most of whom never knew King, crowded a pavillion where her ashes were placed in an engraved wooden box. Some were veterans who heard King's story and wanted to show respect. Some were UNT staff members. Others were citizens who didn't want King to be buried alone. Most of them only knew King's name and her military service, and that was all they needed to know.

After a three-volley rifle salute, Barkenhagen was receiving King's folded flag when a teary-eyed woman in a black dress tapped him on the shoulder.

"I'm Margaret's niece," she whispered.

A day earlier, Cherrie Robinson came across a story on Facebook and recognized the woman in the picture as an aunt whom her mother hadn't spoken to in decades. She called her mother and immediately booked a flight from her home in Atlanta to Dallas.

"We've been looking for her for years," Robinson said through tears. "To come across this story just in time to make it here for the services is just amazing."

She said she and her mother, King's half-sister, were not very close with King and lost touch with her decades earlier. Her mother booked the first flight she could get from her home in California, she said, but her flight landed as the funeral was starting and she couldn't make it in time.

The two had tried to find King, who had always been very private and consumed by her studies, but Robinson said she's just glad they found her in time for her to be there to say goodbye.

"I never wanted to find her in death," she said, "but I'm glad at least I can see how many people care."

Barkenhagen handed the folded flag and the three bullet casings from the salute to Robinson. His job was done.

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7.9 - WSIL (ABC-3, Video): [Marion VA Brings in Donations with VA 2k Walk and Roll](#) (16 May, Brooke Schlyer, 162k uvm; Carterville, IL)

The Marion VA Medical Center took part in the 8th annual VA 2K Walk and Roll, which promotes fitness and encourages donations for veterans who are homeless or at risk of becoming homeless.

Organizer Sieger Giroux says, "The main thing is that its a homeless food drive, clothing and whatever other essentials they may need. We need that type of stuff to try and benefit any veterans that may be homeless, or just have financial need and maybe need some help."

The nation-wide event also serves to promote fitness for veterans, VA staff and community members. This includes the 2K walk, as well as, yoga and tai chi demonstrations.

Organizers say, this year, they focused on adding more veteran service organizations like Team RWB, which helps veterans connect to their community through physical and social activity

Team RWB Volunteer and Veteran Ethan Blumhurts says, "We make sure to try and get them out and about enjoying life together with friends and continue to build different networks."

However Blumhurts says, at the Walk and Roll event, veterans are just happy to have community members out talking and walking with them.

Organizers are already planning for next year's event, which they hope to make and better.

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7.10 - WDJT (CBS-58): [VA collecting donations for homeless vets with VA2K Walk](#) (16 May, 160k uvm; Milwaukee, WI)

The Milwaukee VA is helping a group of people who may not always get the support they need.

The VA hosted a 2K walk on Wednesday for homeless veterans.

People were asked to donate personal care items like toilet paper, shampoo, and toothpaste.

The VA says the transition from active duty military to veteran can be challenging.

"They come home, they're at a time when they're transitioning and it's a difficult time for them, so they're back to what is, this real world and it's difficult for some of them to transition," said Deb Stempinski with the Milwaukee VA.

The donations will benefit homeless veterans at Vets Place Central, a transitional housing complex on Milwaukee's west side.

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7.11 - WEYI (NBC-25, Video): [Saginaw VA raises awareness, money for homeless veterans](#) (16 May, 157k uvm; Flint, MI)

Veterans, their family members and community members came together Wednesday to raise awareness for homeless veterans and help them get the medical care they need.

The VA in Saginaw hosted a VA2k walk and health fair this morning.

The goal to raise money and donations to help support homeless veterans.

They collected toiletries, personal hygiene products and clothes for vets.

We caught up with one veteran who said he is thankful for the services the VA provides.

"They got me cataracts surgery, I had real bad cataracts. Dr. Edward Stack from Grand Blanc fixed my eyes. I got my eyesight back, and I am very thankful for the way the VA has taken care of me," said Marine Corps. Veteran Charles Burns.

Our own Amanda Chodnicki was the emcee of the event.

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7.12 - Texas Public Radio (Audio): [VA Offers Onsite Food Banks, Hunger Screenings For Vets](#) (16 May, Carson Frame, 77k uvm; San Antonio, TX)

Pockets of the veteran population are experiencing food insecurity at unusually high rates, and the Department of Veterans Affairs is taking steps to understand and combat the problem. It now screens veterans for hunger, and many of its facilities offer food banks onsite.

Before the sun was fully up, a crowd had already gathered in the parking lot of the VA Austin Outpatient Clinic. A truck from the Central Texas Food Bank idled nearby, as volunteers busily unloaded shipments of fruit, vegetables and meat.

One morning out of every month, the clinic hosts a pop-up food bank for veterans. It's under the auspices of the Veterans Pantry Pilot Program, a collaboration between the VA and hunger relief network Feeding America.

Turnout is so high that veterans have to take numbers.

Diane Fike, a Vietnam-era Army veteran, came equipped with a cart and some freezer bags. She waited on the curb with ears piqued, while her dog Quinn rested on a blanket beside her.

"We get up there and they sort us out," said Fike, gesturing toward a long table stacked with food. "They call so many at a time. Sometimes they're very generous. I hit the jackpot once: they had a bunch of shelf-stable milk. That was great."

For Fike, having food with a long shelf life is helpful. Money grew tight after she became disabled, and she doesn't have a vehicle. When she needs transportation assistance, she has to give 24 hours notice.

"It's terrible sometimes if you're sick and you miss your ride," she said, recalling moments when she had run low on food.

When her number was called, Fike made her way up to a long table where volunteers offered her options from different food groups.

Food Insecurity In Unexpected Places

On average, about 1.5 million veteran households rely on Supplemental Nutrition Assistance Program benefits each year.

Elderly and homeless vets have long been at risk for food insecurity, but younger veterans from the Iraq and Afghanistan wars are increasingly in need.

Social worker Kelli Garrett leads the Austin VA's mobile food pantry.

"Here at our food pantry — and just in general working with the homeless program — it has been noticeable. An increase in the population of probably vets under 35 or so," she said.

A University of Minnesota survey found that post-9/11 veterans in that state were also struggling to put food on the table.

Associate professor Rachel Widome led the survey, which found that 27 percent of participants had experienced food insecurity.

"That was just so much higher than the prevalence of food insecurity in the general population, which is usually around 14 or 15 percent," she said. "I thought that it was very shocking and, honestly, quite unconscionable that such a sizable proportion of those who were sent to fight these wars were now struggling to afford food."

Food insecure veterans tended to be unmarried, with lower incomes, and in households with children. They often reported binge drinking, tobacco use, and sleeping less. Transitioning out of the military poses unique challenges for the young, Widome said.

"Sometimes younger veterans don't have a lot of job experience — don't have as many connections in the civilian world for finding work right away," she said. "And they might not have as much as far as savings goes."

Screening Through Stigma

Daren Benito, a 45 year-old veteran of the first Gulf War, is just a bit older than the group Widome studied. As a single father of two, Benito wrestled with severe post-traumatic stress disorder after leaving the Army, eventually falling into a period of homelessness. He said he often went hungry to feed his kids.

"I had to go days at a time just to make sure that they had a good meal on their plates. That's another thing that also is traumatic," he added.

Though Benito has since found housing and more stable footing, he still struggles to accept resources from places like the Austin VA food pantry.

"I still feel like a protector," he said. "I still feel like I should be the one taking charge, taking the lead. So oftentimes it's hard to have to yield to better judgment, to come out here and humble yourself to an experience like this. Because it just makes you feel kind of down."

Back in October, the VA directed all of its medical facilities to start screening veterans for food insecurity as part of their routine medical care. Anne Utech, the national director for Nutrition and Food Services at the VA, says the screening is necessary — in part because of stigma.

“So, as you can imagine, this topic can be rather sensitive,” Utech said. “People don’t like to bring it up. So that’s why there’s a need for healthcare providers to ask and screen for it.”

The screening question states: In the past three months, “did you ever run out of food and you were not able to access more food or have the money to buy more food?”

According to Utech, the screening is designed to catch as many positive answers as possible, and to account for non-financial factors like physical immobility and lack of transportation. When someone answers yes, that triggers intervention by a social worker, a referral to a local food bank, or help in getting federal food assistance.

So far, more than 1 million vets have been screened, and the VA is compiling information about who’s in need.

But if there’s one thing everyone is seeing, it’s an increase in demand. In both March and April, the Austin VA food pantry served more than 200 households in two hours.

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7.13 - KKCO (NBC-11): [VA2K event raises money for homeless veterans](#) (16 May, Megan McNeil, 64k uvm; Grand Junction, CO)

In 2016, there were an estimated 40,000 homeless veterans in the United States, according to the National Alliance to End Homelessness.

Wednesday, at the Grand Junction VA, people walked and rolled to help support those veterans. About 300 people attended the event. The group took a lap around the VA center, which is close to two miles.

Miniature therapy horses lead the way at the starting line. It was the 8th annual VA2K.

“The majority of the veterans that become homeless because of financial problems, but they have a lot of additional problems along with that—emotional problems, PTSD, problems adjusting to the civilian community,” said Len Ladue, participant.

The walk didn’t just take place in Grand Junction. VA centers across the US took part in the walk. The Grand Junction VA raised \$500 Wednesday.

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7.14 - News Tribune: [National cemetery effort in Jefferson City rebuffed](#) (17 May, Joe Gamm, 64k uvm; Jefferson City, MO)

Federal officials have rebuffed the first attempt by a Jefferson City committee to gain support from the U.S. government for a new national cemetery site in Jefferson City.

In late April, members of the committee, in connection with a coalition of lawmakers and city leaders, sent a letter to Randy Reeves, under secretary for Memorial Affairs within the Department of Veterans Affairs, asking that feds begin the process of identifying a new national cemetery site in Jefferson City.

The existing site, which sits on about 2 acres at 1024 E. McCarty St., has been closed to new burials since 1969.

The small plot of land contains 1,792 headstones, said Dan Phillips, a retired Air Force colonel with Jefferson Barracks National Cemetery in St. Louis. Phillips was unable to discuss the decision by the Department of Veterans Affairs.

The request stated the committee had identified at least one location that would be an acceptable spot for the cemetery.

Through the letter, the committee asked that Missouri's U.S. Sens. Roy Blunt and Claire McCaskill and U.S. Reps. Vicky Hartzler and Blaine Luetkemeyer — who received copies of the request — assist in the effort.

"It is important we work to provide final resting places, in a convenient location for the central Missouri veterans and their family members who have sacrificed so much for our nation's freedom," the letter stated.

The letter, written on Missouri General Assembly letterhead, was signed by state Sen. Mike Kehoe, state Rep. Jay Barnes and state Rep. Mike Bernskoetter, all Republicans from Jefferson City. It also was signed by Jefferson City Mayor Carrie Tergin.

Reeves' response, written to Kehoe, said the "VA and the National Cemetery Administration are committed to honoring the military service and contributions of our nation's veterans." It stated the policy of the NCA is to establish new national cemeteries only in places where 80,000 veterans live within a 75-mile radius of the proposed location.

The response said Reeves' organization has conducted an analysis of the Jefferson City area and found it lies within the 75-mile service area of a Missouri State Veterans Cemeteries at Jacksonville and at Ft. Leonard Wood.

Furthermore, those living outside Jefferson City are within reasonable reach of the state cemetery in Higginsville (to the west) and the Jefferson Barracks (to the east).

"There are no veterans in the area who do not have reasonable access to a first interment option," Reeves said in the letter. "Consequently, the area does not meet VA's policy for the establishment of a new veterans cemetery."

At this point, people involved in the effort to create more national cemetery sites in Jefferson City are just trying to get approval for the process, Bernskoetter said. However, they are being told they technically don't qualify.

They are looking at the next available steps they may take, he said.

Reeves suggested his department would "be happy" to work with the state to establish a new state veterans cemetery in Jefferson City through a grant program. The Department of Veterans Affairs Veterans Cemetery Grants Program, established in 1978, assists states, territories and federally recognized tribal governments in providing grave sites for veterans, where national cemeteries can't meet their needs, according to the VA website.

The VA can provide up to 100 percent of the development cost for an approved project. However, the VA does not provide for the acquisition of land, according to the website.

Committee Chairman Leon DeLong took the feds' response back to members of American Legion Post 5 in Jefferson City on Tuesday night to see how they felt about the reply. His intention, he said, was to attend the regular meeting of the post and encourage members to begin a letter-writing campaign.

However, reception of Reeves' letter left some wondering if they would be wasting money on postage in such a campaign. The post had committed to setting aside \$500 to assist with the letter-writing campaign. When members learned of the response, they agreed with DeLong that a letter-writing campaign may not be the best option.

A more viable option, they said, would be to circulate a local petition that would show national lawmakers the support a new cemetery has in Jefferson City.

Members of Post 5 agreed to continue holding the \$500 available, should the committee focused on the national cemetery need it.

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7.15 - The Item: [Pageant benefits homeless female vets - Tuomey tech, drill sergeant will compete](#) (16 May, Ivy Moore, 58k uvm; Sumter, SC)

Bryanna Smith is a busy woman. She works as a histology technician at Palmetto Health Tuomey, serves as a U.S. Army drill sergeant at Fort Jackson, and she's a mom. Add to that her preparation for participating in the Ms. Veteran America 2018 Competition in June.

She's used to having a full load of responsibilities, Smith said.

She worked as a medical specialist in Infectious Disease and Blood Support during her 2014 deployment in Afghanistan - all of the blood and blood products in that country were her responsibility.

While she speaks with some humor of her pageant competition, Smith sees it as an important responsibility. She is passionate about representing women in the armed services.

"This is my first pageant. I had to work up to the task of competing," Smith said. "I have to be able to represent drill sergeants and the Army as a whole; every branch of the service competes."

It's worth all the work and time she's putting into preparation, she said.

The competition, she said, "has more to do with how you help military women in the coming years. Let's see how we can represent females."

That said, Smith noted that many of the areas in which she'll be judged are similar to those in other pageants.

"There is an interview relating to things plaguing our vets, like the V.A. (Veterans Administration), PTSD (Post Traumatic Stress Disorder)," she said. "We also compete in a physical competition -strength and agility."

For her talent competition, Smith said she will demonstrate her skill in advanced "'rifling,' It's like a drill, or drill ceremony. There are a lot of different maneuvers."

She laughed. "I can't sing or dance. Right now, I'm practicing walking in heels instead of combat boots."

Smith said she was drawn to the Ms. Veteran America Competition because its purpose is to encourage women to support each other and because it highlights attributes beyond the strength, courage and sacrifice of military women - "These women are mothers, daughters, sisters and wives," the MVA mission states.

"There are more than 50,000 homeless female veterans in the U.S., most with kids," Smith said. "They're the fastest-growing segment of the population. A lot of them don't think they deserve anything for their service and sacrifice."

Downtown Sumter: Fourth Fridays

"It only costs \$25 to put homeless female vets and their families" in secure housing for one day, she said.

Smith has already raised funds for several months' housing.

"We need to find a solution to this problem," she said. "The competition is built around this."

Smith will compete in June in Arlington, Virginia, where she will be scored and ranked on her interview, talent, military history and advocacy. The scoring criteria include grace, poise, confidence and personality, and the judges also consider contestants' activity, interaction and participation during the competition.

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7.16 - WBUP (ABC-10, Video): [VA Medical Center walks for homeless veterans](#) (16 May, Dan Callahan, 49k uvm; Ishpeming, MI)

The VA2K walk is a national event that happens at every Veterans affairs medical center. Facility staff and the general public are able to walk for and help this fundraiser for homeless veterans.

The Oscar G. Johnson VA Medical Center held their walk on Wednesday morning. Many of the staff started the event off strong by putting their steps and time into the event.

All of the employees are working hard to change these veterans' lives by raising donations. The donations can be in the form of money or gifts for these veterans that are homeless or who are currently patients at the facility.

With these donations, the medical center is hoping to help reduce homelessness within veterans in the community.

"We here at the VA are very privileged to everyday serve those who have served us," said Public Affairs Officer Brad Nelson. "This is one more way that we can help our veterans and in particularly a certain class of veterans that have been struggling that are homeless. This has been one of the priorities of the VA is to reduce homelessness."

The medical center is always looking for volunteers from the public to come and help give back to the men and women who served our country.

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7.17 - WJMN (CBS-3, Video): [Oscar G. Johnson VA Medical Center hosts 8th annual VA2K](#) (16 May, Mollie Hollebeke, 38k uvm; Escanaba, MI)

For the eighth year in a row, the Oscar G. Johnson VA Medical Center held their annual VA2K.

Bradley Nelson, Public Affairs Officer for the V.A. Medical Center, says, "It's a nationwide event at all of our VA medical centers. And the purpose of it is to promote employee wellness. To get outside, and to exercise a little bit."

Employees, veterans, and community members all took part in the 1.2 mile walk - where many contributed donations.

Though the 2k is a way to promote healthy living, it's also away to contribute to homeless veterans in the U.P.

Nelson added, "Our homeless veteran program encompasses our whole geographic patient area - which includes all of the Upper Peninsula and 9 counties in Wisconsin."

In Michigan, numbers of homeless veterans are decreasing - but it's the VA's goal to provide resources and to eliminate veteran homeless completely.

Ann Mattson, a VA Employee and 2k participant, explained, "Well it's so important. Everybody deserves a home, especially our veterans who fought so hard and worked for our country. They certainly deserve a home and to be taken care of."

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7.18 - KEVN (FOX-7, Video): [200 acres expected to be added to Black Hills National Cemetery](#) (16 May, 37k uvm; Rapid City, SD)

With the passage of a U.S. Senate bill awaiting President Donald Trump's approval, the Black Hills National Cemetery will add 200 acres.

The bill would permanently transfer the acreage from the Bureau of Land Management to the cemetery near Sturgis. It was co-sponsored by Senators John Thune and Mike Rounds of South Dakota and Wyoming's Senator Mike Enzi.

Under current law, the Federal Land Policy and Management Act limits transfers like this one to a lifespan of 20 years. The Black Hills National Cemetery Boundary Expansion Act will make this particular transfer permanent.

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7.19 - KREX (CBS-5, Video): [GJ City Council Proclaims VA 2K Day](#) (16 May, Camila Barco, 34k uvm; Grand Junction, CO)

Homeless veterans are getting a helping hand from the VA Medical Center and Wednesday afternoon they were recognized by Grand Junction City Council members.

The Grand Junction VA Medical Center participated in the national VA 2K Day where participants walked approximately 1.2 miles to raise contributions for homeless vets.

The celebration is an employee health and wellness event that focuses on bringing awareness of Grand Valley's Homeless Veteran Outreach Program.

In the past eight and half years the program has been active, they have been able to raise more than \$4,000.

The VA's Supportive Housing Program houses single men and women veteran to get them off the street and offer them a second chance in life.

"I'd never been homeless. I didn't know what to do. Being a vet I was put in contact with the VA Homeless Vet program and from the very beginning they've just been wonderful," said David Cameron, a veteran who was once homeless.

Robin Trump, Homeless Case Manager at the VA Center said, "We want to make sure that every veteran that is homeless we reach out to them and we have a lot of work to do."

Grand Junction City Council members proclaimed May 16 as VA 2K Day in the Grand Valley.

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7.20 - The Observer: [VA heightens awareness of maternity benefits](#) (16 May, Dick Mason, 22k uvm; La Grande, OR)

Lindsay Freeland of La Grande, a U.S. Army veteran who served in Iraq and Afghanistan, is set to become a mom in 4-1/2 months.

Freeland, a former sergeant, does not know if she will be giving birth to a boy or a girl.

"I asked (the doctors) not to tell me," Freeland said.

What she does know is what many expecting moms who are veterans appear to be unaware of: the Department of Veterans Affairs offers extensive maternity health care benefits. This point was reinforced Monday during a first-of-its-kind event at the Community Based VA Outpatient Clinic in La Grande — a baby shower for veterans who are expecting.

The baby shower was one of about 60 being conducted this month at veterans clinics across the United States as part of the VA's nationwide Baby Shower Initiative, according to www.militarytimes.com. The purpose of the baby showers is to make expecting women veterans aware of the VA maternity benefits available to them.

Although the VA has offered maternity benefits for more than 20 years, many women are not aware of it, said Jeanne Cone, the women veterans program manager for the Walla Walla VA.

"It is important that we get the word out because the number of women veterans is growing," Cone said.

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7.21 - KELO (CMN-1320): [Congress passes Black Hills National Cemetery expansion](#) (16 May, Todd Epp, 18k uvm; Sioux Falls, SD)

Congress today passed a bill that will expand the Black Hills National Cemetery by 200 acres.

The measure now goes to the President. The House passed the measure today, which had already been ratified by the Senate in December.

U.S. Sens. John Thune (R-S.D.), Mike Rounds (R-S.D.), and Mike Enzi (R-Wyo.) sponsored the bill, the Black Hills National Cemetery Boundary Expansion Act (S. 35).

The legislation facilitates a permanent land transfer of approximately 200 acres of Bureau of Land Management land to expand the Black Hills National Cemetery outside of Sturgis, South Dakota.

"Our veterans deserve a resting place as majestic and solemn as the Black Hills National Cemetery, and I'm glad this important, years-long initiative that will help to continue honoring our heroes – now and for generations to come – is finally nearing the finish line," Thune said in a media release. "It's a small yet meaningful gesture for the men and women who gave far more than we'll ever be able to repay."

"It's important that South Dakota's veterans know there will be space for them to rest peacefully at the Black Hills National Cemetery," Rounds said. "I am pleased that our commonsense legislation to expand the Black Hills National Cemetery passed the House today, and will now head to the president's desk to be signed into law."

In a separate media release, Rep. Kristi Noem (R-S.D.) claimed leadership in getting the House to pass the measure.

"The fact that the Black Hills National Cemetery needs room to grow is a testament to the astounding number of South Dakota patriots who have answered the call to serve," Noem said.

“After years of work, I’m humbled to secure a permanent expansion of the cemetery, ensuring veterans for generations to come will receive the distinguished and peaceful resting place they deserve.”

Under current law according to the joint media release, the Federal Land Policy and Management Act limits transfers like this one to a lifespan of 20 years. The Black Hills National Cemetery Boundary Expansion Act will make this particular transfer permanent.

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7.22 - EfficientGov: [Why Women with PTSD Turn to Opioids & How to Prevent It](#) (16 May, Andrea Fox, 15k uvm; San Francisco, CA)

About one in three women will experience a sexual assault, according to the National Center for PTSD under the U.S. Department of Veterans Affairs, which studies women’s exposure to combat and sexual assault traumas.

When researchers began to study the effects of sexual assault on women, they found that the effects were similar to those expressed by male combat veterans, according to the agency. The VA also learned:

Women are more than twice as likely to develop post-traumatic stress disorder (PTSD) than men.

Women are more likely to experience sexual assault.

Sexual assault is more likely to cause PTSD than many other events.

After trauma, some women may feel depressed or develop PTSD and the potential for substance abuse, including opioid use disorder, rises.

The Link Between PTSD and Opioid Abuse

Along with other social, medical and pharmaceutical industry variables, women with trauma-induced PTSD have developed opioid abuse disorder.

The following highlights of research spanning at least two decades reviews the connection between PTSD and substance abuse disorder, and suggests that public health, public safety and criminal justice officials have the opportunity to apply interventions that reduce current risks for women with PTSD to develop opioid abuse disorder.

#1 Rape Victims with PTSD are 26 Times More Likely to Abuse Drugs

In 2000, the National Violence Against Women Prevention Research Center reported that 31 percent of all rape victims develop PTSD in their lifetime and are 26 times more likely to abuse drugs in their study, *The Mental Health Impact of Rape*.

Compared to women who had never been crime victims, rape victims with rape related PTSD were 13.4 times more likely to have two or more major alcohol problems (20.1 percent versus 1.5 percent) and 26 times more likely to have two or more major serious drug abuse problems (7.8 percent vs 0.3 percent)."

The study concluded that public health service providers and criminal justice officials need to understand the major concerns of rape victims, which includes everything from their elevated

risks of developing mental health disorders to their concerns about sexually transmitted diseases, pregnancy and need for privacy and confidentiality.

#2 Women with PTSD Have Increased Risk for Opioid Abuse

In 2016, the National Institutes of Health (NIH) under the U.S. Department of Health & Human Services published a Yale University study on the non-medical opioid use and abuse and PTSD diagnosis, studying the interactions of sexual assault and symptom clusters. The Yale researchers analyzed data from the second National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative sample of non-institutionalized adults, in part to examine the relationship between PTSD diagnosis and opioid abuse.

They suggested that PTSD is more strongly associated with substance use for women than men.

Then in 2017, a University of Toronto research team and its partners obtained data from 4,025 individuals exposed to opioid painkillers from NESARC III. Their study found that among individuals with PTSD, “arousal/reactivity cluster predicted” opioid use disorder.

Essentially, PTSD increases the risk of opioid abuse after exposure to opioid painkillers.

“Clinicians should screen for PTSD diagnosis and arousal/reactivity symptoms prior to prescribing painkillers. Integrated treatments are strongly recommended for patients with this dual diagnosis,” the researchers concluded.

Early PTSD Detection

Early detection of PTSD may deliver opioid use disorder prevention and faster recovery outcomes.

From a clinical perspective, the amount of suffering and distress is substantially reduced when a person seeks treatment earlier on,” wrote Elyssa Barbash, Ph.D., a licensed psychologist and mental health counselor, last year in Psychology Today.

In 2006, research by University of Alberta undergraduate student Dr. Kaitline Chivers-Wilson, now with the University of Calgary, found that “A person’s cognitions have a dramatic effect on the onset, severity and progress of PTSD following sexual assault...Perceived positive regard and early social support is shown to be important to successful recovery.”

Barbash said 94 percent of women that are raped experience PTSD symptoms in the two weeks following the assault — a condition she labels as “normal.”

According to Recovery Ranch, with treatment centers that address substance abuse in three states, “Almost a third of all women continue to experience their symptoms nine months after being raped. Overall, more than two-thirds of all victims of sexual assault and rape develop stress reactions that qualify as moderate or severe.”

The VA indicated that PTSD can develop at any point in the course of a lifetime for five out of 10 women that experience trauma.

PTSD Triggers

Triggers can cause a person with PTSD to experience a flare-up of both mental and physical symptoms, according to Barbash and Recovery Ranch. Some examples that remind or initiate flashbacks to the source of trauma include:

- Witnessing an event or situation
- Seeing images
- Visiting places
- Hearing certain words or phrases

Barbash noted women with sexual assault-induced PTSD may experience:

- A compelling urge to avoid anything that could serve as a trauma trigger
- Hypersensitivity or hyperarousal of the nervous system that causes a loss of control over the “fight-or-flight” response
- Negative changes in everyday mood or the ability to think clearly

A woman with PTSD derived from a sexual assault might avoid having annual gynecological wellness exams, known as pelvic exams. Navy veteran and author Julie Jewels Smoot detailed her PTSD triggers and symptoms experienced during routine medical care at her VA Medical Center when she was denied “anti-anxiety medication” in a video poem, PTSD and Knocked off Balance.

Physical Health Manifestations Caused by Untreated PTSD

In 2016, Women’s Health Magazine addressed the silent epidemic of PTSD among survivors of sexual assault, shedding light on the physical health manifestations that emerge with untreated PTSD, and other societal implications.

The article starts with a woman named Lucy who experienced an unexplained paralyzed vocal cord that halted her singing career and was followed by a PTSD diagnosis stemming from what Lucy described as a sexual assault in college. At the time, her friends had brushed it off, so she experienced self-recrimination and then reportedly went silent.

Self-recrimination can prevent survivors from seeking help and triggers can disrupt the healing process, causing chronic stress, according to psychologists and doctors interviewed for the story.

The physical manifestations that may result from untreated PTSD include:

- Muscle cramps
- Chronic pain
- Intestinal diseases
- Fibromyalgia
- Memory problems
- Heart disease

Read more about symptoms of PTSD and why sexual violence is a widespread public problem.

Treatment Opportunities & Recovery

The woman Lucy with the vocal chord damage underwent a therapy called Eye Movement Desensitization and Reprocessing (EMDR) to release physical tension caused by trauma.

“Although the mental and physical symptoms of PTSD stress can be quite debilitating, trauma is often undiagnosed by health professionals due to a lack of training, time and resources, according to the American Psychological Association (APA).

In 2015, the Harvard School of Public Health indicated that 70 percent of people treated for PTSD will get better.

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8. [Other](#)

8.1 - Sunshine State News: [Brian Mast Named to House Veterans Affairs Committee](#) (16 May, 64k uvm; Tallahassee, FL)

Freshman U.S. Rep. Brian Mast, R-Fla., whose name has garnered buzz as a contender to lead the U.S. Department of Veterans Affairs, has been named to the U.S. House Veterans Affairs Committee.

Mast made the announcement of his new assignment on Wednesday. At the start of the year, Mast, who served in the Army and who was wounded when serving in Afghanistan in 2010 which resulted in the amputation of both his legs, became the first member of Congress to open an office in a VA facility when he set up shop in the West Palm Beach VA. Since then, he has been joined by three Democrats who represent the area --Congresswoman Lois Frankel and Congressmen Ted Deutch and Alcee Hastings -- as they all take turns in the office meeting with constituents and helping veterans.

“I’m really excited to have the opportunity to serve our veterans on the Veterans Affairs Committee,” Mast said. “Our first-of-its-kind office in the West Palm Beach VA has resulted in more than 100 new cases that we’re taking a look at to help veterans in our community, and being on this committee will give me an even better platform to advocate for my fellow veterans.”

“I am thrilled to welcome Representative Mast to the House Committee on Veterans Affairs,” said U.S. Rep. Phil Roe, R-Tenn., the chairman of the committee. “Brian is already a tireless advocate for veterans, and – as a veteran himself – is keenly aware of the challenges our nation’s heroes face. Representative Mast will be an excellent addition to the committee, and I look forward to working with him to reform VA.”

Florida Republican Congressman Brian Mast, representing CD 18 along the Treasure Coast, wants his fellow members of Congress to follow his lead and open offices inside Department of Veterans Affairs (VA) facilities.

Noting that it took a year of clearing red tape to open the office in a VA facility, back in March, Mast introduced the “Improving Veterans Access to Congressional Services Act.” Mast’s bill makes the VA secretary allow members of Congress to set up offices in VA facilities. The Florida Republican testified before the committee about his bill on Wednesday.

When he unveiled the bill, the freshman Republican said that having an office in a VA facility ensures veterans have better services and he encouraged other members of Congress to follow his example.

“Serving veterans in our community is not only deeply personal to me, it’s also the most frequent request that I get as a member of Congress,” Mast said when he introduced the bill. “Opening the first-ever congressional office inside a VA hospital has allowed us to help veterans on the spot: when and where they’re having an issue. Every single member of Congress should do the same at their local VA and this bill will pave the way to make that high level of service a reality for our veterans.”

Last week, there were reports that the White House was considering naming Mast to lead the U.S. Department of Veterans Affairs.

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Veterans Affairs Media Summary and News Clips

17 May 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [House OKs Expansion of Private Care at VA, Fix Budget Crisis](#) (16 May, Hope Yen, 24M uvm; Washington, DC)

The House voted Wednesday to give veterans more freedom to see doctors outside the Veterans Affairs health system, a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast it as a risky step toward dismantling the struggling agency.

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1.2 - CNN (Video): [House votes to expand veterans' access to private care](#) (16 May, Juana Summers, 29.8M uvm; Atlanta, GA)

House lawmakers on Wednesday overwhelmingly passed legislation expanding veterans' access to private care at taxpayer expense, a campaign promise of President Donald Trump, and adding more money to the "Choice program" weeks before VA officials said it could run out of money. The \$51 billion plan that passed 347-70 Wednesday includes \$5.2 billion for the VA Choice program that funds private care.

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1.3 - CNN (Video): [A Vietnam veteran was going to be buried alone. Then a stranger helped find his family](#) (16 May, Isabella Gomez and Paul P. Murphy, 29.8M uvm; Atlanta, GA)

When Dave Fullarton discovered the ashes of former Army Captain Larry Casey, he felt the Vietnam veteran deserved a proper military funeral. But he didn't want to be the only one to honor him. The safe and vault repairman from Maryland came across the remains in February when he was cleaning out the house of a close friend who had died. That friend, he said, turned out to have been best friends with Casey.

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1.4 - FOX Business (Cavuto Coast to Coast, Video): [VA whistleblower: Veteran care getting worse as Trump searches for department head](#) (16 May, Julia Limitone, 10.8M uvm; New York, NY)

Scott Davis, a veteran who testified before Congress and made several TV appearance about the troubled Department of Veterans Affairs, on Wednesday told FOX Business things have gotten worse at the agency since President Trump took office. With the exception of the "crisis hotline", he says, veterans are waiting longer for care.

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1.5 - UPI: [Wide variation found in heart-related death rate at VA hospitals: Study](#) (16 May, Allen Cone, 4.8M uvm; Washington, DC)

Death rates for veterans with heart disease and chronic heart failure varied widely in the Veterans Affairs healthcare system in an analysis of medical records. Led by Peter W. Groeneveld, a researcher at the Veterans Affairs Medical Center in Philadelphia, researchers analyzed mortality rates for ischemic heart disease and chronic heart failure across the 138 VA medical centers in the United States.

[Hyperlink to Above](#)

1.6 - Military Times: [Democrats call for firing of VA's top technology official](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Congressional Democrats are demanding Veterans Affairs leaders fire the department's acting chief information officer, saying his past involvement with questionable data collection during the 2016 presidential campaign raises concerns about his access to veterans' personal information. In a letter to VA Deputy Secretary Thomas Bowman sent Tues., May 15, 11 House and Senate Democrats also decried the "malign neglect" of the department's electronic health record modernization efforts since VA Secretary David Shulkin was fired in March.

[Hyperlink to Above](#)

1.7 - TCPalm (Video): [U.S. Rep. Brian Mast of Treasure Coast named to House Veterans Affairs Committee](#) (16 May, Ali Schmitz, 845k uvm; Stuart, FL)

U.S. Rep. Brian Mast is joining the House Veterans Affairs Committee. He announced the assignment on Facebook Wednesday. "I'm really excited to have the opportunity to serve our veterans on the Veterans Affairs Committee," Mast said in a statement. "Our first-of-its-kind office in the West Palm Beach VA has resulted in more than 100 new cases that we're taking a look at to help veterans in our community..."

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2. [Greater Choice for Veterans](#)

2.1 - U.S. News & World Report (AP): [The Latest: House Agrees to Expand Private Care for Veterans](#) (16 May, 24M uvm; Washington, DC)

The House has voted to give veterans more freedom to see doctors outside the Veterans Affairs health system. It's a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast the effort as a risky step toward dismantling the agency.

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2.2 - Star Tribune: [Walz says U.S. House veterans' health care bill causes 'long-term problems' - Democratic congressman says it's not a long-term solution to problems at VA.](#) (16 May, Maya Rao, 10.8M uvm; Minneapolis, MN)

The U.S. House passed a major overhaul of veterans' health care on Wednesday night, as U.S. Rep. Tim Walz broke with most of his fellow lawmakers and major veterans' services organizations to oppose it. The DFL congressman's opposition follows months of negotiations over how to salvage the Veterans Choice Program, which was designed to give veterans in greater Minnesota...

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2.3 - Military.com: [House Passes Major Overhaul of Veterans Choice Program](#) (16 May, Richard Sisk, 9M uvm; San Francisco, CA)

The House Wednesday passed by a vote of 372-70 major veterans legislation to extend and reform the Veterans Choice Program to allow more private care options. The "VA Mission Act,"

would also lift the restrictions on family caregiver benefits, which are now limited to post-9/11 veterans, and extend them to the caregivers of veterans of all eras.

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2.4 - Washington Examiner: [House passes Trump-backed bill allowing veterans to see more private doctors, hospitals](#) (16 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The House passed legislation Wednesday to allow more veterans to see doctors outside the Veterans Affairs system. The bill, the VA MISSION Act, passed the House 347-70. It would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

[Hyperlink to Above](#)

2.5 - Military Times: [Sweeping veterans policy bill passed overwhelmingly in the House](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers advanced a \$52 billion veterans legislative package on Wednesday that would overhaul outside medical care options for Department of Veterans Affairs patients, expand stipends for veteran caregivers and launch a review of the bureaucracy's national footprint. Despite the cost of the plan, the measure easily passed the chamber by a vote of 347-70 and has the blessing of the White House...

[Hyperlink to Above](#)

2.6 - Stars and Stripes: [House approves plan to increase private-sector care for veterans, fix VA funding crisis](#) (16 May, Nikki Wentling, 1.5M uvm; Washington, DC)

House lawmakers approved sweeping legislation Wednesday that changes rules dictating when veterans can go outside the Department of Veterans Affairs for medical treatment, which fulfills a promise made by President Donald Trump to give veterans more choice over their health care. Lawmakers voted 347-70 in favor of the bill. The vote comes after more than a year of negotiations between Republicans and Democrats about changes to the VA's private-sector care programs.

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2.7 - Government Executive: [House Passes Sweeping Bill to Overhaul VA-Funded Private Care, Shutter Facilities](#) (16 May, Eric Katz, 870k uvm; Washington, DC)

The House on Wednesday passed 347-70 a major overhaul to veterans health care, voting to expand their access to private sector care on the government's dime and to bring the Veterans Affairs Department through a process that would close some of its federally run facilities. The Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act won widespread support in the lower chamber and will now head to the Senate...

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2.8 - Idaho Press-Tribune: [Boise VA employees rally against privatization, vacancies](#) (16 May, Kyle Pfannensteil, 188k uvm; Nampa, ID)

Caring for veterans attracts employees with a particular interest in serving those who've served, and some employees of the Boise Veterans Affairs Medical Center fear potential changes to

agency funds could have poor consequences for the program and veterans. Around 15 people, some of whom were Boise VA employees, protested Wednesday in downtown Boise to stop what they see as a move by Congress to privatize the veterans affairs...

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3. Modernize Our System

3.1 - Newsmax: [Dems Push VA to Fire CIO Over Trump Campaign Work](#) (16 May, Jason Devany, 10.8M uvm; West Palm Beach, FL)

Democrats in the House and Senate are calling for the acting chief information officer of the Department of Veterans Affairs to be fired because of the work he did on the Trump campaign. Camilo Sandoval was appointed the V.A.'s acting CIO last month. During the 2016 presidential campaign, he worked as then-candidate Donald Trump's director of data operations. Because of the campaign's contract with data firm Cambridge Analytica...

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3.2 - Healthcare IT News: [Dems blast VA on EHR modernization progress, acting CIO controversy - In the last four months, the agency has lost about 40 senior staffers and the lack of experienced IT leadership puts the EHR modernization project at risk, 11 Congressional members argue.](#) (16 May, Jessica Davis, 438k uvm; Portland, ME)

A group of House and Senate Democrats are calling on the Department of Veterans Affairs to remove its Acting CIO over controversies that stem from his role on the Trump campaign, while expressing concerns about some in the President's inner circle who may be "inappropriately influencing EHR modernization."

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3.3 - Federal Computer Week: [Hill Dems want VA's acting CIO out](#) (16 May, Adam Mazmanian, 189k uvm; Vienna, VA)

A group of congressional Democrats wants the Department of Veterans Affairs to remove the acting CIO because allegations of professional misconduct. Sen. Richard Blumenthal (D-Conn.), who sits on the Senate Veteran's Affairs Committee, Rep. Tim Walz (D-Minn.), the ranking member on the House Veterans Affairs Committee, and nine other lawmakers said there are "serious character concerns that should disqualify" acting CIO Camilo Sandoval from holding the top tech post at the agency.

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3.4 - Register-Herald: [Beckley VA Medical Center launches Whole Health Wellness Center](#) (16 May, Wendy Holdren, 77k uvm; Beckley, WV)

Through its new "Whole Health" Wellness Center, the Beckley VA Medical Center will offer alternative approaches to healthy living, including space for yoga, Tai Chi, meditation, other innovative therapies and health-focused classes. "This is a crucial step in transforming health care so it is centered on the veteran's goals and well-being," said Beckley VAMC Director Stacy Vasquez, who is a service-connected Veteran herself.

[Hyperlink to Above](#)

3.5 - KDLT (NBC-26): [VA Medical Center in Sioux Falls Opens Two New Spaces](#) (16 May, 54k uvm; Sioux Falls, SD)

The VA Medical Hospital is opening some major upgrades to better serve those who served our country. The new oncology clinic is about 6,000 square feet of brand new space. Veterans going through chemo therapy will have more personalized spaces to recover. High ceilings and natural light are just a couple of highlights to help veterans feel more comfortable.

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3.6 - Dundalk Eagle: [Eastern Baltimore County VA clinic preps to open](#) (15 May, Dianna DeCarlo, 12k uvm; Dundalk, MD)

After the Fort Howard location closed in March 2016, the Eastern Baltimore County VA Outpatient Clinic will reopen this fall at the Franklin Square Professional Center at 5235 King Ave. in Rosedale. The relocation was announced in October of 2017 following more than a year of the VA Maryland Health Care System “using the competitive lease process to identify a new location for the clinic.”

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[4. Focus Resources More Efficiently](#)

4.1 - Government Executive: [Let’s Talk About Some Bad Ideas for Civil Service Reform](#)

(16 May, Debra D’Agostino, 870k uvm; Washington, DC)

In June 2017, President Trump signed a law that reduced civil service protections at the Veterans Affairs Department to expedite the firing of bad employees. The Veterans Affairs Accountability and Whistleblower Protection Act lowered VA’s burden of evidence in misconduct cases from preponderant (51 percent) to substantial (“more than a mere scintilla,” whatever that means). It also shortened the adverse action process and removed MSPB’s authority to mitigate penalties.

[Hyperlink to Above](#)

4.2 - Palm Beach Post: [Brian Mast, up for VA post, seeks more congressional offices in VAs](#) (16 May, George Bennett, 633k uvm; West Palm Beach, FL)

While his name is mentioned as a potential nominee to head the Department of Veterans Affairs, U.S. Rep. Brian Mast, R-Palm City, announced Wednesday that he has been named to the House Veterans Affairs Committee, a perch that he said will “give us an even better platform to advocate for veterans” in his district and nationally.

[Hyperlink to Above](#)

4.3 - Commercial-News: [VA staff to take calls Thursday](#) (16 May, Mary Wicoff, 193k uvm; Danville, IL)

Memo to veterans: Operators are standing by, waiting for your call. Or, at least, they will be Thursday when the Veterans Affairs Illiana Health Care System conducts its third phone-a-thon from 2-6 p.m. Veterans who are not enrolled in VA health care are asked to call that number to see if they’re eligible.

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4.4 - KTVX (ABC-4, Video): [Why the month of May is so important to the Utah Red Cross and Veterans](#) (16 May, Stacia Barton, 156k uvm; Salt Lake City, UT)

Red Cross volunteers and employees work hand-in-hand with military and VA hospitals and clinics to provide rehabilitation therapy, morale-building activities, and material assistance that is vital to the comfort, recovery and healthcare of service members and veterans. There are current Red Cross volunteer teams at Hill AFB and the VA Medical Center in Salt Lake City.

[Hyperlink to Above](#)

4.5 - Newton County Times: [VA announces Paul Lawrence as new Under Secretary for Benefits](#) (15 May, 31k uvm; Jasper, AR)

Today VA announced that Paul R. Lawrence will assume office Tuesday, May 15 as the department's new Under Secretary for Benefits. Lawrence is a former Army captain and airborne school graduate, and has served in a number of key positions in the accounting industry, focusing primarily in the area of federal government practices.

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5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News: [Why Some Veterans Are On the Front Lines to Legalize Hemp, Soldiers tell lawmakers that cannabis helps ease chronic pain and PTSD](#) (16 May, Jonathan Small, 2.7M uvm; San Antonio, TX)

U.S. Armed Forces veterans have had to fight many enemies both on and off the battlefield. One of the most insidious is the opioid addiction that's arisen as a result of treating their pain and PTSD. A sobering 2011 study found that veterans are twice as likely to die from opioids than non-veterans.

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5.2 - Healio: [Diverse mortality rates seen in VA medical centers for HF, heart disease](#) (16 May, Darlene Dobkowski, 1.5M uvm; Thorofare, NJ)

Mortality rates for patients with ischemic heart disease and chronic HF varied across the Veterans Affairs health system, according to a study published in JAMA Cardiology. "Our findings may be placed in the context of increasing emphasis on the importance of hospital/health system quality performance in the care of populations of patients with chronic disease," Peter W. Groeneveld, MD, MS, associate professor of medicine at University of Pennsylvania Perelman School of Medicine...

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5.3 - WVEC (ABC-13, Video): [Veteran battles the VA, wins latest fight - Keith English know at the time, was poisoned by water when he was stationed at Camp Lejeune in the 1980s. Decades later, he's terminally ill with cancer.](#) (16 May, Elise Brown, 607k uvm; Norfolk, VA)

Keith English proudly served as a Marine for 20 years. While he can't say everything that he saw while serving, he called it the best ride in his life. In the late 1980s, English was stationed at Marine Corps Base Camp Lejeune in Jacksonville, North Carolina. Little did he know at the time, he was being poisoned by water on the base. Now, decades later, he's terminally ill with cancer.

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5.4 - Fayetteville Observer: [Womack Army Medical Center, Fayetteville VA celebrate partnership at Raeford Road rehabilitation clinic](#) (16 May, Drew Brooks, 439k uvm; Fayetteville, NC)

A year after Womack Army Medical Center and the Fayetteville VA partnered to open a new rehabilitation clinic on Raeford Road, officials have just one complaint. “We need to work on that sign,” said Col. John J. Melton, commander of the Fort Bragg hospital. “We need better branding.” James A. Laterza, director of the Fayetteville Veterans Affairs Medical Center, agreed.

[Hyperlink to Above](#)

5.5 - Health Leaders: [VA Reduces Non-Aggressive Prostate Cancer Treatments](#) (16 May, John Commins, 162k uvm; Brentwood, TN)

The Veterans Affairs health system has made tremendous progress over the past decade in convincing patients to postpone surgery or radiation for non-aggressive prostate cancer, new research shows. Instead, strong majorities of VA patients are opting for active surveillance of the slow-growing cancer, which relies on regular check-ups, blood tests, and occasional needle samplings of prostate tissue to check for any signs of a tumor getting worse.

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5.6 - American Journal of Managed Care: [Quality of Cardiovascular Care May Vary Substantially Across the VA System](#) (16 May, Kelly Davio, 140k uvm; Plainsboro, NJ)

In a paper published today in JAMA Cardiology, Peter W. Groeneveld, MD, MS, of the Veterans Affairs Medical Center, Philadelphia, and colleagues report that death rates for patients with ischemic heart disease (IHD) and chronic heart failure (CHF) vary widely across the Veterans Affairs (VA) system. Those variations, they say, may point to important differences in care provided at VA medical centers.

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6. Suicide Prevention

6.1 - Nashville Public Radio (Audio): [VA Health Centers Struggle To Attract Tennessee's Young Veterans](#) (16 May, Blake Farmer, 117k uvm; Nashville, TN)

The VA hospitals in the Nashville area are trying to attract young veterans transitioning out of the military. This spring, they've scheduled interest meetings every two weeks as part of a broader suicide prevention effort by President Trump. The problem is, no one is showing up.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KTVT (CBS-11, Video): [Air Force Veteran To Be Buried Wednesday With No Known Family There](#) (16 May, MaryAnn Martinez, 26.9M uvm; Dallas, TX)

An Air Force veteran will likely be buried with no family at her gravesite. Margaret King died several months ago, but the university where she worked held off burying her, hoping they would find her family. Months after her death, neither UNT or police have been able to track down any family. She served three years in the Air Force in the 70s. King will have full military honors when she's buried here at DFW National Cemetery on Wednesday.

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7.2 - Military Times: [New veterans ID cards finally being delivered, but feature Office Depot's logo on back](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Thousands of veterans received their free veterans ID cards this week featuring their names, their branch of service and a bright red advertisement on the back. The cards, approved by Congress almost three years ago, are available at no charge to veterans with good conduct discharges. But to pay for printing and delivery, the Department of Veterans Affairs partnered with Office Depot, whose logo is displayed on the back of each card.

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7.3 - KXAS (NBC-5): [Deceased UNT Student, Veteran Laid to Rest at National Cemetery](#) (16 May, Frank Heinz, 2.1M uvm; Fort Worth, TX)

A student and employee of the University of North Texas who died last fall is being laid to rest Wednesday. Margaret Rosa King, 67, an Air Force veteran, was working on her graduate degree in interdisciplinary studies while also working for the school as a custodian when she died last fall of natural causes related to heart disease.

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7.4 - WLOS (ANC-13): [Event at Asheville VA raises awareness about homelessness among veterans](#) (16 May, 480k uvm; Asheville, NC)

They were walking and rolling Wednesday at the Charles George VA Medical Center and raising awareness for homeless veterans. Rain, at least in Asheville, moved the eighth annual VA2K Walk & Roll indoors to the atrium of Charles George VA Medical Center. Nationwide, in eight years, the event has raised about \$2 million for homeless veterans.

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7.5 - WNEM (CBS-5, Video): [VA hosts walk to raise money for homeless veterans](#) (16 May, Ashlyn Hill, 442k uvm; Saginaw, MI)

Homelessness is something veterans struggle with throughout the country, including in Mid-Michigan. That's why the local Veterans Affairs is raising money with their annual walk for homeless veterans. The theme of this year's VA 2K Walk and Health Fair is "Be a Super Hero for Homeless Veterans." The Aleda E. Lutz VA Medical Center in Saginaw has hosted the fundraising event to support homeless veterans for eight years.

[Hyperlink to Above](#)

7.6 - WDAY (ABC-6, Video): ['Walk & Roll' event supports homeless veterans](#) (16 May, Cassandra Rohlifing, 195k uvm; Fargo, ND)

VA hospitals across the country are promoting health and wellness while also supporting homeless veterans. Wednesday was the annual VA 2K Walk & Roll event across the United

States. In Fargo, about 150 people took part. Each participant is encouraged to bring donations to support local homeless veterans.

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7.7 - WJET (ABC-14, Video): [Erie VA Medical Center holds 8th Annual 'VA 2K Walk and Roll'](#) (16 May, Ron Hilliard, 191k uvm; Erie, PA)

Families and VA employees are getting fit while helping homeless veterans. The Erie VA Medical Center held its 8th annual 'VA 2k Walk and Roll'. The event brings awareness to the chronic issue of homelessness among veterans. Among services provided, the VA helps veterans find housing and employment.

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7.8 - Denton Record-Chronicle: [UNT student and custodian buried after months-long search for family](#) (16 May, Claire Ballor, 190k uvm; Denton, TX)

For months, UNT police dug through records to try to find a blood relative, but every lead came up dry. So, Barkenhagen was named next of kin and he planned King's funeral at Dallas-Fort Worth National Cemetery. She'd have a military honors funeral, and members of the Patriot Guard Riders would escort her remains.

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7.9 - WSIL (ABC-3, Video): [Marion VA Brings in Donations with VA 2k Walk and Roll](#) (16 May, Brooke Schlyer, 162k uvm; Carterville, IL)

The Marion VA Medical Center took part in the 8th annual VA 2K Walk and Roll, which promotes fitness and encourages donations for veterans who are homeless or at risk of becoming homeless. Organizer Sieger Giroux says, "The main thing is that its a homeless food drive, clothing and whatever other essentials they may need.

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7.10 - WDJT (CBS-58): [VA collecting donations for homeless vets with VA2K Walk](#) (16 May, 160k uvm; Milwaukee, WI)

The Milwaukee VA is helping a group of people who may not always get the support they need. The VA hosted a 2K walk on Wednesday for homeless veterans. People were asked to donate personal care items like toilet paper, shampoo, and toothpaste. The VA says the transition from active duty military to veteran can be challenging.

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7.11 - WEYI (NBC-25, Video): [Saginaw VA raises awareness, money for homeless veterans](#) (16 May, 157k uvm; Flint, MI)

Veterans, their family members and community members came together Wednesday to raise awareness for homeless veterans and help them get the medical care they need. The VA in Saginaw hosted a VA2k walk and health fair this morning. The goal to raise money and donations to help support homeless veterans. They collected toiletries, personal hygiene products and clothes for vets.

[Hyperlink to Above](#)

7.12 - Texas Public Radio (Audio): [VA Offers Onsite Food Banks, Hunger Screenings For Vets](#) (16 May, Carson Frame, 77k uvm; San Antonio, TX)

Pockets of the veteran population are experiencing food insecurity at unusually high rates, and the Department of Veterans Affairs is taking steps to understand and combat the problem. It now screens veterans for hunger, and many of its facilities offer food banks onsite. Before the sun was fully up, a crowd had already gathered in the parking lot of the VA Austin Outpatient Clinic. A truck from the Central Texas Food Bank idled nearby...

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7.13 - KKCO (NBC-11): [VA2K event raises money for homeless veterans](#) (16 May, Megan McNeil, 64k uvm; Grand Junction, CO)

In 2016, there were an estimated 40,000 homeless veterans in the United States, according to the National Alliance to End Homelessness. Wednesday, at the Grand Junction VA, people walked and rolled to help support those veterans. About 300 people attended the event. The group took a lap around the VA center, which is close to two miles.

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7.14 - News Tribune: [National cemetery effort in Jefferson City rebuffed](#) (17 May, Joe Gamm, 64k uvm; Jefferson City, MO)

Federal officials have rebuffed the first attempt by a Jefferson City committee to gain support from the U.S. government for a new national cemetery site in Jefferson City. In late April, members of the committee, in connection with a coalition of lawmakers and city leaders, sent a letter to Randy Reeves, under secretary for Memorial Affairs within the Department of Veterans Affairs, asking that feds begin the process of identifying a new national cemetery site in Jefferson City.

[Hyperlink to Above](#)

7.15 - The Item: [Pageant benefits homeless female vets - Tuomey tech, drill sergeant will compete](#) (16 May, Ivy Moore, 58k uvm; Sumter, SC)

Bryanna Smith is a busy woman. She works as a histology technician at Palmetto Health Tuomey, serves as a U.S. Army drill sergeant at Fort Jackson, and she's a mom. Add to that her preparation for participating in the Ms. Veteran America 2018 Competition in June. She's used to having a full load of responsibilities, Smith said.

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7.16 - WBUP (ABC-10, Video): [VA Medical Center walks for homeless veterans](#) (16 May, Dan Callahan, 49k uvm; Ishpeming, MI)

The VA2K walk is a national event that happens at every Veterans affairs medical center. Facility staff and the general public are able to walk for and help this fundraiser for homeless veterans. The Oscar G. Johnson VA Medical Center held their walk on Wednesday morning. Many of the staff started the event off strong by putting their steps and time into the event.

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7.17 - WJMN (CBS-3, Video): [Oscar G. Johnson VA Medical Center hosts 8th annual VA2K](#) (16 May, Mollie Hollebeke, 38k uvm; Escanaba, MI)

For the eighth year in a row, the Oscar G. Johnson VA Medical Center held their annual VA2K. Bradley Nelson, Public Affairs Officer for the V.A. Medical Center, says, "It's a nationwide event at all of our VA medical centers. And the purpose of it is to promote employee wellness. To get outside, and to exercise a little bit."

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7.18 - KEVN (FOX-7, Video): [200 acres expected to be added to Black Hills National Cemetery](#) (16 May, 37k uvm; Rapid City, SD)

With the passage of a U.S. Senate bill awaiting President Donald Trump's approval, the Black Hills National Cemetery will add 200 acres. The bill would permanently transfer the acreage from the Bureau of Land Management to the cemetery near Sturgis. It was co-sponsored by Senators John Thune and Mike Rounds of South Dakota and Wyoming's Senator Mike Enzi.

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7.19 - KREX (CBS-5, Video): [GJ City Council Proclaims VA 2K Day](#) (16 May, Camila Barco, 34k uvm; Grand Junction, CO)

Homeless veterans are getting a helping hand from the VA Medical Center and Wednesday afternoon they were recognized by Grand Junction City Council members. The Grand Junction VA Medical Center participated in the national VA 2K Day where participants walked approximately 1.2 miles to raise contributions for homeless vets. The celebration is an employee health and wellness event that focuses on bringing awareness of Grand Valley's Homeless Veteran Outreach Program.

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7.20 - The Observer: [VA heightens awareness of maternity benefits](#) (16 May, Dick Mason, 22k uvm; La Grande, OR)

What she does know is what many expecting moms who are veterans appear to be unaware of: the Department of Veterans Affairs offers extensive maternity health care benefits. This point was reinforced Monday during a first-of-its-kind event at the Community Based VA Outpatient Clinic in La Grande — a baby shower for veterans who are expecting.

[Hyperlink to Above](#)

7.21 - KELO (CMN-1320): [Congress passes Black Hills National Cemetery expansion](#) (16 May, Todd Epp, 18k uvm; Sioux Falls, SD)

Congress today passed a bill that will expand the Black Hills National Cemetery by 200 acres. The measure now goes to the President. The House passed the measure today, which had already been ratified by the Senate in December. U.S. Sens. John Thune (R-S.D.), Mike Rounds (R-S.D.), and Mike Enzi (R-Wyo.) sponsored the bill, the Black Hills National Cemetery Boundary Expansion Act (S. 35).

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7.22 - EfficientGov: [Why Women with PTSD Turn to Opioids & How to Prevent It](#) (16 May, Andrea Fox, 15k uvm; San Francisco, CA)

About one in three women will experience a sexual assault, according to the National Center for PTSD under the U.S. Department of Veterans Affairs, which studies women's exposure to combat and sexual assault traumas. When researchers began to study the effects of sexual

assault on women, they found that the effects were similar to those expressed by male combat veterans, according to the agency. The VA also learned:

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8. [Other](#)

8.1 - Sunshine State News: [Brian Mast Named to House Veterans Affairs Committee](#) (16 May, 64k uvm; Tallahassee, FL)

Freshman U.S. Rep. Brian Mast, R-Fla., whose name has garnered buzz as a contender to lead the U.S. Department of Veterans Affairs, has been named to the U.S. House Veterans Affairs Committee. Mast made the announcement of his new assignment on Wednesday. At the start of the year, Mast, who served in the Army and who was wounded when serving in Afghanistan in 2010...

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [House OKs Expansion of Private Care at VA, Fix Budget Crisis](#) (16 May, Hope Yen, 24M uvm; Washington, DC)

The House voted Wednesday to give veterans more freedom to see doctors outside the Veterans Affairs health system, a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast it as a risky step toward dismantling the struggling agency.

The plan seeks to fulfill President Donald Trump's promise to expand private care to veterans whenever they feel unhappy with VA health care.

The long-awaited bill would change how veterans receive their medical treatment by allowing them to go to a private physician when they felt government-run VA medical centers couldn't provide the care they needed, with the approval of a VA health provider. Veterans could access private care when they endured lengthy wait times, or the treatment was not what they had expected.

The VA would decide in many cases when a veteran sees an outside doctor, based on conditions it sets that determine what is inadequate care.

Lawmakers passed the bill by a 347-70 vote, with the program to be implemented later next year as the VA works to add private doctors to its network of outside referrals.

The wide-ranging plan would avert a catastrophic shutdown of the VA's troubled Choice private-sector program, which would receive \$5 billion to continue operating for another year before it is made a longer-term fixture at the VA. The program will run out of money as early as May 31, causing disruptions in care.

The \$51 billion bill has the support of nearly 40 organizations, including The American Legion and Veterans of Foreign Wars. The program could be expanded based on veterans' demand for private services and when VA care is deemed inadequate. The VA would be able to determine how quickly the program grows.

The legislation now goes to the Senate, where lawmakers are seeking a vote before their Memorial Day break. Trump has said he is ready to sign the bill.

Rep. Phil Roe, the chairman of the House Veterans Affairs Committee, praised the measure as keeping "our promise to give veterans more choice in their health care."

The program could face escalating costs due to growing demand from veterans seeking the convenience of seeing private physicians. Some House Democrats warn the VA won't be able to handle the costs of the newly combined "community care" program that includes Choice and other VA programs of outside care, putting the VA at risk of unexpected budget shortfalls next year.

Rep. Tim Walz, the top Democrat on the Veterans Affairs Committee, cautioned that outsourcing more care to the private sector would lead to devastating cuts to VA hospitals, which many veterans see as best-suited to treat battlefield injury such as traumatic brain injury. "I am deeply concerned about the long-term health and stability of VA health care," he said.

The bill builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments. It comes as the VA is without a permanent leader after David Shulkin was ousted as VA secretary in March. Trump has yet to name a new secretary after his first nominee, Ronny Jackson, withdrew last month.

The legislation aims to steer more patients to the private sector to relieve pressure at VA hospitals, thus improving veterans care at VA facilities and with private providers alike. Patients could also access private walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury if they used VA health care in the last two years.

The bill would create a presidentially appointed commission to review the closure of underperforming VA facilities, which House Democrats opposed when the plan was drafted in March. Democrats sought restrictions on the commission but were rebuffed by House Republicans and the White House.

It would also expand a VA caregivers program to cover families of veterans of all eras, not just the families of veterans who were seriously injured in the line of duty since Sept. 11, 2001.

Veterans would be able to access private care when VA does not offer the services they need or a veteran and his VA health provider agree it is best to receive care with a private doctor. It would loosen Choice's restrictions that limit outside care only when a veteran must wait 30 days for an appointment or drive more than 40 miles to a VA facility.

"This is a great victory for those want to see the VA reformed and fixed," said Dan Caldwell, executive director of the conservative Concerned Veterans for America. "This will hopefully ensure veterans aren't trapped in failing VA hospitals."

Currently, more than 30 percent of VA appointments are in the private sector.

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1.2 - CNN (Video): [House votes to expand veterans' access to private care](#) (16 May, Juana Summers, 29.8M uvm; Atlanta, GA)

House lawmakers on Wednesday overwhelmingly passed legislation expanding veterans' access to private care at taxpayer expense, a campaign promise of President Donald Trump, and adding more money to the "Choice program" weeks before VA officials said it could run out of money.

The \$51 billion plan that passed 347-70 Wednesday includes \$5.2 billion for the VA Choice program that funds private care. VA officials have warned that the program could run out of money as early as the end of the month, disrupting care for patients.

Hours before the House vote, Trump weighed in, urging lawmakers to back the bill.

"House votes today on Choice/MISSION Act," Trump tweeted on Wednesday. "Who will stand with our Great Vets, caregivers, and Veterans Service Organizations? Must get Choice passed by Memorial Day!"

A similar plan almost became law as part of the omnibus spending bill in March, but was blocked by some Democrats concerned about privatization of services for the nation's veterans.

There has been a long simmering debate about the extent to which veterans obtain care in the private sector. Many veterans groups say they don't want to see too many resources shifted outside the VA, a move they say would fundamentally bleed the health system dry.

The legislation is moving forward in Congress as the sprawling agency remains without a permanent leader after Trump ousted former Secretary David Shulkin and the nomination of Rear Adm. Ronny Jackson, the White House physician, unraveled amid allegations about his professional conduct.

It would also launch a review of VA facilities with an eye toward closing under-performing institutions and would expand a VA caregivers program to cover the families of pre-9/11 veterans.

CNN's Ashley Killough contributed to this report.

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1.3 - CNN (Video): [A Vietnam veteran was going to be buried alone. Then a stranger helped find his family](#) (16 May, Isabella Gomez and Paul P. Murphy, 29.8M uvm; Atlanta, GA)

When Dave Fullarton discovered the ashes of former Army Captain Larry Casey, he felt the Vietnam veteran deserved a proper military funeral. But he didn't want to be the only one to honor him.

The safe and vault repairman from Maryland came across the remains in February when he was cleaning out the house of a close friend who had died. That friend, he said, turned out to have been best friends with Casey.

"I decided to contact the Baltimore National Cemetery to ask for some guidance," he told CNN. "All we had was a box of ashes and some photographs."

Neither Fullarton nor his late friend's family had ever met Casey, who died in 2002. They did not know if he had any surviving family members.

As the cemetery made arrangements for a full military burial on May 15, Fullarton posted on social media inviting people to pay their respects.

Many joined his search and managed to track down Casey's widow, who lives in Georgia, and his daughter, who lives in Texas. Both women flew out on less than a day's notice to attend the burial.

"I couldn't believe myself. I was shaking for the first couple of hours," Leah Casey, Casey's daughter, told CNN affiliate WBAL.

The family first held a memorial when Casey passed away and scattered some of his ashes. The rest were given to Casey's best friend, who he met while working as a special agent at the Bureau of Alcohol, Tobacco, Firearms and Explosives after the Army.

Fullarton found these ashes more than a decade later.

Casey's wife, Jan Casey, was deeply touched to see her husband honored for his service after so many years.

"It's unreal. I'm just overwhelmed with the turnout here," she said to WBAL.

Fullarton estimates that approximately 300 people accompanied the family for the funeral, including dozens of veterans and law enforcement officers.

"It was a wonderful experience," he said. "It's a testament to the veteran community, the law enforcement community and the American public that we take care of our veterans."

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1.4 - FOX Business (Cavuto Coast to Coast, Video): [VA whistleblower: Veteran care getting worse as Trump searches for department head](#) (16 May, Julia Limitone, 10.8M uvm; New York, NY)

Scott Davis, a veteran who testified before Congress and made several TV appearance about the troubled Department of Veterans Affairs, on Wednesday told FOX Business things have gotten worse at the agency since President Trump took office.

With the exception of the "crisis hotline", he says, veterans are waiting longer for care.

"The Hill did a report on this just in March, that VA had been caught sending false reports about wait times," he said during an exclusive interview with Neil Cavuto on "Cavuto: Coast-to-Coast." "We know that veterans are still waiting, on average, longer for care."

Despite Trump's vow to clean up the agency, Davis said the president's promise has not been fulfilled.

"Even though he is now the new president, the people that run the VA, who were running it into the ground when he was campaigning, are still there," he said. "People like Dr. Carolyn Clancy who was brought in to run VHA [Veterans Health Administration] four years ago during the height of the scandal."

The U.S. Office of Special Counsel, whose role it is to protect whistleblowers from retaliation, authorized the VA to conduct an investigation against him and other whistleblowers for violating the Computer Fraud and Abuse Act, which was established to address cybersecurity issues, he said. But instead they conducted a "criminal witch hunt" against whistleblowers.

VA officials responded to the claims, saying they are trying their hardest to address the issues, and Davis said he even exchanged emails with the former secretary, David Shulkin, but nothing is changing, and has also been stripped of his job duties in Atlanta.

"They pretty much gutted my position," he said. "They have to go through the process of firing me, which that's something they started."

"They tried to suspend me earlier this year," he added. "They want all the whistleblowers gone."

A VA spokeswoman told FOX Business that the Trump administration has made progress in the areas including accountability, transparency and efficiency.

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1.5 - UPI: [Wide variation found in heart-related death rate at VA hospitals: Study](#) (16 May, Allen Cone, 4.8M uvm; Washington, DC)

Death rates for veterans with heart disease and chronic heart failure varied widely in the Veterans Affairs healthcare system in an analysis of medical records.

Led by Peter W. Groeneveld, a researcher at the Veterans Affairs Medical Center in Philadelphia, researchers analyzed mortality rates for ischemic heart disease and chronic heart failure across the 138 VA medical centers in the United States. Their findings were published Wednesday in the Journal of American Medicine Cardiology.

The Department of Veterans Affairs provides healthcare to more than 2 million veterans with cardiovascular disease. Cardiovascular disease includes ischemic heart failure, which is a restriction in blood supply to tissues, and chronic heart disease, which is when the heart fails to pump sufficient blood through the body, including during a heart attack.

"Differences in mortality rates among VA chronic cardiovascular disease populations may reflect differences across medical centers in the quality of care," the researchers wrote.

The researchers said the differences could be in treatment and screening guidelines, access for urgent medical conditions, posthospitalization care protocols, chronic disease management programs, and specialty care, social work services and behavioral healthcare.

Studied were 930,079 veterans with IHD and 348,015 with CHF that received inpatient or outpatient care between 2010 and 2014. The average age patients was 77, and 89 percent of IHD patients and 83 percent of CHF were white.

Death rates varied across the VA medical centers from 5.5 percent to 9.4 percent for IHD and from 11.1 percent to 18.9 percent for CHF.

The number of cases at each medical center also varied widely -- from 1,060 to 19,955 with IHD and for CHF it ranged from 335 to 7,917.

"For more than 20 years, the VA has attempted to measure and improve healthcare quality for veterans with these conditions, yet most of these efforts have focused on either process

measures of quality -- such as beta blockers for heart failure -- or surrogate clinical outcomes -- such as hypertension treatment targets," the author wrote.

But the researchers noted that while data permitting hospital comparisons of the outcomes of acute cardiovascular care are publicly available, "little is known about variation" across the VA medical centers in outcomes for chronic, high-risk cardiovascular conditions.

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1.6 - Military Times: [Democrats call for firing of VA's top technology official](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Congressional Democrats are demanding Veterans Affairs leaders fire the department's acting chief information officer, saying his past involvement with questionable data collection during the 2016 presidential campaign raises concerns about his access to veterans' personal information.

In a letter to VA Deputy Secretary Thomas Bowman sent Tues., May 15, 11 House and Senate Democrats also decried the "malign neglect" of the department's electronic health record modernization efforts since VA Secretary David Shulkin was fired in March.

"This is evident through the failure to obtain qualified leadership for the Office of Information Technology, reports of political interference hindering EHR implementation, as well as the rampant vacancies for positions that ensure proper oversight of a new EHR system," the letter stated.

"We ask that you act to swiftly resolve our concerns and ensure an interoperable VA EHR system with the Department of Defense expeditiously comes to fruition."

In a statement Wednesday, acting VA Secretary Robert Wilkie pushed back on the lawmakers' request, calling Camilo Sandoval, the acting VA chief information officer, "an important member" of the VA leadership team.

"(He) has extensive experience in financial technology and digital mobile payments," Wilkie said. "Along with his close working relationship with the White House, this makes him well suited to oversee VA's IT infrastructure while the White House vets a permanent candidate for the position."

Wilkie also said finalizing a decision on electronic health record modernization remains a top priority for department leaders. A plan to overhaul Veterans Affairs records was one of President Donald Trump's most touted achievements last year, but the work has been stalled for weeks since Shulkin's dismissal.

Multiple sources close to work on the issue say White House officials are wavering on whether to move ahead on contract plans with the Missouri-based Cerner Corp. to bring VA's electronic medical records systems in line with the Defense Department.

The plan was designed to provide seamless lifelong medical files for service members, and was touted by Shulkin as potentially revolutionary to American medicine because of the interoperability between the massive Defense Department and VA health systems.

But concerns over Cerner's work with military health officials in recent weeks have led to a halt in negotiations with the VA contract. The official mostly closely associated with that work — Scott Blackburn, VA's acting executive for the Office of Information and Technology — left his post last month.

He was replaced by Sandoval, the former data operations director for Trump's presidential campaign. Democrats in their letter Tuesday called his appointment unacceptable.

"This appointment raises serious data security concerns stemming from Mr. Sandoval's previous position as the director of data operations in 2016 while the Trump campaign was contracting with Cambridge Analytica," the letter stated.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust. As such, Mr. Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data."

The letter also references a Politico report that Sandoval is the subject of a \$25 million lawsuit for harassment and discrimination against other campaign staffers. The letter signers asked for "a first-class leader who is capable of implementing the VA's EHR modernization and fulfilling the VA's obligation to our nation's heroes" instead of Sandoval.

The letter notes that in the last four months, nearly 40 senior staffers have resigned from the department, "effectively stalling operations in essential areas such as information technology."

Both Democrats and Republicans in Congress have voiced concerns about extensive vacancies at the bureaucracy.

"In order to provide world-class service to our veterans, the VA must be fully staffed with driven, capable leaders," the letter stated. "Current VA employees, who are dedicated to serving and honoring our veterans, are forced to shoulder the work of former-colleagues, contributing the low morale among the VA workforce."

Signers of the letter included Rep. Tim Walz, D-Minn. and ranking member of the House Veterans' Affairs Committee; Mark Takano, D-Calif. and the second-ranking Democrat on that panel; and Sen. Richard Blumenthal, D-Conn. and the second-ranking Democrat on the Senate Veterans' Affairs Committee.

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1.7 - TCPalm (Video): [U.S. Rep. Brian Mast of Treasure Coast named to House Veterans Affairs Committee](#) (16 May, Ali Schmitz, 845k uvm; Stuart, FL)

U.S. Rep. Brian Mast is joining the House Veterans Affairs Committee.

He announced the assignment on Facebook Wednesday.

"I'm really excited to have the opportunity to serve our veterans on the Veterans Affairs Committee," Mast said in a statement. "Our first-of-its-kind office in the West Palm Beach VA has resulted in more than 100 new cases that we're taking a look at to help veterans in our

community, and being on this committee will give me an even better platform to advocate for my fellow veterans.”

Mast is rumored to be one of several candidates being considered for the position of Veterans Affairs secretary by the Trump administration.

Mast didn't deny the rumors last week, saying only “it is an honor to be considered to serve my fellow veterans and their families at the highest possible level.”

More: Rep. Brian Mast being considered for Veterans Affairs secretary

Mast's spokesman declined to comment further on the search Wednesday.

Mast, an Army veteran who lost both legs and a finger while in Afghanistan, is the first member of Congress to open a satellite office in a VA facility.

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2. Greater Choice for Veterans

2.1 - U.S. News & World Report (AP): [The Latest: House Agrees to Expand Private Care for Veterans](#) (16 May, 24M uvm; Washington, DC)

THE Latest on the House vote on a bill that would expand private care for veterans (all times local):

6: 45 p.m.

The House has voted to give veterans more freedom to see doctors outside the Veterans Affairs health system. It's a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast the effort as a risky step toward dismantling the agency.

The plan seeks to fulfill President Donald Trump's promise to expand private care to veterans whenever they feel unhappy with VA health care.

The bill passed 347-70.

The long-awaited measure would change how veterans receive their medical care by allowing them to go to a private physician when they felt government-run VA medical centers couldn't provide the care they needed, with the approval of a VA health provider.

12:01 p.m.

The House is set to give veterans more leeway to see doctors outside the Department of Veterans Affairs' health system.

It's part of an effort to fulfill President Donald Trump's promise to expand private care for veterans.

The long-awaited plan — set for a House vote later Wednesday — would mean a major change in how veterans receive medical care.

If a VA health provider gives the OK, then veterans could go to a private doctor when they felt dissatisfied with government-run VA care. This is something Democrats fear is a risky step toward "privatizing" VA care.

The House vote also would avert a shutdown of VA's Choice private-sector program. It'll run out of money as early as May 31, causing disruptions in care to tens of thousands of patients.

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2.2 - Star Tribune: [Walz says U.S. House veterans' health care bill causes 'long-term problems' - Democratic congressman says it's not a long-term solution to problems at VA.](#) (16 May, Maya Rao, 10.8M uvm; Minneapolis, MN)

The U.S. House passed a major overhaul of veterans' health care on Wednesday night, as U.S. Rep. Tim Walz broke with most of his fellow lawmakers and major veterans' services organizations to oppose it.

The DFL congressman's opposition follows months of negotiations over how to salvage the Veterans Choice Program, which was designed to give veterans in greater Minnesota and many other rural areas easier access to private care when other VA facilities had long wait times or were too far away.

But veterans and health care administrators describe the program as a bureaucratic mess, and it's set to run out of money by the end of the month.

The VA Mission Act passed 347-70 with no Republicans voting against it. It provides \$5 billion to fund the program for another year before implementing a \$47 billion replacement.

But Walz, of southern Minnesota, sounded alarms about how the government would pay for the legislation in the long run — and how it would be carried out in a U.S. Department of Veterans Affairs with no permanent leadership and continuing controversy about privatizing more services for veterans.

"I see long-term problems caused by this, but I understand a short-term desire to get something done," Walz, the ranking Democrat on the House Veterans Affairs Committee, said in an interview hours before the vote. "And in this Congress, I think there's a fair debate to be made: Do we take something for the short term? I'm making an argument that the threat is too great."

U.S. Rep. Tim Walz, D-Minn. : "We have to stop kicking the can down the road."

U.S. Rep. Tim Walz, D-Minn. : "We have to stop kicking the can down the road."
As Walz prepares to leave Congress in pursuit of the Minnesota governorship, he's also acted as one of the top negotiators in Congress on improving the system for veterans to seek private health care faster and closer to their homes. Health care providers have been eager for

Congress to act, saying that the program takes too long to reimburse them and that authorization errors are routine. And veterans' service organizations have also been demanding change, saying long wait times at participating providers defeat the purpose of the Veterans Choice Program.

"Opponents of this bill will tell you falsely that this is aimed at privatization of the VA health care system," U.S. Rep. Phil Roe, the Tennessee Republican who chairs the House Committee on Veterans Affairs, said on the House floor Wednesday, adding that there were provisions to attract personnel to work at the VA. "That preconception is based on nothing but fear."

Walz drew criticism from Joe Chenelly, executive director of the veterans' service organization AMVETS. Chenelly said on Twitter that he was "very disappointed that Tim Walz is choosing politics over veterans with his opposition. This bill isn't perfect, but it's the right bill at the right time."

The VA Mission Act would streamline the agency's myriad community-care efforts into one permanent program. It would expand benefits for caregivers of veterans injured before Sept. 11, 2001, and also create a board to review how to modernize and realign the large patchwork of VA facilities, closing some in underused areas and expanding them in areas with more need. The legislation preserves the current system of paying for private care for veterans who live at least a 40-mile drive away from the nearest VA facility or who can't schedule a doctor's appointment at one for 30 days, though former VA Secretary David Shulkin had proposed eliminating that standard last year.

The White House backs the bill, saying that it would transform the VA into a "modern, high-performing and integrated health care system that will ensure our veterans receive the best health care possible from the VA, whether delivered in the VA's own facilities or in the community." Veterans' service organizations such as the American Legion and VFW described the legislation as a "major step" toward reforming the system of veterans' health care. The Senate is expected to act soon.

Walz said he agrees with 90 percent of the bill, and he said Roe and other Republican lawmakers negotiated in good faith. But he criticized the bill for moving funding for the current Veterans Choice Program from a system of mandatory to discretionary spending in the budget, raising concerns that at some point lawmakers will be in a "hellish situation" of having to cut other critical programs in the VA to pay for the legislation when costs exceed spending caps. He's particularly worried that there's not a plan to pay for the bill's expansion of caregiver benefits.

"I think the chairman is being pragmatic in this regard, just saying, 'This is the best we can do at this point in time,'" Walz said. "I feel a responsibility, especially as an outgoing member, to say ... 'This is where we have to stop kicking the can down the road and get this right.'"

Walz said that if lawmakers run into funding problems next year, that could open the door for more expansive efforts to privatize the VA, a debate that's been growing under the Trump administration yet remains uncertain as the second-largest federal agency lacks permanent leadership. Trump fired Shulkin in March, and his nominee to replace him, Ronny Jackson, withdrew from consideration after allegations of professional misconduct.

Walz praised Acting VA Secretary Robert Wilkie. But he said that if someone else takes over who supports more privatization, "we're handing them the keys to the car on this. They are going to have the

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2.3 - Military.com: [House Passes Major Overhaul of Veterans Choice Program](#) (16 May, Richard Sisk, 9M uvm; San Francisco, CA)

The House Wednesday passed by a vote of 372-70 major veterans legislation to extend and reform the Veterans Choice Program to allow more private care options.

The "VA Mission Act," would also lift the restrictions on family caregiver benefits, which are now limited to post-9/11 veterans, and extend them to the caregivers of veterans of all eras.

The bill will now go to the Senate, where Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, and Sen. Jon Tester, the ranking member of the Committee, have already expressed their support.

President Donald Trump has said he will sign the bill quickly when it reaches his desk.

In a statement last week, the White House said the bill would "transform the Department of Veterans Affairs (VA) into a modern, high-performing, and integrated healthcare system that will ensure our veterans receive the best healthcare possible from the VA, whether delivered in the VA's own facilities or in the community."

Veterans Service Organizations (VSOs), which previously had expressed concerns that a rapid expansion of community care options could lead to the "privatization" of VA health care, had lined up to back the new bill.

Denise Rohan, national commander of the two-million member American Legion, said in a statement that "I applaud the passage of the VA Mission Act." She said the bill "will streamline and fund the Department of Veterans Affairs' many community care programs" and also "expand caregiver benefits to pre-9/11 veterans and their families."

Keith Harman, national commander of the 1.7 million member Veterans of Foreign Wars, said the bill "will help improve services throughout the VA health system while utilizing private sector resources when needed, striking the right balance to make sure we provide veterans with the best care possible."

A similar bill offered last year by Isakson was left out of the omnibus \$1.3 trillion spending package signed by Trump in February for all government agencies, forcing the House and Senate to begin anew on reforming choice.

Rep. Phil Roe, R-Tennessee, the chairman of the House Veterans Affairs Committee who was instrumental in gaining bipartisan support for the new legislation, said that "Over the last several months, we've taken great, bipartisan steps to reform the department, and this legislation is yet another strong step in the right direction."

Roe said the provisions in the bill would keep "our promise to give veterans more choice in their health care while building on our strong investment in VA's internal capacity."

The bill would authorize \$5.2 billion to extend the current Veterans Choice Program, whose funding was set to expire on May 31, for one year while the VA enacts reforms to expand private care options.

Rep. Tim Walz, D-Minnesota, the ranking member of the House Veterans Affairs Committee, voted against the bill.

"There is little debate that the VA Mission Act is better than the current Veterans Choice Program," Walz said, but he questioned whether there would be sufficient funding in the long run to sustain it.

"Voting against this bill is not something I take lightly," he said. "While I have serious concerns with regard to long term sustainability and implementation, the bill does take steps to consolidate VA's various care in the community programs while providing much needed stop gap funding for the ailing Veterans Choice Program."

Former VA Secretary David Shulkin last year said that about one-third of VA medical appointments were being handled in the private sector, but the Trump administration had argued for more private care options for veterans who face long waits for appointments or have to travel long distances to VA facilities.

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2.4 - Washington Examiner: [House passes Trump-backed bill allowing veterans to see more private doctors, hospitals](#) (16 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The House passed legislation Wednesday to allow more veterans to see doctors outside the Veterans Affairs system.

The bill, the VA MISSION Act, passed the House 347-70. It would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

Through a statement from the White House press secretary, Sarah Sanders, Trump hailed the bill's passage and urged the Senate to take it up swiftly.

"The president encourages members of the Senate to put the needs of our nation's veterans over partisan politics and pass this necessary legislation before Memorial Day to ensure that our nation's bravest do not have to wait in never-ending lines to receive the care they rightfully deserve," Sanders said.

The \$52 billion plan includes \$5.2 billion to avoid shutdown of the Choice program, which is expected to run out of funds as early as May 31, disrupting medical care for veterans. Choice was created as a reaction to the scandals involving long wait times for care in the VA system, in which veterans died while they waited to receive medical care.

Republicans in the Senate have said they support the VA MISSION Act and Sen. Jon Tester of Montana, the top Democrat on the Veterans Affairs Committee, also has said he supports the legislation.

All those who voted against the House bill were Democrats. Opponents of the legislation have said they fear the VA is headed toward privatization, which would remove many responsibilities from the VA system and provide public funding to private medical centers.

Rep. Phil Roe, R-Tenn., the bill's lead author, called the passage a "promise kept to our veterans."

The bill had the support of 40 different veterans service organizations. One of them, Concerned Veterans for America, said in a statement that they hoped senators would "put politics aside" and that the bill would head to Trump's desk before it runs out of funding at the end of the month.

"This bill is vital to the health and wellbeing of millions of our nation's veterans who utilize the VA to get the care they need," CVA Executive Director Dan Caldwell said in a statement. "Every day we don't fix the VA health care system is another day veterans are subjected to substandard care and unacceptable wait times."

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2.5 - Military Times: [Sweeping veterans policy bill passed overwhelmingly in the House](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers advanced a \$52 billion veterans legislative package on Wednesday that would overhaul outside medical care options for Department of Veterans Affairs patients, expand stipends for veteran caregivers and launch a review of the bureaucracy's national footprint.

Despite the cost of the plan, the measure easily passed the chamber by a vote of 347-70 and has the blessing of the White House, which said the legislation "will help to ensure that veterans choose the VA by getting them the right care at the right time with the right provider."

It's expected to move quickly through the Senate, with that chamber's top Democrat on veterans issues — Montana's Jon Tester — saying earlier in the day he supports the package, and Republicans in the chamber already offering support.

Lawmakers have until the end of the month to finalize legislation, including new funding for the department's controversial Choice program or risk disrupting health care for tens of thousands of veterans using the account.

House Veterans' Affairs Committee Chairman Phil Roe, R-Tenn., dismissed concerns from critics about the scope and cost of the measure, particularly charges that the package is part of a slow erosion of VA responsibilities and services.

"Opponents of this bill will tell you, falsely, that it is aimed at eventual privatization of the VA health care system," he said just before the vote. "That misconception is based on nothing but fear and rhetoric."

“A yes vote is a vote for access, for quality, for choice, for the long-term success and sustainability of the VA health care system, for caregivers and for veterans.”

Among the legislation’s opponents (all Democrats) was the committee’s ranking member, Minnesota Democratic Rep. Tim Walz, who voiced concerns that Republicans rejected proposals to exempt the costs from mandatory budget caps scheduled to take effect in coming years.

He also said that implementation of the massive veterans bill will fall to President Donald Trump’s administration, which “has been 40 days without a VA secretary” since the firing of VA Secretary Shulkin two months ago.

**** VA Choice and community care**

The legislation, dubbed the VA Mission Act, is the culmination of nearly a year of work on the contentious issue of VA community care.

More than one-third of all VA-funded medical appointments last year took place in offices outside the Veterans Health Administration, but administration officials have pushed for more access to private-sector doctors to increase options for veterans facing long waits or travel for federal care.

In 2014, lawmakers passed the VA Choice program with that same idea. The program handles around 30,000 outside medical appointments a day, but has come under fire from conservatives for being too restrictive and bureaucratic for veterans looking for options outside VA.

Last month, acting VA Secretary Robert Wilkie said the Choice program will run out of money by the end of this month. The VA Mission Act include \$5.2 billion in bridge funding to keep that program running for another year, until it is consolidated with other department care programs.

That consolidation is expected to simplify and expand the rules for accessing outside care, but still keeping VA officials involved in veterans’ over health care plans.

It requires veterans become eligible for private-sector care options if VA does not provide adequate medical options for patients, including long travel times, long wait times or poor service ratings. It revises payment rates for community care to Medicare rates, to ease concerns about reimbursement for those visits.

It would also authorize two walk-in visits at local private-sector offices for any veterans who have used department health care services in the last two years. Those appointments may require a co-pay.

Critics of the plan — including federal unions — have said the changes are a major step towards privatizing VA health services by shifting billions of dollars from VA accounts to private companies. They’ve also accused the White House of working towards that goal, in an effort to hollow out VA.

But VA officials have defended the idea as modernizing VA operations, and acknowledging that the medical needs of millions of veterans cannot be shouldered by the department alone.

Numerous House Democrats, who in the past have warned about the privatization push, backed the new legislation, saying it strikes the balance between medical access and preserving the department.

**** Caregivers and asset review**

In order to attract that Democratic support, Republican House leaders added a dramatic expansion of the current VA caregivers stipend to the measure.

The issue has been a top priority of veterans organizations in recent years, since currently only caregivers of veterans from the post-9/11 era are eligible for monthly stipends through the department. The new proposal would expand that to veterans of all eras, first starting with pre-1975 veterans and later phasing in the remaining group over two years.

The obstacle in getting that expansion has been the cost. The Congressional Budget Office estimates that more than 41,000 caregivers could be added to the program over the next five years, at a cost of nearly \$7 billion. But that bill is expected to rise even more in following years.

But the community care overhaul is expected to total more than three times that total by 2023, making it a more palatable concession in the context of the larger legislative package.

The asset review portions of the package resembles the framework of the Defense Department's base closure and review commissions, although supporters have bristled at the comparison.

Under the plan, the president would establish a nine-member Asset and Infrastructure Review Commission, with representatives from veterans service organizations, the health care industry, and federal facility management.

The panel would meet in 2022 and 2023 to issue recommendations on "the modernization or realignment of Veterans Health Administration facilities." That could include closing, reducing or expanding a host of VA health facilities across the country.

The cost of that work is unknown. Lawmakers have been reluctant to back new military base closing commissions because of controversies surrounding the 2005 round, which produced disputed savings totals.

But VA officials have repeatedly warned that their current footprint includes hundreds of outdated or obsolete facilities, and department administrators have severe restrictions on managing those locations. Roe said a "politically insulated process" is needed to fix that "massive and misaligned physical footprint" of VA.

The exterior of the Veterans Affairs Department hospital is shown in east Denver on Oct. 4, 2017. On Wednesday, House lawmakers approved a veterans legislative package which includes a review of department medical facilities and an overhaul of VA community care programs. (David Zalubowski/AP) The exterior of the Veterans Affairs Department hospital is shown in east Denver on Oct. 4, 2017. On Wednesday, House lawmakers approved a veterans legislative package which includes a review of department medical facilities and an overhaul of VA community care programs. (David Zalubowski/AP)

**** Veterans support**

In advance of the House vote, 38 veterans groups issued a letter of support for the legislation, calling it “a major step towards ... making improvements to and investments in the VA health care system, creating integrated networks so that veterans have access to care when and where they need it, and providing the further recognition and assistance to family caregivers of severely disabled veterans deserve.”

The list included the Veterans of Foreign Wars, Disabled American Veterans, Paralyzed Veterans of America, and Iraq and Afghanistan Veterans of America — all organizations that have repeatedly warned members about the threat of privatization to VA operations.

Denise Rohan, national commander of the American Legion, praised Wednesday’s vote as a critical step forward to “streamline and fund the Department of Veterans Affairs’ many community care programs, expand caregiver benefits to pre-9/11 veterans and their families, and review VA infrastructure holdings.”

The measure also received support from Concerned Veterans for America, which has close ties to the current White House and has argued against the privatization label in recent years.

“The Mission Act would go a long way towards resolving problems with the VA’s existing community care programs and stabilizing the VA’s health care system,” CVA Executive Director Dan Caldwell said in a statement. “We’re also encouraged that the MISSION Act mandates a long-overdue review of the VA’s infrastructure across the country.”

No timetable has been set for when the Senate may vote on the measure, but Senate Veterans Affairs Committee Chairman Johnny Isakson, R-Ga., said he hopes to take up the issue “without delay.”

In a gesture to colleagues, lawmakers changed the official name of the legislation to include Sen. John McCain, R-Ariz., Rep. Sam Johnson, R-Texas, and former Sen. Daniel Akaka, D-Hawaii. McCain and Johnson are both former prisoners of war, while Akaka (who died in April) was a longtime veterans advocate in his chamber.

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2.6 - Stars and Stripes: [House approves plan to increase private-sector care for veterans, fix VA funding crisis](#) (16 May, Nikki Wentling, 1.5M uvm; Washington, DC)

House lawmakers approved sweeping legislation Wednesday that changes rules dictating when veterans can go outside the Department of Veterans Affairs for medical treatment, which fulfills a promise made by President Donald Trump to give veterans more choice over their health care.

Lawmakers voted 347-70 in favor of the bill. The vote comes after more than a year of negotiations between Republicans and Democrats about changes to the VA's private-sector care programs. The Congressional Budget Office estimated the bill would cost nearly \$52 billion.

In addition to altering eligibility criteria for veterans to access private-sector health care, the bill would extend benefits for veteran caregivers and initiate a nationwide review of VA

infrastructure, among other reforms. Rep. Phil Roe, R-Tenn., the chairman of the House Committee on Veterans' Affairs, called it transformational.

"Together, these provisions would fortify the VA health care system and make sure it stays strong and able to provide the care that it's meant to provide," Roe said on the House floor. "This is a historic opportunity to fundamentally shape and improve the second-largest agency in the federal government. The real winners here are our veterans."

The bill is named for Sen. John McCain, R-Ariz., and Rep. Samuel Johnson, R-Texas, both of whom were prisoners of war in Vietnam, as well as Daniel Akaka, a World War II veteran and former Democratic senator from Hawaii who died in April. Its short title is the VA Mission Act.

The Mission Act now goes to the Senate. Leaders of the Senate Veterans' Affairs Committee support the legislation, but it's uncertain when the chamber might act on it.

"I applaud today's bipartisan House action, and I urge the Senate to follow suit and quickly pass this legislation so we can send this bill to the president's desk," Sen. Johnny Isakson, R-Ga., said in a prepared statement. Isakson is the chairman of the Senate Veterans' Affairs Committee.

Congress is facing a tight deadline. The VA Choice program, the private-sector care program that would be replaced by the new rules outlined in the Mission Act, is struggling with another in a series of budget shortfalls. Acting VA Secretary Robert Wilkie warned lawmakers last week that the Choice program would run out of money as early as May 31, at which point veterans won't be able to secure appointments with private doctors.

The Mission Act provides \$5.2 billion in immediate funding to keep the Choice program operating until the new system is put into place next year.

Through Twitter, Trump has repeatedly called on Congress to pass the Mission Act by Memorial Day, which falls on May 28.

"House votes today on Choice/MISSION Act. Who will stand with our Great Vets, caregivers and Veterans Service Organizations?" Trump wrote Wednesday in a tweet.

In addition to the \$5.2 billion for the Choice program, the Congressional Budget Office estimated it would cost \$46.5 billion to implement the Mission Act during the next five years and increase spending by \$4.5 billion from now until 2028.

To offset some costs, the bill proposes to extend pension reductions for Medicaid-eligible veterans in nursing facilities and continue fees on VA-guaranteed home loans. The cuts were put in place in 2014 when the Choice program was first created. They were set to last until Sept. 30, 2024. The bill would move the end-date through Sept. 30, 2028.

During debate on the future of the VA Choice program, many veterans organizations worried unfettered choice for veterans would erode VA resources and eventually dismantle the agency – an occurrence often referred to as "privatization."

After former VA Secretary David Shulkin was fired in March, he blamed his ouster on disagreements with White House insiders over the program. He said they viewed him as an "obstacle to privatization" of the VA.

But the Mission Act has near-unanimous support from lawmakers, the VA, the White House and dozens of veterans organizations who celebrated its passage Wednesday.

In its report on the Mission Act released this week, the CBO said the bill is written in a way that would maintain the VA as a gatekeeper to decide when veterans would go into the private sector.

The Choice program allows veterans to seek care in the private sector only if they live more than 40 miles driving distance from a VA facility or have an estimated wait of more than 30 days for an appointment with a VA provider.

The Mission Act would require the VA to grant veterans access to the private sector if veterans and their VA doctors agree it's in their best interest. A host of issues could be considered when making that decision, including whether the veteran faces an "unusual or excessive burden" to accessing a VA facility.

"Many of the regulations that need to be written to implement the program could curtail use," the CBO report states. "For instance, VA would probably require all veterans to be seen by a VA provider before being referred for community care."

The American Federation for Government Employees, a union that represents hundreds of thousands of VA employees, remains opposed to the bill. AFGE claims it will "starve the VA for resources." National Nurses United, the largest organization of registered nurses, wrote to lawmakers, also warning the bill would lead to privatization.

Some Democrats took issue with aspects of the bill, though they generally agreed with most of it. Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs and a key negotiator on the Mission Act, voted against it Wednesday because he worried it would create funding troubles for the VA next year and in the long term. The increased spending for the bill could trigger potential cuts when budget caps are reinstated, he said.

"I agree these reforms are needed, and I agree these programs were debated in a logical, fair and open manner. We got much of what needed to be done in this," Walz said. "But I'm suggesting we budget honestly in this so we don't reach a nightmare scenario."

Rep. Rob Woodall, R-Ga., argued Congress wouldn't allow VA programs to be cut.

"We are going to run up against that conversation next year," he said. "The question is, will we have the courage to stand up together and fund those priorities? We have to stand up and say yes to those dollars."

Walz and other Democrats also expressed concerns Wednesday about Congress approving major VA reforms without knowing who will implement them. The agency has been without a permanent secretary since Shulkin was dismissed in March. White House physician Ronny Jackson, Trump's pick to replace Shulkin, withdrew from consideration in late April. A new nominee has yet to be named.

"I am also concerned that without strong leadership in place, this bill will give the Trump administration the cover it needs to slowly privatize VA," Walz said. "Especially if VA is required

to cut spending on care provided in VA hospitals, or cut funding for much needed construction and maintenance.”

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2.7 - Government Executive: [House Passes Sweeping Bill to Overhaul VA-Funded Private Care, Shutter Facilities](#) (16 May, Eric Katz, 870k uvm; Washington, DC)

The House on Wednesday passed 347-70 a major overhaul to veterans health care, voting to expand their access to private sector care on the government’s dime and to bring the Veterans Affairs Department through a process that would close some of its federally run facilities.

The Veterans Affairs Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act won widespread support in the lower chamber and will now head to the Senate, where it already has bipartisan backing. The massive bill dealing with multiple areas that have for years proven to be political landmines moved quickly through the House, with House Veterans' Affairs Committee Chairman Rep. Phil Roe, R-Tenn., introducing the bill just one month ago. Roe had worked for much of the 115th Congress with Democrats, his counterparts in the Senate, the Trump administration and an array of veterans stakeholders to reach a compromise bill.

The measure this week also won the official backing of the White House, which put out a statement saying the bill would “strengthen the VA’s ability to deliver timely, high-quality healthcare in its own facilities, while ensuring seamless integration with community care providers.” President Trump personally praised the bill in a tweet, saying the Senate should act within the next two weeks.

The bill would provide veterans with access to private sector care when the services they are seeking are not offered at VA, there is no full-service medical facility in their state, they previously were eligible for outside care under the Veterans Choice Program or VA cannot meet its own standards of care in providing care to an individual veteran. It would also allow a veteran and doctor to mutually agree that private care was in the patient’s “best medical interest.”

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The VA provider would have to first assess the distance the veteran must go to receive care from the department’s network of more than 1,200 medical facilities, the nature of the services required, the frequency of treatment, the timeliness of available appointments and other “excessive burdens to care.”

The Choice Program, which Congress established after the 2014 scandal involving department employees manipulating patient data to hide long wait times, is set to run out of funding later this month or in early June. The bill would avoid that pending crisis by providing \$5.2 billion for the program before sunseting it permanently in one year. The bill overall would cost \$52 billion over five years, according to the Congressional Budget Office.

The measure includes another controversial provision to put VA through a process similar to the Defense Department’s Base Realignment and Closure Commission. The measure would require the VA secretary to assess the department’s current capacity to provide health care in each of its networks and ultimately recommend facilities to close, modernize or realign. The

secretary would then pass those suggestions along to a presidentially-appointed, Senate-confirmed commission. That panel would submit its recommendations to the president, who would then have to approve of the plan in full, in part or reject it altogether. Congress would then have 45 days to vote down the plan or it would automatically go into effect.

Thirty-seven veterans service organizations and other stakeholders previously sent a letter to Congress urging lawmakers to support it. The groups have cautioned members against taking too aggressive an approach in boosting private sector care, but said Roe's bill represented "a balanced approach to ensuring timely access to care while continuing to strengthen the VA health care system."

A spokeswoman for Sen. Johnny Isakson, R-Ga., who chairs the Senate Veterans' Affairs Committee and has praised the VA MISSION Act, said Senate Majority Leader Mitch McConnell, R-Ky., would determine when the bill received floor time but the hope was for it to move "quickly." A McConnell spokeswoman said no vote has yet been scheduled.

The American Federation of Government Employees, which represents 230,000 VA employees, has called on Congress to reject the measure, saying it would endanger the department by shifting resources toward the private sector.

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2.8 - Idaho Press-Tribune: [Boise VA employees rally against privatization, vacancies](#) (16 May, Kyle Pfannensteil, 188k uvm; Nampa, ID)

Caring for veterans attracts employees with a particular interest in serving those who've served, and some employees of the Boise Veterans Affairs Medical Center fear potential changes to agency funds could have poor consequences for the program and veterans.

Around 15 people, some of whom were Boise VA employees, protested Wednesday in downtown Boise to stop what they see as a move by Congress to privatize the veterans affairs agency and to continue to delay filling what they claim is now 49,000 vacant VA positions.

The employees weren't demonstrating on official VA business, instead as part of efforts from the employee union, the American Federation of Government Employees (AFGE.) It's the largest federal employee union and the Boise rally was organized by AFGE Local 1273, a union chapter in Boise.

"We're not here representing the VA. We're here representing the interest of veterans and the interests of our union," the union chapter's president and a VA employee Travis Riggs told the Idaho Press-Tribune. "Obviously, if the VA's privatized that's horrible for workers, that's horrible for our union. But the reason we're out here today is because it's horrible for our veterans."

Riggs worries privatization could make the government program that is widely known for providing care into something more like traditional health insurance, where veterans get an insurance card and receive care from approved providers instead of primarily through VA facilities.

A bill Riggs believes could push the program in that direction passed the U.S. House of Representatives earlier Wednesday, before the rally, according to the Military Times. Riggs

argues that bill, dubbed the VA Mission Act, would drastically change the state of veteran affairs.

In a press release, Republican Speaker of the House Paul Ryan said the bill “is another critical step in fulfilling our promise to fix the Department of Veterans Affairs.”

He argues veterans have unique medical needs that centralized service providers could best service, like in detecting what diseases are caused by exposure to Agent Orange, a chemical compound used during the Vietnam War.

And he said private health care is more expensive than VA care, so he argued privatization would just lead to costlier, lower quality care.

Robyn Moulton, a registered nurse at the Boise VA, agreed that the VA provides specialized care. A daughter of a Marine Corps officer, she began working at the VA in 2008 after working at a correctional facility in Ontario, Oregon.

“Both of these tug at your heartstrings because they’re both ‘greater good’ jobs,” Moulton told the Idaho Press-Tribune. “Working with prisoners is difficult, but rewarding and so is (working with) veterans. Working at the VA is an honor. I just feel honored everyday to be a nurse and to be able to care for veterans that keep our country safe and free.”

One huge reason she loves the fellowship she has with veterans.

“There’s a quiet comradery that exists of support that I have not seen anywhere else in any other hospitals that I’ve worked that is not a common thread,” Moulton said.

And the force driving employees like Moulton to work there is something Riggs says many share.

He said most VA employees, specifically those in Boise, have personal ties to military services. Either they, a member of their family or a close friend is a veteran.

“This isn’t a job. This is a mission in our life. This is a calling in our life,” Riggs said. “We aren’t there for a paycheck, we’re here for our veterans.”

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3. Modernize Our System

3.1 - Newsmax: [Dems Push VA to Fire CIO Over Trump Campaign Work](#) (16 May, Jason Devany, 10.8M uvm; West Palm Beach, FL)

Democrats in the House and Senate are calling for the acting chief information officer of the Department of Veterans Affairs to be fired because of the work he did on the Trump campaign.

Camilo Sandoval was appointed the V.A.'s acting CIO last month. During the 2016 presidential campaign, he worked as then-candidate Donald Trump's director of data operations. Because of the campaign's contract with data firm Cambridge Analytica — which is under fire for misusing

millions of Facebook users' data for campaign purposes — Democratic lawmakers now want Sandoval out.

Eleven Democrats — six congressmen and five senators — sent a letter to Deputy VA Secretary Thomas Bowman this week, asking for Sandoval to be terminated.

After referencing the VA's "malign neglect" to modernize veterans' electronic health records, the lawmakers explained their reasons why Sandoval should no longer work at the department.

"This appointment raises serious data security concerns stemming from Mr. Sandoval's previous position as the director of data operations in 2016 while the Trump campaign was contracting with Cambridge Analytica," the letter reads.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust. As such, Mr. Sandoval's role in these activities must be thoroughly examined, and he should be put nowhere near veterans' health and benefits data."

The letter went on to reference a \$25 million lawsuit filed against Sandoval for slander, harassment, and sexual discrimination against another member of the Trump campaign. Politico reported on that lawsuit last month.

The VA employs more than 377,000 people and has been the subject of harsh criticism in recent years thanks to a waitlist scandal that resulted in dozens of veterans dying while waiting to see a doctor, poor sanitary conditions in VA facilities, and issues around company leadership. VA Secretary David Shulkin was fired in March and his replacement nominee was forced to withdraw his name from consideration after Democrats accused him of misconduct.

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3.2 - Healthcare IT News: [Dems blast VA on EHR modernization progress, acting CIO controversy - In the last four months, the agency has lost about 40 senior staffers and the lack of experienced IT leadership puts the EHR modernization project at risk, 11 Congressional members argue.](#) (16 May, Jessica Davis, 438k uvm; Portland, ME)

A group of House and Senate Democrats are calling on the Department of Veterans Affairs to remove its Acting CIO over controversies that stem from his role on the Trump campaign, while expressing concerns about some in the President's inner circle who may be "inappropriately influencing EHR modernization."

The letter, sent by 11 lawmakers include Sens. Richard Blumenthal, D-New York, and Tim Walz, D-Nebraska, blasts the VA for its "malign neglect" for failing to obtain qualified leadership and "reports of political interference hindering EHR implementation."

After Acting CIO Scott Blackburn resigned in April, Trump named Camilo Sandoval to the position. Sandoval, a former Trump campaign staffer, is surrounded by a growing list of controversies.

Among the concerns addressed in the letter is Sandoval's previous position as Director of Data Operations in 2016. During that time, the Trump campaign contracted with Cambridge Analytica, the company currently under fire for mining Facebook user data.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust," the letter authors wrote. "As such, Sandoval's role in these activities must be thoroughly examined."

"He should be put nowhere near veterans' health and benefits data," they added.

The letter also noted Sandoval is currently the subject of a \$25 million lawsuit that claims he slandered, harassed and sexually discriminated against a campaign colleague. All of these items "raise serious red flags and indicate a history of interpersonal conflicts with coworkers."

As a result, the VA should remove him from the position, the Congressional members wrote.

Sandoval is just one of many senior staffing issues concerning the Congressional members. There are more than 33,000 vacancies within the agency, including 553 in the Office of Information Technology. And about 40 senior staffers have stepped down in the last four months alone.

These vacancies are adding to concerns about the EHR modernization project.

"Current VA employees...are forced to shoulder the work of former colleagues -- contributing to low morale among the VA workforce," the letter authors wrote. "The historic overhaul of the VA's outdated [EHR] requires adequate staffing levels to ensure this project succeeds."

Given that the Department of Defense's project is facing its own serious challenges, the need for a VA leader who understands the "risks and requirements" of the project is crucial, they continued. "The need for VA's EHR modernization cannot be overstated."

Also notable is that the letter is addressed to Deputy Secretary Thomas Bowman instead of Acting Secretary Robert Wilkie. Some have called into question Wilkie's authority in that role, given Trump sidestepped appointing Bowman as secretary after ousting VA Secretary David Shulkin, MD. In fact, two veterans' groups have sued to have Wilkie removed.

Despite this opposition, Wilkie has continued to forge ahead with plans to decide on the EHR modernization by May 28.

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3.3 - Federal Computer Week: [Hill Dems want VA's acting CIO out](#) (16 May, Adam Mazmanian, 189k uvm; Vienna, VA)

A group of congressional Democrats wants the Department of Veterans Affairs to remove the acting CIO because allegations of professional misconduct.

Sen. Richard Blumenthal (D-Conn.), who sits on the Senate Veteran's Affairs Committee, Rep. Tim Walz (D-Minn.), the ranking member on the House Veterans Affairs Committee, and nine

other lawmakers said there are "serious character concerns that should disqualify" acting CIO Camilo Sandoval from holding the top tech post at the agency.

In a May 15 letter, the lawmakers noted current legal complaints against Sandoval stemming from allegations of harassment during his work on Donald Trump's presidential campaign. The letter also notes that Sandoval's "previous conflicts" at the Department of Treasury and the Veteran's Health Administration "raise serious red flags and indicate a history of rampant interpersonal conflicts with co-workers."

The lawmakers also complained that Sandoval was involved with Cambridge Analytica while working on the Trump campaign. That firm, it was discovered, improperly captured profile data on 87 million individuals which was eventually shared with the Trump campaign. The scandal is still reverberating in Congress and in legislative bodies abroad.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust," the lawmakers said. "As such, Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data."

The VA CIO oversees an annual budget of about \$4.3 billion. In addition, the CIO also has an important role in the planned \$16 billion modernization of the agency's electronic health records system, which includes an anticipated \$10 billion sole-source contract with Cerner, the same health IT firm that supplies the software in the Defense Department's new and troubled health record system.

The VA CIO is a Senate-confirmed assistant secretary position, and the letter suggests a thorough confirmation process for Sandoval should he be nominated to lead OI&T. However, the position in the past few years has been held on an acting basis more often than not. The latest CIO, Scott Blackburn, was serving on an acting basis. During the Obama administration, career tech official Stephen Warren served as the VA's top tech official on an acting basis for more than two-and-a-half years between the tenures of Senate-confirmed CIOs Roger Baker and LaVerne Council.

The letter also seeks information on any input provided to VA leadership and President Donald Trump on plans to modernize the VA's health record system. This request is an outgrowth of reporting in Politico that identified Dr. Bruce Moskowitz, a Palm Beach internist and denizen of the Mar-a-Lago resort, as a frequent participant in discussions on the health record modernization plan.

"As an internist with no government experience, Dr. Moskowitz lacks the expertise to provide the administration with insight to address the challenges of developing an interoperable system," the letter states.

The lawmakers also want to see VA pick up the pace in hiring, citing the recent resignation of 40 senior staffers and 553 vacancies in the Office of Information and Technology, "effectively stalling operations in essential areas."

Acting VA Secretary Robert Wilkie praised Sandoval in a May 16 statement, calling him "an important member of [the] leadership team."

"Camilo Sandoval has extensive experience in financial technology and digital mobile payments. Along with his close working relationship with the White House, this makes him well suited to oversee VA's IT infrastructure while the White House vets a permanent candidate for the position," Wilkie said.

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3.4 - Register-Herald: [Beckley VA Medical Center launches Whole Health Wellness Center](#) (16 May, Wendy Holdren, 77k uvm; Beckley, WV)

Through its new "Whole Health" Wellness Center, the Beckley VA Medical Center will offer alternative approaches to healthy living, including space for yoga, Tai Chi, meditation, other innovative therapies and health-focused classes.

"This is a crucial step in transforming health care so it is centered on the veteran's goals and well-being," said Beckley VAMC Director Stacy Vasquez, who is a service-connected Veteran herself.

The idea behind Whole Health is empowering and equipping veterans to take charge of their health and live their lives to the fullest.

"The greatest gift I can give my family is to try to stay as healthy as I can," said James Layne, a U.S. Army veteran of Afghanistan. "Like most veterans with aching knees and lower back pain, my recreational activities have lacked. Physical therapy really helped me increase my strength, but something was missing. Now, the Whole Health Clinic has filled that void."

According to a release, the Whole Health initiative is the Beckley VA Medical Center's next step toward focusing on a patient-centered care.

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3.5 - KDLT (NBC-26): [VA Medical Center in Sioux Falls Opens Two New Spaces](#) (16 May, 54k uvm; Sioux Falls, SD)

The VA Medical Hospital is opening some major upgrades to better serve those who served our country.

The new oncology clinic is about 6,000 square feet of brand new space. Veterans going through chemotherapy will have more personalized spaces to recover. High ceilings and natural light are just a couple of highlights to help veterans feel more comfortable.

A specialty medicine clinic is being introduced to the public tomorrow night on the second floor. More space and state of the art equipment is going to give veterans better, more comfortable care.

"The reception from our veterans. Our veterans are Americas heroes. They are South Dakotans, Minnesotans, and Iowans, that depend on us for their health care. They come here and they see an environment that is welcoming, healing," said Darwin Goodspeed, the Director of the VA Medical Center.

Various art pieces are scattered around this clinic to provide a welcoming environment. The special medicine clinic will open for the public to see tomorrow night from 4 p.m. to 6 p.m.

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3.6 - Dundalk Eagle: [Eastern Baltimore County VA clinic preps to open](#) (15 May, Dianna DeCarlo, 12k uvm; Dundalk, MD)

After the Fort Howard location closed in March 2016, the Eastern Baltimore County VA Outpatient Clinic will reopen this fall at the Franklin Square Professional Center at 5235 King Ave. in Rosedale.

The relocation was announced in October of 2017 following more than a year of the VA Maryland Health Care System “using the competitive lease process to identify a new location for the clinic.”

The organization announced that the new spot, just down the street from Franklin Square Hospital, was chosen due to its accessibility. Major highways such as I-95 and U.S. Route 40, along with several bus routes, are close-by and allow people spread across the county to have a quicker and easier transport.

The Fort Howard clinic closed as a result of water damage after a water heater exploded inside the building. During repairs, other infrastructure problems such as mold and out-of-date heating and air conditioning systems were discovered.

All patient care activities and staff at the time were transferred to the Loch Raven VA Outpatient Clinic.

Now, the VA system is looking towards the future. The new building will be larger, coming in at 12,000 square feet and features new amenities such as larger exam rooms and patient waiting areas.

“We are happy to bring VA health care services back to Eastern Baltimore County after the closing of the Fort Howard VA Outpatient Clinic in March 2016,” said Adam M. Robinson, Jr., MD, director of the VA Maryland Health Care System. “By finding a central location for the new clinic that is close to major roads and mass transportation, we are looking forward to serving even more veterans in the area over the next five years. Our veterans wore the cloth of our nation in service to our country, so we want to be there for them now to serve their health care needs.”

Ming T. Vincenti, the Public Affairs Specialist/Community Outreach Coordinator for VA Maryland Health Care System also told the Dundalk Eagle that the new center will have access to a system called “Telehealth”, where patients will be able to go to the new clinic and have an appointment with a specialist (i.e. mental health provider) at another location through video, called “VA Video Connect”.

As one of six community-based outpatient clinics operated by the VA Maryland Health Care System, the Eastern Baltimore County VA Outpatient Clinic will provide outpatient primary care services, mental health care, women’s health care, social work assistance, preventive health

and education services, various medical screenings, and referrals to specialized available throughout the health care system. Vinceti said the clinic will be open Monday through Friday from 8 a.m. to 4:30 p.m. and will also feature a free weekday shuttle service to and from the Baltimore VA Medical Center.

Vinceti said that there are many misconceptions veterans have when debating whether to utilize the VA center.

She provided this list busting the most common VA center myths:

Veterans may say, “I served in the military but...”

I wasn’t in combat, so I won’t be eligible

– VA serves many non-combat Veterans
I wasn’t injured, so I won’t be eligible

– having been injured is not a requirement
I have my own health insurance, so there’s no need to apply for VA health care

– you can keep both, VA providers work together with community providers

I’m still young, and I’m healthy, now is not the time to sign up

– Enrolling now can come in handy later, ie. if a Veteran has a stroke, they’ll already be “in the system” and family members won’t be left trying to find discharge papers so they can apply
VA is for men. They won’t “get me” because I’m a woman

– we have a women’s health program, and we just had a baby shower for new moms – 50-some Veterans who recently gave birth
I’m doing okay, so I’ll leave my “spot” open for another Veteran who needs help more than I do

– it’s actually the opposite – the more Veterans who sign up for an use VA health care, the more funding we receive which we can put back into the care provided to all Veterans
It’s going to take forever to get a primary care appointment –

it’s true that a few years ago we had some of the worst (longest) wait times in the country. I feel comfortable sharing that only because I can now say we have some of the best wait times in the country! We’ve done a lot of things to accomplish that, but a main thing is recruiting more physicians and staff.

The VA Maryland Health Care System (VAMHCS) provides a broad spectrum of medical, surgical, rehabilitative, mental health and outpatient care to veterans at two medical centers, one rehabilitation & extended care center and six outpatient clinics located throughout the state. More than 52,000 veterans from various generations receive care from VAMHCS annually. For information about VA health care eligibility and enrollment or how to apply for a VA medical care hardship to avoid future copayments for VA health care, interested Veterans are urged to call the Enrollment Center for the VA Maryland Health Care System, Monday through Friday, from 8 a.m. to 4:30 p.m. at 1-800-463-6295, ext. 7324 or visit www.maryland.va.gov.

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4. Focus Resources More Efficiently

4.1 - Government Executive: Let's Talk About Some Bad Ideas for Civil Service Reform

(16 May, Debra D'Agostino, 870k uvm; Washington, DC)

While the Trump administration touts salary freezes and reduced retirement benefits for federal workers (to attract new talent?), at last week's Merit Systems Protection Board Summit, MSPB Vice Chairman Mark Robbins discussed some other proposed civil service reforms. Spoiler alert: They won't help employees.

Some proposals are common sense, like excluding shutdown-created furloughs from the list of appealable adverse personnel actions (federal employees gained little from appealing furloughs during previous shutdowns). But others double down on the federal government's bad management practices. For instance:

1. Expanding the VA "accountability" law governmentwide

In June 2017, President Trump signed a law that reduced civil service protections at the Veterans Affairs Department to expedite the firing of bad employees. The Veterans Affairs Accountability and Whistleblower Protection Act lowered VA's burden of evidence in misconduct cases from preponderant (51 percent) to substantial ("more than a mere scintilla," whatever that means). It also shortened the adverse action process and removed MSPB's authority to mitigate penalties. Now the administration and some lawmakers want to expand those provisions to all executive agencies.

Given the government's resources, it is incomprehensible why an agency cannot readily prove when employee misconduct occurs. For example, if an agency removes an employee for excessive tardiness it needs only to produce reasonable documentation (a supervisor's emails to the employee discussing late arrivals, for instance) to support the firing. Do we really need to make this easier?

With its abridged timeframes, the law fails to address major slogs in the process, including agencies taking months to investigate misconduct, despite having entire offices devoted to nothing else, and then months to decide what to do about it. Yet under the new VA law, the only shortened deadlines are:

The employee has 7 instead of 10 or 14 days to respond an adverse action proposal;

The deciding official has 15 has to issue a decision; and

The employee has 10 instead of 30 days to file an MSPB appeal.

Inexplicably, the MSPB now has 180 instead of 120 days to issue a decision, which lengthens the process, thus undermining the premise for the changes. The most ridiculously drawn out parts of the removal process, which occur before the employee is sanctioned or fired, stand unaffected.

Finally, taking away MSPB's ability to mitigate a penalty means that agencies can fire employees for minor indiscretions without regard to reasonableness. If an agency fires a 15-year employee with no prior discipline problems for a technical policy violation, the board could

not instead impose a lesser penalty. This can have unintended consequences—when their options are all or nothing, administrative judges sometimes chose nothing.

2. Authorizing the MSPB to issue summary judgment decisions

When the material facts of a case are not in dispute, MSPB Vice Chairman Robbins frequently advocates for allowing the MSPB to dispose of appeals on summary judgment—in other words, limiting consideration to the narrow legal arguments of a case.

Cases concerning annuities and appeals brought under the Veterans Employment Opportunity Act are often handled this way. But extending this option to all cases would be ripe for abuse. At the core of misconduct cases is whether the employee did what he or she was charged with doing. At the core of whistleblower retaliation cases is a question of intent. It is nearly impossible to envision an administrative judge making these decisions without weighing evidence, which is not supposed to occur upon a motion for summary judgment.

One fear is that agencies will file motions for summary judgment to drive up attorney's fees and slow the process, adding another motion for the administrative judge to decide. Another is that the MSPB would only grant summary judgment in favor of the government based on how administrative judges now exercise their authority to limit evidence.

In my experience, this is a terrible idea. If I had a client who admitted to misconduct, the administrative judge would rightfully push him to stipulate as much to avoid wasting time at hearing. Yet, such stipulation rarely flows the other way. I have proceeded to hearing where the evidence showed my client was not at work on the day of an alleged incident, where the deciding official admitted there was no evidence to sustain a charge, where it has been proven that the policy alleged to have been violated does not exist, and so on. In my more than 15 years representing federal employees before the MSPB, I can recall only one time when the administrative judge tossed a charge prior to the hearing based on pre-hearing submissions.

3. Lengthening the probationary period to 2 or 3 years

Most federal employees serve a one-year probationary period during which they can be fired for any reason, with no right to appeal to MSPB. Agencies often wait to the very end of that period to terminate employees who are not working out. This appears suspicious, because if there was a genuine concern, it makes little sense that the agency sat on its hands instead of getting rid of the problem. Yet, this is what agencies do, and proposals to extend the probationary period to two or even three years, would mean agencies will sit on their hands for even longer. Every government employee can point to someone who was a problem walking in the door, who is still there because management never did its job. Solid employees, two or more years in, do not typically become problems all of a sudden.

Managers say that they tolerate the bad employees because it is so hard to hire a new employee. Perhaps the solution should be targeted at the problem—fixing the federal hiring process.

4. Pay for performance

Currently, most federal employees get raises based on tenure. To get a bigger raise, they need to be promoted. Solid performers are often promoted every year or two, until they reach the senior levels, where the jobs are fewer. This is much like the private sector.

The proposal is to tie pay raises to performance evaluations, which are inherently subjective, especially for more complex work. Subjectivity is unavoidable—in my office, an associate may draft a brief that one partner thinks is great and another thinks needs work; both can be right. Pay for performance encourages playing favorites, which is problematic for obvious reasons. One need only to look at the Environmental Protection Agency, where Administrator Scott Pruitt signed off on raises of \$12,000 or \$66,000 for certain favored aides. While this incident is extraordinary, it is not difficult to imagine it becoming more common if pay for performance was the rule, and raises were more discretionary in nature.

The goal of reform should be to attract and keep good employees, and to get the best from each employee. Congress should stop treating federal employees like the enemy. The majority of federal employees are there to serve our country, and want, like anyone, to be treated with respect and dignity. While politicians come and go like leaves on a tree, civil servants are the trunk and roots of government.

Debra D'Agostino is a founding partner of the Federal Practice Group. She has more than a decade of experience in employment law and has represented clients in matters before the EEOC, MSPB, the U.S. Court of Appeals for the Federal and D.C. and 4th Circuits and the U.S. Court of Federal Claims.

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4.2 - Palm Beach Post: [Brian Mast, up for VA post, seeks more congressional offices in VAs](#) (16 May, George Bennett, 633k uvm; West Palm Beach, FL)

While his name is mentioned as a potential nominee to head the Department of Veterans Affairs, U.S. Rep. Brian Mast, R-Palm City, announced Wednesday that he has been named to the House Veterans Affairs Committee, a perch that he said will “give us an even better platform to advocate for veterans” in his district and nationally.

Earlier Wednesday, Mast appeared before the committee to promote his bill to make it easier to put congressional offices in VA hospitals. Mast and the three other members of Palm Beach County’s U.S. House delegation — Reps. Alcee Hastings, D-Delray Beach, Lois Frankel, D-West Palm Beach, and Ted Deutch, D-Boca Raton — opened a first-of-its-kind joint office in December in the VA Medical Center in Riviera Beach.

“This office has allowed me to expedite the assistance that I provide to our veterans and I truly believe that every member of Congress should have the opportunity to open an office at their VA facility if they would like to do so,” Mast told the Veterans Affairs Committee during a Wednesday hearing. “The more present a member of Congress can be in their VA medical center, the better the quality of service our veterans should receive.”

Mast, a decorated Army combat veteran who lost both his legs after a bomb blast in Afghanistan in 2010, has introduced a bill aimed at eliminating some of the red tape he encountered when he first sought to put the congressional office at the local VA hospital.

Mast’s bill states that such offices are permitted and directs the VA secretary to establish procedures for members of Congress to use VA facilities.

Reports surfaced last week that Mast is among those being considered by President Donald Trump to head the VA. The post became available after Trump fired former Secretary David Shulkin. Trump's initial pick to replace Shulkin, White House physician Dr. Ronny Jackson, withdrew last month.

Mast has declined comment on the VA secretary's job beyond calling it "an honor to be considered to serve my fellow veterans and their families at the highest possible level."

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4.3 - Commercial-News: [VA staff to take calls Thursday](#) (16 May, Mary Wicoff, 193k uvm; Danville, IL)

Memo to veterans: Operators are standing by, waiting for your call.

Or, at least, they will be Thursday when the Veterans Affairs Illiana Health Care System conducts its third phone-a-thon from 2-6 p.m.

Veterans who are not enrolled in VA health care are asked to call that number to see if they're eligible.

Hilary Edgerly, phone-a-thon organizer, said the event is an effort to make sure staff is available to answer any questions from veterans who live in the catchment area, but aren't enrolled in the VA.

The catchment area covers more than 30 counties in east central Illinois and a couple in Indiana.

"If you're a veteran who isn't currently receiving care through the VA Illiana Health Care System, for whatever reason, give us a call and our experts will be on hand to answer your questions," said Edgerly, who's also acting chief of social work service.

Examples of calls that the VA hopes to receive include: veterans who were previously not eligible for VA health care, veterans who don't believe they're eligible, veterans who believe they are ineligible because they never served in a combat zone, and others.

If veterans are eligible, an appointment will be set up for them.

This is the first year that the VA has asked veterans to call. The past two years, volunteers called veterans who are in the system, but who have been inactive within a two-year window.

The staff at the out-patient clinics in Mattoon, Decatur, Springfield and Peoria will be calling veterans they haven't seen in a while.

At Danville, 10 volunteers each hour will be available to take calls.

Last year, Edgerly said, the response to the phone-a-thon was good, and many veterans were re-established with health care. Also, last year, a TV station showed up and wanted to show a number for veterans to call.

That gave Edgerly the idea to try a different way to reach out to veterans, and she's interested in seeing how well it goes over.

"We're here waiting," she said. "We want them to sign up with us."

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4.4 - KTVX (ABC-4, Video): [Why the month of May is so important to the Utah Red Cross and Veterans](#) (16 May, Stacia Barton, 156k uvm; Salt Lake City, UT)

May is military appreciation month. It's something the Red Cross is passionate about. Rich Woodruff from the Utah Red Cross, joined Brian Carlson to talk about why.

May is Military Appreciation Month and Woodruff says the public may or may not know how deep their roots run with the military, veterans and their families. In fact, they often say the Red Cross was "born on the battlefield," going all the way back to the Geneva Convention. Principles were created and then adopted and advocated for by social activist Clara Barton. She founded The American Red Cross during the Civil War. Their SAF (Services to the Armed Forces) program is often overlooked as one of the 5 key service lines of the Red Cross. (The other 4 being disaster services, blood services, preparedness training, and international services).

As the longest standing organization serving America's military families, the Red Cross provides steadfast care throughout a military member's course of service and beyond. The Red Cross provides this humanitarian work through the following categories of service whenever it is needed: 24 hours a day, 7 days a week and 365 days a year.

Providing Emergency Services - When significant family emergencies occur, the Red Cross is a gateway to a network of comprehensive assistance. The United States Department of Defense (DoD) relies solely on the Red Cross to obtain verified reports of family situations for service members and their commanders, enabling them to make timely decisions about returning home. The Red Cross also helps identify and provides access to the best resources, including financial assistance, in response to a family's emergency needs.

Supporting Military Hospitals and Veterans Affairs (VA) Health Care Facilities - Red Cross volunteers and employees work hand-in-hand with military and VA hospitals and clinics to provide rehabilitation therapy, morale-building activities, and material assistance that is vital to the comfort, recovery and healthcare of service members and veterans. There are current Red Cross volunteer teams at Hill AFB and the VA Medical Center in Salt Lake City.

Building Strong Families and Resilient Communities - The Red Cross works to strengthen families' capacity to cope with the unique demands of a military lifestyle. This is achieved through preparedness briefings, mental health, preparedness, health and safety courses, and networking and support opportunities that are all delivered in local communities across the nation and on military installations around the globe.

Whether our nation is at war or at peace, every day around the globe, members of the U.S. Armed Forces are deployed in service to the country. As the National Guard and Reserves return to their hometown communities, and the active duty are given new assignments, their need for Red Cross support remains critical and constant.

The Red Cross will continue to assist all members of the Armed Forces, veterans and their families, wherever they are in their military life journey. The Red Cross, through its Continuum of Care, is uniquely equipped with the global capacity to support the military 24 hours a day, 7 days a week and 365 days a year.

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4.5 - Newton County Times: [VA announces Paul Lawrence as new Under Secretary for Benefits](#) (15 May, 31k uvm; Jasper, AR)

Today VA announced that Paul R. Lawrence will assume office Tuesday, May 15 as the department's new Under Secretary for Benefits.

Lawrence is a former Army captain and airborne school graduate, and has served in a number of key positions in the accounting industry, focusing primarily in the area of federal government practices.

Most recently, Lawrence was a Public Sector Vice President with Kaiser Associates. Previously, he held leadership positions with Ernst & Young, Accenture, the MITRE Corporation, IBM Business Consulting Services, and PricewaterhouseCoopers. Lawrence has a Master of Arts and Ph.D. in Economics from Virginia Tech, as well as a Bachelor of Arts degree in Economics from the University of Massachusetts, Amherst.

Acting Secretary Robert Wilkie said, "VA is excited to have Paul Lawrence join our team in this important role for Veterans. His decades of leadership in the accounting industry will serve him well as he continues the progress VBA is making on a number of fronts. VA now has two of three Under Secretaries in place, with both assuming office more than a year before their counterparts in the previous administration."

VA also announced that Thomas J. Murphy, currently the Executive in Charge of the Veterans Benefits Administration (VBA), will become the new VBA Midwest Area Director, in St. Louis, Mo. Prior to serving in the temporary position of Executive in Charge, Murphy was Principal Deputy Under Secretary for Benefits in VBA.

Additionally, Margarita Devlin will become Principal Deputy Under Secretary for Benefits in VBA. Until recently she served as the Executive Director of VA's Benefits Assistance Service (BAS). Devlin has served as executive director of Navigation, Advocacy and Community Engagement; executive director of Interagency Care and Benefits Coordination, and other positions in VA since 2003. She holds a master's degree from the University of South Florida.

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5. [Improve Timeliness of Service](#)

5.1 - San Antonio Express-News: [Why Some Veterans Are On the Front Lines to Legalize Hemp, Solidiers tell lawmakers that cannabis helps ease chronic pain and PTSD](#) (16 May, Jonathan Small, 2.7M uvm; San Antonio, TX)

U.S. Armed Forces veterans have had to fight many enemies both on and off the battlefield. One of the most insidious is the opioid addiction that's arisen as a result of treating their pain and PTSD. A sobering 2011 study found that veterans are twice as likely to die from opioids than non-veterans.

Now some veterans are fighting for the legalization of some hemp products to manage their debilitating symptoms. Last April, a group of veterans descended on the U.S. House of Representatives in D.C. to talk with members of the Cannabis Caucus and the House Veterans' Affairs Committee.

The meeting was spearheaded by a retired Marine, Steve Danyluk, who worked with wounded vets at Walter Reed and Bethesda medical centers. "I witnessed what I believe is a policy of over-medicating wounded service men and women with opiates and other toxic medications," he said.

Disturbed by what he saw, he looked into creating an alternative and non-addictive remedy. The result was Warfighter Hemp, which contains CBD derived from the hemp plant. Unlike other cannabis strains, hemp contains less than 0.3 percent of THC, the chemical that makes you high. Still, both hemp and marijuana are classified as Schedule 1 controlled substances, which means the VA and other federally funded entities can't research it.

Navy veteran Veronica Wayne thinks this is a huge mistake. She was one of the soldiers on hand to talk about the benefits of hemp, telling lawmakers that the plant basically saved her life.

After an airplane maintenance hatch hit her head, she took opioids for 17 years. "I basically became a walking zombie," Wayne said. "I was at a higher-than-likely rate of committing suicide from pain." But after using hemp oil she says she got the relief she needed.

Airforce veteran Christine Clayburg was also there to extol the virtues of hemp. "After taking a sister soldier's advice, I was able to trade out the VA "zombie cocktail" for CBD oil," she said. "Not long after that, I began to feel an occasional sense of joy for the first time in over two years. Is it too much to ask that the VA at least test this plant that its own warriors are telling them is working?"

Related: Bipartisan Concern for Veterans Drives Bill to Allow VA to Research Medical Marijuana

Wayne, Danyluk and their colleagues asked legislators to sign a letter to Department of Veterans Affairs Acting Secretary Robert Wilke asking him to greenlight a study into CBD derived from industrial hemp.

"CBD derived from industrial hemp provides much of the relief that these Veterans seek, at a fraction of the cost, without the psychoactive side effects, making it an ideal alternative to the various psychotropic and toxic medications in the VA's dispensary," said Danyluk.

The members of Congress are still debating whether or not to allow testing, but Representative Earl Blumenauer, D-Ore. said, "I'm actually cautiously optimistic if we get something on the floor, that it will pass."

Until then, the veterans will keep fighting the good fight.

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5.2 - Healio: [Diverse mortality rates seen in VA medical centers for HF, heart disease](#) (16 May, Darlene Dobkowski, 1.5M uvm; Thorofare, NJ)

Mortality rates for patients with ischemic heart disease and chronic HF varied across the Veterans Affairs health system, according to a study published in JAMA Cardiology.

“Our findings may be placed in the context of increasing emphasis on the importance of hospital/health system quality performance in the care of populations of patients with chronic disease,” Peter W. Groeneveld, MD, MS, associate professor of medicine at University of Pennsylvania Perelman School of Medicine and attending physician and vice chair of the research and development committee of Philadelphia VA Medical Center, and colleagues wrote. “While hospital outcomes for the treatment of acute medical episodes, such as myocardial infarction, remains an important quality measure, mortality rates among the broader population of patients receiving care by a hospital and/or its outpatient clinics provides important insight into the effectiveness of the hospital/health system in optimizing the health of its patient population.”

VA medical center data

Researchers analyzed administrative data from 930,079 patients with ischemic heart disease (mean age, 72 years; 1% women; 89% white) and 348,015 patients with chronic HF (mean age, 72 years; 2% women; 83% white) who received care from 138 VA medical centers between 2010 and 2014. Both cohorts were constructed so that same patients could appear in both groups.

The overall annual mortality rate was 14.5% for patients with chronic HF and 7.4% for patients with ischemic heart disease. VA medical centers’ risk-stratified mortality for patients with ischemic heart disease varied from 5.5% (95% CI, 5.2-5.7) to 9.4% (95% CI, 9-9.9; P for difference < .001). This was also seen in patients with chronic HF, which ranged from 11.1% (95% CI, 10.3-12.1) to 18.9% (95% CI, 18.3-19.5; P for difference < .001).

Comparisons with national rates

Of the 138 VA medical centers included in the study, mortality rates for patients with ischemic heart disease exceeded the national mean in 29 centers, and mortality rates for patients with chronic HF exceeded the national mean in 35 centers.

Risk-standardized mortality for both cohorts was not associated with 30-day mortality rates for MI ($R^2 = 0.01$; $P = .35$). Weak associations were also seen for risk-standardized mortality and both 30-day chronic HF posthospitalization mortality ($R^2 = 0.16$; $P < .001$) and the VA star-rating system for quality measurement ($R^2 = 0.06$; $P = .005$).

“While process measures are undeniably important in the assessment of quality of care, these are only important to the extent that they are associated with the clinical outcomes that matter to patients,” Groeneveld and colleagues wrote. “Measurement of risk-adjusted mortality among chronic disease populations, therefore, presents an important dimension of quality measurement that might be missed if process measures or acute-care outcomes were the sole metrics.”

In a related editorial, Paul A. Heidenreich, MD, MS, professor of medicine and health research and policy and vice chair for clinical, quality and analytics at Stanford University School of Medicine, wrote: "Perhaps the most important question is how hospitals can use these data to improve. Are the mortality differences because of differences in guideline compliance? Without measures of process of care known to improve mortality, it is not clear how hospital leaders can intervene to lower the mortality rate."

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5.3 - WVEC (ABC-13, Video): [Veteran battles the VA, wins latest fight - Keith English know at the time, was poisoned by water when he was stationed at Camp Lejeune in the 1980s. Decades later, he's terminally ill with cancer.](#) (16 May, Elise Brown, 607k uvm; Norfolk, VA)

Keith English proudly served as a Marine for 20 years. While he can't say everything that he saw while serving, he called it the best ride in his life.

In the late 1980s, English was stationed at Marine Corps Base Camp Lejeune in Jacksonville, North Carolina. Little did he know at the time, he was being poisoned by water on the base. Now, decades later, he's terminally ill with cancer.

"There is nothing I regret about my service. Not even this. It still was a huge pleasure to serve," English said. He beat cancer three times and lost a vocal cord and lips to the disease. However, the cancer returned, spreading from a lung to other organs. The family's medical bills started to pile up.

"I'll put it in these terms: no vacations, no Christmas presents, none. No going out to eat. Borrowing money for gas, having my co-workers -- wonderful people -- secretly pay our electricity," said the veteran.

In January, English's doctor said the father and husband had three to six months to live. In an October 2017 letter, English's Doctor, T.W. Barkdoll at the Naval Medical Center in Portsmouth, wrote to the VA "at least his lung cancer and potentially all three cancers are more likely than not, related to his toxic exposures at Camp Lejeune."

But the VA wrote back earlier this year and denied English's claims. In part, it stated his cancer was not included on the list of approved presumptive diseases for those who were exposed.

"By the way, my employer is the Veterans Administration," said English, who is a police officer for the department.

Dr. Barkdoll listed several reasons to back up his opinion. He stated one of the contaminants found in the water causes an increased risk of lung cancer.

13News Now called a lawyer, the Navy, and a congressman, and asked that they take a look at English's case. We also gave the VA a deadline to get back to 13News Now.

On May 7, the VA called English. "They had reviewed my case, and stated that they had made an error," said English.

In a written statement, the VA told me English was initially denied because of varying medical opinions between English's doctor and the VA's medical expert.

"However, after further consideration, and based on an extensive review of all the available medical evidence, the private physician's medical opinion was ultimately found to hold a higher weighted value compared to the subject matter expert's opinion because it considered Mr. English's personal information and complete medical history as well as extensive knowledge of the research involved in Camp Lejeune contaminated water exposure. Therefore, service connection was established for lung cancer."

"Obviously it sounds like a lack of attention to detail," said English. The VA told English it will reimburse and take care of future medical bills. Congressman Scott Taylor said this demands legislative action to update the list of cancers.

"It's important for us to speak to oncologists, to speak to the military, as well as the Veterans," said Taylor.

English said it's not so much about money, he just doesn't want other families to face the same battle.

13News Now asked the VA if English's reversal will prompt it to review other like claims, but no one answered that question. The VA would only say it evaluates each case.

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5.4 - Fayetteville Observer: [Womack Army Medical Center, Fayetteville VA celebrate partnership at Raeford Road rehabilitation clinic](#) (16 May, Drew Brooks, 439k uvm; Fayetteville, NC)

A year after Womack Army Medical Center and the Fayetteville VA partnered to open a new rehabilitation clinic on Raeford Road, officials have just one complaint.

"We need to work on that sign," said Col. John J. Melton, commander of the Fort Bragg hospital. "We need better branding."

James A. Laterza, director of the Fayetteville Veterans Affairs Medical Center, agreed.

But thankfully, he said, the sign -- simple black letters on a plain white rectangle -- was not symbolic of the care that veterans, military families and retirees have received at the clinic in the past year.

Melton and Laterza visited the Fayetteville Rehabilitation Clinic at 4101 Raeford Road a year after it opened to celebrate the staff and praise the cooperation underway.

In just 12 months, officials said the clinic has had nearly 36,000 patient encounters and enjoys a patient satisfaction rate of more than 95 percent.

"That's pretty outstanding," said Daniel Jayne, supervising physical therapist for the Womack half of the operation.

Jayne said the military employs 16 physical and occupational therapists to serve military spouses, dependents and retirees.

Soldiers are treated at Womack Army Medical Center on post, he said.

In the past year, the Army clinic staff had more than 27,000 patient encounters, Jayne said, despite being understaffed for part of the year.

The clinic also has saved the government more than \$3 million based on care that would have otherwise been handled in the private sector.

Another eight therapists serve VA patients from the clinic, said Rick Peters, the supervising physical therapist on the VA side of the operation. The Fayetteville VA also has three other rehabilitation clinics, including two others in Fayetteville and one in Wilmington.

The VA clinic staff had more than 8,900 patient encounters in the last year, Peters said, including many patients who would have otherwise been forced to seek care outside of the VA.

But while their work stays separate, the Army and the VA staff are far from sequestered.

Jayne said the two staffs work side-by-side and often share in training opportunities. The joint working space has allowed the Army and the VA to save on overhead, equipment and other costs. And more important, it's led the staffs to look for more ways to break down barriers between their organizations.

"It's allowed us to collaborate more," Jayne said.

In the near future, the larger Womack staff will take on some of the VA patient load, he said.

Any VA patients who also qualify for care through the Department of Defense will be "adopted" by the Army staff, Jayne said. That will lead to quicker appointments for nearly all patients.

Peters said the clinic operates as one staff, not two.

He said VA and Army therapists have alternating work space, have combined staff meetings and share a common goal to serve the military community.

"This is a dream clinic," Peters said. "We work as a team."

Jayne agreed.

He said patients like the location, even though its shopping center facade is not much to look at.

"It's the clinic with the ugly sign and the beautiful interior," Jayne said. "We have top-level equipment. And I couldn't be prouder of the staff here."

To celebrate the anniversary, staff at the clinic cut a cake -- half chocolate and half vanilla.

Melton said the Fayetteville Rehabilitation Clinic was proof of how the VA and Department of Defense can partner together.

And Laterza said the partnership was second to none.

“You guys have got it right,” he said.

Dr. Gregory A. Antoine, chief of staff for the Fayetteville VA, said the clinic is just one of several partnerships underway between the local VA and the military.

VA doctors and nurses are working at Womack while operating rooms are being renovated in Fayetteville, he said. And the two medical centers eventually want their staffs to be fully interchangeable, with doctors having privileges at either location.

“There’s a lot of work going on right now to make this a closer, tighter relationship,” Antoine said. “We want to make this seamless.”

Partnering with military facilities is one way the Fayetteville VA is keeping pace with growth, he said.

The Fayetteville VA has the fastest growing veteran patient population in the nation and is expected to become the largest VA network in North Carolina in the coming years.

To cope with the growth, Antoine said the VA is seeking out partnerships with Fort Bragg and medical facilities at Camp Lejeune.

Those partnerships save money, he said. But more important, they help ensure that patients receive the best care possible.

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5.5 - Health Leaders: [VA Reduces Non-Aggressive Prostate Cancer Treatments](#) (16 May, John Commins, 162k uvm; Brentwood, TN)

The Veterans Affairs health system has made tremendous progress over the past decade in convincing patients to postpone surgery or radiation for non-aggressive prostate cancer, new research shows.

Instead, strong majorities of VA patients are opting for active surveillance of the slow-growing cancer, which relies on regular check-ups, blood tests, and occasional needle samplings of prostate tissue to check for any signs of a tumor getting worse.

The researchers used data from the VA's Central Data Warehouse, in one of the largest studies of its kind, involving a review of the medical records of 125,083 former servicemen, mostly over the age of 55, who were newly diagnosed with low-risk prostate cancer between 2005 and 2015.

Researchers found that:

In 2005, 27% of men under age 65 passed on immediate therapy, and 4% chose active surveillance.

In 2015, 72% passed on immediate therapy, and 39% choosing active surveillance.

"Our study shows that the Veterans Affairs health care system has done a good job over the last decade in adopting 'conservative management' of men diagnosed with early-stage disease, with many men choosing active surveillance as an alternative to immediate therapy," says study senior investigator Stacy Loeb, MD, a urologist.

"This marks a historic reversal, at least at the VA, in the decades-long overtreatment of men with prostate cancers least likely to cause harm, and brings their care more in line with the latest best practice guidelines," Loeb says in comments accompanying the study.

Loeb credits the VA's success to several factors, and noted that it is part of a national network of publicly funded hospitals, where many physicians are salaried, so there is little financial incentive to overtreat.

"The main conclusion to be drawn from the data is that if so many veterans can quickly adopt this less-risky disease-management strategy, then so too might other American men if they understood the potential benefits of this option," she says.

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5.6 - American Journal of Managed Care: [Quality of Cardiovascular Care May Vary Substantially Across the VA System](#) (16 May, Kelly Davio, 140k uvm; Plainsboro, NJ)

In a paper published today in JAMA Cardiology, Peter W. Groeneveld, MD, MS, of the Veterans Affairs Medical Center, Philadelphia, and colleagues report that death rates for patients with ischemic heart disease (IHD) and chronic heart failure (CHF) vary widely across the Veterans Affairs (VA) system.¹ Those variations, they say, may point to important differences in care provided at VA medical centers.

Although the VA is a highly integrated system, some prior research has suggested that variation in health outcomes occurs across the VA; in order to assess whether there are substantial differences in the outcomes of patients with IHD and CHF, which are prevalent in the VA healthcare system, the research team conducted a cohort study among 930,079 patients with IHD and 348,015 patients with CHF who received treatment at 138 medical centers between 2010 to 2014. The patients were predominantly white males.

They found that the overall annual mortality rate in the IHD cohort was 7.4% and that the risk-standardized mortality rate for this group ranged from 5.5% (95% CI, 5.2%-5.7%) at the medical center with the lowest mortality to 9.4% (95% CI, 9.0%-9.9%) at the facility with the highest mortality.

In the CHF cohort, the overall annual mortality rate was 14.5%, which also varied across centers, with the lowest-mortality facility having a rate of 11.1% (95% CI, 10.3%-12.1%) and the highest-mortality center having a rate of 18.9% (95% CI, 18.3%-19.5%).

Mean composite IHD and CHF standardized survival scores were slightly higher in the East and Midwest than in the West and South of the country. The researchers observed a weak ($R^2 = .06$) but statistically significant ($P = .005$) association between the composite cardiovascular outcome measure and the VA's Strategic Analytics for Improvement and Learning star system for quality measurement, but mortality rates for these cohorts were not associated with 30-day

mortality rates and were only weakly associated with hospitalized heart failure 30-day mortality rates ($R^2 = .16$; $P < .001$).

The authors write that these differences among VA populations could reflect variability across the medical centers in terms of quality of care, adherence to evidence-based treatment and screening guidelines, access to urgent care, posthospitalization care protocols, chronic disease management, and access to specialty care, social work services, and behavioral health care.

In a linked editorial,² Paul A. Heidenreich, MD, MS, called the findings “provocative” and said that “the demand for quality has outpaced our ability to measure it.” According to Heidenreich, pay-for-performance programs for IHD and CHF that focus on hospitalization and the following 30 days may be part of the problem, because hospital-centric views of quality do not adequately address most patients with chronic diseases who spend more time outside the hospital than in it.

According to Heidenreich, the next steps for improvement include better data sharing to track patients across health systems, additional health services research, and increased analytical expertise among staff in health systems.

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6. Suicide Prevention

6.1 - Nashville Public Radio (Audio): [VA Health Centers Struggle To Attract Tennessee's Young Veterans](#) (16 May, Blake Farmer, 117k uvm; Nashville, TN)

The VA hospitals in the Nashville area are trying to attract young veterans transitioning out of the military. This spring, they've scheduled interest meetings every two weeks as part of a broader suicide prevention effort by President Trump. The problem is, no one is showing up.

"So what is whole health?" former Special Forces soldier Jerry Page asks an audience of one. "Whole health is an approach to care that empowers and equips people to take charge of their health and well-being and live their lives to the fullest."

The single veteran present this morning at the Alvin C. York campus in Murfreesboro works in the sprawling VA complex and was just curious to hear what the whole health initiative is all about. In short, it's getting veterans into yoga, mindfulness and even cooking classes rather than having them only turn to the VA in a crisis looking for a pill or procedure.

Almost nobody has been making time to come and hear about the new modus operandi. Page, who served in the 5th Special Forces Group based at Fort Campbell, acknowledges the outreach presentations were sort of slapped together.

"I think the problem is, the veterans don't want to come to the VA, and the VA doesn't want to come to them," he says. "So we need to find what solution fits best."

The initiative comes from an executive order signed in the Oval Office by President Trump in January.

"I'm honored to be at the forefront of the greatest strides ever made at the VA for our veterans, and it's not even close," Trump said, flanked by cabinet members including the VA secretary who was ousted a few months later.

The larger policy change includes a free year of mental health coverage for everyone departing the military. That's when they're at an elevated risk of suicide. Previously, VA officials say only 40 percent of service members were getting mental health benefits in the first year after transitioning out of uniform.

"When I first got out, it was rough because I didn't know anybody," says Victor Odom, who spent nine years in the Army.

When Odom transitioned out in 2013 after multiple deployments as a fuel technician, he moved back to Clarksville to be near his favorite duty station — Fort Campbell.

"The information didn't flow as well as it did when you were around all your peers in the Army. It felt like I was alone," he says.

He eventually found his way to the VA to deal with his post-traumatic stress disorder but he still hasn't been looped in to the wellness initiative.

More: To Control Pain, Battle PTSD And Fight Other Ills, Tennessee Vets Try Tai Chi

The VA's new focus on whole health only works if veterans link up with the system before things get dire. Page — the VA presenter — says he knows he's battling an entrenched stigma that the system is just for old guys with health problems.

"I was in their shoes, and I wasn't looking forward to coming to the VA," Page says.

It wasn't until he had his own crisis that he wound up there himself. Local VAs are now trying to get out of the business of just dispensing pills to fix complicated conditions. But first they have to find a new way to get the word out to the right people.

Just this week, Nashville VA officials met with the medical staff at Fort Campbell to discuss ways to help transitioning soldiers get involved with the wellness program as soon as they leave the Army.

"We're going to go out to the community. We're going to try and talk to the veterans, going to try and bring them in as much as possible," he says. "But I think it also hinges on whether that veteran is ready for the care as well."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KTVT (CBS-11, Video): [Air Force Veteran To Be Buried Wednesday With No Known Family There](#) (16 May, MaryAnn Martinez, 26.9M uvm; Dallas, TX)

An Air Force veteran will likely be buried with no family at her gravesite.

Margaret King died several months ago, but the university where she worked held off burying her, hoping they would find her family.

Months after her death, neither UNT or police have been able to track down any family.

She served three years in the Air Force in the 70s. King will have full military honors when she's buried here at DFW National Cemetery on Wednesday. The only people expected to attend is a small group from the University of North Texas where she worked as a custodian.

While much remains unknown about Margaret King, what is for sure is she was very well educated.

"She put down on her application that her hobby was her education," said her supervisor at UNT, David Barkenhagen.

The 67-year-old had two associates degrees, a bachelors degree and three masters degrees. UNT says she was working on a graduate degree in interdisciplinary studies at the time of her death.

Back in September, she was found unresponsive in a parking lot on campus. The medical examiners says she died of natural causes. Her supervisor here at UNT describes her as professional, hard working and very private. She never talked about her family, barely mentioned her military service and did mention that she went to church, but didn't say where.

Her funeral is planned for Wednesday, May 16 at 11:30 a.m. at DFW National Cemetery.

All veterans, even those who are homeless or don't have families get a free burial so long as they qualify and were honorably discharged. At DFW National Cemetery, those who don't have families get a monthly visit from the Patriot Guard riders.

"They're not forgotten. No matter what. It's just saying thank you for your service...whatever happened on their life, the country has not forgotten they've done for us, for our freedom," said John Spruyt, assistant director of the cemetery.

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7.2 - Military Times: [New veterans ID cards finally being delivered, but feature Office Depot's logo on back](#) (16 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Thousands of veterans received their free veterans ID cards this week featuring their names, their branch of service and a bright red advertisement on the back.

The cards, approved by Congress almost three years ago, are available at no charge to veterans with good conduct discharges. But to pay for printing and delivery, the Department of Veterans Affairs partnered with Office Depot, whose logo is displayed on the back of each card.

The arrangement was first reported by Military.com earlier this week. VA officials dismissed concerns about the unusual decision to display a corporate logo on a federal ID, noting that

Congress approved no funding for the program when it passed the requirement in summer 2015.

“As such, VA approached Office Depot regarding a partnership to print and mail ID cards to veterans after applications are reviewed and approved by VA staff,” said VA spokesman Curt Cashour. “Under the arrangement, Veterans are not required to pay a fee for the card.

“This is precisely the type of outside-the-box thinking that has been missing from the federal government for far too long and that we are bringing to the table under the leadership of President (Donald) Trump.”

Neither VA nor Office Depot officials would release the cost of the partnership to the office supply firm.

In a statement, Office Depot Vice President for Print Services Andrew Tomlin said the company will supply veterans with ID cards at no cost through the end of 2020 because “Office Depot recognizes the sacrifices that veterans have made and this partnership is one small way that we can give back and thank them for their service.”

The backs of the cards also feature contact information for the Veterans Crisis Line and a line specifying that the corporate logo “does not represent an endorsement of Office Depot’s general policies, activities, products or services” by the VA.

As of Monday, 10,735 veterans had received the ID cards, about one-tenth of the applications received through the VA website.

Administration officials touted the new card process in November, as part of their extended Veterans Day celebration. But shortly after the department began accepting online applications, the system was overwhelmed and taken offline.

Cashour said officials are confident those technical issues have now been resolved. Nearly 16,000 more veterans have been approved for the cards and are expected to receive them in the mail in coming weeks.

The new cards do not replace VA medical cards or official defense retiree cards, and will not carry any force of law behind them.

They are designed to be an easy way for veterans to prove their military service for private sector recognition or discounts, replacing the need for individuals to carry around copies of their discharge paperwork. Numerous states have adopted procedures to display veteran status on driver’s licenses to work around that problem.

Under rules developed by VA, individuals who served in the armed forces, including the reserve components, and have a character of discharge of honorable or general under honorable conditions are eligible for the new IDs. Veterans with other than honorable status are not eligible, a move that has upset some outside advocates.

Veterans can apply for the cards through the VA web site. Applicants must register through the site to begin the application process.

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7.3 - KXAS (NBC-5): [Deceased UNT Student, Veteran Laid to Rest at National Cemetery](#)
(16 May, Frank Heinz, 2.1M uvm; Fort Worth, TX)

A student and employee of the University of North Texas who died last fall is being laid to rest Wednesday.

Margaret Rosa King, 67, an Air Force veteran, was working on her graduate degree in interdisciplinary studies while also working for the school as a custodian when she died last fall of natural causes related to heart disease.

King was found unresponsive near her vehicle in a campus parking lot on Sept. 14, 2017 and was transported to an area hospital where she was pronounced dead.

Since that time the university and the Tarrant County Medical Examiner's Office have been working to identify and locate King's next of kin.

On Wednesday afternoon, King's niece arrived at the funeral. She learned of her aunt's passing on Facebook and flew in from Atlanta. UNT officers said King's half-sister is flying in from California on Tuesday.

Because King is a veteran, the university worked with the Dallas-Fort Worth National Cemetery to arrange for her interment. They also have organized a public funeral service for her that will be held at 11:30 a.m. Wednesday, May 16 at the national cemetery.

Most of what the school knows about King mostly came from her employee file and a background check. She said on her job application that she was born in Brooklyn, New York and listed Washington Irving as her high school. On her Facebook page she listed San Antonio as her hometown.

UNT said before King began working as custodian in 2016, she had an extensive academic background and obtained seven degrees including three associate's degrees, a bachelor's degree and three graduate degrees. Prior to that, King served in the U.S. Air Force from May 1971 until September 1974.

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7.4 - WLOS (ANC-13): [Event at Asheville VA raises awareness about homelessness among veterans](#)
(16 May, 480k uvm; Asheville, NC)

They were walking and rolling Wednesday at the Charles George VA Medical Center and raising awareness for homeless veterans.

Rain, at least in Asheville, moved the eighth annual VA2K Walk & Roll indoors to the atrium of Charles George VA Medical Center. Nationwide, in eight years, the event has raised about \$2 million for homeless veterans.

Although the 1.2 mile walk was this afternoon, organizers said they'll be accepting donations all week.

"Anything from housing items, bedsheets, cleaning supplies, any kind of toiletries items, anything a homeless person would benefit from," VA housing support specialist Karina Vazquez said.

Donations may be dropped off at the Charles George VA Medical Center front desk.

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7.5 - WNEM (CBS-5, Video): [VA hosts walk to raise money for homeless veterans](#) (16 May, Ashlyn Hill, 442k uvm; Saginaw, MI)

Homelessness is something veterans struggle with throughout the country, including in Mid-Michigan.

That's why the local Veterans Affairs is raising money with their annual walk for homeless veterans.

The theme of this year's VA 2K Walk and Health Fair is "Be a Super Hero for Homeless Veterans."

The Aleda E. Lutz VA Medical Center in Saginaw has hosted the fundraising event to support homeless veterans for eight years.

"It's an easy walk. It's something that everybody can do to get a little bit of physical activity to promote health," said Teri Yunus, health promotion manager.

Yunus said it's a great way to get the community involved and help out vets in need.

"Things like socks, deodorant, household cleaners, sleeping bags. Anything like that to set up homeless veterans in their first situation where they're going to need those kind of things," Yunus said.

Veterans like Charles Burns, who served in the Marine Corps. He said he used to be about 95 percent blind until he got involved with the veteran association.

"I lost my eyesight and was put into a VA contracted facility in Flint. And they got me into a doctor and they healed me," Burns said.

The VA medical center serves veterans across 35 counties in Michigan. It's a service Kylee Huber said literally changes lives.

"Just knowing that you can help them get into stable housing and see the progress," Huber said.

Huber is a social worker with the homeless veterans program. She takes pride in helping those who have served all of us.

"Because veterans served our country and it's our role to serve them. So, it's important to raise awareness. Especially for homeless veterans because they're at a greater risk of homelessness than other Americans," Huber said.

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7.6 - WDAY (ABC-6, Video): ['Walk & Roll' event supports homeless veterans](#) (16 May, Cassandra Rohlfing, 195k uvm; Fargo, ND)

VA hospitals across the country are promoting health and wellness while also supporting homeless veterans.

Wednesday was the annual VA 2K Walk & Roll event across the United States.

In Fargo, about 150 people took part.

Each participant is encouraged to bring donations to support local homeless veterans.

Since 2011, events around the nation have raised about \$2 million worth of donated goods for veterans.

"Our community, our national leaders, as well as our local leaders here at the Fargo VA, support employee health, employee wellness, as well as our veterans and this is just one simple, little event that shows that," says Wellness Coordinator, Rachel Mustachia.

This was the 8th year of the 2K in Fargo.

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7.7 - WJET (ABC-14, Video): [Erie VA Medical Center holds 8th Annual 'VA 2K Walk and Roll'](#) (16 May, Ron Hilliard, 191k uvm; Erie, PA)

Families and VA employees are getting fit while helping homeless veterans.

The Erie VA Medical Center held its 8th annual 'VA 2k Walk and Roll'. The event brings awareness to the chronic issue of homelessness among veterans. Among services provided, the VA helps veterans find housing and employment.

Michael Wehrer, Social Worker for the VA Medical Center, says, "The VA really wants homelessness amongst veterans to be rare, brief and nonrecurring; and we have a lot of programs here to assist veterans. And this whole event today is helping people just become aware of the services we have."

Each year, the VA assists 600 veterans with housing programs in Erie.

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7.8 - Denton Record-Chronicle: [UNT student and custodian buried after months-long search for family](#) (16 May, Claire Ballor, 190k uvm; Denton, TX)

The quiet and private life of Margaret Rosa King became a public affair after she collapsed and died from heart complications in a University of North Texas parking lot.

The mysterious 67-year-old janitor left behind few clues about her past when she died in Denton in September. Her funeral finally took place Wednesday after a months-long search for someone to claim her remains.

What information King left behind was little help. All her boss knew was that she was a veteran who took classes at the university by day and mopped the school's floors by night.

"The emergency contacts listed on her job application were just three different variations of her name," said David Barkenhagen, who had supervised King since June 2016. "She was a very private person."

King shared few personal details with those in her life, Barkenhagen said. She loved talking about God, which she promised to keep to a minimum while on the job, so she didn't get distracted. And she collected degrees like Girl Scout badges. But she never talked about family.

For months, UNT police dug through records to try to find a blood relative, but every lead came up dry. So, Barkenhagen was named next of kin and he planned King's funeral at Dallas-Fort Worth National Cemetery. She'd have a military honors funeral, and members of the Patriot Guard Riders would escort her remains.

He hoped someone who knew her, maybe even family, would show up.

Barkenhagen and police discovered only the most basic of details about King's life.

She was born in Brooklyn, N.Y., in 1950 and graduated from Washington Irving High School. She served in the Air Force from 1971 to 1974 before going to work for the Department of Defense in Virginia where she stayed until 1997 when she began working at Lockheed Martin. She retired in 2003.

A neighbor who lived next door to King's Haltom City two-story brick home for 24 years said she didn't even know anything about the woman. The only glimpse into King's life that her home now offers are three license plates in the first-floor windows that say "THE EYE," but their meaning is just as mysterious as the woman who put them there.

Throughout her life, King received six degrees. She completed an associate's degree in business from Tidewater Community College in Virginia, a master's degree in gerontology from Norfolk State University in Virginia, a bachelor's degree in business from Saint Leo University in Florida, an associate's degree in accounting and information technology from Tarrant County Community College, a master's degree in information science from UNT and a master's degree in computer education from UNT.

The associate's degree she was working on at the time of her death would have been her seventh.

"She said she just loved to learn. She wrote that down as a hobby on her job application," Barkenhagen said.

Not alone anymore

Days before King's funeral on Wednesday, UNT put out one last call to media outlets and shared the only photo of King they could find, her work photo, in hopes that her story would be shared and a family member would surface. But no family came forward. So Berkenhagen wrote his speech, put on a black suit and prepared to eulogize a woman he hardly knew.

At the cemetery, the parking lot filled up quickly.

"I think all of these people are here for her," Berkenhagen said. "I wasn't expecting so many people to be here!"

Dozens of people, most of whom never knew King, crowded a pavillion where her ashes were placed in an engraved wooden box. Some were veterans who heard King's story and wanted to show respect. Some were UNT staff members. Others were citizens who didn't want King to be buried alone. Most of them only knew King's name and her military service, and that was all they needed to know.

After a three-volley rifle salute, Barkenhagen was receiving King's folded flag when a teary-eyed woman in a black dress tapped him on the shoulder.

"I'm Margaret's niece," she whispered.

A day earlier, Cherrie Robinson came across a story on Facebook and recognized the woman in the picture as an aunt whom her mother hadn't spoken to in decades. She called her mother and immediately booked a flight from her home in Atlanta to Dallas.

"We've been looking for her for years," Robinson said through tears. "To come across this story just in time to make it here for the services is just amazing."

She said she and her mother, King's half-sister, were not very close with King and lost touch with her decades earlier. Her mother booked the first flight she could get from her home in California, she said, but her flight landed as the funeral was starting and she couldn't make it in time.

The two had tried to find King, who had always been very private and consumed by her studies, but Robinson said she's just glad they found her in time for her to be there to say goodbye.

"I never wanted to find her in death," she said, "but I'm glad at least I can see how many people care."

Barkenhagen handed the folded flag and the three bullet casings from the salute to Robinson. His job was done.

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7.9 - WSIL (ABC-3, Video): [Marion VA Brings in Donations with VA 2k Walk and Roll](#) (16 May, Brooke Schlyer, 162k uvm; Carterville, IL)

The Marion VA Medical Center took part in the 8th annual VA 2K Walk and Roll, which promotes fitness and encourages donations for veterans who are homeless or at risk of becoming homeless.

Organizer Sieger Giroux says, "The main thing is that its a homeless food drive, clothing and whatever other essentials they may need. We need that type of stuff to try and benefit any veterans that may be homeless, or just have financial need and maybe need some help."

The nation-wide event also serves to promote fitness for veterans, VA staff and community members. This includes the 2K walk, as well as, yoga and tai chi demonstrations.

Organizers say, this year, they focused on adding more veteran service organizations like Team RWB, which helps veterans connect to their community through physical and social activity

Team RWB Volunteer and Veteran Ethan Blumhurts says, "We make sure to try and get them out and about enjoying life together with friends and continue to build different networks."

However Blumhurts says, at the Walk and Roll event, veterans are just happy to have community members out talking and walking with them.

Organizers are already planning for next year's event, which they hope to make and better.

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7.10 - WDJT (CBS-58): [VA collecting donations for homeless vets with VA2K Walk](#) (16 May, 160k uvm; Milwaukee, WI)

The Milwaukee VA is helping a group of people who may not always get the support they need.

The VA hosted a 2K walk on Wednesday for homeless veterans.

People were asked to donate personal care items like toilet paper, shampoo, and toothpaste.

The VA says the transition from active duty military to veteran can be challenging.

"They come home, they're at a time when they're transitioning and it's a difficult time for them, so they're back to what is, this real world and it's difficult for some of them to transition," said Deb Stempinski with the Milwaukee VA.

The donations will benefit homeless veterans at Vets Place Central, a transitional housing complex on Milwaukee's west side.

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7.11 - WEYI (NBC-25, Video): [Saginaw VA raises awareness, money for homeless veterans](#) (16 May, 157k uvm; Flint, MI)

Veterans, their family members and community members came together Wednesday to raise awareness for homeless veterans and help them get the medical care they need.

The VA in Saginaw hosted a VA2k walk and health fair this morning.

The goal to raise money and donations to help support homeless veterans.

They collected toiletries, personal hygiene products and clothes for vets.

We caught up with one veteran who said he is thankful for the services the VA provides.

"They got me cataracts surgery, I had real bad cataracts. Dr. Edward Stack from Grand Blanc fixed my eyes. I got my eyesight back, and I am very thankful for the way the VA has taken care of me," said Marine Corps. Veteran Charles Burns.

Our own Amanda Chodnicki was the emcee of the event.

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7.12 - Texas Public Radio (Audio): [VA Offers Onsite Food Banks, Hunger Screenings For Vets](#) (16 May, Carson Frame, 77k uvm; San Antonio, TX)

Pockets of the veteran population are experiencing food insecurity at unusually high rates, and the Department of Veterans Affairs is taking steps to understand and combat the problem. It now screens veterans for hunger, and many of its facilities offer food banks onsite.

Before the sun was fully up, a crowd had already gathered in the parking lot of the VA Austin Outpatient Clinic. A truck from the Central Texas Food Bank idled nearby, as volunteers busily unloaded shipments of fruit, vegetables and meat.

One morning out of every month, the clinic hosts a pop-up food bank for veterans. It's under the auspices of the Veterans Pantry Pilot Program, a collaboration between the VA and hunger relief network Feeding America.

Turnout is so high that veterans have to take numbers.

Diane Fike, a Vietnam-era Army veteran, came equipped with a cart and some freezer bags. She waited on the curb with ears piqued, while her dog Quinn rested on a blanket beside her.

"We get up there and they sort us out," said Fike, gesturing toward a long table stacked with food. "They call so many at a time. Sometimes they're very generous. I hit the jackpot once: they had a bunch of shelf-stable milk. That was great."

For Fike, having food with a long shelf life is helpful. Money grew tight after she became disabled, and she doesn't have a vehicle. When she needs transportation assistance, she has to give 24 hours notice.

"It's terrible sometimes if you're sick and you miss your ride," she said, recalling moments when she had run low on food.

When her number was called, Fike made her way up to a long table where volunteers offered her options from different food groups.

Food Insecurity In Unexpected Places

On average, about 1.5 million veteran households rely on Supplemental Nutrition Assistance Program benefits each year.

Elderly and homeless vets have long been at risk for food insecurity, but younger veterans from the Iraq and Afghanistan wars are increasingly in need.

Social worker Kelli Garrett leads the Austin VA's mobile food pantry.

"Here at our food pantry — and just in general working with the homeless program — it has been noticeable. An increase in the population of probably vets under 35 or so," she said.

A University of Minnesota survey found that post-9/11 veterans in that state were also struggling to put food on the table.

Associate professor Rachel Widome led the survey, which found that 27 percent of participants had experienced food insecurity.

"That was just so much higher than the prevalence of food insecurity in the general population, which is usually around 14 or 15 percent," she said. "I thought that it was very shocking and, honestly, quite unconscionable that such a sizable proportion of those who were sent to fight these wars were now struggling to afford food."

Food insecure veterans tended to be unmarried, with lower incomes, and in households with children. They often reported binge drinking, tobacco use, and sleeping less. Transitioning out of the military poses unique challenges for the young, Widome said.

"Sometimes younger veterans don't have a lot of job experience — don't have as many connections in the civilian world for finding work right away," she said. "And they might not have as much as far as savings goes."

Screening Through Stigma

Daren Benito, a 45 year-old veteran of the first Gulf War, is just a bit older than the group Widome studied. As a single father of two, Benito wrestled with severe post-traumatic stress disorder after leaving the Army, eventually falling into a period of homelessness. He said he often went hungry to feed his kids.

"I had to go days at a time just to make sure that they had a good meal on their plates. That's another thing that also is traumatic," he added.

Though Benito has since found housing and more stable footing, he still struggles to accept resources from places like the Austin VA food pantry.

"I still feel like a protector," he said. "I still feel like I should be the one taking charge, taking the lead. So oftentimes it's hard to have to yield to better judgment, to come out here and humble yourself to an experience like this. Because it just makes you feel kind of down."

Back in October, the VA directed all of its medical facilities to start screening veterans for food insecurity as part of their routine medical care. Anne Utech, the national director for Nutrition and Food Services at the VA, says the screening is necessary — in part because of stigma.

“So, as you can imagine, this topic can be rather sensitive,” Utech said. “People don’t like to bring it up. So that’s why there’s a need for healthcare providers to ask and screen for it.”

The screening question states: In the past three months, “did you ever run out of food and you were not able to access more food or have the money to buy more food?”

According to Utech, the screening is designed to catch as many positive answers as possible, and to account for non-financial factors like physical immobility and lack of transportation. When someone answers yes, that triggers intervention by a social worker, a referral to a local food bank, or help in getting federal food assistance.

So far, more than 1 million vets have been screened, and the VA is compiling information about who’s in need.

But if there’s one thing everyone is seeing, it’s an increase in demand. In both March and April, the Austin VA food pantry served more than 200 households in two hours.

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7.13 - KKCO (NBC-11): [VA2K event raises money for homeless veterans](#) (16 May, Megan McNeil, 64k uvm; Grand Junction, CO)

In 2016, there were an estimated 40,000 homeless veterans in the United States, according to the National Alliance to End Homelessness.

Wednesday, at the Grand Junction VA, people walked and rolled to help support those veterans. About 300 people attended the event. The group took a lap around the VA center, which is close to two miles.

Miniature therapy horses lead the way at the starting line. It was the 8th annual VA2K.

“The majority of the veterans that become homeless because of financial problems, but they have a lot of additional problems along with that—emotional problems, PTSD, problems adjusting to the civilian community,” said Len Ladue, participant.

The walk didn’t just take place in Grand Junction. VA centers across the US took part in the walk. The Grand Junction VA raised \$500 Wednesday.

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7.14 - News Tribune: [National cemetery effort in Jefferson City rebuffed](#) (17 May, Joe Gamm, 64k uvm; Jefferson City, MO)

Federal officials have rebuffed the first attempt by a Jefferson City committee to gain support from the U.S. government for a new national cemetery site in Jefferson City.

In late April, members of the committee, in connection with a coalition of lawmakers and city leaders, sent a letter to Randy Reeves, under secretary for Memorial Affairs within the Department of Veterans Affairs, asking that feds begin the process of identifying a new national cemetery site in Jefferson City.

The existing site, which sits on about 2 acres at 1024 E. McCarty St., has been closed to new burials since 1969.

The small plot of land contains 1,792 headstones, said Dan Phillips, a retired Air Force colonel with Jefferson Barracks National Cemetery in St. Louis. Phillips was unable to discuss the decision by the Department of Veterans Affairs.

The request stated the committee had identified at least one location that would be an acceptable spot for the cemetery.

Through the letter, the committee asked that Missouri's U.S. Sens. Roy Blunt and Claire McCaskill and U.S. Reps. Vicky Hartzler and Blaine Luetkemeyer — who received copies of the request — assist in the effort.

"It is important we work to provide final resting places, in a convenient location for the central Missouri veterans and their family members who have sacrificed so much for our nation's freedom," the letter stated.

The letter, written on Missouri General Assembly letterhead, was signed by state Sen. Mike Kehoe, state Rep. Jay Barnes and state Rep. Mike Bernskoetter, all Republicans from Jefferson City. It also was signed by Jefferson City Mayor Carrie Tergin.

Reeves' response, written to Kehoe, said the "VA and the National Cemetery Administration are committed to honoring the military service and contributions of our nation's veterans." It stated the policy of the NCA is to establish new national cemeteries only in places where 80,000 veterans live within a 75-mile radius of the proposed location.

The response said Reeves' organization has conducted an analysis of the Jefferson City area and found it lies within the 75-mile service area of a Missouri State Veterans Cemeteries at Jacksonville and at Ft. Leonard Wood.

Furthermore, those living outside Jefferson City are within reasonable reach of the state cemetery in Higginsville (to the west) and the Jefferson Barracks (to the east).

"There are no veterans in the area who do not have reasonable access to a first interment option," Reeves said in the letter. "Consequently, the area does not meet VA's policy for the establishment of a new veterans cemetery."

At this point, people involved in the effort to create more national cemetery sites in Jefferson City are just trying to get approval for the process, Bernskoetter said. However, they are being told they technically don't qualify.

They are looking at the next available steps they may take, he said.

Reeves suggested his department would "be happy" to work with the state to establish a new state veterans cemetery in Jefferson City through a grant program. The Department of Veterans Affairs Veterans Cemetery Grants Program, established in 1978, assists states, territories and federally recognized tribal governments in providing grave sites for veterans, where national cemeteries can't meet their needs, according to the VA website.

The VA can provide up to 100 percent of the development cost for an approved project. However, the VA does not provide for the acquisition of land, according to the website.

Committee Chairman Leon DeLong took the feds' response back to members of American Legion Post 5 in Jefferson City on Tuesday night to see how they felt about the reply. His intention, he said, was to attend the regular meeting of the post and encourage members to begin a letter-writing campaign.

However, reception of Reeves' letter left some wondering if they would be wasting money on postage in such a campaign. The post had committed to setting aside \$500 to assist with the letter-writing campaign. When members learned of the response, they agreed with DeLong that a letter-writing campaign may not be the best option.

A more viable option, they said, would be to circulate a local petition that would show national lawmakers the support a new cemetery has in Jefferson City.

Members of Post 5 agreed to continue holding the \$500 available, should the committee focused on the national cemetery need it.

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7.15 - The Item: Pageant benefits homeless female vets - Tuomey tech, drill sergeant will compete (16 May, Ivy Moore, 58k uvm; Sumter, SC)

Bryanna Smith is a busy woman. She works as a histology technician at Palmetto Health Tuomey, serves as a U.S. Army drill sergeant at Fort Jackson, and she's a mom. Add to that her preparation for participating in the Ms. Veteran America 2018 Competition in June.

She's used to having a full load of responsibilities, Smith said.

She worked as a medical specialist in Infectious Disease and Blood Support during her 2014 deployment in Afghanistan - all of the blood and blood products in that country were her responsibility.

While she speaks with some humor of her pageant competition, Smith sees it as an important responsibility. She is passionate about representing women in the armed services.

"This is my first pageant. I had to work up to the task of competing," Smith said. "I have to be able to represent drill sergeants and the Army as a whole; every branch of the service competes."

It's worth all the work and time she's putting into preparation, she said.

The competition, she said, "has more to do with how you help military women in the coming years. Let's see how we can represent females."

That said, Smith noted that many of the areas in which she'll be judged are similar to those in other pageants.

"There is an interview relating to things plaguing our vets, like the V.A. (Veterans Administration), PTSD (Post Traumatic Stress Disorder)," she said. "We also compete in a physical competition -strength and agility."

For her talent competition, Smith said she will demonstrate her skill in advanced "'rifling,' It's like a drill, or drill ceremony. There are a lot of different maneuvers."

She laughed. "I can't sing or dance. Right now, I'm practicing walking in heels instead of combat boots."

Smith said she was drawn to the Ms. Veteran America Competition because its purpose is to encourage women to support each other and because it highlights attributes beyond the strength, courage and sacrifice of military women - "These women are mothers, daughters, sisters and wives," the MVA mission states.

"There are more than 50,000 homeless female veterans in the U.S., most with kids," Smith said. "They're the fastest-growing segment of the population. A lot of them don't think they deserve anything for their service and sacrifice."

Downtown Sumter: Fourth Fridays

"It only costs \$25 to put homeless female vets and their families" in secure housing for one day, she said.

Smith has already raised funds for several months' housing.

"We need to find a solution to this problem," she said. "The competition is built around this."

Smith will compete in June in Arlington, Virginia, where she will be scored and ranked on her interview, talent, military history and advocacy. The scoring criteria include grace, poise, confidence and personality, and the judges also consider contestants' activity, interaction and participation during the competition.

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7.16 - WBUP (ABC-10, Video): [VA Medical Center walks for homeless veterans](#) (16 May, Dan Callahan, 49k uvm; Ishpeming, MI)

The VA2K walk is a national event that happens at every Veterans affairs medical center. Facility staff and the general public are able to walk for and help this fundraiser for homeless veterans.

The Oscar G. Johnson VA Medical Center held their walk on Wednesday morning. Many of the staff started the event off strong by putting their steps and time into the event.

All of the employees are working hard to change these veterans' lives by raising donations. The donations can be in the form of money or gifts for these veterans that are homeless or who are currently patients at the facility.

With these donations, the medical center is hoping to help reduce homelessness within veterans in the community.

"We here at the VA are very privileged to everyday serve those who have served us," said Public Affairs Officer Brad Nelson. "This is one more way that we can help our veterans and in particularly a certain class of veterans that have been struggling that are homeless. This has been one of the priorities of the VA is to reduce homelessness."

The medical center is always looking for volunteers from the public to come and help give back to the men and women who served our country.

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7.17 - WJMN (CBS-3, Video): [Oscar G. Johnson VA Medical Center hosts 8th annual VA2K](#) (16 May, Mollie Hollebeke, 38k uvm; Escanaba, MI)

For the eighth year in a row, the Oscar G. Johnson VA Medical Center held their annual VA2K.

Bradley Nelson, Public Affairs Officer for the V.A. Medical Center, says, "It's a nationwide event at all of our VA medical centers. And the purpose of it is to promote employee wellness. To get outside, and to exercise a little bit."

Employees, veterans, and community members all took part in the 1.2 mile walk - where many contributed donations.

Though the 2k is a way to promote healthy living, it's also away to contribute to homeless veterans in the U.P.

Nelson added, "Our homeless veteran program encompasses our whole geographic patient area - which includes all of the Upper Peninsula and 9 counties in Wisconsin."

In Michigan, numbers of homeless veterans are decreasing - but it's the VA's goal to provide resources and to eliminate veteran homeless completely.

Ann Mattson, a VA Employee and 2k participant, explained, "Well it's so important. Everybody deserves a home, especially our veterans who fought so hard and worked for our country. They certainly deserve a home and to be taken care of."

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7.18 - KEVN (FOX-7, Video): [200 acres expected to be added to Black Hills National Cemetery](#) (16 May, 37k uvm; Rapid City, SD)

With the passage of a U.S. Senate bill awaiting President Donald Trump's approval, the Black Hills National Cemetery will add 200 acres.

The bill would permanently transfer the acreage from the Bureau of Land Management to the cemetery near Sturgis. It was co-sponsored by Senators John Thune and Mike Rounds of South Dakota and Wyoming's Senator Mike Enzi.

Under current law, the Federal Land Policy and Management Act limits transfers like this one to a lifespan of 20 years. The Black Hills National Cemetery Boundary Expansion Act will make this particular transfer permanent.

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7.19 - KREX (CBS-5, Video): [GJ City Council Proclaims VA 2K Day](#) (16 May, Camila Barco, 34k uvm; Grand Junction, CO)

Homeless veterans are getting a helping hand from the VA Medical Center and Wednesday afternoon they were recognized by Grand Junction City Council members.

The Grand Junction VA Medical Center participated in the national VA 2K Day where participants walked approximately 1.2 miles to raise contributions for homeless vets.

The celebration is an employee health and wellness event that focuses on bringing awareness of Grand Valley's Homeless Veteran Outreach Program.

In the past eight and half years the program has been active, they have been able to raise more than \$4,000.

The VA's Supportive Housing Program houses single men and women veteran to get them off the street and offer them a second chance in life.

"I'd never been homeless. I didn't know what to do. Being a vet I was put in contact with the VA Homeless Vet program and from the very beginning they've just been wonderful," said David Cameron, a veteran who was once homeless.

Robin Trump, Homeless Case Manager at the VA Center said, "We want to make sure that every veteran that is homeless we reach out to them and we have a lot of work to do."

Grand Junction City Council members proclaimed May 16 as VA 2K Day in the Grand Valley.

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7.20 - The Observer: [VA heightens awareness of maternity benefits](#) (16 May, Dick Mason, 22k uvm; La Grande, OR)

Lindsay Freeland of La Grande, a U.S. Army veteran who served in Iraq and Afghanistan, is set to become a mom in 4-1/2 months.

Freeland, a former sergeant, does not know if she will be giving birth to a boy or a girl.

"I asked (the doctors) not to tell me," Freeland said.

What she does know is what many expecting moms who are veterans appear to be unaware of: the Department of Veterans Affairs offers extensive maternity health care benefits. This point was reinforced Monday during a first-of-its-kind event at the Community Based VA Outpatient Clinic in La Grande — a baby shower for veterans who are expecting.

The baby shower was one of about 60 being conducted this month at veterans clinics across the United States as part of the VA's nationwide Baby Shower Initiative, according to www.militarytimes.com. The purpose of the baby showers is to make expecting women veterans aware of the VA maternity benefits available to them.

Although the VA has offered maternity benefits for more than 20 years, many women are not aware of it, said Jeanne Cone, the women veterans program manager for the Walla Walla VA.

"It is important that we get the word out because the number of women veterans is growing," Cone said.

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7.21 - KELO (CMN-1320): [Congress passes Black Hills National Cemetery expansion](#) (16 May, Todd Epp, 18k uvm; Sioux Falls, SD)

Congress today passed a bill that will expand the Black Hills National Cemetery by 200 acres.

The measure now goes to the President. The House passed the measure today, which had already been ratified by the Senate in December.

U.S. Sens. John Thune (R-S.D.), Mike Rounds (R-S.D.), and Mike Enzi (R-Wyo.) sponsored the bill, the Black Hills National Cemetery Boundary Expansion Act (S. 35).

The legislation facilitates a permanent land transfer of approximately 200 acres of Bureau of Land Management land to expand the Black Hills National Cemetery outside of Sturgis, South Dakota.

"Our veterans deserve a resting place as majestic and solemn as the Black Hills National Cemetery, and I'm glad this important, years-long initiative that will help to continue honoring our heroes – now and for generations to come – is finally nearing the finish line," Thune said in a media release. "It's a small yet meaningful gesture for the men and women who gave far more than we'll ever be able to repay."

"It's important that South Dakota's veterans know there will be space for them to rest peacefully at the Black Hills National Cemetery," Rounds said. "I am pleased that our commonsense legislation to expand the Black Hills National Cemetery passed the House today, and will now head to the president's desk to be signed into law."

In a separate media release, Rep. Kristi Noem (R-S.D.) claimed leadership in getting the House to pass the measure.

"The fact that the Black Hills National Cemetery needs room to grow is a testament to the astounding number of South Dakota patriots who have answered the call to serve," Noem said.

“After years of work, I’m humbled to secure a permanent expansion of the cemetery, ensuring veterans for generations to come will receive the distinguished and peaceful resting place they deserve.”

Under current law according to the joint media release, the Federal Land Policy and Management Act limits transfers like this one to a lifespan of 20 years. The Black Hills National Cemetery Boundary Expansion Act will make this particular transfer permanent.

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7.22 - EfficientGov: [Why Women with PTSD Turn to Opioids & How to Prevent It](#) (16 May, Andrea Fox, 15k uvm; San Francisco, CA)

About one in three women will experience a sexual assault, according to the National Center for PTSD under the U.S. Department of Veterans Affairs, which studies women’s exposure to combat and sexual assault traumas.

When researchers began to study the effects of sexual assault on women, they found that the effects were similar to those expressed by male combat veterans, according to the agency. The VA also learned:

Women are more than twice as likely to develop post-traumatic stress disorder (PTSD) than men.

Women are more likely to experience sexual assault.

Sexual assault is more likely to cause PTSD than many other events.

After trauma, some women may feel depressed or develop PTSD and the potential for substance abuse, including opioid use disorder, rises.

The Link Between PTSD and Opioid Abuse

Along with other social, medical and pharmaceutical industry variables, women with trauma-induced PTSD have developed opioid abuse disorder.

The following highlights of research spanning at least two decades reviews the connection between PTSD and substance abuse disorder, and suggests that public health, public safety and criminal justice officials have the opportunity to apply interventions that reduce current risks for women with PTSD to develop opioid abuse disorder.

#1 Rape Victims with PTSD are 26 Times More Likely to Abuse Drugs

In 2000, the National Violence Against Women Prevention Research Center reported that 31 percent of all rape victims develop PTSD in their lifetime and are 26 times more likely to abuse drugs in their study, *The Mental Health Impact of Rape*.

Compared to women who had never been crime victims, rape victims with rape related PTSD were 13.4 times more likely to have two or more major alcohol problems (20.1 percent versus 1.5 percent) and 26 times more likely to have two or more major serious drug abuse problems (7.8 percent vs 0.3 percent)."

The study concluded that public health service providers and criminal justice officials need to understand the major concerns of rape victims, which includes everything from their elevated

risks of developing mental health disorders to their concerns about sexually transmitted diseases, pregnancy and need for privacy and confidentiality.

#2 Women with PTSD Have Increased Risk for Opioid Abuse

In 2016, the National Institutes of Health (NIH) under the U.S. Department of Health & Human Services published a Yale University study on the non-medical opioid use and abuse and PTSD diagnosis, studying the interactions of sexual assault and symptom clusters. The Yale researchers analyzed data from the second National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative sample of non-institutionalized adults, in part to examine the relationship between PTSD diagnosis and opioid abuse.

They suggested that PTSD is more strongly associated with substance use for women than men.

Then in 2017, a University of Toronto research team and its partners obtained data from 4,025 individuals exposed to opioid painkillers from NESARC III. Their study found that among individuals with PTSD, “arousal/reactivity cluster predicted” opioid use disorder.

Essentially, PTSD increases the risk of opioid abuse after exposure to opioid painkillers.

“Clinicians should screen for PTSD diagnosis and arousal/reactivity symptoms prior to prescribing painkillers. Integrated treatments are strongly recommended for patients with this dual diagnosis,” the researchers concluded.

Early PTSD Detection

Early detection of PTSD may deliver opioid use disorder prevention and faster recovery outcomes.

From a clinical perspective, the amount of suffering and distress is substantially reduced when a person seeks treatment earlier on,” wrote Elyssa Barbash, Ph.D., a licensed psychologist and mental health counselor, last year in Psychology Today.

In 2006, research by University of Alberta undergraduate student Dr. Kaitline Chivers-Wilson, now with the University of Calgary, found that “A person’s cognitions have a dramatic effect on the onset, severity and progress of PTSD following sexual assault...Perceived positive regard and early social support is shown to be important to successful recovery.”

Barbash said 94 percent of women that are raped experience PTSD symptoms in the two weeks following the assault — a condition she labels as “normal.”

According to Recovery Ranch, with treatment centers that address substance abuse in three states, “Almost a third of all women continue to experience their symptoms nine months after being raped. Overall, more than two-thirds of all victims of sexual assault and rape develop stress reactions that qualify as moderate or severe.”

The VA indicated that PTSD can develop at any point in the course of a lifetime for five out of 10 women that experience trauma.

PTSD Triggers

Triggers can cause a person with PTSD to experience a flare-up of both mental and physical symptoms, according to Barbash and Recovery Ranch. Some examples that remind or initiate flashbacks to the source of trauma include:

- Witnessing an event or situation
- Seeing images
- Visiting places
- Hearing certain words or phrases

Barbash noted women with sexual assault-induced PTSD may experience:

- A compelling urge to avoid anything that could serve as a trauma trigger
- Hypersensitivity or hyperarousal of the nervous system that causes a loss of control over the “fight-or-flight” response
- Negative changes in everyday mood or the ability to think clearly

A woman with PTSD derived from a sexual assault might avoid having annual gynecological wellness exams, known as pelvic exams. Navy veteran and author Julie Jewels Smoot detailed her PTSD triggers and symptoms experienced during routine medical care at her VA Medical Center when she was denied “anti-anxiety medication” in a video poem, PTSD and Knocked off Balance.

Physical Health Manifestations Caused by Untreated PTSD

In 2016, Women’s Health Magazine addressed the silent epidemic of PTSD among survivors of sexual assault, shedding light on the physical health manifestations that emerge with untreated PTSD, and other societal implications.

The article starts with a woman named Lucy who experienced an unexplained paralyzed vocal cord that halted her singing career and was followed by a PTSD diagnosis stemming from what Lucy described as a sexual assault in college. At the time, her friends had brushed it off, so she experienced self-recrimination and then reportedly went silent.

Self-recrimination can prevent survivors from seeking help and triggers can disrupt the healing process, causing chronic stress, according to psychologists and doctors interviewed for the story.

The physical manifestations that may result from untreated PTSD include:

- Muscle cramps
- Chronic pain
- Intestinal diseases
- Fibromyalgia
- Memory problems
- Heart disease

Read more about symptoms of PTSD and why sexual violence is a widespread public problem.

Treatment Opportunities & Recovery

The woman Lucy with the vocal chord damage underwent a therapy called Eye Movement Desensitization and Reprocessing (EMDR) to release physical tension caused by trauma.

“Although the mental and physical symptoms of PTSD stress can be quite debilitating, trauma is often undiagnosed by health professionals due to a lack of training, time and resources, according to the American Psychological Association (APA).

In 2015, the Harvard School of Public Health indicated that 70 percent of people treated for PTSD will get better.

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8. [Other](#)

8.1 - Sunshine State News: [Brian Mast Named to House Veterans Affairs Committee](#) (16 May, 64k uvm; Tallahassee, FL)

Freshman U.S. Rep. Brian Mast, R-Fla., whose name has garnered buzz as a contender to lead the U.S. Department of Veterans Affairs, has been named to the U.S. House Veterans Affairs Committee.

Mast made the announcement of his new assignment on Wednesday. At the start of the year, Mast, who served in the Army and who was wounded when serving in Afghanistan in 2010 which resulted in the amputation of both his legs, became the first member of Congress to open an office in a VA facility when he set up shop in the West Palm Beach VA. Since then, he has been joined by three Democrats who represent the area --Congresswoman Lois Frankel and Congressmen Ted Deutch and Alcee Hastings -- as they all take turns in the office meeting with constituents and helping veterans.

“I’m really excited to have the opportunity to serve our veterans on the Veterans Affairs Committee,” Mast said. “Our first-of-its-kind office in the West Palm Beach VA has resulted in more than 100 new cases that we’re taking a look at to help veterans in our community, and being on this committee will give me an even better platform to advocate for my fellow veterans.”

“I am thrilled to welcome Representative Mast to the House Committee on Veterans Affairs,” said U.S. Rep. Phil Roe, R-Tenn., the chairman of the committee. “Brian is already a tireless advocate for veterans, and – as a veteran himself – is keenly aware of the challenges our nation’s heroes face. Representative Mast will be an excellent addition to the committee, and I look forward to working with him to reform VA.”

Florida Republican Congressman Brian Mast, representing CD 18 along the Treasure Coast, wants his fellow members of Congress to follow his lead and open offices inside Department of Veterans Affairs (VA) facilities.

Noting that it took a year of clearing red tape to open the office in a VA facility, back in March, Mast introduced the “Improving Veterans Access to Congressional Services Act.” Mast’s bill makes the VA secretary allow members of Congress to set up offices in VA facilities. The Florida Republican testified before the committee about his bill on Wednesday.

When he unveiled the bill, the freshman Republican said that having an office in a VA facility ensures veterans have better services and he encouraged other members of Congress to follow his example.

“Serving veterans in our community is not only deeply personal to me, it’s also the most frequent request that I get as a member of Congress,” Mast said when he introduced the bill. “Opening the first-ever congressional office inside a VA hospital has allowed us to help veterans on the spot: when and where they’re having an issue. Every single member of Congress should do the same at their local VA and this bill will pave the way to make that high level of service a reality for our veterans.”

Last week, there were reports that the White House was considering naming Mast to lead the U.S. Department of Veterans Affairs.

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Veterans Affairs Media Summary and News Clips

18 May 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Gov't approves \\$10B deal to overhaul VA medical records](#) (17 May, Hope Yen, 24.2M uvm; Washington, DC)

The government approved a \$10 billion deal Thursday to overhaul the electronic health records of millions of veterans, part of a bid to improve wait times and expand access to doctors outside the Veterans Affairs system. The aim of the contract with Cerner Corp. is to provide veterans easy access to their health records upon leaving active-duty service and when they receive medical treatment at a VA facility...

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1.2 - ABC News (AP): [Trump donates first quarter salary to VA](#) (17 May, 24.2M uvm; Washington, DC)

President Donald Trump is donating his first quarter salary to the Department of Veterans Affairs, as his search continues for a nominee to lead the agency. Press secretary Sarah Huckabee Sanders presented a check from the president to acting VA secretary Robert Wilkie during the White House briefing on Thursday. Trump has pledged to return his entire salary to the federal government...

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1.3 - USA Today: [1 million vets get VA-funded private-sector care through program set to run out of money](#) (17 May, Donovan Slack, 36.8M uvm; McLean, VA)

More than a million veterans annually rely on a Department of Veterans Affairs program to get private-sector medical care at VA expense, a program set to run out of funding in two weeks, according to data provided to USA TODAY. Populous states with large veteran populations such as Texas, California, Florida and Arizona notched the highest numbers of veterans who have used the so-called Choice program...

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1.4 - Politico: [VA joins military in fraught multibillion-dollar health IT contract](#) (17 May, Arthur Allen, 23.9M uvm; Arlington, VA)

Acting VA Secretary Robert Wilkie on Thursday signed a \$10 billion contract with Cerner for the biggest digital health record transformation in history despite concerns the project could end in a boondoggle for the sprawling bureaucracy that serves 9 million veterans. Wilkie said in a statement the contract would "modernize the VA's health care IT system and help provide seamless care to veterans as they transition from military service to Veteran status..."

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1.5 - Kansas City Star (McClatchy): [Cerner's \\$10 billion, no-bid VA contract finally signed despite critical report](#) (17 May, Lindsay Wise and Mark Davis, 4.8M uvm; Kansas City, MO)

Cerner finally has Uncle Sam's signature on its multibillion-dollar no-bid contract to update the U.S. Department of Veterans Affairs' health records system after nearly a year of waiting and despite a highly critical report about a related project. The announcement was made Thursday by Veterans Affairs Acting Secretary Robert Wilkie.

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2. Greater Choice for Veterans

2.1 - The Hill: [Senate must pass Mission Act to give veterans care they deserve](#) (17 May, Bradley Blakeman, 11.9M uvm; Washington, DC)

The House has overwhelmingly passed the Mission Act to give our veterans real choice over their health care by allowing them to get care outside the Veterans Affairs (VA) system when they need it. It is now up to the Senate to send this bill to President Trump to sign by Memorial Day. Millions of veterans live in areas of the country where VA health care centers, hospitals and doctors are not reasonably accessible.

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2.2 - Washington Examiner: [Senate to take up sweeping VA bill ahead of Memorial Day](#) (17 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The legislation passed the House Wednesday 347-70 and has the support of President Trump. It would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

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2.3 - WPDE (ABC-15, Video): [Legislators push to save VA program](#) (17 May, Taggart Houck, 99k uvm; Conway, SC)

If the Veteran's Choice Program runs out at the end of this month, they'll have a tougher time getting what they need. That fear is what sparked legislators to push the VA Mission Act through the House of Representatives Wednesday. The bill would allocate \$5 billion to keep the program afloat. It would also set aside \$46 billion for other vet programs, like expanding the Family Caregiver Program, which is now limited to post-9/11 veterans.

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3. Modernize Our System

3.1 - Military.com: [VA Signs \\$10B Contract With Cerner for Electronic Health Care Records](#) (17 May, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs signed a 10-year, \$10 billion contract with Cerner Corp. Thursday aimed at giving the department, for the first time, electronic health care records (EHR) that would mesh seamlessly and securely with those of the Department of Defense and the private sector. In a statement, acting VA Secretary Robert Wilkie, said the contract would "modernize the VA's health care IT system..."

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3.2 - Kansas City Business Journal: [Giant VA contract comes through for Cerner](#) (17 May, Elise Reuter, 4.7M uvm; Kansas City, MO)

After months of delays, the Department of Veterans Affairs signed its \$10 billion contract with Cerner Corp. Acting VA Secretary Robert Wilkie announced that the contract had been signed Wednesday afternoon, making Cerner (Nasdaq: CERN) the holder of "one of the largest IT contracts in the federal government."

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3.3 - Military Times: [VA finalizes contract to bring electronic health records in line with military systems](#) (17 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials on Thursday finalized their contract with the Missouri-based Cerner Corp. to bring veterans' electronic medical records in line with Defense Department systems, a multi-year and multi-billion-dollar effort that could have wide ranging impact on all of American health care. But the move also comes at a time when the new records system is under increased scrutiny, following the release of a government report...

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3.4 - Stars and Stripes: [VA inks \\$10 billion contract with Cerner for new electronic health record](#) (17 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs signed a multibillion-dollar contract on Thursday to replace its antiquated electronic health record system – an action that comes as a relief to veterans and lawmakers who worried it was indefinitely stalled after former VA Secretary David Shulkin was fired in March.

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3.5 - WFED (AM-1500): [VA signs long-awaited contract with Cerner for new electronic health record](#) (17 May, Nicole Ogrysko, 854k uvm; Washington, DC)

Almost one year after the initial announcement, the Veterans Affairs Department has signed a contract with Cerner Corporation for a new electronic health record. The contract has a ceiling of \$10 billion over 10 years. Acting VA Secretary Robert Wilkie described the contract as "one of the largest IT contracts in the federal government."

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3.6 - Becker's Hospital Review: [Democrats demand VA fire acting CIO, citing 'malign neglect' on EHR project](#) (17 May, Julie Spitzer, 441k uvm; Glencoe, IL)

In a May 15 letter to the Department of Veterans Affairs Deputy Secretary Thomas Bowman, congressional Democrats called on the agency to fire acting CIO Camilo Sandoval over concerns of his involvement in the 2016 presidential campaign, according to the MilitaryTimes.

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3.7 - Nextgov: [VA Signs \\$10 Billion Health Records Contract With Cerner](#) (17 May, Frank Konkel and Heather Kuldell, 193k uvm; Washington, DC)

The Veterans Affairs Department inked a 10-year, \$10 billion contract Thursday with Cerner Corp. to adopt the same commercial electronic health records system as the Pentagon. Veterans Affairs Acting Secretary Robert Wilkie in a statement said VA's future health records system will seamlessly communicate and exchange records with the Pentagon's, resolving an issue that cost the agencies billions in recent years.

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3.8 - Federal Computer Week: [VA signs \\$10B deal with Cerner](#) (17 May, Adam Mazmanian, 189k uvm; Vienna, VA)

The Department of Veterans Affairs is finally in business on its plan to replace its homegrown electronic health records system. Almost a year after the department announced its plan to sole-source the modernization effort to Cerner, which is the software undergirding the Pentagon's new system, acting VA Secretary Robert Wilkie signed a \$10 billion contract on May 17.

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3.9 - Healthcare Informatics: [Lawmakers Demand New VA CIO, Citing “Malign Neglect” on EHR Project](#) (17 May, Heather Landi, 158k uvm; New York, NY)

A group of Democratic federal lawmakers, five senators and six members of Congress, are calling out the U.S. Department of Veterans Affairs (VA) for what they call “malign neglect” in the agency’s efforts to achieve electronic health record (EHR) modernization. The members of Congress, including Senators Richard Blumenthal, Mazie Hirono, Tina Smith, Kirsten Gillibrand and Chris Van Hollen and Representatives Mark Takano, Tim Walz, Julia Brownley, J. Luis Correa, Elizabeth Esty and Ann McLane Kuster sent a letter this week...

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3.10 - Health Data Management: [Lawmakers accuse VA of ‘malign neglect’ regarding EHR modernization efforts](#) (17 May, Greg Slabodkin, 143k uvm; New York, NY)

Five senators and six members of Congress—all Democrats—sent a letter on Wednesday to VA Deputy Secretary Thomas Bowman expressing their concerns about what they perceive as a leadership vacuum at the agency, significant staffing vacancies, as well as reports of “political interference” regarding the VA’s plans to purchase a commercial-off-the-shelf EHR from Cerner to replace its legacy system.

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3.11 - Health Data Management: [VA finally pulls trigger and awards Cerner \\$10B EHR contract](#) (17 May, Greg Slabokin, 143k uvm; New York, NY)

After nearly a year of negotiations with Cerner, the Department of Veterans Affairs on Thursday finally awarded the vendor a \$10 billion electronic health record modernization contract to replace the VA’s decades-old legacy EHR system. “I am pleased to announce we have signed a contract with Cerner today that will modernize the VA’s healthcare IT system and help provide seamless care to veterans as they transition from military service to veteran status...

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3.12 - FedScoop: [VA officially signs contract for new electronic health record system](#) (17 May, Tajha Cahppellet-Lanier, 57k uvm; Washington, DC)

The Department of Veterans Affairs announced Thursday that it has officially signed a contract with Cerner for a new electronic health record (EHR) system. The inked contract is worth up to \$10 billion over 10 years. “With a contract of that size, you can understand why former Secretary [David] Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted,” acting Secretary Robert Wilkie said in a statement.

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3.14 - EHR Intelligence: [Congress: “Malign Neglect” Impedes VA Cerner EHR Contract - Congressional Democrats recently penned a letter condemning VA leadership for delays in VA Cerner EHR contract negotiations.](#) (17 May, Late Monica, 50k uvm; Danvers, MA)

Members of Congress issued a letter to VA Deputy Secretary Thomas Bowman stating their disapproval for the way VA Cerner EHR contract negotiations have been carried out and expressing concern over the appointment of Acting VA CIO Camilo Sandoval.

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3.15 - The Enterprise (Video): [VA unveils new urgent care center in Brockton](#) (17 May, Marc Larocque, 20k uvm; Brockton, VA)

Medical employees have additional space in a more modern environment, and patients have better accommodations, as the result of a multi-year project at the urgent care center at the Brockton VA Campus. “We have essentially increased our space by 50 percent,” said Georgina Soule, urgent care nurse manager at the Brockton VA.

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4. [Focus Resources More Efficiently](#)

4.1 - FOX News (Fox & Friends First, Video): [Who will be selected to run the Veterans Affairs?](#) (17 May, 32.5M uvm; New York, NY)

Acting director Robert Wilkie is in the running; what would he do if named? Dan Caldwell of Concerned Veterans for America speaks out on 'Fox & Friends First.'

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4.2 - FOX News (Your World, Video): [Rep. Roe on helping veterans access community care](#) (17 May, 32.5M uvm; New York, NY)

CAVUTO: All right, Scott Davis, the whistle-blower at the VA, was back with us to say that, despite all the big words and promises to change things, things are not changing. The wait times are still bad for a lot of veterans hoping to get care. But they do have some progress on the legislative front here. Tennessee Republican, chairman of the House Veterans Affairs committee, Phil Roe, with us on that.

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4.3 - Washington Times: [Tersigni may be tapped to lead Department of Veterans Affairs](#) (17 May, Dave Boyer, 10.8M uvm; Washington, DC)

The CEO of the nation’s second-largest healthcare system has emerged as a candidate in President Trump’s search for a new nominee for secretary of the Department of Veterans Affairs. Anthony Tersigni of Ascension met with senior White House officials last Friday in a wide-ranging discussion that touched on the VA, the Veterans Choice healthcare program, the opioid epidemic, drug prices and behavioral health, according to a source familiar with the meeting.

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4.4 - Fayetteville Observer: [Womack, Fayetteville VA mark rehab clinic partnership](#) (16 May, Drew Brooks, 439k uvm; Fayetteville, NC)

A year after Womack Army Medical Center and the Fayetteville VA partnered to open a new rehabilitation clinic on Raeford Road, officials have just one complaint. “We need to work on that sign,” said Col. John J. Melton, commander of the Fort Bragg hospital. “We need better branding.” James A. Laterza, director of the Fayetteville Veterans Affairs Medical Center, agreed.

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4.5 - WBTV (CBS-3): [VAMC announces award winners for National Nurses Week](#) (17 May, David Whisenant, 319k uvm; Charlotte, NC)

I Nurses Week with awards to the top nurses in a ceremony on the Salisbury campus. Awards were presented for Registered Nurse (RN) of the Year in a staff role, RN of the Year in an expanded role, Licensed Practical Nurse (LPN) of the Year, and Nursing Assistant (NA) of the Year.

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4.6 - San Angelo Standard-Times: [San Angelo's Lt. Gen. Ronnie Hawkins being considered for VA secretary](#) (17 May, Yfat Rossidor, 190k uvm; San Angelo, TX)

A San Angelo resident, retired Air Force Lt. Gen. Ronnie Hawkins, is being considered to lead the Department of Veterans Affairs. Hawkins is on a short list of VA secretary candidates that will be presented to President Donald Trump. “I believe in helping veterans, and my family has served all the way back to the Buffalo Soldiers,” Hawkins said. “I am honored to be considered and more than willing to serve if asked.”

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4.7 - KREX (CBS-5, Video): [New Campaign Fights Harassment at VA Medical Center](#) (17 May, Colette Bordelon, 34k uvm; Grand Junction, CO)

Nationwide, VA Medical Centers have launched a campaign to fight harassment in all forms. This is significant, especially when sexual assault reporting has increased almost 90% within the Department of Defense since FY 2012. Some of those uncomfortable feelings might remain in many veterans and VA Medical Centers want them to feel comfortable enough to talk about any of that, whether it was in the past or present.

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4.8 - News-Gazette: [VEText rolling out in VA Northern Indiana](#) (17 May, 8k uvm; Winchester, IN)

Veterans who receive VA healthcare will gain a new mode for appointment reminders starting May 16. VA Northern Indiana Healthcare System will begin participating in VEText, a national program that will notify patients five days out from appointments via their cell phone’s texting service.

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5. [Improve Timeliness of Service](#)

5.1 - New York Times: [Veterans Go Back to Court Over Burn Pits. Do They Have a Chance?](#) (17 May, Seth Harp, 30M uvm; New York, NY)

On May 9, a federal appeals court heard oral arguments in a case about an explosive issue among U.S. veterans: the widespread use of burn pits in Iraq and Afghanistan, and the potential health consequences they suffered as a result. The case, which dates back to 2008, consolidated dozens of lawsuits by hundreds of veterans and their families seeking to recover damages from the military contractor KBR Inc., but a trial court dismissed it in July 2017.

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5.2 - WWLP (NBC-22, Video): [Federal VA officials investigating allegations made against VA facility in Leeds](#) (17 May, Tamara Sacharczyk, 857k uvm; Chicopee, MA)

Dr. Sarah Kemble was the Chief of Medicine at the VA facility in Leeds. She lost her battle to cancer this past winter, and in the days leading up to her death, she wrote a 23-page affidavit accusing the VA Central Western MA Healthcare System of substandard care, that ranged from delays in medical treatment to misuse of funds.

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5.3 - WGCL (CBS-46, Video): [Veteran struggling after VA massively reduces monthly disability check](#) (17 May, Natalie Rubino, 587k uvm; Atlanta, GA)

Leonard Moody enlisted in the Army in 1977 right out of high school. "When I first went in, [it] was just basically to help finances with the family, but I fell in love with the military," says Moody. He fell in love with boxing too. While working as a combat engineer in Germany -- far away from family -- Moody looked to the ring for comfort.

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5.4 - New Haven Register: [West Haven VA hospital visited for 4 days by national VA Sterile Processing Service team](#) (17 May, Mark Zaretsky, 438k uvm; New Haven, CT)

A VA team specializing in the maintenance of sterile conditions spent four days at the VA Connecticut Healthcare System hospital in West Haven last week — followed by a six-day visit by the national director of the program, the VA said Thursday. The U.S. Department of Veterans Affairs issued a written statement about the visits in response to inquiries by the New Haven Register/Hearst Connecticut Media.

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5.5 - KNOE (CBS-8): [Veteran hospitalized, family struggling to pay bills says they're getting no help from VA](#) (17 May, Dede Willis, 62k uvm; Monroe, LA)

A Start family of a veteran is being slammed with hospital bills. Robert Bridges has been fighting for his life since the beginning of March 2018. His wife, Debbie, said she has not received any help from Veterans Affairs. "All of these are his hospital bills that I've been getting," Debbie said. "He'd stopped breathing. I didn't know what to do."

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5.6 - Healthcare Analytics News: [The Chasm Between Public Perception and Clinical Reality at the VA](#) (17 May, Ryan Black, 17k uvm; Cranbury, NJ)

There's no 2 ways about it, Andrew Cohen, MD, says: public perception of the Department of Veterans' Affairs can be demoralizing. "People have been told 'The system doesn't work' and 'You're not doing a good job' and it is very demoralizing to the workforce, and I'm not just talking about physicians—I'm talking about everybody at VA," he said recently in an interview with Healthcare Analytics News™. He called the attention "unfair."

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WRAL (NBC-5): [Bill to double size of national cemetery awaits Trump's OK](#) (17 May, 3.2M uvm; Raleigh, NC)

A bill to double the size of the Black Hills National Cemetery in western South Dakota is headed for President Donald Trump's approval after the U.S. House passed the legislation. About 200 acres of land currently held by the Bureau of Land Management will be transferred to the national cemetery that's overseen by the Department of Veterans Affairs. The additional land is northwest of the current cemetery along Interstate 90 near Sturgis.

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7.2 - Stars and Stripes: [VA mails new veteran ID cards with Office Depot logo](#) (17 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs has finally mailed thousands of new, free identification cards to veterans after months of setbacks and delays. As of Monday, the VA mailed 10,735 cards – fulfilling requests for about one-tenth of the veterans who applied for one. More than 15,000 other veterans have been approved for the card, and the VA is working through another 72,000 applications.

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7.3 - Rapid City Journal: [Bill to expand Black Hills National Cemetery is headed to the president](#) (17 May, 313k uvm; Rapid City, SD)

The Black Hills National Cemetery Boundary Expansion Act facilitates a permanent land transfer of 200 acres of Bureau of Land Management land to the Department of Veterans Affairs for the expansion of Black Hills National Cemetery south of Sturgis. Both the Bureau of Land Management and the Department of Veterans Affairs are federal entities. The bill passed a Senate voice vote in December 2017.

[Hyperlink to Above](#)

7.4 - Herald-Sun: [Women veterans says Durham VA hospital not returning phone calls, keeping them waiting](#) (17 May, Matt Goad, 188k uvm; Durham, NC)

From problems getting medications and return phone calls to finding stylish eyeglasses, women veterans shared concerns Wednesday with Durham Veterans Affairs Health Care System leaders. Although the VA holds town hall meetings across the state for all patients at least quarterly, this was the first town hall expressly for women.

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7.5 - WVXU (NPR-91.7, Audio): [Meeting The Unique Challenges Of Female Veterans](#) (17 May, Dan Hurley, 76k uvm; Cincinnati, OH)

According to the U.S. Department of Veterans Affairs, there are more than two million women veterans in the United States and Puerto Rico. That means women make up 9.4 percent of the total veteran population. By 2040, the VA expects that percentage to almost double. While many veterans often find it difficult to transition to civilian life, women veterans face challenges their male counterparts don't experience.

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8. [Other](#)

8.1 - CNN: [President Trump donates first quarter salary to VA](#) (17 May, Kevin Liptak, 29.8M uvm; Atlanta, GA)

President Donald Trump has donated a quarter's worth of his salary to the Department of Veterans Affairs, press secretary Sarah Sanders said Thursday. Trump had committed to donating his \$400,000 annual salary to worthy causes. He's previously given donations to the Department of Transportation, the National Park Service, the Department of Education, and the Department of Health and Human Services.

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8.2 - Politico: [Trump donates first-quarter 2018 salary to VA](#) (17 May, Eli Okun, 23.9M uvm; Arlington, VA)

President Donald Trump will donate his salary for the first quarter of 2018 to the Department of Veterans Affairs, the White House announced Thursday. Acting VA Secretary Robert Wilkie said at a press briefing that the money would go toward caregiver support programs, including mental health, peer support, research, education, training and financial aid.

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8.3 - The Hill: [Trump donates quarterly salary to Department of Veterans Affairs](#) (17 May, Brett Samuels, 11.9M uvm; Washington, DC)

President Trump donated his salary for the first quarter of 2018 to the Department of Veterans Affairs, the White House said Thursday. White House press secretary Sarah Huckabee Sanders said Trump's \$100,000 quarterly salary will go toward the VA's caregiver programs. The president is donating his salary each quarter to "important projects," she said.

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8.4 - Birmingham News: [President Trump donates 1st quarter salary to VA](#) (17 May, 11.5M uvm; Birmingham, AL)

White House Press Secretary Sarah Huckabee Sanders said the president's \$100,000 quarterly salary will be donated to the VA's caregiver program. Acting VA secretary Robert Wilkie said the money will go towards mental health and peer support programs, as well as financial aid and research to assist individuals who care for veterans.

[Hyperlink to Above](#)

8.5 - Washington Times: [Trump donates first-quarter salary to VA](#) (17 May, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump donated his first-quarter salary Thursday to the Department of Veterans Affairs, which is still operating without a permanent leader since he fired David Shulkin in late March. Acting VA Secretary Robert Wilkie accepted the gift from the president and said he would apply the money to the VA's caregiver programs.

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8.6 - Washington Examiner: [Trump donates first quarter salary to VA](#) (17 May, Gabby Morrongiello, 4.8M uvm; Washington, DC)

President Trump's first-quarter salary of \$100,000 will go toward the Department of Veterans Affairs, the White House announced Thursday, one day after the House passed a major VA reform bill. The president's donation will primarily support care-giving programs at the VA, press secretary Sarah Sanders told reporters.

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8.7 - UPI: [Trump donates quarterly salary to Veterans Affairs](#) (17 May, Ray Downs, 4.8M uvm; Washington, DC)

President Donald Trump donated his \$100,000 quarterly salary to the Department of Veterans Affairs, the White House announced on Thursday. "As you all know, President Trump is deeply committed to our veterans," White House press secretary Sarah Sanders told reporters.

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8.8 - Military Times: [Trump donates his presidential paycheck to VA caregivers](#) (17 May, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump donated his \$100,000 salary for the first quarter of 2018 to the Department of Veterans Affairs, a gesture the White House said underscores his commitment to recognizing the sacrifices to military and their families. Acting VA Secretary Robert Wilkie said the money will be earmarked for caregiver support programs within his department, to include "mental health, peer support, financial aid, education and research" for those families.

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8.9 - Stars and Stripes: [Trump donates 1st quarter salary to VA caregivers program](#) (17 May, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump donated his salary from the first quarter of 2018 to the Department of Veterans Affairs for a program that benefits veteran caregivers. White House Press Secretary Sarah Huckabee-Sanders handed a check for \$100,000 to acting VA Secretary Robert Wilkie on Thursday during a news briefing. Trump had made a campaign pledge to donate his salary, and in addition to the VA, he's given checks to the National Park Service and the departments of Transportation, Education and Health and Human Services.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Gov't approves \\$10B deal to overhaul VA medical records](#) (17 May, Hope Yen, 24.2M uvm; Washington, DC)

The government approved a \$10 billion deal Thursday to overhaul the electronic health records of millions of veterans, part of a bid to improve wait times and expand access to doctors outside the Veterans Affairs system.

The aim of the contract with Cerner Corp. is to provide veterans easy access to their health records upon leaving active-duty service and when they receive medical treatment at a VA facility or a private doctor referred under the VA's Choice private-sector program.

Acting VA Secretary Robert Wilkie said in a statement that the 10-year deal would make much-needed improvements that "will modernize the VA's health care IT system and help provide seamless care."

The VA has said the new information technology system would be used to schedule VA medical appointments and suggested it could speed up wait times after the 2014 scandal involving the Phoenix VA medical center, in which some veterans died while waiting months for appointments. VA officials have also expressed hope that a new system will help it reach out more effectively to former service members in need of mental health treatment.

Senate Majority Leader Mitch McConnell said Thursday the Senate will vote next week on a wide-ranging bill to give veterans more freedom to see doctors outside the VA system and "send it to the President's desk before Memorial Day." The bill, passed by the House Wednesday, is an effort to fulfill President Donald Trump's promise to expand private care to veterans whenever they feel unhappy with VA health care.

Veterans' access to the new electronic records system is expected to be years away.

The contract with Cerner, which designed the Pentagon's electronic records system, is one of the largest in VA's history. It has drawn concern from lawmakers that the project could be plagued with problems and ultimately prove ineffective.

A report released last week from the Pentagon's director of operational test and evaluation found that a partial rollout of Cerner's electronic health record for the Defense Department is "neither operationally effective nor operationally suitable." The report cited, in part, inaccurate data and a confusing layout of its electronic records.

"The root cause of these issues must be identified and remedied before VA implementation can move forward," said Rep. Tim Walz, the top Democrat on the House Veterans Affairs Committee, in calling for tougher oversight of the VA deal.

The contract with Cerner came after former VA Secretary David Shulkin announced the proposed change last June, saying he would bypass a competitive contract bidding process in an effort to sign a deal as quickly as possible. But talks stalled in December amid concerns from

Shulkin that the company would not be able to effectively exchange a patient's medical records with doctors outside the VA system who provide care under the Choice program.

Those issues were largely deemed resolved by VA in February, weeks before Shulkin was abruptly fired by Trump and replaced with Wilkie, a Pentagon undersecretary.

Government auditors have long pointed to the poor condition of the VA's IT system. To address those concerns the VA said it would revamp the system, whether by upgrading it or going to an entirely new commercial product such as Cerner's.

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1.2 - ABC News (AP): [Trump donates first quarter salary to VA](#) (17 May, 24.2M uvm; Washington, DC)

President Donald Trump is donating his first quarter salary to the Department of Veterans Affairs, as his search continues for a nominee to lead the agency.

Press secretary Sarah Huckabee Sanders presented a check from the president to acting VA secretary Robert Wilkie during the White House briefing on Thursday.

Trump has pledged to return his entire salary to the federal government, and has used the symbolic check handover quarterly to highlight his administration's policy efforts.

The VA has been rocked by turmoil in recent months, including by the March firing of former secretary David Shulkin amid ethics concerns and internal discord. Trump's nominee to fill the post, White House doctor Ronny Jackson, withdrew from consideration last month.

Wilkie is among those being considered to fill the post permanently.

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1.3 - USA Today: [1 million vets get VA-funded private-sector care through program set to run out of money](#) (17 May, Donovan Slack, 36.8M uvm; McLean, VA)

More than a million veterans annually rely on a Department of Veterans Affairs program to get private-sector medical care at VA expense, a program set to run out of funding in two weeks, according to data provided to USA TODAY.

Populous states with large veteran populations such as Texas, California, Florida and Arizona notched the highest numbers of veterans who have used the so-called Choice program since it was created in 2014 after veterans died waiting for medical care at the Phoenix VA hospital.

More rural or remote states such as Alaska, Hawaii and Montana showed higher percentages of their veterans relied on Choice, which allows veterans to get VA-funded health care in the private sector if they have to wait longer than 30 days for a VA appointment or live more than 40 miles from a VA health care facility.

In all, 2 million veterans have used the program since its inception, including 550,000 this year.

The House passed legislation Wednesday that would make the program permanent and provide the necessary funding, and the Senate could take it up next week.

The bill drew opposition from Rep. Tim Walz, D-Minn., the highest-ranking Democrat on the House VA committee, who said it could undermine the VA by diverting money to the private sector. But more than 100 Democrats joined Republicans to pass the bill.

The legislation would combine the Choice program with six others that allow veterans to get private-sector medical care at government expense and task the VA with creating rules for obtaining outside care.

It would create a commission to assess VA assets and make recommendations about which medical facilities are worth repairing, where new ones might be needed and where others might be shuttered and private-sector care provided.

Montana Sen. Jon Tester, the highest-ranking Democrat on the Senate VA committee, said he supports the measure. So do more than two dozen veterans' groups, including the Veterans of Foreign Wars, Disabled American Veterans and the American Legion.

"We strongly encourage the U.S. Senate to pass this important legislation swiftly," said Denise Rohan, national commander for the Legion.

Federal employee unions are dead set against the bill and urged lawmakers to reject it.

"This legislation kicks the door wide open to VA privatization, no matter what its supporters claim," American Federation of Government Employees President David Cox said.

If it passes the Senate, which is likely, it would be a significant legislative victory for President Trump, who repeatedly promised during his campaign to overhaul the VA and expand veterans' options to get VA-funded care from the private sector.

"Who will stand with our Great Vets, caregivers, and Veterans Service Organizations?" Trump tweeted before the House vote Wednesday. "Must get Choice passed by Memorial Day!"

If it fails, Congress could pass a stopgap measure to keep the program funded past May 31, when it is expected to run out of money. Lawmakers have passed two such measures in the past year.

If they don't, the Choice data from recent years illustrate how many veterans could be stuck waiting again or traveling long distances for VA care without the program. Here's how the numbers stack up:

States with the highest number of veterans who used Choice in 2017:

- Texas: 103,671
- California: 87,818
- Florida: 74,420

- Arizona: 51,539
- North Carolina: 45,419

States where the largest percentages of VA enrollees used Choice:

- Alaska: 10,861 (33%)
- Hawaii: 14,435 (31%)
- Montana: 15,195 (30%)
- Idaho: 16,785 (28%)
- North Dakota: 7,555 (27%)

Though the VA was able to accommodate veterans within 30 days at its medical facilities for 92% of appointments as of March 1, more than 740,000 veterans were waiting longer than a month for VA appointments, VA data show.

Here's the full list by state of the numbers of veterans who relied on the Choice program in 2017 because the VA could not meet their needs in a timely or convenient way:

- Alabama: 14,790
- Alaska: 10,861
- Arizona: 51,539
- Arkansas: 13,089
- California: 87,818
- Colorado: 33,432
- Connecticut: 4,172
- Delaware: 2,842
- District of Columbia: 840
- Florida: 74,420
- Georgia: 39,865
- Hawaii: 14,435
- Idaho: 16,785
- Illinois: 21,600

- Indiana: 19,903
- Iowa: 10,818
- Kansas: 16,478
- Kentucky: 23,308
- Louisiana: 26,605
- Maine: 12,912
- Maryland: 10,083
- Massachusetts: 9,030
- Michigan: 24,955
- Minnesota: 17,052
- Mississippi: 21,044
- Missouri: 32,039
- Montana: 15,195
- Nebraska: 8,477
- Nevada: 21,477
- New Hampshire: 7,290
- New Jersey: 7,801
- New Mexico: 20,146
- New York: 24,175
- North Carolina: 45,419
- North Dakota: 7,555
- Ohio: 30,512
- Oklahoma: 22,506
- Oregon: 32,037
- Pennsylvania: 28,619
- Rhode Island: 1,676

- South Carolina: 15,640
- South Dakota: 7,011
- Tennessee: 44,439
- Texas: 103,671
- Utah: 8,115
- Vermont: 2,361
- Virginia: 26,334
- Washington: 43,575
- West Virginia: 12,359
- Wisconsin: 17,557
- Wyoming: 5,499

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1.4 - Politico: [VA joins military in fraught multibillion-dollar health IT contract](#) (17 May, Arthur Allen, 23.9M uvm; Arlington, VA)

Acting VA Secretary Robert Wilkie on Thursday signed a \$10 billion contract with Cerner for the biggest digital health record transformation in history despite concerns the project could end in a boondoggle for the sprawling bureaucracy that serves 9 million veterans.

Wilkie said in a statement the contract would “modernize the VA’s health care IT system and help provide seamless care to veterans as they transition from military service to Veteran status, and when they choose to use community care.”

Former VA Secretary David Shulkin announced his intention to sign the single-source contract last June after consultation with Jared Kushner, but then revealed in December that he had put it on hold as the implementation of a related Pentagon contract experienced grave difficulties, including critical safety concerns at four Pacific Northwest treatment centers.

Kushner and others argued the best way to assure seamless health care records was for both the VA and DoD to use the same technology. Others pointed out that since the majority of vets leave the military system after retiring, most of the data sharing would take place between the VA and private doctors and hospitals where 70 percent of veterans’ care takes place. Many of the big academic health centers that treat veterans use Cerner’s biggest competitor, Epic.

Amid pressure from Marvel Chairman Ike Perlmutter and internist Bruce Moskowitz — West Palm Beach friends of President Donald Trump whom he permitted to act as informal advisers

—VA officials pored over the contract for several months and even ordered a major report on it by federal contractor MITRE Corp.

“[W]ith a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted,” Wilkie said.

Critics say that despite the delay, however, the contract is not written in a way that guarantees success for VA patients, doctors or taxpayers. For example it lacks specific clinical and interoperability requirements. Veterans Health Administration IT specialists fear they may end up with the same problems as military-run hospitals — or worse.

In addition, the loss of much of the agency’s senior leadership in the past month is expected to complicate the implementation of the contract. Since Trump fired Shulkin in late April, a stream of senior officials have quit or been fired at the VA, including Chief Information Officer Scott Blackburn, Principal Deputy Secretary for Health Christopher Vojta and Amy Fahrenkopf, an acting deputy secretary for health. The failed nomination of White House doctor Ronny Jackson added to the sense of disarray at the agency.

The VA's acting chief information officer, Camilo Sandoval, was accused of sexual harassment as a Trump campaign official and has no known experience running a large business transformation like the Cerner contract, which is expected to take a decade.

“The VA needs to remember that the probability they’re flushing that ... down the toilet is actually greater than 50 percent,” Roger Baker, who was chief information officer at the VA from 2009 to 2013, told NextGov.

While the military’s existing digital health record system is widely loathed, most VA doctors like their existing system, VistA, although it dates to the late 1970s and varies in quality depending on the region. Also, unlike military clinicians who have to follow orders, the VA is unionized and its doctors can push back if the Cerner deal develops problems.

“You can tell them what you want them to do, but they put patient care far above anything else, and they will tell you where to stick it if they think you’re impacting patient care,” Baker said.

The Veterans Health Administration is the largest integrated health system in the United States, with 1,240 facilities including 170 hospital complexes.

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1.5 - Kansas City Star (McClatchy): [Cerner’s \\$10 billion, no-bid VA contract finally signed despite critical report](#) (17 May, Lindsay Wise and Mark Davis, 4.8M uvm; Kansas City, MO)

Cerner finally has Uncle Sam’s signature on its multibillion-dollar no-bid contract to update the U.S. Department of Veterans Affairs’ health records system after nearly a year of waiting and despite a highly critical report about a related project.

The announcement was made Thursday by Veterans Affairs Acting Secretary Robert Wilkie.

The signing comes despite problems during the early use of the health care information system that Cerner and other companies are providing the U. S. Department of Defense. Cerner, based in North Kansas City, won the VA contract without going through a normal bidding process because it was part of the team that won bidding for the larger defense contract.

Misgivings about the Defense Department system's early operations at a few pilot locations were deep enough for a Pentagon report to conclude recently that it is "neither operationally effective nor operationally suitable," according to a Politico report.

Politico said officials at Cerner and Leidos Health, which is the leading partner on the Department of Defense project, characterized problems as similar to those on large commercial projects and said the pilot programs were designed to ferret them out to be fixed.

In his announcement, Wilkie said Veterans Affairs is "collaborating closely" with the Defense Department sites using their new system "to ensure lessons learned" will be shared throughout both networks of health care operations.

Cerner, in its own statement, said the contract would allow it to provide "seamless care" across the VA and Defense Department networks as well as beyond.

"We expect this program to be a positive catalyst for interoperability across the public and private health care sectors, and we look forward to moving quickly with organizations across the industry to deliver on the promise of this mission," Cerner's statement said.

Company officials declined to comment on the contract signing, but executives are expected to talk about it Friday morning during the company's annual shareholders meeting. The session is being webcast.

In a blog, Cerner CEO Brent Shafer said Veterans Affairs would benefit financially from the new system's ability to connect beyond VA centers, given advances in technology and "the cost of maintaining expensive, decentralized systems" that he said was unsustainable.

U.S. Sen. Jerry Moran, a Kansas Republican on the Senate's Veterans Affairs Committee, said the system would improve health care for veterans.

"I applaud the VA for choosing to fully integrate the health records for our nation's heroes through Cerner's EHR system, which will ease the transition to civilian life for our veterans and reduce the unnecessary burdens they face when it comes to receiving care," Moran said in a statement.

The Trump administration had chosen Cerner for the VA contract in June 2017 and cited benefits of having the same system as the Defense Department.

That nod from then-VA Secretary David Shulkin came before the government and Cerner had negotiated a price. Analysts have since evaluated the contract as worth \$10 billion in revenue over 10 years to Cerner.

"This is one of the largest IT contracts in the federal government, with a ceiling of \$10 billion over 10 years," Wilkie said. "And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the president wanted."

Wilkie said that "without doubt" the contract will "do right by both veterans and taxpayers."

Shulkin was pushed out of office in late March amid challenges from the VA's inspector general over the secretary's acceptance of Wimbledon tickets during a 2017 trip to Europe and other concerns.

Early this month, Cerner cited the delay in signing the VA contract for reducing its own estimate of company revenues for 2018. Executives also told analysts to expect the company to get the deal signed but not until the second half of the year.

"The absence of permanent leadership at the VA limits visibility on when that deal will close as well as final terms," analyst David M. Grossman at Stifel Nicolaus & Co. Inc. told clients in a report May 2.

Cerner is the area's largest private employer.

The announcement came after the stock market's close on Thursday.

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2. Greater Choice for Veterans

2.1 - The Hill: [Senate must pass Mission Act to give veterans care they deserve](#) (17 May, Bradley Blakeman, 11.9M uvm; Washington, DC)

The House has overwhelmingly passed the Mission Act to give our veterans real choice over their health care by allowing them to get care outside the Veterans Affairs (VA) system when they need it. It is now up to the Senate to send this bill to President Trump to sign by Memorial Day.

Millions of veterans live in areas of the country where VA health care centers, hospitals and doctors are not reasonably accessible. In many cases, the nearest VA facility may be hundreds of miles from their homes. It is wholly unreasonable to even suggest that a veteran be burdened with the inconvenience of traveling great distances for care. It is not right and it puts the veteran in danger of not getting quality or immediate care.

President Trump has made the Mission Act a priority. This is not about making good on a campaign promise, this is about making good on the promise our country made to those who serve our nation. We owe it to our heroes to provide them with accessible and quality health care where they live. The organization Concerned Veterans for America set forth the top five things to know about the Mission Act.

First, the bill would overhaul and expand the Choice Program, allowing veterans greater access to health care outside the VA system. It would do away with arbitrary criteria to qualify and put into place clear guidelines for accessing community care. It also would streamline community care programs to cut down on confusion and waste.

Second, the bill would provide funding for the Choice Program in the interim so that the veterans using it don't see a disruption in their medical care. Current funding is expected to run out by the end of this month. Third, this legislation would also allow for Congress and the VA to review the department's physical assets to ensure resources aren't wasted on unused or underutilized facilities.

Fourth, the legislation has the support of nearly 40 veterans service organizations. Fifth, the Mission Act has bipartisan support, passing the House by a vote of 347-70. One of the dissenters who voted down the bill while it was in committee was Rep. Tim Walz (D-Minn.), who has constantly stood in the way of reforming the VA system.

In the words of House Veterans Affairs Committee Chairman Rep. Phil Roe (R-Tenn.), "This is a once in a lifetime, transformational bill." Veterans need the Mission Act to ensure they have access to the quality and timely care they were promised when they put on the uniform.

Acting Veterans Affairs Secretary Robert Wilkie has urged quick passage of the bill to avoid running out of funding for the existing Choice Program in the next two weeks. The bill will transform the VA into a "modern, high performing, and integrated health care system that will ensure our veterans receive the best health care possible from the VA, whether delivered in the VA's own facilities or in the community," Wilkie said.

He added, "Veterans are counting on Congress to approve this vital legislation by Memorial Day," and send it to President Trump, who has pledged to sign it immediately. The Mission Act will allow the time necessary to fine tune the Choice Program to make sure outside VA care is exactly what it should be, which is seamless in delivery, accessibility and administration. Now is the time for our leaders in Washington to come to the aid of veterans. There is no other choice in this matter.

Bradley A. Blakeman is a political consultant who served as a member of President George W. Bush's senior White House staff from 2001 to 2004. He is a frequent contributor to Fox News and Fox Business.

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2.2 - Washington Examiner: [Senate to take up sweeping VA bill ahead of Memorial Day](#) (17 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The Senate will take up a bill that would allow more veterans to see doctors outside the Veterans Affairs system, Senate Majority Leader Mitch McConnell, R-Ky., announced Thursday.

The legislation passed the House Wednesday 347-70 and has the support of President Trump. It would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

The \$52 billion plan includes \$5.2 billion to avoid a shutdown of the Choice program, which is expected to run out of funds as early as May 31, disrupting medical care for veterans. Choice was created as a reaction to the scandals involving long wait times for care in the VA system, when veterans died while they waited to receive medical care.

McConnell filed cloture on the bill Thursday.

"The Senate next week will take up and pass the VA MISSION Act, and send it to the president's desk before Memorial Day," McConnell said. "This bicameral, bipartisan bill contains significant reforms to the Department of Veterans Affairs which will increase and strengthen the healthcare and community care options available to America's veterans."

Opponents of the legislation have said they fear the VA is headed toward privatization, which would remove many responsibilities from the VA system and provide public funding to private medical centers.

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2.3 - WPDE (ABC-15, Video): [Legislators push to save VA program](#) (17 May, Taggart Houck, 99k uvm; Conway, SC)

Nick Cosentino sat in his Little River home thinking, reflecting on his time as service officer of American Legion Post 111 in Conway.

"Veterans need benefits. No question," he said.

The longtime veteran is now in his eighties. To this day, he takes time volunteering to help out veterans at the post, and around Horry County.

"I will fight for the veterans to get what they need," he said.

If the Veteran's Choice Program runs out at the end of this month, they'll have a tougher time getting what they need. That fear is what sparked legislators to push the VA Mission Act through the House of Representatives Wednesday.

The bill would allocate \$5 billion to keep the program afloat. It would also set aside \$46 billion for other vet programs, like expanding the Family Caregiver Program, which is now limited to post-9/11 veterans.

Congressman Tom Rice supported it Wednesday. He said the bill is good for local veterans in a statement to ABC15 News.

Today, the House voted to provide better care for our Veterans by passing the Mission Act, a set of bipartisan reforms to the Department of Veterans Affairs (VA). I've heard from many Veterans across my district about their unsatisfactory experiences with the VA. From issues with scheduling appointments and receiving inadequate care, to not being able to access medical centers, the VA has been in dire need of sweeping reforms- such as the legislation passed by the House today- so that the agency can fulfill their promise to care for America's veterans. By funding the Choice program, creating a non-partisan process for reviewing VA assets and expanding the post-care giver program beyond the 9/11 era, the Mission Act is a major step forward in ensuring veterans have timely access to the care they deserve. I was proud to vote for legislation that will improve the lives of American heroes and their caregivers.

Veterans we talked to say they hope the mission act will mean better service for veterans.

"I guess they got the right ideas," said Lou Mascherino, owner of the Veterans Cafe and Grille in Myrtle Beach. Mascherino said he's happy with service, but there's always room for improvement. "They're trying to make it better. They just need to do a better job of it. A quicker job of it."

ABC15 News also reached out to the Horry County Veterans Affairs. The director said the legislation could be positive for Horry County veterans.

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3. Modernize Our System

3.1 - Military.com: [VA Signs \\$10B Contract With Cerner for Electronic Health Care Records](#) (17 May, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs signed a 10-year, \$10 billion contract with Cerner Corp. Thursday aimed at giving the department, for the first time, electronic health care records (EHR) that would mesh seamlessly and securely with those of the Department of Defense and the private sector.

In a statement, acting VA Secretary Robert Wilkie, said the contract would "modernize the VA's health care IT system and help provide seamless care to veterans as they transition from military service to veteran status, and when they choose to use community care."

"This is one of the largest IT contracts in the federal government, with a ceiling of \$10 billion over 10 years," Wilkie said, "and with this contract, VA will adopt the same EHR platform as the Department of Defense."

He said that President Donald Trump "has made very clear to me that he wants this contract to do right by both Veterans and taxpayers, and I can say now without a doubt that it does."

For years, DoD and the VA have struggled to come up with a system for the smooth transition of records amid ongoing complaints from troops and veterans about lost or incorrect forms that delayed their care and benefits.

The contract with Cerner Corp. of Kansas City, Missouri, was approved last year under then-VA Secretary Dr. David Shulkin, but the final signing was delayed in the turmoil over Shulkin's firing in March and concerns over Cerner's ability to take on the job.

"And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the president wanted," Wilkie said.

In response to the signing, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said the transition to EHR "should be done right, not fast, and I'm pleased the department took extra time to review the contract before moving forward. Oversight of implementation and spending will be critical as this process continues."

"For too long, service members transitioning from the Department of Defense to VA healthcare have been unable to take their medical records with them," said Rep. Tim Walz, ranking member of the House Veterans Affairs Committee, but he also had reservations about Cerner's ability to carry out what the contract required.

The award of the contract came a day after Wilkie defended acting VA Chief Information Officer (CIO) Camilo Sandoval against charges from House and Senate Democrats that he was unfit to oversee the department's switch to EHR.

In a statement Wednesday, Wilkie called Sandoval an "important member" of the leadership team at the VA but said he was only holding the CIO's position temporarily.

Sandoval "has extensive experience in financial technology and digital mobile payments," Wilkie said. "Along with his close working relationship with the White House, this makes him well suited to oversee VA's IT infrastructure while the White House vets a permanent candidate for the position."

The statement from Wilkie, who was personnel chief at the Pentagon before coming to the VA after Shulkin's exit, was in response to a letter to the VA from 11 House and Senate Democrats questioning Sandoval's fitness to hold the top technology post.

The Democrats said "there are serious character concerns that should disqualify" Sandoval from working at the VA. They cited a pending lawsuit against Sandoval on charges of harassment but their main complaint involved his work as director of Data Operations in 2016 for the Trump campaign.

Sandoval was the data chief "while the Trump campaign was contracting with Cambridge Analytica," a British firm which allegedly collected personal information on more than 80 million Americans, much of it from Facebook.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust," the Democrats said. "As such, Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data."

Cambridge Analytica's work for the Trump campaign was the subject of a Senate Judiciary Committee hearing on Wednesday, and the firm was also being investigated by the Justice Department and the FBI, the New York Times reported.

The 11 Democrats who signed the letter to VA Deputy Director Tom Bowman included Rep. Walz, and Sen. Richard Blumenthal, D-Connecticut, a member of the Senate Veterans Affairs Committee.

The letter added fuel to the controversy over political appointees at the VA and in the White House. Major veterans service organizations have accused them of promoting a campaign to "privatize" VA health care.

Before he stepped down at VA, Shulkin charged that his efforts to reform the VA were being "subverted" by the political appointees.

In December, an email surfaced from Jake Leinenkugel, a White House political appointee on veterans issues, to Sandoval. In the email, Leinenkugel said he favored replacing Shulkin with a more politically-attuned Secretary who would rapidly expand private health care for veterans.

Leinenkugel said Shulkin should be "put on notice to exit" and he also targeted Deputy Director Bowman, who he said "doesn't trust the current slate of political staff."

The letter from the Democrats came on the same day that the House passed major legislation that would expand private care options for veterans and lift the restrictions on the family caregivers program for disabled veterans, which is now limited to post-9/11 veterans.

The bill has bipartisan support in the Senate, and President Donald Trump has said he will sign it quickly once it reaches his desk.

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3.2 - Kansas City Business Journal: [Giant VA contract comes through for Cerner](#) (17 May, Elise Reuter, 4.7M uvm; Kansas City, MO)

After months of delays, the Department of Veterans Affairs signed its \$10 billion contract with Cerner Corp.

Acting VA Secretary Robert Wilkie announced that the contract had been signed Wednesday afternoon, making Cerner (Nasdaq: CERN) the holder of "one of the largest IT contracts in the federal government."

Wilkie said the contract would have a ceiling of \$10 billion over 10 years. Congress allocated \$782 million for the effort in fiscal year 2018.

"And with a contract of that size, you can understand why former Secretary (David) Shulkin and I took some extra time to do our due diligence and make sure the contract does what the president wanted," Wilkie said in a release.

For Cerner CEO Brent Shafer, the contract carries personal significance. He experienced firsthand the struggles veterans encounter when he accompanied his father, a World War II veteran, on trips through health care.

"As a member of a military family, serving our veterans is personal for me and is at the core of Cerner as a company," Shafer wrote in a Thursday blog post. "We are honored to work with the VA on this important program."

In a Thursday release, Cerner President Zane Burke cited the VA's "long history of pioneering health care technology innovation."

The VA developed its legacy VistA system 40 years ago; Cerner's health record system will replace that. The VA is expected to use the same record system Cerner is implementing for the Department of Defense, which is called MHS Genesis. Although the DoD contract was a big win for Cerner, the VA contract is significantly larger, with 1,221 outpatient sites and 144 hospitals; the DoD has 55 hospitals and 373 clinics worldwide.

"VA and DoD are collaborating closely to ensure lessons learned at DoD sites will be implemented in future deployments at DoD as well as VA," Wilkie said.

"Today's signing is an important step toward modernizing our VA to help streamline the transition for our service members from the Department of Defense to the Department of Veterans Affairs," Sen. Jerry Moran, R-Kan., said in a release. "This is a much-needed change with the capacity to improve the VA's delivery of care for millions of veterans nationwide."

VA delays

The contract originally was expected to be signed by November but has been delayed for months with concerns about how the records system would work as well as the turnover occurring at the VA. Wilkie signaled that the wait would come to an end when he set a May 28 deadline for the VA to reach a decision.

The contract would allow Cerner to replace the VA's legacy electronic health records system, bringing together the VA's disparate record systems into one. However, it will not be an easy task, especially because Cerner has targeted a rollout pace trailing its contract with the Defense Department.

Back in June, Shulkin selected Cerner to overhaul the VA's system in a no-bid contract. The North Kansas City-based company was picked for its ongoing work with the Defense Department on the assumption that the VA and DoD systems would be compatible.

Since then, numerous leadership changes have rattled the VA and left Cerner's contract in limbo. The contract initially was delayed until spring because of concerns about whether the system could exchange records with private providers.

While those were resolved, Shulkin was ousted from his VA leadership post in March, leaving the contract without one of its biggest advocates. Former White House Physician Dr. Ronny Jackson was picked to take his place but withdrew his nomination after he met opposition over his lack of experience and allegations of unprofessional conduct. Acting VA Chief Information Officer Scott Blackburn also recently resigned.

The White House still is searching for who will lead the VA next.

DoD contract

Cerner's contract with the DoD also has been in a holding pattern of late. Cerner had completed the rollout of its MHS Genesis health records system at four pilot sites in the state of Washington. But the full system rollout will not begin until 2019.

David Norley, communications director for the DoD's Defense Healthcare Management Systems, said project leaders were determining where the system would be deployed next, a process that will continue through the summer. That process will involve coordinating with a separate effort to move the DoD's hospitals and clinics to their own network.

But a recent Pentagon report also revealed problems with the system's functionality, to the point where the DoD had to prematurely stop its evaluation of the fourth pilot site to "remediate significant problems discovered at the first three."

The report from the DoD's Program Management Office said "MHS Genesis is neither operationally effective nor operationally suitable," adding that users could complete only 56 percent of the tasks needed to measure performance. Since the system was deployed last fall, 53 critical incident reports and a total of 14,383 help desk tickets were filed.

The report said users' workarounds added to the amount of time it took for doctors, nurses, pharmacists and other medical staff to complete tasks. For example, when referral requests would not process, users would call the other office to make sure the referral had been received.

According to FCW, Stacy Cummings, program executive officer of Defense Healthcare Management Systems, said that the report was based on evaluations from 2017 and that none of the needed fixes would delay the project from beginning full deployment in 2019.

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3.3 - Military Times: [VA finalizes contract to bring electronic health records in line with military systems](#) (17 May, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials on Thursday finalized their contract with the Missouri-based Cerner Corp. to bring veterans' electronic medical records in line with Defense Department systems, a multi-year and multi-billion-dollar effort that could have wide ranging impact on all of American health care.

But the move also comes at a time when the new records system is under increased scrutiny, following the release of a government report that found the military's program right now is neither operationally effective nor suitable for the department.

Administration leaders had originally announced the VA deal last summer, but the contract's future has been in doubt since the firing of VA Secretary David Shulkin in March.

Sources with knowledge of the contract negotiations said White House officials had openly questioned whether the ambitious records plan should be scrapped completely, because of concerns about the cost and Cerner's ability to carry out the deal.

But Thursday's announcement ended that speculation. In a statement, acting VA Secretary Robert Wilkie called the agreement "one of the largest IT contracts in the federal government" and said it will help "provide seamless care to veterans as they transition from military service" to civilian life.

"When fully deployed, the new system will represent a monumental advance in veterans' health care, bigger than VA's initial deployment of electronic health records 40 years ago," he said.

The deal for the first time puts the two largest federal departments on a path toward using the same medical records system.

The conflicting VA and military electronic health files have been a source of controversy for years, both from lawmakers frustrated at billions spent on incomplete interoperability efforts and veterans who had repeated difficulty accessing medical records from their time in the ranks.

President Donald Trump touted the agreement last summer to bring together the two systems — through a non-competitive contract worth upwards of \$10 billion — as a major advance in his promise to reform and modernize VA operations. In recent days, acting VA Secretary Robert Wilkie said the contract remained a top priority for the department.

Work transferring VA records to the same MHS GENESIS records system is expected to take about a decade. The system is currently being installed at a select number of military health facilities.

But a memorandum late last month from the Pentagon’s director for operational test and evaluation, Robert Behler, found the system for now does not “demonstrate enough workable functionality to manage and document patient care.”

Officials also warned of “insufficient training and inadequate help desk support” with the new system.

That has threatened to delay full deployment of the system across the Department of Defense, although officials handling the \$4 billion health records rollout have said they expected some difficulties and adjustments in the initial phases of fielding.

Shulkin — who was seen as a driving force behind the VA records modernization before his firing — had told lawmakers the new contract would not only unite military and veterans records, but provide a blueprint for medical records sharing across all of the American health care system.

VA officials said once implemented, the new health records system will allow patient data to be shared by VA, the Defense Department and “community providers through a secure system.”

Wilkie said that means “health care will be much easier to coordinate and deliver, as well as faster and safer.”

Officials expect to spend upcoming years customizing the system to the needs of veterans, VA clinicians, and community-care providers who work with both.

In a statement, House Veterans’ Affairs Committee Chairman Phil Roe, R-Tenn., praised the administration’s handling of the contract thus far.

“This transition should be done right, not fast, and I’m pleased the department took extra time to review the contract before moving forward,” he said. “Oversight of implementation and spending will be critical as this process continues.”

Reporter Jessie Bur contributed to this story.

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3.4 - Stars and Stripes: [VA inks \\$10 billion contract with Cerner for new electronic health record](#) (17 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs signed a multibillion-dollar contract on Thursday to replace its antiquated electronic health record system – an action that comes as a relief to veterans and

lawmakers who worried it was indefinitely stalled after former VA Secretary David Shulkin was fired in March.

The contract with Kansas City, Mo.-based Cerner Corp. sets a cost ceiling of \$10 billion for the next 10 years. In a statement Thursday, Wilkie described it as “one of the largest [information technology] contracts in the federal government.”

“And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the president wanted,” Wilkie said.

Shulkin announced last summer the VA would award a contract to Cerner to overhaul its electronic health records, side-stepping the federal contracting process to do so. It will replace its in-house system, VistA, with MHS Genesis, the same system used by the Defense Department.

The overhaul is intended to allow medical records for transitioning servicemembers to be shared immediately with the VA. The VA also will be able to easily share information with private-sector providers who treat veterans, Wilkie said.

The deal is years in the making.

Since 2000, lawmakers have advocated for a system capable of sharing patient data seamlessly with the Defense Department. Soon after former President Barack Obama took office in 2009, he charged the VA and Defense Department with creating an integrated system. The plan was abandoned in 2013 because of cost concerns, after the agencies had already spent about \$1 billion.

Last year, the Government Accountability Office criticized the VA for continuing to spend billions of dollars to patch the 40-year-old VistA. The GAO described the system as “old, inefficient and difficult to maintain” and encouraged the VA to buy an off-the-shelf health records system.

Shulkin championed the idea. When he was fired March 28, veterans and advocates grew worried that a contract wouldn’t be signed. Those concerns grew April 17, when Scott Blackburn, the VA’s chief information officer, resigned. Concerns reached an all-time high April 30, when Politico reported a West Palm Beach doctor with ties to Trump was influencing contract negotiations.

article continues below

Politico reported Dr. Bruce Moskowitz was included in phone calls with the contracting team. He objected to the contract because he doesn’t like Cerner Corp. software.

In response, lawmakers called for more oversight of contract negotiations. Two representatives on the House Committee on Veterans’ Affairs – Reps. Julia Brownley, D-Calif., and Annie Kuster, D-N.H. – asked Wilkie and VA Inspector General Michael Missal investigate the delays. More Democrats signed onto a letter Tuesday describing the lack of progress on the contract as “malign neglect.”

Wilkie indicated Thursday that the timeline slowed only because the VA was acting deliberately and wanted the contract to be well thought out.

“President [Donald] Trump has made very clear to me that he wants this contract to do right by both veterans and taxpayers, and I can say now without a doubt that it does,” he said.

Rep. Phil Roe, R-Tenn., the chairman of the House Committee on Veterans’ Affairs, said he spoke with Wilkie about the contract Thursday and was “encouraged by our conversation.”

“This transition should be done right, not fast, and I’m pleased the department took extra time to review the contract before moving forward,” he said.

Roe and other lawmakers stressed the importance of congressional oversight while the VA and Cerner work to implement the new system.

As recently as Monday, the Defense Department cited problems with Cerner’s work to roll out that agency’s new electronic health record. The Defense Department’s director of operational test and evaluation released a report stating the agency’s electronic health record implemented at multiple DOD sites is “neither operationally effective nor operationally suitable.”

Wilkie said the VA would collaborate with the Defense Department about “lessons learned” from DOD’s rollout of its electronic health record.

“The root cause of these issues must be identified and remedied before VA implementation can move forward,” Rep. Tim Walz, D-Minn., said in a written statement. Walz is the ranking Democrat on the House Committee on Veterans’ Affairs.

Walz and Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans’ Affairs Committee, also expressed concerns with the capability of VA leadership to establish the new system.

On Tuesday, Democrats demanded the VA fire its new acting chief information officer, Camilo Sandoval, who served as the data operations director for Trump’s presidential campaign. The Trump administration has recently come under scrutiny for consulting with Cambridge Analytica during the 2016 presidential campaign because the data firm harvested Facebook users’ personal information.

“Cambridge Analytica’s misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust,” the Democrats wrote to VA Deputy Secretary Thomas Bowman. “As such, Mr. Sandoval’s role in these activities must be thoroughly examined and he should be put nowhere near veterans’ health and benefits data.”

Tester vowed Thursday to hold the VA accountable.

“This is the largest electronic health record transformation in the history of American medicine, and the VA has no room for error,” Tester said in a prepared statement. “The VA must make sure it has the staff to manage this project and immediately get qualified nominees to oversee it.”

Last year, Congress authorized \$782 million to begin the overhaul of the electronic health record.

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3.5 - WFED (AM-1500): [VA signs long-awaited contract with Cerner for new electronic health record](#) (17 May, Nicole Ogrysko, 854k uvm; Washington, DC)

Almost one year after the initial announcement, the Veterans Affairs Department has signed a contract with Cerner Corporation for a new electronic health record.

The contract has a ceiling of \$10 billion over 10 years. Acting VA Secretary Robert Wilkie described the contract as “one of the largest IT contracts in the federal government.”

Under the contract, VA will abandon its own, existing Veterans Information Systems and Technology Architecture (VistA) and adopt MHS Genesis, the same EHR system that the Defense Department is deploying. All patient data will reside in one common Cerner Millennium system.

“With a contract of that size, you can understand why former Secretary [David] Shulkin and I took some extra time to do our due diligence and make sure the contract does what the president wanted,” Wilkie said Thursday in a statement.

The announcement had been long-awaited by members in both the veterans and the federal IT communities, who had feared that recent, high-profile departures within VA had put the decision to move forward with Cerner in jeopardy.

“This transition should be done right, not fast, and I’m pleased the department took extra time to review the contract before moving forward,” House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) said in a statement. “Oversight of implementation and spending will be critical as this process continues. I spoke to acting Secretary Wilkie today, and I’m encouraged by our conversation.”

Former Secretary Shulkin had originally suggested VA would sign the Cerner contract last fall. Those plans stalled, after he paused contract negotiations to further define interoperability standards for the system.

Members of Congress had grown skeptical of the project’s status in recent weeks and months, with Shulkin’s departure and acting Chief Information Officer Scott Blackburn’s resignation.

DoD’s own setbacks in deploying MHS Genesis had also prompted some consternation among those watching the deal. The Pentagon’s first round of formal testing on the military’s new electronic health record has concluded that the \$4.3 billion system is “neither operationally effective nor operationally suitable.”

DoD has deployed the system to four sites in the Pacific Northwest. The Pentagon said last week it doesn’t expect the unfavorable testing results to impact the schedule for Genesis deployments.

Members of Congress will be watching further DoD deployments carefully, as VA is counting on the Pentagon’s experience to inform its own deployments of the new electronic health record.

“Both my staff and I have taken oversight trips to the MHS Genesis initial implementation sites in Washington state to check in on DoD’s progress and to ensure VA will learn from the

problems that have arisen during DoD's transition," Roe said. "We will continue this rigorous oversight as site assessments and in-depth planning begin."

VA is also watching that schedule closely, because it has said it intends to follow DoD's same deployment plan for the new EHR.

VA has \$782 million in funding for the remainder of this fiscal year to begin modernization efforts in 2018, though VA has been upgrading its infrastructure to prepare for the new health record all along.

The department also wants to create a separate \$1.2 billion fund in its budget specifically for the EHR modernization project.

"As a member of a military family, serving our veterans is personal for me and is at the core of Cerner as a company," Cerner CEO Brent Shafer wrote in a blog post Thursday afternoon. "We are honored to work with the VA on this important program, and we call on all our industry partners to join with us as we work to improve health care."

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3.6 - Becker's Hospital Review: [Democrats demand VA fire acting CIO, citing 'malign neglect' on EHR project](#) (17 May, Julie Spitzer, 441k uvm; Glencoe, IL)

In a May 15 letter to the Department of Veterans Affairs Deputy Secretary Thomas Bowman, congressional Democrats called on the agency to fire acting CIO Camilo Sandoval over concerns of his involvement in the 2016 presidential campaign, according to the MilitaryTimes.

Specifically, lawmakers claim his questionable data collection practices as the director of data operations for President Donald Trump's campaign, which contracted with embattled Cambridge Analytics, compromises his ability to safeguard veterans' sensitive health information.

"Cambridge Analytica's misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust. As such, Mr. Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data," the letter reads.

The letter also referenced a Politico report that found Mr. Sandoval was in the middle of a \$25 million lawsuit brought against him by other campaign staffers who allege harassment and discrimination.

Acting VA Secretary Robert Wilkie responded to the letter, calling Mr. Sandoval "an important member" of the VA, according to the MilitaryTimes.

"[He] has extensive experience in financial technology and digital mobile payments," Mr. Wilkie said. "Along with his close working relationship with the White House, this makes him well suited to oversee VA's IT infrastructure while the White House vets a permanent candidate for the position."

Additionally, the lawmakers accused the agency of "malign neglect" over its EHR modernization project since David Shulkin, MD, was terminated from his role as VA secretary. They also noted

other leadership issues — including the nearly 40 senior staffers that have resigned from the department in the last four months — contributing to the project's holdup.

"This is evident through the failure to obtain qualified leadership for the Office of Information Technology, reports of political interference hindering EHR implementation, as well as the rampant vacancies for positions that ensure proper oversight of a new EHR system," the letter stated. "We ask that you act to swiftly resolve our concerns and ensure an interoperable VA EHR system with the Department of Defense expeditiously comes to fruition."

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3.7 - Nextgov: [VA Signs \\$10 Billion Health Records Contract With Cerner](#) (17 May, Frank Konkel and Heather Kuldell, 193k uvm; Washington, DC)

The Veterans Affairs Department inked a 10-year, \$10 billion contract Thursday with Cerner Corp. to adopt the same commercial electronic health records system as the Pentagon.

Veterans Affairs Acting Secretary Robert Wilkie in a statement said VA's future health records system will seamlessly communicate and exchange records with the Pentagon's, resolving an issue that cost the agencies billions in recent years.

"President Trump has made very clear to me that he wants this contract to do right by both Veterans and taxpayers, and I can say now without a doubt that it does," Wilkie said. "Signing this contract today is an enormous win for our nation's veterans. It puts in place a modern IT system that will support the best possible health care for decades to come. That's exactly what our nation's heroes deserve."

The contract with Cerner was announced last year by then-Veterans Affairs Secretary David Shulkin, but several issues, including congressional funding and Shulkin's eventual firing, slowed the contract's final signing.

According to Wilkie, the Cerner contract will allow the agencies to share patient data among Veterans Affairs, the Defense Department and community providers "through a secure system." Combined, the two agencies have more than 20 million beneficiaries, including soldiers and veterans.

"Health information will be much easier to share, and health care will be much easier to coordinate and deliver, as well as faster and safer," Wilkie said.

The department received nearly \$800 million in funding from Congress for fiscal 2018 to begin the contract.

"We're honored to have the opportunity to improve the health care experience for our nation's veterans. The VA has a long history of pioneering health care technology innovation, and we look forward to helping deliver high-quality outcomes across the continuum of care," said Cerner President Zane Burke, in a statement.

Meanwhile, the Defense Department is rolling out MHS Genesis, also developed by Cerner Corp., at four locations, but the pilot keeps hitting problems. That contract is worth up to \$9 billion. Work temporarily stopped in February to address more than 14,000 help-desk tickets,

many of which involved workflow changes. Pentagon testing and evaluation officials last week declared the system “neither operationally effective nor operationally suitable” after testing three of the four facilities.

Testing officials determined users could only about half the 197 tasks used as performance measures, and experienced latency issues and outages as more logged on. They concluded the end-to-end system couldn’t support the capacity of the four test sites even though the department expects to support 9.6 million beneficiaries from hundreds of facilities.

Defense officials said they will learn from the platform’s initial failures, and they’ll be working hand in hand with Veterans Affairs officials as the agency works to implement the same health records platform.

“VA and DoD are collaborating closely to ensure lessons learned at DoD sites will be implemented in future deployments at DoD as well as VA. We appreciate the DoD’s willingness to share its experiences implementing its electronic health record,” Wilkie said.

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3.8 - Federal Computer Week: [VA signs \\$10B deal with Cerner](#) (17 May, Adam Mazmanian, 189k uvm; Vienna, VA)

The Department of Veterans Affairs is finally in business on its plan to replace its homegrown electronic health records system.

Almost a year after the department announced its plan to sole-source the modernization effort to Cerner, which is the software undergirding the Pentagon’s new system, acting VA Secretary Robert Wilkie signed a \$10 billion contract on May 17.

"This is one of the largest IT contracts in the federal government, with a ceiling of \$10 billion over 10 years," Wilkie said in a statement. "And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted."

Former VA Secretary Shulkin announced plans to move to Cerner in June 2017. Eventually, the VA sought and obtained from Congress a separate budget line outside of the Office of Information and Technology to implement the modernization effort.

The VA already has \$782 million in FY 2018 money, about \$500 million of which is going to Cerner for a down payment on the system, according to former VA officials familiar with the contract.

Congress is expected to supply \$1.4 billion in FY 2019 to support the project.

The \$10 billion to Cerner is only part of the story. Infrastructure updates and program management are expected to add another \$6 billion to the project's total cost.

The decision comes as the MHS Genesis system, being implemented by the Department of Defense at three sites in the Pacific Northwest, is on pause while officials cope with problems that have rendered the system unfit for use, according to an internal oversight report.

Wilkie alluded to ongoing problems with the system in a statement, noting that "VA and DoD are collaborating closely to ensure lessons learned at DoD sites will be implemented in future deployments at DoD as well as VA."

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3.9 - Healthcare Informatics: [Lawmakers Demand New VA CIO, Citing "Malign Neglect" on EHR Project](#) (17 May, Heather Landi, 158k uvm; New York, NY)

A group of Democratic federal lawmakers, five senators and six members of Congress, are calling out the U.S. Department of Veterans Affairs (VA) for what they call "malign neglect" in the agency's efforts to achieve electronic health record (EHR) modernization.

The members of Congress, including Senators Richard Blumenthal, Mazie Hirono, Tina Smith, Kirsten Gillibrand and Chris Van Hollen and Representatives Mark Takano, Tim Walz, Julia Brownley, J. Luis Correa, Elizabeth Esty and Ann McLane Kuster sent a letter this week to VA Deputy Secretary Thomas Bowman expressing their concerns about what they described as a lack of "qualified" leadership for the Office of Information Technology (OIT), and specifically the temporary appointment of Camilo Sandoval as VA CIO.

The lawmakers also said they were concerned about "reports of political interference hindering EHR implementation, as well as rampant vacancies for positions that ensure proper oversight of a new EHR system," according to the letter. The lawmakers request that VA leadership resolve these concerns and "ensure an interoperable VA EHR system with the Department of Defense expeditiously comes to fruition."

OIT is responsible for carrying out the VA's multibillion dollar overhaul of its outdated EHR system, its legacy VistA system, and the VA announced last year it was moving forward to implement the same Cerner-based system as the DoD with an eye toward DoD-VA interoperability. That deal with Cerner has since been delayed.

In the letter, the Democratic lawmakers raise concerns about the temporary appointment of Sandoval, a former Trump campaign staffer, as CIO, citing "serious character concerns that should disqualify Mr. Sandoval for this position." Politico reported back in April that Sandoval was accused of sexual discrimination and harassment during his tenure with the Trump campaign.

"Likewise, his previous conflicts while working at the Department of Treasury and Veterans Health Administration raise serious red flags and indicate a history of rampant interpersonal conflicts with co-workers. Mr. Sandoval should be removed from his temporary position as CIO and replaced with a first class leader who is capable of implementing the VA's EHR modernization and fulfilling the VA's obligation to our nation's heroes," the lawmakers wrote.

The Democrats also suggest that Sandoval's previous position as the Trump campaign's director of data operations back in 2016 occurred while the campaign was contracting with Cambridge Analytica, the embattled data firm that has come under fire for misappropriating Facebook user data. The Democrats mention "serious data security concerns," citing Cambridge Analytica's misuse of personal information from tens of millions of Americans,

including veterans. “Mr. Sandoval's role in these activities must be thoroughly examined and he should be put nowhere near veterans' health and benefits data,” they wrote.

The Democrats also cite concerns about members of President Donald Trump’s inner circle “inappropriately influencing EHR modernization.” The letter cites reports that President Trump is taking advice from a member of his Mar-a-Lago circle, an internist with no government experience. Politico has reported that a West Palm Beach doctor, Bruce Moskowitz, who has ties to Trump’s Mar-a-Lago social circle, has potentially influenced the delay with the VA-Cerner contract. According to Politico, Moskowitz is a friend of Ike Perlmutter, the chairman of Marvel Entertainment, who advises the President informally on vet issues.

The lawmakers are demanding that VA provide an update on the status of the EHR modernization work, including “information on all contact with Dr. Moskowitz or any other individual who has provided input on EHR modernization outside of VA.” And, the Democrats urge VA leaders to “take meaningful action to ensure transparency and accountability as VA seeks to establish a new EHR system.”

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3.10 - Health Data Management: [Lawmakers accuse VA of ‘malign neglect’ regarding EHR modernization efforts](#) (17 May, Greg Slabodkin, 143k uvm; New York, NY)

Members of the U.S. Senate and House of Representatives are turning up the heat on the Department of Veterans Affairs for what lawmakers describe as “malign neglect” regarding the VA’s electronic health record modernization efforts.

Five senators and six members of Congress—all Democrats—sent a letter on Wednesday to VA Deputy Secretary Thomas Bowman expressing their concerns about what they perceive as a leadership vacuum at the agency, significant staffing vacancies, as well as reports of “political interference” regarding the VA’s plans to purchase a commercial-off-the-shelf EHR from Cerner to replace its legacy system.

In particular, lawmakers questioned the appointment of Camilo Sandoval—the former director of data operations for the Trump campaign—as acting chief information officer at VA.

Last month, VA acting CIO Scott Blackburn, who was overseeing the EHR modernization, resigned from the agency and was replaced by Sandoval. But, the senators and congressmen contend that Sandoval “should be put nowhere near veterans’ health and benefits data” in light of his connection to the Cambridge Analytica scandal involving the “misuse of personal information from tens of millions of Americans.”

In addition, the lawmakers’ letter cites a \$25 million lawsuit against Sandoval in which it is claimed that he “slandered, harassed and sexually discriminated against (a campaign employee).” They also charge that Sandoval’s previous employment at the Department of Treasury and Veterans Health Administration “indicate a history of rampant interpersonal conflicts with co-workers.”

As a result, the lawmakers demanded that Sandoval “be removed from his temporary position as CIO and replaced with a first-class leader who is capable of implementing the VA’s EHR modernization and fulfilling the VA’s obligation to our nation’s heroes.”

The senators and congressmen also note that the VA Office of Information Technology has 553 staffing vacancies that are negatively impacting the agency's EHR modernization efforts.

"In the last four months alone, 40 senior staffers have resigned, effectively stalling operations in essential areas such as information technology," states the letter. "The historic overhaul of the VA's outdated health record system requires adequate staffing levels to ensure this project succeeds. Anything less than a robust workforce is a disservice to veterans, VA employees and taxpayers."

Lawmakers also accused President Trump's inner circle of inappropriately trying to influence the VA's EHR modernization efforts.

"The President is taking advice from his personal friend and member of his Mar-a-Lago circle, Dr. Bruce Moskowitz," according to the congressional letter. "As an internist with no government experience, Dr. Moskowitz lacks the expertise to provide the Administration with insight to address the challenges of developing an interoperable system" with the Department of Defense.

The senators and members of Congress requested that Deputy Secretary Bowman provide them with an update on the status of the agency's EHR modernization efforts and "information on all contact with Dr. Moskowitz or any other individual who has provided input" outside of the VA.

Jon Rychalski, assistant secretary for management and chief financial officer at the VA, told a Senate subcommittee last week that Robert Wilkie, the VA's acting secretary will make an acquisition decision by May 28—Memorial Day—regarding the agency's plans to purchase an EHR from Cerner. The VA has been trying for nearly a year to negotiate a \$10 billion contract with Cerner, which has yet to be signed by the two parties.

According to the latest VA data provided to Congress, the total cost to implement the new EHR system over 10 years will be \$15.8 billion—\$10 billion for the Cerner contract, \$4.6 billion for infrastructure improvements, as well as \$1.2 billion for contractor program management support services.

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3.11 - Health Data Management: [VA finally pulls trigger and awards Cerner \\$10B EHR contract](#) (17 May, Greg Slabokin, 143k uvm; New York, NY)

After nearly a year of negotiations with Cerner, the Department of Veterans Affairs on Thursday finally awarded the vendor a \$10 billion electronic health record modernization contract to replace the VA's decades-old legacy EHR system.

"I am pleased to announce we have signed a contract with Cerner today that will modernize the VA's healthcare IT system and help provide seamless care to veterans as they transition from military service to veteran status, and when they choose to use community care," said Robert Wilkie, the VA acting secretary. "This is one of the largest IT contracts in the federal government, with a ceiling of \$10 billion over 10 years. And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted."

In June 2017, then-VA Secretary David Shulkin announced his decision to award a sole-source contract to Cerner in order to replace the legacy Veterans Health Information Systems and Technology Architecture with a single common EHR system with the Department of Defense based on Cerner's Millennium platform. However, President Trump's recent firing of Shulkin and the resignation of the VA's acting chief information officer Scott Blackburn cast doubt on the agency's EHR efforts.

"With this contract, VA will adopt the same EHR platform as the Department of Defense," added Wilkie. "Patient data will be seamlessly shared between VA, DoD, and community providers through a secure system. Health information will be much easier to share, and healthcare will be much easier to coordinate and deliver, as well as faster and safer."

The agency had been under enormous pressure from Congress to make the award to Cerner. The VA's announcement about the deal comes just two day after members of the U.S. Senate and House of Representatives sent a letter to Deputy Secretary Thomas Bowman accusing the VA of "malign neglect" regarding its delayed EHR modernization efforts.

"Today the Department of Veterans Affairs announced an agreement with Cerner Government Services Inc., a wholly owned subsidiary of Cerner Corporation, a global leader in health care technology, for the VA to use off-the-shelf Cerner solutions to provide veterans, transitioning service members and their care providers access to their medical history through a single electronic health record system," said the company in a written statement. "Using technology that has been deployed successfully at Department of Defense medical facilities and thousands of provider sites globally, Cerner plans to provide seamless care across the VA's high-performing integrated network, including VA facilities, community providers and DoD facilities."

According to Wilkie, the two agencies are "collaborating closely to ensure lessons learned at DoD sites will be implemented in future deployments at DoD as well as VA."

The award is welcomed news for Cerner. Earlier this month, the vendor reported results for the 2018 first quarter that ended March 31, with revenue below expected levels, which the company blamed in part on the delay of the VA's EHR contract.

"We're honored to have the opportunity to improve the health care experience for our nation's veterans. The VA has a long history of pioneering health care technology innovation, and we look forward to helping deliver high-quality outcomes across the continuum of care," said Cerner President Zane Burke. "My thanks to the administration for selecting Cerner to collaborate in creating seamless care as service members transition from active duty to VA medical centers and community providers. We expect this program to be a positive catalyst for interoperability across the public and private health care sectors, and we look forward to moving quickly with organizations across the industry to deliver on the promise of this mission."

Late last year, the VA submitted a formal request to congressional appropriators to reprogram \$782 million of fiscal year 2018 funding to kick start its planned procurement of the Cerner EHR. The VA's Fiscal Year 2019 budget request includes \$1.2 billion for the EHR modernization. According to the latest data provided to Congress, it will cost the agency a total of \$15.8 billion over 10 years to implement the system—including \$10 billion for the Cerner contract.

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3.12 - FedScoop: [VA officially signs contract for new electronic health record system](#) (17 May, Tajha Cahppellet-Lanier, 57k uvm; Washington, DC)

The Department of Veterans Affairs announced Thursday that it has officially signed a contract with Cerner for a new electronic health record (EHR) system.

The inked contract is worth up to \$10 billion over 10 years.

“With a contract of that size, you can understand why former Secretary [David] Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted,” acting Secretary Robert Wilkie said in a statement. “President Trump has made very clear to me that he wants this contract to do right by both Veterans and taxpayers, and I can say now without a doubt that it does.”

The new EHR will be “similar” to that used by the Department of Defense, which will allow patient data will be “seamlessly” shared between the two. This has been a major pain point with the Department’s current EHR, the Veterans Information Systems and Technology Architecture, or VistA.

Wilkie reiterated Shulkin’s comments, from March, that the VA will learn from some of the DOD’s challenges in deploying its new EHR, known as MHS Genesis, and will not fall prey to the same pitfalls, which have plagued early pilots of the system and led to a report calling it “neither operationally effective nor operationally suitable.”

“VA and DoD are collaborating closely to ensure lessons learned at DoD sites will be implemented in future deployments at DoD as well as VA,” Wilkie said. “We appreciate the DoD’s willingness to share its experiences implementing its electronic health record.”

“Signing this contract today is an enormous win for our nation’s Veterans,” Wilkie said. “It puts in place a modern IT system that will support the best possible health care for decades to come. That’s exactly what our nation’s heroes deserve.”

However big an announcement this may be, actual rollout of the new EHR will take time. At an event in January, former VA CIO Scott Blackburn told the crowd to expect another 10 years of VistA.

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3.13 - EHR Intelligence: [Congress: “Malign Neglect” Impedes VA Cerner EHR Contract - Congressional Democrats recently penned a letter condemning VA leadership for delays in VA Cerner EHR contract negotiations.](#) (17 May, Late Monica, 50k uvm; Danvers, MA)

Members of Congress issued a letter to VA Deputy Secretary Thomas Bowman stating their disapproval for the way VA Cerner EHR contract negotiations have been carried out and expressing concern over the appointment of Acting VA CIO Camilo Sandoval.

Federal lawmakers wrote they are “deeply concerned by the malign neglect” demonstrated throughout the federal agency’s attempt to implement a new Cerner EHR system to promote interoperability between VA and the Department of Defense (DoD.)

“This is evident through the failure to obtain qualified leadership for the Office of Information Technology (OIT), reports of political interference hindering EHR implementation, as well as the rampant vacancies for positions that ensure proper oversight of a new EHR system,” the members of Congress wrote.

“We ask that you swiftly resolve our concerns and ensure an interoperable VA EHR system with the Department of Defense expeditiously comes to fruition,” the federal lawmakers continued.

Members of Congress stated they are disappointed with the decision to temporarily appoint Sandoval as CIO given Sandoval’s previous experience as the Director of Data Operations during the 2016 Trump campaign. He Trump campaign was contracting with Cambridge Analytica at that time.

“Cambridge Analytica’s misuse of personal information from tens of millions of Americans, including veterans, was an incredible breach of trust,” wrote the senators and representatives. “As such, Mr. Sandoval’s role in these activities must be thoroughly examined and he should be put nowhere near veteran’s health and benefits.”

Federal lawmakers also suggested Sandoval should be disqualified for serving as acting CIO because of his entanglement in a \$25 million lawsuit. Sandoval is charged with slander, harassment, and sexual discrimination in violation of New York City human rights laws.

“Likewise, his previous conflicts while working at the Department of Treasury and Veterans Health Administration raise serious red flags and indicate a history of rampant interpersonal conflicts with co-workers,” members of Congress wrote.

“Mr. Sandoval should be removed from his temporary position as CIO and replaced with a first class leader who is capable of implementing the VA’s EHR modernization and fulfilling the VA’s obligation to our nation’s heroes,” continued the senators and representatives.

Members of Congress also called out VA for reports that Cerner EHR contract negotiations were delayed in part because of inappropriate outside interference by President Trump’s personal friend Bruce Moskowitz, MD.

Moskowitz is a Florida physician with no ties to VA.

“This \$16 billion overhaul requires input from specialized professionals to align the two largest federal agencies with an interoperable system,” emphasized the federal lawmakers.

Reports that DoD’s own EHR modernization implementation is neither operational nor suitable further underscore the importance of thoroughly understanding the risks and requirements inherent to an implementation project of this magnitude.

Members of Congress requested VA provide an update on the status of the EHR implementation contract, including all communications between the federal agency, Moskowitz, and any other outside individual who has influenced or provided input on the project.

“The VA has 33,000 vacancies agency wide, including 553 within OIT,” stated the letter. “In the last four months alone, nearly 40 senior staffers have resigned, effectively stalling operations in essential areas such as information technology.”

Federal lawmakers urged VA to quickly hire experts capable of filling VA vacancies.

“In order to provide world-class service to our veterans, VA must be fully staffed with driven, capable leaders,” the senators and representatives wrote. “Current VA employees, who are dedicated to serving and honoring our veterans, are forced to shoulder the work of former-colleagues—contributing to low morale among the VA workforce.”

The massive EHR modernization effort requires a full and capable staff, members of Congress maintained.

“The need for VA’s EHR modernization cannot be overstated,” said the federal lawmakers.

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3.14 - The Enterprise (Video): [VA unveils new urgent care center in Brockton](#) (17 May, Marc Larocque, 20k uvm; Brockton, VA)

VA Boston Healthcare System celebrated the opening of a new urgent care service at the VA Brockton Campus on Thursday morning. The addition of 3,580 square feet, along with the renovation and repurposing of 8,500 square feet of existing space, was designed to include clear lines of sight, circular patient flow, efficient patient care layout, psychiatric exam rooms, observation beds, a decontamination room, a negative pressure room, bariatric accommodations, and physician computer workstation areas.

BROCKTON – Medical employees have additional space in a more modern environment, and patients have better accommodations, as the result of a multi-year project at the urgent care center at the Brockton VA Campus.

“We have essentially increased our space by 50 percent,” said Georgina Soule, urgent care nurse manager at the Brockton VA. “The rooms for the patients are more comfortable. The flow is much better so patients get seen quicker. We really have the state-of-the-art technology for them as well, so we can provide the best care possible. It’s something we’ve been waiting to do for quite some time.”

The VA Boston Healthcare System held a ribbon cutting event on Thursday morning to celebrate the opening of the new urgent care center at the Brockton campus. The project included the addition of 3,580 square feet to the pre-existing urgent care center, along with the renovation and repurposing of 8,500 square feet.

The project took two to three years to complete, including design and development, Soule said. It is an estimated \$7 million federal project, she said.

VA Boston Healthcare System said the new urgent care center in Brockton includes a “21st century medical space” using the VA’s Patient Aligned Care Team model. That means “clear lines of sight,” a circular patient flow, a more efficient patient care layout, psychiatric exam

rooms, observation beds, a decontamination room, a negative pressure room, bariatric accommodations, and newly designed physician computer workstation areas.

"It's much more spread out and airy," said Soule, speaking to The Enterprise at the ribbon cutting. "It's much lighter than our previous space. The patients really seem to enjoy it. The rooms are much more sound proof, so they're not being disturbed by the noises in the hallway. The staff like it, too. They have easy access to their work areas as well."

A new waiting area for the urgent care center remains under construction, while a temporary waiting area space is now in use, Soule said. That will be completed within about six months, she said.

Soule said the project is "really beautiful," providing more natural light, while meeting VA Standards for the dignity, security and privacy of veterans and visitors.

"It's great for the patients and the staff," she said.

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4. Focus Resources More Efficiently

4.1 - FOX News (Fox & Friends First, Video): [Who will be selected to run the Veterans Affairs?](#) (17 May, 32.5M uvm; New York, NY)

Acting director Robert Wilkie is in the running; what would he do if named? Dan Caldwell of Concerned Veterans for America speaks out on 'Fox & Friends First.'

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4.2 - FOX News (Your World, Video): [Rep. Roe on helping veterans access community care](#) (17 May, 32.5M uvm; New York, NY)

This is a rush transcript from "Your World," May 17, 2018. This copy may not be in its final form and may be updated.

(BEGIN VIDEO CLIP)

NEIL CAVUTO, HOST: With the exception of the so-called crisis hot line, you're a vet, you wait, and you wait a long time still. Is that true?

SCOTT DAVIS, VETERANS ADMINISTRATIONS WHISTLE-BLOWER: That is correct.

And, matter of fact, The Hill did a report on this just in March that VA had been caught sending false reports about wait times.

We know that veterans are still waiting on average longer for care. And this is something that the president talked about fixing when he was running for office.

You institute safeguards to make sure that the billing is appropriate, that the hospital staff is properly making sure each veteran has access to his or her appointment outside the VA network.

CAVUTO: All right.

DAVIS: And that's what we have.

(END VIDEO CLIP)

CAVUTO: All right, Scott Davis, the whistle-blower at the VA, was back with us to say that, despite all the big words and promises to change things, things are not changing. The wait times are still bad for a lot of veterans hoping to get care.

But they do have some progress on the legislative front here.

Tennessee Republican, chairman of the House Veterans Affairs committee, Phil Roe, with us on that.

Congressman, I know this measure passed that overwhelmingly addresses this issue. It's still potentially in limbo here, and we still don't have someone heading the VA on a full-time basis. We have a lot of candidates.

And if this guy is right, the problems remain. What do you make of that?

REP. PHIL ROE, R-TENNESSEE: Well, the problems aren't solved. There's no question about that.

The VA, Neil, is a huge organization, 370,000 employees, 168 medical centers, 800 outpatient clinics. It's a big organization. But I think it's headed in the right direction.

And what we did yesterday was recognize the fact that folks were having, veterans were having -- as I'm a veteran -- were having difficulty getting appointments. And so we did. We passed a Community Care Act yesterday, which will make it easy when fully implemented.

And it's going to take a year for the new secretary to implement this plan. But the idea for the VA will create access standards. And if the VA can't meet those standards, then the veteran can go outside and -- of the VA.

And we're also doing a network analysis, in other words, going into communities where VA medical centers and assets are, and saying, what is in the private community, what assets, what doctors does the VA have, and then use the best of both to provide the best care for veterans.

CAVUTO: It sounds -- and you're a veteran. And thank you for your service, sir.

But you have seen that giving the VA the opportunity to change its ways hasn't worked. And I'm wondering giving them another chance to get it right, whether that is going to work. Why not this private opportunity available for soldiers right now, and veterans right now, because they have been burned, not once, twice, but many times?

ROE: Yes, Neil, we have a system in the country where we have a shortage of medical providers.

CAVUTO: Right.

ROE: For instance, at the VA -- I was out in Denver not too long ago in their psychiatric area, mental health. They were 60 providers short.

So, when you have a situation like that, you want to use the best of the private sector and the best of the VA sector to provide the highest-quality care for people.

This is not going to be easy. And the new secretary is going to have a big job on their hands, but I'm excited about it. Yesterday was a big, big step forward.

CAVUTO: Do you think we need -- I know a couple of retired generals have been added to the list now close to half-a-dozen candidates.

Do you need someone with military experience like yourself or even a retired general to head the VA?

ROE: Well, we did have a retired general, General Shinseki, back in the first VA secretary under the Obama administration.

CAVUTO: Right.

ROE: It didn't work.

Look, I -- I think you need someone who has administrative experience. For instance, myself, I have had experience in the examining room with a patient. I'm a physician. Been in the military.

And I think you need someone with that level of understanding to be able to operate this huge system. And then I think you're going to have to have a lot of help. It's a huge -- you need very competent undersecretaries to manage this massive organization.

The VA has more employees, Neil, than the U.S. Navy has sailors.

CAVUTO: Amazing. Amazing.

All right, we will watch this.

Congressman, thank you for taking the time.

ROE: Thanks, Neil.

CAVUTO: All right.

END

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4.3 - Washington Times: [Tersigni may be tapped to lead Department of Veterans Affairs](#)
(17 May, Dave Boyer, 10.8M uvm; Washington, DC)

The CEO of the nation's second-largest healthcare system has emerged as a candidate in President Trump's search for a new nominee for secretary of the Department of Veterans Affairs.

Anthony Tersigni of Ascension met with senior White House officials last Friday in a wide-ranging discussion that touched on the VA, the Veterans Choice healthcare program, the opioid epidemic, drug prices and behavioral health, according to a source familiar with the meeting.

"They were asking him about running a large system," said the source, who spoke on condition of anonymity. "He's known as a very disciplined, tight manager, which is what the VA needs."

As the White House narrows its search for the next VA chief, the president invited another candidate into the media spotlight Thursday: Acting VA Secretary Robert Wilkie, who appeared at the White House press podium to accept Mr. Trump's donation of his first-quarter salary for veterans' health-care services.

"I am deeply, deeply grateful to President Trump for providing me the opportunity to serve America's veterans, and for his generosity in supporting them," Mr. Wilkie said.

The president tapped Mr. Wilkie, a top Pentagon official, to take over the VA temporarily in March after Mr. Trump ousted Secretary David Shulkin, who angered the White House in a scandal over travel expenses. Mr. Shulkin, the first nonveteran to lead the agency, said later that he was fired because he opposed privatizing some VA healthcare services.

Several others are in the running, including Jeff Miller, a Republican who retired from Congress last year after serving as chairman of the House Veterans Affairs Committee. Mr. Miller, now a lobbyist, met with White House officials on May 2.

Mr. Tersigni, who has led the nation's largest Catholic health system for 13 years, surfaced as a contender for the VA post after the withdrawal of nominee Rear Adm. Ronny Jackson.

Dr. Jackson, who was serving as the president's physician at the time of his nomination, withdrew amid allegations of personal misconduct.

The VA is the second-largest government department behind the Pentagon, with more than 350,000 employees and a budget of about \$186 billion. Another criticism of Dr. Jackson was that he had never led such a large organization.

That wouldn't be an issue for Mr. Tersigni, 67, who oversees a system with 165,000 employees and about 2,600 health care sites — more locations than the VA. He also has served in the Army National Guard.

Ascension also is the largest provider for the Veterans Choice program, which allows veterans who can't obtain timely appointments within the VA system or live more than 40 miles from a VA facility to seek private care.

“He would be the anti-Ronny Jackson in the sense that he’s on paper a strong, really qualified candidate who has administrative experience, health-care experience, experience with the VA,” the source said.

Some veterans groups say Mr. Wilkie has been doing a good job in his brief stint at the VA, while others have filed a lawsuit objecting to the president installing Mr. Wilkie over VA Deputy Secretary Tom Bowman.

Mr. Wilkie didn’t address his own status Thursday, but made sure to praise the president for his gesture of donating his paycheck to the VA.

“President Trump understands the critical role of caregivers in meeting the essential needs of America’s veterans,” Mr. Wilkie said. “So we have already earmarked this gift for caregiver support in the form of mental health and peer support programs, financial aid, education, training and research.”

He also urged the Senate to take up House-passed legislation that would allow more veterans to see doctors outside the VA system.

The bill, the VA MISSION Act, passed the House 347-70 this week.

“This [bill] takes seven community care programs that we’ve been using for the last 15 to 20 years and condenses them into one,” Mr. Wilkie said. “It also makes it much easier for our veterans to obtain care that they need at the moment that they need it, in homes and in facilities closest to where they live. We urge the Senate to take up the House bill and give it to President Trump hopefully before Memorial Day.”

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4.4 - Fayetteville Observer: [Womack, Fayetteville VA mark rehab clinic partnership](#) (16 May, Drew Brooks, 439k uvm; Fayetteville, NC)

A year after Womack Army Medical Center and the Fayetteville VA partnered to open a new rehabilitation clinic on Raeford Road, officials have just one complaint.

“We need to work on that sign,” said Col. John J. Melton, commander of the Fort Bragg hospital. “We need better branding.”

James A. Laterza, director of the Fayetteville Veterans Affairs Medical Center, agreed.

But thankfully, he said, the sign -- simple black letters on a plain white rectangle -- was not symbolic of the care that veterans, military families and retirees have received at the clinic in the past year.

Melton and Laterza visited the Fayetteville Rehabilitation Clinic at 4101 Raeford Road a year after it opened to celebrate the staff and praise the cooperation underway.

In just 12 months, officials said the clinic has had nearly 36,000 patient encounters and enjoys a patient satisfaction rate of more than 95 percent.

"That's pretty outstanding," said Daniel Jayne, supervising physical therapist for the Womack half of the operation.

Jayne said the military employs 16 physical and occupational therapists to serve military spouses, dependents and retirees.

Soldiers are treated at Womack Army Medical Center on post, he said.

In the past year, the Army clinic staff had more than 27,000 patient encounters, Jayne said, despite being understaffed for part of the year.

The clinic also has saved the government more than \$3 million based on care that would have otherwise been handled in the private sector.

Another eight therapists serve VA patients from the clinic, said Rick Peters, the supervising physical therapist on the VA side of the operation. The Fayetteville VA also has three other rehabilitation clinics, including two others in Fayetteville and one in Wilmington.

The VA clinic staff had more than 8,900 patient encounters in the last year, Peters said, including many patients who would have otherwise been forced to seek care outside of the VA.

But while their work stays separate, the Army and the VA staff are far from sequestered.

Jayne said the two staffs work side-by-side and often share in training opportunities. The joint working space has allowed the Army and the VA to save on overhead, equipment and other costs. And more important, it's led the staffs to look for more ways to break down barriers between their organizations.

"It's allowed us to collaborate more," Jayne said.

In the near future, the larger Womack staff will take on some of the VA patient load, he said.

Any VA patients who also qualify for care through the Department of Defense will be "adopted" by the Army staff, Jayne said. That will lead to quicker appointments for nearly all patients.

Peters said the clinic operates as one staff, not two.

He said VA and Army therapists have alternating work space, have combined staff meetings and share a common goal to serve the military community.

"This is a dream clinic," Peters said. "We work as a team."

Jayne agreed.

He said patients like the location, even though its shopping center facade is not much to look at.

"It's the clinic with the ugly sign and the beautiful interior," Jayne said. "We have top-level equipment. And I couldn't be prouder of the staff here."

To celebrate the anniversary, staff at the clinic cut a cake -- half chocolate and half vanilla.

Melton said the Fayetteville Rehabilitation Clinic was proof of how the VA and Department of Defense can partner together.

And Laterza said the partnership was second to none.

“You guys have got it right,” he said.

Dr. Gregory A. Antoine, chief of staff for the Fayetteville VA, said the clinic is just one of several partnerships underway between the local VA and the military.

VA doctors and nurses are working at Womack while operating rooms are being renovated in Fayetteville, he said. And the two medical centers eventually want their staffs to be fully interchangeable, with doctors having privileges at either location.

“There’s a lot of work going on right now to make this a closer, tighter relationship,” Antoine said. “We want to make this seamless.”

Partnering with military facilities is one way the Fayetteville VA is keeping pace with growth, he said.

The Fayetteville VA has the fastest growing veteran patient population in the nation and is expected to become the largest VA network in North Carolina in the coming years.

To cope with the growth, Antoine said the VA is seeking out partnerships with Fort Bragg and medical facilities at Camp Lejeune.

Those partnerships save money, he said. But more important, they help ensure that patients receive the best care possible.

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4.5 - WBTV (CBS-3): [VAMC announces award winners for National Nurses Week](#) (17 May, David Whisenant, 319k uvm; Charlotte, NC)

I Nurses Week with awards to the top nurses in a ceremony on the Salisbury campus. Awards were presented for Registered Nurse (RN) of the Year in a staff role, RN of the Year in an expanded role, Licensed Practical Nurse (LPN) of the Year, and Nursing Assistant (NA) of the Year.

Awards winners are:

RN of the Year (staff role) – Melissa Yost, Primary Care

RN of the Year (expanded role) – Shawn Tyler, Assistant Chief Nurse for Acute Care

LPN of the Year – Dreama Jones, Kernersville Health Care Center

NA of the Year – Tara Fulton, Salisbury VA Community Living Center

“These nurses are a testament to the hard work and dedication that all our nursing staff put forth on a daily basis,” said, Joseph Vaughn, Salisbury VA’s health care system director. “I have been immensely impressed as I continue to meet with our nursing staff, and I am proud to recognize these four nurses for leading the way in excellence and commitment in the care they provide to the Veterans we serve. As we say in the Navy, ‘Bravo Zulu!’ (great job!)”

This year’s theme for National Nurses Week is “Nurses inspire, innovate, influence,” and highlights the contributions that Nurses make daily throughout healthcare across the Nation.

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4.6 - San Angelo Standard-Times: [San Angelo's Lt. Gen. Ronnie Hawkins being considered for VA secretary](#) (17 May, Yfat Rossidor, 190k uvm; San Angelo, TX)

A San Angelo resident, retired Air Force Lt. Gen. Ronnie Hawkins, is being considered to lead the Department of Veterans Affairs.

Hawkins is on a short list of VA secretary candidates that will be presented to President Donald Trump.

“I believe in helping veterans, and my family has served all the way back to the Buffalo Soldiers,” Hawkins said. “I am honored to be considered and more than willing to serve if asked.”

Hawkins visited with White House personnel about two weeks ago.

“The visit was extremely positive and I was impressed with the professionalism,” he said.

The Secretary of Veterans Affairs is head of the department, which regulates veterans' benefits, health care, memorials and cemeteries.

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Hawkins earned a bachelor’s degree from Angelo State University in 1977 and was commissioned an officer through the Air Force ROTC program. He later earned master’s degrees at Abilene Christian University and at the National Defense University.

In the last years of his decades-long, distinguished military career, Hawkins served as the Director of Defense Information Systems Agency, which oversees the country's cyber security, from 2012 until his retirement in 2015.

“He is a great American and loves his country, “ said Carol Ann Bonds, former superintendent of the San Angelo school district who was appointed to the Texas Military Preparedness Commission by Gov. Greg Abbott in 2015.

Hawkins and Bonds were part of a San Angelo Chamber of Commerce-sponsored leadership delegation that traveled to Washington, D.C., in November 2016 to update Pentagon officials and Texas Senate and congressional leaders on the operations and needs at Goodfellow Air Force Base.

Hawkins has been awarded the Defense Superior Service Medal, the Legion of Merit, the Bronze Star Medal, the Defense Meritorious Service Medal and the Meritorious Service Medal, among others.

Ronnie Hawkins moves the original sign of the Dunbar
Ronnie Hawkins moves the original sign of the Dunbar Library during renovations Wednesday, July 5, at 903 Martin Luther King Dr. in San Angelo. (Photo: Yfat Yossifor)

Locally, he was instrumental in the recent restoration of the historic Dunbar Library and is involved as a Goodfellow Air Force Base civic leader to improve technology at the base.

"He has all the characteristics of the person that I would hope gets this position. He is balanced and even tempered," Bonds said.

"He is an unbelievably good problem solver – all of those things make it obvious why he is on the short list."

Hawkins is also a board member of the San Angelo Chamber of Commerce and a pastor of Christian Fellowship Baptist Church.

He leads a nonprofit organization, Ezra Visions Ministries, to help Haitians displaced by the deadly 2010 earthquake.

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4.7 - KREX (CBS-5, Video): [New Campaign Fights Harassment at VA Medical Center](#) (17 May, Colette Bordelon, 34k uvm; Grand Junction, CO)

Nationwide, VA Medical Centers have launched a campaign to fight harassment in all forms. This is significant, especially when sexual assault reporting has increased almost 90% within the Department of Defense since FY 2012. Some of those uncomfortable feelings might remain in many veterans and VA Medical Centers want them to feel comfortable enough to talk about any of that, whether it was in the past or present.

The goal of the campaign is to get both employees and patients talking about harassment. "Get people to talk about it, to bring it up, the icebreaker," said Damon Price, the prosthetics purchasing agent and preventative ethics coordinator for the Grand Junction VA Medical Center.

The Women Veterans Program Manager Pamela Schultz said "it's only 10% women veterans, and there's 90% men." Schultz said this campaign is very important for women veterans. "I think as a female we've all been harassed at some point. Be it on a street, in school when we were younger, in our workplace, I think it happens without people even knowing," said Schultz.

However, harassment can happen to anyone and can come in many forms. "Harassment can take on many different forms, it can be verbal, it can be visual, it can be physical," said Schultz.

This campaign reaches over 700 employees at the medical center. "The VA is one of the largest employers in Mesa County, we feel it's very important to step out first and take charge of the harassment piece," said Schultz.

They hope other large employers will partake in a similar program. "Follow our lead and stand up with us," said Price.

The campaign hopes to make the hospital and our community more comfortable. "Think about what we're saying, think about what we're doing, so that we would treat everyone with respect and dignity," said Schultz.

The program will include things called Lunch Learns, which are education sessions that last for around 30 minutes over lunch. They will also follow up every six months with additional education for their staff, covering specific topics.

Those at the Grand Junction VA Medical Center said around 1/3 of all their employees are veterans, which is higher than the national average for the hospitals.

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4.8 - News-Gazette: [VEText rolling out in VA Northern Indiana](#) (17 May, 8k uvm; Winchester, IN)

Veterans who receive VA healthcare will gain a new mode for appointment reminders starting May 16.

VA Northern Indiana Healthcare System will begin participating in VEText, a national program that will notify patients five days out from appointments via their cell phone's texting service.

Veterans will receive an automated text with the option to either select 'Y1' for yes, to keep their appointment, or 'N2' to decline. Also, a reminder file can be downloaded to any smart phone calendar application.

VEText is part of a continual effort by the VA to decrease the number of no-show appointments that occur each year. By lowering that amount, it improves access for Veterans seeking future appointments.

This is an automated system, and Veterans enrolled in Northern Indiana with a cell phone number will automatically be signed up. Veterans without cell phones will not be impacted, as traditional reminders, like postage cards and automated phone calls, will continue for every Veteran. If Veterans wish to enroll, all they have to do is update their personal information at their next appointment with a cell phone number.

No personally identifiable information will be in the messages, including the type of appointment.

The VA Northern Indiana system encompasses counties in Indiana, Michigan and Ohio, with medical centers in Fort Wayne and Marion, Health Care Center in Mishawaka, community based outpatient clinics in Muncie, Goshen and Peru, and other veteran clinics in South Bend and Fort Wayne. All facilities are in Indiana.

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5. Improve Timeliness of Service

5.1 - New York Times: [Veterans Go Back to Court Over Burn Pits. Do They Have a Chance?](#) (17 May, Seth Harp, 30M uvm; New York, NY)

On May 9, a federal appeals court heard oral arguments in a case about an explosive issue among U.S. veterans: the widespread use of burn pits in Iraq and Afghanistan, and the potential health consequences they suffered as a result.

The case, which dates back to 2008, consolidated dozens of lawsuits by hundreds of veterans and their families seeking to recover damages from the military contractor KBR Inc., but a trial court dismissed it in July 2017. It could be at a legal dead end unless the panel of judges, the Fourth Circuit Court of Appeals in Richmond, Va., overturns the dismissal.

The plaintiffs accuse KBR of negligence for exposing them to toxic emissions from open-air trash fires known as burn pits, which they say cause respiratory, neurological and other health problems. In tossing the case last year, the trial court accepted KBR's argument that the American military made the decision to use burn pits to dispose of trash on bases, and that federal courts cannot second-guess the executive branch's wartime decisions.

One plaintiff, Lauren Price, a Navy veteran from Pasco County, Fla., who developed constrictive bronchiolitis after working at a burn pit in Baghdad, said in an interview that she has already given up hope. "I've stopped paying attention," she said. After 10 years of litigation, the case is still at the procedural starting gates, and unless the plaintiffs eke out a win on appeal, it will be one of the biggest setbacks yet for tens of thousands of affected veterans who have received zero recompense despite years of advocacy by lawyers and nonprofits.

The controversy is at a point where it could become the subject of a Supreme Court decision or an act of Congress. Here's a brief introduction to an issue that has risen over time from the lowest military scuttlebutt to the highest levels of American government.

What is a burn pit?

The military bases the United States maintained for eight years in Iraq and 17 years to date in Afghanistan were hardly spartan encampments. There were air-conditioned stores, fast-food restaurants, movie theaters, internet cafes and swimming pools. Soldiers bunked in prefabricated trailers and dined in spacious chow halls serving up hot square meals three times a day. All that consumption produced garbage, lots of it, which had to somehow be disposed of. The solution? Dump it into open-air pits, drench it in jet fuel and light it on fire.

On the largest American bases, like Camp Victory in Baghdad or Camp Anaconda near Balad, a perpetual miasma lingered over the tents and trailers, reeking of burnt plastic. The effect, worsened by the extreme heat, could be nauseating. Until 2010, when the Department of Defense banned burn pits, soldiers complained of coughing up "black gunk." Thousands came home from deployment with some kind of respiratory illness, mostly mild or moderate, but including career-ending lung diseases and fatal cancers. Former Vice President Joe Biden has

even speculated that his son died from burn-pit exposure; Beau Biden received a rare brain-cancer diagnosis in 2013 at the age of 44, four years after a deployment to Iraq.

In 2013, in response to rising concerns from doctors and veterans' advocates, Congress directed the V.A. to set up a registry of veterans who were exposed to burn pits. More than 142,000 have signed up so far.

So burn pits cause lung disease?

Deployments are associated with an increased risk of asthma and emphysema as well as a number of rare respiratory conditions, but there are numerous factors that could contribute to these illnesses. Iraq and Afghanistan are two of the world's most polluted countries, and there are also dust storms, oil-well fires and battlefield explosions to take into account, not to mention the copious quantities of cigarettes that soldiers smoke.

In 2004, the Department of Defense asked Dr. Robert Miller of Vanderbilt University to examine a large cohort of soldiers who came back from Iraq with unexplained shortness of breath. "Soldier after soldier going from elite athlete to someone who could not complete a two-mile run," Miller said. "This is not something you see in a normal young adult — period." While their X-rays were often normal, Miller went further and performed surgical biopsies on about 60 veterans, taking tissue samples from their lungs. A majority showed evidence of constrictive bronchiolitis, an incurable disease characterized by tiny particles lodged in the airways. "There was particulate matter in all of the biopsies," Miller said. "It's clearly inhalational." Most of the soldiers Miller treated were medically discharged and received disability benefits. But after he reported his findings, the Defense Department stopped sending him patients. "They felt we had stepped over the line by doing aggressive biopsies," he said.

On May 8, a team of medical researchers published an article in the journal *Experimental Lung Research* in which they reported creating an animal model of burn-pit symptoms by injecting samples of dust collected from Iraq's Camp Liberty base into the tracheas of mice. One of the authors, Dr. Anthony Szema, formerly the V.A.'s chief of allergy medicine and now with Hofstra's Zucker School of Medicine, said the carbonaceous and metallic particles that lodged in the air sacs of the mice were identical to those seen in Miller's biopsies. "If you were in a burn pit, you definitely inhaled this stuff," Szema said. "And it definitely causes lung injury."

Lauren Price returned home from Iraq feeling sick and unable to explain why. Halfway through her 2007 deployment, she came down with the "creeping crud," as she called the material in her lungs, and by 2008, "I couldn't walk. I couldn't climb stairs. The crap in my lungs kept getting worse, until it was hard to breathe."

Doesn't the V.A. compensate sick veterans?

The V.A. compensates veterans for injuries and disabilities incurred as a result of military service, including illnesses and disease. But when the onset of a chronic health condition is delayed, causation can be hard to prove.

The V.A.'s current position on burn pits is that there is not enough evidence to prove a direct connection between exposure and the many health issues veterans are reporting. A 2011 government-funded assessment of existing research said there may be long-term health effects, but the evidence was lacking and the data inconclusive. The V.A. may grant disability benefits for various pulmonary ailments, including asthma, but only if the veteran proves it resulted from military service.

“The V.A. says ‘Prove it,’” said Greg Lovett, who made “Delay, Deny, Hope You Die,” a documentary about veterans with burn-pit symptoms trying to get benefits. “How can you prove it? You’re sick, and you’re trying to take care of yourself, you’ve got all these medical bills, you’re not getting the medicine you need, appointments are getting postponed, canceled, and the burden is on you to show this is service-related.”

What does KBR have to do with it?

The engineering and construction firm KBR, which made more money off the Iraq war than any other corporation, provided a wide range of logistical services to the armed forces in Iraq and in Afghanistan, which included the day-to-day operation of 119 burn pits.

Denied benefits by the V.A., many veterans went after KBR directly, filing some 63 lawsuits, including 44 class-action suits, claiming negligence and other causes of action. In 2008, the lawsuits, spread across 43 states, were consolidated into a single proceeding, Metzgar v. KBR Inc. The multidistrict litigation involves hundreds of plaintiffs, millions of pages of documents and dozens of depositions, but after 10 years it is still far from the trial phase, stalled out over the technical jurisdictional arguments that KBR’s lawyers have advanced. All the litigation to date has dealt with the preliminary question of whether KBR can even be sued.

In January 2018, the judge of a workers’ compensation case in the Department of Labor decided that burn-pit exposure was to blame for a KBR contractor’s pulmonary condition. It was the first instance of a federal agency accepting the premise, but it was an administrative-law decision, not binding on other agencies or the courts.

Why was the lawsuit dismissed?

In July 2017, the trial court judge, Robert W. Titus of the District of Maryland, held that it was the military’s decision to dispose of solid waste in burn pits, not KBR’s, and that federal courts have no power to second-guess the executive branch’s wartime decisions, a precedent known as the political-question doctrine. He also held that “sovereign immunity,” which generally shields the federal government from being sued, extends to private contractors supporting the military in a combat zone.

The plaintiffs appealed to the Fourth Circuit, saying that Judge Titus got it wrong.

“We needn’t second-guess any military decision,” Susan L. Burke, lead counsel for the veterans, told the panel of appellate judges. She said the evidence shows that most of KBR’s burn pits were in fact unauthorized.

Warren W. Harris, who argued the case for KBR, ridiculed that notion. “Burn pits were being operated in plain view of thousands of soldiers across two theaters of war,” he said, meaning the military must have known and approved of what KBR was doing.

Even assuming that’s true, Burke said, KBR violated its contract with the military by burning hazardous waste.

There is little evidence of that, Harris responded.

Price told The Times that she personally burned hazardous waste on instructions from KBR personnel, including auto parts, batteries, mattresses, styrofoam and computers. “The KBR guy sitting in an air-conditioned office would come out and take one look in the truck and say ‘Dump it right there,’ ” she said. “For them to deny it now is insulting.”

Aside from these questions of fact, the extent to which private military contractors like KBR share the government's immunity from being sued is an unsettled area of U.S. law.

"It's incoherent," said Stephen Vladeck, a professor at the University of Texas School of Law who writes for the blog Lawfare. Military contractors can be court-martialed or indicted in the United States for their actions overseas, he said, but judges are all over the map on the question of whether they can be held liable for negligence and other civil misconduct. If the Supreme Court doesn't step in to "clean up the mess," he said, Congress should pass a law making it clear one way or the other. "And if the contractors really aren't going to be held liable," he said, "by what mechanisms are they going to be held to account?"

What happens if the veterans win?

If the case is reinstated, the plaintiff veterans will still have to litigate the complex medical question of causation. KBR denies that burn pits are harmful to human health. "Military personnel deployed to Southwest Asia were exposed to many hazardous conditions, including the harsh ambient air," a representative of KBR wrote in an emailed statement. "The government's best scientific and expert opinions have repeatedly concluded there is no link between any long-term health issues and burn-pit emissions."

If the Court of Appeals upholds the dismissal, only the Supreme Court will have the power to reinstate the case.

"I don't want to sugarcoat it," Vladeck said. "The plaintiffs face an uphill battle."

Is Congress doing anything about this?

After years of inaction, Congress has shown some inclination to intervene. In 2010, lawmakers banned the military from using burn pits except where there was no feasible alternative. In 2013, Congress mandated the creation of the V.A. registry, and the 2018 defense-spending bill required the V.A. to coordinate further research on the effects of burn pits. On May 1, members of the House of Representatives announced the creation of a bipartisan congressional caucus on burn pits, and a hearing on veterans' health issues is scheduled for June.

Congress has the power to direct the V.A. to presumptively grant disability benefits to veterans with lung disease if they were exposed to burn pits, but so far no member of Congress has proposed a bill to do so.

The Veterans of Foreign Wars is trying to change that. "For every generation's war, there is some toxic exposure," said Kenneth Wiseman, the V.F.W.'s associate legislative director. "In Vietnam it was Agent Orange. Then gulf war syndrome. Now burn pits." He said the V.F.W. is currently lobbying Congress to direct the V.A. to create a list of illnesses presumed to be caused by burn-pit exposure. The V.A. would grant disability benefits to any Iraq or Afghanistan veteran with a listed condition, so that "individuals don't have to assemble mountains of evidence one by one."

That is what Congress did for Vietnam veterans exposed to Agent Orange, but not until 1991 — 16 years after the Vietnam War ended, 22 years after a National Cancer Institute study demonstrated a link between Agent Orange and cancer in mice and 25 years after the scientist who helped invent the defoliant first sounded the alarm over its potential harmfulness to humans.

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5.2 - WWLP (NBC-22, Video): [Federal VA officials investigating allegations made against VA facility in Leeds](#) Federal VA officials investigating allegations made against VA facility in Leeds (17 May, Tamara Sacharczyk, 857k uvm; Chicopee, MA)

A heart-wrenching affidavit written from the death bed of a local VA doctor.

"It's my final wish to complete this affidavit so I can memorialize and testify to the above information so I can attempt to change systemic and dangerous patient care, dangerous practices, and public safety issues."

Dr. Sarah Kemble was the Chief of Medicine at the VA facility in Leeds. She lost her battle to cancer this past winter, and in the days leading up to her death, she wrote a 23-page affidavit accusing the VA Central Western MA Healthcare System of substandard care, that ranged from delays in medical treatment to misuse of funds.

Kemble's attorney, Lisa Brodeur-McGan, was by her side as she documented the allegations. "From her bed in her home where she was dying, she essentially testified under oath, that this is a true and accurate memorialization of what was happening at the VA."

Since our story aired last month, several veterans have contacted the I-Team with similar allegations against the VA in Leeds, including one woman who knew Dr. Kemble.

She didn't want to reveal her identity, but called the I-Team to tell us about her experience with the VA. "Everything she said in her testimony, is still going on today."

The woman we spoke to alleges that the Leeds facility doesn't have necessary medical equipment, or services like labs, radiology, and psychiatric care, after 4PM or on weekends.

Andre Bowser, a spokesperson for the VA of Central Western Massachusetts sent the I-Team the following statement.

"That's false. VACWM psychiatrists are on call during weekday evenings and weekends 24/7. In addition, VACWM psychiatrists round on inpatients on weekends and holidays. The Department of Behavioral Health has a team of psychiatrists, psychologists, and social workers seeing patients during the normal duty day at our sites of care in Central and Western Massachusetts."

The veteran we spoke to also told the I-Team employees who spoke out against management at the VA in Leeds were retaliated against. "Doing your job is very hard because you don't have the supplies, the resources, and if you bring up those concerns, you get whacked."

The VA of Central Western Massachusetts also denied those allegations.

That's false and there is no evidence to support this allegation. Any employee who feels they are being retaliated against should contact VA's Office of Accountability and Whistleblower Protection.

Dr. Kemble made the exact same allegations against the VA facility in Leeds in her testimony, which is now being investigated by the Office of Accountability and Whistleblower Protection.

Kirk Nicholas is the Executive Director of the OAWP. He told the I-Team, the organization takes a 3-fold approach to investigating whistleblower complaints. "Primarily, it is an investigation into disclosures and allegations, looking at senior executives, and they fall into multiple categories, but we also help provide feedback to those same people," he said. "We're very proactive in our investigative process of getting people on the ground as quick as we can, taking the interviews."

Nicholas also told the I-Team out of the 1,700 disclosures their agency has received since its inception last June, a little over 100 have been validated as whistleblower disclosures and investigated.

If Dr. Kemble's allegations prove to be true, Nicholas said their agency will take immediate action. "Our responsibility in the office is to substantiate those actions, to decide the level of recommendation that we need to make, and then send our recommendations to a proposing official, who will review them and the case material, then provide a recommending action to a deciding official. So they're all separated so that the case can go on its own merits, and not be influenced by a position or individual."

The I-Team also spoke to Philip Works, a senior advisor for the OAWP. He took Dr. Kemble's testimony before she died. "I've never encountered a case like this before. It was probably the toughest set of conversations I've ever had. This particular story, the passion in her voice, the obvious energy and effort that she was exerting to make sure her voice was heard, in what amounted to her final days, was inspiring."

The OAWP's investigation into Dr. Kemble's allegations is ongoing.

A spokesperson for the OAWP told the I-Team, Dr. Kemble's testimony is one of 33 whistleblower complaints that VA employees in Massachusetts have filed since last June.

Since our first story about Dr. Kemble aired in April, at least a dozen other veterans have contacted the I-Team with allegations against the VA of Central Western Massachusetts, but most of them said they weren't willing to go on camera, out of fear of retaliation.

The VA of Central Western Massachusetts sent the I-Team the following response to our story.

"VA Central Western Massachusetts Healthcare System works closely with Veterans to address any concerns regarding their medical care. VACWM's leadership is ready to meet with any patient to address such concerns to the extent that is medically appropriate. Our mission is to care for Veterans, and to assist them if they have any concerns regarding that care."

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5.3 - WGCL (CBS-46, Video): [Veteran struggling after VA massively reduces monthly disability check](#) (17 May, Natalie Rubino, 587k uvm; Atlanta, GA)

Leonard Moody enlisted in the Army in 1977 right out of high school.

"When I first went in, [it] was just basically to help finances with the family, but I fell in love with the military," says Moody.

He fell in love with boxing too. While working as a combat engineer in Germany -- far away from family -- Moody looked to the ring for comfort.

"It was just extra activities after work, but it became a passion and the boxing coach saw me and he invited me on to become part of the military team," he said.

Moody says he was always a soldier first. He was honorably discharged in 1985 but wasn't done serving his country. That same year, Moody joined the Army Reserve.

But then the headaches started.

"The migraine headaches, the ringing in the ears and now my memory," he says.

Moody says they weren't encouraged to wear helmets while boxing. In 2010, a doctor diagnosed him with TBI.

Working was no longer an option.

"We applied in 2009 and got the award in 2011," says his wife, Ellie Moody.

The VA awarded moody with full benefits, but more than four years later, the family got a devastating letter.

"The letter stated there was a mistake," his wife said.

The VA told Moody that the doctor who diagnosed him with TBI wasn't specialized enough to make that diagnosis. The administration then reduced his monthly check by \$2,300.

"It was devastating," his wife said.

His wife and fulltime caretaker went back to work. But it's still not enough. The family has exhausted their savings trying to make ends meet.

"First, we went to the title pawn for my truck to pay the house note," he said. "The second time, we had to go to the title pawn with my wife's car to pay the house note."

The Moodys even submitted documents from an Emory neurologist proving he has TBI from his time boxing in the army. But the VA won't budge, leaving the military family feeling neglected.

"I'm not begging for anything. I feel like as a United States soldier, I earned something," he said.

A spokesperson from the VA tells CBS46 that Moody's TBI diagnosis was not supported by "proper" medical evidence. She added that an appeals court is handling Moody's case and reviewing all his medical documents.

We asked how the VA could go against a diagnosis from a doctor that they appointed, and what the administration could do to prevent this veteran from losing his home.

All we heard back is that the VA's home loan department is assisting him and that his case will be expedited due to financial hardship.

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5.4 - New Haven Register: [West Haven VA hospital visited for 4 days by national VA Sterile Processing Service team](#) (17 May, Mark Zaretsky, 438k uvm; New Haven, CT)

A VA team specializing in the maintenance of sterile conditions spent four days at the VA Connecticut Healthcare System hospital in West Haven last week — followed by a six-day visit by the national director of the program, the VA said Thursday.

The U.S. Department of Veterans Affairs issued a written statement about the visits in response to inquiries by the New Haven Register/Hearst Connecticut Media.

The statement does not mention any conclusions or recommendations that might have resulted from the visit — and the VA did not immediately respond to a request for them — but U.S. Sen. Richard Blumenthal, D-Conn., a member of the Senate Committee on Veterans Affairs, said he'll be demanding answers in the days to come.

"The veterans of Connecticut deserve answers immediately and the VA has an obligation to provide them — and I will demand that the VA fulfill that obligation," Blumenthal said Thursday evening.

"I'm aware of the situation and I take it very seriously, because any issue relating to sterile processing of equipment or other materials has to be concerning," Blumenthal said. "So I will be demanding more specifics as to the findings of this visit and whether the recommendations for action are sufficient to assure unquestionable first-class facilities for Connecticut's veterans. "

The West Haven VA was cited by the VA Inspector General's office in 2014 for having dirty operating rooms as well as inadequate supervision and a high absentee rate.

But the VA said in the statement that the team that visited last week "was not from the VA Office of the Inspector General and the visit was not in relation to any prior VA OIG reports."

The team from the National VA Sterile Processing Services, or SPS, program visited "to review the local program and offer recommendations for improvement and education to SPS staff," the statement said.

"Thousands of local veterans choose to be treated at VA Connecticut because they know we provide exceptional health care that improves their health and well-being," the VA statement said. "VA Connecticut continually assesses its clinical practices to ensure patient safety.

"Site visits by teams from VA headquarters happen frequently throughout the health care system nationally and are designed to ensure VA facilities maintain a state of continuous quality improvement," the statement read.

"We anticipate future visits from the national SPS team as we work to implement the team recommendations," the VA said.

The New Haven Register has submitted a request under the Freedom of Information Act for the conclusions of the SPS site team and its recommendations. The VA had not provided them as of the close of business Thursday.

Blumenthal said that while he doesn't yet know the specifics, "This issue may be symptomatic of a larger challenge, which relates to the aging of the overall healthcare facility, which has been deeply concerning for some time.

"We've been advocating for greater investment and giving priority to the West Haven VA for complete renovation and rebuilding," he said.

Back in 2014, the VA Inspector General concluded that "terminal cleaning procedures in the (VA operating room) are not performed appropriately and the hospital's Environmental Management Services, or EMS, "has insufficient staff resources assigned to the OR."

That report resulted from at least one unannounced inspection. It came four months after tests at the West Haven VA hospital found "low, but detectable levels" of Legionella bacteria in its water sources. That bacteria was found to have been "confined to one building" and was found "in about five faucets."

The 2014 Inspector General's report found that hospital EMS staff at that time did not "utilize standard operating procedures ... or checklists for cleaning that are consistent with recognized industry standards.

"Patients with infectious diseases who may require special precautions" at that time were "scheduled for surgical procedures throughout the day along with patients who are not infectious," the report said.

"OR staff," meanwhile, were "not always made aware of an infectious patient's precaution status prior to the arrival of the patient," it said.

Inspector General investigators at that time "substantiated that terminal cleaning of the OR is not performed appropriately and that a shortage of trained EMS staff assigned to the OR and an incomplete SOP and checklist inconsistent with recognized industry standards were contributing factors," the report said.

With regard to supervision, the 2014 report found that "during an unannounced evening inspection of the OR, we saw no EMS staff for almost an hour, when two staff members should have been present," the report stated. "EMS supervisors we spoke to could not explain the absence of employees during this time."

At the time of the 2014 inspection, the VA's EMS department had an authorized staffing of 125, with 38 vacancies, the report said, but facility managers reported "that on an average workday, 19 percent of EMS staff did not report to work."

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5.5 - KNOE (CBS-8): [Veteran hospitalized, family struggling to pay bills says they're getting no help from VA](#) (17 May, Dede Willis, 62k uvm; Monroe, LA)

A Start family of a veteran is being slammed with hospital bills. Robert Bridges has been fighting for his life since the beginning of March 2018. His wife, Debbie, said she has not received any help from Veterans Affairs.

"All of these are his hospital bills that I've been getting," Debbie said. "He'd stopped breathing. I didn't know what to do."

She said when Robert's heart stopped, he was rushed to a hospital in Rayville and put on life support. Since he is a veteran, Debbie said the hospital tried to find him a VA hospital.

"They called the VA in Shreveport in the VA in Mississippi, and neither one of them would take him," she said.

Since they were full, Robert was sent to Merith Health Central in Jackson, Mississippi. Debbie said he is still there and the bills are piling up quick. She said she has reached out to the VA for help but they told her "They're not responsible. They say they didn't authorize me to send him to another hospital."

The VA sent KNOE this statement:

The VA remains committed to addressing the healthcare needs of our Veterans. Due to patient privacy, we are restricted in relaying specific information about patient health care. The VA will work directly with the family and the private healthcare provider to work in the best interest of the Veteran.

Debbie said she has reached out to Congressman Ralph Abraham's office for help.

Abraham said, "We need to honor our commitment to the veterans." He said caring for veterans is a priority.

"They have earned the best, and we need to give them the best, and that does include healthcare," he said.

The Ouachita Parish Department of Veterans Affairs said there is a process to follow if a VA hospital is full. Bridges was supposed to be made aware to take her husband to the nearest hospital capable of caring for him until a room became free.

She said she never knew that.

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5.6 - Healthcare Analytics News: [The Chasm Between Public Perception and Clinical Reality at the VA](#) (17 May, Ryan Black, 17k uvm; Cranbury, NJ)

There's no 2 ways about it, Andrew Cohen, MD, says: public perception of the Department of Veterans' Affairs can be demoralizing.

"People have been told 'The system doesn't work' and 'You're not doing a good job' and it is very demoralizing to the workforce, and I'm not just talking about physicians—I'm talking about

everybody at VA,” he said recently in an interview with Healthcare Analytics News™. He called the attention “unfair.”

Last week, The Washington Post published an op-ed by Cohen. The Providence VA Medical Center nephrologist argued that a lot of the scrutiny the VA health system receives is actually due to its successes rather than its failures. He believes the agency does provide very good healthcare—with a few caveats—but an effective, publicly-funded health system is politically poisonous to those who want to privatize the agency.

Just 9 days before former VA Secretary David Shulkin, MD, was fired, he appeared at a population health meeting in Philadelphia and railed off statistics that he said showed the system was delivering above-average care. “When you look at pop health measures, VA almost always outperforms the private sector,” Shulkin said.

Indeed, there are a lot of studies that back up both Cohen’s and Shulkin’s positions. RAND researcher Rebecca Anhang Price led a care quality study that was published last month in Journal of General Internal Medicine. “Consistent with previous studies, our analysis found that the VA health care system generally provides care that is higher in quality than what is offered elsewhere in communities across the nation,” Price said.

“The problem is, who reads those studies?” Cohen asked. “The public only hears what the politicians are saying about VA, they don’t hear a real representation of what the VA does.”

And what the VA does, according to the doctor, is often “the right thing.” No additional profit comes into the health system if patients get more tests and procedures. Cohen thinks that disincentivizes waste, and allows VA physicians to do a better job of explaining a patient’s care options—and their clinical implications—than many in private healthcare. “Patients make decisions based on a free and frank discussion in which all the options are full vetted,” he said.

But neither Cohen nor the research community will try to hide the system’s flaws. There are staffing issues, and problems with wait times to see primary care doctors. There’s also rampant variability in care quality—“If you’ve seen 1 VA, you’ve seen 1 VA,” Cohen quotes a colleague. Price’s study observed wider variation in outcomes among VA hospitals than other health systems, and just this week JAMA Cardiology published a report showing similar trends.

But those issues might be expected given the sheer size of the system: It’s the largest integrated health network in the country. There’s also differences in staffing across different VA centers—some are more reliant on loaned physicians from private or academic medical centers than others, Cohen explained. And the system’s well-documented staffing shortages are more pronounced in some regions.

Bureaucracy is another problem. He places a share of the blame for the 2014 VA scandal in Arizona—which led to dozens of unnecessary deaths—on unrealistic bureaucratic mandates. “I’m not denying the fact that there are terrible things that have happened at individual VAs, and that there aren’t people who have done things that they should be ashamed of,” he said. “The system was gamed by administrators trying to hit impossible targets. It’s a combination of the way bureaucracy works and the lack of a sufficient workforce.”

Cohen also wishes the VA’s health network could be more lithe. He worked in other health systems for the majority of his career before joining VA a decade ago, and he still envies the ability to make capital decisions without the constraints of a thick bureaucracy. He said that his

hospital in Rhode Island needed a new dialysis facility even before he arrived and it only just got 1, and it might not have the capacity to meet current demand.

Still, he thinks if the rest of American healthcare received the scrutiny that the VA system does, the public would see issues just as serious, if not more. That's why he thinks the politics, and the criticism that guides them, are misguided: If anything, he'd rather the rest of American healthcare more closely resemble the VA than the VA resemble the rest of American healthcare—though with a series of smaller regional systems instead of an overstretched national body.

"I'm very unwilling to even refer to the United States as having a healthcare 'system,'" Cohen said. "What I've learned over the years is that we don't have a health system, we have chaos." From the interoperability headaches that plague private care to the fee-for-service dependence that can elicit waste and conflicts of interest, he said his career outside the VA showed him the benefits within it. He just wishes more people could see them.

"I think it's up to those of us who work in the system and have knowledge of healthcare in general to speak more openly about this," he said. "Physicians have been largely silent and allowed healthcare decisions to be dictated by others. And I think that's a mistake."

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WRAL (NBC-5): [Bill to double size of national cemetery awaits Trump's OK](#) (17 May, 3.2M uvm; Raleigh, NC)

A bill to double the size of the Black Hills National Cemetery in western South Dakota is headed for President Donald Trump's approval after the U.S. House passed the legislation.

About 200 acres of land currently held by the Bureau of Land Management will be transferred to the national cemetery that's overseen by the Department of Veterans Affairs. The additional land is northwest of the current cemetery along Interstate 90 near Sturgis.

The Senate passed the measure last December. The Rapid City Journal reports the House did so on Wednesday.

About 28,600 veterans and their loved ones are buried at the cemetery that opened in 1948. The cemetery includes veterans from South Dakota, Wyoming, Nebraska and Montana.

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7.2 - Stars and Stripes: [VA mails new veteran ID cards with Office Depot logo](#) (17 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs has finally mailed thousands of new, free identification cards to veterans after months of setbacks and delays.

As of Monday, the VA mailed 10,735 cards – fulfilling requests for about one-tenth of the veterans who applied for one. More than 15,000 other veterans have been approved for the card, and the VA is working through another 72,000 applications.

Each card is adorned with an Office Depot logo – a symbol of the company's new partnership with the VA. Office Depot paid the cost of printing and mailing the cards.

When an early design of the card with the logo appeared in November, some veterans criticized it as an avenue for corporations to buy government influence. VA Press Secretary Curt Cashour hailed it as an innovative idea.

"This is precisely the type of outside-the-box thinking that has been missing from the federal government for far too long and that we are bringing to the table under the leadership of President [Donald] Trump," Cashour said.

Congress ordered the VA in 2015 to create the card to make it easier for veterans to receive things such as discounts at stores and restaurants without having to carry around their DD-214 – a certificate of release or discharge that contain sensitive information.

Lawmakers did not appropriate funding to print and mail the cards, so the VA went to Office Depot with the idea for a partnership, Cashour said. The VA did not say how much the partnership cost Office Depot and an Office Depot representative did not respond to a request for information on the amount that the company paid for printing and mailing the cards. Under the logo on the card is a disclaimer that it "does not represent an endorsement of Office Depot's general policies, activities, products or services."

Office Depot will continue printing and mailing the cards until September 2020, Cashour said.

Veterans can apply for the cards at vets.gov, under "Apply for Printed Veteran ID Card." Veterans applying for a card will be asked to create an online account and must upload a valid, government-issued ID and recent photo.

The new IDs do not replace VA medical cards or defense retiree cards, nor do they qualify as official government-issued identification.

The cards were intended to be mailed late last year, but demand for the cards crashed the VA website in December. The VA temporarily stopped the application process until late January. In March, the VA again delayed their distribution.

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7.3 - Rapid City Journal: [Bill to expand Black Hills National Cemetery is headed to the president](#) (17 May, 313k uvm; Rapid City, SD)

A bill to double the size of the Black Hills National Cemetery is headed for the president's desk after the U.S. House passed the legislation on Wednesday.

The Black Hills National Cemetery Boundary Expansion Act facilitates a permanent land transfer of 200 acres of Bureau of Land Management land to the Department of Veterans Affairs for the expansion of Black Hills National Cemetery south of Sturgis. Both the Bureau of Land Management and the Department of Veterans Affairs are federal entities. The bill passed a Senate voice vote in December 2017.

The senate bill was introduced by Sen. John Thune, R-S.D., and co-sponsored by Sen. Mike Rounds, R-S.D., and Sen. Michael Enzi, R-Wyo.

U.S. Rep. Kristi Noem introduced legislation to expand the cemetery in 2015 and 2017. Both times those bills were passed in the House, but the legislation was not considered in the Senate.

Normally, the Federal Land Policy and Management Act limits transfers like this one to a lifespan of 20 years, but the Black Hills National Cemetery Boundary Expansion Act will make this transfer permanent.

South Dakota's delegation lauded the bill's passage in both chambers.

"Our veterans deserve a resting place as majestic and solemn as the Black Hills National Cemetery, and I'm glad this important, years-long initiative that will help to continue honoring our heroes — now and for generations to come — is finally nearing the finish line," Thune said in a news release.

Rounds echoed a similar sentiment, saying: "It's important that South Dakota's veterans know there will be space for them to rest peacefully at the Black Hills National Cemetery."

"The fact that the Black Hills National Cemetery needs room to grow is a testament to the astounding number of South Dakota patriots who have answered the call to serve," Noem said in a release.

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7.4 - Herald-Sun: [Women veterans says Durham VA hospital not returning phone calls, keeping them waiting](#) (17 May, Matt Goad, 188k uvm; Durham, NC)

From problems getting medications and return phone calls to finding stylish eyeglasses, women veterans shared concerns Wednesday with Durham Veterans Affairs Health Care System leaders.

Although the VA holds town hall meetings across the state for all patients at least quarterly, this was the first town hall expressly for women.

"I think it's really important to hear specifically from our women veterans," said Jamie Upchurch, women veterans program manager for the Durham VA. "We can sit back and look at what issues we think need to be fixed, but it may not be what's important to [them]."

Upchurch moderated the forum that featured new Durham VA Director Paul Crews and Chief of Staff Kenneth Goldberg.

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The Durham VA, made up of 10 sites including the Durham hospital and three Raleigh clinics, currently treats 70,000 patients, about 7,000 of them women.

Several women at Wednesday's forum said they had problems getting return phone calls.

One said she was expecting to have surgery in early June and had left about 15 messages over the last three weeks to confirm. Not hearing anything back, she was not sure if the surgery is still on.

"Personal commitment – If you need surgery, we will make sure it gets done right," Goldberg said. He apologized for not being familiar with her case, but said he would talk with her afterward.

The medical center is looking at phone-call responsiveness clinic by clinic, "and we see major issues that we need to address," Crews said. "This is not something we're just blowing off. We're addressing it right now."

Another patient said she repeatedly has had to wait an hour or more past her appointment times. She said she had heard the VA system had set a goal of all appointments being met within 20 minutes, but that had not been the case for her.

"I agree," Goldberg said. "It should not be normal to be late, and 20 minutes is not good enough. Eight o'clock should be 8 o'clock."

A couple of patients talked about difficulties getting medications. One said she was given Tramadol, a narcotic pain reliever, for an injury, but when she asked for it again she was told it was only for cancer patients. She said she had no history of drug abuse.

"The pain medicines are a challenging discussion for everybody," Goldberg said, "We don't have a policy that says you can't get them, but anything we do has to be safe, and that's a complicated discussion." Goldberg said he could talk to her about in greater detail after the panel discussion.

One VA employee spoke up to say she would like to see better customer service, including return phone calls. She added that her phone is 17 years old and she can't transfer calls from it. Crews responded that the VA will be installing a new Cisco phone system soon.

Veteran Pearl Galloway of Raleigh said she would like to see more town halls for women vets.

"I think that it's important that people at the hospital have the opportunity to find out how women are feeling about the way they are being treated," she said. "We have not gotten the same treatment that our male counterparts have received."

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7.5 - WVXU (NPR-91.7, Audio): [Meeting The Unique Challenges Of Female Veterans](#) (17 May, Dan Hurley, 76k uvm; Cincinnati, OH)

According to the U.S. Department of Veterans Affairs, there are more than two million women veterans in the United States and Puerto Rico. That means women make up 9.4 percent of the total veteran population. By 2040, the VA expects that percentage to almost double.

While many veterans often find it difficult to transition to civilian life, women veterans face challenges their male counterparts don't experience. The VA and other organizations were at first slow to recognize these challenges and provide the services women veterans need once they leave the military, but the VA has instituted programs designed specifically for women veterans.

Joining "Cincinnati Edition" to discuss meeting the needs of women veterans is Cincinnati VA Medical Center Women Veterans Program Manager Shirley May. Captain May, who has 35 years of military service, currently commands Bravo Company, 801st Combat Support Hospital in Indianapolis. The 2018 Tristate Women Veterans Expo will be held this Saturday, May 19, from 11 a.m. to 3 p.m., at the Cincinnati VA Medical Center, 3200 Vine St, Cincinnati, OH 45220.

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8. [Other](#)

8.1 - CNN: [President Trump donates first quarter salary to VA](#) (17 May, Kevin Liptak, 29.8M uvm; Atlanta, GA)

President Donald Trump has donated a quarter's worth of his salary to the Department of Veterans Affairs, press secretary Sarah Sanders said Thursday.

Trump had committed to donating his \$400,000 annual salary to worthy causes. He's previously given donations to the Department of Transportation, the National Park Service, the Department of Education, and the Department of Health and Human Services.

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8.2 - Politico: [Trump donates first-quarter 2018 salary to VA](#) (17 May, Eli Okun, 23.9M uvm; Arlington, VA)

President Donald Trump will donate his salary for the first quarter of 2018 to the Department of Veterans Affairs, the White House announced Thursday.

Acting VA Secretary Robert Wilkie said at a press briefing that the money would go toward caregiver support programs, including mental health, peer support, research, education, training and financial aid.

"The president's gift underscores his promise to do all that he can for veterans, which includes supporting those who care for our veterans — not just those of us at VA, but the husbands, the

wives, the families and the community caregivers who are out there, day in and day out, making life easier for those who have borne the battle," Wilkie said.

Trump has donated his \$100,000 quarterly salary to a different government agency every three months — most recently to the Department of Transportation for infrastructure projects.

His donation to the VA comes at a rocky moment for the agency. Trump fired Secretary David Shulkin in late March. Nearly a month later, Trump's replacement pick, Rear Adm. Ronny Jackson, withdrew after allegations that the White House doctor had built a toxic work environment and over-prescribed pills.

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No new VA secretary nominee has been announced.

Wilkie highlighted the passage in the House on Wednesday of a bill that would allow more private health care alternatives in the Veterans Choice Program.

"This is long-awaited legislation that our veterans have been waiting in anticipation of," Wilkie said. "We urge the Senate to take up the House bill and give it to President Trump, hopefully before Memorial Day."

Trump has repeatedly urged support for the bill. "Congrats to the House for passing the VA MISSION Act yesterday," he tweeted Thursday. "Without this funding our veterans will be forced to stand in never ending lines in order to receive care. Putting politics over our veterans care is UNACCEPTABLE."

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8.3 - The Hill: [Trump donates quarterly salary to Department of Veterans Affairs](#) (17 May, Brett Samuels, 11.9M uvm; Washington, DC)

President Trump donated his salary for the first quarter of 2018 to the Department of Veterans Affairs, the White House said Thursday.

White House press secretary Sarah Huckabee Sanders said Trump's \$100,000 quarterly salary will go toward the VA's caregiver programs. The president is donating his salary each quarter to "important projects," she said.

Acting Veterans Affairs Secretary Robert Wilkie attended Thursday's press briefing to accept the donation. He said the money will go toward mental health and peer support programs, financial aid and research that will assist individuals who care for veterans.

"The president's gift underscores his promise to do all he can for vets, which includes supporting those who care for veterans. Not just those of us at VA, but the husbands, the wives, the families and the community caregivers who are out there day in and day out," Wilkie said.

The VA is currently without a full-time director. Trump fired former VA Secretary David Shulkin in March. He nominated Adm. Ronny Jackson to replace him, but Jackson withdrew last month in the face of allegations of improper behavior.

Trump has previously donated his quarterly salaries to the Transportation Department, the Health and Human Services Department for the opioid epidemic, the National Park Service and the Education Department.

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8.4 - Birmingham News: [President Trump donates 1st quarter salary to VA](#) (17 May, 11.5M uvm; Birmingham, AL)

President Donald Trump will donate his salary for the first quarter of 2018 to the Department of Veterans Affairs.

White House Press Secretary Sarah Huckabee Sanders said the president's \$100,000 quarterly salary will be donated to the VA's caregiver program. Acting VA secretary Robert Wilkie said the money will go towards mental health and peer support programs, as well as financial aid and research to assist individuals who care for veterans.

Trump pledged to donate his \$400,000 annual salary to "worthy causes." Past recipients have included the Department of Transportation, the National Park Service, the Department of Education and Department of Health and Human Services.

Trump is not the first president to donate his check. Herbert Hoover, a self-made millionaire, and John F. Kennedy, who came from a wealthy family, also gave away their salaries.

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8.5 - Washington Times: [Trump donates first-quarter salary to VA](#) (17 May, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump donated his first-quarter salary Thursday to the Department of Veterans Affairs, which is still operating without a permanent leader since he fired David Shulkin in late March.

Acting VA Secretary Robert Wilkie accepted the gift from the president and said he would apply the money to the VA's caregiver programs.

"President Trump understands the critical role of caregivers in meeting the essential needs of veterans," Mr. Wilkie said, adding that he is "deeply grateful" to the president for the opportunity to serve the nation's 20 million veterans.

He also called on the Senate to approve House-passed legislation to overhaul VA programs and fund the depleted Veterans Choice program, which provides veterans with private health-care options.

Mr. Wilkie took over the VA temporarily after Mr. Shulkin's ouster. The president in April nominated Rear Adm. Ronny Jackson, who was serving as Mr. Trump's personal White House physician, for the VA post.

But Dr. Jackson withdrew from contention amid allegations of personal misconduct, accusations he has denied.

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8.6 - Washington Examiner: Trump donates first quarter salary to VA (17 May, Gabby Morrongiello, 4.8M uvm; Washington, DC)

President Trump's first-quarter salary of \$100,000 will go toward the Department of Veterans Affairs, the White House announced Thursday, one day after the House passed a major VA reform bill.

The president's donation will primarily support care-giving programs at the VA, press secretary Sarah Sanders told reporters. Acting VA Secretary Robert Wilkie added that it "underscores [Trump's] promise to do all that he can for veterans, which includes supporting those who care" for those returning from war.

Trump has donated his salary to various government agencies each quarter since taking office. Previous donations have gone to the Department of Transportation, the National Park Service, the Department of Education and the Department of Health and Human Services.

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8.7 - UPI: [Trump donates quarterly salary to Veterans Affairs](#) (17 May, Ray Downs, 4.8M uvm; Washington, DC)

President Donald Trump donated his \$100,000 quarterly salary to the Department of Veterans Affairs, the White House announced on Thursday.

"As you all know, President Trump is deeply committed to our veterans," White House press secretary Sarah Sanders told reporters. "These brave men and women have given so much to our country and deserve our absolute best, which is why this President is fighting for reform and accountability at the VA."

Acting Veterans Affairs Secretary Robert Wilkie accepted the check at a White House press briefing and said the money will go toward mental health and peer support programs, financial aid, education training, and research.

"The president's gift underscores his promise to do all he can for vets, which includes supporting those who care for veterans," Wilkie said. "Not just those of us at VA, but the husbands, the wives, the families and the community caregivers who are out there day in and day out."

Trump has donated each of his quarterly salary checks to federal agencies since taking office.

His previous donations have gone to the Department of Transportation, National Park Service, Department of Education and the Department of Health and Human Services.

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8.8 - Military Times: [Trump donates his presidential paycheck to VA caregivers](#) (17 May, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump donated his \$100,000 salary for the first quarter of 2018 to the Department of Veterans Affairs, a gesture the White House said underscores his commitment to recognizing the sacrifices to military and their families.

Acting VA Secretary Robert Wilkie said the money will be earmarked for caregiver support programs within his department, to include “mental health, peer support, financial aid, education and research” for those families.

“President Trump understands the critical role of caregivers in meeting the essential needs of America’s veterans,” he said.

The donation is the fifth made by Trump since he became president. Previously, he turned over his federal salary to the Department of Transportation for infrastructure repair, the National Park Service for battlefield preservation, the Department of Education for support programs and the Department of Health and Human Services for opioid management programs.

The White House announcement came one day after House lawmakers overwhelmingly passed a \$52 billion legislative package on veterans policy that includes an expansion of the VA’s caregiver stipend program to veterans of older generations. Currently, the support payouts are only open to caregivers of veterans from the Iraq and Afghanistan wars era.

The Senate is expected to take up the legislation in coming days. Wilkie praised the House for their action and urged quick passage in the upper chamber.

White House Press Secretary Sarah Sanders said the president’s donation is in keeping with a pair of campaign promises by Trump: to give his federal salary to “important projects” within the government, and to help highlight and improve care for veterans.

“These brave men and women deserve our absolute best, which is why the president is fighting for reform and accountability at the VA,” she said.

The Congressional Budget Office estimates that under the legislation passed by the House Wednesday, more than 41,000 caregivers could be added to the program over the next five years, at a cost of nearly \$7 billion.

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8.9 - Stars and Stripes: [Trump donates 1st quarter salary to VA caregivers program](#) (17 May, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump donated his salary from the first quarter of 2018 to the Department of Veterans Affairs for a program that benefits veteran caregivers.

White House Press Secretary Sarah Huckabee-Sanders handed a check for \$100,000 to acting VA Secretary Robert Wilkie on Thursday during a news briefing. Trump had made a campaign pledge to donate his salary, and in addition to the VA, he's given checks to the National Park Service and the departments of Transportation, Education and Health and Human Services.

"The president's gift underscores his promise to do all that he can for veterans, which includes supporting those who care for our veterans -- not just those of us at VA, but the husbands, wives and community caregivers who are out there, day in and day out, making life easier for those who have borne the battle," Wilkie said.

Wilkie said the donation was earmarked for the VA Comprehensive Assistance for Family Caregivers program, which provides monthly stipends, medical training and access to other services, such as mental health counseling, to approximately 26,000 caregivers.

The program has come under scrutiny in the past year, after it was discovered VA medical centers were dropping families from it and not consistently applying eligibility criteria.

The agency launched a review of the program in April 2017 and ordered VA hospitals to temporarily stop removing families. Since then, the VA said it has improved training for its staff and would improve communication with veterans and their caregivers.

Last month, two senators who are still concerned about the program wrote to Wilkie, asking that he report back about how it has been improved. Sens. Robert Casey, D-Penn., and Dean Heller, R-Nev., also asked the VA reconsider old cases of families dropped from the caregiver program prior to the agency's April 2017 review.

"We believe re-evaluating these discharges and rectifying any potentially incorrect or inconsistent discharge decisions is essential to furthering the agency's commitment to... improve caregivers' and veterans' confidence in the program," Casey and Heller wrote.

The caregivers program could soon undergo major changes based on legislation making its way through Congress. The VA Mission Act, which the House approved Wednesday, includes a measure to extend benefits to more caregivers.

The program applies only to family members of veterans injured after the 9/11 terrorist attacks -- something many advocates have described as an unfair discrepancy.

Under the Mission Act, benefits would become immediately available to caregivers of veterans injured before May 7, 1975. Two years after the bill is enacted, veterans injured between 1975 and 2001 would be eligible.

The extension is expected to add tens of thousands of veteran caregivers to the program and cost \$6.7 billion from 2019 to 2023, according to the Congressional Budget Office.

Wilkie and Trump are supportive of the bill and want Congress to approve it before Memorial Day, which is May 28.

“This opens up the caregiver program to long-waiting communities within our veterans world, those veterans from World War II, Korea and the Gulf War who have not had access to a community caregiver program,” Wilkie said.

Thursday marked the first time Wilkie, who has served as VA secretary for 50 days, addressed reporters at the White House. He said he was “deeply, deeply grateful... for the opportunity to serve America’s veterans.”

White House physician Ronny Jackson, Trump’s pick to serve as permanent VA secretary, withdrew from consideration last month. Trump has not yet named a new nominee.

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Veterans Affairs Media Summary and News Clips

19 May 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Trump Nominates Acting VA Secretary Wilkie for Permanent Job](#) (18 May, Zeke Miller, Hope Yen and Darlene Superville, 23.9M uvm; Washington, DC)

In a surprise announcement that caught the candidate off-guard, President Donald Trump said Friday he'll nominate acting Veterans Affairs Secretary Robert Wilkie to permanently lead the beleaguered department. Trump spilled the news about Wilkie at a White House event on prison reform as he introduced Cabinet members in attendance.

[Hyperlink to Above](#)

1.2 - Stars and Stripes (Video): [Trump picks Wilkie to lead VA in surprise announcement](#) (18 May, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump announced Friday his intent to nominate Robert Wilkie as the next secretary for the Department of Veterans Affairs. Wilkie has been serving in the role in an interim basis since March 28.

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1.3 - The Washington Post: [Trump to nominate acting Veterans Affairs secretary Robert Wilkie to be the agency's permanent leader](#) (18 May, Lisa Rein and Paul Sonne, 43.9M uvm; Washington, DC)

President Trump on Friday nominated the Department of Veterans Affairs' acting secretary, Robert Wilkie, as its permanent leader, choosing a Washington insider to restore confidence in an agency roiled by political infighting.

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1.4 - FOX News (Video): [Who is Robert Wilkie? 4 things to know about Trump's Veterans Affairs secretary nominee](#) (18 May, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Robert Wilkie has served as acting secretary of the Department of Veterans Affairs since March -- and President Trump wants to make his position permanent. Trump officially nominated Wilkie to lead the massive and embattled agency on May 18. The president said the announcement came as a surprise to Wilkie.

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1.5 - The New York Times: [Trump Says He Will Nominate Acting Secretary to Lead V.A. Image](#) (18 May, Eileen Sullivan and Dave Philipps, 29.8M uvm; New York, NY)

President Trump said Friday that he intended to nominate Robert Wilkie, the acting secretary of veterans affairs, to take over the sprawling agency — a move the president said would surprise even Mr. Wilkie because he had not told him. The president slipped the announcement into remarks he made ahead of a meeting on prison reform.

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1.6 - Chicago Tribune: [Burned once, Trump turns to a more conventional choice for Veterans Affairs secretary](#) (19 May, Noah Bierman, 23.9M uvm; Chicago, IL)

President Trump on Friday named a seasoned government official to be secretary of the troubled Veterans Affairs Department after his first, unconventional pick — his White House physician — withdrew amid allegations of wrongdoing. The new nominee, Robert Wilkie, has been the agency's acting secretary since late March.

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1.7 - NPR (Video): [Surprise! Trump Nominates Acting VA Secretary Robert Wilkie To Fill Role Permanently](#) (18 May, Quil Lawrence and Vanessa Romo, 22M uvm; Washington, DC)
The pick wasn't surprising, but the announcement was – President Trump will nominate Robert Wilkie, the acting secretary of Veterans Affairs, to become the department's new secretary. Trump was speaking at a meeting on prison reform at the White House when he veered off topic to introduce Wilkie to the room.

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1.8 - Military Times (Video): [In another surprise, Trump names Wilkie as the next VA secretary](#) (18 May, Leo Shane III and Joe Gould, 2.1M uvm; Springfield, VA)
President Donald Trump on Friday named acting Veterans Affairs Secretary Robert Wilkie his latest pick to be the next permanent head of that department in the administration's latest attempt to bring stability to the second-largest federal bureaucracy.

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1.9 - The Fayetteville Observer (Video): [Trump: Fayetteville's Wilkie will be VA nominee](#) (18 May, Drew Brooks, 444k uvm; Fayetteville, NC)
President Donald Trump surprised many on Friday by announcing Robert Wilkie as his nominee to serve as secretary of Veterans Affairs, including Wilkie. According to reports, Wilkie, a Fayetteville native, appeared to not know the announcement was coming. Wilkie has been acting VA secretary since late March.

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2. [Greater Choice for Veterans](#)

2.1 - The Times-Picayune: [Loyola Law graduate with Gambino's Bakery ties tapped as Veterans Affairs secretary](#) (18 May, Drew Broach, 3.8M uvm; New Orleans, LA)
President Donald Trump said Friday (May 18) he will nominate Robert Wilkie, a Loyola Law School graduate with family ties to Gambino's Bakery, to be secretary of the Department of Veterans Affairs. Wilkie is a Defense Department official who has been acting Veterans Affairs secretary since the president fired David Shulkin on March 28.

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2.2 - WFED (AM-1500): [Letter to the Editor: AFGE responds to Rep. Roe's comments on VA](#) (17 May, J. David Cox, 831k uvm; Washington, DC)
Elements within the Veterans Affairs Department are pushing drastic privatization and the dismantling of the only health care system tailored to our nation's veterans — that's a fact. The Koch brothers' advocacy organization, Concerned Veterans for America, has been trying to weaken and starve the VA for years.

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2.3 - San Antonio Express-News: [Congress on verge of reforming VA health care](#) (18 May, Bill Lambrecht, 718k uvm; San Antonio, TX)

Congress appears ready to order fundamental changes in how the Veterans Health Administration operates with far-reaching legislation that would send more veterans outside the VA for care and start the process of closing hospitals and clinics considered obsolete.

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2.4 - Union-Bulletin: [Expanding private health care for veterans has merit](#) (19 May, Editorial Board, 59k uvm; Walla Walla, WA)

While some of our nation's military veterans get excellent care in the Veterans Affairs health system, many others aren't so fortunate. Across the nation, veterans have been forced to wait months to get care at VA facilities. And when patients are seen, the care given has too often been lousy.

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3. [Modernize Our System](#)

3.1 - WFED (AM-1500): [The other big wedding: VA and Cerner](#) (18 May, Tom Tenin, 831k uvm; Washington, DC)

Acting Veterans Affairs Secretary Bob Wilkie and Meghan Markle have something in common. They're both taking a plunge. Both believe they have a better-than-even chance of success. Mazel tov to the prince and Ms. Markle. They've certainly got a great starter house. But marriage is always a leap of faith. Do your homework, so it's not like holding your nose and jumping into murky water.

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3.2 - Modern Healthcare: [The VA/Cerner contract is signed. Now what?](#) (18 May, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Despite dry ink on a \$10 million contract between the Veterans Affairs Department and Cerner, concerns about the project persist. Some of those concerns stem from the Department of Defense's own Cerner electronic health record project, MHS Genesis, which is struggling with functionality as it's gradually rolled out, a process that began in 2017.

[Hyperlink to Above](#)

3.3 - Healthcare IT News: [VA officially signs with Cerner on EHR modernization project](#) (18 May, Jessica Davis, 438k uvm; Chicago, IL)

Nearly a year after the initial announcement, Cerner can add another government contract to its belt: The U.S. Department of Veterans Affairs will officially contract with the EHR-giant to overhaul its legacy VistA EHR.

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3.4 - Bleeding Cool: [US Senators Accuse Ike Perlmutter Associate of Inappropriate Influence](#) (18 May, Jude Terror, 90k uvd; Rantoul, IL)

The drama at the Department of Veteran's Affairs involving Marvel Chairman Ike Perlmutter continues to heat up. A letter signed by 11 members of Congress has called out Perlmutter's Mar-a-Lago associate, Dr. Bruce Moscovitz, for wielding inappropriate influence at the VA in connection with a planned electronic record system modernization program.

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4. [Focus Resources More Efficiently](#)

4.1 - Bloomberg: [Trump Surprises Official by Naming Him VA Secretary Nominee](#) (18 May, Jennifer Epstein, 43.7M uvm; New York, NY)

President Donald Trump surprised Robert Wilkie Friday by announcing he would nominate the acting secretary of Veterans Affairs to lead the agency. "I'll be informing him in a little while -- he doesn't know this yet -- that we're going to be putting his name up for nomination to be secretary of the Veterans administration." Trump said at a White House event on prison reform.

[Hyperlink to Above](#)

4.2 - The Wall Street Journal: [Trump to Nominate Robert Wilkie as Head of Veterans Affairs](#) (18 May, Peter Nicholas and Rebecca Ballhaus, 43.5M uvm; New York, NY)

President Donald Trump said he plans to nominate Robert Wilkie, who is serving as acting secretary of the Department of Veterans Affairs, to lead the agency. Speaking at a White House event Friday focused on prison reform, Mr. Trump praised Mr. Wilkie's work at the VA as he announced the nomination.

[Hyperlink to Above](#)

4.3 - USA Today (Video): [President Trump announces he will nominate Robert Wilkie as next VA secretary](#) (18 May, Donovan Slack and David Jackson, 36.8M uvm; McLean, VA)

President Trump announced Friday that he will name Robert Wilkie, the acting head of the Department of Veterans Affairs, to fill the post full time. Wilkie, who has led the VA since Trump fired David Shulkin by tweet in March, comes from the Pentagon, where he is undersecretary of defense for personnel and readiness. He previously served as assistant secretary of Defense during the George W. Bush administration.

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4.4 - CNN (Video): [Trump nominates Robert Wilkie as VA secretary](#) (18 May, Jeremy Diamond, Juana Summers and Allie Malloy, 29.7M uvm; Atlanta, GA)

President Donald Trump announced Friday that he is nominating Robert Wilkie to lead the Department of Veterans Affairs, three weeks after his previous nominee withdrew from the confirmation process amid controversy.

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4.5 - NPR (All Things Considered, Audio): [President Trump Nominates Robert Wilkie To Head Veterans Affairs Department](#) (18 May, Quil Lawrence, 22M uvm; Washington, DC)

President Trump is nominating the current acting VA secretary, Robert Wilkie, as secretary. Trump made the surprise announcement at a White House meeting and said Wilkie "doesn't know this yet."

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4.6 - ABC News (Video): [Trump names Robert Wilkie as new VA secretary nominee](#) (18 May, Sarah Kolinovsky, 24.1M uvm; New York, NY)

President Donald Trump has named Robert Wilkie, the acting secretary of the Department of Veterans Affairs, as his next nominee to lead the department. "Acting Secretary Wilkie, who by the way has done an incredible job at the VA - and I'll be informing him in a little while, he doesn't know this yet - that we are going to be putting his name up for nomination to be secretary of the veteran's administration," Trump said Friday. Wilkie was in the room as the president spoke.

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4.7 - Politico: [Trump taps Wilkie as next Veterans Affairs secretary](#) (18 May, Cristiano Lima and Elana Schor, 23.9M uvm; Arlington, VA)

President Donald Trump on Friday tapped Robert Wilkie, a veteran GOP aide and acting veterans affairs secretary, as his choice to become the permanent leader of the scandal-plagued agency.

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4.8 - The Daily Caller: [VA Whistle-Blower Office Failing Whistle-Blowers, Group Finds](#) (18 May, Michael Volpe, 12M uvm; Washington, DC)

A new report from an advocacy group found the new Veteran Affairs (VA) whistle-blower office largely fails whistle-blowers. The VA Office of Accountability and Whistle-blower Protection (OAWP) was formed when the Department of Veterans Affairs Accountability and Whistleblower Protection Act went into effect in June 2017.

[Hyperlink to Above](#)

4.9 - Military.com: [Trump Nominates Acting VA Secretary Wilkie to Keep Post Permanently](#) (18 May, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump nominated Acting VA Secretary Robert Wilkie on Thursday to stay on the job as the new head of the Department of Veterans Affairs. Trump's announcement came as Wilkie attended an unrelated White House event and appeared to catch him unawares.

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4.10 - Milwaukee Journal Sentinel (Video): [With PTSD reaching well beyond combat vets, trauma experts see need for 'healing spaces'](#) (18 May, John Schmid, 4.8M uvm; Milwaukee, WI)

During the Vietnam War, Bob Curry flew more than 250 missions, most at night, most just above tree level. The Army intelligence officer tucked himself into a confined cockpit — one of two men strapped into ejection seats. Anti-aircraft fire was a daily fact of life and there was only one way to avoid it: by seeing it coming, assuming it wasn't raining or foggy.

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5. Improve Timeliness of Service

5.1 - FOX News: Always Faithful: Marine raises thousands of dollars for vet he just met

(18 May, Georeen Tanner, 32.5M uvm; New York, NY)

Semper Fi is the calling card of the U.S. Marines and one man carries the motto with him. Guido Filippone, a Marine who served between 2004 and 2008, was leaving a VA appointment on May 16 when he noticed a man wearing a World War II baseball cap. "I immediately approached him and thanked him for his service," Filippone said.

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5.2 - Military Times: Veterans fear Congress has forgotten about the military's burn pit problems

(18 May, Leo Shane III, 2.1M uvm; Springfield, VA)

For years, Veterans Affairs leaders and administration officials have promised they won't let health issues surrounding burn pit exposure in Iraq and Afghanistan become another "Agent Orange" in the community. Now, advocates and a handful of lawmakers are worried it already has.

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5.3 - WCPO (ABC-9, Video): Veteran cited to federal court after dispute over service dog at VA hospital

(18 May, Tom McKee, 2.1M uvm; Cincinnati, OH)

Brandon Rimmer left the Air Force with PTSD after two combat tours as a K9 handler working in explosive detection. He got a dog for emotional support, but ran into a legislative maze when he took the animal with him to the Cincinnati VA Medical Center. Now Rimmer has been cited to federal court for having the service animal with him, and his appearance could set off a review of how a "service animal" is defined.

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5.4 - San Antonio Express-News: Remember those who serve, served

(18 May, Editorial Board, 718k uvm; San Antonio, TX)

In battle, there are no respites, no breaks from the terror. Even when the bullets are not flying, even when the bombs are not dropping, death is always there, as close as the soldier next to you. There is no escaping it. Today — Armed Forces Day — we express our gratitude for what our service men and women experience, whether on the battlefields or in non-combat duty.

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5.5 - WFLA (NBC-8, Video): Sickened veterans, families, Congress wait on VA to release findings on Agent Orange exposure

(18 May, Steve Andrews, 702k uvm; Tampa, FL)

For years, the family of Lonnie Kilpatrick suspected Agent Orange sickened not only Lonnie, but his children and grandchildren too. While stationed in Guam, the Navy veteran, who died earlier this month, was exposed to the toxic herbicide, which the military used throughout the Vietnam war to wipe out jungle vegetation the enemy was hiding in.

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5.6 - KWTX (CBS-10): [Killeen: Mental health clinic opens](#) (18 May, Alex Cano, 307k uvm; Waco, TX)

The Steven Cohen Military Family Clinic provides free treatment to anyone who has served in the U.S. Armed Forces. That includes veterans who do not receive mental health care through the VA system, whether for reasons of limited accessibility or because of other factors. This is the first clinic of its kind in Killeen and the fourth Cohen clinic in Texas.

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5.7 - KOMU (NBC-8, Video): [Mizzou study explains why veterans don't tell us everything](#) (18 May, Sarah Hempelmann, 154k uvm; Columbia, MO)

Local veterans return home from combat having experienced things average citizens could not even imagine. Douglas Wilbur, a University of Missouri graduate student, recently did a study about veterans who continue to abide by the "need-to-know" rule when talking about their war experiences with counselors and therapists.

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5.8 - Curry Coastal Pilot: [VA director plans improvements](#) (18 May, Jane Stebbins, 51k uvm; Brookings, OR)

Fixing the Roseburg Veterans Administration hospital is so important to interim Director Dave Whitmer, he is missing his twins' senior year of high school back home in Tampa, Florida. "I made a big sacrifice to come to Oregon," he told a standing-room-only group of about 50 veterans at the Brookings VA clinic Wednesday evening. "To me, being here and making improvements to a really struggling system ... I'm the kind of person who wants to take on these challenges. And I recognize that there are real challenges here."

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Pensacola News Journal: [Pensacola Running For HER 5K supports female homeless veterans](#) (18 May, Troy Moon, 439k uvm; Pensacola, FL)

She stood in defense of our country. Now, she's hoping we'll run in support of HER. The second annual Running for HER 5K takes places at 7 a.m. Saturday at Veterans Memorial Park in downtown Pensacola. The event is produced by the HER Foundation of Northwest Florida, which supports female veterans, particularly homeless female veterans.

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7.2 - WBTV (CBS-3): [National Police Week: Profile of VA Medical Center Officer of the Year](#) (18 May, David Whisenant, 319k uvm; Charlotte, NC)

This past week has been recognized as National Police Week across the United States. Recently, the Salisbury Lions Club hosted the Respect For Law breakfast to honor officers, deputies, and agencies that serve within Rowan County.

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7.3 - Dallas Voice: [Vet Center holds LGBT Health Awareness Day](#) (18 May, David Taffet, 62k uvm; Dallas, TX)

Providers from the Veterans Administration, speakers and other stakeholders are holding a health awareness day on Saturday, May 19, at Resource Center to specifically address the needs of LGBT vets.

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7.4 - Curry Coastal Pilot: [Failed publicity results in no show for VA event](#) (18 May, 51k uvm; Brookings, OR)

Veterans and their advocates had more than 23,000 participants in last year's VA 2K Walk and Roll event, bringing \$289,000 in donated goods for homeless veterans throughout the state. "It's not just about exercise," a recent press release said about this year's event.

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7.5 - KREX (CBS-5 Video): [Special Report: Overcoming Adversity](#) (17 May, Katerina Chryssafis, 34k uvm; Grand Junction, CO)

There are hundreds of disabled veterans living in the state of Colorado, with some living right here on the Western Slope. KREX 5 News Reporter Katerina Chryssafis had the chance to meet one of those veterans and learn more about the resources she utilized that helped saved her life.

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7.6 - WBOY (NBC-12, Video): [Veterans Table Program distributes food to veterans](#) (18 May, Sarah Collins, 21k uvm; Clarksburg, WV)

Local veterans took part in a food distribution program Friday. The Veterans Table Program is a partnership between the Louis A Johnson VA Medical Center and the Mountaineer Food Bank. Next month's distribution will be on June 22, and will be the third Friday of each month after that.

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7.7 - WVNews: [First Veteran Table held by VA Medical Center, Food Bank in Clarksburg](#) (18 May, Darlene J. Swiger, 900 uvd; Clarksburg, WV)

The first monthly Veteran Table program was held Friday by the Mountaineer Food Bank in conjunction with the Louis A. Johnson VA Medical Center. Local veterans and seniors were able to stop by the Veterans Memorial Park in Clarksburg to receive a box of staple food items, fresh produce and milk.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - FOX News: [Why bring politics into Armed Forces Day? Because this year, our servicemen and women deserve it](#) (18 May, Frank Miniter, 32.5M uvm; New York, NY)

Saturday finds us once again marking Armed Forces Day, a day of respect and thanks for those who serve. This day first celebrated our service members in 1950 when separate Army, Navy and Air Force Days were combined.

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8.2 - KFOX (FOX-14): [El Paso VA Medical Center evacuated due to harmful odor](#) (18 May, Jessica Gonzalez, 91k uvm; El Paso, TX)

A harmful gas odor at the El Paso Veteran Affairs Medical Center prompted an evacuation Thursday. Officials evacuated patients and staff in the physical therapy, occupational therapy and mental health departments at the facility at 5001 N Piedras Street. All afternoon appointments are canceled, officials said.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Trump Nominates Acting VA Secretary Wilkie for Permanent Job](#) (18 May, Zeke Miller, Hope Yen and Darlene Superville, 23.9M uvm; Washington, DC)

In a surprise announcement that caught the candidate off-guard, President Donald Trump said Friday he'll nominate acting Veterans Affairs Secretary Robert Wilkie to permanently lead the beleaguered department.

Trump spilled the news about Wilkie at a White House event on prison reform as he introduced Cabinet members in attendance. When Trump got to Wilkie, he said, "I'll be informing him in a little while — he doesn't know this yet — that we're going to be putting his name up for nomination to be secretary."

Trump added, "I'm sorry that I ruined the surprise."

The president had already appeared impressed with Wilkie, saying publicly last month that he's been doing a "great job" at VA. On Friday, Trump upped his assessment of Wilkie's job performance to "incredible job."

Wilkie has led the VA since Trump fired David Shulkin in March amid an ethics scandal and mounting rebellion within the agency. Trump then turned to Ronny Jackson, the Navy doctor who had been his personal physician, but Jackson abruptly withdrew last month amid allegations about his professionalism.

Wilkie, 55, is a former Pentagon undersecretary for personnel and readiness who oversaw a new policy aimed at stemming harassment in the military after an online nude-photo sharing scandal rocked the Marine Corps. The Senate confirmed him unanimously for the post.

At the VA, Wilkie has sought to rebuild morale at a department beset with inner turmoil and rebellion over Trump's push to expand access to private care. On Thursday, he announced a major \$10 billion contract with Cerner Corp. to overhaul electronic health records for millions of veterans, a 10-year project that aims to improve mental health care and ease access to private providers.

Wilkie's selection reflects Trump's desire to have a steady hand leading the government's second-largest department following the abrupt withdrawal by Jackson, who had never managed a large workforce. The Pentagon is the government's largest department, with more than 700,000 employees.

Veterans groups expressed support for the nomination.

Garry Augustine, executive director of Disabled American Veterans' Washington headquarters, said he considered it a "good sign" that Wilkie seemed receptive to hearing from veterans' service organizations.

"We're optimistic that we'll be able to work with him and his staff," Augustine said. "He's doing what he needs to do to get up to speed."

Paul Rieckhoff, founder and executive director of Iraq and Afghanistan Veterans of America, said veterans "need a committed, focused leader who will always put veterans above politics." He said Wilkie "will have to prove to millions of veterans nationwide that he is up to this mammoth, sacred leadership task."

Dan Caldwell, executive director of the conservative Concerned Veterans for America, called Wilkie an "outstanding choice."

"He is somebody who has shown that he can manage the department in a time of immense change," Caldwell said. "He unequivocally supports the president's agenda for reforming the VA and we think that he will be on the same page as the White House."

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans Affairs Committee, said he enjoyed working with Wilkie in his acting capacity. He did not announce a date for Wilkie's confirmation hearing.

Trump has sought an aggressive expansion of the Choice program to make it easier for veterans to see private doctors outside the VA system at government expense. A proposal is nearing passage in Congress, with a Senate vote slated for next week, but its scope will be determined in part on how the next VA secretary implements provisions that loosen restrictions on when a veteran can see a private doctor if he or she feels dissatisfied with VA health care.

The VA faces numerous problems demanding immediate attention, including the multibillion-dollar revamp of electronic medical records — which lawmakers fear will prove too costly and wasteful — and a pending budget shortfall in the Choice program.

Wilkie, an Air Force and Navy veteran, and son of an Army artillery commander, had strong backing from Defense Secretary Jim Mattis and White House chief of staff John Kelly, a retired Marine. He is seen as a skilled manager with more defense expertise than some other candidates with more political experience, such as former Rep. Jeff Miller, who chaired the House Veterans Affairs Committee.

Wilkie served President George W. Bush as an assistant secretary of defense. He also served as senior adviser to Sen. Thom Tillis, R-N.C., before becoming a Pentagon undersecretary in 2017.

Jackson, Trump's previous nominee, is a career military doctor lacking significant management experience. While he was well-liked, even many Republicans questioned his ability to lead the VA.

After Jackson withdrew, White House officials said Trump planned to evaluate his next nominee more thoroughly. Wilkie was among several candidates White House staff interviewed.

Trump had indicated he intended to pick someone with a more political background, hoping such a person would better navigate the turbulent confirmation process in a narrowly divided Senate. Wilkie has experience shepherding two defense secretaries through Senate confirmation.

This story corrects Wilkie's age to 55, not 56.

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1.2 - Stars and Stripes (Video): [Trump picks Wilkie to lead VA in surprise announcement](#)
(18 May, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — President Donald Trump announced Friday his intent to nominate Robert Wilkie as the next secretary for the Department of Veterans Affairs. Wilkie has been serving in the role in an interim basis since March 28.

Trump made the surprise announcement Friday morning at the White House during a public speech about prisons and the criminal justice system. He said Wilkie, who was in the audience, has done an “incredible job” at the VA.

“I’ll be informing him in a little while – he doesn’t know this yet – that we’re going to be putting his name up for nomination to be secretary of the veterans administration,” Trump said.

“I’m sorry that I ruined the surprise.”

Trump’s previous nominee for the job – White House physician Ronny Jackson – withdrew from consideration April 26. His nomination quickly fell apart after unnamed coworkers alleged Jackson was a toxic leader, drank on the job and doled out controlled substances.

Following Jackson’s failed nomination, Trump said he had another candidate in mind – someone with “political capabilities.”

Wilkie was rumored to be among possible picks for the past several weeks. Others included Rep. Brian Mast, R-Fla., former Rep. Jeff Miller, R-Fla., and White House Chief of Staff John Kelly.

Trump chose Wilkie to temporarily lead the VA after he fired former VA Secretary David Shulkin in March. Wilkie came to the VA from the Pentagon, where he worked as the undersecretary of personnel and readiness.

Wilkie is a former adviser to Sen. Thom Tillis, R-N.C., a member of the Senate Veterans’ Affairs Committee.

“Robert holds pragmatic and common-sense views on modernizing the agency and upholding its core mission of providing veterans with the best health care, resources and support possible,” Tillis said in a prepared statement.

Wilkie served as an officer in the Navy and Air Force before working as a senior leader at the Pentagon under former secretaries of defense Robert Gates and Donald Rumsfeld. His father was an Army artillery commander.

If confirmed by the Senate, Wilkie will continue leading the VA, the second-largest federal agency with more than 375,000 employees and a nearly \$200 billion budget.

When Trump announced Jackson's nomination in March, the response from the veteran community was resounding uncertainty.

"We don't know this guy," AMVETS Executive Director Joe Chenelly said at the time.

The reaction to Wilkie's nomination Friday was more positive. Many veterans and advocates in Washington know him, and they like him.

"The acting secretary has taken it upon himself to work closely with the [veterans service organizations] to better understand the needs facing our nation's heroes," Disabled American Veterans said in a prepared statement. "With more than a decade of service as an undersecretary for the Department of Defense, Mr. Wilkie has considerable experience navigating federal government policies."

In March, Wilkie, 55, walked into an agency reeling from Shulkin's firing and the months of chaos and infighting that led up to it. Garry Augustine, director of DAV, said Wilkie "stabilized things."

Some advocates have raised concerns about the number of VA leaders leaving the agency since Shulkin was fired. The most public exits in recent weeks include Scott Blackburn, VA chief information officer, Dr. Amy Fahrenkopf, acting deputy undersecretary for health for community care, and Dr. Christopher Vojta, principal deputy undersecretary for health.

VA employees who have left since Shulkin's firing were "wedded to the status quo and not on board with this administration's policies or pace of change," agency spokesman Curt Cashour said.

Major veterans organizations have sought to end what they've described as a "tumultuous chapter" at the VA that began before Shulkin was fired.

They want a permanent leader in place, and they asked the Senate on Friday for a speedy confirmation.

"The VA has been without Senate-confirmed secretary for 51 days, and we urge the Senate to schedule a confirmation hearing quickly," said American Legion Commander Denise Rohan in a prepared statement. "The department deserves strong, competent leadership at every level to ensure our veterans receive the benefits they so richly deserve for their selfless service to our great nation."

The timeline of Wilkie's confirmation process was uncertain Friday. Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans' Affairs Committee, said he looks forward "to sitting down with him again to have an in-depth conversation about his vision and plan for the VA."

Sen. Johnny Isakson, R-Ga., the committee chairman, said he wanted to learn more about Wilkie's long-term plans for the VA.

In April, the VA released a list of Wilkie's priorities as acting secretary that included working with Congress to pass the VA Mission Act, major reforms that would increase private-sector medical

care, among other changes. The House approved the bill Wednesday by a vote of 347-70, and the Senate is scheduled to vote on it next week.

On Thursday, Wilkie signed a \$10 billion contract with Cerner Corp. in Missouri to overhaul the VA's electronic health record system – a plan that began in June under Shulkin.

Also Thursday, Wilkie appeared before the White House press corps for the first time to accept a \$100,000 check – Trump's first-quarter salary that he donated to the VA Caregivers Support Program. Wilkie said he was "deeply, deeply grateful... for the opportunity to serve America's veterans."

His main goal, the VA said last month, was to "restore regular order" at the agency "by working closely with the White House to implement the president's priorities."

There were some reservations Friday about Wilkie's nomination. Iraq and Afghanistan Veterans of America wants to ensure Wilkie stands against "privatization" of the agency. Many groups worry that an aggressive expansion of veterans' care into the private sector will erode VA resources and eventually dismantle the agency. Shulkin blamed his ouster on White House insiders working at the VA who saw him as an obstacle to privatization.

"We look forward to seeing if Wilkie plans to expand privatization at VA, which veterans nationwide continue to overwhelmingly oppose," IAVA founder Paul Rieckhoff said in a prepared statement. "Most of all, we look forward to a rigorous confirmation hearing and public vetting."

If confirmed, Wilkie will be the seventh VA secretary since the 9/11 terrorist attacks.

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1.3 - The Washington Post: [Trump to nominate acting Veterans Affairs secretary Robert Wilkie to be the agency's permanent leader](#) (18 May, Lisa Rein and Paul Sonne, 43.9M uvm; Washington, DC)

President Trump on Friday nominated the Department of Veterans Affairs' acting secretary, Robert Wilkie, as its permanent leader, choosing a Washington insider to restore confidence in an agency roiled by political infighting.

Wilkie, 55, is an officer in the Air Force Reserve who has worked on Capitol Hill and in the Pentagon under two presidents. He was unaware Trump's announcement was coming, although he was a leading contender for the job and recently flew to the president's private Mar-a-Lago Club in South Florida to meet with Marvel Entertainment chief executive Ike Perlmutter, an unofficial adviser to Trump on veterans issues.

"I'll be informing him in a little while — he doesn't know this yet — that we're going to be putting his name up for nomination to be secretary of the veterans administration," Trump said Friday during a White House event at which Wilkie was present. The president added that Wilkie has done "an incredible job" as VA's acting secretary.

Wilkie has told colleagues he plans to step down from his acting role next week and return to the Defense Department, where he is undersecretary for personnel and readiness, while his

nomination is pending before the Senate. The federal Vacancies Reform Act prohibits someone in an acting role from being nominated to serve in the top position permanently.

Wilkie could bring stability to VA's sprawling \$186 billion health-care, benefits and cemetery system, which during Trump's 16 months in office has grown more dysfunctional despite the president's campaign pledge to deliver reform.

VA has long struggled with how to give a growing number of Vietnam-era veterans and those returning from the conflicts in Iraq and Afghanistan access to timely health care. Wilkie will likely face questions from senators about how far he would go to shift medical appointments to the private sector at taxpayer expense — an issue that led Trump to fire David Shulkin from the Cabinet post in March.

The Trump administration has advocated an aggressive expansion of private-sector options, a policy the White House came to believe Shulkin was not pushing hard enough. Shulkin, in response, accused a group of Trump political aides of plotting to oust him.

Wilkie's rise follows Trump's failed nomination of Rear Adm. Ronny L. Jackson to be VA secretary. Jackson, who as the White House physician gave Trump a glowing review after his annual physical, faced widespread criticism over his lack of managerial experience, with lawmakers, veterans advocates and former White House colleagues questioning his qualifications to lead the government's second-largest agency.

Jackson was forced to withdraw from consideration after colleagues and subordinates in the White House medical unit approached Congress with explosive misconduct allegations — claims he has denied. The tumultuous ordeal embarrassed the White House and attracted scrutiny to its vetting process for top-level jobs.

Wilkie, by comparison, represents a safe choice, given that the Senate unanimously approved his nomination to the Pentagon post last year.

As acting secretary, he has pushed a new program that would hold baby showers for women who use VA's hospital system and this week announced a multibillion-dollar deal, begun by Shulkin, to sync veterans' medical records with those maintained by the Defense Department and a growing number of private health-care providers. Though his tenure at VA has been brief, Wilkie has impressed the leaders of several veterans groups, whose millions of members form one of Trump's core constituencies.

"With more than a decade of service as an Undersecretary for the Department of Defense, Mr. Wilkie has considerable experience navigating federal government policies," Garry Augustine, executive director of the Disabled American Veterans, said in a statement.

But the department faces myriad challenges, including a shortage of doctors and nurses and the departure in recent months of dozen of senior leaders who had grown disenchanted with VA's internal politics. It is unclear whether Wilkie will bring on his own staff or whether the current political appointees with whom Shulkin feuded will remain at VA.

Senators who offered only lukewarm praise for Jackson were far more forthcoming about Wilkie.

Majority Leader Mitch McConnell (R-Ky.) praised Wilkie in a statement as an "outstanding choice" who is "well qualified" to lead VA.

Sen. Thom Tillis (R-N.C.), for whom Wilkie worked as a senior adviser, sought to reassure Democrats concerned that VA is outsourcing too much health care. “He understands that while the VA Choice Program was born out of necessity, nothing beats the value of a veteran receiving world-class care from highly qualified medical professionals at the VA,” Tillis said in a statement.

Wilkie, a native of Fayetteville, N.C., is well known on Capitol Hill as a longtime Senate staffer who worked for former Sens. Jesse Helms (R-N.C.), Trent Lott (R-Miss.) and, most recently, Tillis. And perhaps no one is better prepared to confront the potentially thorny Senate confirmation hearing that awaits. He spent years at the Pentagon during the George W. Bush administration preparing senior leaders for appearances before Congress.

Wilkie was part of the team who in 2007 prepared Gen. David H. Petraeus, then the top U.S. commander in Iraq, and Ryan Crocker, then the U.S. ambassador to Iraq, for a high-stakes hearing about the war there. He led them through what’s known as a murder board — a session in which officials prepare witnesses to answer tough questions.

The hearing came at a difficult moment for the military, with Democrats threatening to withdraw funding for the war effort and pressure mounting to prove a new strategy was working. Wilkie, then assistant secretary of defense for legislative affairs, was “enormously helpful,” Petraeus recalled.

“He had a very detailed understanding of the committee members and that proved very valuable,” the retired general said.

Crocker recalled the thoughtful questions Wilkie posed during those sessions. “I remember walking away from it thinking that it had been a good exercise all the way around, and that he had done an excellent job thinking his way through this stuff,” Crocker said.

During his brief tenure working for Defense Secretary Jim Mattis, Wilkie handled some of the most controversial issues that arose at the Pentagon during the first months of the Trump administration, including the fallout from Trump’s surprise Twitter announcement that his administration would ban transgender men and women from serving in the military. The move, accompanied by a presidential memo directing Mattis to reinstitute the ban lifted by the Obama administration, put the Pentagon at the center of a heated civil rights debate.

When Mattis issued his recommendations to Trump — none of which have taken effect due to legal challenges — he included an analysis justifying his plan to grandfather in transgender men and women already in the ranks but mostly block others from joining. The analysis, Mattis told Trump, was based on conclusions prepared by Wilkie and his staff. It said the new policy shouldn’t be viewed as “reflecting poorly on transgender persons,” highlighting that the “vast majority” of Americans are also ineligible to join the military owing to mental, medical and behavioral factors.

Groups critical of that stance have denounced Wilkie’s nomination to lead VA, noting there are tens of thousands of transgender military veterans who rely on the agency’s medical facilities for their health care.

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1.4 - FOX News (Video): [Who is Robert Wilkie? 4 things to know about Trump's Veterans Affairs secretary nominee](#) (18 May, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Robert Wilkie has served as acting secretary of the Department of Veterans Affairs since March -- and President Trump wants to make his position permanent.

Trump officially nominated Wilkie to lead the massive and embattled agency on May 18. The president said the announcement came as a surprise to Wilkie.

Wilkie, 55, has led the department in his interim capacity after Trump announced his decision to replace David Shulkin in March. Then, Trump said he intended to nominate presidential physician, Rear Adm. Ronny Jackson, to lead Veterans Affairs, but Jackson eventually withdrew his name from consideration following controversy.

Read on for a look at four things to know about the Wilkie.

He served in the Air Force and Navy

Wilkie served in the United States Naval Reserve, according to his Defense Department biography.

He would later join the Air Force as a reserve officer and was assigned to the Office of the Chief of Staff, his biography said.

He holds a masters in strategic studies from the United States Army War College. Wilkie is also a graduate of Wake Forest University, Georgetown University and Loyola University in New Orleans.

He is also the Under Secretary of Defense for Personnel and Readiness

Wilkie took over as Under Secretary of Defense for Personnel and Readiness in November 2017. According to his Defense Department biography, he advises the Secretary of Defense for Total Force Management on the National Guard, training, health issues and personnel requirements.

In 2005, Wilkie was tapped to serve as assistant secretary of the Defense Department. He was the youngest senior leader in the department at the time, his biography states.

He worked for a massive engineering firm

Wilkie was vice president for strategic programs for CH2M HILL, a global engineering company, from 2010 to 2015, according to the Raleigh News & Observer.

Some of his assignments included reforming the United Kingdom Ministry of Defense Supply and Logistics System, his biography explains.

Wilkie also worked on the Hill

Wilkie worked for Sen. Trent Lott, then the Majority Leader, from 1997 to 2003, according to the News & Observer. He also served as an aide to former Sen. Jesse Helms and former Rep. David Funderburk.

Additionally, Wilkie was executive director of the North Carolina GOP, the newspaper reported.

In 1996, Wilkie unsuccessfully sought the Republican nomination for Congress, the News & Observer reported.

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1.5 - The New York Times: [Trump Says He Will Nominate Acting Secretary to Lead V.A. Image](#) (18 May, Eileen Sullivan and Dave Philipps, 29.8M uvm; New York, NY)

WASHINGTON — President Trump said Friday that he intended to nominate Robert Wilkie, the acting secretary of veterans affairs, to take over the sprawling agency — a move the president said would surprise even Mr. Wilkie because he had not told him.

The president slipped the announcement into remarks he made ahead of a meeting on prison reform. He praised several members of his cabinet who had worked on the issue, including Mr. Wilkie, “who, by the way,” he said, “has done an incredible job at the V.A. and I’ll be informing him in a little while — he doesn’t know this yet — that we’re going to be putting his name up.”

Mr. Wilkie, who was sitting in the front row at the event, stood up and shook Mr. Trump’s hand after hearing the news. “I’m sorry that I ruined the surprise,” Mr. Trump said.

The Department of Veterans Affairs has been without permanent leadership since the previous secretary, David J. Shulkin, was fired by tweet in March and Mr. Trump’s chosen successor, Dr. Ronny L. Jackson, withdrew from consideration in April after disparaging reports about him circulated before his scheduled confirmation hearing.

In the turmoil, a number of top staff members have left the department, which has already been struggling for years with vast hurdles to providing timely and efficient care.

Mr. Trump reportedly considered a number of outsiders for the top post, but in Mr. Wilkie, he picked a career Washington insider who has worked for Senators Jesse Helms, Trent Lott and Thom Tillis, and was an assistant defense secretary under George W. Bush.

If confirmed by the Senate, Mr. Wilkie, 55, would take over the second-largest department in the federal government, overseeing a 360,000-person work force and the vast veterans health care system. In his current role as under secretary of defense for personnel and readiness, Mr. Wilkie oversees the health and welfare of all military personnel.

Mr. Wilkie, the son of a highly decorated artillery officer who was wounded three times in Vietnam, grew up on Army bases and joked that he was born in khaki diapers. After law school, he served in the Navy and Air Force Reserves. He has regularly published scholarly articles on such topics as the future of NATO and the precedents for modern insurgency warfare.

He became acting secretary of veterans affairs in March after Dr. Shulkin, who was the focus of a scathing inspector general report on excessive travel spending, was fired.

Dr. Shulkin had been locked in a sharp dispute within the administration over how veterans should receive access to government-funded private health care. Dr. Shulkin and most veterans groups favored keeping control of access in the hands of department doctors, while some in the White House favored more unfettered access. Critics say unfettered access would create huge costs that would eat away at other government-funded care.

Mr. Wilkie has given little indication of his views on the issue.

In a video message to staff members in April, he described his philosophy for leading the department.

“We must have a bottom-up organization. The energy must flow from you who are closest to those we are sworn to serve. It is from you that the ideas we carry to the Congress” will come, he said. “Anyone who sits in this chair and tells you he has the answers is in the wrong business.”

Veterans organizations and lawmakers expressed cautious optimism about the pick, and welcomed the end of a period of uncertainty.

In a statement, Disabled American Veterans said it was pleased with the selection, adding, “The acting secretary is himself a veteran, and we have no doubt he will continue to build upon the strong foundation put in place” by his two predecessors.

Senator Jon Tester of Montana, the top Democrat on the Senate Veterans’ Affairs Committee, who took the lead in raising concerns about Mr. Trump’s earlier choice to run the agency, said he already had a good working relationship with Mr. Wilkie.

“I look forward to sitting down with him again to have an in-depth conversation about his vision and plan for the V.A.,” Mr. Tester said in a statement.

Senator Johnny Isakson, Republican of Georgia and the chairman of the Veterans’ Affairs Committee, said his experience working with Mr. Wilkie since late March had been positive.

“I’ve enjoyed my time getting to know Robert Wilkie and working alongside him to advance community care legislation through Congress,” Mr. Isakson said in a statement.

The confirmation process should not pose any surprises for Mr. Wilkie, who has shepherded several other presidential nominees, including Defense Secretary Jim Mattis, through the vetting process.

Mr. Wilkie would take the reins of the department as it is trying to claw itself out of years of mismanagement and dysfunction. The crush of retiring Vietnam veterans and wounded veterans from Iraq and Afghanistan overwhelmed the department during the Obama administration, leading to backlogs of benefits applications and delays in health care that led to the resignation in 2014 of Secretary Eric K. Shinseki.

In the years since, the department has made halting progress as it streamlined benefits reviews and overhauled hiring for medical professionals. But it still faces huge challenges. The most pressing is the modernization of the health care system’s 40-year-old electronic records — a \$16 billion effort Mr. Wilkie approved on Thursday.

Health care experts say the modernized system is a crucial scaffolding for other reforms that will speed care to patients while saving money, but updating the system is no simple task. The department has spent nearly \$1 billion on the project since 2001 without success.

Phil Carter, a senior researcher at the RAND Corporation, said having a leader familiar with both military and veterans services could help smooth what has long been a rocky relationship between the Defense Department and the Department of Veterans Affairs.

“They have been at loggerheads culturally for a long time,” he said. “Solving that challenge is really important for a lot of health and benefits reasons.” If confirmed, Mr. Carter said, Mr. Wilkie would take the helm with the wind at his back.

The Senate is expected to pass another long-sought department priority next week: a major rewrite of the so-called Veterans Choice Program to expand options for veterans to see private doctors at government expense. As secretary, Mr. Wilkie would be responsible for putting the new law into place.

While Mr. Trump’s choice of a Washington insider to run the department may seem to run counter to his promise to “drain the swamp,” Mr. Carter said: “At some point, you have to run the agency. That trumps presidential rhetoric. Running the agency well is a win-win for White House and veterans.”

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1.6 - Chicago Tribune: [Burned once, Trump turns to a more conventional choice for Veterans Affairs secretary](#) (19 May, Noah Bierman, 23.9M uvm; Chicago, IL)

President Trump on Friday named a seasoned government official to be secretary of the troubled Veterans Affairs Department after his first, unconventional pick — his White House physician — withdrew amid allegations of wrongdoing. The new nominee, Robert Wilkie, has been the agency’s acting secretary since late March.

If confirmed by the Senate, Wilkie would take over the second-largest federal department, one that has been on the defensive for years over complaints of inadequate service to veterans. Trump fired his first secretary, David Shulkin, nearly two months ago; his next choice, White House physician Ronny Jackson, dropped out of the confirmation process after reports of misconduct and mismanagement, which Jackson denied.

Trump’s announcement of the nomination apparently came as a surprise to his choice. Introducing Wilkie along with other Cabinet members at an unrelated White House event on prison policies, the president said, “He doesn’t know this yet, that we’re going to be putting his name up for nomination to be secretary of the Veterans Administration. Fantastic.”

Wilkie, an Air Force reservist, has been the interim head of Veterans Affairs — its name was changed in 1988 — while also serving as undersecretary of Defense for personnel and readiness. He served as an assistant secretary of Defense in the George W. Bush administration under Donald H. Rumsfeld, among other national security positions. More recently, he served as a senior advisor to Sen. Thom Tillis, a North Carolina Republican.

Unlike Jackson, whom Trump seemingly nominated on a whim — for being “out of central casting” — and without the usual background vetting, Wilkie has experience with the Senate confirmation process. He was confirmed for his current, lower-profile Pentagon position in November by a voice vote and has prepared other nominees, including Defense Secretary

James N. Mattis, for the sometimes grueling process. Still, he is unlikely to take his own approval for granted.

Sen. Jon Tester of Montana, the top Democrat on the Veterans Affairs Committee whose scrutiny of Jackson led to his withdrawal, said in a statement that he has “a good working relationship with Acting Sec. Wilkie and I look forward to sitting down with him again to have an in-depth conversation about his vision and plan for the V.A.”

The committee’s chairman, Republican Sen. Johnny Isakson of Georgia, offered similar qualified praise. He said he “enjoyed my time getting to know Robert Wilkie” and “look forward to learning more about his long-term views for the V.A.,” including his plans to implement a veterans measure passed by the House this week and awaiting a Senate vote.

The measure, known as the “V.A. Mission Act,” allows more private-care options for veterans, a priority for Trump and other Republicans. But the issue is contentious among veterans and it played a key role in Trump’s ousting of Shulkin, who opposed the idea.

Wilkie spoke favorably about the House bill from the White House briefing room on Thursday, noting that it passed with bipartisan backing and support from 38 veterans organizations. He emphasized that the bill would consolidate community programs and make it “much easier for our veterans to obtain care that they need at the moment that they need it, in homes and in facilities closest to where they live.”

That televised appearance — in which Wilkie also praised Trump’s generosity for donating part of his presidential salary to the Veterans Affairs Department — may have been something of a final screen test for Wilkie. Trump is known to measure advisors by their ability to speak up for him before the cameras.

Though the job lacks the high profile of some Cabinet positions, it is one of the toughest and most important politically for Trump, given the influence of veterans and their families as voters. Trump campaigned on fixing the health system for veterans, which has been the subject of complaints, especially about long wait times.

Veterans groups and lawmakers had a measured response to the nomination. The group Iraq and Afghanistan Veterans of America expressed relief that “after weeks of drama and tumult, we finally have a new nominee,” but remained noncommittal.

“Like any other candidate, Mr. Wilkie will have to prove to millions of veterans nationwide that he is up to the mammoth, sacred leadership task,” the group’s leader, Paul Rieckhoff, said in a statement.

UPDATES:

2:05 p.m.: This article was updated with additional details, background information and comments from Wilkie, lawmakers and veterans advocates.

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1.7 - NPR (Video): [Surprise! Trump Nominates Acting VA Secretary Robert Wilkie To Fill Role Permanently](#) (18 May, Quil Lawrence and Vanessa Romo, 22M uvm; Washington, DC)

Updated at 9:58 p.m. ET

The pick wasn't surprising, but the announcement was – President Trump will nominate Robert Wilkie, the acting secretary of Veterans Affairs, to become the department's new secretary.

Trump was speaking at a meeting on prison reform at the White House when he veered off topic to introduce Wilkie to the room. Trump praised the job Wilkie has been doing since he stepped in at the VA from the Department of Defense in March, and then gave everyone a surprise, including Wilkie.

"Acting secretary Wilkie, who by the way has done an incredible job, and by the way I'll be informing him in a little while – he doesn't know this yet — that we'll be putting his name up for nomination," the president said at the event.

The announcement was met with applause and appeared to be wholly unplanned. Wilkie, who still holds his job as undersecretary of defense for personnel and readiness, showed no signs of having been warned, a reaction that seemed to please Trump.

"I'm sorry I ruined the surprise," the president said to laughter.

Wilkie has been serving as interim leader of the department since Trump fired David Shulkin, the previous head of the VA.

Veterans are hoping that is the only surprise twist in what appears to be a safe pick.

"The VA has been without Senate-confirmed secretary for 51 days and we urge the Senate to schedule a confirmation hearing quickly," Denise Rohan, National Commander of the American Legion, said in a statement welcoming the news. "The department deserves strong, competent leadership at every level to ensure our veterans receive the benefits they so richly deserve for their selfless service to our great nation."

Wilkie's proposed appointment comes after workplace conduct issues imploded the nomination of Rear Adm. Ronny Jackson, whom Trump had selected to fill the void after he fired Shulkin over Twitter.

Jackson was almost immediately confronted with strong opposition by leading lawmakers and veterans groups who were critical of the White House doctor's lack of experience in running a large organization. But allegations that Jackson had recklessly doled out "a large supply" of opioid medications fostered a hostile work environment eventually moved the doctor to withdraw from the process.

When that nomination sank, veterans organizations feared the VA could be rudderless for a long time.

But Robert Wilkie, who still holds his job as undersecretary of Defense for Personnel and Readiness, has been acting like more than an acting VA secretary. He's helping shepherd a major piece of VA reform legislation through Congress and signed a \$10 billion contract to reboot the VA's electronic health system just the night before he was nominated by the president.

Wilkie has been running a large government bureaucracy within the Pentagon, and he already breezed through a Senate confirmation to that post.

He's 55, has served in both the Navy and the Air Force reserves, and worked for several Republican administrations and lawmakers. While he's known within the federal government, he's a relative unknown in the veterans' community, which has seen 10 secretaries or acting secretaries for VA in the 17 years of war since Sept. 11.

"Our members have been really clear about what they need from the next leader of VA — a committed focused person who's going to put veterans above politics," said Paul Reicoff, CEO of Iraq and Afghanistan Veterans of America.

But political intrigue continues at the VA. Former Secretary Shulkin was fired after rivals in the Trump administration openly plotted his downfall, and since then many senior VA officials have left, complaining of a politicized atmosphere at VA, with a focus on loyalty to President Trump. Shulkin claimed he was pushed out because he resisted moves to push VA toward privatization, which veterans vigorously oppose. Democrats in the senate have promised to make it a litmus test for their support

"I've been very clear with President Trump about my expectations for the next VA secretary, not the least of which is an unequivocal opposition to privatizing or in any way degrading the VA system," said Sen. Patty Murray (D-WA), a senior member of the Senate Veterans' Affairs Committee in a statement. "I look forward to reviewing Mr. Wilkie's record and hearing more about his values and his vision for the position in order to determine whether he is up to the task."

While the VA has always relied on some help from private doctors, there are concerns that spending on the more expensive private care could put the department into a death-spiral, where it starves its own health budget, resulting in worse care at VA facilities, and leading to more private care spending. Currently the VA is rated to deliver as good or better quality care than the private sector in most states.

Wilkie, if confirmed, will guide the VA through this question. This month Congress is expected to send the president a bill to revamp the way the department pays for private care.

It has overwhelming support from veterans organizations, but even some of them are deeply concerned that it could be implemented in a way that puts VA on a path to privatization.

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1.8 - Military Times (Video): [In another surprise, Trump names Wilkie as the next VA secretary](#) (18 May, Leo Shane III and Joe Gould, 2.1M uvm; Springfield, VA)

WASHINGTON — President Donald Trump on Friday named acting Veterans Affairs Secretary Robert Wilkie his latest pick to be the next permanent head of that department in the administration's latest attempt to bring stability to the second-largest federal bureaucracy.

The surprise announcement — at a prison reform summit at the White House — appeared to catch even Wilkie off guard. Trump introduced Wilkie in a line of other Cabinet secretaries by

saying that “I will be informing him in a little while, he doesn’t know it yet, that we are going to be putting his name up for nomination to be Secretary of the Veterans Administration.”

Wilkie has served as acting secretary since the firing of David Shulkin 51 days ago, amid a travel scandal and questions about his leadership style.

Trump’s first pick to replace Shulkin, former White House physician Rear Adm. Ronny Jackson, withdrew his name from consideration last month after allegations emerged about unprofessional behavior and medication mismanagement in his role as the administration’s top doctor.

Wilkie, who has been serving since last fall as the Defense Department’s under secretary for personnel and readiness, has received generally positive reviews from veterans groups and lawmakers since taking over the top VA role.

But both AMVETS and VoteVets.org have openly challenged his appointment to the post, saying that Trump illegally bypassed VA Deputy Secretary Thomas Bowman in installing Wilkie in the temporary leadership role.

Trump at Friday’s event apologised for ruining the surprise, but also praised Wilkie for his work in recent weeks to advocate for sweeping legislative reforms to the department’s community care programs.

Just days prior, Wilkie said that his top priorities as interim VA head would be to work with lawmakers on that reform plan — the House passed it on Wednesday, the Senate is expected to follow suit next week — and to finalize a deal for an electronic health records overhaul, which took place Thursday afternoon.

Wilkie, 55, is an Air Force Reserve colonel who previously spent time in the Navy Reserve and the son of an Army artillery commander. He has spoken frequently about growing up on military bases, and of the challenges his family faced in dealing with his father’s combat injuries.

He served in the Pentagon under Defense Secretaries Robert Gates and Donald Rumsfeld as an assistant secretary, and previously special assistant to President George W. Bush for national security affairs.

He also served as a senior advisor to Sen. Thom Tillis, R-N.C., prior to his recent Pentagon appointment, and was touted as a worthy replacement for Jackson by Tillis in recent weeks.

In a welcome message to staff last month, Wilkie promised to continue to build a customer-service focus for veterans programs and to tamp down agency infighting.

“Customer service must start with each other,” he said in a video release. “Not talking at each other, but talking with each other across all office barriers and across all compartments. If we don’t listen to each other, we won’t be able to listen to veterans and their families.”

Department leadership has been in disarray since the firing of Shulkin, who accused political appointees within the White House of working to privatize VA operations and undermine his reform efforts. Administration officials have denied those allegations.

Those privatization concerns are likely to face Wilkie when he comes to Capitol Hill for his confirmation hearings.

In recent weeks, Wilkie's staff at VA have denied accusations of trying to shift substantial financial resources outside the department's health care system to benefit private companies, but have also insisted that the medical demands of America's veterans are too expensive to force federal VA clinics to handle the entire workload.

No timetable has been set for that confirmation hearing. The process typically takes a month of background checks and preparatory work before the Senate will schedule a date, although Wilkie's confirmation for the Pentagon post just last year may help shorten that timeline.

In a statement, Senate Veterans' Affairs Committee Chairman Johnny Isakson, R-Ga., praised the choice.

"As acting secretary of the VA, I've enjoyed my time getting to know Robert Wilkie and working alongside him to advance community care legislation through Congress," he said. "I look forward to learning more about his long-term views for the VA, including how he plans to implement the VA MISSION Act when it becomes law."

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1.9 - The Fayetteville Observer (Video): [Trump: Fayetteville's Wilkie will be VA nominee](#)
(18 May, Drew Brooks, 444k uvm; Fayetteville, NC)

President Donald Trump surprised many on Friday by announcing Robert Wilkie as his nominee to serve as secretary of Veterans Affairs, including Wilkie.

According to reports, Wilkie, a Fayetteville native, appeared to not know the announcement was coming. Wilkie has been acting VA secretary since late March.

Trump made his remarks at the White House Prison Reform Summit, as he introduced other members of his cabinet.

"Acting Secretary Wilkie, who, by the way, has done an incredible job at the VA, and I'll be informing him in a little while — he doesn't know this yet — that we're going to be putting his name up for nomination to be secretary of the Veterans Administration," Trump said.

"I'm sorry that I ruined the surprise," he added.

Wilkie has been serving as acting VA secretary while also serving in the Department of Defense as undersecretary for personnel and readiness. It's unclear who will assume his DOD role if confirmed to lead the VA.

Wilkie replaced the previous VA secretary, David Shulkin, whose embattled tenure included a controversy over travel expenses and ongoing concerns over access to VA care. Shulkin became VA secretary in February 2017 and had previously served as undersecretary of Veterans Affairs for health from 2015 until 2017 during the administration of President Barack Obama.

Wilkie's nomination has been in stark contrast to that of Trump's previous pick to replace Shulkin as the head of the nation's second-largest government agency, charged with caring for 9 million veterans and more than 1,700 government-run healthcare facilities.

Rear Adm. Ronny Jackson, the former White House physician, had his credentials questioned when nominated earlier this year. Jackson eventually removed himself from consideration after congressional leaders questioned several allegations of misconduct and mismanagement.

Following Trump's announcement on Wilkie, several members of Congress praised the selection.

Rep. Phil Roe, a Tennessee Republican and chairman of the House Committee on Veterans' Affairs, said Wilkie has been accessible and knowledgeable since stepping in for Shulkin and has been instrumental in moving legislation through the House.

"While the Senate is responsible for the confirmation process, I commend President Trump for this selection and believe Acting Secretary Wilkie would be an effective permanent secretary," Roe said.

Rep. Richard Hudson, a North Carolina Republican who represents Fort Bragg and other parts of the state, congratulated Wilkie on his selection.

"Robert truly has a heart for veterans. That coupled with his deep understanding of what management and policy changes need to be made to clean up the VA is what we need to keep our promises to veterans," Hudson said in a statement released by his office. "As Representative of a proud veteran population, I look forward to continuing to work with Robert to ensure veterans have timely access to quality care — both within the VA and in our community."

Prior to joining the Department of Defense last year, Wilkie served as senior advisor to Sen. Thom Tillis, a North Carolina Republican, and held numerous roles during the administration of President George W. Bush.

Tillis, a member of the Senate Veterans' Affairs Committee, welcomed the news on Friday.

"I'm proud to call Robert Wilkie my friend and former senior adviser. Robert is one of the most honorable and decent human beings I've ever worked with, and anyone who knows him has seen his drive to serve his country and his passion for honoring our nation's veterans and servicemembers, qualities that will be tremendous assets at the VA," the senator said.

"Through his many years of distinguished service as a leader in both the executive and legislative branches, Robert has earned the respect of the Republicans and Democrats alike on Capitol Hill," Tillis added. "Robert will be a great VA Secretary, and I look forward to getting him confirmed."

Wilkie grew up outside Fort Bragg as the son of an Army officer and still calls Fayetteville home. As undersecretary of defense for personnel and readiness, he has oversight over much of the U.S. military's operations, to include personnel, training, health care and compensation.

He was assistant secretary of defense for legislative affairs during the Bush administration and served as senior director of the National Security Council under Condoleezza Rice. He has also

worked as counsel for the late Sen. Jesse Helms and as advisor and counsel for former Senate Majority Leader Trent Lott.

In Fayetteville, Wilkie attended Reid Ross High School and Alexander Graham Junior High. He is married to the former Julia Bullard, whose family owned and operated the Haymount Market for 40 years. The couple have two children, Adam and Megan.

Wilkie's nomination received mixed reviews from veterans groups.

AMVETS praised the choice, with executive director Joe Chenelly stating that Wilkie has earned the confidence of the organization.

"Robert Wilkie has clearly been working hard to learn the many extremely complicated and most pressing issues facing veterans right now," Chenelly said. "We're looking forward to a thorough but hopefully speedy confirmation process."

But another organization, VoteVets.org, said they believe Trump is violating federal law by having Wilkie serve as interim VA secretary while being nominated for the job.

The progressive veterans organization and Democracy Forward, a nonprofit legal organization, previously filed a lawsuit over Wilkie's role as acting VA secretary.

"It is abundantly clear that Robert Wilkie cannot be nominated to be VA Secretary, while serving as Acting Secretary," said Will Fischer, director of government relations for VoteVets. "Once again, this president just made a spur-of-the-moment decision on veterans care, without any consideration, without any thought, and clearly without the usual process, which would have caught this issue with the law."

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2. Greater Choice for Veterans

2.1 - The Times-Picayune: Loyola Law graduate with Gambino's Bakery ties tapped as Veterans Affairs secretary (18 May, Drew Broach, 3.8M uvm; New Orleans, LA)

President Donald Trump said Friday (May 18) he will nominate Robert Wilkie, a Loyola Law School graduate with family ties to Gambino's Bakery, to be secretary of the Department of Veterans Affairs. Wilkie is a Defense Department official who has been acting Veterans Affairs secretary since the president fired David Shulkin on March 28.

Wilkie's grandmother came from the Gambino family, and his late cousins, Warren and Joe Gambino, founded the bakery at 3609 Toledano St. in New Orleans' Hoffman Triangle neighborhood. It closed in 1999.

His mother, Joy Somerville, attended St. Mary's Dominican High School and graduated from Dominican College, now part of Loyola University. His father graduated from St. Aloysius High School, which merged with Cor Jesu High in 1969 to become Brother Martin High, and from Loyola.

Wilkie, 56, was raised in Fayetteville, N.C., where his father spent years in the Army's 82nd Airborne Division at Fort Bragg. His grandmother still lives in Metairie.

Sen. Bill Cassidy, R-La., who is a member of the Senate Veterans' Affairs Committee that will vet Wilkie for the Cabinet position, expressed no opinion on Trump's selection. "I look forward to the Senate considering his nomination," Cassidy said.

Rep. Clay Higgins, R-Port Barre, who is a member of the House Veterans' Affairs Committee, did not immediately respond to a request for comment.

Trump made his announcement during a prison reform event at the White House -- and said it was a surprise to Wilkie. "He doesn't know this yet, that we're going to be putting his name up for nomination to be secretary of the Veterans Administration," Trump said.

Before taking over as interim chief of Veterans Affairs, Wilkie was the Defense Department's undersecretary for personnel and readiness. He oversaw a new Pentagon policy aimed at stemming harassment in the military, after an online nude-photo sharing scandal rocked the Marine Corps.

In seven weeks at Veterans Affairs, he has tried to rebuild morale among employees beset with inner turmoil and rebellion over Trump's push to expand private medical care. On Thursday, he announced a \$10 billion contract with Cerner Corp. to overhaul electronic health records for millions of veterans, a 10-year project that aims to improve mental health care and ease access to private providers.

Wilkie's selection reflects Trump's desire to have a steady hand leading the government's second-largest department. At the Pentagon, Wilkie worked in the largest department, with more than 700,000 employees.

Veterans groups expressed support for Wilkie's nomination. "We're optimistic that we'll be able to work with him and his staff," said Garry Augustine, executive director of Disabled American Veterans' Washington headquarters. "He seems to be a quick learner. He's doing what he needs to do to get up to speed."

Dan Caldwell, executive director of the conservative Concerned Veterans for America, praised Wilkie as an "outstanding choice." "He is somebody who has shown that he can manage the department in a time of immense change," Caldwell said. "He unequivocally supports the president's agenda for reforming the VA, and we think that he will be on the same page as the White House."

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans Affairs Committee, said he enjoyed working with Wilkie. He said he wants details on how the secretary-designate would implement legislation to expand private medical care for veterans as well as his "long-term views for the VA."

Trump has been seeking an aggressive expansion of the Choice private-sector program to make it easier for veterans to see private doctors outside the VA system at government expense. A proposal is nearing passage in Congress, but its scope will be determined in part on how the next VA secretary implements provisions that loosen restrictions on when a veteran can see a private doctor if they feel dissatisfied with VA health care.

The VA faces numerous problems demanding immediate attention, including a multibillion-dollar revamp of electronic medical records, now in limbo, that lawmakers fear will prove too costly and wasteful, and a pending budget shortfall in the Choice program. The Senate is set to vote next week on a wide-ranging bill that would give veterans more freedom to see doctors outside the VA health system and fill the budget shortfall, a major step toward fulfilling Trump's promise to expand private care for veterans.

An Air Force and Navy veteran, Wilkie had the strong backing of Defense Secretary Jim Mattis and White House chief of staff John Kelly. He was seen as a skilled manager with defense expertise, over other candidates who had more political experience, such as former Rep. Jeff Miller, who had chaired the House Veterans Affairs Committee.

Wilkie served under President George W. Bush as an assistant secretary of defense. He was the youngest senior leader in the department. He also served as senior adviser to Sen. Thom Tillis, R-N.C., before being named a Pentagon undersecretary in 2017.

Trump's first pick to succeed Shulkin was Ronny Jackson, a career military doctor who lacked significant management experience. After Jackson withdrew from the confirmation process, White House officials said Trump planned to interview and vet his next nominee more thoroughly. Wilkie was among several candidates whom White House staff interviewed.

The president had indicated he intended to pick someone with a more political background for the role, hoping such a person would better navigate the turbulent confirmation process in a narrowly divided Senate. Wilkie has experience shepherding two defense secretaries through Senate confirmation.

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2.2 - WFED (AM-1500): [Letter to the Editor: AFGE responds to Rep. Roe's comments on VA](#) (17 May, J. David Cox, 831k uvm; Washington, DC)

Elements within the Veterans Affairs Department are pushing drastic privatization and the dismantling of the only health care system tailored to our nation's veterans — that's a fact.

The Koch brothers' advocacy organization, Concerned Veterans for America, has been trying to weaken and starve the VA for years. And President Donald Trump's reliance on their guidance highlights the reality of shoving veterans out the door to wait in line at private, for-profit hospitals for inferior, fragmented care ill-suited to veterans' complex needs.

House Veterans Affairs' Committee Chairman Rep. Phil Roe's statement this morning on the Federal Drive with Tom Temin ignores solid evidence that the VA provides veterans with better care than the private sector. Rep. Roe (R-Tenn.) tries to sidestep his privatization effort by ignoring the privatization aspect of his bill, citing misleading figures that pit the services owed to our nation's heroes against dollars and cents. The figures he and the VA are pushing don't even add up.

Sure, the VA's budget has grown over the last 20 years, but the statement — which he first made in a VA press release last month — conveniently ignores inflation, the massive growth in patient population, programs and services offered.

That doesn't even consider rising prescription drug costs, two million more veterans with service connected disabilities today than in 1998, or the rise in health care and insurance costs. We are facing an onslaught of half-truths so private, for-profit providers can make a buck off the backs of the men and women who served this country.

It's time we wise up before it's too late.

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2.3 - San Antonio Express-News: [Congress on verge of reforming VA health care](#) (18 May, Bill Lambrecht, 718k uvm; San Antonio, TX)

WASHINGTON - Congress appears ready to order fundamental changes in how the Veterans Health Administration operates with far-reaching legislation that would send more veterans outside the VA for care and start the process of closing hospitals and clinics considered obsolete.

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Despite concerns in some quarters about the continued privatizing of services, the Senate is likely to send President Donald Trump a bipartisan bill that would consolidate a web of programs into a new Veterans Community Care Program aimed at helping veterans get care more easily and closer to home.

The VA Mission Act, passed by the House last week by an overwhelming 347-70 margin, would direct \$5.2 billion to stabilize the Choice program for outside care, begun four years ago after a scandal about wait times for veterans.

The legislation also would expand a popular program that provides monthly payments for family caregivers to veterans of all wars, rather than just those who served after 9/11, as originally written.

Trump, who has signaled that he will sign the legislation, said Friday that final passage is very close.

"It's going to be a little more expensive, but that's OK," he said.

The legislation would make a significant new investment in veterans' health — \$47 billion over five years, the Congressional Budget Office estimates.

The overhaul, debated in Washington for 18 months, has support from leading veterans advocacy organizations. In a joint statement, they praised it for "making improvements to and investments in the VA health care system, creating integrated networks so that veterans have access to care when and where they need it and providing the further recognition and assistance to family caregivers of severely disabled veterans."

U.S. Rep. Beto O'Rourke of El Paso, a leading Democrat on the House Veterans Affairs Committee, noted the expansion of caregiver benefits to pre-9/11 veterans as a highlight.

"While no bill of this size and scope is ever perfect, this legislation reflects good-faith, bipartisan compromise and a shared commitment to caring for those who have borne the battles for this country," O'Rourke, a candidate for U.S. Senate in November, said in a statement.

A warning by acting VA Director Robert Wilkie — who was named by Trump on Friday to head the agency on a permanent basis — that the Choice program might run out of money by month's end is hastening action.

The Senate could take up the bill as early as next week. Sen. John Tester of Montana, the Senate's top Democrat on veterans issues, has said he supports it, suggesting it will have the bipartisan backing to pass.

The VA provides care to about 52,000 veterans in Bexar County and another 18,000 in 12 surrounding counties, according to a 2016 report by the Military and Veteran Community Collaborative, a local civilian partnership.

All told, Bexar County is home to more than 153,000 veterans, the most densely populated veterans community in Texas and the sixth-largest county population of veterans in the country.

Statewide, Texas has nearly 1.6 million veterans, roughly 30 percent of whom use VA health care, according to the American Community Survey. Texas has six inpatient care sites in Texas, including San Antonio's, and 62 facilities providing care on an outpatient basis, according to the VA.

More than 185,000 Texas veterans have received care through the Choice program since it began.

In the House debate, some Democrats worried that the expanded program's steep costs would take money away from other VA services absent a long-term funding mechanism.

There are worries, too, about continuing privatization in the VA. Last year, more than one-third of VA-funded medical appointments occurred outside the agency. Skeptics contend that offering more private care would drain the agency of money it needs to build internally.

Concerns also have been raised about a process the bill would set up much like the Pentagon's base closure and realignment initiatives. The bill would establish a nine-member commission ordered within four years to report to Congress which of the agency's 170 medical centers and more than 1,600 clinics "no longer meets the needs of the federal government" and should be consolidated or closed.

The prospect of losing VA facilities in their districts likely will trouble members of Congress in the years ahead, and their only options will be voting the commission's list up or down. For now, objections are sounding mainly from the American Federation of Government Employees and other public employee unions.

"It's all about privatization, shutting down VA hospitals and shipping veterans out to minute clinics that have no idea about their complex health needs," AFGE President J. David Cox said in an interview.

The legislation is shaping up as a victory for Trump and for the pro-privatizing forces that have established clout in his administration, particularly Concerned Veterans for America, the organization funded by libertarian billionaires Charles and David Koch.

The prospect of advocates of limited government playing a big role in VA matters worries some veterans groups.

“You have to scratch your head. Is this the Trump administration or the Koch brothers administration?” remarked Rick Weidman, co-founder of Vietnam Veterans of America.

In an interview, Dan Caldwell, executive director of Concerned Veterans of America, dismissed the notion that his organization is pressing for full-scale privatization of VA services.

“This isn’t privatization,” he said of the bill. “It will likely increase the use of private care, but the VA has been heading in that direction for a long time. This is about making sure the veteran has a choice between the VA and a private sector option.”

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2.4 - Union-Bulletin: [Expanding private health care for veterans has merit](#) (19 May, Editorial Board, 59k uvm; Walla Walla, WA)

While some of our nation’s military veterans get excellent care in the Veterans Affairs health system, many others aren’t so fortunate.

Across the nation, veterans have been forced to wait months to get care at VA facilities. And when patients are seen, the care given has too often been lousy.

Despite this being a long-standing problem, one decried by presidents and members of Congress, many of the concerns have yet to be sufficiently addressed or fixed.

But this week, the House of Representatives took action that might force the VA to improve the entire system.

The House, in a bipartisan 347-70 vote, approved legislation to give veterans more freedom to see doctors outside the VA health system.

Under the proposal, veterans could see a private physician when they felt government-run VA medical centers couldn’t provide the care they needed, with the approval of a VA health provider. In addition, veterans could access private care when they endured lengthy wait times, or the treatment was not what they had expected.

President Trump, who backed this approach during the 2016 presidential campaign, urged the Senate to approve the legislation so he can sign it into law.

The Associated Press reports the \$51 billion proposal has the support of nearly 40 organizations, including The American Legion and Veterans of Foreign Wars.

While the changes are certainly complicated, as is nearly everything having to do with this massive federal agency, the basic premise is sound. Allowing veterans who aren't satisfied with their care to seek medical care outside the system should create competition — and thus result in improved care and reduced wait times.

The new proposal builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA Medical Center, where some veterans died while waiting months for appointments. Currently, more than 30 percent of VA appointments are in the private sector.

House Minority Leader Nancy Pelosi, D-Calif., and Rep. Tim Walz, the top Democrat on the Veterans Affairs Committee, are not supportive of the plan as they fear outsourcing more care to the private sector would lead to devastating cuts to VA hospitals.

Yes, it could result in cuts to VA services if those who run those hospitals don't do their jobs satisfactorily.

However, the aim isn't to cut VA funding; it is taking action to ensure every veteran gets the care they were promised — and they deserve. And if that means allowing them to get care from private physicians, that should be an option.

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3. Modernize Our System

3.1 - WFED (AM-1500): [The other big wedding: VA and Cerner](#) (18 May, Tom Tenin, 831k uvm; Washington, DC)

Acting Veterans Affairs Secretary Bob Wilkie and Meghan Markle have something in common. They're both taking a plunge. Both believe they have a better-than-even chance of success.

Mazel tov to the prince and Ms. Markle. They've certainly got a great starter house. But marriage is always a leap of faith. Do your homework, so it's not like holding your nose and jumping into murky water.

Wilkie sounded eager to tie the knot with Cerner. The \$10 billion, 10-year deal was initiated by former Secretary Robert Shulkin. He balked at the last minute. But now the department had decided to move on a new electronic health record.

Handfuls of flower petals are already landing gently on the new couple. House VA Committee Chairman Phil Roe expressed good feelings. The couple itself is beaming. Cerner CEO Brent Shafer, had an eager blog posted ready to go. Wilkie called the deal "an enormous win" for veterans.

So will VA and Cerner have an enduring relationship like Queen Elizabeth? She and Philip have been married nearly 70 years. Or will VA-Cerner go the way of Charles and Diana? That one was off from the beginning and ended in divorce.

Cerner's, er, engagement with the Defense Department is off to a rough start. Deployed at four West Coast locations, the EHR still doesn't quite work. Software at this scale never works

perfectly when you first install it. It's not as if Cerner doesn't know what it's doing. The publicly traded company earned revenues of \$5.1 billion in 2017. It's growing and it's profitable. It reports 27,000 user organizations in 35 countries. Neither DoD nor VA are betting on an unknown startup.

Therefore I think it's too early to pronounce judgment on the DoD implementation or make bad predictions for Veterans Affairs. The technical challenges won't surprise anyone. For example, repurposing terabytes of legacy data to fit Cerner's MHS Genesis formats.

Integrating the people and the new systems will probably present the toughest challenge, though. Both departments have large and skilled staffs devoted to the legacy systems. Many a VA employee has spent a career perfecting functions in Vista.

Here's a twist: Cerner gets 72 percent of its revenue from support, maintenance and services. That implies organizations buying its products climb into bed with it. My question is whether DoD and VA are married forever to Cerner for support, maintenance, and new applications. Or whether VA Vista and DOD Ahlta employees will pivot to MHS Genesis. The new system employs different languages, database structures, communications protocols.

Programmers, like other professionals, go through stages. At some points in life, they're eager to learn the latest language to stay current. At some point that gets old and they retire or stay content to maintain legacy systems.

Beyond the programmers and maintainers, the departments also have tens of thousands of users. Doctors also have much in common with mortals. They dislike having procedures changed for them or being told what to do.

Federal agencies have rarely succeeded at simultaneous environmental and technology transformations. Yet this is what both VA and DoD have signed up for. When I last spoke with Shulkin, I told him MHS Genesis would take 20 years. I believe that. I've been watching IRS modernization for 25 years and it's not done.

The other day before I interviewed the Air Force major general responsible for logistics technology. I mentioned that I still remember when the Air Force was wrestling with CAMS-REMIS and TICARRS in the 1990s. Maj. Gen. Cedric George laughed and said CAMS-REMIS is still around!

The requirement for matching DoD and VA health records adds another variable. That's the whole point of VA signing Cerner. As they each labor to replace their own systems, someone will have to track that variable.

Marriages may be made in heaven, but they're carried out down here in the trenches.

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3.2 - Modern Healthcare: [The VA/Cerner contract is signed. Now what?](#) (18 May, Rachel Z. Arndt, 460k uvm; Chicago, IL)

Despite dry ink on a \$10 million contract between the Veterans Affairs Department and Cerner, concerns about the project persist.

Some of those concerns stem from the Department of Defense's own Cerner electronic health record project, MHS Genesis, which is struggling with functionality as it's gradually rolled out, a process that began in 2017.

"VA and DoD are collaborating closely to ensure lessons learned at DoD sites will be implemented in future deployments at DoD as well as VA," said VA acting secretary Robert Wilkie, who on Friday, was tapped to permanently lead the agency.

The VA chose Cerner in part because the DoD is on a Cerner system too, which will allow for interoperability between the two agencies. "Patient data will be seamlessly shared between VA, DoD, and community providers," Wilkie said in the statement.

But without a fully functional DoD system, it's unclear how that would happen. "MHS Genesis is neither operationally effective nor operationally suitable," wrote Robert Behler, the DoD's director of operational test and evaluation, in a recent report. Users could complete only just over half of the tasks used to measure performance, according to the report.

These users also wondered whether information exchanged between MHS Genesis and external systems was accurate and submitted 22 high-severity incident reports related to interoperability.

Such broad functionality problems are somewhat unprecedented in EHR implementations, though the DoD project is much more complicated than a single hospital going live on new software, since the system is so expansive, with 55 hospitals and more than 350 clinics.

"I find the details of these reports to be disturbing and absolutely unacceptable," said Rep. Tim Waltz (D-Minn.), a ranking member in the House Committee on Veterans' Affairs, in a statement. "The root cause of these issues must be identified and remedied before VA implementation can move forward."

Interoperability has dogged the VA-Cerner contract for months. Former VA Secretary Dr. David Shulkin paused contract negotiations until the Mitre Corp. conducted an assessment that included interoperability provisions.

But Cerner executives were optimistic about potential data sharing under the new system. The contract will allow the company and the VA to "create one longitudinal health record with the [DoD], with a goal of providing a seamless care experience for our nation's veterans," according to a Cerner tweet.

Implementation will take about 10 years, according to the VA.

Such a lengthy timeline is necessary, said Dr. Phil Roe (R-Tenn.), chairman of the House Committee on Veterans' Affairs in a statement. "Oversight of implementation and spending will be critical as this process continues," he said.

The market was kind to Cerner the morning after the company made the announcement, with stocks up slightly. Canaccord Genuity analysts expressed "confidence" in the company's 2018 guidance given the signed contract.

Still, uncertainty remains. "Given the controversy with VA leadership and recent articles regarding the IT program, we expect that there will be questions and a media response to this announcement," according to the firm.

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3.3 - Healthcare IT News: [VA officially signs with Cerner on EHR modernization project](#) (18 May, Jessica Davis, 438k uvm; Chicago, IL)

Nearly a year after the initial announcement, Cerner can add another government contract to its belt: The U.S. Department of Veterans Affairs will officially contract with the EHR-giant to overhaul its legacy VistA EHR.

The pair made the announcement Thursday night, after a year of speculation over whether the contract would be signed. Former VA Secretary David Shulkin, MD, said he planned to transition the VA to Cerner last June, but interoperability concerns and staffing shake-ups have left the contract in limbo.

According to the announcement -- and a budget forecast -- the Cerner EHR at the VA will be identical to the one currently in the pilot phase at the Department of Defense. Currently, officials at both agencies are working together to impart lessons learned into the VA project.

The agency will also add its own capabilities to support the special needs of veterans, such as mental health. If successful, the EHR will allow for seamless data sharing between the agency and community providers.

The project is slated to cost \$10 billion over the next 10 years and currently has a starting budget of \$782 million for Fiscal Year 2018.

"This is one of the largest IT contracts in the federal government," said Acting VA Secretary Robert Wilkie in a statement. "And with a contract of that size, you can understand why Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted."

"We expect this program to be a positive catalyst for interoperability across the public and private healthcare sectors," said Cerner President Zane Burke in a statement. "We look forward to moving quickly with organizations across the industry to deliver on the promise of this Mission."

Neither the announcement or officials have said when the project will kick-off, but Cerner officials said that the VA will roll-out its project in waves to match the DoD implementations. At the moment, the DoD project is facing serious challenges with usability and patient safety concerns, which it has been addressing for more than two months.

DoD officials remain firm that the agency will still complete implementation timelines.

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3.4 - Bleeding Cool: [US Senators Accuse Ike Perlmutter Associate of Inappropriate Influence](#) (18 May, Jude Terror, 90k uvd; Rantoul, IL)

The drama at the Department of Veteran's Affairs involving Marvel Chairman Ike Perlmutter continues to heat up. A letter signed by 11 members of Congress has called out Perlmutter's Mar-a-Lago associate, Dr. Bruce Moscovitz, for wielding inappropriate influence at the VA in connection with a planned electronic record system modernization program. Ike Perlmutter and Dr. Bruce Moscovitz have reportedly played a hand in halting a 10-year upgrade project due to opposition to the proposed contractor, a company called Cerner Corp. Moscovitz has experience with using an outdated version of the company's software at his hospitals and has concerns about the company's abilities.

The Congressional letter, dated May 15th and addressed to VA Deputy Secretary Thomas Bowman, calls for Trump to fill 33,000 vacant positions in the agency and expresses concern about the appointment of former Trump campaign staffer Camilo Sandoval as the VA's Chief Information Officer, citing both Sandoval's connections to Cambridge Analytica as well as allegations against him of sexual discrimination and harassment. It also goes on to discuss the implementation of electronic health record modernization, saying of Trump's "inner circle":

In addition to VA's inability to secure a qualified, capable professional to spearhead EHR modernization, we are aware that members of the President's inner circle are inappropriately influencing EHR modernization. This \$16 billion overhaul requires input from specialized professionals to align the two largest federal agencies with an interoperable system. Reports that the Department of Defense's own modernization effort is facing challenges, highlight the critical need to understand the risks and requirements of this historic undertaking. Instead, the President is taking advice from his personal friend and member of his Mar-a-Lago circle, Dr. Bruce Moskowicz. As an internist with no government experience, Dr. Moskowicz lacks the expertise to provide the Administration with insight to address the challenges of developing an interoperable system. AS suck, we ask that you provide an update on the status of EHR modernization, including information on all contact with Dr. Moskowicz or any other individual who has provided input on EHR modernization outside of VA.

Though not mentioned by name here, Ike Perlmutter is the other most prominent member of Trump's inner circle who has "provided input on EHR modernization outside of VA," reportedly joining monthly phone calls along with Moskowicz and administration officials to discuss the upgrades. The letter is signed by Senators Richard Blumenthal, Mazie Hirono, Tina Smith, Kirsten Gillibrand, and Chris Van Hollen, along with Representatives Ann McClane Kuster, Tim Walz, Mark Takano, Julia Brownley, J. Luis Correa, and Elizabeth Esty.

Ike Perlmutter's involvement in government affairs goes back to the beginning of Donald Trump's presidency. Perlmutter, who donated heavily to Trump's presidential campaign, serves as an informal advisor to Trump on Veteran's healthcare, while Laura Perlmutter, his wife, served on Trump's inauguration committee. Perlmutter, an Israeli army veteran and medical philanthropist, takes a keen interest in the particular area of veteran's health care. Trump called Perlmutter "one of the great men of business" during a political rally/charity fundraiser staged to compete with a Republican primary debate that Trump had skipped, the same year that the Perlmutter family was known to have contributed more than 1/3 of all donations to the Trump Foundation. Later, at a public bill signing in one of his first successful legislative endeavors in April 2017, Trump gave Perlmutter the pen he used to sign the bill for VA health care reform.

Dr. Bruce Moskowitz was also present at the signing. Perlmutter is pals with the Palm Beach doctor, and the two are connected in professional dealings as well. Both are connected to the Cancer Nutrition Consortium, an organization that studies and offers guidance on nutrition for people undergoing cancer treatment, the result of which appears to be to produce a line of microwave dinners called Vital Cuisine with food company Hormel, a member of the consortium along with New York University Langone's Laura and Isaac Perlmutter Cancer Center. Moskowitz is the CNC Chairman.

Though insiders worry about the appropriateness of Perlmutter and Moskowitz's involvement in VA EHR reform, that doesn't necessarily mean their concerns aren't valid or their motives corrupt. Cerner, the company with whom both men take issue, is also the company responsible for the modernization effort at the Department of Defense whose challenges the Congressional letter cites as a reason the project requires careful management. For Ike and Laura Perlmutter, giving money to medical causes is a philanthropic endeavor that seems to outpace even their financial support of Donald Trump's political aspirations. At NYU Langone alone, in addition to the Cancer Center, the Perlmutter's have also funded the Laura Perlmutter Center for Women's Imaging and the brand new Laura and Isaac Perlmutter Cosmetic Plastic Surgery Center, featuring a world-renowned expert in transgender surgeries.

However, with 33,000 vacant positions, the influence of Moskowitz and Perlmutter, two men who are neither elected nor appointed officials, is considerably amplified. Perlmutter, it was reported, played a key role in the chaos that unseated VA Secretary David Shulkin. But while Perlmutter may be a kingmaker within the Trump administration, he has thus far avoided an official role. Perlmutter craves privacy, an obsession that prevented the existence of a public photo of Perlmutter for three decades before Trump took office.

Perlmutter privacy has been the one casualty of the billionaire's support of Trump's presidency. A frequent companion of Trump at Mar-a-Lago who even spent Thanksgiving with the President, Perlmutter can't help but appear on camera at meetings, bill signings, or boarding and departing Air Force One. As current Chairman of Marvel and, as a result of that company's 2009 sale, one of the largest individual shareholders at Disney, Perlmutter has enjoyed the increased wealth of those companies' continued success, but he may yet suffer more blows to his cherished reclusion.

On April 30th, a group called Citizens for Responsibility and Ethics in Washington filed a Freedom of Information Act request demanding the VA release "records of any and all communications from employees of the VA with Ike (or Isaac) Perlmutter and Dr. Bruce Moskowitz, or any persons representing them or their interests between December 01, 2016 – Present," as well as "records of any and all communications mentioning 'Ike Perlmutter', or 'Isaac Perlmutter', or 'Perlmutter'; 'Dr. Bruce Moskowitz,' or 'Dr. Moskowitz', 'Bruce Moskowitz', or 'Moskowitz'; and 'Mar-a-Lago', or 'Mar a Lago', or the 'Mar-a-Lago' guts' between December 01, 2016 – Present." If the request is granted, it could result in the largest dump of correspondence with and about Perlmutter since the Sony Email hacks revealed his feelings on female superhero movies. Then again, as demonstrated in Perlmutter's ongoing legal battle against rival billionaire Harold Peerenboom, a fight which has included accusations that Perlmutter sent anti-semitic letters under Peerenboom's name to prisoners and letters accusing Peerenboom of pedophilia to neighbors, as well as the theft of Perlmutter's DNA by Peerenboom and his legal team, Perlmutter's lawyers have a knack for protecting his emails.

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4. Focus Resources More Efficiently

4.1 - Bloomberg: [Trump Surprises Official by Naming Him VA Secretary Nominee](#) (18 May, Jennifer Epstein, 43.7M uvm; New York, NY)

President Donald Trump surprised Robert Wilkie Friday by announcing he would nominate the acting secretary of Veterans Affairs to lead the agency.

"I'll be informing him in a little while -- he doesn't know this yet -- that we're going to be putting his name up for nomination to be secretary of the Veterans administration." Trump said at a White House event on prison reform.

Turning toward Wilkie, who was in the audience, the president added, "I'm sorry that I ruined the surprise."

Wilkie offered public thanks to Trump a day earlier at a White House press briefing after the president donated his quarterly salary to the Veterans Affairs Department.

"The president's gift underscores his promise to do all that he can for veterans, which includes supporting those who care for our veterans," Wilkie said at the briefing.

Wilkie has been acting secretary at the department while also serving as the Defense Department's under secretary for personnel and readiness. The position opened after Trump fired then-Secretary David Shulkin in March after a damning inspector general report alleging misuse of taxpayer funds.

Trump's prior nominee for the Veterans post, White House physician Ronny Jackson, withdrew his nomination last month amid allegations of improper behavior and management lapses. Jackson was accused of repeated drunkenness on the job, over-prescribing of drugs and creating a hostile work environment while White House physician.

The top-ranking Democrat on the Senate Veterans' Affairs Committee, Jon Tester of Montana, released a two-page document compiling allegations against Jackson, citing 23 current and former colleagues of the physician.

Tester said Friday he wanted to find out more about Wilkie's plans for the department.

"Veterans deserve a strong leader who will address VA workforce shortages, reform community care and live up to the promises our nation made veterans and their families," Tester said in a written statement. "I have a good working relationship with Acting Secretary Wilkie and I look forward to sitting down with him again to have an in-depth conversation about his vision and plan for the VA."

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4.2 - The Wall Street Journal: [Trump to Nominate Robert Wilkie as Head of Veterans Affairs](#) (18 May, Peter Nicholas and Rebecca Ballhaus, 43.5M uvm; New York, NY)

WASHINGTON — President Donald Trump said he plans to nominate Robert Wilkie, who is serving as acting secretary of the Department of Veterans Affairs, to lead the agency.

Speaking at a White House event Friday focused on prison reform, Mr. Trump praised Mr. Wilkie's work at the VA as he announced the nomination. "I'll be informing him in a little while—he doesn't know this yet—that we're going to be putting his name up for nomination to be the secretary of the VA," Mr. Trump said.

"I'm sorry I ruined the surprise," Mr. Trump added. He then invited Mr. Wilkie to shake his hand as the audience applauded.

In nominating Mr. Wilkie, the president is looking to bring stability to a long-troubled department that is the second-largest in the federal government next to the Pentagon.

Mr. Trump ousted David Shulkin as veterans-affairs secretary in March, following a controversy involving a taxpayer-funded official trip to Europe the previous year.

Mr. Trump then sought to install the White House physician, Ronny Jackson, as the new secretary. But Dr. Jackson withdrew his nomination last month amid allegations that he dispensed prescriptions drugs without paperwork and was known as "the Candyman" because he so freely dispensed prescription medication. Dr. Jackson denied the allegations.

Mr. Trump then resumed his search for a new leader for the 360,000-person department. Over the past week, White House staffers interviewed two candidates: retired Air Force Lt. Gen. Ronnie Hawkins and retired Army Lt. Gen. Michael Ferriter.

Another candidate who had been in the mix was Jeff Miller, a former Republican congressman from Florida who had led the House Veterans' Affairs Committee and backed Mr. Trump during the 2016 campaign.

Mr. Wilkie previously served as undersecretary of defense for personnel and readiness at the Defense Department.

If confirmed, he will confront a difficult set of policy challenges and ideological pressures that have bedeviled past secretaries.

Some of Dr. Shulkin's conservative critics complained that he didn't move quickly enough to offer veterans a more expansive menu of private health-care options.

Should Mr. Wilkie move more aggressively to privatize VA health-care services, though, he would risk a backlash from Democrats who fear that the Trump administration is poised to transfer department services to the private sector. In his nomination hearing, Mr. Wilkie is likely to face questions from senators about his views on privatizing more VA care.

Sen. Sherrod Brown (D., Ohio), a member of the Senate Veterans' Affairs Committee, released a statement Friday saying Mr. Wilkie "must commit to oppose privatization and earn veterans' support to win Senate approval."

Republican leaders voiced support for the pick. Senate Republican leader Mitch McConnell of Kentucky said in a statement that Mr. Wilkie's "record of public service and current role as acting secretary make him an outstanding choice to serve as secretary of veterans affairs."

Republicans hold a 51-49 advantage in the Senate, where a majority is needed to confirm nominees.

Mr. Wilkie would also take on leadership of an agency facing recurring problems involving timely care. In 2014, during the Obama administration, the VA was rocked by a scandal involving efforts to cover up long wait times for patients.

Before working for the Trump administration, Mr. Wilkie served as a senior adviser to Sen. Thom Tillis (R., N.C.). He also worked as a national-security official in Republican President George W. Bush's administration.

The day before his nomination was announced, Mr. Wilkie made a short appearance in the White House press briefing room to accept Mr. Trump's donation of his quarterly White House salary. He said the VA would use the president's donation to support mental health, education and other programs.

"The president's gift underscores his promise to do all that he can for veterans," Mr. Wilkie said.

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4.3 - USA Today (Video): [President Trump announces he will nominate Robert Wilkie as next VA secretary](#) (18 May, Donovan Slack and David Jackson, 36.8M uvm; McLean, VA)

WASHINGTON — President Trump announced Friday that he will name Robert Wilkie, the acting head of the Department of Veterans Affairs, to fill the post full time.

Wilkie, who has led the VA since Trump fired David Shulkin by tweet in March, comes from the Pentagon, where he is undersecretary of defense for personnel and readiness. He previously served as assistant secretary of Defense during the George W. Bush administration.

"He doesn't know this yet," Trump said during a White House event. "I'm sorry that I ruined the surprise."

The president said Wilkie "has done an incredible job at the VA."

When he became acting secretary, the VA put out a statement hailing his leadership in uniting everyone at the agency around shared goals after a tumultuous few months, when Shulkin had been feuding with a group of top political appointees.

"Under Acting Secretary Wilkie's leadership, senior VA officials are now on the same page, speaking with one voice to Veterans, employees and outside stakeholders, such as Congress and veterans service organizations, and are focused on a number of key priorities in the short term," VA press secretary Curt Cashour said.

Trump's announcement comes at a critical time for the agency. The VA struck a multi-billion dollar deal this week for a new electronic medical record system, and legislation to pave the way for a major overhaul of VA health care is set to pass the Senate next week. Trump is expected to sign the bill into law before Memorial Day.

The details of the overhaul — how it is implemented and rules governing when veterans can get VA-funded care in the private sector — will be up to Wilkie, if he is confirmed as the next secretary.

During an appearance in the White House briefing room on Thursday, Wilkie said the bill will make it "much easier for our veterans to obtain care that they need at the moment that they need it, in homes and in facilities closest to where they live."

He also thanked the president "for providing me the opportunity to serve America's veterans."

Trump's last nominee to take the post, White House doctor Navy Rear Adm. Ronny Jackson, withdrew after a Senate probe uncovered numerous allegations of misconduct.

Wilkie has already been confirmed to his current Pentagon post by the Senate so going through vetting to take over the VA could be smoother.

Sen. Johnny Isakson, R-Ga., chairman of the Senate VA committee, said Friday that he has enjoyed getting to know Wilkie during his time as acting secretary and working with him on the overhaul legislation, known as the VA MISSION Act.

"I congratulate Undersecretary Wilkie on his nomination and look forward to learning more about his long-term views for the VA, including how he plans to implement the VA MISSION Act when it becomes law, as we work through the confirmation process," he said.

Montana Sen. Jon Tester, the highest ranking Democrat on the committee and the leader of the probe that derailed Jackson's nomination, said he has a "good working relationship" with Wilkie.

"I look forward to sitting down with him again to have an in-depth conversation about his vision and plan for the VA," he said.

Veterans' groups, whose support can be crucial to confirmation, also issued generally positive reviews of the Wilkie pick.

The American Legion said it welcomed the decision after 51 days without a confirmed VA secretary. Disabled American Veterans said it was "pleased" and noted Wilkie has "considerable experience navigating federal government policies."

"Robert Wilkie has clearly been working hard to learn the many extremely complicated and most pressing issues facing veterans right now," AMVETS Executive Director Joe Chenelly said. "His early work has earned him the confidence of AMVETS, and we're looking forward to a thorough but hopefully speedy confirmation process."

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4.4 - CNN (Video): [Trump nominates Robert Wilkie as VA secretary](#) (18 May, Jeremy Diamond, Juana Summers and Allie Malloy, 29.7M uvm; Atlanta, GA)

Washington (CNN) - President Donald Trump announced Friday that he is nominating Robert Wilkie to lead the Department of Veterans Affairs, three weeks after his previous nominee withdrew from the confirmation process amid controversy.

Wilkie is currently the undersecretary of defense for personnel and readiness but has been serving as the VA's acting secretary since the President fired VA Secretary David Shulkin in late March. But Trump said the announcement came as a surprise even to Wilkie.

"Acting Secretary Wilkie -- who, by the way, has done an incredible job at the VA, and I'll be informing him in a little while, he doesn't know this yet -- that we're going to be putting his name up for nomination to be secretary of the Veterans Administration," Trump said, before shaking Wilkie's hand. "I'm sorry that I ruined the surprise. I'll see you anyway."

Wilkie's nomination capped a tumultuous seven weeks since the President fired VA Secretary David Shulkin and nominated White House physician Ronny Jackson to replace him, only to watch Jackson's nomination flame out amid allegations of improper behavior during his time at the helm of the White House medical unit.

Trump made the announcement during an unrelated White House event on prison reform and as news coverage of the latest mass shooting in America blanketed the airwaves. He delivered the VA news moments after expressing his "sadness and heartbreak" over the Santa Fe, Texas, school shooting.

With Wilkie's nomination, the President will look to move past the failed nomination of Jackson, who was first viewed as unqualified to lead the federal government's second-largest department, but whose nomination was ultimately stymied by a series of allegations leveled by nearly two dozen of his current and former colleagues.

Jackson denied the allegations of abusive behavior, drinking on the job and loosely prescribing medication, but withdrew from consideration because he said the allegations had "become a distraction" to Trump's agenda.

Views unclear but has military experience

Since being named to lead VA in an acting capacity, Wilkie has been working to steady the agency, meeting with employees to discuss their jobs, according to an agency source.

But his views on how fully to shift care for veterans into the private sector and other high-profile issues facing the agency remain unclear.

In an introductory three-minute video message to VA staff soon after taking the job, Wilkie stressed his background as the son of an Army artillery commander and service as a Navy intelligence officer. He was a senior Pentagon staffer under Defense Secretaries Robert Gates and Donald Rumsfeld.

While serving in the VA's top job in an acting capacity, Wilkie had received praise from White House insiders and veterans' groups for the job he had done.

But some veterans' groups chafed at his appointment, calling on Trump to remove Wilkie after he was nominated, and instead give the job to Thomas Bowman, the VA's deputy secretary, whom the White House passed over for the job of acting secretary.

In Wilkie's acting capacity, he oversaw the approval of a critical contract, the \$10 billion deal with Cerner Corporation to overhaul the health records of millions of veterans.

Wilkie appeared at the White House press briefing Thursday, and praised the passage of House legislation that, if it becomes law, would give veterans more freedom to see doctors outside the VA's health care system.

The bill passed the House in a bipartisan fashion, despite concerns from some Democrats who viewed it as a step toward dismantling the VA health care system.

However, the move fulfilled a campaign pledge of Trump to expand private care for veterans who are dissatisfied with the healthcare they receive in VA's system.

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4.5 - NPR (All Things Considered, Audio): [President Trump Nominates Robert Wilkie To Head Veterans Affairs Department](#) (18 May, Quil Lawrence, 22M uvm; Washington, DC)

President Trump is nominating the current acting VA secretary, Robert Wilkie, as secretary. Trump made the surprise announcement at a White House meeting and said Wilkie "doesn't know this yet."

MARY LOUISE KELLY, HOST:

The pick wasn't surprising, but the announcement was. President Trump today nominated the VA's acting secretary, Robert Wilkie, to become the next secretary of Veterans Affairs. Trump was speaking at a meeting on prison reform when he introduced Wilkie, praised the job he has been doing at the VA and then announced his decision apparently without telling Wilkie in advance. NPR's Quil Lawrence covers veterans.

QUIL LAWRENCE, BYLINE: Trump fired his first secretary of the VA, David Shulkin, by tweet in March. He then nominated his White House physician, Rear Admiral Ronny Jackson, to the post. Critics say it was ill-advised since Jackson had never run a large organization, and some basic vetting soon uncovered numerous allegations of misconduct. When that nomination sank, veterans organizations feared the VA could be rudderless for a long time. But Robert Wilkie, who still holds his job as under secretary of defense for personnel and readiness, has been acting like more than an acting VA secretary, which impressed President Trump, who introduced him at a White House meeting today.

(SOUNDBITE OF ARCHIVED RECORDING)

PRESIDENT DONALD TRUMP: And Acting Secretary Wilkie, who, by the way, has done an incredible job at the VA - and I'll be informing him in a little while - he doesn't know this yet - that we're going to be putting his name up for nomination to be secretary of the Veterans Administration.

(APPLAUSE)

LAWRENCE: Doesn't seem like that was staged. Wilkie, in the room, showed no signs of having been warned.

(SOUNDBITE OF ARCHIVED RECORDING)

TRUMP: I'm sorry that I ruined the surprise.

(LAUGHTER)

TRUMP: I'll see you anyway.

LAWRENCE: Veterans are hoping that is the only surprise twist in what appears to be a safe pick. Wilkie has been running a large government bureaucracy within the Pentagon, and he's already breezed through Senate confirmation to that post. He's 55, has served in both the Navy and the Air Force Reserves and worked for several Republican administrations and lawmakers. While he's known within the federal government, he's a relative unknown in the veterans community, which has seen 10 secretaries or acting secretaries for VA in the 17 years of war since 9/11. Paul Rieckhoff is with Iraq and Afghanistan Veterans of America.

PAUL RIECKHOFF: Our members have been really clear about what they want to see from the next leader of the VA. Most of all, they need a committed, focused person who's going to put veterans above politics.

LAWRENCE: Political intrigue continues at the VA. Former Secretary Shulkin was fired after rivals in the Trump administration openly plotted his downfall. Since then, many senior VA officials have left, complaining of a politicized atmosphere at VA with a focus on loyalty to President Trump. And there's an existential question, says Rieckhoff.

RIECKHOFF: We look especially to see if Wilkie's going to expand privatization of the VA, which veterans nationwide continue to overwhelmingly oppose.

LAWRENCE: While VA has always relied on some help from private doctors, there are concerns that spending on the more expensive private care could put VA into a death spiral where it starves its own health budget, resulting in worse care at VA, resulting in more private care spending. Currently VA is rated to deliver as good or better quality care than the private sector in most states. Robert Wilkie, if confirmed, will guide the VA through this question.

This month, Congress is expected to send the president a bill to revamp the way VA pays for private care. It has overwhelming support from veterans organizations, but even some of them are deeply concerned that it could be implemented in a way that puts VA on a path toward privatization. Quil Lawrence, NPR News.

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4.6 - ABC News (Video): [Trump names Robert Wilkie as new VA secretary nominee](#) (18 May, Sarah Kolinovsky, 24.1M uvm; New York, NY)

President Donald Trump has named Robert Wilkie, the acting secretary of the Department of Veterans Affairs, as his next nominee to lead the department.

"Acting Secretary Wilkie, who by the way has done an incredible job at the VA - and I'll be informing him in a little while, he doesn't know this yet - that we are going to be putting his name up for nomination to be secretary of the veteran's administration," Trump said Friday. Wilkie was in the room as the president spoke.

Wilkie has served as acting secretary since Trump fired David Shulkin in late March amid accusations of unethical spending and disputes about how to run the organization.

The president's first pick to replace Shulkin was his former personal physician Dr. Ronny Jackson, who withdrew his name from consideration amid accusations of misconduct, including accusations of improperly dispensing medication and drinking on the job.

On Thursday, Wilkie signed a multi-billion dollar, multi-year contract with IT giant Cerner that will replace the VA's outdated electronic health records system. It's one of the largest IT contracts in the federal government, Wilkie said.

The contract was awarded by Shulkin last year, but its fate became uncertain after Shulkin was fired in March and the VA's chief information officer resigned in April.

Veterans service organization The American Legion commended Wilkie for completing the Cerner deal in a statement and also said they "welcome the news of President Trump's decision today to fill the position of the Secretary of the Department of Veterans Affairs" after the department has been without a Senate-confirmed Secretary for 51 days.

Sen. Johnny Isakson, R-Ga., chairman of the Senate Committee on Veterans Affairs, backed Wilkie's nomination.

"I congratulate Undersecretary Wilkie on his nomination and look forward to learning more about his long-term views for the VA, including how he plans to implement the VA MISSION Act when it becomes law, as we work through the confirmation process," Isakson said in a statement.

At Thursday's White House press briefing, Wilkie accepted a check from President Trump donating his first-quarter 2018 salary to support the VA's caregiver programs.

"The President's gift underscores his promise to do all that he can for veterans, which includes supporting those who care for our veterans – not just those of us at VA, but the husbands, the wives, the families, and the community caregivers who are out there day in and day out making life easier for those who have borne the battle," Wilkie said.

"I am deeply grateful to President Trump for providing me the opportunity to serve America's veterans and for his generosity in supporting them," he added.

Wilkie served Secretaries of Defense Robert Gates and Donald Rumsfeld as Assistant Secretary of Defense during the George W. Bush administration, from 2005-2009.

The son of an Army artillery commander, Wilkie served in the Navy as an intelligence officer before joining the Air Force Reserve.

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4.7 - Politico: [Trump taps Wilkie as next Veterans Affairs secretary](#) (18 May, Cristiano Lima and Elana Schor, 23.9M uvm; Arlington, VA)

President Donald Trump on Friday tapped Robert Wilkie, a veteran GOP aide and acting veterans affairs secretary, as his choice to become the permanent leader of the scandal-plagued agency.

Trump announced Wilkie's selection ahead of scheduled remarks at a White House prison reform summit, telling the crowd that the nominee-in-waiting didn't know about the news and quipping that he had "ruined the surprise."

"I'll be informing him in a little while, he doesn't know this yet, that we're going to be putting his name up for nomination to be secretary of the veterans administration," the president said at the event, attended by numerous top Trump administration officials, including Vice President Mike Pence, Education Secretary Betsy DeVos, senior adviser Jared Kushner and Wilkie.

Wilkie, who has led the Department of Veterans Affairs in an acting capacity since March and was confirmed by the Senate for a Pentagon post last year, rose up and shook hands with the president after the unexpected announcement. In his remarks, the president praised Wilkie for an "incredible job" steering the VA in recent months. The White House formally announced the president's intent to nominate Wilkie as VA secretary in a statement later on Friday.

As a former adviser to Sen. Thom Tillis (R-N.C.) and longtime Republican hand, Wilkie's path to taking the VA's permanent helm will likely be smoother than the turbulent bid of Ronny Jackson, the president's former personal physician. Jackson withdrew from consideration to lead the VA last month amid scandal over his workplace behavior.

Senate Committee on Veterans' Affairs Chairman Johnny Isakson (R-Ga.) responded to news of the president's announcement by congratulating the acting agency leader and saying he looked forward to the confirmation process in the chamber.

"As acting secretary of the VA, I've enjoyed my time getting to know Robert Wilkie and working alongside him to advance community care legislation through Congress," Isakson said. "I congratulate Undersecretary Wilkie on his nomination and look forward to learning more about his long-term views for the VA, including how he plans to implement the VA MISSION Act when it becomes law, as we work through the confirmation process."

Rep. Phil Roe (R-Tenn.), chairman of the House panel on veterans' affairs, told POLITICO in a statement he found Wilkie "to be accessible and knowledgeable since he stepped in after former VA Secretary Shulkin's departure."

"While the Senate is responsible for the confirmation process, I commend President Trump for this selection and believe Acting Secretary Wilkie would be an effective permanent secretary," he said.

Wilkie's announced appointment is the latest leadership development for an agency rocked by high-profile departures and ethics scandals.

Jackson, who served as White House physician under former presidents George W. Bush and Barack Obama, as well as Trump, withdrew his bid to lead the VA in April amid a series of allegations that he created a toxic work environment, drunkenly wrecked a car and maintained poor prescription records while serving in the federal government. White House officials later confirmed he would not return to his role at the president's physician.

In March, Trump unveiled on Twitter he was ousting Jackson's predecessor, David Shulkin, amid growing tensions with the White House over a taxpayer-financed trip to Europe last year and after he openly sparred with conservatives in his agency.

John Hoellwarth, communications director for the American Veterans non-partisan advocacy group, nodded to the recent upheaval at the agency in his reaction to Trump's announcement.

"Wilkie is already leading the VA, and the last thing the VA needs is more turnover," he told POLITICO in an email. The organization in its statement said Wilkie would provide "needed stability" for the VA.

The latest staffing shake-up arrives as congressional lawmakers continue to feud over the future of the agency, with Democrats pushing back against what they say are efforts to nudge the VA closer to privatization.

Wilkie's nomination could hit a snag due to his tie to the ongoing probe of Trump's ties to Russia: He was one of three congressional aides present when the Trump campaign supported the rejection of a tough-on-Russia provision proposed for the GOP's 2016 platform.

Special counsel Robert Mueller's team is reportedly examining the platform debate, but Wilkie had not been contacted by Mueller as of last fall.

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4.8 - The Daily Caller: [VA Whistle-Blower Office Failing Whistle-Blowers, Group Finds](#) (18 May, Michael Volpe, 12M uvm; Washington, DC)

A new report from an advocacy group found the new Veteran Affairs (VA) whistle-blower office largely fails whistle-blowers.

The VA Office of Accountability and Whistle-blower Protection (OAWP) was formed when the Department of Veterans Affairs Accountability and Whistleblower Protection Act went into effect in June 2017.

The new office was supposed to hold bad managers accountable and protect whistle-blowers from retaliation.

The office made an initial splash when Brandon Coleman, a well-known VA whistleblower from the Phoenix VA, was immediately brought on board.

But a new survey from Whistleblowers of America — a non-profit which helps whistle-blowers who suffer retaliation- done for Congress and shared exclusively with The Daily Caller finds that overwhelmingly whistle-blowers have been frustrated by the office, which has largely failed them.

Jacqueline Garrick is the founder of the Whistleblowers of America.

She said OAWP suffers from serious issues: non-transparency in their process, lack of clarity, and whistle-blowers complained that communication was non-existent.

During the interview, she noted rhetorically: “are they (OAWP) mediators, arbitrators, investigators, or advocates?”

Garrick said her group sent out the survey to 23 VA whistle-blowers and 11 responded; all but one was unhappy with their experience.

“They did close my case without informing me. I have no idea what the OAWP is doing. The only information that I received (is) that the VA was still investigating my claims was while listening to the NPR story about me on April 27, 2018,” one VA whistle-blower noted in the survey.

Another whistle-blower was equally pointed in their criticism. “I never heard from any individual at the OAWP regarding any aspect of my reporting to the OAWP (let alone opening a case). I have copies of every correspondence with OAWP. No reply, no response.”

Coleman himself was criticized by several whistle-blowers, including one who said: “I received an email after contacting them several times that was cryptic. I contacted Brandon Coleman who emailed me a form that was supposed to have been given to me several months prior. No response after I submitted the whistleblower form.”

Curt Cashour is the press secretary for the VA, and he defended the OAWP. “The purpose of OAWP is to investigate whistleblower disclosures and ensure senior-leader accountability, not to settle personal scores or shield people who have failed to uphold VA’s values from being held accountable for clear instances of misconduct,” Cashour noted.

VA whistle-blower interviewed for this story — both on and off the record — generally agreed with the assessment of survey, with two notable exceptions.

Dale Klein

Dale Klein is a former employee and whistle-blower at the Poplar Bluffs, Mo. VA Medical Center and he said that his attorney, Natalie Khawam, submitted his case on to the OAWP on the day the office officially opened.

Klein was still terminated a couple of months later.

He said no one at the OAWP ever called him; instead, he called repeatedly before finally relating to his case agent who told him the investigation was being wrapped up.

“How can the investigation be wrapping up if you haven’t even talked to me?” Klein noted.

On the same call, the case agent then admitted he was unaware that the VA Office of Inspector General had recently found in Klein’s favor.

His next and only other communication was an email from his case officer on February 1, 2018 which stated: “OAWP has reached a determination in this matter. This matter has concluded and will be closed in our tracker shortly.”

Cashour said of Klein: “Dr. Klein is not a VA employee. His removal was in no way related to his protected activity. VA is dedicated to ensuring Veterans get the best possible care. We encourage employees to identify anything that may impede VA’s mission and we take seriously

any efforts to retaliate against those individuals. Dr. Klein was employed as a physician at the Poplar Bluff VA Medical Center, and like all of our employees at VA, we expected him to do his job and, in his case, see patients. He was removed for failure to follow orders related to his duties.”

Klein ran the pain management clinic at the Poplar VA; after making a disclosure, Klein — who is board certified in two specialties — had his clinical duties suspended by the VA for approximately a year and a half before abruptly being told to resume his duties in the summer of 2017.

When he asked for direction on how he was supposed to do this, the hospital terminated him for failing to see patients in August 2017.

Klein is a board member of Whistleblowers of America and participated in the survey, he noted to The Daily Caller.

Sean Higgins

Sean Higgins is a former employee of the Memphis VA; he’s been credited with more than 40 disclosures of waste, fraud, and abuse at the hospital.

He’s been terminated by the VA three times; twice getting his job back while the third is appealed.

Higgins was terminated the last time on the eve of the new VA bill being signed and was told within hours of the bill being signed.

Higgins said he shares many of his disclosures with the OAWP, but they have yet to act.

“Sean Higgins is not a VA employee and hasn’t been since June of last year,” Cashour said.

Joseph Colon

Colon is a whistle-blower at the Puerto Rico VA and he said Coleman and the OAWP did offer to help him advance his career, but that offer was contingent on his silence.

“Dude chill out. Let me try and get you into the program before you start pointing out who is bad and who is good,” Coleman said in one text message while trying to convince Colon to remain silent.

“It’s hard to come off the island (whistleblower island)” Coleman said in another.

But Colon declined the offer.

“Brandon, I appreciate the offer,” Colon finally responded, “It’s not in my DNA to keep quiet.”

“OAWP offered to help Mr. Colon. He refused that help,” Cashour said.

Greg Chiles and Ghassan “Goose” Ghannoum

Ghannoum and Chiles were two of four VA police officers featured in an April article in TheDC, and both said they were happy with the support provided by OAWP.

Chiles said that after the OAWP stepped in a lot of retaliation ceased or diminished and Ghannoum said that Coleman handled his case and was able to secure an executive stay order which effectively stopped any retaliation by the hospital against him while OAWP investigated; the investigation is still ongoing.

In one instance, Ghannoum said, his hospital attempted to terminate him while he was on vacation and Coleman used the stay order to stop the termination.

Garrick did not diminish the effectiveness and use of these executive stay orders but noted further, "Is that all they can do? Because if it is, they should say so."

None of the other whistle-blowers who spoke to The Daily Caller said they were offered an executive stay order.

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4.9 - Military.com: [Trump Nominates Acting VA Secretary Wilkie to Keep Post Permanently](#) (18 May, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump nominated Acting VA Secretary Robert Wilkie on Thursday to stay on the job as the new head of the Department of Veterans Affairs.

Trump's announcement came as Wilkie attended an unrelated White House event and appeared to catch him unawares.

"Acting Secretary Wilkie -- who, by the way, has done an incredible job at the VA, and I'll be informing him in a little while, he doesn't know this yet -- that we're going to be putting his name up for nomination to be secretary," Trump said.

"I'm sorry that I ruined the surprise," the president said before shaking Wilkie's hand.

Wilkie has been serving as acting VA secretary since early April following Trump's firing of the previous secretary, Dr. David Shulkin, in March.

Wilkie had been settling in as the Pentagon's undersecretary for personnel and readiness when he took what was then believed to be the temporary assignment as acting VA secretary.

Trump's first choice to replace Shulkin was Rear Adm. Ronny Jackson, his personal physician and head of the White house medical unit.

Jackson's nomination flamed out over charges that he lacked managerial experience and allegations -- never proven -- that he drank on the job and mishandled prescriptions. He withdrew his name from consideration.

The nomination of Wilkie was Trump's latest surprise move in his oversight of the VA, which he had pledged to reform during the presidential campaign. Veterans were believed to have been one of his main constituencies in defeating Hillary Clinton.

His nomination of Shulkin, who became the only holdover from the Obama administration in his cabinet, was also a surprise. Trump had interviewed several other candidates before settling on Shulkin.

In his short time at the VA, Wilkie has lined up with the Trump administration's push to expand private health care options for veterans. On Wednesday, Wilkie announced the signing of a 10-year, \$10 billion contract with Cerner Corp. to provide the VA for the first time with electronic health records.

Major Veterans Service Organizations (VSOs) had previously expressed concerns that a rapid expansion of private care options could lead to the "privatization" of the VA, but their initial reaction to Wilkie's nomination was positive.

Garry Augustine, executive director of the Washington headquarters of Disabled American Veterans, said that Wilkie as acting secretary "has taken it upon himself to work closely with the VSO community to better understand the needs facing our nation's heroes."

Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said in a statement: "I commend President Trump for this selection and believe Acting Secretary Wilkie would be an effective permanent secretary."

Roe said Wilkie had been "instrumental" in lining up support for the VA Mission Act, which passed overwhelmingly in the House on Wednesday. The bill, which has bipartisan support in the Senate, would provide \$5.2 billion to extend and reform the current Veterans Choice Program on private-care options.

The two-million-member American Legion noted that the VA had been without a permanent secretary for 51 days as of Friday, and urged the Senate to schedule a confirmation hearing on Wilkie's nomination quickly.

In a statement, Denise Rohan, national commander of the Legion, also said that the signing Thursday of the electronic health records contract was "an important down payment on the strategic future of the VA. We commend the acting secretary for completing this important deal."

Wilkie, 55, an intelligence officer in the Navy Reserve, is a lawyer with experience on Capitol Hill and at the White House.

He received his bachelor's degree from Wake Forest University in North Carolina and a law degree from Loyola University School of Law in New Orleans. He received Master of Laws in International and Comparative Law from Georgetown University Law Center in Washington, D.C.

Wilkie's first work in Congress was as counsel to then-Sen. Jesse Helms, R-North Carolina. He later worked at the White House as a senior policy adviser to then-National Security Adviser Condoleezza Rice.

Wilkie has already been confirmed by the Senate twice for Pentagon posts, which is expected to improve his chances to become VA secretary.

He previously served in the Pentagon as assistant secretary of defense for legislative affairs during the administration of President George W. Bush. He began serving as undersecretary for personnel and readiness last Nov. 30.

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4.10 - Milwaukee Journal Sentinel (Video): [With PTSD reaching well beyond combat vets, trauma experts see need for 'healing spaces'](#) (18 May, John Schmid, 4.8M uvm; Milwaukee, WI)

During the Vietnam War, Bob Curry flew more than 250 missions, most at night, most just above tree level. The Army intelligence officer tucked himself into a confined cockpit — one of two men strapped into ejection seats. Anti-aircraft fire was a daily fact of life and there was only one way to avoid it: by seeing it coming, assuming it wasn't raining or foggy.

"And one silently wondered when the explosion would hit, followed by death," he recalled.

These days, the 66-year-old is one of 653,400 U.S. veterans treated each year by the U.S. Department of Veterans Affairs for post-traumatic stress disorder. He goes out of his way to avoid poorly lighted, claustrophobic spaces in the same way other combat vets avoid July 4th fireworks. A man who once piloted combat aircraft won't let himself have a driver's license. He rides the bus everywhere.

And so it's a cruel irony that he suffered a full-blown anxiety attack last year inside the Zablocki Veterans Affairs Medical Center in Milwaukee — the very place Curry goes for healing.

He walked past the cramped front lobby with low ceilings and elbow-to-elbow rows of chairs facing a monitor playing daytime TV. He turned down one of the uniformly narrow corridors with hazy artificial lighting, needing to renew prescriptions for anti-anxiety and anti-depression medications.

He took a number, only to learn that his regular mental health specialist had left the VA. "I was asked to wait in the waiting area, which consisted of a very small walled area with no windows or sunlight. Jammed with chairs, vets and the TV blasting a reality murder channel." His heartbeat accelerated. A nurse told him to fill out a form and keep waiting. He called a VA social worker in the building "but I could see she couldn't help and she didn't get it."

"My anger, chest and blood pressure were pounding," he journaled the next day. "This placing is triggering everything that brought me here."

He fled without being treated.

Curry longs for places he calls sanctuaries — therapeutic places conducive to healing and recovery. Like many trauma experts, Curry says there aren't enough of them. Ten years ago, he co-founded his own: Dryhootch, a coffee shop on Milwaukee's north side that doesn't serve alcohol but fosters nonjudgmental peer-to-peer support for vets — or anyone who wants a quiet latte.

When it comes to healing sanctuaries, the need is urgent for combat vets. But as more knowledge is gained about the role trauma plays in everything from poverty to drug abuse to

joblessness to mental illness, the need is even more widespread for noncombat, nonmilitary PTSD sufferers.

Given the preponderance of the epidemic, a growing chorus of trauma researchers decry a lack of healing spaces in American culture.

“Most PTSD in this nation comes from causes other than war,” said Paula Schnurr, executive director of the National Center for PTSD, an arm of the VA. “It’s a public health problem.”

The U.S. National Institutes of Health, in the nation's most recent and comprehensive study, estimates more than 14 million Americans will be diagnosed at some point in their lives with PTSD, as defined in the diagnostic manual of the American Psychiatric Association. That's more than twice the population of Wisconsin and more than all but four of the 50 U.S. states.

The NIH conducted 36,309 face-to-face interviews to create a nationally representative cross section of the U.S. population. Only a relatively small share of respondents indicated that their most stressful life event stemmed from military combat, prisoner-of-war status, being a civilian in a war zone or being a refugee. Far more identified sexual assault before age 18 or “intimate partner violence.”

A greater overall share of the American population with PTSD are located in rural regions (7.3%) than in urban centers (5.8%), NIH data show. Because of the density of urban populations, however, the tightest geographic concentrations of PTSD are found in economically stagnant urban communities, where trauma is so commonplace that it incapacitates the workforce and undermines the economy, as the Journal Sentinel reported last year in a multimedia series called *A Time to Heal*.

Until only recently, civilian trauma had been statistically invisible. Now that empirical metrics exist, however, the data are consistent and staggering. A separate estimate by the National Center for PTSD estimates that 7 percent to 8 percent of the American population would qualify for a PTSD diagnosis in their lifetime.

The enormity of the trauma epidemic lays bare the rampant levels of violence and abuse within American society — urban, suburban and rural.

“For every soldier who serves in a war zone abroad, there are ten children who are endangered in their own homes,” wrote Boston psychiatrist Bessel van der Kolk in his 2014 book about trauma, *“The Body Keeps the Score.”*

Environment design guidelines

The VA itself recently acknowledged the urgency for healing environments, a recognition some say is overdue. This year, the VA approved its first-ever set of Healing Environment Design Guidelines — a 209-page document meant to influence all future construction, renovation and architecture at VA facilities around the nation.

The book, principally authored by architect Paul Alt, who grew up in Milwaukee, advocates natural light, easy access to nature and airy spaces that evoke safety and serenity. Healing spaces offer places to be alone and contemplative (“alienation and self-imposed isolation are major issues affecting the health and well-being of veterans,” the guidelines report). If vets seek peer-to-peer support, a healing “ecosystem” offers uncrowded spaces for discreet conversation without the loud drone of a TV, the guidelines advocate.

Ideally, healing settings integrate splashing water and plants and spill outside into the grounds with paths, trees, birds and gardens. Healing spaces are meant to calm anxiety, depression and guilt. Because the average VA hospital or clinic is 60 years old, the guidelines are meant to avoid a repeat of the cramped and dim medical mazes that are now offered to vets across the country.

At the core of the guidelines are arguments of economic efficiency. In an age of rationed care, which is meant to sink medical costs, it is counterproductive to add stress to patients on their way to mental health therapy appointments that only last 45 minutes, Alt said.

"The idea is to de-stress the patient and make the medical appointment more efficient. The doctor doesn't need to spend time to get them to calm down, which wastes time," Alt said.

Near identical symptoms

It wasn't until 1980 that the American Psychiatric Association included the term PTSD in its diagnostic manual, mainly in response to mental health problems among Vietnam War vets. It didn't take long, however, before nonmilitary public health workers recognized near-identical PTSD symptoms in the nation's inner cities.

By the early '90s, psychiatrists treating urban residents were diagnosing sleep disorders, extreme startle responses, flashbacks, lost hope for the future, homelessness, alcoholism, suicide and even biochemical changes in the brain.

That's when Alt became involved in healing spaces. As a young architect in Chicago, he was appalled by the violence in public housing projects, where children live amid chronic anxiety and too often died senselessly.

Alt took a special interest in DuSable High School on Chicago's South Side. A few decades earlier, DuSable's community had been known as Bronzeville and had a middle class. That changed after Chicago built the Robert Taylor homes, the largest housing project in the nation at the time: 28 high-rises of 16 stories each, spanning two miles of concentrated concrete, poverty, drugs and violence.

"If an environment can make people suffer, can't a person's environment make people heal," Alt postulated.

The young architect taught for a semester at DuSable and encountered students walking the hallways "with thousand-mile stares," skipping classes. Alt studied works on healing, secular and sacred. Eventually he designed a healing space meant for DuSable's half-acre courtyard. He called it the Urban Ecology Sanctuary Project.

Now 57, Alt has known firsthand about the invisible scars of trauma since he was 8 years old. Living in a middle-class Milwaukee community in 1969, Alt witnessed a speeding car run over his 6-year-old brother Leslie. "That's how I relate to DuSable kids who held their bleeding brothers."

Leslie Alt lives with traumatic brain injury in a nursing home in Chicago, a mile from Alt, who continues to care for him. "My brother is also the biggest inspiration of my life."

Alt's DuSable urban sanctuary was never built. In the mid-'90s it became clear that the Taylor homes were slated for eventual demolition, which drained the project of fundraising urgency and sponsors. But the young architect pressed ahead on other healing-centric projects. In 2007, he joined a think tank at the Walter Reed National Military Medical Center in Bethesda, Md., where he studied healing environments for mental health. "The U.S. military was desperate. They were fearful they couldn't field enough combat-ready units because the ranks (of existing troops) were rife with PTSD."

Alt began to work with vets, only to notice the similarities with traumatized DuSable kids. "You have to understand the level of injury. They had survivors guilt. And some had moral injury because they killed other people," Alt said. "It's not unlike what the kids experience in inner-city situations."

The guidelines Alt put together for the VA are "built on the foundations of some of those kids' ghosts," the architect said.

Community war zones

Research in the last 10 years shows that civilian trauma is most prevalent in homes with chronic economic uncertainty or communities with shrinking economies.

It might be a cliché to call the inner city a war zone; to psychiatrists, however, there's often little difference. Traumatized people often see the world as threatening and danger ridden.

Flashbacks, anxiety attacks, sleep disorders and trouble breathing are common, along with depression and emotional numbness. PTSD is linked to hypervigilance to the point of creating so much toxic stress within the body that it leads to heart problems and physical ailments.

PTSD often traces back to a searingly horrific event that divides someone's life into a "before" and "after." Some repress the mental repeat loop of traumatizing memories through alcohol and drug abuse. People with PTSD are at heightened risk of homelessness, bipolar disorder and suicide. Often trauma ripples from generation to generation as traumatized parents inflict trauma on their own children.

The VA commissioned the healing guidelines after it realized it couldn't find a working definition of a "healing environment" and how it related to veteran needs, said Gary Fischer, a senior health care architect in the VA Office of Construction & Facilities Management.

The Milwaukee VA center, known as the Zablocki, was designed two decades before the term PTSD even existed — in the same era as the Taylor homes.

These days, one in four of all VA patients is treated for mental health issues and more than half of them are treated for PTSD. The VA has over 200 specialized programs to treat PTSD. But some vets at some VA facilities don't even make it to their VA appointments, Fischer said, echoing a common complaint. "It's a factor of their PTSD," Fischer said. "These older buildings are a product of their times."

Gary Kunich, a spokesman for the Zablocki medical center, said the Milwaukee facility has been undergoing almost continuous renovations for years. "Every construction project we do, every renovation we do, is with a veteran in mind, to create an optimal healing environment," Kunich said.

Those seeking quiet can sit in the library on the sixth floor. Most recently, one of the two main entryways was renovated to add space and a wall of glass (the well-trafficked entry off the parking lot is the one that Curry used last year on the day of his panic attack).

The Zablocki does have extensive spaces conducive to healing, but they are outdoors — a broad expanse of pastoral space and historic nonmedical buildings. It owes its inheritance of parkland to a fluke of history: in 1865, when Milwaukee still was mainly prairie land, then-President Abraham Lincoln chose Milwaukee as one of the first three National Homes for Disabled Volunteer Soldiers, which evolved over time into the VA.

Milwaukee's VA grounds still have ponds where Civil War vets once relaxed in rowboats. The ironwork roof of Miller Park stadium is visible over the treeline.

Homegrown healing space

Bob Curry has gone to the Zablocki for 15 years. Many vets never even bother with the VA, he said. "I call this 'Soviet 1950's design' — very utilitarian," Curry said, pausing in a first-floor hallway in the Zablocki.

Curry knows he's not the only one who never made it through the fluorescent maze to a therapist appointment. "If your blood pressure isn't through the ceiling, it will be by the time you get to your appointment — if you get to your appointment," Curry said. "They put those TVs in here with no regard for the people who come into the building."

Curry served in Vietnam in the early '70s. After returning to the United States, he didn't want to think about the war. He had stable employment for years doing tech work at IBM and AT&T.

He became a binge-drinking alcoholic who lived in denial of his addiction. His life changed in 2002 when he woke up one day in police custody. The police told him that he'd driven into a motorcyclist and killed him. He had no clue what happened.

"I was thrown in jail and tried to commit suicide that night. And I was pissed it didn't work."

Curry says he owes his recovery to peer support. Other vets helped him stay sober. He lived in a halfway house run by a Vietnam vet. A Gulf War Marine who became an attorney won an acquittal for Curry on mental health grounds, citing PTSD.

Peer recovery centers, either civilian or military, work on the same idea: for many, the bridge to healing is to trust a peer enough to share one's pain, a peer who has gone through a similar ordeal, a peer who can empathize. It's an authentic rapport that's found less frequently with institutional therapists who have tight time slots.

Brainstorming with other vets led Curry to co-found one of Milwaukee's most successful homegrown healing spaces: the Dryhootch coffeehouse.

The healing environment Curry co-created is named after a "hootch," military jargon for a shelter or bunker. It opened 10 years ago on Brady Street as a dry drop-in center for vets who can talk to other vets in a nonjudgmental place, often beginning with "where did you serve?" It's a nonprofit, funded by grants and donations, and open to the public. It might look like a homey independent latte shop where one can plug in a laptop — save for the metal ammo box repurposed as a tip jar or an occasional pamphlet on the 12-step program. More often than not, the barista is a vet.

Curry has observed vets who come into Dryhootch and sit by themselves for weeks, quietly observing everyone else before they engage in conversations.

Five years ago, a second Dryhootch opened on National Avenue across the street from the Zablocki — the "Dryhootch Forward Operating Base." Then one opened in Madison. Dryhootch cafes in Chicago and Atlanta are in the works. Each will be operated and supported by local vets.

President Barack Obama honored Curry at the White House in 2013. Last year, Curry was named to the Milwaukee County Mental Health Board.

And Alt enshrined the idea of Dryhootch in the guidelines, endorsing the idea of peer-to-peer cafes in all VA facilities across the nation.

But the need for healing spaces reaches far into American society, Alt argues.

"The guidelines can be applied to any civilian center or school or hospital, so it's the VA's gift to the nation," Alt said.

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5. Improve Timeliness of Service

5.1 - FOX News: Always Faithful: Marine raises thousands of dollars for vet he just met
(18 May, Georeen Tanner, 32.5M uvm; New York, NY)

Semper Fi is the calling card of the U.S. Marines and one man carries the motto with him.

Guido Filippone, a Marine who served between 2004 and 2008, was leaving a VA appointment on May 16 when he noticed a man wearing a World War II baseball cap.

"I immediately approached him and thanked him for his service," Filippone said.

It was a hot Texas day and Filippone was concerned about the man walking across the long stretch of parking lot—walker in tow—to return to his car.

"There was no one around with a golf cart to get him there faster."

Filippone offered to escort him to his vehicle. During the walk, Filippone discovered the man was a World War II vet named Mike Gazella.

"We got to talking and he told me he was drafted into the Army and he was stationed in Germany as the war was ending."

Filippone also learned the reason for Gazella's visit to the VA that day. Gazella had medical bills piling up for over a year due to operations. According to Filippone, Medicare footed most of the costs, but Gazella was cutting through red tape to get the VA to cover what was left. He drove

over a half hour from Leander, Texas, to the clinic in Austin to see if the VA could pay the remaining balance of \$4,000.

“If I had a checkbook, I would have given the money to him right there. I wouldn’t want a World War II vet to move on to the next phase of life in debt,” Filippone said.

He offered to help Gazella who promptly refused. Filippone did the next best thing. He turned to crowdfunding platform GoFundMe and set up an account sharing his plight with the Internet.

Gazella had no idea this was happening.

Filippone, who is running the campaign for seven days, has already far surpassed his \$4,000 goal. In 16 hours of the campaign being posted, he raised more than \$11,000. His biggest challenge is ahead of him.

“I have to track this guy down. I know he goes to Starbucks every day in Leander—there’s only two Starbucks in Leander. I’m going to go to both, ask around and give him a check.”

Filippone has a word of advice for paying it forward.

“I could have easily just walked away and moved on. It’s nice to give back when you can,” Filippone told Fox News.

“I always say we already have the Greatest Generation—we should be the better generation. Never miss a chance to thank a veteran.”

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5.2 - Military Times: [Veterans fear Congress has forgotten about the military’s burn pit problems](#) (18 May, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — For years, Veterans Affairs leaders and administration officials have promised they won’t let health issues surrounding burn pit exposure in Iraq and Afghanistan become another “Agent Orange” in the community.

Now, advocates and a handful of lawmakers are worried it already has.

“The level of awareness among members of Congress on the problems from burn pits is abysmally low,” said Rep. Tulsi Gabbard, D-Hawaii and an Army National Guard soldier who served in Iraq in 2004-2005. “Too few understand the urgency of the issue.”

Gabbard and Afghanistan war veteran Rep. Brian Mast, R-Fla., recently introduced new legislation dubbed the Burn Pits Accountability Act to require more in-depth monitoring of servicemembers’ health for signs of illnesses connected to toxic exposure in combat zones.

The legislation is also serving as a springboard for renewed discussion about the lingering problem of burn pits, used extensively in Iraq and Afghanistan to dispose of a wide variety of waste and suspected in a wide array of unusual cancers, respiratory illnesses and other health complications from the post-9/11 generation of veterans.

On Thursday, numerous veterans advocates joined Mast and Gabbard at a Capitol Hill press conference to support their legislation but also to highlight the issue, fearing that the once talked-about topic is now becoming an afterthought.

"We've had an overflow of veterans sharing their stories, especially in the last few months," said Paul Rieckhoff, founder and CEO of Iraq and Afghanistan Veterans of America. "Our members feel like their bodies are under attack. And they're calling for help."

More than 141,000 veterans and current service members have enrolled in VA's Airborne Hazards and Open Burn Pit Registry, which allows individuals to document their experiences and illnesses with the department.

But those entries are voluntary, and advocates believe the total number of troops impacted by the poisonous fumes from the pit is significantly higher, since nearly every individual who deployed in the recent wars had some exposure to the burn pits.

"Even when someone in the military is aware that burn pits existed out there, that doesn't mean they're aware of who is affected," Mast said. "They often ask if you were assigned to a job where you (worked with the pits). And if you weren't, how could this possibly affect you?"

"They don't understand that's not how the military works."

Both Gabbard and Mast said the military and VA can do more to be proactive with the problem of burn pit exposure, especially in light of the spotty record with Agent Orange exposure during Vietnam.

Decades passed before many rare illnesses linked to the chemical defoliant were acknowledged by either department or authorized for health and disability benefits. Advocates said they fear bureaucratic indifference will mean years of suffering by the current generation of veterans before the proper medical and financial support is put in place.

House Veterans' Affairs Committee members will hold a hearing on the issue next month. Meanwhile, IAVA and numerous other veterans groups have been meeting with lawmakers to find a path ahead, either on the Gabbard/Mast legislation or another plan.

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5.3 - WCPO (ABC-9, Video): [Veteran cited to federal court after dispute over service dog at VA hospital](#) (18 May, Tom McKee, 2.1M uvm; Cincinnati, OH)

CINCINNATI -- Brandon Rimmer left the Air Force with PTSD after two combat tours as a K9 handler working in explosive detection.

He got a dog for emotional support, but ran into a legislative maze when he took the animal with him to the Cincinnati VA Medical Center. Now Rimmer has been cited to federal court for having the service animal with him, and his appearance could set off a review of how a "service animal" is defined.

He's hoping he can get the rules changed.

The bond between the Rimmer and the dog, "Old Glory," is obvious. Rimmer calls his 4-month-old lab "a medical necessity." He said he's covered by the Americans with Disabilities Act.

"You can't adjust back to civilian life," he said. "You can't explain it unless you've experienced it."

When Rimmer visited the Cincinnati VA hospital for tests Wednesday, Old Glory went with him. That resulted in the VA police issuing a citation to federal court.

"My PTSD service dog, it's not recognized by the VA," he said. "It's recognized by the ADA, but it's not recognized by the VA. So I'm in violation of federal law."

Cincinnati VA Police Chief David Bartos said he believes the dog is a puppy, not a service animal trained to perform tasks for people who are disabled.

"Emotional support is not a task," he said, citing federal VA regulations.

That's where things get confusing: ADA guidelines state a service animal can be used to calm people with PTSD. Different federal agencies apparently have different regulations

Both Rimmer and Bartos said they would welcome a review of the rules to come up with a more precise policy.

"The only reason I'm doing this - going up against the government, the same government I swore to serve and protect - is because this doesn't need to happen to another veteran that has PTSD," Rimmer said.

Rimmer's case is scheduled for July 18.

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5.4 - San Antonio Express-News: [Remember those who serve, served](#) (18 May, Editorial Board, 718k uvm; San Antonio, TX)

In battle, there are no respites, no breaks from the terror. Even when the bullets are not flying, even when the bombs are not dropping, death is always there, as close as the soldier next to you. There is no escaping it.

Today — Armed Forces Day — we express our gratitude for what our service men and women experience, whether on the battlefields or in non-combat duty.

Whatever they do, they do for us. They make a dangerous world less dangerous, sheltering us from the perils we know only through newspaper accounts and television reports.

They make it less dangerous for us. Not for them. In his compelling front-page story last Sunday — "Gulf War vets' ills shrugged off by VA" — Bill Lambrecht detailed the horrors our fighting men and women confront in countries like Iraq.

But the fighting never really ends for these brave individuals; it just moves to a different battlefield - the home front.

Of the 700,000 troops who fought in the Iraq War, for example, 40 percent are afflicted with "Gulf War Illness," maladies that include brain cancer and chronic fatigue. That is bad enough. But, as Lambrecht reported in his article, these men and women return to a country that does not prize their sacrifice; internal documents obtained by the Express-News show that more than 300,000 claims related to "Gulf War Illness," from 2002 through last year, were rejected by the Veterans Administration.

Our brave men and women deserve better. In Military City, USA, we understand that. And we must show it not just today, Armed Forces Day, but every day, and not just by approaching these courageous individuals with a simple but heartfelt, "Thank you for your service." We must show it by lobbying our elected officials to improve the benefits and services we provide them in uniform and when they reenter civilian life. They deserve no less.

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5.5 - WFLA (NBC-8, Video): [Sickened veterans, families, Congress wait on VA to release findings on Agent Orange exposure](#) (18 May, Steve Andrews, 702k uvm; Tampa, FL)

HOLIDAY, FLA (WFLA) - For years, the family of Lonnie Kilpatrick suspected Agent Orange sickened not only Lonnie, but his children and grandchildren too.

While stationed in Guam, the Navy veteran, who died earlier this month, was exposed to the toxic herbicide, which the military used throughout the Vietnam war to wipe out jungle vegetation the enemy was hiding in.

"I know my kids they have, this thing that's caused by Agent Orange," Lonnie said in an interview in April. "I got a granddaughter that's already had brain surgery."

"They say it can be passed down for three generations," he added.

Betty Medkeci, the executive director of Birth Defect Research for Children, Inc. thinks its too early to say whether the grandchildren of veterans exposed to Agent Orange are experiencing health issues. It is her contention that neither the Department of Veterans Affairs nor private industry really wants to go there.

"We don't know, but we're not going to find out unless we do the research," Ms. Medkeci said.

Congress is still waiting to hear from the Department of Veterans Affairs whether birth defects and other health concerns showing up in the children and grandchildren of veterans are tied to the toxic defoliant.

In 2016, Congress passed legislation directing the V.A. to partner with the National Academy of Medicine "to assess the scientific research regarding descendants of individuals and veterans with toxic exposure," but Medkeci said the department failed to follow through on the directive.

"I'm not happy that they're just reviewing what they've already looked at," said Ms. Medkeci. "If they don't do the research and they just fiddle around and look at what's already been out there, which has been looked at over and over again, then we're not going to be any closer to the answer."

"I've had heart issues my whole life," said Lonnie's daughter Keri Ackerson.

Keri's daughter Emma, 9, also deals with heart issues. She and her mother both suffer from Chiari malformation, a brain condition that's associated with Agent Orange, although the VA contends the condition is not related to the herbicide.

When Emma was only 6, she underwent corrective brain surgery.

"It's made life very difficult," said Keri. "She asks why is she being punished."

Weeks after her surgery, Emma's long list of painful debilitating illnesses returned.

"Last night she was complaining of both her hips throbbing, nausea and headaches," said Keri.

"Most of the time it just feels like throbbing on my hips or shocks," added Emma.

At times, Emma loses her eyesight. She must use a wheelchair once she gets out of a vehicle. According to her mother, Emma spends a lot of her time in bed. At night she wears a cooling vest to bed along with ice packs to help control her body temperature.

"As a parent, it's just hard to watch your child suffer," explained Keri. "Being a nurse that's what you want to do, help, but for her, there's nothing I can do."

Senator Marco Rubio's office said our findings are disturbing and they are looking into it.

Congressman Gus Bilirakis' Office issued the following statement:

"Congressman Bilirakis is troubled that there has been no action taken on this research, which is important in order to allow broader access to VA care and benefits for the generations of individuals who have also been impacted by these toxins. This is something he intends to delve further into and will hold the VA accountable for meeting its moral and ethical obligation to these families."

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5.6 - KWTX (CBS-10): [Killeen: Mental health clinic opens](#) (18 May, Alex Cano, 307k uvm; Waco, TX)

KILLEEN, Texas (KWTX) - The Steven Cohen Military Family Clinic provides free treatment to anyone who has served in the U.S. Armed Forces.

That includes veterans who do not receive mental health care through the VA system, whether for reasons of limited accessibility or because of other factors.

This is the first clinic of its kind in Killeen and the fourth Cohen clinic in Texas.

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5.7 - KOMU (NBC-8, Video): [Mizzou study explains why veterans don't tell us everything](#) (18 May, Sarah Hempelmann, 154k uvm; Columbia, MO)

COLUMBIA - Local veterans return home from combat having experienced things average citizens could not even imagine.

Douglas Wilbur, a University of Missouri graduate student, recently did a study about veterans who continue to abide by the "need-to-know" rule when talking about their war experiences with counselors and therapists.

Wilbur says, being a veteran himself, the veterans he spoke with felt comfortable as soon as they heard him speak in their native language.

"Because I was already a member of the group, I was able to, I already had a trust established with them," he said.

Wilbur said the biggest finding he uncovered was that veterans were more hesitant to speak with therapists because they feel they won't understand those unnatural experiences.

Grant O'Neal is a psychologist and PTSD Clinical Team Lead for the Truman VA Hospital.

He said when confronted with a veteran who puts up barriers, the VA staff has several techniques to try and break those walls down.

"The ones that we use most often, within the VA, are cognitive processing therapy and prolonged exposure therapy," O'Neal said.

He said those are skills based therapies. They have practice assignments to work on throughout the week to help them develop their skills and develop recovery.

If they notice treatments are not helping the veteran improve, they will assess the treatment and modify it to that specific veteran's needs.

O'Neal said the ultimate goal is to find a treatment that fits the veterans and will give them best overall results.

Wilbur said that even though he will not pursue the study any further, his hope is for therapists and psychologists to pick up where he left off and continue his study.

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5.8 - Curry Coastal Pilot: [VA director plans improvements](#) (18 May, Jane Stebbins, 51k uvm; Brookings, OR)

Fixing the Roseburg Veterans Administration hospital is so important to interim Director Dave Whitmer, he is missing his twins' senior year of high school back home in Tampa, Florida.

"I made a big sacrifice to come to Oregon," he told a standing-room-only group of about 50 veterans at the Brookings VA clinic Wednesday evening. "To me, being here and making

improvements to a really struggling system ... I'm the kind of person who wants to take on these challenges. And I recognize that there are real challenges here."

In a two-hour town hall meeting, he heard the usual stories — long waiting times in clinics, being kicked off hospital property, phones calls that are never returned, pain medication dosages slashed without talking to patients.

"One thing I love about this community is the passion it has for its veterans," Whitmer said after the meeting. "When passion isn't met by service expectations, it's appropriate to be upset. And that's what I heard."

The veterans in South Curry County heard promises from the former director, Doug Paxton, who was fired and replaced four months ago.

Whitmer realizes he has to gain back their trust — he did have them laughing by meeting's end — and come through on the promises he's now made them.

He acknowledged, too, that his mindset, coming from a big city where people don't have to travel far to get health care, is a far cry from the rural needs of veterans in Curry County so he's had a big learning curve in his work addressing problems.

The problems

The town hall meeting brought people from as far away as Crescent City to complain about the usual problems they've encountered in the system. But others were unique.

The national opioid epidemic has affected how doctors in the VA system are administering pain killers, Whitmer said, after several people complained that their drug dosages had been cut by as much as 60 percent.

One veteran said a VA doctor told him now that he's taking steroids, he shouldn't tell that to a pain specialist to whom he was being referred.

"Is this the kind of medical treatment we're going to have?" the man demanded. "Without talking to us about cutting our painkillers? Is this the kind of treatment we're going to have, where we have to negotiate with our doctors to get the pain pills we need?"

Another said he waited two years to have his knee treated, and was told nothing could be done for him because he didn't bring X-rays with him to the hospital. It was a similar story with the rotator cuff in his shoulder.

"I was basically told I'm an old man, no big deal and get out," he said. "That's why we're frustrated with the VA. The system in Roseburg does not work."

Another veteran, precariously balanced on a cane, said while waiting 10 years for treatment, the medicine the VA gave him in the interim "killed" his liver. Now, he said he can't walk or bend over and has calcium spurs on his neck.

"I'm standing because I'm ready to fight," he said. "I'm not going to lie down and take it. We fought for this g.. d..... country; we deserve some respect."

Another veteran said he was the only one among his friends who went to Vietnam. His young pals instead drove to Eugene to get a \$500 phony medical excuse to avoid service; others fled to Canada.

"If I'd known how I was going to be treated by the VA, I would have run away, too," he said. "This is criminal."

Another man pointed to his arm: "I'm losing my arm," he said, "and they told me I need a colonoscopy. I don't need a colonoscopy, I need an X-ray. Everyone gives us the runaround. That's why we all get resentful. That's why we look at it like 'you' and 'us.'" We're told one thing and they do another. That isn't the way to treat people."

Delays, a lack of communication, doctors telling patients they can't do anything to help; the list goes on and on.

It's resulted in veterans giving up on the system.

Others have become dramatically sicker waiting.

One said she wouldn't bring her dead dog for treatment in Roseburg.

What's done, to come

Whitmer started the evening by informing those in attendance that in the three months he has been in Roseburg, the hospital has been re-rated as a two-star facility.

"That does not compare favorably to other hospitals, he said. "One star isn't something to be proud of. Our goal is to be five star, to be the best rural facility in the country."

To that end, he has met with physicians, clinic and hospital administrators in Gold Beach, Coos Bay and Crescent City, encouraging them and those in the private sector to work with veterans so they don't have to travel the four hours to Roseburg for treatment that's available on the coast.

In Roseburg, he's hiring a new chief of staff and a new associate chief of mental health and has accepted an offer to fill a new chief of surgery. A chief of ambulatory and primary care is now on staff, as is a new chief of medicine and someone to mentor him in the VA system. He's recruiting for a new chief of psychiatry. He's got a new chief fiscal officer on board, and is looking for a veterans' experience officer to serve as the middleman between veterans and their doctors.

The last thing he will do in his year in Oregon is replace himself, he said.

"I want an up-and-coming medical director who wants Roseburg to be their first opportunity to be a great director," Whitmer said. "They'll probably stay two or three years and move on to a larger facility. I know that will upset some veterans, them using us as a stepping stone, but it's reality. It's how some get their start. And my job is to create a great environment for success for that director."

Whitmer said he is here to help make the rural facilities thrive.

“I don’t want vets to be given a voucher and told to get health care on their own,” he said. “I want to work with our team to get speciality care they need. I believe in that system of health care.”

Mental health care is an area he wants to see expanded, as is patient advocacy. To address the national opioid addiction and abuse problems, the VA has incorporated acupuncture to help those in pain; some in the meeting — their ears dotted with tiny gold studs — said it’s helped them cut back on prescription medications.

Other changes looming

Other changes Whitmer is considering, notably the evaluation of whether to close the Roseburg emergency room at night, weren’t received so well.

Whitmer said they get 35 to 38 patients a day in the emergency room, and two to three at night, which does not, he admitted, make financial sense. Forging contracts with other hospitals, however, could solve the problem.

“This is in step with the last two directors,” said veteran Mike Berns, who has been vocal about problems within the system. “Shutting down vital services should not be dictated by the bottom line.”

If the ER is closed, it will be because it is a patient safety issue, not a monetary one, Whitmer said.

“My principal concern is patient safety,” he said. “There is a financial issue, but the finances don’t drive my decision. And it may or may not happen.”

Other problems Whitmer wants to address are the long travel times to Roseburg, possibly by offering hotel vouchers for those who must undergo certain procedures.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Pensacola News Journal: [Pensacola Running For HER 5K supports female homeless veterans](#) (18 May, Troy Moon, 439k uvm; Pensacola, FL)

She stood in defense of our country.

Now, she's hoping we'll run in support of HER.

The second annual Running for HER 5K takes places at 7 a.m. Saturday at Veterans Memorial Park in downtown Pensacola. The event is produced by the HER Foundation of Northwest Florida, which supports female veterans, particularly homeless female veterans.

HER stands for "Honor, Empower and Rebuild." The nonprofit organization was started three years ago by Navy veteran Nancy Prevot of Pensacola, after she said her faith led her to look deeper into the plight of women after they served in the military.

In a 2016 report, the National Center on Homelessness Among Veterans, which is funded by the Veterans Administration, said the number of women who are homeless or who accessed VA programs to end homelessness tripled to more than 36,000 in a five-year period ending in 2015. That figure, according to the center, is projected to rise to nearly 40,000 by 2025.

"For many people, when they think about military veterans, they automatically think of men," said Prevot, a chief petty officer who served from 1994 to 2000. "They don't think about the women who have served."

Navy veteran Samuel Denson, veteran employment specialist for Career Source Escarosa, was approached by Prevot and agreed to be an "ambassador" for the HER Foundation because of his work with military veterans.

"When I first started here (three years ago), female veterans were the hardest to place because most of the shelters were set up for men," Denson said. "There's always been a limited number of shelters for female veterans."

Last year, more than 150 people participated in the inaugural Running for HER 5K, with proceeds benefiting the organization's programs and projects, including rehabilitating a west Pensacola home that was donated to the organization to become a residence for female veterans.

Prevot said that while she wants to help all female veterans, she is especially concerned with single female veterans without children.

"There are agencies that take care of women with children, but not as many for single women with no children, unless there are issues of domestic abuse or drug abuse, and that's not always the case for most of our veterans. They're just homeless," she said.

Prevot considers herself lucky. When she left the military, she was married to a chief warrant officer.

"A lot of women had no one when they left the military," she said. "They're on their own."

She said her husband, Patrick Prevot Sr., helped her tackle the plight of female veterans.

"He challenged me to do this," she said of her husband, who died in September 2017. "He pushed me. And this really keeps me focused. HER keeps me going on."

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7.2 - WBTV (CBS-3): [National Police Week: Profile of VA Medical Center Officer of the Year](#) (18 May, David Whisenant, 319k uvm; Charlotte, NC)

SALISBURY, NC (WBTV) - This past week has been recognized as National Police Week across the United States. Recently, the Salisbury Lions Club hosted the Respect For Law breakfast to honor officers, deputies, and agencies that serve within Rowan County.

One of those honored was Terrance Bowins, the Salisbury VA HCS's 2018 Officer of the Year. Bowins is said to exemplify the mission of VA, "to care for those that have borne the battle," and sets the golden standard for dependability and commitment.

In January, Bowins assisted with performing CPR on a non-responsive Charlotte bus driver at the Charlotte Health Care Center. The driver was transported to a local hospital by EMS, where he was released later that day.

A retired Navy Veteran, Bowins has an extensive police career including federal police service with NASA, the Department of Defense, and VA Police in Columbia, S.C.

Bowins has been an employee of the Salisbury VA HCS since 2015.

Salisbury VA Police Chief Jason Harrington presented Bowins with a plaque during the annual Respect for Law breakfast, hosted by the Salisbury Lions Club, which was held May 8.

The annual award coincides with Peace Officers Memorial Day, which falls on May 15, and National Police Week, the week of May 15, which were designated by President John F. Kennedy in 1962.

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7.3 - Dallas Voice: [Vet Center holds LGBT Health Awareness Day](#) (18 May, David Taffet, 62k uvm; Dallas, TX)

Providers from the Veterans Administration, speakers and other stakeholders are holding a health awareness day on Saturday, May 19, at Resource Center to specifically address the needs of LGBT vets.

Jeremy Fusco, a readjustment counseling therapist with the Dallas Vet Center on Greenville Avenue, helped put the event together. He said attendees will learn what is available and will receive help with eligibility, enrolling in and accessing benefits.

"Historically, the VA has a good record of reaching out to the LGBT community," Fusco said.

That's true not just today but even during Don't Ask, Don't Tell, he said. During that period, LGBT enlisted personnel weren't supposed to talk about their sexual orientation, nor were they supposed to be asked about it. But once discharged, they were always entitled to equal benefits.

Fusco's organization, Dallas Vet Center, is one of about 300 vet centers scattered around the country, with four in the DFW area. The services provided are confidential and even though it falls under the Veterans Administration, personnel at VA hospitals can't access Vet Center records.

Fusco's specialty is helping vets readjust to civilian life. One of the groups he leads is Open Alliance, a group for LGBT veterans. While other groups meet at the Vet Center office, this group is moving to Resource Center to become more accessible and more comfortable for LGBT vets.

Vet Center deals with a variety of issues including military sexual trauma, PTSD and anger management. Fusco said each of these issues may have an added dimension for vets who are LGBT, especially those who served under Don't Ask, Don't Tell or those who served even earlier when gays or lesbians servicemembers could be prosecuted for being LGBT in the military.

The center has been around since the 1970s, and Fusco works with a large group of Vietnam vets. He said the services were actually originally designed to deal with their issues, including not being welcomed home when they returned from Southeast Asia because the country was so divided over the Vietnam War.

LGBT service personnel had to live a double life, either withholding who they were or receiving a less than honorable or even dishonorable discharge. For those who didn't receive honorable discharges because of their sexual orientation, Vet Center helps get their cases reviewed for upgrades.

Fusco said the Open Alliance group is multi-generational and is beginning to include vets who enrolled after the repeal of Don't Ask, Don't Tell.

The younger vets are good at keeping the group up on social events that get the older vets engaged in the community.

"That's what I love about the military," Fusco said, describing how group members work as a cohesive unit as they learned to do while serving.

More recently, military sexual trauma has become a major issue for Vet Center counselors. The VA recognizes that post-traumatic stress syndrome has a variety of causes — but not all are battlefield-related. Sexual trauma may lead to PTSD as well.

Any service member may have experienced military sexual trauma, but the extra element for gay and lesbian troops include men who are raped because of their sexual orientation or women attacked by men because of their sexual orientation or who have sex with men to hide their sexual orientation.

The VA relaxed the evidence that needs to be provided to make a PTSD claim, and cases that were previously rejected may be re-evaluated. Vet Center can help vets reopen those claims, and all vets would be eligible for free counseling at the center, whether other VA benefits were awarded from that claim or not.

Other groups offered are bereavement groups for families of servicemembers killed on active duty and civilian adjustment groups.

"Some people have trouble adjusting to the civilian world," Fusco said. "Others feel a loss of identity."

The LGBT Health Awareness Day is the first the Dallas office is doing specifically for the LGBT community

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7.4 - Curry Coastal Pilot: [Failed publicity results in no show for VA event](#) (18 May, 51k uvm; Brookings, OR)

Veterans and their advocates had more than 23,000 participants in last year's VA 2K Walk and Roll event, bringing \$289,000 in donated goods for homeless veterans throughout the state.

"It's not just about exercise," a recent press release said about this year's event. "The event also focuses on helping homeless veterans. Participants are encouraged to bring donations of items such as pre-packaged food, bottled water or toiletries all of which will be donated to homeless veterans in local areas. Since 2011 the annual VA2K event has generated donated goods valued at more than \$2 million — all to help homeless veterans."

This year, however, the announcement of the annual event angered veterans and their supporters in Curry County.

The Roseburg VA sent the press release out at 12:30 Tuesday — less than 24 hours before the event was slated to take place in Brookings and 29 hours prior to the new VA Director David Whitmer's arrival for a town hall meeting that night.

Veterans supporters scrambled that afternoon to get information out on social media, to little avail. At 11 a.m. Wednesday, no one was at the VA clinic on Railroad Street to participate.

"The event could have actually been something that our community could have gotten behind and been truly participatory while addressing a true need here in Curry County," said Connie Hunter, a veterans advocate and board member of the Brookings-Harbor Community Food Bank. "It would be great if this were meant to actually to provide a community-wide, community-inclusive opportunity to support our veterans who are most in need because it is a real deal here in Curry County."

That lack of communication was one of the primary topics that would be addressed at a VA town hall meeting that night.

Priorities

Curry County is home to the most veterans per capita of any other county in Oregon. And reports of all kinds indicate veterans who suffer from numerous mental and physical ailments comprise a disproportionate number of homeless people throughout the U.S.

Hunter and others fight hard to help those who have difficulty helping themselves.

"We don't even have a warming station here, let alone emergency shelter of any kind," she wrote in a letter to the VA. "Planning for transitional housing is a goal we are very hopeful to work toward. And, we are leading the charge for affordable housing for veterans in our area."

She noted local Vietnam Veterans of America Chapter 757 and its associate members have provided more than \$40,000 over the past few years for veterans needing housing, and the food bank last winter expanded its offerings to include camping gear during a long cold snap.

Between 18 and 25 people needed those items — sleeping bags, blankets, tents and tarps among them — and half, Hunter estimated, were veterans.

County Veterans Service Office Tony Voudy and the veterans program manager for the Oregon Coast Community Action nonprofit have also asked Hunter to try to raise \$5,000 a year from which to draw in emergency shortages.

“We must maximize our resources and opportunities because in our neck of the woods our resources are extremely limited,” she said. “We have federal high poverty hotspot designations in North Curry County, and ... at any given time, it is estimated that 10 percent of our veterans are one delayed disability payment away from losing their rental homes.”

The food bank and other nonprofit organizations, too, were struck hard during last summer’s Chetco Bar Fire, which resulted in high demand for assistance from those evacuated from their homes and others suffering from the dense smoke.

“Along with our housing shortage, there is a food shortage in our neck of the woods,” she wrote. “We literally had to build our food system during a natural disaster while breathing smoke. That is a meritorious Herculean effort that was done with volunteers whose average age is 68 years old, who fed 2,500 people a day, unexpectedly, while preparing to evacuate at any time.”

She concluded that she hopes the Walk and Roll event can create a splash in the community next year.

“We could grow this event with community partners and actually do what the news release suggests is the purpose of the event, if we recalibrated and added a little elbow grease to the actual event planning,” Hunter said. “Then the PR fluff could, next year, be based in fact.”

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7.5 - KREX (CBS-5 Video): [Special Report: Overcoming Adversity](#) (17 May, Katerina Chryssafis, 34k uvm; Grand Junction, CO)

GRAND JUNCTION, Colo. - There are hundreds of disabled veterans living in the state of Colorado, with some living right here on the Western Slope.

KREX 5 News Reporter Katerina Chryssafis had the chance to meet one of those veterans and learn more about the resources she utilized that helped saved her life.

"You're free nothing hurts," said Linda Cline, Disabled Veteran living in Mesa County.

When going down these slopes, Linda Cline is unstoppable.

"You're just out there enjoying life again and the freedom that it gives you," Cline said.

Yet this wasn't always the case for Linda, after developing an infection back in 2014 that would alter her way of living.

"They call it encephalitis which is infection of the brain," she said.

Linda had always thought she was invincible. She even served in the Army back in 1985 as an FM Radio Operator.

"It's an experience I will never forget. Even with my brain infection, I can remember a lot about that," Cline added.

It wasn't until years after she returned that her life would change forever.

"I was in my camper and I noticed I had a really bad headache, so I got up to take something for it and I instantly fell and couldn't get up," said Cline.

Days later, she would find out that a tiny mosquito was to blame for what would soon be one of the biggest challenges she'd have to face.

"I was in my apartment and couldn't do anything for myself except the necessities. I just thought to myself this is not working. I don't have quality of life if i'm going to be stuck in this wheelchair," said Cline.

Just when Linda felt like giving up, she'd meet someone who would motivate her to keep on going.

"He changed my life. I mean if it weren't for him getting me involved in these activities I wouldn't be here. I know I wouldn't," Cline said.

"I started working with Linda in 2014 when she was living in the Community Living Center at the VA Hospital," said Ryan Keyes, Recreational Therapist with the Grand Junction Veterans Health Care Administration.

Little by little, Keyes began working with Linda in order to rehabilitate her so that she could live an independent life.

"In 2014 it was anything just to be engaged in any social activity and any community outing to show that being in a wheelchair and hospital type setting is not her future," said Keyes.

With those baby steps, soon enough Linda would be tackling activities she never thought possible.

"Going skiing, kayaking, fishing, and rock climbing. A lot of times she was like, 'I don't know if I can do it,' but I always thought, you never know until you try," said Keyes.

"I just wish I would have started when I was younger," said Cline.

Little by little, Ryan watched Linda's perception on life change.

"Through this experience she's gained so much confidence which effects emotionally how she looks at situations whether it's recreation or just general life," said Keyes.

Confidence that would inspire Linda to take her new found freedom a step further by participating in the National Disabled Veterans Winter Sports Clinic.

During the month of April, over 400 disabled veterans from across the country make their way to Aspen for the big event.

"We work with them on really adaptive sports and getting them back engaged in the things they loved prior to disability or injury," said Teresa Parks, Director of the National Disabled Veterans Winter Sports Clinic.

The week long event includes activities such as adaptive skiing, yoga, scuba diving, and even rock climbing.

"A lot of the veterans that come to the event if they're brand new may be hesitant if they can do it or not. Everyone there is pretty much saying if there's a will, there's a way," said Keyes.

"It's just really amazing to see the change from when they get here from being very nervous, concerned, not sure if they made the right decision, to by the time they leave they can't wait to get home and start doing all of the things that they've learned," said Parks.

With so many veterans suffering from depression and post traumatic stress disorder, the benefits of participating in events such as the Winter Sports Clinic are more than just physical.

"For trauma based exposure, the number one primary coping mechanism is avoidance," said William Steele, Chief of Psychiatry at the Grand Junction VA Center.

Steele added that the experience of being with professional staff and many other vets is a big portion of the healing process.

"What a tremendous opportunity for them. We call that in vivo exposure, which is in life exposure," said Steele.

"They find out that if they get out and exercise, it takes their mind off of the pain and then the pain starts subsiding. It's not only physical pain but mental pain too," said Matt Lucas, Recreation Therapy Supervisor at the Grand Junction VA Center.

By overcoming that pain, Linda can now reflect on the person she used to be.

"I wish more veterans would do these activities before they decide that it's too much for them and they take their own lives. I feel for them so much because I was there," said Cline.

She hopes that sharing her story will help inspire others.

"This is the happiest time of my life. I'm finally living," Cline said.

For more information on the Grand Junction VA Center and the services they offer, you can visit their website at <https://www.grandjunction.va.gov/>

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7.6 - WBOY (NBC-12, Video): [Veterans Table Program distributes food to veterans](#) (18 May, Sarah Collins, 21k uvm; Clarksburg, WV)

Local veterans took part in a food distribution program Friday.

The Veterans Table Program is a partnership between the Louis A Johnson VA Medical Center and the Mountaineer Food Bank.

Next month's distribution will be on June 22, and will be the third Friday of each month after that.

"Well, we realize there are a lot of veterans out there that are really struggling. And we want to have programs that really work with their needs and meet the needs of our vets in West Virginia. And we felt that it was really important to give them a helping hand because they've done so much for us in West Virginia that its critical that we help them when they needed it," said Chad Morrison, Mountaineer Food Bank.

The food bank will be setting up a sponsorship program where you can feed a vet for \$20 a month. For more information, call the food bank at 304-364-5518.

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7.7 - WVNews: [First Veteran Table held by VA Medical Center, Food Bank in Clarksburg](#) (18 May, Darlene J. Swiger, 900 uvd; Clarksburg, WV)

The first monthly Veteran Table program was held Friday by the Mountaineer Food Bank in conjunction with the Louis A. Johnson VA Medical Center.

Local veterans and seniors were able to stop by the Veterans Memorial Park in Clarksburg to receive a box of staple food items, fresh produce and milk.

"We work with three VA hospitals in the state, Beckley, Martinsburg and this is our first partnership with Clarksburg," Chad Morrison said.

He is the executive director of Mountaineer Food Bank.

"They receive 15 different items in the box of shelf items, including canned meats, fruits and vegetables and peanut butter," Morrison said.

William C. Williams, also of Mountaineer Food Bank, helped unload the boxes of food for the recipients.

"It's a great program. I'm glad they started it around here," he said.

Morrison explained that is has been really successful and started as a national pilot program.

"It really took off. We have received positive feedback from the veterans and the hospitals. We feed about 250 regularly in Beckley," he said.

Veteran volunteers Raymond Beech and Nathan Hampton assisted with loading vehicles for the veterans and seniors who stopped by.

Amanda Hoover, Food Bank inventory clerk, passed out the fresh milk.

They estimated about 100 veterans and some additional seniors had been served after about an hour.

"We have 127 senior boxes for those 60 and over who meet income guidelines, and 147 veteran boxes for any veteran," Vicki Cawthon of Food Bank said. "We hope to go back with an empty truck next time. My specialty is working to reach veterans and seniors with our program."

Raymond P. Oliverio, a local veteran, said it is an excellent program.

"We need the veterans to come out and support it so the program will continue. I plan to call some of my fellow veterans. We got the word out at the American Legion, and I'm also a member of the VFW. I think it's a good program.

"I will be back next month, and I will try to get more participants," Oliverio said.

Amber Kovach, VA Medical Center homeless program manager, said the next monthly event will be held from 10 a.m. until noon June 22 at the Osborn Shelter across from The Amphitheater at the Veterans Memorial Park.

"We cover 22 counties in West Virginia," Kovach said. "We are going to make it a regular event. Veterans can pick up the food for free," Kovach said. "It's for any veteran who needs one, but we do ask that they pre-register for the event."

Any veteran interested in receiving a food box should call Bob Fox at 304-623-3461, extension 2021, to complete an application in advance.

"We hope the event will continue to grow. The food bank brings extra food, and we want to serve as many veterans as possible," Kovach said.

Mountaineer Food Bank was created in 1981 and placed in Gassaway in Braxton County due to its central location. Over the years, it has become the largest emergency food provider in West Virginia, distributing over 13.7 million pounds annually.

The food bank provides food and other household items to over 440 feeding programs in 48 counties throughout the state. These programs include food pantries, soup kitchens, shelters, senior programs and backpack programs.

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8. [Other](#)

8.1 - FOX News: [Why bring politics into Armed Forces Day? Because this year, our servicemen and women deserve it](#) (18 May, Frank Miniter, 32.5M uvm; New York, NY)

Saturday finds us once again marking Armed Forces Day, a day of respect and thanks for those who serve. This day first celebrated our service members in 1950 when separate Army, Navy and Air Force Days were combined.

Though ideally this should be an apolitical day for thanks, recent events require a political reckoning.

Since 2014 the U.S. Department of Veterans Affairs (VA) has been caught in political disarray when it came out that veterans were dying as they waited for care. After the Obama administration failed miserably to solve the problems, President Donald J. Trump has been trying to get someone in charge who will boldly address the issues.

To do so he nominated Dr. Ronny Jackson. But Jackson was recently chased out of the confirmation process to be VA secretary for the nebulous accusation of prescribing sleeping pills to officials traveling overseas and for other unsubstantiated allegations. The real reason Democrats worked to undermine his possible Senate confirmation was that he supported bringing in private care to help those on VA waiting lists.

"I'm flabbergasted by this sleeping pill accusation," says Greg Stube, author of "Conquer Anything—A Green Beret's Guide to Building Your A-Team," "as a career Green Beret I found that having a health care professional prescribe something to help us sleep as we flew to complete dangerous missions overseas was normal. It's also common for U.S. officials to take something to sleep so they can be sharp when they land in a foreign country for diplomatic talks or other official functions.

"Clearly the left didn't want Admiral Jackson confirmed to a significant post, as they're having a hard enough time with the wisdom and practicality of other career service members in the Trump administration," says Stube.

On Friday, President Donald J. Trump came right back at the bureaucracy by announcing he is nominating Acting Veterans Affairs Secretary Robert Wilkie, an intelligence officer in the U.S. Naval Reserve, to head the massive and troubled agency.

As the political fight over the future of the VA continues there are other problems with how our current active-duty service members and veterans are treated and depicted today.

The progressive left, for example, often casts members of the military as tragic figures in film and popular culture or, to laugh them out of the conversation, as jar-head Neanderthals. They act as if all of them come home with PTSD. This viewpoint sees our soldiers as uneducated, brutish and flawed, as if there really is something very wrong with our armed forces and all that they do.

Part of the reason the left casts members of the military this way is about politics. They are well aware that members of the armed forces more often vote for Republicans. For this political reason they think it necessary to diminish the reputation of a voting block that votes against them.

Of course, at least part of the reason why members of the military more often vote for Republicans is that the military life requires people to grow up and take responsibility for themselves and others—things that tend to make people more conservative.

In contrast, politically progressive values tend to flourish where people can hide from reality, such as on many college campuses. Maybe this is the fundamental reason why the left worked so diligently in the post-Vietnam era to chase the Reserve Officer Training Corps (ROTC) off of college campuses. The starchy, straight-backed and often conservative members of the armed forces, after all, just might be a sharp enough instrument to burst the liberal-progressive bubbles so many of our college campuses have become.

The conservative right, in contrast, generally sees soldiers as people who've taken on accountability. Soldiers aren't living in their parents' basements. They are willing to fight for something greater than themselves. They aren't hiding in "safe spaces" on college campuses. They sign up to go to unsafe places to fight for us and others. They make up color guards in parades. Military bands fill us with awe and put tears in our eyes. They fly fighter jets over stadiums packed with cheering sports fans. We feel safer when we see them in airports.

In such ways members of our armed forces constantly affect American culture.

Now, okay, both viewpoints can be too simplistic. This is why we need to get political on this day of thanks. With both points of view in mind we can come to a more well-rounded perspective. This way, when we thank a soldier on this Armed Forces Day we'll be thanking them not just for what they might have done overseas, but also for what they represent for us at home. They are citizen soldiers. Volunteers. They are complex individuals doing many different jobs. They are people with real-world experience who also often have college degrees and years of specialized training in the military.

The officers among them are an especially well-rounded ideal who are exemplars of education and sacrifice. They should be revered on college campuses. As the Greek historian Thucydides once said, "A nation that draws too broad a difference between its scholars and its warriors has its thinking done by cowards and its fighting done by fools."

The men and women of our armed forces deserve our respect – and this year, on the day set aside to honor their service, they deserve a response to the politics that may harm or denigrate them.

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8.2 - KFOX (FOX-14): [El Paso VA Medical Center evacuated due to harmful odor](#) (18 May, Jessica Gonzalez, 91k uvm; El Paso, TX)

A harmful gas odor at the El Paso Veteran Affairs Medical Center prompted an evacuation Thursday.

Officials evacuated patients and staff in the physical therapy, occupational therapy and mental health departments at the facility at 5001 N Piedras Street .

All afternoon appointments are canceled, officials said.

Staff at the clinic will contact patients to reschedule.

Patients should contact the facility if no one calls to reschedule by Wednesday, officials said.

For immediate assistance call the clinic at 915-564-6100.

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Veterans Affairs Media Summary and News Clips

22 May 2018

1. [Top Stories](#)

1.1 - CNN (Video): [Senate veterans affairs chairman upbeat about VA nominee Robert Wilkie](#) (21 May, Ted Barrett, 29.8M uvm; Atlanta, GA)

Senate Veterans Affairs Chairman Johnny Isakson gave an upbeat assessment Monday of Robert Wilkie, the acting secretary of Veterans Affairs, whom President Donald Trump unexpectedly announced Friday would be his nominee to fill the job permanently. "I am very excited I think he is a great choice," the Georgia Republican told CNN during a brief interview in the Capitol.

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1.2 - NPR (Audio): [VA's Caregiver Program Still Dropping Veterans With Disabilities](#) (21 May, Quil Lawrence, 22M uvm; Washington, DC)

The Department of Veterans Affairs' Program of Comprehensive Assistance for Family Caregivers seemed a perfect fit for the Wilmots. It pays a stipend to family members or friends of a post-Sept. 11 veteran — often a wife or mother — who provide care. But after two years on the program, the Wilmots were dropped, even though they say George's condition hasn't improved.

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1.3 - Military.com: [Senate Expected to Vote This Week on Bill Expanding Private Vets Care](#) (21 May, Richard Sisk, 9M uvm; San Francisco, CA)

The Senate is expected to vote this week on major legislation to expand the private health care options for veterans. The vote is timed to beat an end-of-May deadline when the existing Veterans Choice program will run out of money. In a tweet Monday, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, said, "Great news! The Senate is voting on the #VAMMISSIONAct this week.

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1.4 - Military Times: [Wilkie's VA nomination raises more short-term department leadership questions](#) (21 May, Leo Shane III, 2.1M uvm; Washington, DC)

Now that President Donald Trump has announced Robert Wilkie as his pick for the next permanent secretary of Veterans Affairs, the immediate leadership question facing the department is who the next acting VA secretary will be. On Friday, during an unrelated event at the White House, President Donald Trump announced that he would tap Wilkie — the department's interim head for the last 51 days — for the vacant Cabinet post.

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1.5 - WFED (AM-1500, Audio): [Carrie Farmer: VA hospitals provide superior care, RAND report finds](#) (21 May, 854k uvm; Washington, DC)

True or false: The care provided by Veterans Affairs hospitals is generally superior to that of other hospitals. Whatever else you might have heard about VA lately, that statement, which is true, is among the findings from a deep dive conducted by the RAND Corporation. Carrie Farmer, a senior policy researcher, joins Federal Drive with Tom Temin with more.

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2. Greater Choice for Veterans

2.1 - CNN (Video): [Congress' to-do list: 5 things to do \(or try to do\) by Memorial Day](#) (21 May, Ashley Killough, Elizabeth Landers and Sunlen Serfaty, 29.8M uvm; Atlanta, GA)
The Senate is scheduled to take up, and expected to pass with bipartisan support, a bill that will allow veterans to see doctors that are outside the Veterans Affairs system. Senate Majority Leader Mitch McConnell filed cloture on the bill last Thursday. The House overwhelmingly passed the VA MISSION Act last week, and has support from the White House.

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2.2 - The Hill: [This week: House GOP regroups after farm bill failure](#) (21 May, Jordain Carney and Juliegrace Brufke, 11.9M uvm; Washington, DC)
House Republicans are regrouping after conservatives tanked the farm bill and raised new questions about House Speaker Paul Ryan's (R-Wis.) ability to manage his caucus. They're bracing for a busy week after the dramatic turn of events, which saw conservatives revolting over the farm bill and moderates bucking leadership by backing a discharge petition on immigration.

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2.3 - San Antonio Express-News: [Congress on verge of reforming VA health care](#) (21 May, Bill Lambrecht, 715k uvm; San Antonio, TX)
Administration operates with far-reaching legislation that would send more veterans outside the VA for care and start the process of closing hospitals and clinics considered obsolete. Despite concerns in some quarters about the continued privatizing of services, the Senate is likely to send President Donald Trump a bipartisan bill that would consolidate a web of programs into a new Veterans Community Care Program...

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2.4 - Advertiser-Tribune: [Strengthen VA without privatizing the system](#) (22 May, Sen. Sherrod Brown (D-Ohio), 63k uvm; Tiffin, OH)
Any nominee to head the Department of Veterans Affairs must be ready and able to strengthen and improve the VA for Ohio veterans. And before I make a decision on that nominee, I want to hear from Ohio veterans about how to do that and what their needs are. I've held roundtables across Ohio with veterans, and they've made it clear we have work to do to improve the VA health care system.

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3. Modernize Our System

3.1 - Politico: [Experts chime in on VA's next steps for Cerner deal](#) (21 May, Arthur Allen, 23.9M uvm; Arlington, VA)
Now comes the VA's difficult implementation of the Cerner system, which is expected to take 10 years. The deal says Cerner will get no more than \$10 billion for its trouble, but many experts

expect at least another \$5 billion to be spent on all the change management that will go into the deal. We decided to ask some experts for their advice on how the VA should proceed to make this enterprise successful. Here are some of their responses (more in Tuesday morning's edition!):

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3.2 - AARP Blog: [New Health Care App Links Veterans to Doctors - VA Video Connect eases access for patients seeking appointments](#) (21 May, Barbara A. Gabriel, 4.8M uvm; Washington, DC)

VA Video Connect can be used by any veteran who has video-capable technology — such as a smartphone, tablet or computer. For many veterans, communicating with a doctor in real time will now be as convenient as putting a new app on their smartphone, tablet or personal computer. VA Video Connect, which the U.S. Department of Veterans Affairs (VA) began piloting in 2017, is now being rolled out to veterans across the country.

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3.3 - Zacks: [Cerner-VA Pact to Use EHR Platform for Better Veteran Service](#) (21 May, 3.5M uvm; Chicago, IL)

Cerner Corporation's (CERN - Free Report) wholly owned subsidiary, Cerner Government Services, Inc., recently signed an agreement with the Department of Veterans Affairs (VA). Cerner aims to facilitate care to the veteran community through VA's efficient integrated network. Notably, Cerner Government Services provides industry-leading solutions to digitize paper processes from hospitals and ambulatory practices to public health and correctional agencies. Post announcement, Cerner's share price inched up 1.2% to \$61.34 at closing.

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3.4 - MedCity: [Trump picks Acting Secretary Robert Wilkie to lead VA after department signs EHR contract with Cerner](#) (21 May, Erin Dietsche, 479k uvm; New York, NY)

The U.S. Department of Veterans Affairs has made numerous headlines as of late. Following Thursday's announcement that it (finally) inked a \$10 billion contract with Cerner to update its electronic medical record system, President Donald Trump unexpectedly said on Friday that he plans to nominate VA Acting Secretary Robert Wilkie to lead the department permanently.

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3.5 - DOTmed: [Cerner head suggests negative reports about DoD contract may be 'fake news'](#) (21 May, Thomas Dworetzky, 449k uvm; New York, NY)

Burke told shareholders last week that the DoD work may have been slammed with the help of a "competitor," according to the Kansas City Star newspaper. "If you had an ax to grind with us and wanted to perhaps keep us from getting to a Veterans [Administration] contract, and you're one of our competitors, you might want to use some information negatively.

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3.6 - Becker's Hospital Review: [Cerner president blames unnamed competitor for 'fake news' about DOD's EHR rollout](#) (21 May, Julie Spitzer, 441k uvm; Glencoe, IL)

In a shareholders meeting one day after Cerner signed a \$10 billion, 10-year deal to be the Veterans Affairs Department's new EHR vendor, Cerner President Zane Burke suggested

reports that disparaged its work for the U.S. Defense Department were "fake news" that may have involved "one of our competitors," The Kansas City Star reports.

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3.7 - Healthcare IT News: [Cerner President Zane Burke suggests DoD MHS Genesis criticism fake news - On a call with investors, Burke praised the EHR pilot at the Defense Department and suggested those negative media reports may have involved a competitor.](#) (21 May, Jessica Davis, 438k uvm; Portland, ME)

Just one day after signing a \$10 billion EHR contract with the U.S. Department of Veterans Affairs, Cerner President Zane Burke told investors that the company's other major government project with the Defense Department has taught him a lot about 'fake news' and that one of Cerner's competitors may have been involved.

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3.8 - Fierce Healthcare: [VA signs \\$10B deal with Cerner, but implementation challenges still loom large](#) (21 May, Evan Sweeny, 141k omv; Washington, DC)

After nearly a year of fits and starts, the Department of Veterans Affairs has finally signed a deal with Cerner to upgrade its EHR system. The 10-year, \$10 billion deal signed on Thursday represents one of the largest federal IT contracts. The move from the system's customized VistA platform to an off-the-shelf EHR aligns the country's largest health system with the Department of Defense, which has already begun integrating Cerner's MHS Genesis system.

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3.9 - St. Louis Public Radio (Audio): [Care anywhere: The evolving state of telehealth care](#) (21 May, Evie Hemphill, 18k uvm; St. Louis, MO)

Collectively speaking, we're living more and more of our lives virtually, and that includes the ways in which we seek out medical care. On Monday's St. Louis on the Air, host Don Marsh discussed the ways that telehealth care is evolving and growing as an option among patients and providers.

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4. [Focus Resources More Efficiently](#)

4.1 - FOX News (Video): [Rep. Taylor on VA: Needs to be a culture shift](#) (21 May, 32.5M uvm; New York, NY)

Rep. Scott Taylor, (R-Va.), on efforts to reform Veterans Affairs.

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4.2 - Houston Chronicle: [Houston area offers many health care opportunities to military veterans](#) (20 May, Emilia Benton, 1.2M uvm; Houston, TX)

For military veterans transitioning to the civilian workforce or private industry, the job search process may initially appear to be a bit daunting. For Houston-area job-seekers, however, there are plenty of opportunities and resources available to make the process a bit more seamless. As part of its military veteran outreach, Houston Methodist partners with the Hiring, Red, White and You! Texas Medical Center committee.

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4.3 - KFVS (CBS-12, Video): [PREVIEW: Battle at the Bluff VA](#) (21 May, 445k uvm; Cape Girardeau, MO)

You demanded answers, and Crystal Britt and photojournalist Don Frazier went in search of answers. We're talking about complaints against a union boss at the John J. Pershing VA Medical Center in Poplar Bluff. Several people reached out with claims that the president of the AFGE Local 2338, the union that represents the employees at the VA...

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4.4 - MetroNews: [Houses approves renaming Huntington VA facility after Williams](#) (22 May, 276k uvm; Charleston, WV)

The U.S. House of Representatives passed a bill Monday to rename the Veterans Affairs facility in Huntington after World War II Medal of Honor Recipient Hershel "Woody" Williams. Williams, a retired Marine Corps corporal, received the decoration for his efforts during the Battle of Iwo Jima. He worked for the Department of Military Affairs for 33 years, and currently advocates for the creation of memorials for Gold Star families.

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4.5 - WVVA (NBC-6): [Bill to rename Huntington VA after "Woody" Williams passes House](#) (21 May, Paul Hess, 192k uvm; Bluefield, WV)

U.S. Rep. Evan Jenkins says a bill to rename the VA Medical Center in Huntington after WWII hero Hershel "Woody" Williams has passed through the House. According to Rep. Evans, HR 3663 passed by a unanimous vote. "Woody is an unbelievably brave and kind man. Not only did he demonstrate extraordinary heroism at Iwo Jima, but he has dedicated his life to serving veterans and our community," Rep. Jenkins said.

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4.6 - Herald-Dispatch: [House passes bill to rename VA after Woody Williams](#) (21 May, 192k uvm; Huntington, WV)

The U.S. House of Representatives voted unanimously Monday to pass legislation to rename the Huntington VA Medical Center for World War II Medal of Honor recipient and Cabell County resident Hershel "Woody" Williams. The resolution passed the Senate in September. Rep. Evan Jenkins, R-W.Va., introduced the bill in the House and Sen. Joe Manchin, D-W.Va., introduced it in the Senate.

[Hyperlink to Above](#)

4.7 - Northwest Arkansas Democrat-Gazette: [Soldiers' Angels volunteer honored by VA for service](#) (20 May, Rachel O'Neal, 162k uvm; Fayetteville, AR)

When a rare health condition forced Susan Cookus to give up her job in the medical field, she knew she couldn't just sit still. Cookus -- with many family members who have served in the military -- decided she wanted to volunteer for an organization that helps veterans. She learned of Soldiers' Angels, a Texas-based nonprofit organization that provides aid and comfort to men and women who served in the armed services.

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4.8 - North Country Public Radio (American Homefront): [VA partners with food banks as more veterans struggle to afford food](#) (21 May, Carson Frame, 144k uvm; Canton, NY)

More than 1.4 million veterans of all ages rely on government food assistance, but food insecurity is disproportionately common among post 9/11 veterans. Even before the sun was up, crowds gathered in the parking lot of the VA Austin Outpatient Clinic for its once-a-month pop-up food bank. A truck from the Central Texas Food Bank idled nearby, as volunteers busily unloaded shipments of fruit, vegetables and meat.

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4.9 - KIMA (CBS-29, Video): [VA Center to assist tribal veterans opens in Toppenish](#) (21 May, Marie Schurk, 62k uvm; Yakima, WA)

A new center that will assist veterans in tribal communities is opening in Toppenish. Washington Governor Jay Inslee is helping celebrate the opening of the Yakama Warriors Association Veterans Center Monday morning, according to communications from the governor. The facility will be the site of the Yakama Nation Veterans Affairs Program to connect veterans from the community with state and federal resources.

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4.10 - EHR Intelligence: [Trump Officially Nominates Robert Wilkie as VA Secretary - President Trump announced Robert Wilkie as the new VA secretary nominee to replace former VA Secretary David Shulkin.](#) (21 May, Kate Monica, 50k uvm; Danvers, MA)

President Trump recently announced Robert Wilkie will be the next VA secretary nominee in the running to replace former VA Secretary David Shulkin and spearhead the agency during its Cerner EHR implementation, according to CNN. Wilkie is the second official nominee chosen by President Trump to fill the current vacancy for VA secretary. Trump's first nominee...

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4.11 - Charleston Gazette-Mail: [US House passes resolution to name Huntington VA for 'Woody' Williams](#) (21 May, 28k uvm; Charleston, WV)

The U.S. House of Representatives voted unanimously Monday to pass legislation to rename the Huntington Veterans Affairs Medical Center for World War II Medal of Honor recipient and Cabell County resident Hershel "Woody" Williams. The resolution passed the Senate in September.

[Hyperlink to Above](#)

4.12 - WOWK (CBS-13): [House Votes to Name Huntington VA Medical Center For WWII War Hero Woody Williams](#) (21 May, Patrick Simon, 21k uvm; Huntington, WV)

One year since it was first introduced, the U.S. House of Representatives voted unanimously Monday night on a resolution to name the Huntington VA Medical Center for WWII Medal of Honor recipient Hershel 'Woody' Williams of Fairmont, West Virginia. Congressman Evan Jenkins sponsored the bill which was first introduced by Senator Joe Manchin in 2017.

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4.13 - Yellowstone Public Radio (Audio): [Tester On The New Nominee To Head Veterans Affairs](#) (21 May, Jackie Yamanaka, 14k uvm; Billings, MT)

U.S. Senator Jon Tester said he looks forward to the pending Senate confirmation hearing for the nominee to head the Veterans Administration. The ranking Democrat on the Senate Veterans Affairs Committee said he has a good working relationship with the man who is currently the acting secretary.

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5. Improve Timeliness of Service

5.1 - Washington Post (Consumer Reports): [The latest thinking on osteoporosis, which weakens bones](#) (21 May, 43.9M uvm; Washington, DC)

There's less evidence for such screening in men, but preliminary research suggests that starting around age 80 is optimal, says Robert Adler, chief of endocrinology and metabolism at McGuire Veterans Affairs Medical Center and a professor of epidemiology at Virginia Commonwealth University School of Medicine.

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5.2 - Tech Times (Video): [Doctors Are Convincing More Men With Low-Risk Prostate Cancer To Reject Aggressive Treatment: Study](#) (21 May, Ron Caraos, 10.1M uvm; New York, NY)

Veterans with non-aggressive prostate cancer are rejecting aggressive treatments following the advice of international medical experts, but without increasing the risks, a new study suggests. The study was led by researchers at the New York University School of Medicine, NYU's Perlmutter Cancer Center, and the Manhattan campus of the VA NY Harbor Healthcare System.

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5.4 - MedicalXpress: [Ischemic heart disease, CHF mortality vary across VA systems](#) (21 May, 1.5M uvm; New York, NY)

Peter W. Groeneveld, M.D., from the Veterans Affairs Medical Center in Philadelphia, and colleagues conducted a retrospective cohort study involving 138 VA hospitals and each hospital's affiliated outpatient clinics to examine the differences in cardiovascular outcomes. Separate cohorts were constructed for patients diagnosed with IHD (930,079 veterans) or chronic heart failure (348,015 veterans).

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5.5 - KARE (NBC-11): [MN veteran finds healing through art - Former Army infantryman Brian Zimmerman suffers from PTSD and has found help and relief through art and a new brain study by VA researchers and University of Minnesota](#). (21 May, Lindsey Seavert, 1.5M uvm; Golden Valley, MN)

Two years ago, Zimmermann just happened to visit a traveling military memorial that stopped near his Minnesota town. The Eyes of Freedom features 23 life-size portraits of the fallen Lima Company Marines, an Ohio Marine reserve unit among the hardest hit in the Iraq War.

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5.6 - KSTP (ABC-5, Video): [Active Military Members, Veterans Respond to "A Hidden Epidemic" Investigation](#) (21 May, 856k uvm; Saint Paul, MN)

Active service members and veterans from across the country are contacting KSTP following our investigation into the military's use of mefloquine and the story of how it's left a veteran in Duluth partially disabled. Shawn Bolf says he was ordered to take mefloquine during his deployment to Afghanistan in 2010 with the 148th Fighter Wing of the Minnesota Air National Guard.

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5.7 - Telegraph: [Partnership to offer 'Whole Health' solutions for veterans](#) (22 May, Hannah Laclaire, 275k uvm; Nashua, NH)

For U.S. Army veterans Paul Ross and Freda Grandmason, yoga is a life-changing experience. "Two years ago, I was lucky if I could get out of my bed," said Grandmason, who struggles with fibromyalgia and anxiety. After she found yoga at the Manchester Veterans Affairs Medical Center, she also found a new sense of hope and a community of friends. In that community was Ross, who never would have thought yoga was for him.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Patriot-News: [Veterans will get burial in National Cemetery rather than pauper's grave](#) (21 May, Barbara Miller, 3.1M uvm; Mechanicsburg, PA)

Three veterans whose remains had previously been unclaimed in Lancaster County will now be buried in Indiantown Gap National Cemetery. The veterans were buried last fall in a mass grave for unclaimed deceased in Lancaster County. They were since identified as veterans by the county's Department of Veterans Affairs, and they will be buried Thursday in the national cemetery, Lancaster Online reports.

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7.2 - Chattanooga.com: [Vietnam Fallen Honored At Chattanooga National Cemetery](#) (21 May, 449k uvm; Chattanooga, TN)

As a prelude to the Memorial Day Commemoration at the Chattanooga National Cemetery, the Vietnam Veterans of America, Chapter # 203 and the Chief John Ross Chapter, NSDAR joined together to remember and recognize the 34 individuals buried at the CNC who died in combat while serving in the Republic of South Vietnam. The commemorative ceremony was attended by family members, the general public and members of both organizations.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - CNN (Video): [Senate veterans affairs chairman upbeat about VA nominee Robert Wilkie](#) (21 May, Ted Barrett, 29.8M uvm; Atlanta, GA)

Senate Veterans Affairs Chairman Johnny Isakson gave an upbeat assessment Monday of Robert Wilkie, the acting secretary of Veterans Affairs, whom President Donald Trump unexpectedly announced Friday would be his nominee to fill the job permanently.

"I am very excited I think he is a great choice," the Georgia Republican told CNN during a brief interview in the Capitol.

Isakson said he will hold confirmation hearings for Wilkie the week after next, when the Senate returns from its Memorial Day recess. He said the top Democrat on the committee, Sen. Jon Tester of Montana, had agreed to that plan.

Isakson was cautiously optimistic there will be broad support for Wilkie both in his committee and the full Senate.

"I assume that but I don't take it for granted so we'll make sure," Isakson said.

Wilkie was chosen after Trump's first choice to lead the troubled agency, Adm. Ronny Jackson, who was then the President's physician, dropped out after a series of serious allegations surfaced regarding his professional and personal conduct.

"I've learned to say there's never no 'other issues,'" Isakson said referring to Jackson's problems. "That's why we're going to do the due diligence that we need to do in the committee, which is what we did on Admiral Jackson and hopefully the results will be better." Isakson praised the choice of Wilkie.

"He's got a lot of strengths in areas we need them right now and he's a proven entity so I think he will be good," the senator said.

Isakson's comments were more positive and went further than a statement Friday when he said he wanted to learn more about Wilkie's "long-term goals" for the VA.

"Sen. Isakson has had a number of positive meetings with Undersecretary Wilkie in his capacity as acting VA secretary," said Amanda Maddox, a spokesperson for Isakson explaining his thinking. "The chairman has been impressed with his willingness to work with Congress on shepherding through the VA community care legislation that is currently pending before the Senate."

That bill, which is designed to allow veterans to seek care from private health care providers if they can't readily get it at a VA facility, passed the House last week and is expected to pass the Senate this week.

A spokeswoman for Tester said he's looking forward to meeting with Wilkie.

"Senator Tester has met with Wilkie several times, but not since being nominated as permanent Secretary. He plans on meeting with him right after this next recess," said Marnee Banks, a spokeswoman for Tester.

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1.2 - NPR (Audio): [VA's Caregiver Program Still Dropping Veterans With Disabilities](#) (21 May, Quil Lawrence, 22M uvm; Washington, DC)

In the early days of the Iraq War, troops were riding around in Humvees with almost no armor on them. There was a scandal about it, and within a few years the trucks got up-armored with thick steel plates, which solved one problem but created another.

"Some genius thought about up-armoring. Good! But they didn't do anything with the brake systems," says George Wilmot, who was riding an armored Humvee in 2009, leaving a hilltop base in Mosul.

"We took some small arms fire ... my driver took us off a cliff," says Wilmot.

Wilmot was thrown free from the gunner's turret as the Humvee tumbled. He survived, but with a brain injury, post-traumatic stress disorder and a left arm that still looks sewn-on. The Department of Veterans Affairs rates him 100 percent disabled. George gets lost easily, forgets things — like a pot on the stove — and he falls down hard sometimes, without warning. His wife, Jenn, hasn't been able to work outside the home because caring for George is a full-time job.

"If he knows I'm going somewhere and I'm not going to be here, he'll hang out in the bedroom because it's a short distance right to the bathroom," she says. "That's not how you should live, though."

The Department of Veterans Affairs' Program of Comprehensive Assistance for Family Caregivers seemed a perfect fit for the Wilmots. It pays a stipend to family members or friends of a post-Sept. 11 veteran — often a wife or mother — who provide care. But after two years on the program, the Wilmots were dropped, even though they say George's condition hasn't improved.

NPR spoke with the Wilmots last year for a report that found some VAs across the country were dropping caregivers off the program while most other VAs were adding. After that report, the VA reviewed the program and made several changes to improve and standardize it. But a year later, most of those VAs are still shedding caregivers. And many who were dropped before the improvements say they can't get back on, even though they say their veterans still badly need assistance.

The stipend ranges from a few hundred to a couple of thousand dollars a month depending on the severity of the disability and the market rate for caregivers.

Vets love the program not only for the stipend, but also for the recognition of the care their families provide. One study estimated the care to be worth billions of dollars.

The numbers looked arbitrary from city to city, which was bad luck for the Wilmots — they go to the Charleston, S.C., VA, which dropped 94 percent of its caregivers in three years.

After the NPR report last year, the VA briefly paused all revocations — that is, it stopped kicking people off the program — and carried out a strategic review. Meg Kabat, who directs the program, says the pause allowed the VA to better oversee and standardize it.

"We were able to issue a directive. It's on the VA website, so it's there for caregivers, veterans, advocates — one policy that is followed by every medical center across the country," says Kabat.

Continuing disappointment

After the pause, veteran families like the Wilmots thought the program would be fixed. Jenn Wilmot says the Charleston VA encouraged her to reapply, and then rejected her.

Current VA statistics suggest the Wilmots aren't alone — the Charleston, S.C., VA is still down 93 percent from 2014. There are only 13 approved caregivers on the program there. The South Texas VA had 342 in 2014. Last year it was down to 177. Now there are only 40. Northern Arizona kept cutting; so did Puget Sound. Fayetteville, N.C., had 570 caregivers in 2014; 350 have been cut, including Ashley Sitorius and her husband, William.

Ashley Sitorius says she knew during William's deployments to Iraq and Afghanistan that he could come home injured.

"I thought, 'He's serving our country, he'll most definitely be taken care of,' " says Ashley. She was kicked off the program in 2015.

"They just said he wasn't clinically eligible anymore and he didn't need a caregiver. And honestly, he's gotten worse. I wish he was better," she says.

Last year, after the program pause, Sitorius applied again and got rejected. She appealed to the regional office and got rejected again in March of this year.

VA works to set things right

Kabat, the program's director, says some VAs are still correcting the error of letting way too many people in at the beginning. And she says the demographics vary from state to state, and that the number of new disabled veterans has dropped as the wars in Afghanistan and the Middle East have wound down.

"It's not surprising to me that there's a group of veterans who are participating in the program for a period of time and then are discharged," says Kabat.

Once caregivers get in the program they start using a lot of other VA services, too. Many vets improve and graduate out — which is the goal, says Kabat.

But for some veterans that goal may be out of reach.

Britnee Kinard takes care of her husband, Hamilton. He has a brain injury and PTSD, among other things. She got kicked off the program by the Charleston VA in 2014. She sees her husband deteriorating. He needs help with bathing and toileting. She's dreading the day when she'll have to take away his car keys.

"I try my hardest not to pull his, quote, man-card," says Kinard. "I want him to be as independent as possible. But the reality of it is, the more his health progresses, the less independent he is and I'm trying not to take it from him."

The VA says it's still standardizing the boards that evaluate applications, and last year it audited hundreds of the cases of people removed.

But some of those caregivers have been on the phone with their senators. Last month, Republican Dean Heller of Nevada and Democrat Bob Casey of Pennsylvania sent a letter to the VA asking that all of the caregivers who were kicked off before the program was revised last year get a second look.

"The veterans and their caregivers deserve to have their cases reviewed and use the same improved procedures," says Casey. "Caregivers should not be treated differently because their case happened to come up for review a week before or a week after the time when the VA froze discharges."

The VA's Acting Secretary Robert Wilkie responded that the VA is working to improve the clinical appeals process so veterans and their caregivers can get back in.

Sitting with her disabled husband, George, Jenn Wilmot says her last appeal was exhausting.

"Does he need it?" she says. "Oh yeah, I know he does. But it's just too tiring to fight."

She might be up to it, Wilmot says, if she weren't working full time taking care of her veteran.

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1.3 - Military.com: [Senate Expected to Vote This Week on Bill Expanding Private Vets Care](#) (21 May, Richard Sisk, 9M uvm; San Francisco, CA)

The Senate is expected to vote this week on major legislation to expand the private health care options for veterans. The vote is timed to beat an end-of-May deadline when the existing Veterans Choice program will run out of money.

In a tweet Monday, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, said, "Great news! The Senate is voting on the #VAMMISSIONAct this week.

This legislation will dramatically change the way the @DeptVetAffairs delivers care to veterans."

Isakson and Sen. Jon Tester, D-Montana, ranking member of the committee, also scheduled a news conference Tuesday with major veterans service organizations to marshal support for quick passage of the VA Mission Act.

The House last week by a vote of 347-70 passed the Mission Act in an effort to get a bill to the desk of President Donald Trump by Memorial Day, May 28.

The bill would provide \$5.2 billion to extend the current Choice program while streamlining its multiple community care options into one program to improve access.

"This legislation addresses a number of important pieces of the large VA puzzle, including extending funding for the Choice program that countless veterans depend on to receive care," Rep. Martha Roby, R-Alabama, said in a statement supporting the House version of the Mission Act.

In a statement last week when the House passed the bill, acting VA Secretary Robert Wilkie pushed for rapid full passage.

"With this strong bipartisan showing in the House, I urge the Senate to bring the bill across the finish line as soon as possible so that President Trump can sign it by Memorial Day," he said. "Our nation's heroes deserve a big win, and this bill does just that."

Last Friday, Trump announced that he was nominating Wilkie, who had been the Pentagon's undersecretary of defense for personnel and readiness before moving to the VA, to become permanent VA secretary.

Trump called on the Senate to move quickly on Wilkie's nomination, but there was no immediate word from Isakson's committee on when a confirmation hearing would be held. Wilkie has already gained Senate confirmation for two previous Pentagon posts.

Last Thursday, Wilkie signed a \$10 billion, 10-year contract with Cerner Corp. of Kansas City to provide electronic health records for the VA that would mesh with those of the Defense Department and private care facilities.

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1.4 - Military Times: [Wilkie's VA nomination raises more short-term department leadership questions](#) (21 May, Leo Shane III, 2.1M uvm; Washington, DC)

Now that President Donald Trump has announced Robert Wilkie as his pick for the next permanent secretary of Veterans Affairs, the immediate leadership question facing the department is who the next acting VA secretary will be.

On Friday, during an unrelated event at the White House, President Donald Trump announced that he would tap Wilkie — the department's interim head for the last 51 days — for the vacant Cabinet post. The timing of the announcement seemed to shock Wilkie, who had been among a short list of candidates for the post.

Wilkie has received generally positive reviews from veterans groups for his work in the acting secretary role so far. But under federal statute, that stint must end once he is formally nominated for the permanent role.

Under existing rules, individuals can't serve in an acting role for a Senate confirmable executive branch post unless they had previously been the first assistant to that office for 90 days.

New Central Intelligence Agency Director Gina Haspel served as acting agency chief while going through the Senate confirmation process. But she had served as deputy director of the agency before her nomination in March.

Wilkie, in contrast, was not even a VA appointee before he took over the acting job in March. He has been serving as the Defense Department's under secretary for personnel and readiness since last fall.

VA officials referred all questions on their department's leadership change to the White House. White House officials did not respond to requests for comment.

Critics said the shocking timing of Wilkie's nomination and subsequent uncertainty about the department's chain of command only adds to the ongoing instability of the embattled agency.

"It is abundantly clear that Robert Wilkie cannot be nominated to be VA secretary while serving as acting secretary," said Will Fischer, director of Government Relations of VoteVets.

"Once again, this president just made a spur-of-the-moment decision on veterans care, without any consideration, without any thought, and clearly without the usual process, which would have caught this issue with the law."

VoteVets is already part of a lawsuit against Trump over Wilkie's interim appointment to VA, which they argue violated the Federal Vacancies Reform Act.

When former VA Secretary David Shulkin was forced out of office by Trump in March, administration officials said it was officially a resignation by the once-popular veterans executive. Shulkin said he was fired and never offered a resignation letter.

Under existing law, the president can appoint whomever he wants to fill an open high-level executive branch post in cases of death, incapacity or resignation. The VoteVets lawsuit argues none of those happened with Shulkin, and the department's top deputy — Thomas Bowman — should have been appointed acting secretary instead.

Bowman in recent months has fought with White House officials over a host of policy issues, including how much veterans medical care should take place outside the VA hospital system.

Now, with Wilkie apparently close to vacating the acting secretary post, the question becomes whether the Trump administration will again bypass Bowman in favor of a different acting secretary.

"It looks like, once again, President Trump decided not to talk to his lawyers before making a major announcement," said Anne Harkavy, executive director of Democracy Forward, which is party to the VoteVets lawsuit.

"Trump's off-the-cuff approach demonstrates how little regard he and his administration have for the interests of America's veterans, and only creates additional uncertainty about whether and how veterans will continue to receive the benefits they've earned."

Since becoming a Cabinet-level department in 1989, VA has only has four acting secretaries and never two consecutive interim leaders.

Senate officials have not announced when confirmation hearings for Wilkie may take place, because Wilkie has not yet been formally nominated by the White House. Once that happens, lawmakers usually act on the nomination within a month or two, although partisan fighting in the Senate over the last 16 months has slowed much of that process.

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1.5 - WFED (AM-1500, Audio): [Carrie Farmer: VA hospitals provide superior care, RAND report finds](#) (21 May, 854k uvm; Washington, DC)

True or false: The care provided by Veterans Affairs hospitals is generally superior to that of other hospitals. Whatever else you might have heard about VA lately, that statement, which is true, is among the findings from a deep dive conducted by the RAND Corporation. Carrie Farmer, a senior policy researcher, joins Federal Drive with Tom Temin with more.

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2. [Greater Choice for Veterans](#)

2.1 - CNN (Video): [Congress' to-do list: 5 things to do \(or try to do\) by Memorial Day](#) (21 May, Ashley Killough, Elizabeth Landers and Sunlen Serfaty, 29.8M uvm; Atlanta, GA)

Few things inspire Congress to get things done like a deadline, and the pull of the week-long Memorial Day recess is no exception.

That said a variety of issues -- some situations of their own making, others created by outside forces -- have led to a packed week of congressional activity on such hot-button issues as veterans' health care, immigration, government spending and the handling of sexual harassment on Capitol Hill.

Here's what congressional leaders want to get done this week:

1. Put a veterans health care bill on the President's desk ...

The Senate is scheduled to take up, and expected to pass with bipartisan support, a bill that will allow veterans to see doctors that are outside the Veterans Affairs system. Senate Majority Leader Mitch McConnell filed cloture on the bill last Thursday.

The House overwhelmingly passed the VA MISSION Act last week, and has support from the White House. Lawmakers are pushing to have the legislation on the President's desk for his signature before they leave at the end of the week for the Memorial Day recess.

The \$51 billion plan includes \$5.2 billion for the Veterans Choice Program, which funds private care. VA officials have warned that the program could run out of money as early as the end of the month, disrupting care for patients. There has been a long-simmering debate about the extent to which veterans obtain care in the private sector. Many veterans groups say they don't want to see too many resources shifted outside the VA, a move they say would fundamentally bleed the health system dry.

2. ... and meet the new VA secretary nominee

The Senate also has a new Veteran's Affairs nominee to consider, three weeks after the previous nominee, Adm. Ronny Jackson, pulled his name from consideration.

In an impromptu moment during a prison reform event last week, President Donald Trump announced that he is nominating Robert Wilkie for the job, a post he has held as acting secretary since David Shulkin's ousting in March.

Veteran's Affairs Committee Chairman Johnny Isakson, a Georgia Republican, put out a statement congratulating Wilkie, saying he looks forward to learning more about his long-term views for the VA, "including how he plans to implement the VA MISSION Act when it becomes law."

[...]

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2.2 - The Hill: [This week: House GOP regroup after farm bill failure](#) (21 May, Jordain Carney and Juliegrace Brufke, 11.9M uvm; Washington, DC)

House Republicans are regrouping after conservatives tanked the farm bill and raised new questions about House Speaker Paul Ryan's (R-Wis.) ability to manage his caucus.

They're bracing for a busy week after the dramatic turn of events, which saw conservatives revolting over the farm bill and moderates bucking leadership by backing a discharge petition on immigration.

When, or if, the farm bill is revived will likely depend on if Ryan and his leadership team are able to meet the demands from the House Freedom Caucus, who broke with leadership after they didn't get a vote on a conservative immigration bill spearheaded by Reps. Bob Goodlatte (R-Va.) and Michael McCaul (R-Texas) before the farm bill was taken up.

The two issues will likely dominate the caucus's weekly closed-door meeting on Tuesday. The failure of the farm bill marked a setback for GOP leadership as well as for the Trump administration; the White House had publicly urged Republicans to back the legislation because of new work requirements for food stamps.

The legislative fiasco brought out the knives against Ryan, who is retiring but insisted he will retain his position as Speaker until the end of the year.

"It's difficult to close deals when you are a Speaker who's announced you are leaving in a few months. ... A lot of people are not going to care what you have to say," a senior GOP source told The Hill late last week.

The House's farm bill is largely a symbolic win for Republicans and Trump because it's considered dead on arrival in the Senate, where a bill will need 60 votes including the support of Democrats. Senate Agriculture Committee Chairman Pat Roberts (R-Kan.) is working on his own bill with Sen. Debbie Stabenow (D-Mich.).

The House bill became inextricably linked with immigration after the Freedom Caucus demanded a vote on the conservative measure as moderates neared the 218 signatures

needed to force a vote on a separate immigration plan that falls well short of the proposal pushed for by the White House.

Despite leadership offering the group of conservative hard-liners a vote on the immigration measure in June, the members refused to back the legislation.

“It was not fully clear,” Meadows said of the offer from leadership.

Immigration talks are expected to continue as both moderates and conservatives continue to push for action on the floor.

Veterans Affairs

The Senate is poised to take up a House-passed Department of Veterans Affairs reform bill.

Majority Leader Mitch McConnell (R-Ky.) teed up the legislation, with an initial vote possible as early as Tuesday.

The sweeping, \$52 billion reform bill would overhaul medical care options for veterans, including giving them more access to private doctors and hospitals. Critics argue it goes too far toward privatizing veterans’ health care.

It also includes funding to extend the VA’s choice program — otherwise scheduled to run out of money at the end of the month — for another year.

Senate action comes as Trump gave Congress until the Memorial Day recess to pass the legislation.

“The President encourages members of the Senate to put the needs of our nation’s veterans over partisan politics, and pass this necessary legislation before Memorial Day to ensure that our Nation’s bravest do not have to wait in never-ending lines to receive the care they rightfully deserve,” press secretary Sarah Huckabee Sanders said in a statement late last week

With top members of the Senate Veterans’ Affairs Committee supporting the legislation — including Sens. Johnny Isakson (R-Ga.), the panel’s chairman, and Jon Tester (Mont.), the top Democrat — it’s expected to easily clear the chamber.

The House is also expected to take up a slate of veterans-related legislation on Monday, including bolstering oversight of the VA’s electronic records plan.

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2.3 - San Antonio Express-News: [Congress on verge of reforming VA health care](#) (21 May, Bill Lambrecht, 715k uvm; San Antonio, TX)

Congress appears ready to order fundamental changes in how the Veterans Health Administration operates with far-reaching legislation that would send more veterans outside the VA for care and start the process of closing hospitals and clinics considered obsolete.

Despite concerns in some quarters about the continued privatizing of services, the Senate is likely to send President Donald Trump a bipartisan bill that would consolidate a web of programs into a new Veterans Community Care Program aimed at helping veterans get care more easily and closer to home.

The VA Mission Act, passed by the House last week by an overwhelming 347-70 margin, would direct \$5.2 billion to stabilize the Choice program for outside care, begun four years ago after a scandal about wait times for veterans.

The legislation also would expand a popular program that provides monthly payments for family caregivers to veterans of all wars, rather than just those who served after 9/11, as originally written.

Trump, who has signaled that he will sign the legislation, said Friday that final passage is very close.

"It's going to be a little more expensive, but that's OK," he said.

The legislation would make a significant new investment in veterans' health — \$47 billion over five years, the Congressional Budget Office estimates.

The overhaul, debated in Washington for 18 months, has support from leading veterans advocacy organizations. In a joint statement, they praised it for "making improvements to and investments in the VA health care system, creating integrated networks so that veterans have access to care when and where they need it and providing the further recognition and assistance to family caregivers of severely disabled veterans."

U.S. Rep. Beto O'Rourke of El Paso, a leading Democrat on the House Veterans Affairs Committee, noted the expansion of caregiver benefits to pre-9/11 veterans as a highlight.

"While no bill of this size and scope is ever perfect, this legislation reflects good-faith, bipartisan compromise and a shared commitment to caring for those who have borne the battles for this country," O'Rourke, a candidate for U.S. Senate in November, said in a statement.

A warning by acting VA Director Robert Wilkie — who was named by Trump on Friday to head the agency on a permanent basis — that the Choice program might run out of money by month's end is hastening action.

The Senate could take up the bill as early as next week. Sen. John Tester of Montana, the Senate's top Democrat on veterans issues, has said he supports it, suggesting it will have the bipartisan backing to pass.

The VA provides care to about 52,000 veterans in Bexar County and another 18,000 in 12 surrounding counties, according to a 2016 report by the Military and Veteran Community Collaborative, a local civilian partnership.

All told, Bexar County is home to more than 153,000 veterans, the most densely populated veterans community in Texas and the sixth-largest county population of veterans in the country.

Statewide, Texas has nearly 1.6 million veterans, roughly 30 percent of whom use VA health care, according to the American Community Survey. Texas has six inpatient care sites in Texas, including San Antonio's, and 62 facilities providing care on an outpatient basis, according to the VA.

More than 185,000 Texas veterans have received care through the Choice program since it began.

In the House debate, some Democrats worried that the expanded program's steep costs would take money away from other VA services absent a long-term funding mechanism.

There are worries, too, about continuing privatization in the VA. Last year, more than one-third of VA-funded medical appointments occurred outside the agency. Skeptics contend that offering more private care would drain the agency of money it needs to build internally.

Concerns also have been raised about a process the bill would set up much like the Pentagon's base closure and realignment initiatives. The bill would establish a nine-member commission ordered within four years to report to Congress which of the agency's 170 medical centers and more than 1,600 clinics "no longer meets the needs of the federal government" and should be consolidated or closed.

The prospect of losing VA facilities in their districts likely will trouble members of Congress in the years ahead, and their only options will be voting the commission's list up or down. For now, objections are sounding mainly from the American Federation of Government Employees and other public employee unions.

"It's all about privatization, shutting down VA hospitals and shipping veterans out to minute clinics that have no idea about their complex health needs," AFGE President J. David Cox said in an interview.

The legislation is shaping up as a victory for Trump and for the pro-privatizing forces that have established clout in his administration, particularly Concerned Veterans for America, the organization funded by libertarian billionaires Charles and David Koch.

The prospect of advocates of limited government playing a big role in VA matters worries some veterans groups.

"You have to scratch your head. Is this the Trump administration or the Koch brothers administration?" remarked Rick Weidman, co-founder of Vietnam Veterans of America.

In an interview, Dan Caldwell, executive director of Concerned Veterans of America, dismissed the notion that his organization is pressing for full-scale privatization of VA services.

"This isn't privatization," he said of the bill. "It will likely increase the use of private care, but the VA has been heading in that direction for a long time. This is about making sure the veteran has a choice between the VA and a private sector option."

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2.4 - Advertiser-Tribune: [Strengthen VA without privatizing the system](#) (22 May, Sen. Sherrod Brown (D-Ohio), 63k uvm; Tiffin, OH)

Any nominee to head the Department of Veterans Affairs must be ready and able to strengthen and improve the VA for Ohio veterans.

And before I make a decision on that nominee, I want to hear from Ohio veterans about how to do that and what their needs are. I've held roundtables across Ohio with veterans, and they've made it clear we have work to do to improve the VA health care system. But we also know that privatizing it isn't the answer – it would deprive veterans of the best possible care, just to line the pockets of private corporations.

After reports that former VA Secretary David Shulkin was fired because he stood up to pressure from the special interest Koch brothers and opposed privatizing the VA health care system, I'm calling on the Trump administration to move swiftly to nominate someone who has earned the support of veterans groups and will stand up to political pressures to dismantle and privatize the VA.

We've seen what happens when we introduce corporate profit motives into organizations that should be set up to serve the American people — just look at how private, for-profit charter schools are failing children in Ohio. Study after study has shown that these schools are not giving Ohio students an adequate education and are fleecing taxpayers.

We allowed for-profit charter school operators to inject profits into Ohio education, and they treated taxpayers like ATMs and shortchanged students. We cannot allow the same thing to happen to veterans.

Instead, we need to strengthen and improve the VA system.

Yes, that will be hard. It's the largest health care system in the country, serving nine million veterans every year. It provides care at more than 1,200 facilities across the country.

Some of those are serving veterans well, while others need significant investment to improve their services. Too many veterans still face obstacles to getting the highest quality care through the VA system. But just because a task is hard, doesn't mean we abandon our responsibility to the women and men who served this country.

We can't put profits ahead of veterans.

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3. [Modernize Our System](#)

3.1 - Politico: [Experts chime in on VA's next steps for Cerner deal](#) (21 May, Arthur Allen, 23.9M uvm; Arlington, VA)

SIGNING THE DEAL WAS THE EASY PART: Now comes the VA's difficult implementation of the Cerner system, which is expected to take 10 years. The deal says Cerner will get no more

than \$10 billion for its trouble, but many experts expect at least another \$5 billion to be spent on all the change management that will go into the deal.

We decided to ask some experts for their advice on how the VA should proceed to make this enterprise successful. Here are some of their responses (more in Tuesday morning's edition!):

David Shulkin, former VA secretary: Get VA clinical leadership buy-in. Form a veteran advisory committee (with veterans of all generations) to give input to implementation. Set transparent metrics and measurable outcomes.

Scott Blackburn, former VA chief information officer: Get the right executive leadership in place and make those people truly accountable. Who on the secretary's team will be going to bed every night truly accountable for making John Windom and the EHR modernization team successful and will be every night for at least the next 2.5 years? Right now, there is an Acting Undersecretary of Health, an Acting Principal Deputy Under Secretary of Health, and an Acting CIO — all of whom, even if permanent, have a lot else on their respective plates. There needs to be an executive for whom this is the #1 priority, who is willing to roll up his or her sleeves, understand the issues, be empowered to make executive decisions, remove roadblocks and make sure VA isn't repeating mistakes that have been made already by DoD and so many other private health care systems.

2) Make sure EHR Modernization is led by clinicians and the Veterans Health Administration (VHA), rather than the Office of Information and Technology. EHR modernization is a business transformation enabled by technology, not an IT project with clinical support. VHA has to have the right clinical leadership dedicated to making this successful at the pilot site(s). It must pull its "A" players out of their jobs and dedicate them to this. It will be much better to over invest in resources rather than under invest.

3) Focusing on winning the hearts and minds of those at the initial pilot sites. As [former VA CIO] Roger Baker has pointed out, VA is going to face a tough challenge in that VA clinicians like VistA and feel VistA is "theirs." VistA has a rich history of entrepreneurship and innovation within VA (e.g., the "hardhats"); and many VA clinicians take a lot of pride in that. For this to be successful, VA clinicians are going to have to feel that same sense of ownership. If VistA was the first EHR revolution in VA, we are going to need a band of "hardhats 2.0" to make this the second EHR revolution in VA. Honor the history; and use that history as a strength to make this next chapter successful. Stay laser-focused initially on 1-3 pilot sites to make sure those are successful before scaling. Go slow to go fast. Make sure VA is getting ahead of infrastructure upgrades at the pilot sites. This needs to start right now. This was one of the lessons learned from DoD.

4) Communicate, communicate, communicate. This historically has not been a strength of VA. Everyone is going to want to know what is going on — the good, the bad, and what is being done to address the bad. Constant communication and coordination with DoD.

Peter Levin, CEO, Amida Technology Solutions, former VA chief technology officer: We'll lose years of time and billions of dollars - never mind put patients at risk - if we don't have measurable, auditable, reliable, and secure clinical data exchange. If you get the data exchange right, nothing else matters (because the clinical components can be aligned and fixed later). If you don't get the data exchange right nothing else matters (because you will never be able to fix or align the clinical components later).

Roger Baker, consultant, former VA CIO: 1) Focus on the doctors. Make sure they view the new system as a win. What's in it for them? 2) Say no. No slips, no new requirements, no excuses. Be willing to stop the program or replace any part of it that isn't meeting scheduled deliveries. Be ruthless. 3) Stick to the commercial product. It works. Make sure any deviations are based on better quality of care. 4) Empower your people. Let them make decisions and mistakes. 5) Hold people and companies accountable. There is no excuse that justifies impacting veteran care. None.

John Halamka, CIO, Beth Israel Deaconess Medical Center: Implementing an EHR is more about psychology than technology. It's all change management.

... to be continued.

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3.2 - AARP Blog: [New Health Care App Links Veterans to Doctors - VA Video Connect eases access for patients seeking appointments](#) (21 May, Barbara A. Gabriel, 4.8M uvm; Washington, DC)

VA Video Connect can be used by any veteran who has video-capable technology — such as a smartphone, tablet or computer.

For many veterans, communicating with a doctor in real time will now be as convenient as putting a new app on their smartphone, tablet or personal computer.

VA Video Connect, which the U.S. Department of Veterans Affairs (VA) began piloting in 2017, is now being rolled out to veterans across the country. The service enables veterans to interact with their physicians using a secure video connection to address nearly any issue that does not require an in-person visit.

The app can be used by any veteran who has video-capable technology — such as a smartphone, tablet or computer — a reliable internet connection, and access to a VA provider who uses the service. The VA began rolling out Video Connect in July 2017; as of April 20, 4,500 VA providers had used it to communicate with more than 22,500 veterans. The VA hopes that increased use of Video Connect will help relieve some of the agency's wait time and access issues.

The new service has already demonstrated its capabilities. When VA Video Connect was being piloted last year, its introduction coincided with the devastation left behind by hurricanes Harvey and Irma. Video Connect enabled VA physicians to remotely get veterans the care they needed, underscoring its potential to reach patients unable to physically travel because of their disability or distance from their doctor.

The service is also valuable to veterans who have mental health issues. It can put patients in virtual touch with psychiatrists and counselors, bypassing the often long waits for appointments. "Having that availability is important, whether in person or through telemedicine," says Garry Augustine, executive director of DAV (Disabled American Veterans), a nonprofit organization that provides services for and lobbies on behalf of more than a million wounded veterans. "It's a

good option for times when a vet needs to be able to talk to a professional quickly,” Augustine says.

Telemedicine is not a new service for the VA. According to a spokesperson, the department pioneered telemedicine nearly 60 years ago, using closed-circuit television to connect a mental health therapist with a group of veterans gathered in a remote location. By 2006, advancements in technology allowed the VA to enable physicians to use telemedicine to screen veterans in remote medical facilities for conditions such as diabetic eye disease.

Today, the VA offers telemedicine services in more than 50 clinical specialty areas, such as wound care and dermatology. VA physicians conduct millions of remote visits each year. In fiscal year 2017, more than 727,000 veterans used VA tele-health services in medical facilities, representing more than 2.18 million episodes of care. Now that access is spreading to veterans’ personal devices.

VA Video Connect works on any device that has an internet connection, a web camera, a microphone and speakers. It is available in the Apple App Store for iPhones and iPads. On personal computers and Android or Windows mobile devices, VA Video Connect operates as a web-based app, and it does not require an app download. To determine whether a device is compatible with VA Video Connect, veterans can visit the VA Video Connect test site.

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3.3 - Zacks: [Cerner-VA Pact to Use EHR Platform for Better Veteran Service](#) (21 May, 3.5M uvm; Chicago, IL)

Cerner Corporation’s (CERN - Free Report) wholly owned subsidiary, Cerner Government Services, Inc., recently signed an agreement with the Department of Veterans Affairs (VA). Cerner aims to facilitate care to the veteran community through VA’s efficient integrated network.

Notably, Cerner Government Services provides industry-leading solutions to digitize paper processes from hospitals and ambulatory practices to public health and correctional agencies. Post announcement, Cerner’s share price inched up 1.2% to \$61.34 at closing.

Cerner is expected to deliver its existing healthcare solutions to senior citizens by providing their care givers with a crisp medical history through a single electronic health record (EHR) system. We are optimistic that such developments will likely provide a cushion to the stock, which has lost 5% versus the industry’s 6.5% gain in a year’s time.

Cerner has consistently prioritized health and wellbeing of the aged populace. Lately, the company also deployed its technologies at Department of Defense (DoD) medical facilities. Per management, this latest move will act as a catalyst for interoperability across the public and private health care sectors.

Furthermore, Cerner has been dominating headlines in a bid to digitize its EHR system. Last reported quarter, the company’s existing clients continued to migrate from legacy systems to Cerner Millennium, a Java and cloud-based automated library solution. Per management, Cerner has brought over 300 hospitals and more than 1200 ambulatory facilities under its revenue cycle solutions since 2017.

Moreover, the company foresees significant growth opportunities in the EHR market. Per statistics, there are more than 2,000 hospitals on the EHR platform, all need to be updated in the near future.

EHR Platform Evolution

Of late, Cerner saw a slew of developments on its EHR platform. Recently, Georgia-based Crisp Regional Health, Inc. deployed Cerner's EHR and revenue cycle management solutions across its facilities with a view to lend a complete and real-time record of an individual's health.

Additionally, Cerner's EHR and revenue cycle management solutions were selected by the Indiana Family and Social Services Administration (FSSA) to be integrated in its six state-run psychiatric facilities.

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3.4 - MedCity: [Trump picks Acting Secretary Robert Wilkie to lead VA after department signs EHR contract with Cerner](#) (21 May, Erin Dietsche, 479k uvm; New York, NY)

The U.S. Department of Veterans Affairs has made numerous headlines as of late.

Following Thursday's announcement that it (finally) inked a \$10 billion contract with Cerner to update its electronic medical record system, President Donald Trump unexpectedly said on Friday that he plans to nominate VA Acting Secretary Robert Wilkie to lead the department permanently.

While introducing his cabinet members during a prison reform summit at the White House on May 18, Trump commented that Wilkie "has done an incredible job at the VA."

Then he said this: "I'll be informing him in a little while — he doesn't know this yet — that we're going to be putting his name up for nomination to be Secretary of the Veterans Administration."

"I'm sorry that I ruined the surprise," Trump added.

But before Wilkie can officially take on the full position, he has to step down from his current role as the VA's acting secretary, according to The Fayetteville Observer. He told the newspaper that federal law prohibits him from keeping the position while there's a pending nomination. In the meantime, Wilkie will leave the VA and return to his role as Department of Defense undersecretary for personnel and readiness.

Trump's surprise nomination of Wilkie comes after former VA Secretary David Shulkin was fired in March. At the time, Trump announced his intention to nominate White House physician Ronny Jackson for the role. But about a month later, Jackson withdrew as a nominee after allegations emerged that he drank on the job and improperly handed out prescription medication, according to CNBC.

As for Wilkie, it's not altogether shocking that he nabbed the nomination. Although he doesn't have a medical degree like Shulkin and Jackson, he seems to have played a role in inking the Cerner deal.

"This is one of the largest IT contracts in the federal government, with a ceiling of \$10 billion over 10 years," he said in a statement. "And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted."

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3.5 - DOTmed: [Cerner head suggests negative reports about DoD contract may be 'fake news'](#) (21 May, Thomas Dworetzky, 449k uvm; New York, NY)

Burke told shareholders last week that the DoD work may have been slammed with the help of a "competitor," according to the Kansas City Star newspaper.

"If you had an ax to grind with us and wanted to perhaps keep us from getting to a Veterans [Administration] contract, and you're one of our competitors, you might want to use some information negatively. There was some negative information out there," he said during a recent shareholders meeting soon after the new no-bid, 10-year, \$10 billion deal with the VA for its system had been signed.

"I have learned the term fake news, a little bit," he added.

The VA deal, heavily favored by Jared Kushner, came about because Veterans Affairs wanted its EHR system to be compatible with the Cerner one used at DoD.

The DoD deal came after an open-bidding process.

The VA deal had gotten hung up after a government report that the EHR system at DoD was "neither operationally effective nor operationally suitable," according to Politico.

Burke claimed the report of snags was overblown.

"On one side, there's been some concern about some of the delivery on the Department of Defense side," he acknowledged, countering that the effort had really "gone incredibly well overall."

He explained that, "there were some known elements up front as we rolled out the first three sites. The plan always was to come back and do a remediation of those three sites, do an evaluation and make things better."

He also noted that the fact that the VA contract got signed underscored that the DoD was, in fact, happy with the way things were going.

The report from Politico stated that experts had found 156 "critical" or "severe" incident reports – bad enough to kill patients, which it called "devastating."

"Traditionally, if you have more than five [reports] at that high a level, the program has significant issues," one tester told the political news site.

The Pentagon responded on May 11, and stressed that they had made improvements to the pilot since the November expert review. "MHS Genesis is extremely important and it is important to get MHS Genesis right," said Vice Adm. Raquel Bono, chief of the Defense Health Agency at the time. "Feedback from the test community and dedicated professionals at the sites have been invaluable."

This is not the first installation that Cerner has had troubles with. In September, 2017, it got sued by Agnesian Healthcare, a hospital in Fond Du Lac, Wisconsin, over losses of at least \$16 million.

At issue is a "botched" rollout, claimed the hospital, that led to \$200,000 a month in damages from the billing software.

The September 15 filing by Agnesian states that issues with Cerner's software resulted in "pervasive errors in inpatient billing statements" that forced it to resort to hand billing.

Cerner spokesperson Misti Preston told the political news site at the time that, "Cerner disagrees with the allegations and will aggressively defend the case."

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3.6 - Becker's Hospital Review: [Cerner president blames unnamed competitor for 'fake news' about DOD's EHR rollout](#) (21 May, Julie Spitzer, 441k uvm; Glencoe, IL)

In a shareholders meeting one day after Cerner signed a \$10 billion, 10-year deal to be the Veterans Affairs Department's new EHR vendor, Cerner President Zane Burke suggested reports that disparaged its work for the U.S. Defense Department were "fake news" that may have involved "one of our competitors," The Kansas City Star reports.

In June 2017, VA announced Cerner would overhaul its legacy EHR and place the agency on the same health records system as the DOD, which began its transition to the North Kansas City-based vendor in February 2017.

It took VA nearly one year to sign the contract, after a number of concerns delayed the award. The latest snag in the process involved an April 30 Pentagon report that found Cerner to be "neither operationally effective nor operationally suitable" at the agency's first three pilot sites.

But Mr. Burke struck back, defending Cerner's project with the DOD.

"I have learned the term fake news, a little bit," Mr. Burke said, according to the Star. "On one side, there's been some concern about some of the delivery on the Department of Defense side. I'll tell you that's gone incredibly well overall. There were some known elements up front as we rolled out the first three sites. The plan always was to come back and do a remediation of those three sites, do an evaluation and make things better."

Mr. Burke said he believes a competitor may be involved in the negative report's dissemination, but he didn't name a company.

"If you had an ax to grind with us and wanted to perhaps keep us from getting to a Veterans contract, and you're one of our competitors, you might want to use some information negatively. There was some negative information out there," Mr. Burke said.

Cerner's most-well-known competitor, Epic, declined to comment on the Star report, but Epic's founder and CEO Judy Faulkner previously stated her company does not plan to challenge the VA's choice. "We've never challenged anything," Ms. Faulkner said in March. "We don't do that. We feel it's the customer's right to pick whatever they want."

An Epic spokesperson provided the following statement to Becker's Hospital Review. "Epic was not involved in publicizing the DOD report calling Cerner's MHS Genesis project, "neither operationally effective, nor operationally suitable." We would suggest that instead of dismissing these concerns as "fake news," Cerner help its users by fixing the problems outlined in the report."

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3.7 - Healthcare IT News: [Cerner President Zane Burke suggests DoD MHS Genesis criticism fake news - On a call with investors, Burke praised the EHR pilot at the Defense Department and suggested those negative media reports may have involved a competitor.](#) (21 May, Jessica Davis, 438k uvm; Portland, ME)

Just one day after signing a \$10 billion EHR contract with the U.S. Department of Veterans Affairs, Cerner President Zane Burke told investors that the company's other major government project with the Defense Department has taught him a lot about 'fake news' and that one of Cerner's competitors may have been involved.

"I have learned the term fake news a little bit," Burke said on a call with investors. "If you followed the one side of this, there's been concern about some of the delivery on the DoD side. So, if you had an axe to grind with us and wanted to perhaps keep us from getting to a veterans contract – and you're one of our competitors – you might want to use some information negatively."

Burke was likely referring to multiple media reports that came to light early this year that pointed to serious user issues with four of the DoD pilot test sites. Members of Congress caught wind of these and let DoD officials know they were concerned.

But a DoD Initial Operational Test and Evaluation report released on May 11 echoed a lot of those reports and found that issues with usability, cybersecurity, user training and the help desk rendered the platform "not operationally suitable."

DoD officials agreed with recommendations made in the report, but refuted the negative reports and said the EHR rollout will continue as scheduled.

Burke echoed those sentiments.

"I tell you that's gone incredibly well, overall," Burke said. "There were some known elements upfront as we rolled through the first three sites. The plan was always to come back and do a remediation of those three sites and do an evaluation and make things better."

Burke said the good news in all this is that Cerner's client, the DoD, understands the value of what the software company is delivering.

To Burke, the VA contract provides a real opportunity to "provide seamless care across the continuum" and ensure that men and women in the service can keep their records with them as they move into the VA. Not only that, but the \$10 billion contract is half of the projected cost to support VistA for the next 20 years if VA kept that proprietary EHR and its modernization in-house.

Former VA Secretary David Shulkin, MD, announced his plan to give the EHR modernization contract to Cerner through a no-bid process to expedite the project and to match the platform currently in a pilot phase. Not all EHR vendors were pleased with this decision, and CliniComp actually sued to stop the process. The judge later dismissed that case.

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3.8 - Fierce Healthcare: [VA signs \\$10B deal with Cerner, but implementation challenges still loom large](#) (21 May, Evan Sweeny, 141k omv; Washington, DC)

After nearly a year of fits and starts, the Department of Veterans Affairs has finally signed a deal with Cerner to upgrade its EHR system.

The 10-year, \$10 billion deal signed on Thursday represents one of the largest federal IT contracts. The move from the system's customized VistA platform to an off-the-shelf EHR aligns the country's largest health system with the Department of Defense, which has already begun integrating Cerner's MHS Genesis system.

"With a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted," Acting VA Secretary Robert Wilkie said in a statement.

In the end, former VA Secretary David Shulkin, M.D, the leading proponent of the shift to a commercial solution, wasn't the one to ink the deal. On Twitter, Shulkin called the deal "an important step forward in the modernization of this essential system."

When he announced the no-bid contract last June, Shulkin estimated it would take three to six months to finalize negotiations with Cerner and emphasized the need to move quickly on modernization efforts. But VA officials missed an initial November deadline and then put the contract on hold while it conducted a report to address concerns Cerner wouldn't be able to meet system's interoperability needs.

In April, Politico reported a Florida doctor with close ties to President Donald Trump was holding up the deal. And just last week, a DOD report outlined significant patient safety concerns tied to the EHR system at three different hospitals.

The delays caused some financial pain for Cerner, which was forced to readjust its 2018 earnings projections while it waited for the deal to be signed. On Thursday, Cerner CEO Brent Shafer said interoperability between the DOD and private providers would be a core feature.

"This agreement will benefit veterans and catalyze wide-scale adoption of innovation across the healthcare industry," he wrote.

Others were less enthusiastic about the signing.

"It's not an achievement for veterans and it's not an achievement for the health IT industry," Niam Yaraghi, a nonresident fellow at the Brookings Institute, told FierceHealthcare. "It just signals the fact that you can't have interoperability between two different software companies."

"It's only bonus points for politicians and a really sweet, fatty deal for Cerner," he added.

Legal, implementation challenges ahead

The agreement could face a formal protest from another EHR vendor in the next 10 days, but it won't come from Cerner's main competitor. Epic spokesperson Meghan Roh confirmed the vendor doesn't plan to protest the contract, pointing to comments CEO Judy Faulkner made at HIMSS18 in March when she said "we never challenge anything."

However, San Diego, Calif.-based CliniComp indicated it will challenge the contract. The EHR vendor already took the VA to court following Shulkin's announcement last year. That case is still working its way through an appeal after a district court dismissed CliniComp's complaint.

"It's unconscionable that the VA would choose to move forward with this decision in light of an overwhelming body of evidence calling to question Cerner's ability to deliver for veterans," CliniComp CEO Chris Haudenschild said in a statement to FierceHealthcare. "This was a no-bid contract awarded to a non-performing company. This unaccountable process has very real consequences for the men and women who have served this country in uniform."

"We absolutely intend to fight this decision and push for a competitive bidding process," he added. "Needless to say, the carelessness with which our veterans' health is being treated is unacceptable. Our veterans deserve better and we intend to fight for them."

The VA is also fighting off a lawsuit from CliniComp challenging the VA's decision. Another lawsuit (PDF), filed in April by the Democracy Forward Foundation, challenges Willkie's authority to make decisions for the VA in his capacity as acting secretary.

Further, there's plenty of concern over the VA's implementation plans. In a post published earlier this week, Yaraghi wrote the VA project is "very likely to fail," citing physician loyalty to VistA and the fact that few high-cost government contracts succeed.

After the deal was announced Thursday, Yaraghi hadn't changed his opinion. He expects the deal to go well past the \$10 billion allocated, citing past government IT projects that often end up over budget, and he's not convinced it will drive interoperability across the industry.

"This deal guarantees that Cerner shouldn't worry about sending or receiving data from other EHR systems because the most important connection is between their own system and the DOD," he said. "To some extent, it's a missed opportunity. The VA could have used its buying power to force interoperability."

Matt Guldin, a senior analyst with Chilmark Research, noted the VA contract is Cerner's largest implementation by far. With 168 hospitals and more than 1,000 outpatient facilities, the VA project is three times the DOD contract, which has already had a rocky start.

"[Cerner] certainly can do it, I just think their lack of experience in doing this is going to be challenging," he said.

Guldin added that there are plenty of differences between the DOD and VA health systems, and Cerner's ability to work with Leidos will play role in a successful implementation. He also wondered whether the project could divert attention from Cerner's other business lines, including population health solutions.

"How much of this will consume Cerner's overall focus?" he said. "It's a key part of their revenue growth over the next few years in particular. It's something that could sidetrack them from development in other areas."

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3.9 - St. Louis Public Radio (Audio): [Care anywhere: The evolving state of telehealth care](#) (21 May, Evie Hemphill, 18k uvm; St. Louis, MO)

Collectively speaking, we're living more and more of our lives virtually, and that includes the ways in which we seek out medical care.

On Monday's St. Louis on the Air, host Don Marsh discussed the ways that telehealth care is evolving and growing as an option among patients and providers.

Joining the conversation were Colleen Berding, telehealth program manager for the VA St. Louis Health Care System; Melissa Douglass, owner of Goal Driven Counseling and a recent University of Missouri-St. Louis social work alumna; and Dr. Jennifer Wessels, who is leading SSM Health's newly launched telemedicine program with its primary care physicians.

Wessels gave an overview of several of the most common uses of telehealth.

"A lot of folks use that in a video-visit situation [that] is similar to a Skype or a Facetime with your doctor," Wessels said. "Some people also use something called a store-and-forward technology. That's where a patient or another medical professional would send photos or images or x-rays to a doctor distantly. That doctor would review that information and then send it back to the patient for a diagnosis and review."

She added that telehealth has proven to be an effective tool, particularly in certain specialties like psychiatry and dermatology, and it's becoming more important in primary care as well.

"We can see folks who have minor acute illnesses like colds or flus," Wessels said, "and we can also see people with some more chronic issues, like medication follow-ups, diabetes, and smoking-cessation education and counseling."

Berding noted that the VA has been using telehealth for quite some time.

"We started in the 1990s doing primarily video visits and store-and-forward visits in different locales," she explained. "We were primarily tasked with bringing health care, and particularly specialty care, to remote locations and rural areas. And actually one of the areas here in the Midwest that was a pioneer for telehealth is the Poplar Bluff VA."

She said it's a "very customized" service among veterans and emphasized that an established relationship between patient and provider remains key.

"The technology is great, but it's a tool," Berding said. "And in the hands of a skilled and capable provider, this tool can make care go wherever that veteran is. And that to us is the most important thing, and with cell phones and smartphones and that, care really does go anywhere."

Recent regulatory changes at the federal level are making it even easier to reach veterans via telehealth, she added, such as across state lines.

Douglass, who focuses on helping people going through transitions through her service, noted that distance counseling is not appropriate in every case, such as those dealing with psychosis, schizophrenia or other acute mental illnesses.

"It's [more] helpful for people who are experiencing some of those common mental illnesses like depression, anxiety and traumas," Douglass said.

On any given day she sees between six and eight patients via web application, she added, and she specializes in older teens.

While younger generations are often associated with the latest gadgets and gizmos, Douglass said that not everyone she crosses virtual paths with has access to the necessary internet connection and technology to make the most of distance counseling.

"When I started this, I definitely wanted to reduce barriers and normalize the conversation around mental health, and when I started to go out and talk about telemental health, the response was usually, 'Tele-what?'" she said. "And so I'm very committed to doing a lot of education in the community."

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4. Focus Resources More Efficiently

4.1 - FOX News (Video): [Rep. Taylor on VA: Needs to be a culture shift](#) (21 May, 32.5M uvm; New York, NY)

Rep. Scott Taylor, (R-Va.), on efforts to reform Veterans Affairs.

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4.2 - Houston Chronicle: [Houston area offers many health care opportunities to military veterans](#) (20 May, Emilia Benton, 1.2M uvm; Houston, TX)

For military veterans transitioning to the civilian workforce or private industry, the job search process may initially appear to be a bit daunting. For Houston-area job-seekers, however, there are plenty of opportunities and resources available to make the process a bit more seamless.

As part of its military veteran outreach, Houston Methodist partners with the Hiring, Red, White and You! Texas Medical Center committee. It recently held a Career Expo on May 9 to highlight hiring insights, the military-to-civilian transition process, and focus on veteran hiring in various professions.

The event was held with several other Texas Medical Center hospitals and focused on veteran hiring, highlighting openings in each of the hospitals.

“Job opportunities fall all across the map, though they are primarily centered around nursing as far as volume,” said Carlos A. Fernandez, manager, talent acquisition, Houston Methodist.

“There are also positions available in the areas of allied health, information technology and supply chain management. We’ve seen fantastic candidates from military ranks, as they have key technical skills that are necessary for these available positions.”

At Houston Methodist, new hires can expect a very thorough orientation process, which maps culture, values and history as well as ongoing professional development for various skills, Fernandez said. It offers classes that may be beneficial depending on a candidate’s career path and how it aligns.

“Many veteran candidates have expressed interest in IT, supply chain and project management positions,” Fernandez said. “This speaks to the infrastructure within the military bases that they come from, and the technical training that they get.”

According to Fernandez, a certain advantage that military veterans bring to the table when it comes to skills they’ve developed personally and professionally is how they communicate to prospective and current employers.

“Some organizations have software that directly takes those technical abilities to directly correlate in applicant system,” he said. “That’s something they can definitely leverage when applying to roles or current employers.”

Fernandez also advises candidates get involved with other organizations such as Red, White and You when looking for mentorship resources, resume, interviewing and networking opportunities.

These nationally and locally recognized organizations provide key resources to veterans during a job search, at no cost to them, and they allow job candidates to spend time aligning with other veterans who are going from the military to the civilian job process.

Houston’s Michael E. DeBakey VA Medical Center also is highly committed to hiring veterans. Presently, 27 percent of the hospital’s workforce is made up of veterans, and it is always seeking to increase the number of veterans on staff. In addition to the traditional health care professions of doctors, nurses and technologists, it recruits many professions that are also essential to military operations, such as law enforcement; personnel specialists; payroll processors; supply technicians; cooks; and trade professions such as electricians, air condition mechanics and locksmiths.

“Often, a veteran’s military training and experience translates exactly into the skills and abilities we are seeking to hire,” said Kathy Salazar, human resources manager for the Michael E. DeBakey VA Medical Center. “Besides the professional expertise veterans bring to our workforce, they also bring a special affinity to our patient population. The common military service background between our veteran patients and veteran staff makes our facility truly unique.”

The VA posts new job announcements daily at www.usajobs.gov, and veterans can establish an account at that site to receive alerts when jobs are posted that match their career interests.

“Training is typically the same as in the private sector,” said Maureen Dyman, communications director, Michael E. DeBakey VA Medical Center. “We make a solid effort to hire veterans, as they have very useful skills and discipline from their experience in the military.”

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4.3 - KFVS (CBS-12, Video): [PREVIEW: Battle at the Bluff VA](#) (21 May, 445k uvm; Cape Girardeau, MO)

You demanded answers, and Crystal Britt and photojournalist Don Frazier went in search of answers.

We're talking about complaints against a union boss at the John J. Pershing VA Medical Center in Poplar Bluff.

Several people reached out with claims that the president of the AFGE Local 2338, the union that represents the employees at the VA, does not follow standard practice or the bylaws of the union's constitution.

It's a Heartland News Investigation you'll only see Tuesday on Heartland News at 5.

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4.4 - MetroNews: [Houses approves renaming Huntington VA facility after Williams](#) (22 May, 276k uvm; Charleston, WV)

The U.S. House of Representatives passed a bill Monday to rename the Veterans Affairs facility in Huntington after World War II Medal of Honor Recipient Hershel “Woody” Williams.

Williams, a retired Marine Corps corporal, received the decoration for his efforts during the Battle of Iwo Jima. He worked for the Department of Military Affairs for 33 years, and currently advocates for the creation of memorials for Gold Star families.

Rep. Evan Jenkins, R-W.Va., sponsored the legislation, and Reps. David McKinley and Alex Mooney cosponsored the measure.

“Woody is an example of the best West Virginia and our nation has to offer. And is, quite simply, an American hero,” Jenkins said on the House floor. “Renaming the Huntington VA

Medical Center to honor his service would be a fitting tribute for all he has done for our veterans and their families.”

The House’s vote comes a year after Sens. Joe Manchin, D-W.Va., and Shelley Moore Capito, R-W.Va., petitioned to rename the medical center after Williams. The chamber passed a resolution in September approving the name change.

Manchin criticized the House of Representatives last week for not acting on the resolution.

“This is a commonsense, non-controversial resolution that has been sitting in the House for nearly nine months,” Manchin said. “It’s unacceptable and the House should be ashamed that they are denying a World War II hero, Medal of Honor recipient and Gold Star Families’ advocate this great honor.”

The Senate and House passed two similar but different measures. A Manchin spokesperson said the next action regarding final passage is unclear.

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4.5 - WVVA (NBC-6): [Bill to rename Huntington VA after "Woody" Williams passes House](#)
(21 May, Paul Hess, 192k uvm; Bluefield, WV)

U.S. Rep. Evan Jenkins says a bill to rename the VA Medical Center in Huntington after WWII hero Hershel "Woody" Williams has passed through the House.

According to Rep. Evans, HR 3663 passed by a unanimous vote.

“Woody is an unbelievably brave and kind man. Not only did he demonstrate extraordinary heroism at Iwo Jima, but he has dedicated his life to serving veterans and our community,” Rep. Jenkins said. “Woody is an example of the best West Virginia and our nation has to offer. And is, quite simply, an American hero. Renaming the Huntington VA Medical Center to honor Woody’s service is a fitting tribute for all he has done for our veterans and their families.”

U.S. Senator Joe Manchin says the resolution to rename the veterans hospital passed the U.S. Senate in September 2017.

“I am thrilled my colleagues in the House of Representatives took my urging seriously and have finally honored my dear friend Woody Williams for the sacrifices he has made for our country and our beloved home of West Virginia,” said Sen. Manchin. “For almost 100 years Woody has dedicated his life to public service and bravely served our country. Woody is a World War II hero, a Medal of Honor recipient and a staunch advocate for Gold Star Families. Nobody is more deserving of this honor and I am relieved the House of Representatives has finally honored Woody as the Senate did almost nine months ago.”

"Woody" Williams is the only surviving Medal of Honor recipient to serve in the Pacific theater of World War II.

"I want to thank Senator Manchin and Congressman Jenkins for all of their effort to make this happen, " said "Woody" Williams. "It is something that I never actually dreamed or thought would happen in my lifetime. I just don't know how to express my gratitude for what they have

done and for the approval of the Congress. I consider it to be another one of those miracles. I've had so many in my lifetime and this adds to them. Just to have my name on an institution like that – one that will be around long after I'm gone – is truly an honor," Woody Williams said.

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4.6 - Herald-Dispatch: [House passes bill to rename VA after Woody Williams](#) (21 May, 192k uvm; Huntington, WV)

The U.S. House of Representatives voted unanimously Monday to pass legislation to rename the Huntington VA Medical Center for World War II Medal of Honor recipient and Cabell County resident Hershel "Woody" Williams. The resolution passed the Senate in September.

Rep. Evan Jenkins, R-W.Va., introduced the bill in the House and Sen. Joe Manchin, D-W.Va., introduced it in the Senate.

Jenkins honored Williams' life and service during debate Monday on the bill on the House floor.

"Woody is an unbelievably brave and kind man. Not only did he demonstrate extraordinary heroism at Iwo Jima, but he has dedicated his life to serving veterans and our community," Jenkins said. "... Renaming the Huntington VA Medical Center to honor Woody's service is a fitting tribute for all he has done for our veterans and their families."

"For almost 100 years Woody has dedicated his life to public service and bravely served our country," Manchin said in a release. "Woody is a World War II hero, a Medal of Honor recipient and a staunch advocate for Gold Star Families. Nobody is more deserving of this honor ..."

Williams, 94, thanked Manchin and Jenkins for their efforts.

"It is something that I never actually dreamed or thought would happen in my lifetime," he said in a release. "I just don't know how to express my gratitude for what they have done and for the approval of the Congress. I consider it to be another one of those miracles. I've had so many in my lifetime and this adds to them. Just to have my name on an institution like that – one that will be around long after I'm gone – is truly an honor."

The resolution was cosponsored by West Virginia's other House members, Reps. David McKinley and Alex Mooney, and Sen. Shelley Moore Capito.

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4.7 - Northwest Arkansas Democrat-Gazette: [Soldiers' Angels volunteer honored by VA for service](#) (20 May, Rachel O'Neal, 162k uvm; Fayetteville, AR)

When a rare health condition forced Susan Cookus to give up her job in the medical field, she knew she couldn't just sit still.

Cookus -- with many family members who have served in the military -- decided she wanted to volunteer for an organization that helps veterans. She learned of Soldiers' Angels, a Texas-

based nonprofit organization that provides aid and comfort to men and women who served in the armed services.

After just two years of volunteer work, Cookus was honored as the 2016-17 National Female Volunteer of the Year by the National Advisory Committee of the Department of Veterans Affairs Voluntary Services. The award was announced earlier this year.

"I couldn't believe it," she says of winning the award. "This is all so overwhelming. I am not used to being the center of attention like this. I certainly never did it for recognition. I never dreamed I would get it -- never in a million years."

But after volunteering more than 570 hours and distributing more than \$720,000 in donations last year, she was honored.

Amy Palmer, president and chief executive officer of Soldiers' Angels says, "Susan exemplifies the heart and dedication of an incredible volunteer. We are honored to have her on our team serving veterans and we are incredibly proud of the inspirational work that she has accomplished in Little Rock. The title of 2016/2017 NAC Female Volunteer of the Year was very well-deserved. She has touched the lives of many, many veterans through her work at the VA."

Cookus was a registered EEG technologist at Arkansas Children's Hospital when she was diagnosed with reflex sympathetic dystrophy -- or RSD -- which causes severe burning pain in her hands. She has had surgery but still struggles with the use of her hands.

Cookus, 64, says she has attention deficit hyperactivity disorder and knew she wouldn't be able to just retire: "I don't let the pain stop me. I can't do it. I am ADHD and I can't sit still."

Her inspiration for volunteering with Soldiers' Angels is her third-cousin Ronnie Anderson, a retired lieutenant colonel with the National Guard who has struggled with health problems since serving in the Iraq War. Cookus is now the Soldiers' Angels Veterans Administration representative for the two VA hospitals in central Arkansas.

"Her dependability is off the charts," says Michael Dobbs, chief of volunteer services at the Central Arkansas Veterans Healthcare System.

Dr. Margie Scott, the VA's medical center director says, "Susan is an amazing representative of all of the wonderful volunteers at CAVHS. We're very proud of her and excited about her award. Volunteers like Susan are essential to providing the very best care and compassion to our veterans."

Cookus visits with veterans in their hospital rooms or in the visitors area. She sometimes visits with the veterans with one of the four other women who volunteer with the Soldiers' Angels in central Arkansas.

"We always call them our 'boyfriends' because they always tell us they love us and they pray for us at night and we tell them the same thing," she says.

Cookus tells the story of a homeless veteran who was excited to see she was pulling a little red wagon full of donated socks.

"He said 'I can't wait to go upstairs and put them on because I don't have any socks,'" she says. "I just get so emotional. I start to cry when I tell their stories."

One of her boyfriends is a 101-year-old World War II veteran.

"He will always kiss me when I come in. ... He loves to kiss me and he is so happy," she says. "When I leave he says 'You come back now and get that kiss.'"

Cookus hosts monthly dinners for veterans suffering from post-traumatic stress disorder. She makes at least two trips a week to visit with hospitalized veterans. And she hands out almost 700 Christmas stockings with goodies to veterans that she and other volunteers fill at her house.

"And they love to be hugged and I love to be hugged," she adds.

She says she is surprised by the number of World War II veterans she sees.

"I talked to one World War II vet and the minute I got there he started to cry and he said 'I just don't go a day without thinking of the buddies that I lost.' He's a World War II vet so that's a long time that he thinks of his buddies every day," she says.

The majority of the veterans she sees served in the Vietnam War. The second largest group is Korean War veterans.

"What breaks my heart is when they say how nice it is that someone appreciates them -- that they just hardly ever hear it," Cookus says. "What I wish I could get out is for people to know they don't stop sacrificing when they leave the war or quit serving. The sacrifice is for the rest of their lives."

Cookus says she "never dreamed of how rewarding" her volunteer work would be: "To see the smile that comes across these veterans faces when you go in there, that just lightens my world. To see that smile and want a hug, there is nothing like it. There is nothing like it."

More information about Soldiers' Angels can be found at soldiersangels.org or calling (210) 629-0020.

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4.8 - North Country Public Radio (American Homefront): [VA partners with food banks as more veterans struggle to afford food](#) (21 May, Carson Frame, 144k uvm; Canton, NY)

More than 1.4 million veterans of all ages rely on government food assistance, but food insecurity is disproportionately common among post 9/11 veterans.

Even before the sun was up, crowds gathered in the parking lot of the VA Austin Outpatient Clinic for its once-a-month pop-up food bank. A truck from the Central Texas Food Bank idled nearby, as volunteers busily unloaded shipments of fruit, vegetables and meat.

Turnout was so high that veterans had to take numbers.

Diane Fike, a Vietnam-era Army veteran, came with a cart and some freezer bags. She sat on the curb with her dog Quinn waiting for her turn to pick from a selection of fresh and packaged groceries.

"Sometimes they're very generous," Fike said. "I hit the jackpot once; they had a bunch of shelf-stable milk. That was great."

Fike prefers food with a long shelf life because she has trouble getting out of her house. Money grew tight after she became disabled, and she doesn't have a vehicle. When she needs transportation, she has to give 24 hours notice.

"It's terrible sometimes if you're sick and you miss your ride," she said, recalling times when she had run low on food.

Food Insecurity In Unexpected Places

On average, about 1.5 million veteran households rely on Supplemental Nutrition Assistance Program benefits each year.

Elderly and homeless vets have long been at risk for food insecurity, but younger veterans from the Iraq and Afghanistan wars are increasingly in need, said social worker Kelli Garrett, who leads the Austin VA's mobile food pantry.

"Here at our food pantry and just in my work in general with the homeless program, it has been noticeable: an increase in the population of veterans under 35 or so," she said.

A University of Minnesota survey also found that post-9/11 veterans in that state were struggling to put food on the table.

Associate professor Rachel Widome led the survey, which concluded that 27 percent of participants had experienced food insecurity.

"That was just so much higher than the prevalence of food insecurity in the general U.S. population, which is usually around 14 or 15 percent," she said. "I thought that it was very shocking and, honestly, quite unconscionable that such a sizable proportion of those who were sent to fight these wars were now struggling to afford food."

Food insecure veterans tend to be unmarried, with lower incomes, and in households with children. They often reported binge drinking, tobacco use, and sleeping less.

Transitioning out of the military poses unique challenges for the young, Widome said.

"Sometimes younger veterans don't have a lot of job experience and don't have as many connections in the civilian world for finding work right away," she said, "and they might not have as much as far as savings goes."

Screening Through Stigma

Daren Benito, a 45 year-old veteran of the first Gulf War, is just a bit older than the group Widome studied. As a single father of two, Benito wrestled with severe post-traumatic stress disorder after leaving the Army, eventually falling into a period of homelessness. He said he often went hungry to feed his kids.

"I still feel like a protector," he said. "I still feel like I should be the one taking charge, taking the lead. So oftentimes it's hard to have to yield to better judgment, to come out here and humble yourself to an experience like this, because it just makes you feel kind of down."

The Austin food pantry is under the auspices of the Veterans Pantry Pilot Program, a nationwide collaboration between the VA and hunger relief network Feeding America. It has established food pantries at VA medical centers in Ohio, South Carolina, Florida, and other states.

The VA directed also all of its medical facilities in October to start screening veterans for food insecurity as part of their routine medical care. Anne Utech, the VA national director for Nutrition and Food Services, said the screening is necessary in part because of stigma.

"As you can imagine, this topic can be rather sensitive," Utech said. "People don't like to bring it up. So that's why there's a need for healthcare providers to ask and screen for it."

The screening question asks veterans whether they've run out of food, were unable to access more food, or didn't have money to buy food in the past three months.

According to Utech, the screening is designed to catch as many positive answers as possible and to account for non-financial factors like physical immobility and lack of transportation. When someone answers yes, that's supposed to trigger intervention by a social worker, a referral to a local food bank, or help in getting federal food assistance.

So far, more than 1 million vets have been screened, and the VA is compiling information about who's in need.

But if there's one thing everyone is seeing, it's an increase in demand. In both March and April, the Austin VA food pantry served more than 200 households in two hours.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting and the Bob Woodruff Foundation.

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4.9 - KIMA (CBS-29, Video): [VA Center to assist tribal veterans opens in Toppenish](#) (21 May, Marie Schurk, 62k uvm; Yakima, WA)

A new center that will assist veterans in tribal communities is opening in Toppenish.

Washington Governor Jay Inslee is helping celebrate the opening of the Yakama Warriors Association Veterans Center Monday morning, according to communications from the governor.

The facility will be the site of the Yakama Nation Veterans Affairs Program to connect veterans from the community with state and federal resources.

The center will also help full-time tribal veterans get assistance in U.S. Department of Veterans disability claims, health care enrollment and other services.

A news release from Inslee said the state recently signed a memorandum of agreement with the Yakama Nation to provide veteran service officer training and accreditation to their program.

The new center is located at 480 Buster Road in Toppenish.

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4.10 - EHR Intelligence: [Trump Officially Nominates Robert Wilkie as VA Secretary - President Trump announced Robert Wilkie as the new VA secretary nominee to replace former VA Secretary David Shulkin.](#) (21 May, Kate Monica, 50k uvm; Danvers, MA)

President Trump recently announced Robert Wilkie will be the next VA secretary nominee in the running to replace former VA Secretary David Shulkin and spearhead the agency during its Cerner EHR implementation, according to CNN.

Wilkie is the second official nominee chosen by President Trump to fill the current vacancy for VA secretary. Trump's first nominee — Navy Rear Admiral Ronny Jackson — withdrew as nominee after allegations surfaced about Jackson's professional conduct and managerial abilities.

Wilkie is currently serving as Department of Defense (DoD) undersecretary. He has also been serving as the VA acting secretary since Shulkin was removed from his post at the head of the federal department in March.

"Acting Secretary Wilkie — who, by the way, has done an incredible job at the VA, and I'll be informing him in a little while, he doesn't know this yet — that we're going to be putting his name up for nomination to be secretary of the Veterans Administration," Trump said, according to CNN.

As acting VA secretary, Wilkie has already played a significant role in carrying out the \$10 billion Cerner EHR implementation at all VA care sites. VA officially signed the Cerner contract in mid-May after months of delay.

"I am pleased to announce we have signed a contract with Cerner today that will modernize the VA's health care IT system and help provide seamless care to Veterans as they transition from military service to Veteran status, and when they choose to use community care," said Wilkie in a public statement.

While the contract was at one time rumored to surpass \$16 billion, the federal department stated the contract would have a \$10 billion ceiling over ten years.

"With a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted," said Wilkie.

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4.11 - Charleston Gazette-Mail: [US House passes resolution to name Huntington VA for 'Woody' Williams](#) (21 May, 28k uvm; Charleston, WV)

The U.S. House of Representatives voted unanimously Monday to pass legislation to rename the Huntington Veterans Affairs Medical Center for World War II Medal of Honor recipient and Cabell County resident Hershel "Woody" Williams. The resolution passed the Senate in September.

Rep. Evan Jenkins, R-W.Va., introduced the bill in the House and Sen. Joe Manchin, D-W.Va., introduced it in the Senate.

Jenkins honored Williams' life and service during debate Monday on the bill on the House floor.

"Woody is an unbelievably brave and kind man. Not only did he demonstrate extraordinary heroism at Iwo Jima, but he has dedicated his life to serving veterans and our community," Jenkins said. "... Renaming the Huntington VA Medical Center to honor Woody's service is a fitting tribute for all he has done for our veterans and their families."

"For almost 100 years Woody has dedicated his life to public service and bravely served our country," Manchin said in a release. "Woody is a World War II hero, a Medal of Honor recipient and a staunch advocate for Gold Star Families. Nobody is more deserving of this honor ..."

Williams, 94, thanked Manchin and Jenkins for their efforts.

"It is something that I never actually dreamed or thought would happen in my lifetime," he said in a release. "I just don't know how to express my gratitude for what they have done and for the approval of the Congress. I consider it to be another one of those miracles. I've had so many in my lifetime and this adds to them. Just to have my name on an institution like that — one that will be around long after I'm gone — is truly an honor."

The resolution was cosponsored by West Virginia's other House members, Reps. David McKinley and Alex Mooney, and Sen. Shelley Moore Capito.

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4.12 - WOWK (CBS-13): [House Votes to Name Huntington VA Medical Center For WWII War Hero Woody Williams](#) (21 May, Patrick Simon, 21k uvm; Huntington, WV)

One year since it was first introduced, the U.S. House of Representatives voted unanimously Monday night on a resolution to name the Huntington VA Medical Center for WWII Medal of Honor recipient Hershel 'Woody' Williams of Fairmont, West Virginia. Congressman Evan Jenkins sponsored the bill which was first introduced by Senator Joe Manchin in 2017.

The honor is part of a growing list of accolades for the 94 year old veteran of the battle at Iwo Jima. Earlier this year, Williams was selected as the person to flip the coin at the Super Bowl 52 and a naval ship named for him in San Diego.

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4.13 - Yellowstone Public Radio (Audio): [Tester On The New Nominee To Head Veterans Affairs](#) (21 May, Jackie Yamanaka, 14k uvm; Billings, MT)

U.S. Senator Jon Tester said he looks forward to the pending Senate confirmation hearing for the nominee to head the Veterans Administration. The ranking Democrat on the Senate Veterans Affairs Committee said he has a good working relationship with the man who is currently the acting secretary.

Tester told about 300 Democrats gathered for the annual Truman Day Dinner in Billings Friday night his responsibility is to continue to do what's right for veterans. He said he will continue to work with President Donald Trump when it's good for Montana, but will fight when it isn't.

Tester enraged the president after he went public with a document that led to Rear Admiral Ronny Jackson's decision to withdraw his nomination to be VA secretary.

Montana media had a hard time reaching Tester for comment afterwards.

"I'm an actively engaged farmer. We had a late spring this year," said Tester who is sanguine about the media firestorm that erupted after Trump criticized Tester and called on him to resign.

"I was listening to the radio going, 'gosh I'd love to get out there and respond to this' but those of us who are involved in agriculture know that timing is critical," said Tester, who still farms near Big Sandy. "If you miss the window of timing of getting the crop in the ground it can have really, really bad economic consequences in August or September when you go to harvest that crop."

Tester, the ranking member of the Senate Veterans' Affairs Committee, said while he knows Acting VA Secretary Robert Wilkie, as the nominee, Wilkie will still be subjected to tough questioning before the committee.

"In the end we have to do our jobs if the president doesn't like it, the president doesn't like it but the constitution is clear on what our jobs are," he said.

The president named Wilkie to serve as Acting Secretary of the VA on March 28, 2018. He is the undersecretary of Defense for Personnel and Readiness.

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5. Improve Timeliness of Service

5.1 - Washington Post (Consumer Reports): [The latest thinking on osteoporosis, which weakens bones](#) (21 May, 43.9M uvm; Washington, DC)

If your doctor has suggested undergoing screening for osteoporosis — a disease that weakens bones and makes them more likely to break — there are things you should know about this common condition.

About 10 percent of Americans 50 and older have osteoporosis, and many more eventually develop a less severe form of low bone density called osteopenia, according to a 2014 review published in the Journal of Bone and Mineral Research. And an analysis published this past

December in the journal *Osteoporosis International* found that hip-fracture rates in older women are rising, after a decade of overall decline.

Here's the latest thinking on osteoporosis — including the bottom line on who needs to get screened and when you should go on medication, plus the research on what you can do to keep your bones strong for decades to come.

Know when to get screened

The bone density test used to screen for osteoporosis is a low-dose X-ray known as a DEXA scan. It's painless and takes just five to 10 minutes.

Women are about twice as likely as men to break a bone because of osteoporosis, according to the National Osteoporosis Foundation. So if you're a woman 65 or older, you should have a baseline screening, according to the latest draft guidelines from the U.S. Preventive Services Task Force.

There's less evidence for such screening in men, but preliminary research suggests that starting around age 80 is optimal, says Robert Adler, chief of endocrinology and metabolism at McGuire Veterans Affairs Medical Center and a professor of epidemiology at Virginia Commonwealth University School of Medicine.

People who have rheumatoid arthritis or who smoke, consume more than three alcoholic drinks a day, have had prolonged prednisone treatment or previously experienced a fracture from only minimal impact should talk to their doctor about starting screening earlier.

If you're a healthy woman 65 or older with a normal result on a bone density scan, you may not need another one for 10 years — as long as your risk factors don't change. If you find you have osteopenia, you will need a follow-up scan three and five years later; if you have osteoporosis, go for repeat testing every two years.

Test your steadiness

"Poor balance is one of the leading reasons for falls, which can cause a potentially devastating fracture even in people without osteoporosis," explains Marvin M. Lipman, Consumer Reports' chief medical adviser.

You can easily gauge your balance through two quick self-tests. Try both: Heel-to-toe walking (taking steps with one foot directly in front of the other) and standing on one leg for 30 seconds at a time. If you flunk either one, Lipman says, "you may have a balance problem" and should speak with your primary-care provider. Studies have shown that physical therapy can improve your balance.

Eat a well-balanced diet

Women who ate a diet rich in vegetables, fruits, fish and whole grains had better bone density and (in Caucasian women younger than 63) fewer hip fractures, according to a large study published last year.

Along with plenty of veggies and whole grains, you should also eat foods rich in calcium. Other research has found that consuming plenty of magnesium and potassium — two nutrients found in fresh fruits and vegetables — is associated with better bone density in people older than 69.

Try exercise before drugs

If you're one of the 44 million Americans diagnosed with osteopenia, your doctor may suggest medication. But most of the time that's unnecessary.

In fact, two-thirds of new prescriptions written after a DEXA scan may be inappropriate, according to a 2016 study in JAMA Internal Medicine. And the drugs prescribed can have side effects such as stomach upset and heartburn.

For most cases of mild bone loss, try weight-bearing exercises first, such as lifting weights or walking at least 30 minutes a day. Exercise can reduce the risk of fracture by helping to maintain bone density and can reduce risk of falls by improving balance and strengthening muscles.

There are situations where it may make sense to take medication if you have osteopenia, especially if your bone density is on the cusp between osteopenia and osteoporosis.

"If your physician performs a fracture risk assessment [called FRAX] and you have a 10-year risk of osteoporotic fracture of at least 20 percent or a risk of hip fracture of at least 3 percent, then you should definitely consider drugs," says Susan Hingle, chair of the Board of Regents for the American College of Physicians.

Understand your meds

If you and your doctor decide you need medication for osteoporosis or osteopenia, a group of drugs called bisphosphonates should usually be your first-line treatment, Adler says. These drugs bind to the surface of your bones, thereby slowing erosion.

For patients with severe osteoporosis, however, most doctors now recommend a different class of drugs, called anabolics, Adler says. Research shows they may be more effective in severe cases than the bisphosphonates, but there are downsides: Anabolics are very expensive, require daily injections and shouldn't be taken for more than two years.

Even bisphosphonates shouldn't be used for more than five years — beyond that, research suggests, there's no benefit. Two years after stopping, have another scan. If your bone density is stable, you don't need to restart meds. But if it decreased again, you can either go back on a bisphosphonate or try a different drug, such as the semiannual injectable denosumab (Prolia).

Supplements or calcium-rich foods?

Just a decade ago, doctors were advising everyone — especially post-menopausal women — to take calcium and vitamin D supplements to ward off bone thinning and risk of fractures.

But research hasn't borne out these benefits. Our experts still recommend getting adequate calcium. But the right way is through diet, not supplements, so your body can better absorb it, Lipman says.

Vitamin D is trickier because most of us don't get enough from either food or sunlight, the two main sources. So it's reasonable, Lipman says, to take a daily supplement of 400 to 800 international units of vitamin D if you're younger than 50, and 800 to 1,000 IU if you're older.

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5.2 - Tech Times (Video): [Doctors Are Convincing More Men With Low-Risk Prostate Cancer To Reject Aggressive Treatment: Study](#) (21 May, Ron Caraos, 10.1M uvm; New York, NY)

Veterans with non-aggressive prostate cancer are rejecting aggressive treatments following the advice of international medical experts, but without increasing the risks, a new study suggests.

Low-Risk Prostate Cancer Does Not Need Immediate Treatment

The study was led by researchers at the New York University School of Medicine, NYU's Perlmutter Cancer Center, and the Manhattan campus of the VA NY Harbor Healthcare System.

The large study noted the increasing numbers of patients with low-risk prostate cancer who are electing to practice active surveillance of the disease rather than immediate treatment. Patients have to undergo tests and check-up on a regular basis to ensure that cancer remains at a safe stage. If it gets worse, that is the only time that a treatment is considered.

The study published Tuesday in the The Journal of the American Medical Association looked at the medical records of 125,083 veterans diagnosed with prostate cancer from 2005 to 2015.

In 2005, the study found that only 27 percent of men under 65 years old opted out of cancer treatments while 4 percent received active surveillance. Those figures jumped to 72 percent and 39 percent in 2015, similar to the numbers for participants over the age of 65.

"Our study shows that the Veterans Affairs health care system has done a good job over the last decade in adopting 'conservative management' of men diagnosed with early-stage disease, with many men choosing active surveillance as an alternative to immediate therapy," says Stacy Loeb, MD, MSc, study senior investigator and urologist.

Overtreating Cancer Might Be A Thing Of The Past

The study highlights the importance of active surveillance rather than overtreating a malignancy that may otherwise be harmless. The increase in veterans opting out of harmful therapy or radiation brings hope that other American men will also see the benefits of active surveillance.

"Remember that until 2010, a man diagnosed with prostate cancer was told to get your prostate out, next week at the latest," said Otis Brawley, the chief medical officer of the American Cancer Society.

Brawley, who was not involved in the study, has long been advocating against the risks of overtreating prostate and breast cancer. He is hopeful that five years from now, the whole country will see that 70 percent of men with low-risk cancers will not pursue an immediate treatment for low-risk tumors.

That figure will be possible with the proliferation of knowledge about active surveillance to both patients and doctors who might still suggest an immediate surgery following a diagnosis.

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5.3 - MedicalXpress: [Ischemic heart disease, CHF mortality vary across VA systems](#) (21 May, 1.5M uvm; New York, NY)

Peter W. Groeneveld, M.D., from the Veterans Affairs Medical Center in Philadelphia, and colleagues conducted a retrospective cohort study involving 138 VA hospitals and each hospital's affiliated outpatient clinics to examine the differences in cardiovascular outcomes. Separate cohorts were constructed for patients diagnosed with IHD (930,079 veterans) or chronic heart failure (348,015 veterans).

The researchers found that the crude annual mortality rate across VA was 7.4 and 14.5 percent for IHD and chronic heart failure, respectively. VAMC's risk-standardized mortality varied from 5.5 to 9.4 percent for IHD, and from 11.1 to 18.9 percent for chronic heart failure. Twenty-nine and 35 VAMCs had IHD and chronic heart failure mortality rates that significantly exceeded the national means, respectively. There was no association for VAMC mortality rates among IHD and chronic heart failure populations with 30-day mortality rates for myocardial infarction; a weak association was seen for hospitalized heart failure 30-day mortality and for the VA star rating system.

"Risk-standardized mortality rates for IHD and CHF varied widely across the VA health system, and this variation was not well explained by differences in demographics or comorbidities," the authors write. "This variation may signal substantial differences in the quality of cardiovascular care between VAMCs."

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5.4 - KARE (NBC-11): [MN veteran finds healing through art - Former Army infantryman Brian Zimmerman suffers from PTSD and has found help and relief through art and a new brain study by VA researchers and University of Minnesota.](#) (21 May, Lindsey Seavert, 1.5M uvm; Golden Valley, MN)

His muscles would involuntarily spasm, and bruises would appear where his joints and muscles throbbed with excruciating pain. At night, he couldn't sleep, disturbed by night sweats and what he described as a lightning storm in his brain.

The pain triggered memories of his time serving in Desert Storm. He couldn't shake the images of the lives lost in a bloody battle in the 1991 Gulf War, known as the Highway of Death, between Kuwait and Iraq. The face of a little girl he witnessed during the devastation of that day haunted him in his dreams.

It turns out, Zimmermann's fellow Army veterans were experiencing the same mysterious symptoms and over a two-year stretch, several people in his unit took their own lives. Zimmermann understands why. At points in his own struggle, he's stared down into the same dark place.

"You have to admit to it first. You have to get help," said Zimmermann. "When you are in pain every day, you can't get away from the war. You think about it every time you are in pain. What

happened to us over there? Why are we like this? And so, you relive the war every day you are in pain.”

The Final Straw

Two years ago, Zimmermann just happened to visit a traveling military memorial that stopped near his Minnesota town. The Eyes of Freedom features 23 life-size portraits of the fallen Lima Company Marines, an Ohio Marine reserve unit among the hardest hit in the Iraq War.

Overcome with emotion after seeing the faces of the fallen, he turned to leave but was stopped by Mike Strahle, a Marine veteran in charge of taking the Eyes of Freedom memorial from state to state.

Strahle narrowly survived the roadside bomb that killed many of his fellow Lima Company Marines. He saw a familiar sorrow in Zimmermann’s eyes that day, and struck up a conversation with him. Their friendship was born in the presence of those paintings.

“We have got so many veterans who are choosing the wrong way out. That’s a tragedy in and of itself. Meeting Brian and hearing Brian’s story was, I guess, the final straw,” said Strahle.

Strahle introduced Zimmermann to the artist who spent several years painting the Eyes of Freedom memorial, Anita Miller of Lyons, Colorado.

Artist Anita Miller creates art to help veterans find solace. Credit: Rob Collett, KARE 11
Miller was seeking a subject for her next project. She wanted to unveil a life-sized sculpture of a veteran struggling with Post Traumatic Stress Disorder (PTSD).

She had never undertaken a sculpture exhibition before and when Strahle told Miller about Zimmermann’s story she knew the Army veteran from Minnesota was the subject she had been searching for.

“Anita asked me what I would have done to help one of my brothers that I served with? I said I would have done anything to help them, and then she said, you have to do this,” said Zimmermann.

Miller met Zimmermann on a trip home to visit family in her native state of Minnesota and often spoke to him by phone. She studied his photos. She asked him to measure details like his swollen hands.

She then began to sculpt from a life-size model of Zimmermann from her studio in Colorado, a project that would take two years from start to finish.

Miller initially envisioned a soldier looking upwards into the light. Zimmermann told her veterans wouldn’t connect with an optimistic pose. He told her in order to speak to veterans her sculpture must capture sorrow and defeat. So Miller scrapped her initial plan and began again, closely channeling Zimmermann’s own journey with PTSD.

Brain Science Breakthrough

Zimmermann is one of many Gulf War veterans participating in new studies at the Minneapolis VA Medical Center where researchers have found differences in brain patterns of veterans sickened by Gulf War Syndrome.

In collaboration with the University of Minnesota Brain Sciences Center, VA researchers found a shrinking of the cerebellum in the brains of veterans sickened with Gulf War illness, when compared to healthy veterans. They believe this is due to antibodies possibly linked to vaccines veterans received before deployment overseas.

A new report just outlined a breakthrough in the study of sickened Gulf War vets and a possible path to treatment. It found brain-cell damage from Gulf War Syndrome can be reversed and neutralized by a healthy serum.

“All of these negative effects were reversed when healthy Gulf War veterans’ serum was added to the cultures. We conclude that Gulf War Illness serum contains brain damaging factors that can be neutralized by healthy serum, possibly by specific antibodies,” according to Dr. Apostolos Georgopoulos, of the Brain Sciences Center, who led the study.

Brian Engdahl, Ph.D., is a VA researcher and psychologist in the Brain Sciences Center, part of the team leading several studies, considering factors like toxic exposures during the war, along with health history, immunity, genetics and brain scans of veterans.

Engdahl and fellow researchers recently analyzed approximately 240 Gulf War veterans with a goal of studying 1,000 Gulf War veterans over the next three years. The study began eight years ago and now Engdahl is searching for more Gulf War veterans and funding to continue his breakthrough research.

Zimmermann was among the first veterans to volunteer for the study willingly undergoing brain scans and various tests in hopes to find relief for his pain.

“There is a lot of frustration on the part of the Gulf War veterans who are still ill,” said Engdahl. “There was a sharp and clear change in their ability to sleep, to think, to be free from pain, to concentrate in a number of ways. They noticed and their families noticed. The military and VA did not notice, they were very dismissive.”

Engdahl points out that the brain scans of Gulf War veterans sickened by Gulf War Syndrome are now proof, showing differences in brain patterns and brain activity when compared to other veterans.

“Who find themselves at times in such despair, the thought of self-harm, the thought of suicide, is very real,” said Engdahl. “We have looked at veterans like Brian suffering from chronic, severe, multi-system illness... the system includes the mind and emotions.”

Engdahl believes in a matter of years the study could lead to personalized drug treatments for those struggling, and perhaps a blood test to remove doubt about who’s suffering from Gulf War Illness.

“These are not cures. The doctors are doing their best to treat the symptoms and look for ways to stop the misbehaving immune system,” he added. Engdahl said an estimated \$9 million dollars have been funded so far, and his department is seeking another \$7 million in support for the next phase.

Silent Battle Sparks Conversation

Two years have passed and Miller's vision is finally realized. The sculpture of Zimmermann is now gleaming in bronze after four months in a foundry, ready to be unveiled.

The Silent Battle sculpture reveal in Lewiston, Idaho. Credit: Chris Hanson, KARE 11

"Brian is the inspiration. This is his story. This image is an image that he shared with me. He wanted people to understand a little bit about what it feels like so it's really my hands giving form to his pictures in his own mind," said Miller.

The community of Lewiston, Idaho reached out to Miller and asked if the sculpture could be unveiled in their town. The military-focused community is concerned about the rate of veteran suicide.

Sharon Ledbetter, of Lewiston, Idaho leads the local Quilts of Valor chapter and asked Miller if she'd be willing to unveil her sculpture there with concerns the suicide rate for veterans is especially high in western states such as Idaho and Washington.

"We want this for our veterans," Ledbetter said, "to help them and heal them. We knew it would focus on vet suicide, which is a huge problem.

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5.5 - KSTP (ABC-5, Video): [Active Military Members, Veterans Respond to "A Hidden Epidemic" Investigation](#) (21 May, 856k uvm; Saint Paul, MN)

Active service members and veterans from across the country are contacting KSTP following our investigation into the military's use of mefloquine and the story of how it's left a veteran in Duluth partially disabled.

Shawn Bolf says he was ordered to take mefloquine during his deployment to Afghanistan in 2010 with the 148th Fighter Wing of the Minnesota Air National Guard.

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5.6 - Telegraph: [Partnership to offer 'Whole Health' solutions for veterans](#) (22 May, Hannah Laclaire, 275k uvm; Nashua, NH)

For U.S. Army veterans Paul Ross and Freda Grandmason, yoga is a life-changing experience.

"Two years ago, I was lucky if I could get out of my bed," said Grandmason, who struggles with fibromyalgia and anxiety.

After she found yoga at the Manchester Veterans Affairs Medical Center, she also found a new sense of hope and a community of friends. In that community was Ross, who never would have thought yoga was for him.

In fact, if someone had suggested it, he said, "I would have looked at them like they had three heads."

But after 27 years of battling with addiction, often feeling as though death might be his only release, Ross turned to yoga. After starting at one session per week, once per week, this steadily increased to three times per week after he realized that he had found an ease for his pain that was not a pill.

"It literally saved my life," he said.

Grandmason and Ross are just two of the hundreds of veterans who have found comfort and relief in yoga therapy, according to Romula Valdez, director of the Whole Health Program at the Manchester VA.

To further its goal, the VA has joined forces with the YMCA of Greater Nashua to offer more yoga and Whole Health classes, in a first of its kind partnership, which officials announced on Monday.

"(Yoga and mindfulness) has changed the lives of veterans physically, socially, psychologically and spiritually," Valdez said.

The program includes coaching for veterans in yoga, fitness, meditation and other outlets in an attempt to focus on the person as a whole being, not just a diseased or pained body part.

The VA yoga class was put on hold after a July flood damaged much of the organization's building.

Ross was "shaken" by the possibility of losing the program for good. Grandmason said that in the interim she got off her mat and started using the computer more as the old anxiety and chronic pain began to creep back into her bones.

"When we lost our space, it was a tough time," she said. However, the class recently reopened at the same time it was announced they would be expanding to Nashua to hopefully serve more veterans.

The two departments commemorated the partnership with a ribbon cutting ceremony at the YMCA Monday afternoon.

"The VA is going to be wherever veterans are," said Joe Manzoli, chief operations officer at the YMCA, adding that the new initiative ties in with the organization's mission of strengthening mind, body and spirit.

"There is a great need for this, but there is still more to be done," he said.

The VA will also be expanding its yoga program to the YMCA in Portsmouth and GoodLife Programs and Activities in Concord.

U.S. Rep. Annie Kuster, D-N.H., attended the Monday event. She lauded the program's efforts, calling Whole Health a concept the whole country should be following.

U.S. Sens. Jeanne Shaheen and Maggie Hassan, along with U.S. Rep. Carol Shea-Porter, all D-N.H., sent representatives to the Monday announcement.

Part of the success of Whole Health, Valdez said, is that it is veteran-led and allows veteran families to benefit as well.

"When we change one person, we change the lives of many," he said.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Patriot-News: Veterans will get burial in National Cemetery rather than pauper's grave (21 May, Barbara Miller, 3.1M uvm; Mechanicsburg, PA)

Three veterans whose remains had previously been unclaimed in Lancaster County will now be buried in Indiantown Gap National Cemetery.

The veterans were buried last fall in a mass grave for unclaimed deceased in Lancaster County.

They were since identified as veterans by the county's Department of Veterans Affairs, and they will be buried Thursday in the national cemetery, Lancaster Online reports.

They were identified as:

- U.S. Navy veteran Henry J. Leed Jr., Jan. 1, 1948, to July 31, 2017, who served in Vietnam.
- U.S. Army veteran Richard D. Wardell, July 10, 1950, to Aug. 8, 2008, who served in Vietnam.
- U.S. Air Force veteran William L. Warmkessel, Sept. 23, 1955, to Nov. 17, 2014.

Another veteran's remains were claimed by his family - that of John R. Helm, who died in 2005.

Daniel Tooth, county Veterans Affairs director, said his office was able to identify these veterans, and will be working more closely with the coroner's office.

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7.2 - Chattanooga.com: [Vietnam Fallen Honored At Chattanooga National Cemetery](#) (21 May, 449k uvm; Chattanooga, TN)

As a prelude to the Memorial Day Commemoration at the Chattanooga National Cemetery, the Vietnam Veterans of America, Chapter # 203 and the Chief John Ross Chapter, NSDAR joined together to remember and recognize the 34 individuals buried at the CNC who died in combat while serving in the Republic of South Vietnam. The commemorative ceremony was attended by family members, the general public and members of both organizations.

Bill Norton, president of the VVA # 203, spoke for the Vietnam veterans present as he recalled their time in-country and the conflict that divided the nation due to the political nature of the war. Norton, U. S. Marine Corps, noted that those who chose to serve did so to protect the rights of all citizens here and abroad, including the rights of those who protested the war in Vietnam. He spoke eloquently about the character traits that distinguish those willing to stand on the line for freedom and justice and their return to civilian life where they continued to serve their communities, often without recognition of their military service.

Chief John Ross Regent Jessica Dumitru then read the names of each of those killed in Vietnam, buried in the Chattanooga National Cemetery, along with birth date, date of death, age at time of death and branch of service. Of the 34 men, the youngest was 18 and the oldest, a career soldier, was 36. A stillness fell over the crowd as the reality of the price of freedom became apparent. She then distributed flags, one for each of the fallen, along with directions to the appropriate gravesite, that included a large tag with photo and personal information for the individual. Family members and friends joined in placing the flags.

Lt. Col. Ray Adkins, U. S. Army, Retired, and Teresa Webb Rimer, immediate past regent, offered the invocation and benedictions. Civilian Medal of Honor Recipient Molly Hudgens of Ashland City, Tn. led the crowd in the Pledge of Allegiance. The VVA # 203 Honor Guard, led by Denny Miller, posted and retrieved the colors and David Cox, U. S. Coast Guard Auxiliary, ended the service with Taps.

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8. [Other](#)



Veterans Affairs Media Summary and News Clips

23 May 2018

1. [Top Stories](#)

1.1 - CNN (Video): [Top VA panel Democrat on new secretary pick: 'At this moment in time, I like him'](#) (22 May, Elizabeth Landers, 29.8M uvm; Atlanta, GA)

Sen. Jon Tester, the top Democrat on the Senate Veterans' Affairs Committee, said Tuesday that President Donald Trump's pick to lead the VA, Robert Wilkie, is a "strong choice." Tester said he needs to spend time with Wilkie and interview him properly, but he has an overall positive impression.

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1.2 - The Hill: [Senate panel heading toward June hearing for Trump's next VA pick](#) (Jordain Carney, 11.9M uvm; Washington, DC)

Sen. Johnny Isakson (R-Ga.), the chairman of the Senate Veterans' Affairs Committee, signaled on Tuesday that his panel will take up acting Veterans Affairs Secretary Robert Wilkie's nomination to lead the department next month. "For all of your information, Jon and I have talked, I intend to move to have a committee meeting when we come back from the Memorial Day break as soon as I can," Isakson told reporters at a press conference, referring to committee ranking member Jon Tester (D-Mont.).

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1.3 - Military.com: [Lawmakers Still Hunting for \\$55B for Expanded VA Health Care Options](#) (22 May, Richard Sisk, 9M uvm; San Francisco, CA)

Senate leaders said Tuesday that funding for the proposed \$55 billion bill to expand private health care options at the Department of Veterans Affairs has yet to be identified but expressed confidence that the money will be found. Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, said he will meet with Sen. Richard Shelby, R-Alabama, chairman of the Senate Appropriations Committee, on funding sources.

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1.4 - Stars and Stripes: [VA moving forward with Shulkin's nationwide restructuring plan](#) (22 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs is moving forward with a restructuring of the agency started weeks before former VA Secretary David Shulkin was ousted from his job. Shulkin on March 7 announced the first steps of an agency reorganization that he anticipated would improve widespread communication problems blamed for some of the VA's biggest scandals.

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1.5 - Stars and Stripes: [Veterans groups call for acting VA secretary to step down during Senate confirmation](#) (22 May, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump's announcement to nominate Robert Wilkie to lead the Department of Veterans Affairs on a permanent basis prompted new questions this week about whether Wilkie must step aside as acting secretary during his congressional confirmation process. Trump announced Friday that he intended to nominate Wilkie as VA Secretary. Wilkie is a former military officer who served previously at the Defense Department as undersecretary for personnel and readiness.

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2. Greater Choice for Veterans

2.1 - Las Vegas Review-Journal: Senate close to voting on bill to reform Veterans Affairs health care (22 May, Gary Martin, 8.8M uvm; Las Vegas, NV)

Sweeping legislation to reform the Department of Veterans Affairs and improve health care services for millions of vets in Nevada and other states is heading toward a vote in the Senate this week, where it is expected to pass with bipartisan support. Key senators met with leaders of 38 veterans service groups on Capitol Hill on Tuesday, just before the Senate voted 91-4 to limit debate and allow a vote on the VA Mission Act.

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2.2 - Yellowhammer: U.S. Rep. Roby: House passes VA Bill, funds Choice Program (22 March, Rep. Martha Roby (R-Ala.), 157k uvm; Montgomery, AL)

The U.S. House of Representatives recently passed S. 2372, the VA MISSION Act, taking another critical step towards fulfilling our promise to make the Department of Veterans Affairs work for the men and women who have selflessly served our great nation. I was proud to support the legislation, and I am very pleased that it addresses a number of important pieces of the large VA puzzle.

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3. Modernize Our System

3.1 - Politico: More experts weigh in on Cerner deal (22 May, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

Now that VA has finalized its contract with Cerner for a massive EHR implementation, Morning eHealth's Arthur Allen has been canvassing health IT experts about next steps (read the first installation here.) Here's what they're saying...

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3.2 - Becker's Hospital Review: House passes bill requiring VA to check in with Congress throughout EHR project (22 May, Julie Spitzer, 441k uvm; Chicago, IL)

Included in a batch of veterans-related bills the House passed May 22 is the Veterans' Electronic Health Record Modernization Oversight Act (H.R.4245), which would require the agency to regularly update Congress on the progress of its massive EHR modernization project, according to Nextgov.

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3.3 - KRGV (ABC-5, Video): RGV Veteran Pleased with VA System Upgrade (22 May, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Rio Grande Valley veteran says he's happy with a new medical records system upgrade. The U.S. Department of Veterans Affairs signed a 10-year \$10 billion deal for a new medical records

system upgrade. In the eight years he has used the VA health services, he's had nine operations. He says his VA records would often end up lost in the shuffle.

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3.4 - Nextgov: [House Passes Bill to Keep Tabs on VA's Health Records Modernization](#) (22 May, Jack Corrigan, 193k uvm; Washington, DC)

In the run-up to Memorial Day, the House on Tuesday passed a slew of veteran-focused legislation, including a bill that would keep Congress in the loop on a massive effort to modernize electronic medical records at the Veterans Affairs Department. The Veterans' Electronic Health Record Modernization Oversight Act would require the agency to send Congress regular updates on the \$10 billion modernization project it launched last week with Cerner Corp.

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3.5 - Nextgov: [We Need a DARPA-Like Program for Veterans' Problems, Experts Say](#) (22 May, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department's research and development operations need a substantial reboot to provide vets with emerging technologies that could improve their lives when they return home, experts told Congress. Devoting more agency funds to R&D would not only help put more products on the market in less time but improving care today would drive down medical costs in the long run...

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3.6 - FedScoop: [VA leveraging cyber innovation on multiple fronts, CISO says](#) (22 May, Carten Cordell, 57k uvm; Washington, DC)

Following the agency's completion of its 35-action cybersecurity strategy in December, officials started looking to tackle a range of new technology projects to continue to strengthen its cyber posture, VA CISO Dominic Cussatt said Tuesday at the Security Through Innovation Summit presented by McAfee and produced by FedScoop and CyberScoop.

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3.7 - KTIC (CMN-840, Audio): [Omaha VA Medical Center Expansion Underway](#) (22 May, Jeff Axtell, 51k uvm; West Point, NE)

An expansion that costs \$86 million has started at Omaha VA Medical Center. Deputy Chief of Staff Dr. Marvin Bittner. "This is an outpatient building. So it's for people who need medical care, but are not admitted to the hospital. So we'll have some of our primary care teams where we have doctors working together with nurses and other health professionals to provide the day-to-day primary care for people's problems."

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3.8 - EHR Intelligence: [Cerner Head Talks "Negative Information" on VA Cerner EHR Contract, Cerner President Zane Burke discussed recent critiques on the VA Cerner EHR contract in a shareholders meeting last week, saying it's gone well overall.](#) (22 May, Elizabeth Snell, 50k uvm; Alexandria, VA)

There has been a lot of "negative information" out in the news recently concerning the \$10 billion VA Cerner EHR contract, but the Department of Defense (DoD) and VA both understand

the value of Cerner's work, company president Zane Burke explained in a shareholders meeting call last week.

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3.9 - TBR News Media: [Northport VA looks to make \\$21M in repairs under 3-year plan](#) (22 May, Sara-Megan Walsh, 33k uvm; East Setaukey, NY)

The new leadership at the reigns of the 90-year-old Northport VA Medical Center has unveiled a three-year plan aimed at making \$21 million in repairs to address critical infrastructural and staffing concerns. Director Scott Guermonprez said since taking up the position in June 2017, he has drafted together a plan that looks to address the out-of-date utilities systems and crumbling buildings...

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4. [Focus Resources More Efficiently](#)

4.1 - WCPO (ABC-9): [The VA wants veterans to be part of a new DNA database](#) (22 May, Kristyn Hartman, 2.1M uvm; Cincinnati, OH)

The US Department of Veterans Affairs is asking veterans to be part of a new DNA database that could help deliver them better care. The initiative – called the Million Veteran Program – is a national, voluntary research program funded entirely by the VA's Office of Research & Development. The goal of MVP is to partner with veterans receiving their care in the VA Healthcare System to study how genes affect health...

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4.2 - WBRC (FOX-6, Video): [Run for the Wall riders to stop in Tuscaloosa Tuesday](#) (22 May, Terri Brewer, 592k uvm; Birmingham, AL)

For the 18th year in a row, approximately 400 motorcyclists are set to ride into Tuscaloosa on Tuesday, as part of the Run for the Wall motorcycle ride. Run for the Wall is an annual cross-country ride to the Vietnam Wall, in honor of the sacrifices and contributions of all of the nation's veterans. The ride's motto is "We ride for those who can't."

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4.3 - KFVS (CBS-12, Video): [Heartland veterans potentially caught in crossfire of power and control](#) (22 May, Crystal Britt, 445k uvm; Cape Girardeau, MO)

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans. That's the mission statement of the U.S. Department of Veterans Affairs. But, many would tell you that mission is sometimes lost in government red tape.

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4.4 - Federal Computer Week: [Vacancies Act rules won't hold up Wilkie nomination](#) (22 May, Adam Mazmanian, 189k uvm; Vienna, VA)

Robert Wilkie is the Department of Veterans Affairs' acting secretary, and President Trump's pick to lead the department permanently. The leaders of the Senate committee who will hold the

confirmation hearing for Robert Wilkie to lead the Department of Veterans Affairs said they didn't expect the nominee's status as acting head of department to be a problem.

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4.5 - Muskogee Phoenix: [VA employees honored during Public Service Recognition Week](#)

(22 May, 64k uvm; Muskogee, OK)

Three employees from the Eastern Oklahoma VA Health Care System were honored recently by the Oklahoma Federal Executive Board for their outstanding work as part of their annual Employee of the Year awards, a news release states. These awards are presented during Public Service Recognition Week, May 6-12, to recognize federal employees throughout Oklahoma.

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4.6 - Times-Gazette: [Chillicothe VA honors local organizations](#) (22 May, 44k uvm; Hillsboro, OH)

The Chillicothe VA Medical Center recently recognized two local organizations during an event recognizing the center's volunteers and the organizations they represent. Pictured in the photo to the left are Luise Curtis and Gerald "Buzzard" Wilkin. Curtis was recognized for her work on behalf of the local AmVets Post 61 Ladies Auxiliary and Wilkin was recognized for his work on behalf of AmVets Post 61.

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4.7 - WBOY (NBC-12, Video): [Harrison County group donates hygiene items for veterans](#)

(22 May, Chris Marrs, 21k uvm; Clarksburg, WV)

The Louis A. Johnson VA Medical Center has received nearly \$1,000 in hygiene items to give to veteran patients for free. The Harrison County Community Educational Outreach Service has annually donated items to veterans for more than 10 years. Items include shaving cream and razors, a welcome home kit with cleaning supplies and items for female veterans.

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5. [Improve Timeliness of Service](#)

5.1 - The Hill: [Washington needs to end to the unfair treatment of Puerto Rican veterans](#)

(22 May, Carlos "Johnny" Mendez Nunez, 11.9M uvm; Washington, DC)

As our nation prepares to commemorate another Memorial Day, it is worth remembering that for more than a century thousands of U.S. veterans living in Puerto Rico have been discriminated by Congress and White House. Puerto Rican veterans have distinguished themselves in all of our nation's wars, yet when they go return home their benefit levels and quality of life is, at best, half of what vets in the states have.

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5.2 - Military.com (AP): [Veteran: Anti-Malaria Drug Has Lasting Side Effects](#) (22 May, 9M uvm; San Francisco, CA)

Eight years after being deployed in Afghanistan, a Minnesota Air National Guard veteran said he's still living with the side effects of an anti-malaria drug he took while overseas. Shawn Bolf

was ordered to take mefloquine in 2010, KSTP-TV reported. Bolf said he now has balance and vision problems, loses feeling in his hands and feet, and has focus and sleep issues.

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5.3 - KABC (ABC-7, Video): [Veteran with PTSD alleges sexual abuse at hands of former VA social worker and therapist](#) (23 May, Jovana Lara and Lisa Bartley, 5.3M uvm; Glendale, CA)

Army veteran Jackie Baum's life was spiraling out of control. She was homeless, addicted to drugs and living under a bridge steps away from the VA's West Los Angeles campus. Jackie struggled with bipolar disorder and PTSD from her rape in the military years ago, both of which were exacerbated by an addiction to pain pills and heroin.

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5.4 - KSTP (ABC-5, Video): [Active Military Members, Veterans Respond to 'A Hidden Epidemic' Investigation](#) (22 May, 856k uvm; Saint Paul, MN)

Active service members and veterans from across the country are contacting KSTP following our investigation into the military's use of mefloquine and the story of how it's left a veteran in Duluth partially disabled. Shawn Bolf says he was ordered to take mefloquine during his deployment to Afghanistan in 2010 with the 148th Fighter Wing of the Minnesota Air National Guard.

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5.5 - WFLA (NBC-8, Video): [VA Research Day to showcase life-changing initiatives for veterans](#) (22 May, Evan Donovan, 692k uvm; Tampa, FL)

The public is invited to attend the event which showcases the incredible research being done by the Veterans Administration's Research and Development teams. Dr. Bob Campbell, associate chief of staff for R&D at the VA hospital in Tampa, says it's an opportunity for the public, including veterans, to learn what the 600 people involved in research projects at Haley are doing -- and how they can take part.

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5.6 - KOKI (FOX-23): [FOX23 Investigates: Veteran's debt forgiven](#) (22 May, Shae Rozzi, 448k uvm; Tulsa, OK)

Robert Hamilton served in the army during Operation Desert Shield and Operation Desert Storm. He told FOX23 he suffers from PTSD. He reached out to FOX23 after Veteran Affairs told him about a \$58,000 debt he didn't know he had. Hamilton said there was some sort of mix-up with his Social Security income being reported; he said he reported his income and the VA said he did not.

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5.7 - Becker's Hospital Review: [Accounting errors could harm patient care, Indiana VA hospital manager says](#) (22 May, Megan Knowles, 441k uvm; Chicago, IL)

Patients at the Richard L. Roudebush VA Medical Center in Indianapolis may face delays of crucial implant procedures because of accounting errors in the facility's budget, WRTV reports. "If you need a heart valve or a stent, it's life or death," Shaun O'Brien, chief of prosthetics and

sensory Aids at Roudebush, told WRTV. Mr. O'Brien oversees a \$34 million budget at Roudebush.

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5.8 - New Hampshire Public Radio: [Manchester VA and Nashua YMCA to Offer Whole Health Programs to Vets](#) (22 May, Peter Biello, 151k uvm; Concord, NH)

The Manchester VA Medical Center and the Nashua YMCA are partnering to expand yoga, tai chi, nutrition, reiki meditation and other whole health programs to veterans. The partnership is funded by a \$360,000 grant from the VA Office of Patient Centered Care and Cultural Transformation.

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5.9 - Alaska Public Media (Audio): [Urged by Alaska veterans, Sullivan supports cannabis research at VA](#) (22 May, Casey Grove, 80k uvm; Anchorage, AK)

Alaska Sen. Dan Sullivan is co-sponsoring a bill that would direct the Department of Veterans Affairs to research medicinal cannabis. The bill calls on the VA to look into the “efficacy and safety” of cannabis in the treatment of veterans diagnosed with “chronic pain, post-traumatic stress disorder” and other conditions.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - New York Times: [Predatory Colleges, Freed to Fleece Students](#) (22 May, Editorial Board, 30M uvm; New York, NY)

Try as they might, the Trump administration and Republicans in Congress cannot disguise that they continue to do the bidding of the for-profit college industry, which has saddled working-class students — including veterans — with crushing debt while providing useless degrees, or no degrees at all.

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7.2 - KSAT (ABC-12): [Come help set up Memorial Day flags at Fort Sam Houston National Cemetery, Event set for Friday](#) (22 May, Michelle Ganley, 1.1M uvm; San Antonio, TX)

Do you have plans on Friday? You're invited to come help place Memorial Day flags on the gravesites of about 110,000 fallen heroes. The Department of Veterans Affairs and the Fort Sam Houston National Cemetery extended the invitation to members of the community on Tuesday.

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7.3 - La Crosse Tribune (Tomah Journal): [Landlords honored during VA2K Walk Run](#) (22 May, Steve Rudio, 822k uvm; La Crosse, WI)

Seventy-seven military veterans, employees and community members were greeted by sunshine as they walked the 8th Annual VA2K Walk Run. The event, which followed a 1.2-mile course around the facility, benefited homeless veterans while promoting health and wellness. "The VA2K is a great way to work with our community partners. It's always a pleasure to have the community visitors come into our campus. We feel that our campus here is actually an environment of healing and wellness," said Karen Long...

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7.4 - Tallahassee Democrat: [Tallahassee National Cemetery hosting Memorial Day observance](#) (22 May, Jeff Burlew, 437k uvm; Tallahassee, FL)

Hundreds of people are expected to pay tribute to lost loved ones who served in the military during a Memorial Day observance set for Monday, May 27 at Tallahassee National Cemetery. More than 800 veterans from the Tallahassee area and their family members are buried at the cemetery, which opened in 2015 as part of the biggest expansion of national cemeteries since the Civil War, said Raymond Miller, director of the cemetery.

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7.5 - Bloomberg Government: [Student Debt Surprise: How Veterans Get Loans Without Knowing It](#) (22 May, Emily Wilkins, 197k uvm; Washington, DC)

Jonathan Ngowaki was halfway through getting his undergraduate degree at DeVry University when he got a letter saying he was \$15,000 in debt. The letter confused him not only because he'd told the school he didn't want any loans, but also because his post-9/11 veteran status meant his education should have been fully paid for by federal grants.

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7.6 - News Tribune: [Our Opinion: New national cemetery needed](#) (22 May, Editorial Board, 64k uvm; Jefferson City, MO)

When it comes to seeking a new national cemetery site in Jefferson City, we encourage our leaders not to take "no" for an answer. We recently reported federal officials rebuffed our city's first attempt to get federal backing for a new site. Our existing site sits on about 2 acres at 1024 E. McCarty St., and contains the remains of 1,792 people from our area who served their country. It's been closed to new burials since 1969.

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7.7 - Kokomo Perspective: [VA clinic disappoints local vets - 'The whole program has been designed to fail.'](#) (22 May, Devin Zimmerman, 49k uvm; Kokomo, IN)

In February veterans championed the opening of a VA clinic in Kokomo, and now it's not living up to their expectations. During last week's meeting of the Howard County Military Foundation, veterans aired a number of grievances about the VA clinic that opened in February at the shared Kokomo and Howard County WeCare TLC Clinic.

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8. [Other](#)

8.1 - WFED (AM-1500): [Wilkie's nomination for VA secretary leaves giant hole in DoD's personnel operation](#) (22 May, Jared Serbu, 854k uvm; Washington, DC)

Trump's unexpected decision to nominate Robert Wilkie as the next secretary of the Veterans Affairs Department. It is conceivable that Wilkie — whom the president appointed to lead VA on an interim basis after firing David Shulkin — will be confirmed as its permanent secretary in a matter of weeks.

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8.2 - Panama City News Herald: [Dunn appointed VA Health Subcommittee chair](#) (22 May, 189k uvm; Panama City, FL)

Dr. Neal Dunn, R-Panama City, was appointed by House Veterans' Affairs Committee Chairman Phil Roe to lead the Subcommittee on Health, according to a news release from his office. In that role, Dunn will oversee the Veterans Health Administration, which includes medical services, research, facilities and compliance. The House Committee on Veterans' Affairs has oversight over the Department of Veterans Affairs.

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8.3 - Sunshine State News: [Neal Dunn Takes Over VA Health Subcommittee](#) (23 May, Kevin Derby, 64k uvm; Tallahassee, FL)

Freshman U.S. Rep. Neal Dunn, R-Fla., will take over as chairman of the U.S. Veterans' Affairs Committee's Subcommittee on Health. U.S Rep. Phil Roe, R-Tenn., the chairman of the committee, announced that Dunn would take over the subcommittee as part of a reshuffling of members which also included U.S. Rep. Brian Mast, R-Fla., joining and U.S. Rep. John Rutherford, R-Fla., leaving to take a spot on the U.S. House Appropriations Committee.

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1. [Top Stories](#)

1.1 - CNN (Video): [Top VA panel Democrat on new secretary pick: 'At this moment in time, I like him'](#) (22 May, Elizabeth Landers, 29.8M uvm; Atlanta, GA)

Sen. Jon Tester, the top Democrat on the Senate Veterans' Affairs Committee, said Tuesday that President Donald Trump's pick to lead the VA, Robert Wilkie, is a "strong choice."

Tester said he needs to spend time with Wilkie and interview him properly, but he has an overall positive impression.

"Right now, I certainly don't have anything that would cause me not to support him," the Montana Democrat said. "He's a solid guy. But we're going to put him through the process just like anybody who'd be nominated for this position."

The committee's chairman, Republican Sen. Johnny Isakson of Georgia, said he and Tester intend to have a committee meeting when the Senate returns from the Memorial Day weeklong recess. "We will do our due diligence as we always do," he added.

"As that process unfolds, we will determine if he is a confirmable person, but at this moment in time, I like him," Tester told CNN. He added that he had not spoken to the President, who was sharply critical of the way Tester handled Trump's previous nominee for this position, about Wilkie's pick.

Tester's comments on Wilkie come nearly a month after Rear Adm. Ronny Jackson withdrew his name for consideration for the position following allegations of improper behavior leveled against him. Tester was among the most vocal critics of Jackson in the Senate.

There was also a question about the US code that indicates that Wilkie cannot be both acting secretary and the nominee for the head of a government agency. Isakson said there have been acting secretaries who have stayed, and there have been acting secretaries who have been asked to leave until they were confirmed. He said he did not know what position the White House or the attorney general's office has taken, but expected to know in a few days. "It's been done both ways historically," he said.

Isakson and Tester both said they are hoping to get a vote on the VA Mission Act this week -- which includes \$5.2 billion for the VA Choice program that funds private care -- ahead of Memorial Day, making the point that passing legislation to protect veterans is the right way to honor them.

The estimated cost of the VA Mission Act is \$55 billion. The two lawmakers defended the bill, saying there have been "misrepresentations" about it due to the "break in leadership" at the VA. Isakson said it's "false to assume this is a bad idea."

The House voted last week to pass its version of the bill. There has been a long-simmering debate about the extent to which veterans obtain care in the private sector. Many veterans groups say they don't want to see too many resources shifted outside the VA, a move they say would fundamentally bleed the health system dry.

Republican Sen. Dean Heller of Nevada, who's also a member of the Veterans' Affairs Committee, joined Isakson and Tester to add some anecdotes, one about a constituent who lived a mile from a VA clinic but had to drive 100 miles in Nevada to receive the care they needed.

"If the VA can't provide the health care, then absolutely they go out," Tester said.

CNN's Juana Summers and Jeremy Diamond contributed to this report.

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1.2 - The Hill: [Senate panel heading toward June hearing for Trump's next VA pick](#) (Jordain Carney, 11.9M uvm; Washington, DC)

Sen. Johnny Isakson (R-Ga.), the chairman of the Senate Veterans' Affairs Committee, signaled on Tuesday that his panel will take up acting Veterans Affairs Secretary Robert Wilkie's nomination to lead the department next month.

"For all of your information, Jon and I have talked, I intend to move to have a committee meeting when we come back from the Memorial Day break as soon as I can," Isakson told reporters at a press conference, referring to committee ranking member Jon Tester (D-Mont.).

The Senate is expected to leave town by Friday for a weeklong break and return to Washington in early June.

Trump late last week formally nominated Wilkie to succeed former VA chief David Shulkin, who was forced out over concerns about his taxpayer-funded travel.

Movement on Wilkie's nomination comes after Trump's previous pick, White House physician Ronny Jackson, withdrew his nomination amid allegations that he mishandled prescription drugs, drank on the job and created a "hostile" work environment while serving as physician to the president, a position he no longer holds.

Trump has repeatedly blasted Tester over Jackson's decision to withdraw.

Tester's office released a list of the allegations against Jackson, and Tester did a media blitz where he talked about the claims.

In a potential boost to Wilkie's chances, Tester signaled he wasn't yet ready to make a decision but that he was a "strong choice."

"Right now I certainly don't have anything that would cause me not to support him. He's a solid guy," Tester said.

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1.3 - Military.com: [Lawmakers Still Hunting for \\$55B for Expanded VA Health Care Options](#) (22 May, Richard Sisk, 9M uvm; San Francisco, CA)

Senate leaders said Tuesday that funding for the proposed \$55 billion bill to expand private health care options at the Department of Veterans Affairs has yet to be identified but expressed confidence that the money will be found.

Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, said he will meet with Sen. Richard Shelby, R-Alabama, chairman of the Senate Appropriations Committee, on funding sources.

"They're going to be provided," Isakson said of funds needed for the VA Mission Act over the next five years.

Sen. Jon Tester, a Montana Democrat and ranking member of Senate Veterans Affairs Committee, said, "I don't care how we pay for it. It needs to be paid for. We can work through this."

Tester and Isakson spoke at a Capitol Hill news conference with representatives of major veterans service organizations (VSOs) in support of the VA Mission Act, which passed in the House last week by a vote of 347-70.

Following the news conference, the Senate voted to limit debate on the bill. Isakson said he expects Senate passage, possibly on Wednesday, in an effort to get the legislation to President Donald Trump by Memorial Day for signing.

The bill would replace the current Veterans Choice Program for private and community health care for veterans, which is due to run out of funding by the end of May, according to acting VA Secretary Robert Wilkie.

Under the VA Mission Act, funding of \$5.2 billion would be provided to extend the Choice program for one year while enacting reforms to improve care.

Isakson called the VA Mission Act the "last piece of a great mosaic to reform veterans benefits for our veterans."

The bill would "do away with the 40-mile rule and the 30-day rule" under Choice, in which private care is limited to veterans who live more than 40 miles from a VA facility or who must wait more than 30 days for an appointment, Isakson said.

However, the VA would remain the "gatekeeper" in approving private-care options in the best interests of the veteran, he said.

Isakson also noted the difficulty in reaching bipartisan consensus on the bill amid the ongoing turmoil at the Department of Veterans Affairs over the search for a permanent secretary and the struggle to fill thousands of health care vacancies at the VA.

"There were a few days last month when I didn't think we were going to make it" on the VA Mission Act, he said.

Tester cited the urgency to pass the bill. "The Choice program has been a wreck, OK? Every veteran up here will tell you that," he said.

The Choice program was enacted in 2014 following wait times scandals at the VA, and "the program was implemented quickly. It's had a lot of hiccups," Tester said.

In rural states such as Montana, "you can't always have a VA clinic in your hometown," he said, "but veterans shouldn't have to drive a couple of hours, two hours, to the nearest clinic or wait months for an appointment. That's why we need private health care to fill in the gaps when the VA cannot provide those services."

About one-third of the nine million veterans served annually by the VA currently receive private care, and neither Isakson nor Tester had an estimate on how that percentage might increase under the VA Mission Act.

At the Senate news conference, Louis Celli, legislative director for the American Legion, said the Choice program is unwieldy and has led to confusion on eligibility and the payment of bills for private care.

"Right now, there are seven different programs that the VA operates in order to administer community care -- that's seven different points of entry, seven different payment types, seven different ways for doctors to get paid," he said.

"And it's confusing to veterans, it's confusing to providers, and it's confusing to the VA," Celli said. "Now it's time for Congress to fix that and put it all under one umbrella so that there's one single point of entry, there's one way for providers to bill the VA, there's one eligibility standard for veterans so that they can get the care they need."

The VSOs had initially expressed fears that expanding private care would lead to the "privatization" of the VA, but Carlos Fuentes, national legislative services director of the Veterans of Foreign Wars, said the VA Mission Act "has the fingerprints of veterans who rely on the VA all over it."

The VA "can't be everything to everyone," he said, but the proposed bill "has the best interests of veterans at its core. While the bill fixes the Choice program, it also includes more than \$10 billion worth of improvements to how VA doctors provide health care."

"This includes increases to loan repayment amounts, authority to practice telemedicine across state lines, and better recruitment and retention authorities to address VA's workforce vacancies. Overall, it strikes a balance between improving VA capacity and relying on the private sector," Fuentes said.

Garry Augustine, executive director of the Washington headquarters of the Disabled American Veterans (DAV), said the VA Mission Act also includes removal of restrictions on family caregivers assistance, which would no longer be limited to disabled post-9/11 veterans.

Extending caregivers assistance to disabled veterans of all eras is "the right thing to do" and would also limit costs by allowing disabled vets to remain at home, rather than be hospitalized, Augustine said. He added that home care averages less than \$30,000 annually, while hospital care would amount to about \$400,000 a year.

In a statement, DAV National Commander Delphine Metcalf-Foster said the VA Mission Act "marks a major milestone in attaining greater fairness for seriously injured veterans of all eras who need and rely on family caregivers."

"This groundbreaking legislation will not only support America's unsung heroes, but also make a number of reforms and improvements to expand veterans' access and strengthen the VA health care system," Metcalf-Foster said.

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1.4 - Stars and Stripes: [VA moving forward with Shulkin's nationwide restructuring plan](#)
(22 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs is moving forward with a restructuring of the agency started weeks before former VA Secretary David Shulkin was ousted from his job.

Shulkin on March 7 announced the first steps of an agency reorganization that he anticipated would improve widespread communication problems blamed for some of the VA's biggest scandals.

Shulkin set a deadline of July 1 for finishing a proposal to present to Congress. But after he was fired March 28 by President Donald Trump, it was uncertain whether the VA would continue with the plan.

"July 1 is approaching fast, and we've heard very little about it," Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs, said Tuesday.

Carolyn Clancy, executive in charge of the VA health care system, assured the committee Tuesday that the VA was following through with the idea and would stick to the July 1 deadline.

"I have high expectations for these reorganization plans," Roe told her. "This cannot merely be a public relations exercise to get through the crisis of the moment or more glossy reports that sit on shelves."

Lawmakers have pointed to a communication breakdown between local, regional and national VA leaders as the reason for scandals during the past year, from unsanitary conditions in Washington, D.C., to misconduct in Roseburg, Ore., and poor patient care in Manchester, N.H. Problems at those facilities weren't addressed until news reports or the VA inspector general brought attention to them.

Most of lawmakers' concerns lie with the regional VA leadership, called Veteran Integrated Service Networks, or VISNs. Since 1995, the VA has been broken into 23 VISNs. Local hospitals and clinics report to VISNS, which are then supposed to relay information to the VA central office in Washington.

The system didn't work in the case of the D.C. hospital. In early March, VA Inspector General Michael Missal released a report that detailed a "culture of complacency" at the Washington DC VA Medical Center that allowed problems to persist for years, putting veterans at risk and weakening core functions of the hospital.

Some VA leaders knew of the problems as far back as 2013, when the VA commissioned an analysis of the facility by the consulting firm Booz Allen Hamilton.

“The most worrying aspect for me is the fact the VISN and central office knew of the problems in D.C., in many cases for years, but were unable or unwilling to solve them,” Roe said. “I wholeheartedly agree the VISNS are due for an overhaul. They should be the fail-safe mechanism when a medical center goes off course. Unfortunately, too many of them seem to be affected with a case of learned bureaucratic helplessness.”

Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans’ Affairs Committee, wrote a letter to Shulkin with concerns about VA communications. If the central office wasn’t aware of problems at the D.C. hospital, it’s likely oblivious to any problems in Montana or elsewhere, he wrote.

In response to the IG’s findings, Shulkin announced the beginnings of his restructuring effort. The D.C. medical center, as well as 22 other hospitals, now fall under direct oversight of VA headquarters under the Shulkin plan.

Before Shulkin was fired, he eliminated the top leadership positions at the New England Healthcare System, the Desert Pacific Healthcare Network and the VA Capitol Health Care Network, of which the Washington hospital is part. The people who held those leadership positions would retire, Shulkin said.

The action was intended to consolidate oversight of the three regions – the VA’s most troubled - under one person in Washington. Shulkin tapped Dr. Bryan Gamble, previously a VA executive in Orlando, to watch over them.

Gamble is now leading a team responsible for formulating a VISN redesign. He’s visited the three regional networks that he now oversees, as well as the VA’s most high-performing – the VA Midwest Health Care Network. That network includes parts of Nebraska, Iowa, North Dakota, South Dakota and Minnesota.

“It’s about leadership, boots on the ground. Walking the terrain, listening to the staff around you,” Gamble said Tuesday. “To really identify problems as they affect our veterans and deal with them in an expedient and timely manner.”

The VA is expected to brief lawmakers about their restructuring plan in July.

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1.5 - Stars and Stripes: [Veterans groups call for acting VA secretary to step down during Senate confirmation](#) (22 May, Nikki Wenting, 1.5M uvm; Washington, DC)

President Donald Trump’s announcement to nominate Robert Wilkie to lead the Department of Veterans Affairs on a permanent basis prompted new questions this week about whether Wilkie must step aside as acting secretary during his congressional confirmation process.

Trump announced Friday that he intended to nominate Wilkie as VA Secretary. Wilkie is a former military officer who served previously at the Defense Department as undersecretary for personnel and readiness. When Trump fired former VA Secretary David Shulkin on March 28, Wilkie took over the agency as acting secretary.

But on Tuesday, two advocacy groups sent out a news release that threatened more legal action if Wilkie doesn't step down as acting secretary while the Senate considers his nomination. VoteVets, a left-leaning vets group, and the Democracy Forward Foundation, a nonprofit legal organization, called on Trump to appoint VA Deputy Secretary Thomas Bowman to take over the agency until a permanent VA secretary is confirmed.

Federal statute states a person cannot serve in an acting role for a position that must be confirmed by the Senate unless the person previously served as assistant to that office for 90 days.

In April, VoteVets and Democracy Forward Foundation filed a lawsuit against Wilkie arguing Trump illegally bypassed the order of succession after Shulkin's dismissal when he tapped Wilkie to temporarily lead the VA, instead of Bowman.

"To say that Donald Trump's handling of the VA has been a chaotic disaster would be an understatement, but he now has the chance to do one thing right," said Will Fischer, director of government relations for VoteVets. "The law is clear, and the law, in this instance, actually prescribes that the best person take over for Robert Wilkie."

In their lawsuit, the groups accuse Trump of circumventing federal statutes, specifically the Federal Vacancies Reform Act of 1998 and the Appointments Clause of the Constitution. Now, if Trump appoints someone other than Bowman to acting VA secretary as Wilkie awaits confirmation, the groups contend they will amend their lawsuit to reflect another violation of federal law.

The veterans organization AMVETS also called on Trump to appoint Bowman as acting secretary and sent a letter to the White House on Tuesday requesting the president make the switch. However, Bowman has been in a precarious position at the VA for months because of infighting that roiled the agency and led to Shulkin's dismissal.

"When the nomination becomes official, of course, Mr. Wilkie will need to step down as acting secretary," AMVETS National Commander Marion Polk wrote to Trump. "It is crucial for all veterans relying on the VA now and in the future that the agency continues moving forward in the right direction. That will, of course, require another strong leader be appointed to serve as acting secretary until the new secretary is confirmed and sworn in."

Wilkie had not been nominated officially as VA secretary as of Tuesday afternoon. It remained unclear whether Wilkie would step down once he was nominated and who might take over as acting secretary. The VA on Tuesday referred all questions to the White House, where officials would not comment.

Sen. Johnny Isakson, R-Ga., the chairman of the Senate Veterans' Affairs Committee, said Tuesday that he did not know the White House's position on the issue. He expected to receive answers in the next few days.

The VA has been without a permanent secretary for more than 50 days, creating alarm among veterans organizations that want consistent leadership following months of uncertainty.

Isakson said he plans to schedule a confirmation hearing for Wilkie as soon as possible after the Memorial Day weekend.

“We will do our due diligence as we always do,” Isakson said. “As soon as we finish that, hopefully we’ll have a recommendation to the full Senate, and hopefully that can be acted on quickly.”

Wilkie is Trump’s second pick for the job. His previous nominee, White House physician Ronny Jackson, withdrew from consideration in April amid allegations that he drank on the job and doled out prescription medication, among other problems.

Trump blamed Sen. Jon Tester, D-Mont., for Jackson’s failed nomination. Tester, the ranking Democrat on the Senate Veterans’ Affairs Committee, said he interviewed 23 of Jackson’s current and former coworkers who raised the allegations against him. Tester publicly released a summary of the allegations.

On Tuesday, Tester indicated he was likely to support Wilkie.

“Right now, I certainly don’t have anything that would cause me to not support him,” he said. “He’s a solid guy, but we’re going to put him through the process just like we would anybody. As that process unfolds, we will determine whether he’s a confirmable person.”

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2. Greater Choice for Veterans

2.1 - Las Vegas Review-Journal: [Senate close to voting on bill to reform Veterans Affairs health care](#) (22 May, Gary Martin, 8.8M uvm; Las Vegas, NV)

Sweeping legislation to reform the Department of Veterans Affairs and improve health care services for millions of vets in Nevada and other states is heading toward a vote in the Senate this week, where it is expected to pass with bipartisan support.

Key senators met with leaders of 38 veterans service groups on Capitol Hill on Tuesday, just before the Senate voted 91-4 to limit debate and allow a vote on the VA Mission Act as early as Wednesday.

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee, said the bill would streamline community care programs, improve health care delivery and expand caregiver programs.

The ranking Democrat on the committee, Sen. Jon Tester, D-Mont., sought to blunt criticism of the bill, saying the legislation is the best defense against privatization. He called the current VA Choice Program, which allows veterans to receive care from community providers if the VA cannot provide such care in a timely manner, “a wreck.”

“Veterans deserve more than a ‘thank you;’ they deserve a health care system that works,” Tester said at a news conference in the Senate Russell Office Building.

Nevada is home to over 300,000 veterans. Nevada chapters of the American Legion and Veterans of Foreign Wars support the bill.

Sen. Dean Heller, R-Nev., agreed with Tester that that Choice Program has failed to serve veterans. He said the VA Mission bill would provide changes that would better serve veterans, particularly those in rural areas.

It would also expand caregiver programs to serve those injured while in service before Sept. 11, 2001, the current cutoff date for existing programs due to budgetary restraints.

Heller, a member of the Senate Veterans' Affairs Committee, was part of a bipartisan coalition that included Sens. Patty Murray, D-Wash., Susan Collins, R-Maine, Sidney Blumenthal, D-Conn., Isakson, Tester and others who wrote the legislation.

A similar bill passed in the House with bipartisan support, 347-70. Of the Nevada lawmakers, Republican Mark Amodei and Democrats Jacky Rosen and Ruben Kihuen voted for the bill. Democrat Dina Titus voted against it.

Titus said the bill "puts the VA on a path to privatization that hurts our veterans and their families."

She said a provision in the House bill would create a commission to recommend closing and consolidating clinics and facilities in underserved communities. She said any closures would be bad for communities like Las Vegas, which face a shortage of doctors and nurses.

Tester dismissed the privatization claims, saying the VA would remain as coordinator for veterans' care, whether they choose to select services and physicians outside the VA system.

Tester and Isakson also dismissed criticism of the bill over its whopping \$52 billion price tag.

"Taking care of veterans is the price of war," Tester said.

The bill is supported by President Donald Trump and acting VA Secretary Robert Wilkie.

The VA Mission Act of 2018

Highlights of the bill awaiting a Senate vote:

- Streamlines VA community care programs.
- Consolidates seven community care programs into one.
- Allows access to walk-in clinics for enrolled veterans.
- Removes the 30-day/40 mile rule that allowed outside care depending upon appointment time or distance to a facility.
- Creates standards for timely payments to community care providers.
- Improves VA health care delivery.
- Allows VA professionals to practice telemedicine.
- Provides resources to hire and retain VA professionals.

- Establishes mobile deployment teams for underserved rural facilities to provide specialized care.
- Expands caregivers program.
- Eligibility for the VA caregiver program expanded to veterans of all generations, not just those after Sept. 11, 2001.
- Requires VA to implement a technology system to support, assess and monitor the program.

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2.2 - Yellowhammer: [U.S. Rep. Roby: House passes VA Bill, funds Choice Program](#) (22 March, Rep. Martha Roby (R-Ala.), 157k uvm; Montgomery, AL)

The U.S. House of Representatives recently passed S. 2372, the VA MISSION Act, taking another critical step towards fulfilling our promise to make the Department of Veterans Affairs work for the men and women who have selflessly served our great nation. I was proud to support the legislation, and I am very pleased that it addresses a number of important pieces of the large VA puzzle.

First and foremost, the VA MISSION Act extends and makes permanent funding for the VA Choice Program that many veterans depend on to receive care. You may have heard that Choice funding was set to expire at the end of May, and this bill prevents that from happening. In both densely populated and rural states alike, it can be very challenging for the VA medical centers to properly care for all veterans in a timely fashion, particularly when specialists are required. The Choice Program is an attempt to bridge this gap by allowing veterans to access private-sector care at VA expense if they have to wait longer than 30 days for a VA appointment or if they live more than 40 miles from a VA health care facility. It has been recorded that 550,000 veterans have used Choice so far this year, and in 2017, 14,790 Alabamians enrolled. Therefore, I am extremely glad that the House has taken action to ensure that this important program is funded.

Secondly, the VA MISSION Act expands the VA's Post-9/11 Caregiver Program to include veterans of all eras. Currently, only caregivers of veterans from the post-9/11 era are eligible for monthly stipends through the VA, and I believe expanding this program to caregivers of veterans from all eras will help ensure that more veterans receive the help they need.

Finally, officials at the VA have said that their current physical footprint includes “hundreds of outdated or obsolete facilities,” and many of these facilities are often not in close proximity to large veteran populations. This is a gross waste and misuse of precious resources. Congressman Phil Roe, the Chairman of the House Committee on Veterans Affairs and author of the VA MISSION Act, said he believes a process free from bureaucratic politics is needed “to fix the massive and misaligned footprint” of the VA. The bill directs President Trump to establish a team to review the current VA operations across the country and make recommendations about ways we can modernize, improve, and streamline facilities and the services they provide. We can do better than this for our veterans, and I believe we will.

Before the House voted on the bill, 38 veterans groups issued a letter of support for the legislation and called it “a major step towards making improvements to and investments in the VA health care system... so that veterans have access to care when and where they need it.” I agree, and I believe this bill will improve the lives of veterans. Fortunately, I believe the Senate will act quickly on this important piece of legislation, and the President has suggested he will waste no time signing it into law.

You know as well as I do there’s no “quick fix” for the problems plaguing the VA – of course, I wish there was. Nonetheless, I will continue to support commonsense measures like the VA MISSION Act to deliver positive change for veterans. I have heard from countless veterans in Alabama’s Second District about the continued need for VA changes to improve the care they receive. We owe the men and women who have served our country the absolute best care possible, and I won’t stop fighting to achieve this. I hope we will soon see the VA MISSION Act signed into law.

U.S. Rep. Martha Roby is a Republican from Montgomery.

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3. Modernize Our System

3.1 - Politico: [More experts weigh in on Cerner deal](#) (22 May, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

SIGNING THE DEAL WAS THE EASY PART, VOLUME 2: Now that VA has finalized its contract with Cerner for a massive EHR implementation, Morning eHealth’s Arthur Allen has been canvassing health IT experts about next steps (read the first installation here.) Here’s what they’re saying:

Stephan Fihn, former director of analytics and business intelligence, Veterans Health Administration: Involve local clinicians to optimize workflows and maximize their efficiency. Prepare for an implementation that will be difficult and fraught with challenges, expected and unexpected. After calculating the number of train staff needed, double it. VA has stored two decades of clinical data on 20 million veterans. High quality and safe care necessitates integration of historical data with current clinical information. This will be difficult because VA data are poorly standardized.

David Kibbe, CEO, DirectTrust: The VA should take advantage of Cerner’s significant capabilities for nationwide interoperability of health information exchange, so as to quickly advance electronic communications between VA facilities and providers in the private sector who share the treatment of veterans. For example, Cerner is one of the EHRs that has access to the DirectTrust Provider Directory, which contains the DirectTrust addresses of over 700,000 providers in over 50,000 health care organizations around the country. This can help the providers and staff in the VA facilities locate the DirectTrust addresses outside the VA, and to use Direct exchange to coordinate care by sharing important clinical and administrative data with providers in private sector hospitals, medical clinics, health departments and medical practices using other EHRs. The new secretary should monitor the cultural shift carefully. Many at the VA have spent significant portions of their careers working on and improving the VistA

EHR that is now being replaced. This has got to be gut wrenching for some of the VA's employees.

Christoph Lehmann, Vanderbilt professor, president of the International Medical Informatics Association: It's the implementation, stupid! When Cerner implemented an EHR in 2005 in a children's hospital, an unexpected rise in mortality was observed. We have learned since then that to guarantee the safety of our patients, these type of large scale implementations must balance standardization of content like orders or medication, to improve quality of care and local customization, with "break-the-glass" functionality to reflect local workflows and areas of expertise and excellence.

Andrew Wiesenthal, managing director, Deloitte; led Kaiser Permanente HealthConnect implementation: This is the cascade of work that the VHA has to do if they are going to succeed (and these recommendations are independent of vendor choice): Develop a clear vision for the future state of the VHA. What kind of health care ought they be delivering in, say, 2030? Where will it be delivered? Who will deliver it? How will veterans ideally interact with the system? Once they have a clear vision for their future state, they then need to engage their entire staff in what is really a massive change management project, not a technical project. They are replacing a reasonably popular, proprietary system, created and evolved by their own staff. How do they turn that staff into the owners of a change to a new system that they have had no role in developing? Once they have staff engagement, then the intense focus must be on workflow configuration and content design, with a clear eye toward the vision.

Nancy Anthracite, director, WorldVistA: You must keep all of the data in VistA, and not just the corporate data warehouse data. It is very valuable for care and research. You must prove you can exchange data with the DOD better than the VA already does. Take your time. Implement Cerner slowly and carefully. If you deploy Cerner rapidly you will end up with the same problems as the DoD. Keep VistA working so you have a fall-back option when costs spiral out of control, which they likely will as you try to replace all of the EHR and non-EHR functionality that VistA provides.

Stan Huff, chief medical informatics officer at Intermountain Healthcare: To create the kind of system that is required the VA needs to help Cerner make good on its intentions to become a standards based platform rather than a provider of an all-inclusive set of proprietary solutions. The ability to purchase 3rd party applications is essential to success, along with interoperability with private hospitals where veterans will increasingly get their care. Adherence to standardized HL7 FHIR APIs is the key technical strategy. Focusing too much on getting the current Cerner system installed quickly everywhere, rather than focusing on providing a quality solution for clinicians and patients, will doom the project to failure. Focusing on realizing clinical value from the system is much more important than meeting an arbitrary timeline.

[...]

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3.2 - Becker's Hospital Review: [House passes bill requiring VA to check in with Congress throughout EHR project](#) (22 May, Julie Spitzer, 441k uvm; Chicago, IL)

Included in a batch of veterans-related bills the House passed May 22 is the Veterans' Electronic Health Record Modernization Oversight Act (H.R.4245), which would require the

agency to regularly update Congress on the progress of its massive EHR modernization project, according to Nextgov.

The Veterans Affairs Department awarded Cerner the \$10 billion, 10-year contract May 17 to overhaul its legacy EHR and bring patient records to the same platform as the Defense Department.

The bill instructs VA to inform Congress of any contract or schedule changes within five days, and report any major delays, bid protests, data losses or privacy breaches within 10 days. The agency must submit its plan for building and implementing the EHR and also update Congress on a quarterly basis regarding timelines, costs, performance and risk management strategy.

"If successful, VA's Cerner project will be a transformation of how VA delivers and manages the health care of 9 million veterans. Still, the path to achieving a seamless, interoperable health record is far from clear," House Veterans' Affairs Committee Chairman Phil Roe, MD, R-Md., told Nextgov. "Oversight will be a key part of this transition as the process moves forward, which is why I'm proud to support this important bill."

The DOD's EHR overhaul began more than one year ago at pilot sites in the Pacific Northwest. The rollout was paused in February to address a number of concerns, including nearly 14,000 help-desk tickets. Months later, an April 30 government watchdog report deemed the system "neither operationally effective nor operationally suitable."

The Senate version of the bill has yet to gain committee approval.

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3.3 - KRGV (ABC-5, Video): [RGV Veteran Pleased with VA System Upgrade](#) (22 May, Frank McCaffrey, 275k uvm; Weslaco, TX)

A Rio Grande Valley veteran says he's happy with a new medical records system upgrade.

The U.S. Department of Veterans Affairs signed a 10-year \$10 billion deal for a new medical records system upgrade.

In the eight years he has used the VA health services, he's had nine operations. He says his VA records would often end up lost in the shuffle.

CHANNEL 5's Frank McCaffrey spoke with a veteran's service officer about how the new program will help him.

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3.4 - Nextgov: [House Passes Bill to Keep Tabs on VA's Health Records Modernization](#) (22 May, Jack Corrigan, 193k uvm; Washington, DC)

In the run-up to Memorial Day, the House on Tuesday passed a slew of veteran-focused legislation, including a bill that would keep Congress in the loop on a massive effort to modernize electronic medical records at the Veterans Affairs Department.

The Veterans' Electronic Health Record Modernization Oversight Act would require the agency to send Congress regular updates on the \$10 billion modernization project it launched last week with Cerner Corp. The 10-year contract would transition the department's 9 million patients from a collage of outdated medical records systems to the same platform as the Pentagon.

The bill, which lawmakers approved by voice vote, would mandate the agency hand over its plans for building and integrating the new system, and provide Congress with quarterly updates on project timelines, costs, performance and risk management strategy.

Under the measure, agency officials would also have to notify lawmakers about any contract or schedule changes within five days and report any milestone delays, bid protests, data losses or privacy breaches within 10 days. The bill's Senate counterpart still awaits committee approval.

"If successful, VA's Cerner project will be a transformation of how VA delivers and manages the health care of 9 million veterans. Still, the path to achieving a seamless, interoperable health record is far from clear," House Veterans' Affairs Committee Chairman Phil Roe, R-Md., told Nextgov. "Oversight will be a key part of this transition as the process moves forward, which is why I'm proud to support this important bill."

Upon signing the deal, acting VA Secretary Robert Wilkie called the switch to the MHS Genesis platform "an enormous win for our nation's veterans," and underscored the need for "seamless" data sharing between his agency and the Defense Department.

But the system's rollout at the Pentagon recently hit some stumbling blocks.

The department temporarily halted the rollout in February to address more than 14,000 help-desk tickets, and officials recently declared the system "neither operationally effective nor operationally suitable" after tests at three of its four pilot facilities. Field trials went so poorly the agency scrapped testing at the fourth site.

Former VA chief information officer Roger Baker told Nextgov the agency should prepare to face many of the same problems that have come up at the Pentagon.

"It's no surprise that a program as big as MHS Genesis...is going to have problems like this—according to all the metrics, most large federal IT programs aren't successful," said Baker, who held the department's top tech job from 2009 to 2013. "[VA] need[s] to remember that the probability they're flushing [those funds] down the toilet is actually greater than 50 percent."

While he sees oversight bill as a step in the right direction, former agency acting CIO Scott Blackburn told Nextgov lawmakers will "need to make sure the reporting requirements aren't overly bureaucratic...but rather focused on metrics and information that really matter."

To make sure VA avoids missteps that plagued previous EHR projects, lawmakers' efforts should focus on transparency, accountability and continuity throughout changing leadership, said Blackburn, who stepped down in April. He also recommended VA seek out frequent input from veterans and create a formal Federal Advisory Board of EHR experts to weigh in on the project.

Beyond the oversight legislation, House lawmakers passed another 13 other bills aimed at improving the lives of veterans, including measures that would provide cost-of-living

adjustments to benefits for disabled vets, pilot a counseling program for victims of military sexual trauma and increase data sharing between VA and state-based organizations to curb opioid abuse.

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3.5 - Nextgov: [We Need a DARPA-Like Program for Veterans' Problems, Experts Say](#) (22 May, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department's research and development operations need a substantial reboot to provide vets with emerging technologies that could improve their lives when they return home, experts told Congress.

Devoting more agency funds to R&D would not only help put more products on the market in less time but improving care today would drive down medical costs in the long run, veteran-focused technologists and entrepreneurs told a House panel on Tuesday. And officials should specifically designate funds for the issues they want to impact, they said.

Witnesses encouraged lawmakers to pursue legislation that lowers costs and increases vets' access to health care tech, and also explored the possibility of creating a moonshot research office at VA modeled after the Pentagon's Defense Advanced Research Projects Agency.

Today, VA officials prioritize individual topics for more research, like suicide prevention or advanced prosthetics, but those efforts often get glommed onto existing efforts and may not get the extra resources they need. Witnesses said a structure that sets aside funds for researchers to target specific priority areas—the way DARPA does—could help get those projects over the finish line.

For instance, the Trump administration and former VA Secretary David Shulkin both singled out suicide prevention as a top priority for researchers, yet there's no funding for technology that specifically addresses that issue, said John Wordin, president and founder of Project Hero, which develops software to track PTSD symptoms in vets.

"We're all fighting for the same private-sector, private-donor dollar," said Christopher Meek, founder and chairman of SoldierStrong, which develops bionic prosthetics for disabled veterans. If Congress doesn't pour more money into long-term research, he said, the projects that could make the biggest impact on veterans' quality of life may never come to fruition.

"This funding has to be found somewhere," he said. "In time, it will not only reduce the costs of those devices, it's going to reduce the cost of medical and VA care for those patients."

The VA received a 6.1 percent increase in R&D funding under the 2018 appropriations bill, but "there's no question we need to reallocate resources and get new resources" for the agency, said Rep. Barbara Comstock, R-Va., who chairs the House Science Subcommittee on Research and Technology.

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3.6 - FedScoop: [VA leveraging cyber innovation on multiple fronts, CISO says](#) (22 May, Carten Cordell, 57k uvm; Washington, DC)

Despite a rash of recent leadership changes that have included the departures of its secretary and CIO, the Department of Veterans Affairs is exploring a series of innovation projects to help drive stronger cybersecurity operations.

Following the agency's completion of its 35-action cybersecurity strategy in December, officials started looking to tackle a range of new technology projects to continue to strengthen its cyber posture, VA CISO Dominic Cussatt said Tuesday at the Security Through Innovation Summit presented by McAfee and produced by FedScoop and CyberScoop.

That includes exploring the use of solutions like predictive analytics, machine learning and other emerging technologies.

Cussatt said the agency is leveraging big data analytics through what he called a "cyber reconnaissance" managed service to help track potential threats across VA's IT enterprise.

"The technology we have enables VA to use a high-performance computing capability construct to make objective, data-driven decisions quickly, effectively and accurately related to our program," he said.

The agency is also planning to release 100 new mobile and web-based applications over the next 18 months to assist veterans through its Lighthouse Lab program.

Debuted in March, Lighthouse is VA's application programming interface management site, providing software developers access to the agency's data troves to help foster new innovative products for veterans.

Cussatt said that though developers will build their own apps, VA will craft cybersecurity policies and terms of service to guide them through development.

"Lighthouse is a prime example of integrating security into IT modernization," he said. "It's going to provide a lot of user capability right down to the veteran."

In addition to incorporating the Department of Homeland Security's Continuous Diagnostics and Mitigation program into its cybersecurity protections, Cussatt said VA is also looking at machine learning applications to reveal cyber vulnerabilities on its network, including from its inventory of medical devices.

As for future operations, the CISO said that VA has implemented both the cybersecurity and risk management frameworks designed by the National Institute of Standards and Technology and will position its security operations centers on an intelligence-driven model.

"Operationalization of threat intel and the use of intelligence data affects everything that we do," Cussatt said. "The development of a threat intelligence platform will enable an organization to ingest and correlate intelligence and provide an understanding of context [of what] may threaten an organization's business environment."

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3.7 - KTIC (CMN-840, Audio): [Omaha VA Medical Center Expansion Underway](#) (22 May, Jeff Axtell, 51k uvm; West Point, NE)

An expansion that costs \$86 million has started at Omaha VA Medical Center. Deputy Chief of Staff Dr. Marvin Bittner. “This is an outpatient building. So it’s for people who need medical care, but are not admitted to the hospital. So we’ll have some of our primary care teams where we have doctors working together with nurses and other health professionals to provide the day-to-day primary care for people’s problems.”

Bitter says the 157,000 square-foot expansion will include 5 operating rooms, radiology rooms, a special women’s clinic, and a specialty care area.

Construction is expected to be finished by the summer of 2020.

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3.8 - EHR Intelligence: [Cerner Head Talks “Negative Information” on VA Cerner EHR Contract, Cerner President Zane Burke discussed recent critiques on the VA Cerner EHR contract in a shareholders meeting last week, saying it’s gone well overall.](#) (22 May, Elizabeth Snell, 50k uvm; Alexandria, VA)

There has been a lot of “negative information” out in the news recently concerning the \$10 billion VA Cerner EHR contract, but the Department of Defense (DoD) and VA both understand the value of Cerner’s work, company president Zane Burke explained in a shareholders meeting call last week.

Burke added that he has learned about the term “fake news,” but that the recent EHR contract will help veterans receive better care and save taxpayers money.

“There’s been some concern about some of the delivery on the Department of Defense side,” he said. “I’ll tell you that’s gone incredibly well overall.”

“There were some known elements up front as we rolled through the first three sites,” Burke continued. “The plan was always to come back and do a remediation of those three sites, do an evaluation, and make things better.”

Last week, members of Congress wrote a letter discussing their disapproval with the Cerner EHR contract negotiations. Specifically, the federal lawmakers said they were “deeply concerned by the malign neglect” and were also worried by the appointment of Acting VA CIO Camilo Sandoval.

“Mr. Sandoval should be removed from his temporary position as CIO and replaced with a first class leader who is capable of implementing the VA’s EHR modernization and fulfilling the VA’s obligation to our nation’s heroes,” members of Congress wrote.

An April 30 Operational Test and Evaluation report also discussed potential inadequacies in the MHS Genesis system, and said it was neither operationally effective nor operationally suitable.” Additionally, the system “does not demonstrate enough workable functionality to manage and document patient care.”

“MHS GENESIS is not operationally suitable because of poor system usability, insufficient training, and inadequate help desk support,” the report said. “Users gave MHS GENESIS usability an average score of only 37 out of 100 on the System Usability Scale (SUS), well below the threshold of 70 that indicates acceptable usability.”

“Training was insufficient to overcome usability problems, and a lack of documentation forced users to develop their own operational workarounds,” authors continued. “User survey comments from the three IOT&E sites reported similar problems that included undocumented and inconsistent workarounds, excessive system latency, inaccurate patient information, badly assigned user roles, poor user training, uneven assistance from on-site trainers, and lack of visibility of the status of trouble tickets.”

Burke disputed the recent claims, and seemed to indicate that a Cerner competitor may have been involved in the negative reports.

“If you had an ax to grind with us and wanted to perhaps keep us from getting a Veterans contract, and you’re one of our competitors, you might want to use some information negatively,” he said. “There was some negative information out there.”

Cerner’s largest competitor is Epic, but a company spokesperson said Epic had nothing to do with the recent reports on the MHS Genesis project.

“Epic was not involved in publicizing the DoD report calling Cerner’s MHS Genesis project, ‘neither operationally effective, nor operationally suitable,’” the spokesperson said in an email to EHRIIntelligence.com. “We would suggest that instead of dismissing these concerns as ‘fake news,’ Cerner help its users by fixing the problems outlined in the report.”

The Cerner EHR implementation will the DoD’s MHS GENESIS EHR system, and the two agency’s hope that operating on the same system will improve interoperability between them.

Health data exchange is also set to improve under the move, which will simplify and make care coordination for VA providers faster, Acting VA Secretary Robert Wilkie said in a statement.

“When fully deployed, the new system will represent a monumental advance in Veterans’ health care — bigger than VA’s initial deployment of electronic health records 40 years ago,” he stated. “We appreciate the DoD’s willingness to share its experiences implementing its electronic health record.”

Certain VA house appropriations subcommittee members have expressed concerns that the contract will cost \$16 billion, but Wilkie stressed that there is a \$10 billion ceiling in the contract to take place over ten years.

“And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted,” Wilkie explained. “President Trump has made very clear to me that he wants this contract to do right by both Veterans and taxpayers, and I can say now without a doubt that it does.”

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TBR News Media: Northport VA looks to make \$21M in repairs under 3-year plan (22 May, Sara-Megan Walsh, 33k uvm; East Setaukey, NY)

The new leadership at the reigns of the 90-year-old Northport VA Medical Center has unveiled a three-year plan aimed at making \$21 million in repairs to address critical infrastructural and staffing concerns.

Director Scott Guermonprez said since taking up the position in June 2017, he has drafted together a plan that looks to address the out-of-date utilities systems and crumbling buildings that led to the closure of its homeless veterans housing in January, and a brief shutdown of its operating rooms in February.

“There was a facility condition assessment done last year that came out that said if we were to try to fully rehabilitate the entire campus it would cost more than \$450 million, or to try to build a new one would cost more than \$1 billion,” Guermonprez said. “We have to figure out how we focus on the resources we have and use them as quickly and prudently as possible.”

There are approximately \$7 million in projects getting underway this year, according to the director, which includes replacing four of the heating, ventilation and air conditioning units of the main medical center as well as a new roof.

The VA director said they had also received approximately \$1.1 million to renovate the homeless veterans shelter, run by the nonprofit Beacon House, with new ductwork and an electronically controlled heating and cooling system. The work is expected to be completed by the end of the summer, according to Guermonprez.

The director said the three-year plan also calls for hiring 40 additional engineering and trade staff to oversee maintenance and upkeep of the 71-building campus under its new Chief Engineer Oscar Prue.

“[Prue] has been very successful in overseeing a large number of projects over multiple years and multiple locations,” Guermonprez said, noting he’s worked on VA medical centers in Albany and Syracuse.

The first major project Prue is expected to tackle is the demolition of long-abandoned Buildings 1 and 2 which housed the facility’s original hospital, standing opposite the current medical center.

“It’s an eyesore,” the director said. “One of the biggest complaints we’ve had with Northport is insufficient parking. When it was built nearly 40 years ago, the intent was to demolish those buildings. It never happened.”

He anticipates the Department of Veterans Affairs will give him clearance to move forward shortly, with demolition tentatively scheduled to start in the late fall. These two of the 428 buildings nationwide the Veterans Administration has plans to demolish or repurpose. The space cleared will be converted to additional parking space for the medical center, allowing a few hundred spaces to be added.

“We want to add valet parking,” Guermonprez said. “We have the largest number of veterans over 80 years old in the New York-New Jersey health care system. We want to make it easier for them.”

Adding more parking and upgrading the heating and cooling systems will allow Northport VA to consolidate its medical treatment services into the medical center. Currently some programs like the outpatient mental health services and ophthalmology are in outlying buildings.

“While this VA has plenty of work ahead of them, I am confident that they have a plan and are moving in the right direction to ultimately upgrade and restore these facilities so that they can properly serve and honor our veterans here and in the community,” Congressman Tom Suozzi (D-Glen Cove) said after touring the VA facility with the director in late April.

Other key components of the VA’s three-year plan include replacing the campus’s steam vents and expanding its security force to deal with modern threats, said Colleen Luckner, associate director of Northport VA.

“In addition to the construction projects, we are expanding police services given the unfortunate incidents occurring across the nation with shootings as we want to keep our veterans safe,” Luckner said.

The Northport VA will be hiring on additional staff for its police department as well as implementing new systems such as additional cameras, panic alarms and other such measures. Later this year, the Northport VA expects to celebrate the grand opening of expansion of its Riverhead outpatient clinic to include more physical therapy space and hearing services in July, before adding physical therapy, occupational therapy and more services to its Patchogue location.

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4. Focus Resources More Efficiently

4.1 - WCPO (ABC-9): [The VA wants veterans to be part of a new DNA database](#) (22 May, Kristyn Hartman, 2.1M uvm; Cincinnati, OH)

The US Department of Veterans Affairs is asking veterans to be part of a new DNA database that could help deliver them better care.

The initiative – called the Million Veteran Program – is a national, voluntary research program funded entirely by the VA’s Office of Research & Development.

The goal of MVP is to partner with veterans receiving their care in the VA Healthcare System to study how genes affect health, according to VA officials.

To do this, MVP collects blood samples and health information from one million veteran volunteers.

“That provides the insight you need to develop new therapies,” VA Staff Physician and Researcher John Harley said.

Data collected from MVP is then stored and will be coded for researchers so that they cannot directly identify you, according to the VA's website.

Harley said the data is safe.

"The tube we have is marked with a barcode so your name isn't on that. You're completely protected," he said.

Researchers will study diseases like diabetes and cancer, and military-related illnesses, such as post-traumatic stress disorder.

Terence Gragston – a veteran and VA employee – volunteered for the program Tuesday. Gragston said he was exposed to carcinogens during two tours in Iraq.

He said he hopes making a blood donation and filling out a companion survey will help researchers see what impact a combat tour might have on a veteran's health.

Gragston said he considers it a continuation of his service.

"This research may now ... help prevent illnesses or provide better awareness and treatment for (veterans) to hopefully have better health-related outcomes," he said.

If you'd like to learn more about the Million Veteran Program, call 866-441-6075.

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4.2 - WBRC (FOX-6, Video): [Run for the Wall riders to stop in Tuscaloosa Tuesday](#) (22 May, Terri Brewer, 592k uvm; Birmingham, AL)

For the 18th year in a row, approximately 400 motorcyclists are set to ride into Tuscaloosa on Tuesday, as part of the Run for the Wall motorcycle ride.

Run for the Wall is an annual cross-country ride to the Vietnam Wall, in honor of the sacrifices and contributions of all of the nation's veterans. The ride's motto is "We ride for those who can't."

According to Tuscaloosa VA Medical Center spokesperson Damon Stevenson, the riders are expected to arrive in Tuscaloosa between 10 and 11 a.m. They are scheduled to refuel at the Pilot Truck Stop (I-20/59 Exit 76), then ride to the Tuscaloosa VAMC, where staff and veterans will welcome the riders. They will then eat lunch and visit with veterans.

"Run for the Wall really does remind us of the true meaning of Memorial Day, where we honor the fallen, those who have paid the ultimate sacrifice for our nation, which is their lives," Stevenson said.

"So Run for the Wall is so special to us, especially here at the VA, because that is a primary focus of ours."

The riders are set to arrive in the Washington, D.C. area on Friday. Saturday, the riders are scheduled to visit Arlington National Cemetery, the Lincoln

Memorial and the Vietnam Wall. On Sunday, riders may participate in the Rolling Thunder Ride for Freedom.

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4.3 - KFVS (CBS-12, Video): [Heartland veterans potentially caught in crossfire of power and control](#) (22 May, Crystal Britt, 445k uvm; Cape Girardeau, MO)

To fulfill President Lincoln's promise "To care for him who shall have borne the battle, and for his widow, and his orphan" by serving and honoring the men and women who are America's veterans.

That's the mission statement of the U.S. Department of Veterans Affairs.

But, many would tell you that mission is sometimes lost in government red tape.

In Poplar Bluff, Missouri you can add conflicts within the union to the list of concerns that may be causing employees to lose focus on their main task at hand: caring for our veterans.

Doctor Robert Hall is a veteran, and also a physician at the John J. Pershing VA Medical Center in Poplar Bluff.

"We've sort of turned things upside down and now we're union members first, and veterans service second," said Doctor Hall.

He is disheartened by what he said he has witnessed in the workplace.

"I learned there were practices that seemed wasteful and took the veterans healthcare dollar and was spending it in the opposite direction," said Dr. Hall.

Doctor Hall is a retired general surgeon.

He had planned to slow down and enjoy farm life with his wife and family, but for a man who served in the military, had a father and son who served as well, he felt drawn to help veterans.

When he heard about the VA having problems with long wait times, he felt he needed to step in and help with the workload at the John J. Pershing VA Medical Center.

Four years ago he said he was approached by the union and was asked to get involved to serve as a physician representative.

Hall said he quickly saw a number of red flags with bylaws not being followed, and never saw that any union minutes were being taken during meetings.

He addressed his concerns to the administration, then left the union.

"We've sent letters, we've spoken to representatives and high levels in the union and received a deaf ear," said Hall.

Other union members came to Heartland News with similar stories.

"It's bad business all around," said Susie Owens.

Owens is a nurse practitioner at the VA hospital, and said she has tried to stay active in union that represents the hospital employees.

"I was the title 38 representative as well as a permanent member of the bargaining committee," said Owens. "However, once I started asking questions the union president removed those duties from me."

Owens, along with other union members like Toni Stoner, say their concerns continue to mount over what is happening within the AFGE Local 2338.

"I have done everything I know to do and nothing has been done," said union member Toni Stoner.

Their biggest concern is with the leadership in the union, specifically with member elected president Kevin Ellis.

"The current president is not or has not ever followed standard practice with Robert's Rules of Order, or the bylaws, or the constitution," said Owens.

Kevin Ellis is starting his third term as president of the AFGE Local 2338.

He was recently elected to another three-year term.

He said he has nothing to hide.

"When employees have no integrity, they will say anything," said Ellis.

"He continues to use smoke and mirrors and make as if nothing is wrong here," said Susie Owens.

The Department of Labor conducted an audit of the union in 2014 and 2017.

The 2014 audit found that the Local 2338 did not retain adequate documentation for thousands of dollars in reimbursed expenses. [Read the 2014 audit here.](#)

The 2017 audit also found similar problems with record keeping. [Read the 2017 audit here.](#)

"We had one finding and it was minor...just how something was reported," said Kevin Ellis.

But in fact, the DOL found recordkeeping violations for both years with thousands of dollars that were not properly documented.

"We have never ever had any money that's been unaccounted for never," said Ellis.

Ellis puts the blame on the previous treasurer, saying she didn't do her job.

"It was her responsibility to deposit the checks and get them in," said Ellis. "Do the record keeping for our portion. She never done [sic] none [sic] of that."

At one point, Ellis said the union had about 300 members out of the 500 or so employees at the hospital.

"When this discord started about money being missing and misappropriated, our membership dropped about 10 to 15 percent."

The Department of Labor did not take disciplinary action against the union.

That includes no action being taken on a report obtained by Heartland News through the VA regarding a VA Police report in 2016.

In that case, officers investigated allegations of embezzlement within the union of more than \$200,000.

"We have never embezzled money, never stole money...never, ludicrous," said Ellis.

Ellis is not facing any criminal charges, but it's something Congressman Jason's Smith's office is closely watching.

"We have been in contact with a lot of these employees at the VA," said Congressman Smith. "I actually have one person on my staff just focused on making sure all these complaints are directly sent to the Department of Labor."

Toni Stoner, an LPN at the VA, is the first vice president at the union.

"I am basically a title, that is all I am allowed to do," said Stoner. "He [Kevin Ellis] will not allow me to represent. He will not allow me to do any function responsibility whatsoever in the union."

Stoner said Ellis does not run meetings by the book and makes up his own rules.

"Anymore, people just don't show up, or when they do it's such a fight," said Stoner. The whole time you're there he just stands there and bullies and cusses, rants and raves, bashes the facility, bashes other members."

Bennie Hicks served as the union's chief steward for three years.

"I started to see things and hear things I just didn't feel comfortable with," said Hicks.

He too feels like he has nowhere else to turn.

"We have reached out all the way to the top and have yet to receive any help or results," said Hicks.

Hicks said he was told to handle it locally.

"I think it's just greed and power, feels that it's a dictatorship and he's in charge," said Hicks.

According to Kevin Ellis, the union currently has between 260 and 284 members.

He said he's just doing his job to represent every one of them like, James Vail who was fired in 2016 and said he's about to lose his job again.

"He's doing the right things, he's bringing the facility into the 21st century."

Vail said he was fired for telling someone he was tired of doing their job.

Ashley Whitaker said she too was fired in 2017.

"If you keep burying the issue, it's buried but it's still there," said Whitaker.

She said she was accused of doing something she did not do, and claims she was called a racial slur, but nothing was done about it.

"If the union wasn't there, there would be tons of issues that are unresolved that are just hanging in the air," said Whitaker.

Kevin Ellis' wife, Sonia Ellis, said she was fired from the medical center in December of 2017.

She said she now volunteers as the women and fair practices representative and EEO representative for the union.

She said she has seen a recent spike in EEO complaints.

"There are very deep principal issues dealing with right and wrong at this facility, and anytime you have that you have issues," said Sonia Ellis.

And one of the big questions, is the union fighting too many battles?

For instance, every time the union takes a case to arbitration there are attorney fees. Those fees come out of union dues.

Then, the VA has its lawyer fees. That bill is picked up by the taxpayers, and arguably that money could have gone toward patient care.

According to records from the Department of Labor, Ellis' predecessor spent about \$2,800 on arbitrations over 10 years.

Ellis has spent more than \$32,000 since 2011.

He said it's justified and he is planning to take several more cases to arbitration.

"We have addressed multiple issues with this agency, and this leadership doesn't seem to want to fix it," said Kevin Ellis. "They want to do it their own way."

He refers to issues like asbestos at the hospital.

Ellis said several employees claim to have been exposed to asbestos in 2012 and the hospital isn't doing anything about it.

He also claimed employees have been retaliated against for being whistleblowers, and also cited racial discrimination.

"I'm not afraid, I'm not scared," said Kevin Ellis. "I know what's just. If I have to be the only one standing."

Before becoming union president, Ellis worked in voluntary services at the VA. He now does union work 100 percent of the time.

Members also claim nepotism is a problem, as Ellis' wife works with the union now, and he appointed his sister as the assistant to the treasurer.

"There is no nepotism," said Ellis. "We don't have time to fight with the chickens. We are trying to soar with the eagles. We have bigger things we need to be handling, like employee safety, employee pay, their compensation rather than fighting about these small issues that don't amount to nothing."

Meanwhile, Congressman Jason Smith said he is very concerned about the allegations being made.

"It has to be addressed because some of the accusations are completely inappropriate and wrong and the Department of Labor is well aware of the different accusations," said Congressman Smith.

This is how Ellis responded when we told him Congressman Smith was investigating him and the union.

"So what I'd say to Jason Smith is we want him to come in," said Ellis. "We don't have anything to hide as a union. But, we have a great deal of issues to deal with in terms of retaliation and issues in the workplace."

Ellis said there is a rally planned for veterans affairs employees on June 8 at 11 a.m. He said the rally is a chance for people to stand up for their rights. It will be held across from the medical center at 1500 North Westwood Blvd in Poplar Bluff.

"Will there always be distractions, yes," said Doctor Robert Hall. "But, at least at this point in time we see a distraction, we know it's there and instead of saying well...this is the way life is and trudge on it would be helpful if we could correct this and show it could be corrected and make one more step toward better care for our veterans."

Both sides agreed, it's time to re-focus.

"Ultimately our goal is to take care of the veterans," said Susie Owens. "Not to be in constant conflict with the agency. Not causing hindering of the mission of the agency."

"Yes, the mission is getting lost with these petty fights," said Kevin Ellis. "The overall goal is completely lost."

Leadership at the John J. Pershing VA Medical Center released to Heartland News the following statement regarding this issue:

"When our employees shared concerns regarding local union officials with facility leadership, we immediately sent the information to the Office of the Inspector General's office (OIG) for investigation. We care deeply about our team members, but are not able to investigate or influence internal union business or finances; we must defer to outside organizations such as the OIG and Department of Labor. However, we feel setting a high ethical standard is always in the best interest of our Veterans and employees.

"With respect to human resources issues that have been brought forward, we are actively investigating those matters but cannot share further information on that topic."

Heartland News reached out to the regional and national offices of the AFGE to see whether either office may be involved in trying to resolve these issues.

We have not heard back from either office.

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4.4 - Federal Computer Week: [Vacancies Act rules won't hold up Wilkie nomination](#) (22 May, Adam Mazmanian, 189k uvm; Vienna, VA)

Robert Wilkie is the Department of Veterans Affairs' acting secretary, and President Trump's pick to lead the department permanently.

The leaders of the Senate committee who will hold the confirmation hearing for Robert Wilkie to lead the Department of Veterans Affairs said they didn't expect the nominee's status as acting head of department to be a problem.

The Vacancies Act puts some restrictions on the nomination of acting officials to take over that role on a permanent, Senate-confirmed basis.

Wilkie, who is the Department of Defense's undersecretary for personnel and readiness, has been leading VA since David Shulkin was fired in March. President Donald Trump made a surprise announcement of his pick of Wilkie to be VA secretary at a May 18 White House event.

Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.) the chairman and ranking member of the Senate Veterans Affairs Committee, said that any problems with Wilkie's acting status would not hold up the confirmation process.

"We've been playing a little phone tag, but if need be I think he's willing to step down," Tester said at a May 22 press conference touting an upcoming vote on the VA Mission Act.

Isakson said he didn't yet know the position of the White House or the Justice Department on how the Vacancies Act might impact the Wilkie nomination, but said he expected word "in the next few days."

"That's not going to be a problem," Isakson told reporters.

The day before Wilkie's nomination, he signed a \$10 billion contract with electronic health record vendor Cerner for a 10-year sole-source deal to replace the agency's homegrown Vista system.

The Vacancies Act not only puts restrictions on the nomination of acting officials, but also gives a path to challenge individual decisions made by an official who is found to be in violation of the act.

Two advocacy groups are already suing the Trump Administration over the pick of Wilkie as acting VA secretary, because the traditional order of succession was bypassed. They argue that the agency's deputy secretary should be in the acting post.

EHR oversight

Separately, the House passed a bill to put some oversight guardrails around VA's electronic health record modernization. The effort, including the \$10 billion Cerner contract, is expected to cost \$16 billion over a decade.

The Veterans' Electronic Health Record Modernization Oversight Act of 2017 requires VA to keep Congress up to date on acquisition plans, task orders, labor costs and delays in the adoption of the new record. The bill also demands Congress be kept in the loop about privacy breaches and any loss of patient data.

Tester is sponsoring a nearly identical bill in the Senate.

The bill comes as efforts to adopt a Cerner based system at the Department of Defense have stumbled. Recently, an internal oversight report declared the MHS Genesis system, which is being rolled out at multiple sites in the Pacific Northwest, to be "unfit for use."

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4.5 - Muskogee Phoenix: [VA employees honored during Public Service Recognition Week](#) (22 May, 64k uvm; Muskogee, OK)

Three employees from the Eastern Oklahoma VA Health Care System were honored recently by the Oklahoma Federal Executive Board for their outstanding work as part of their annual Employee of the Year awards, a news release states. These awards are presented during Public Service Recognition Week, May 6-12, to recognize federal employees throughout Oklahoma.

Kathy Lawrence, RN, Nurse Manager was recognized as Supervisor of the Year.

Lawrence was recognized for the significant reduction of hospital acquired pressure ulcers, the merging of two high acuity units, implementing a sitter program, flow coordination, and implementing an interdisciplinary meeting that has become a staple in the facility and nominated for as a Best Practice within the VA. She has proven to be a leader who motivates others, demonstrates excellence and strives daily to enhance the veteran experience.

"I am grateful and extremely proud to have been nominated and subsequently win this award in my category," Lawrence said. "I am honored to serve the veteran population in my profession of nursing. To be recognized for a work I absolutely love is an extraordinary gift."

Tonya Cannon, RN, Surgery Service, was honored as the Technical, Professional, and Administrative, GS-9 & Above Employee of the Year.

Cannon has made many contributions to the Eastern Oklahoma VA Health Care System. Her research on using IV Tylenol for veterans who suffer from sleep apnea resulted in a 25 percent reduction in pain medications. Besides the lower narcotic usage, this also showed a reduction in the average stay for each surgery patient, which equals \$4,400 per patient for the facility. Cannon's commitment and diligence has changed how pain management is accomplished at the medical center.

"I was so surprised to learn that I had won," Cannon said. "I knew I was up against some tough competition. I feel very honored to take care of our veterans. It is a privilege that I do not take lightly. I try to do the very best I can for the veterans. I treat them as if they are my own family, and I do not hesitate to advocate for them."

Carter Check, Chaplain Service, was recognized for Outstanding Community Service.

Chaplain Check, a clinically certified chaplain, conducts spiritual care as complementary medicine with behavioral and mental health therapies. He co-facilitates a new Moral Injury and Reconciliation Clinic and introduced the curriculum for the clinic. Chaplain Check will be presenting his Moral Injury curriculum nationwide on the VA's Talent Management System (TMS). He also is a member of the Substance Use Disorder outpatient treatment team and facilitates a weekly spirituality group focused on rebuilding trust and resolving moral dilemmas. In addition, he is a member of the Executive Mental Health Council, which consists of community members, stakeholders and community churches in Tulsa and Muskogee.

"I am humbled by this award, because it represents my heart and gratitude for the veterans we serve," Check said. "For me, to serve is a way of life, and I am just happy to be doing what I know I am called to do. Every single day I get to work with and serve our nation's heroes, our veterans, which is a greater honor than any award I could ever receive."

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4.6 - Times-Gazette: [Chillicothe VA honors local organizations](#) (22 May, 44k uvm; Hillsboro, OH)

The Chillicothe VA Medical Center recently recognized two local organizations during an event recognizing the center's volunteers and the organizations they represent. Pictured in the photo to the left are Luise Curtis and Gerald "Buzzard" Wilkin. Curtis was recognized for her work on behalf of the local AmVets Post 61 Ladies Auxiliary and Wilkin was recognized for his work on behalf of AmVets Post 61. The event had a farm theme, explaining Wilkin's attire. In the photo to the right are Mary Myers and John Knauff. Myers was recognized for her work on behalf of the Hillsboro VFW Post 9094 Auxiliary and Knauff was recognized for his work on behalf of Hillsboro AmVets Post 9094.

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4.7 - WBOY (NBC-12, Video): [Harrison County group donates hygiene items for veterans](#)
(22 May, Chris Marrs, 21k uvm; Clarksburg, WV)

The Louis A. Johnson VA Medical Center has received nearly \$1,000 in hygiene items to give to veteran patients for free.

The Harrison County Community Educational Outreach Service has annually donated items to veterans for more than 10 years.

Items include shaving cream and razors, a welcome home kit with cleaning supplies and items for female veterans.

One item is specially-made for homeless veterans.

"The mats are for the homeless veterans. They are made from plastic bags, and the women cut the bags in two inch strips, and they tie them together, and then they make balls, and then they crochet the mats together for the homeless veterans. It's a very difficult process, and we love to make them," Karen Blocker, CEOS president.

The organization is made up of 18 clubs throughout the county, with about 300 members.

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5. [Improve Timeliness of Service](#)

5.1 - The Hill: [Washington needs to end to the unfair treatment of Puerto Rican veterans](#)
(22 May, Carlos "Johnny" Mendez Nunez, 11.9M uvm; Washington, DC)

As our nation prepares to commemorate another Memorial Day, it is worth remembering that for more than a century thousands of U.S. veterans living in Puerto Rico have been discriminated by Congress and White House.

Puerto Rican veterans have distinguished themselves in all of our nation's wars, yet when they go return home their benefit levels and quality of life is, at best, half of what vets in the states have.

According to data from 2014 U.S. Census Bureau Report, vets residing in Puerto Rico take home an average of \$38,338 annually. By contrast, the average income of a veteran in the states is \$61,844 and rising. Also, there's only one Veteran Administration (VA) hospital on the island, while each state have has, at least, 27 such facilities.

This is a major discrepancy, not to mention the sad fact that a Puerto Rican vet has to drive around 45 minutes to just get to the VA hospital, while their comrades in the states get there in less than 20. That same study points out that more than 30 percent of Puerto Rican veterans use their VA health care plan more than five times a year, again, double the average in the rest of the nation.

The unbalance is undeniable and worrisome.

Puerto Rican soldiers have bled and died in the dreaded trenches of the Western Front, the beaches of the Pacific, the fields in Vietnam and the sands of the Middle East, to mention a few theaters of war, defending our freedom, our values, and our democratic form of government where the people's voice is always heard and obeyed.

I have spent my entire adult life advocating equality for the U.S. citizens living in Puerto Rico; for our families, including our vets, our heroes, to have the same rights and benefits as any other U.S. citizen. They deserve much better than what Congress and the White House have given them so far.

This Memorial Day is different for the Puerto Rican people. It's a more somber occasion as we are still reeling from the tragic accident in Savannah, Ga., in which nine members of the Puerto Rico National Guard lost their lives. Our thoughts and prayers are with their families in this difficult period. Their sacrifice will never be forgotten. This is what this solemn day represents; a moment to pause and honor those who give it all in the name of what they believe, in the name of democracy.

U.S. veterans are entitled to more than what they are getting in Puerto Rico. I summon the Congress to end this discrimination by granting us what our voters have called for since 2012: admission into the union. The White House also needs to step up to history and use its political capital to push forward an admission bill in accordance to the will of the U.S. citizens on the island.

This Memorial Day can be one of the last the Puerto Rican veterans spent in inequality. That's is our goal and we will not rest until it is achieved.

Carlos 'Johnny' Mendez Nunez is Speaker of the Puerto Rico House of Representatives.

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5.2 - Military.com (AP): [Veteran: Anti-Malaria Drug Has Lasting Side Effects](#) (22 May, 9M uvm; San Francisco, CA)

Eight years after being deployed in Afghanistan, a Minnesota Air National Guard veteran said he's still living with the side effects of an anti-malaria drug he took while overseas.

Shawn Bolf was ordered to take mefloquine in 2010, KSTP-TV reported. Bolf said he now has balance and vision problems, loses feeling in his hands and feet, and has focus and sleep issues.

He's no longer able to install garage doors for his family's business and is left handling paperwork instead.

"My daily life as I knew working is changed," Bolf said.

Mayo Clinic doctors in Rochester told him in 2012 that he had mefloquine toxicity, he said.

The U.S. Department of Defense issued a memorandum before Bolf's deployment warning about the drug's potential side effects. The memo also identified a different drug to be used instead.

The memorandum referenced how much medicine should be on-hand and wasn't a policy affecting usage said Col. Clarice Konshok, an Air Force medical commander.

"When I look at what we did, I stand by the fact we did what we should have done in choosing medication for this particular member and the whole unit," Konshok said.

Minnesota U.S. Rep. Tim Walz sent a letter to the Department of Defense seeking more information about mefloquine. It's possible other service members are experiencing similar side effects, he said.

"We may never be able to make them whole but we have a responsibility to this warrior to make sure he or she and their family are taken care of," Walz said.

Dr. Remington Nevin, a Vermont-based epidemiologist, said mefloquine poisoning is often misdiagnosed as post-traumatic stress disorder.

The U.S. Food and Drug Administration gave mefloquine its most serious warning in 2013. Use of the drug has since plummeted to just 1 percent.

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5.3 - KABC (ABC-7, Video): [Veteran with PTSD alleges sexual abuse at hands of former VA social worker and therapist](#) (23 May, Jovana Lara and Lisa Bartley, 5.3M uvm; Glendale, CA)

Army veteran Jackie Baum's life was spiraling out of control. She was homeless, addicted to drugs and living under a bridge steps away from the VA's West Los Angeles campus.

Jackie struggled with bipolar disorder and PTSD from her rape in the military years ago, both of which were exacerbated by an addiction to pain pills and heroin.

"I didn't think I was ever going to get off of that," Jackie told Eyewitness News. "I just assumed I was going to die that way."

In March 2015, Vietnam veteran and outreach volunteer John Keaveney ran across Jackie under the Ohio Avenue Bridge and captured video of the encounter on his cellphone.

"What can we do to get you off the street today? If you want to get off?" Keaveney asked.

"I don't know what you can do," Jackie said. "I have no idea."

Vietnam Veteran John Keaveney and his son found Jackie Baum living under a bridge steps away from the VA Medical Center in West Los Angeles in March 2015.

"How long you been here?" Keaveney asked.

"Four weeks," Jackie said.

"If we come and help you do this tomorrow, will you do this?" Keaveney asked, offering to help her get help from the VA.

"Yes, yeah, I will," Jackie said.

Jackie Baum served six years in the U.S. Army Reserves and trained as a nuclear, biological and chemical weapons specialist.

Keaveney and his son came back the next day and helped Jackie navigate the red tape at the West Los Angeles Veterans Campus. She received housing and counseling for her military sexual trauma and her addictions. She also entered a veterans' court diversion program to clear up some misdemeanor tickets.

But after Jackie relapsed a second time in May 2016, she was kicked out of VA housing. Soon after that, Jackie said a female licensed clinical social worker at the VA, who was also her psychotherapist for several months, told Jackie she was sexually attracted to her.

"When she made the offer of sex, I thought if I turned it down and offended her, she could make an unfavorable report to the court and I'd go to jail," Jackie told Eyewitness News.

The social worker, who we are not naming because she has not been charged with a crime, found Jackie new offsite housing and was Jackie's VA liaison to the courts during their three-month sexual relationship.

Jackie believes the social worker was manipulating her based on her legal case.

At the same time, Jackie said she and the social worker were meeting several times a week for sex, including once at an office on the VA campus.

Jackie said they smoked pot together, drank beer and exchanged hundreds of text messages, emails and voicemails that Jackie provided to Eyewitness News.

"Call me and let me know if we can meet up, just so I can give you a hug and a kiss," the social worker said in one voicemail left for Jackie.

"I'll talk to you later, I love you - bye," she said in another voicemail.

Jackie, who is considered 100 percent disabled by the VA due in part to PTSD from her rape, said she was on five different psychiatric medications at the time. In the beginning, she said she believed their sexual relationship was consensual.

"I mean I did care about her, because she had been one person who came into my life and helped me put it back together," Jackie said.

Dr. Michael Carome, of the non-profit watchdog group Public Citizen, said a sexual relationship between a patient and a social worker-therapist can never be consensual, especially if you consider Jackie's psychiatric history.

"Absolutely not," Carome told Eyewitness News. "When you have a health care provider-patient relationship like this in which the power is significantly tilted toward the health care professional,

this type of sexual relationship could never even be considered consensual. It represented sexual abuse, it's unacceptable."

Texts and emails depict a tumultuous relationship that unfolded over the summer of 2016. At one point, when Jackie said they thought they'd been caught by a VA supervisor, Jackie texted, "DELETE EVERYTHING ON THAT VA CELL."

On another day, the social worker texted to Jackie, "I deserve everything I get" and "I wish I could die without having to do it myself."

Near the end of the relationship, Jackie texted, "I don't want to have sex with you anymore."

Jackie told Eyewitness News she was "extremely angry and confused... like how did this go so wrong?"

In late August 2016, Jackie reported the social worker to the VA and the VA immediately launched an internal investigation. VA investigators ultimately substantiated "all allegations of misconduct" and deemed it "profound patient abuse in the form of emotional and physical-sexual exploitation."

According to the VA's investigative report, the social worker admitted to a "personal relationship" but denied it was sexual. The social worker told investigators that "she was essentially coerced...into communicating with the patient and writing the emails in the manner that she did" after claiming Jackie "would threaten to harm her."

VA investigators did not believe the social worker's version of events.

The VA's investigation also substantiates Jackie's allegation that a second social worker knew about their sexual relationship, failed to report it to the VA and even recommended a sex club to the pair. The VA report concludes that the second social worker "likely indirectly participated in the sexual exploitation of the patient" and "lied about it under oath."

Despite the VA's own conclusions in that damning report, the first social worker continued to work at the VA for another four months, although away from patient care.

Jackie said she was kept in the dark about the investigation and became alarmed months later when she ran into both of the social workers still working at the VA campus in West L.A.

It was only after Jackie filed a lawsuit against the VA and reported both social workers to the VA's independent watchdog that officials moved to terminate the first social worker. But the VA admits to Eyewitness News that instead of being fired, the first social worker was allowed to resign.

And here's what Jackie finds most infuriating. Despite finding the social worker's conduct to be, "the most egregious form of intentional psychological and physical-sexual exploitation of a patient," the VA failed to report her to state regulators for more than a year.

The VA told Eyewitness News the delay was due to "some errors" that were initially made. State regulators have the ability to revoke or suspend a license. The social worker is currently under investigation by California's Board of Behavioral Sciences.

Jackie's disappointment with the VA brings back the trauma of her rape by a fellow soldier in Texas in 1989. Jackie said her rapist was transferred to another unit and never held criminally responsible.

The Army reopened her case in 1997 after the Aberdeen military sexual assault scandal exposed the extent to which women were being sexually assaulted and harassed in the military. But the statute of limitations had already expired.

"The Army did fail me, yes, in 1989. They failed to protect me then. Fast forward 28 years later and here this happens at the VA and they don't care to protect me this time either," Jackie said.

Jackie is far from alone. A government watchdog found a pattern in a recent audit of five unidentified VA Medical Centers that failed to report 90 percent of potentially dangerous VA medical providers to a national database meant to protect patients and did not report any of them to state licensing boards.

"To try to hide this information, to cover it up, to not report it to appropriate authorities, that is just failing their duty, their ethical duty to protect future patients," Carome said.

The VA has vowed to overhaul its reporting practices on problematic VA health care providers and lawmakers are pushing for new oversight. Maine Congressman Bruce Poliquin outright accused the VA of a deliberate cover-up to conceal poor medical care for veterans.

"I think you're protecting your butts, that's what I think is happening," Poliquin said while grilling top VA leaders at a Veterans Affairs Committee hearing in November. "The mismanagement is breathtaking!"

The VA declined our repeated requests for an on-camera interview, but in a statement to Eyewitness News said they "took immediate investigative action and removed the employee from all patient care" and have "implemented processes to ensure future delays in reporting to state licensing boards are avoided."

The VA would not answer any questions about the second social worker and whether she was ever disciplined. Eyewitness News learned through a Freedom of Information Act request that the second social worker is not only still working at the West L.A. Campus, she's received two pay raises since the VA's investigation concluded that she "indirectly participated in the sexual exploitation of the patient" and "lied under oath."

Jackie is more financially stable now after winning a substantial financial settlement against the Department of Veterans Affairs for the "alleged failure of the VA Greater Los Angeles Healthcare System to provide mental health treatment, as well as the alleged psychological and physical exploitation."

But Jackie still wants answers from the VA. Why did it take so long for them to report the social worker to the state? And why is that second social worker - who knew of their sexual relationship and recommended a sex club -- still working at the VA?

"We're talking about patients' lives and I think when you commit an offense at that level like was done with me, I don't think you should be able to get to do that a second time," Jackie said.

Eyewitness News learned the first social worker was - until recently - working as a contract employee for L.A. County Health in a patient call center, but the county said her work did not involve direct patient care.

The county would have had no way of knowing the results of the VA's investigation because she was allowed to resign and the VA failed to report her to state regulators in a timely manner. The social worker declined our repeated requests for an interview, citing patient confidentiality through her attorney.

The LAPD investigated the first social worker for several months and submitted a case to the Los Angeles County District Attorney's Office. The DA's office declined to file criminal charges citing "insufficient evidence to prove beyond a reasonable doubt the suspect threatened the victim to force her to engage in sexual conduct."

Jackie just recently filed a civil lawsuit against her seeking damages for alleged sexual harassment and "physical and emotional damages caused by the sexual abuse." She has not responded to the complaint.

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5.4 - KTSP (ABC-5, Video): [Active Military Members, Veterans Respond to 'A Hidden Epidemic' Investigation](#) (22 May, 856k uvm; Saint Paul, MN)

Active service members and veterans from across the country are contacting KSTP following our investigation into the military's use of mefloquine and the story of how it's left a veteran in Duluth partially disabled.

Shawn Bolf says he was ordered to take mefloquine during his deployment to Afghanistan in 2010 with the 148th Fighter Wing of the Minnesota Air National Guard.

There's a grassroots movement across the country to help suffering veterans like Bolf.

"I've personally triaged about 230 veterans, and gotten them to proper healthcare," Bill Manofsky of Ashville, North Carolina, said.

Manofsky said he watched the investigation on KSTP.com and realized he suffers many of the same symptoms of Bolf. Manofsky said he was given mefloquine during deployment to Kuwait in 2002. He's now dedicated his life to helping fellow sufferers and said he's frustrated with inaction by the Department of Veterans Affairs and the Department of Defense.

"The VA and the DOD have done zero outreach to try and locate people and to help them that's why I exist and I'm still doing it. I've been trying to get the VA to actually do their job," Manofsky said.

In our investigation, we asked the VA how many other veterans have been diagnosed with mefloquine toxicity. A spokesperson said the agency can't tell us because the VA doesn't track it as a specific diagnosis.

"I could be standing in a conversation and find myself on the floor," Bolf said, describing just part of the lasting impact the drug has had on his life.

We also found it took years for VA doctors to conclude mefloquine is the cause of Shawn's lasting symptoms. And, even though a spokesperson from Air Force headquarters said Shawn should have never been given mefloquine since he deployed after the DOD warned about its dangers, an official with the Minnesota Air National Guard denies any wrongdoing.

"Is it possible someone misinterpreted the Air Force memo?" reporter Matt Belanger asked.

"From my review, looking backwards, I don't believe so," replied Col. Clarice Konshok, commander of the 148th medical group.

"I think they know they have the next Agent Orange," Manofsky said.

Manofsky said he also works closely with Remington Nevin, a Vermont-based doctor who has testified before Congress about what he calls mefloquine's "toxic legacy."

"Given that this was a drug developed by the military at great expense for it to be pushed to the back of the military's medicine cabinet speaks to just how serious a problem the military knows it has on its hands," Nevin said.

Manofsky said he works to connect veterans who are suffering side effects from mefloquine with doctors who are willing to help and he only expects the number to grow.

"I've personally talked 12 veterans out of suicide and one of them was a member in my unit and I request that no one consider that option," he said.

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5.5 - WFLA (NBC-8, Video): [VA Research Day to showcase life-changing initiatives for veterans](#) (22 May, Evan Donovan, 692k uvm; Tampa, FL)

Tuesday is 'VA Research Day' at the James A. Haley VA Hospital in Tampa.

The public is invited to attend the event which showcases the incredible research being done by the Veterans Administration's Research and Development teams.

Dr. Bob Campbell, associate chief of staff for R&D at the VA hospital in Tampa, says it's an opportunity for the public, including veterans, to learn what the 600 people involved in research projects at Haley are doing -- and how they can take part.

"It's a place to meet passionate people with purpose who devote their lives to research programs. You may not even understand the research they're doing, but you will get in touch with the passion they have for what they're doing."

Programs include nanotechnology, Alzheimer's research, traumatic brain injury science, Gulf War illness, development of pharmaceuticals, biomedicine, treating diabetes, rehabilitation research for amputees and many more.

One of the most interesting projects is the Exoskeleton, a device using hip sensors and leg supports that can help wheelchair-bound veterans walk.

"We had a vet recently who has been in a wheelchair for 8 years," said Campbell. "The last 18 months, he's been in the program using the Exoskeleton. We had some some people from central office ask, 'what does this mean to you?' He said 'it gives me my dignity back, my life back. Now I can spend weekends walking in the mall with my wife.' It's a game changer."

Another initiative is called the Million Veteran Program, or MVP for short.

"We're taking blood samples from vets--we have about 700,000 now--and we do genetic analysis of what their genome looks like," said Campbell. "Then we put all their life's health care data with that. And we ask, 'if you've got these genes, what are you getting treated for? What's working?'"

Dr. Campbell said the only place they could use that could handle that type of data is the supercomputer at Oak Ridge National Laboratory, which used to handle calculations for the nuclear program.

"You're gonna see associations we never thought of, never dawned on us," said Dr. Campbell. "Because nobody had the power to put all that health care data together, everything that's happened to them. Even the notes, the unstructured notes, it'll pull that stuff, too."

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5.6 - KOKI (FOX-23): [FOX23 Investigates: Veteran's debt forgiven](#) (22 May, Shae Rozzi, 448k uvm; Tulsa, OK)

Robert Hamilton served in the army during Operation Desert Shield and Operation Desert Storm. He told FOX23 he suffers from PTSD.

He reached out to FOX23 after Veteran Affairs told him about a \$58,000 debt he didn't know he had. Hamilton said there was some sort of mix-up with his Social Security income being reported; he said he reported his income and the VA said he did not.

FOX23 found this issue has popped up for other veterans and Rozzi started making calls. Hamilton reached out to the VA and Sen. Jim Inhofe before reaching out to FOX23. Days later a letter came forgiving the debt Hamilton owed the VA.

Officials with the VA told FOX23 that issues with Social Security and VA overpayments is a common problem and any veteran with questions about benefits should contact their local veteran office or organizations like the VFW or Disabled American Veterans.

Senator Inhofe sent this statement:

"I'm pleased that Mr. Hamilton was able to have his issue resolved by the Department of Veterans Affairs in a timely manner. Our veterans have selflessly served their country and it is our duty to ensure that they are treated with respect and dignity. It is my honor to help any veteran who is in need of assistance in Oklahoma."

He also urged veterans with issues to call his Tulsa office at 918-748-5111 to see how he can help.

Here's the full statement from the Department of Veteran's Affairs:

VA regularly performs a variety of audits to ensure benefits are being allocated appropriately. For the pension benefit, we have long-standing data-matching agreements with Social Security, IRS, Bureau of Prisons, and others.

When a veteran fails to report changes in income, this may result in an overpayment of benefits. As it is the veteran's responsibility to provide VA with this information in a timely manner, a debt will be created in an attempt to recoup that overpayment. Once the debt is created, the veteran may request a waiver as Mr. Hamilton did. Each case is weighed on its own evidence and merit. We do not track the number of cases where the entire debt was forgiven.

Make sure to be knowledgeable about your benefits and understand the reporting requirements, to minimize the chance you will be put in the situation of having to repay a debt. Be sure to carefully read any letters sent to you about your benefits so that you can report any necessary changes. We also strongly recommend contacting a state organization such as the Oklahoma Department of Veterans Affairs, or a veterans service organization.

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5.7 - Becker's Hospital Review: [Accounting errors could harm patient care, Indiana VA hospital manager says](#) (22 May, Megan Knowles, 441k uvm; Chicago, IL)

Patients at the Richard L. Roudebush VA Medical Center in Indianapolis may face delays of crucial implant procedures because of accounting errors in the facility's budget, WRTV reports.

"If you need a heart valve or a stent, it's life or death," Shaun O'Brien, chief of prosthetics and sensory Aids at Roudebush, told WRTV. Mr. O'Brien oversees a \$34 million budget at Roudebush.

Mr. O'Brien said he believes accounting errors will affect patient services.

Although \$17 million has been spent over the last two years on patient implants, the medical center is only reporting \$14 million, Mr. O'Brien said.

Mr. O'Brien fears he will only get \$14 million during the next budget cycle as opposed to \$17 million, which may force veterans who need implants, including skin grafts, new knees or heart stents, to be turned away. The accounting error have yet to be addressed, according to Mr. O'Brien.

"So as far as Congress is concerned and central office is concerned we never spent that money, so next year that \$3.5 million will be missing. It was missing this year, and will be missing next year," said Mr. O'Brien.

"I want to provide the treatment for the patients who need it next year," he added. "Power politics aside, we didn't do as many surgeries as we had planned on doing — but next year I don't want to take that gamble."

Mr. O'Brien said a total of \$7 million must be accounted for over the last two years.

Before WRTV asked about the issue via email, a Roudebush VA Medical Center spokesperson said the hospital was unaware of Mr. O'Brien's concern.

"Upon receipt of your query, we initiated a review of the funding and finding processes in areas indicated," according to a statement from the VA center. "We appreciate and will act on any concern that veteran health Indiana can better use funding to provide care for veterans."

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5.8 - New Hampshire Public Radio: [Manchester VA and Nashua YMCA to Offer Whole Health Programs to Vets](#) (22 May, Peter Biello, 151k uvm; Concord, NH)

The Manchester VA Medical Center and the Nashua YMCA are partnering to expand yoga, tai chi, nutrition, reiki meditation and other whole health programs to veterans.

The partnership is funded by a \$360,000 grant from the VA Office of Patient Centered Care and Cultural Transformation.

Dr. Romy Valdez is a VA Clinical Psychologist. He says it's part of an effort to change the way doctors think about treating the whole veteran, "not just the parts of them that are diseased and in pain, but looking at how we can service the veteran so that they can feel self-empowered."

The programs will be rolled out at the Nashua Y within the next month. In late June, the yoga and whole health coaching for veterans will expand to select locations in Portsmouth and Concord.

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5.9 - Alaska Public Media (Audio): [Urged by Alaska veterans, Sullivan supports cannabis research at VA](#) (22 May, Casey Grove, 80k uvm; Anchorage, AK)

Alaska Sen. Dan Sullivan is co-sponsoring a bill that would direct the Department of Veterans Affairs to research medicinal cannabis.

The bill calls on the VA to look into the "efficacy and safety" of cannabis in the treatment of veterans diagnosed with "chronic pain, post-traumatic stress disorder" and other conditions.

Twenty-nine states have legalized the medicinal use of cannabis, but it still remains illegal under federal law. That's why it has been unclear if the VA is allowed to research cannabis, and the bill would specifically authorize the department to do so.

Sullivan said the legislation has his support because he's heard veterans say in conversations and in public testimony that the VA should look at the benefits of cannabis.

"Some have tried to find the benefits of dealing with pain through self-medicating marijuana, and doctors, particularly at the VA need to understand this and how it can affect their diagnoses, and I have heard from veterans that this has been helpful," Sullivan said.

Sullivan cited the over-prescription of opioids and the rising number of overdose deaths in the past year as reasons veterans are looking for other treatment methods.

Medicinal cannabis has been legal in Alaska for more than two decades, and Alaska voters legalized its recreational use in 2015 through a ballot initiative.

Sullivan has said he did not support the initiative, but said he accepted the mandate of state voters when it passed.

Sullivan said he thinks views of cannabis are softening, in general, in Washington D.C. after strong nationwide support for its medical use and the handful of states that have legalized its recreational use.

"I think there's kind of a combination of people seeing the medical benefits, but also 10th Amendment elements of this, where the states have come out in statewide referendums like in Alaska, where they've come out in support, and even members of Congress who weren't supportive or aren't supportive of those kinds of referendums are saying, 'Hey, look, the people are speaking ... states have the right to do this,'" Sullivan said.

Sullivan, a Republican, is the lone co-sponsor of the VA cannabis research bill by Senator Jon Tester, a Democrat from Montana.

Alaska Congressman Don Young, a Republican, is one of 55 co-sponsors on an identical bill in the U.S. House.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - New York Times: [Predatory Colleges, Freed to Fleece Students](#) (22 May, Editorial Board, 30M uvm; New York, NY)

Try as they might, the Trump administration and Republicans in Congress cannot disguise that they continue to do the bidding of the for-profit college industry, which has saddled working-class students — including veterans — with crushing debt while providing useless degrees, or no degrees at all.

Education Secretary Betsy DeVos claimed ignorance when she was asked during a congressional hearing on Tuesday how many of the college students who told her department that they had been ripped off were complaining about for-profit schools. The widely publicized answer is more than 98 percent.

For-profit college fraud dates back to the inception of the G.I. Bill during World War II. A congressional investigation during the 1950s found that schools had cropped up to fleece veterans, siphoning hundreds of millions of dollars while providing worthless training. Since

then, Congress has intermittently tightened regulations only to loosen them under industry pressure, leading to a cycle of exploitation.

The problem became so pervasive that 37 state attorneys general joined forces to combat it. Attorneys general are not only suing abusive for-profit schools, they are suing the federal government itself, resisting efforts to weaken or ignore regulations that protect students from predatory institutions.

The federal government was shamefully late to this effort but finally found its footing after the Consumer Financial Protection Bureau opened its doors in 2011. In 2014, the bureau sued Corinthian Colleges, which soon collapsed amid charges that it had lured poor and working-class students by lying to them about job-placement rates — then saddled them with predatory loans.

Congress was forced to confront the problem last year when it passed the Forever G.I. Bill, which restored veterans benefits to thousands of men and women who had found themselves shut out of school when for-profit programs charged with fraud closed their doors.

Ms. DeVos seems to have learned nothing from this history. Indeed, as The Times reported last week, the Education Department has undermined investigations of the industry by marginalizing or reassigning lawyers and investigators who had been assigned to this matter during the Obama years. Major investigations had been abandoned, including of the DeVry Education Group (now known as Adtalem Global Education), Bridgepoint Education and Career Education Corporation.

The House would further weaken fraud protection in a bill to overhaul the Higher Education Act. That effort would do away with rules that deny federal aid to career education programs that have historically burdened students with loans far beyond their capacity to pay. It would make short-term or untested programs eligible for federal aid for which they do not now qualify.

The bill would also blur the distinction between for-profit and other colleges, allowing for-profit career training programs to escape regulatory scrutiny that is now required under federal statute and regulation. This bill, in other words, is a love letter to the for-profit industry the likes of which the country has never seen.

With the midterm elections fast approaching, Ms. DeVos's enabling of for-profit colleges is putting even some Republicans on edge. This romance with financial predators will be hard to defend for Republicans facing re-election. It should be.

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7.2 - KSAT (ABC-12): [Come help set up Memorial Day flags at Fort Sam Houston National Cemetery, Event set for Friday](#) (22 May, Michelle Ganley, 1.1M uvm; San Antonio, TX)

Do you have plans on Friday? You're invited to come help place Memorial Day flags on the gravesites of about 110,000 fallen heroes.

The Department of Veterans Affairs and the Fort Sam Houston National Cemetery extended the invitation to members of the community on Tuesday.

These small flags will adorn individual gravesites at the cemetery, located at 1520 Harry Wurzbach Road in San Antonio. Cemetery officials will provide the flags, although members of the community who want to bring or donate their own are encouraged to do so.

The gravesite flags are 24 inches in height. They'll be displayed through Memorial Day.

"It is important that the flags are treated with dignity and respect and are properly placed. According to NCA policy, flags must be placed on graves in a uniform manner: one flag per gravesite, placed 1 foot in front and centered on the upright headstone or flat marker," a statement from the cemetery said. "Cemetery staff, Boys and Girls Scouts, and other Ambassadors will be on hand to assist volunteers."

Volunteers are asked to gather at 5 p.m. Friday at the assembly area of the cemetery.

As far as driving to the cemetery and parking are concerned, volunteers should enter through the main gate on Harry Wurzbach Road. Staff members will direct traffic to the assembly area and parking. Here's a map, attached, that shows how vehicles will enter and exit the premises.

Flags will then be picked up starting at 8 a.m. Tuesday.

If there's bad weather, cemetery officials will set another day for pickup.

It's become an annual event for community members to show appreciation for the men and women who served our nation by placing American flags at the headstones of fallen service members. The 336-acre cemetery was established in 1937.

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7.3 - La Crosse Tribune (Tomah Journal): [Landlords honored during VA2K Walk Run](#) (22 May, Steve Rundio, 822k uvm; La Crosse, WI)

Seventy-seven military veterans, employees and community members were greeted by sunshine as they walked the 8th Annual VA2K Walk Run.

The event, which followed a 1.2-mile course around the facility, benefited homeless veterans while promoting health and wellness.

"The VA2K is a great way to work with our community partners. It's always a pleasure to have the community visitors come into our campus. We feel that our campus here is actually an environment of healing and wellness," said Karen Long, Tomah VAMC associate director of patient care services.

Courtney Volpe and her friends participated while pushing baby strollers along the route.

"My friend used to work at the VA and my husband is a veteran. It was a lot of fun and a great cause to come out and support," said the Tomah resident whose husband was recently stationed at Fort McCoy.

The event also generated donations of 12 crock pots, a dozen coffee pots, and several personal/household items.

Prior to the walk, the Tomah VA homeless program presented the 2018 HUD-VASH Landlord of the Year to Mark and Cindy Strobel.

"We do this for our landlord that really goes above and beyond to help our veterans," said Ken Anderson, peer support specialist. "Not only is he a landlord, he is a caring landlord. He goes in and checks on them and makes sure they are doing well."

The Strobels have seven veterans living in their properties.

"We work closely with the VA and the HUD-VASH program to just do our part in helping to reduce the homelessness in the veteran population," Mark Strobel said.

This is his third year working with the VA and HUD-VAHS, and a third of his tenants are veterans.

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7.4 - Tallahassee Democrat: [Tallahassee National Cemetery hosting Memorial Day observance](#) (22 May, Jeff Burlew, 437k uvm; Tallahassee, FL)

Hundreds of people are expected to pay tribute to lost loved ones who served in the military during a Memorial Day observance set for Monday, May 27 at Tallahassee National Cemetery.

More than 800 veterans from the Tallahassee area and their family members are buried at the cemetery, which opened in 2015 as part of the biggest expansion of national cemeteries since the Civil War, said Raymond Miller, director of the cemetery.

"It gives everyone in the United States this one day to go out there to honor those who have died for their country, who succumbed from the wounds from battle of have since passed away after serving," Miller said.

Retired Air Force Maj. Gen. Michael Snodgrass of Tallahassee will be the keynote speaker. Rev. Kenneth Hamilton of Tallahassee Heights United Methodist Church will give the benediction. The Big Bend Honor Guard will give a rifle salute and play taps.

The ceremony will include a laying of the wreaths and a placing of the flags, in which people are invited to put an American flag at the grave site of their loved ones.

"They get their moment alone at the grave site," Miller said. "But at the same time, the people who are all around them are family or friends. And then once that's complete, the volunteers will come in and place flags on any grave sites where there wasn't any family there that day."

The observance, which coincides with the 150th anniversary of Memorial Day, is set for 3 p.m. at the cemetery, located at 5015 Apalachee Parkway.

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7.5 - Bloomberg Government: [Student Debt Surprise: How Veterans Get Loans Without Knowing It](#) (22 May, Emily Wilkins, 197k uvm; Washington, DC)

Jonathan Ngowaki was halfway through getting his undergraduate degree at DeVry University when he got a letter saying he was \$15,000 in debt. The letter confused him not only because he'd told the school he didn't want any loans, but also because his post-9/11 veteran status meant his education should have been fully paid for by federal grants.

"I was like, 'Wait a minute, I never signed any loans,'" said Ngowaki, who finished his degree and now works as an engineer with a medical systems company. He went to the financial aid office—the same office that assured him his college expenses were all paid up even as \$5,000 checks began arriving in the mail. Ngowaki said he was told the school had made the loans, something he inadvertently authorized by signing a master promissory note when he first enrolled at DeVry.

For many of the nearly 43 million borrowers with federal loans, signing a promissory note is a noncontroversial part of the college enrollment process in which they promise to repay their loans. Students also check a box when filling out their student aid form indicating whether they want federal loans.

The school then certifies the student is eligible and requests a loan from the Education Department, which sends the loan to the school. The college puts it toward the student's tuition or refunds it to the student for education-related expenses.

But the note's complexity, paired with the ease of signing it and poor practices at some schools, has resulted in dozens — if not hundreds — of students like Ngowaki being shocked to discover they had inadvertently taken on debt. While hard numbers are difficult to find, groups advocating for student veterans say the problem is one of the most common ones they see.

"I didn't even know what that was," Ngowaki said of the master promissory note. Bloomberg Government viewed a copy of his note, which had been digitally signed by him in 2010 prior to enrolling. Ngowaki recalled needing references for part of his student financial aid forms, but wasn't aware what they were for.

DeVry, through a spokeswoman, said Ngowaki received the required disclosure steps regarding his loans.

Complaints from student veterans collected by Veterans Education Success and analyzed by Yale Law School found financial issues and student loans were the top problems for veterans at several major for-profit schools. That included numerous complaints from students who were told their education would be fully covered through grants, only to discover the school had taken out loans in their name.

Not Limited

The problem isn't limited to for-profit schools. A 2014 Brookings Institution survey of freshman students at four-year public, private and for-profit schools found that of those with federal loans, 28 percent didn't even know they had federal debt and 14 percent thought they had no loans at all.

The issue has attracted the attention of lawmakers who want to help students know what they are signing up for when it comes to loans and the subsequent debt. Several proposals, including one in the House Republicans' bill (H.R. 4508) to update the Higher Education Act, would focus on making the master promissory note, and related documents, more transparent.

"There's a lot of talk about reducing student loan debt," said Ashlynn Haycock, deputy director of policy and legislation with the Tragedy Assistance Program for Survivors. "A large part of that could be resolved by reducing people taking out unnecessary loans."

Twenty-Two Pages

Initially, students had to sign a promissory note each time a loan was disbursed. Master promissory notes, which are valid for up to 10 years, were introduced in 1999 to cut down on paperwork for students.

"They were trying to make the financial process easier," said Betsy Mayotte, president and founder of the Institute of Student Loan Advisors, a nonprofit offering students advice on their loans. "Now we have a situation where borrowers have no idea how much they took out in loans because they don't pay as much attention to it."

There are safeguards in place to ensure students understand their loans, but their effectiveness has been questioned by advocates and lawmakers.

The master promissory note is a 16-page legal document filled with legal and financial terms that are likely beyond the understanding of most recent high school graduates. It is also accompanied by a six-page, plain-language document spelling out what is in the note. But lawmakers have questioned whether that second document is read and understood by students.

Rep. Luke Messer (R-Ind.) sponsored an amendment to the House higher education reauthorization bill to create a new plain language form using consumer testing and input from borrowers. It would also include more information for each student on the cost of the loan.

Messer initially introduced the measure as a bipartisan bill (H.R. 4119) with Rep. Emanuel Cleaver II (D-Mo.) before adding it to the larger higher education bill in committee.

Reaching Students

The bill would also ensure that students would have to give their permission each time a loan is taken out in their name.

Colleges and universities are currently required to notify students each time a loan is being taken out. However, students don't necessarily need to approve the loan after receiving the notification. Instead, colleges can use an opt-out process where students only take action if they want to stop the loan.

Ngowaki said he never heard from DeVry University about the three loans taken out in his name. He only knew of their existence when he was contacted by the servicer of the loans.

DeVry has a process in place to provide students information, loan counseling and the rights to opt out of loans, all steps Ngowaki was told of, said Donna Shauls, a spokeswoman for the school.

Another Email?

While student advocates accuse some schools of never sending notifications, even schools that do can have things fall through the cracks, said Jill Desjean, a policy analyst with the National Association of Student Financial Aid Administrators.

“Students kind of notoriously don’t open their email, or maybe if they’re getting a lot from the institution they might just kind of skim or delete things,” she told Bloomberg Government. “I can see where a student might legitimately say at the end of their time, ‘I didn’t know I was borrowing a loan,’ but I wouldn’t say it was from a lack of trying to tell them they borrowed a loan.”

Students tend to get a lot of email from their schools, making it difficult to determine what they need to open and respond to, said Walter Ochinko, research director with the nonprofit Veterans Education Success.

“I’m sure they send these notices,” he said. “But what I’ve always heard from students is, ‘Do you know how many emails I get from the school?’ ”

To combat overwhelmed inboxes, the House higher education bill would require students to sign a promissory note before each loan is taken out.

While the measure could help more students be aware of their loans, it could also prevent students from paying their tuition on time, said Mayotte. And eliminating paperwork barriers was the point of the 10-year master promissory note in the first place.

“This falls very neatly under the expression the road to Hell is paved with good intentions,” Mayotte said.

Avoiding Delays

It is unclear whether the House will vote on its higher education bill this year. Even if it does, it is increasingly unlikely that the Senate will act on it or produce its own.

Yet student veterans groups are continuing to push lawmakers for more clarity in the promissory notes, such as adding the word “loan” to the title of the master promissory note and allowing veterans covered by the GI Bill to sign up for federal grants without also signing up for loans.

Veterans groups have taken a particular interest in demystifying the master promissory notes. Most veterans have their tuition covered by federal grants, yet schools will take out loans in the veteran’s name to cover tuition costs while waiting for the Veteran Affairs Department to process payments for the students, Ochinko said. He estimated that getting a student loan can take two to three days, while getting a payment from the Veterans Affairs Department can take several weeks.

Haycock said she understands that the higher education law is unlikely to be updated this year. But she’s hoping changes to the master promissory note might be able to move as a standalone bill.

“The cost is minimal,” she said. “And the impact is huge.”

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7.6 - News Tribune: [Our Opinion: New national cemetery needed](#) (22 May, Editorial Board, 64k uvm; Jefferson City, MO)

When it comes to seeking a new national cemetery site in Jefferson City, we encourage our leaders not to take "no" for an answer.

We recently reported federal officials rebuffed our city's first attempt to get federal backing for a new site.

Our existing site sits on about 2 acres at 1024 E. McCarty St., and contains the remains of 1,792 people from our area who served their country. It's been closed to new burials since 1969.

A local committee studying the issue clearly saw a need for a new national cemetery, and send a letter to Randy Reeves, under secretary for Memorial Affairs within the Department of Veterans Affairs, asking that the feds begin the process of identifying a new local site.

Meanwhile, our local legislative delegation and mayor asked for assistance in the matter from Missouri's U.S. Sens. Roy Blunt and Claire McCaskill and U.S. Reps. Vicky Hartzler and Blaine Luetkemeyer.

Reeves' response says the policy of the National Cemetery Administration is to establish new national cemeteries only in places where 80,000 veterans live within a 75-mile radius of the proposed location. He said an analysis of the Jefferson City area shows it lies within the 75-mile service area of a Missouri State Veterans cemeteries at Jacksonville and at Ft. Leonard Wood.

Furthermore, those living outside Jefferson City are within reasonable reach of the state cemetery in Higginsville (to the west) and the Jefferson Barracks (to the east).

We believe that's too far away to go for the people who want to visit the graves of those who have served our country, and in some cases fought and died for our freedom.

Issues like this are like legislation. Those who follow the Missouri Legislature know that, in any given year, around 10 percent of the proposed bills might make it into law. Even legislation that clearly benefits Missourians might take years to pass.

It's often the tenacity of its supporters that determines whether it fails or succeeds in the long run.

With that in mind, we encourage our local, state and federal leaders — both elected and unelected — to keep up the good fight.

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7.7 - Kokomo Perspective: [VA clinic disappoints local vets - 'The whole program has been designed to fail.'](#) (22 May, Devin Zimmerman, 49k uvm; Kokomo, IN)

In February veterans championed the opening of a VA clinic in Kokomo, and now it's not living up to their expectations.

During last week's meeting of the Howard County Military Foundation, veterans aired a number of grievances about the VA clinic that opened in February at the shared Kokomo and Howard County WeCare TLC Clinic. The clinic, staffed with a nurse practitioner by the VA, is designed to handle acute treatment, but veterans claim the scope of treatment offered at the clinic is far too narrow. Howard County Veteran Service Officer Ross Waltemath claims that about half of the veterans trying to get appointments is still being sent out of town for treatment that should be within a nurse practitioner's capabilities, and he's joined by others in fretting that the program is "designed to fail" once the pilot program is up.

The complaints came quickly during the Military Foundation meeting, forming into a common thread. Calling into the 800 number at Marion to get appointments at the local clinic, according to the veterans, often turns into a fight to get an appointment locally. For example, veterans still are being sent out of town to get lab work done, which may be expected, but after lab work is completed veterans aren't even allowed to get their results here in Kokomo from the VA nurse practitioner, according to Waltemath. It represents a letdown since the idea of the local clinic was to help veterans avoid some out-of-town doctor visits.

"We have a certified nurse practitioner there that is not being allowed to do in her clinic what she could do in Peru," said Waltemath. "Here's a good example. She can't even read your lab work here. They won't let her do that. So, I've got guys that have to go all the way to Marion to have their blood draw, and instead of being able to come to the clinic here and get the results of the blood draw, they're making them go all the way back to Marion."

John Meeks, the commander for VFW Post 1152, echoed Waltemath's sentiment.

"They won't give us the number to the [local] facility," said Meeks. "You have to call Marion to schedule an appointment. Then when you get ahold of Marion you say, 'Hey, I want to go to the Kokomo clinic. 'Oh you can't do that.' That's their answer. 'You have to come over here to Marion first.' It's all a crock."

Even Waltemath, who as part of his job directs veterans to treatment options and helps them procure federal aid, has run into difficulty getting local appointments for himself.

Waltemath estimated that for every veteran who has successfully visited the acute treatment facility, there's another who has come into his local office to complain about not being able to get an appointment. It's gotten to the point where Waltemath is telling veterans to not bother calling Marion to set up an appointment. Rather, he's telling individuals to simply walk into the clinic and have the nurse set them up with an immediate appointment, bypassing the hassle.

But there's a larger concern afoot within the veteran community. Waltemath and Meeks worry the acute treatment pilot program won't survive if the VA continues to make it difficult for veterans to use the facility. With veterans being unable to utilize the clinic, participation rates are lower than they could be, and there's concern low turnout will be used to justify not continuing the program past the pilot phase in the county with the highest per-capita veteran population in the state.

“I have had a person from inside their organization say that they are really not supporting it,” said Waltemath. “Now, and this is my opinion now, it appears ... they have limited the clinic with so little that they can do that. They can turn right around and say, ‘We’re not getting the people coming to the clinic. You’re not getting the numbers we thought we would have; thus, we’re not going to keep it open.’”

Even recently, one local veteran attending the last week’s Military Foundation meeting said the clinic, which is open two days a week, was closed during business hours. The reason, according to the veteran, was that the nurse practitioner was on vacation. Instead of calling in a replacement, the VA closed the clinic for a week.

Tom Blackburn, the public affairs officer for VA Northern Indiana Health Care System, defined acute treatment as being for minor illnesses and non-emergency care for ailments such as strep throat, minor wounds, abrasions, sprains, or skin conditions like poison ivy.

He said the VA’s goal is “that all veterans are seen by their primary care provider.” Blackburn noted the “intent of the acute clinic team is that when the primary care provider is out of appointment and therefore access is limited, the veteran can possibly be seen by the acute clinic team as a convenience for the veteran for minor health concerns.” However, he did say that since this is a new program, the VA will continue to refine its processes and educate patients, staff, and call centers regarding triaging.

Furthermore, Blackburn said the acute treatment center was not meant to be a permanent clinic.

“As veteran access is important to us, we established the team to help veterans in the areas with access to acute healthcare needs, but the goal has always been a new and larger Community Based Outpatient Clinic (CBOC) serving the region,” said Blackburn. “That location is not known yet, as the contracting process is still underway. This clinic will expand the services of the current Peru CBOC. The goal is to open the new CBOC in the summer of 2019.”

A determination on whether the clinic will continue past its pilot phase will be made once the new CBOC opens sometime in 2019, according to the public affairs officers.

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8. [Other](#)

8.1 - WFED (AM-1500): [Wilkie’s nomination for VA secretary leaves giant hole in DoD’s personnel operation](#) (22 May, Jared Serbu, 854k uvm; Washington, DC)

Senators and veterans groups have started signaling that they are receptive to President Donald Trump’s unexpected decision to nominate Robert Wilkie as the next secretary of the Veterans Affairs Department.

It is conceivable that Wilkie — whom the president appointed to lead VA on an interim basis after firing David Shulkin — will be confirmed as its permanent secretary in a matter of weeks.

If and when that happens, it will leave a gaping hole in the leadership of the Defense Department’s personnel shop, the organization which the Senate confirmed Wilkie to lead in

March. The office of the undersecretary for personnel and readiness has five Senate-confirmable positions and up until now, Wilkie's seat was the only one the Trump administration had managed to fill.

The Obama administration also had a great deal of trouble hiring and keeping political appointees in the P&R office: 11 different people served in the undersecretary job in either a permanent or acting capacity from 2009 through the end of last year.

Confirmation process not worth it?

The difficulty in staffing the office is wildly out of proportion with the Pentagon's expenditures and stated priorities. About half of the department's budget goes to personnel, and Defense Secretary James Mattis has prioritized the restoration of readiness as part of the administration's first national defense strategy.

The easy explanation for that mismatch is that very few people are willing to endure a Senate confirmation process in order to take a job that has not proven itself to be especially influential within the Pentagon in recent years, said Mackenzie Eaglen, a national security fellow at the American Enterprise Institute.

"The secretariat is too far gone to be saved at this point, absent a bold and dramatic leader empowered by the secretary of Defense, and backed with political ammunition to break glass inside the bureaucracy," she said.

Candidates for those leadership positions, she argued, are much more likely to be drawn toward senior jobs that the Pentagon has clearly demonstrated that it cares about and whose views will inform decision making, such as the undersecretary for policy or the two separate undersecretariats that now make up DoD's acquisition bureaucracy.

In an op-ed last fall, Eaglen and Todd Harrison, another of Washington's most respected defense scholars, argued that it is time to eliminate P&R altogether.

They argued that the office has tended to serve as a bureaucratic bulwark against the sorts of personnel policy reforms the Pentagon needs in order to recruit and retain a 21st century workforce, mostly finding reasons to say 'no' to proposals from the military services.

The one recent exception was Brad Carson, the Obama administration undersecretary who spearheaded then-Defense secretary Ash Carter's "Force of the Future" initiative, but was ultimately forced to resign. This was mostly because DoD had failed to adequately consult with Congress before launching the project.

"Congress' sharp reaction to Carson's smart push for meaningful reforms is somewhat understandable given P&R's history of banality," Eaglen and Harrison wrote. "Lawmakers weren't used to the office serving as a fount of fresh ideas. With the exception of Force of the Future, most of the major personnel policy changes in recent memory have come from outside the Pentagon, mainly from Congress and independent commissions."

It is hard to say whether the Trump administration's failure to fill the P&R office with appointees that might carry out its personnel policies spring from a general lack of attention to the personnel shop, or difficulties in recruiting qualified candidates who might be willing to go through the confirmation process.

Winslow is a former Air Force combat surgeon whose service included six overseas deployments, and is now a professor of medicine at Stanford University. His nomination to be the assistant secretary of Defense for health affairs appeared to be on an easy glidepath.

But he doomed his chance to be confirmed when, in response to a question about the mass shooting in Sutherland Springs, Texas, last year he opined that civilians should be restricted from purchasing semiautomatic rifles.

“I’m very disappointed that I won’t be able to serve,” Winslow told Stanford’s newspaper, The Daily. “The fact is, I stand by what I said at the hearing.”

Since then, the Trump administration has nominated just one other official to serve in DoD’s personnel shop: James Stewart, who would serve as the department’s assistant secretary for manpower and reserve affairs.

In his own confirmation hearing on May 10, Stewart, a retired Air Force major general, appeared alongside several other nominees and did not commit any gaffes. If he is confirmed by the full Senate before Wilkie officially departs for VA, he will be the sole senate-confirmed official within DoD’s personnel and readiness office.

In the meantime, P&R still has all of the legal responsibilities Congress assigned it: to be the Defense secretary’s principal advisor for personnel matters. For the time being, it’s being led by highly-capable career civil servants with no particular political bent.

The obvious downside is that those officials, almost by definition, aren’t empowered to devise or implement anything particularly innovative: their main function is to faithfully maintain the personnel policies that are currently on the books.

I asked Eaglen: Isn’t this a nightmare scenario if you believe P&R ought to be disposed of altogether? After all, the bureaucracy is still intact, but the whole thing is being run by, well, actual bureaucrats instead of politically-appointed officials who are supposed to be responsive to the current administration’s priorities.

“This is a terrible state of affairs,” she said. “I should caveat it by saying, however, that the bureaucracy of P&R knows how to keep the trains running on time all too well actually without a person at the top. And that is part of the problem. In recent times, the office is regularly without a political appointee. It has had too many ‘acting’ officials leading it, which has its own deleterious effects that span changes in administrations.”

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8.2 - Panama City News Herald: [Dunn appointed VA Health Subcommittee chair](#) (22 May, 189k uvm; Panama City, FL)

Dr. Neal Dunn, R-Panama City, was appointed by House Veterans’ Affairs Committee Chairman Phil Roe to lead the Subcommittee on Health, according to a news release from his office.

In that role, Dunn will oversee the Veterans Health Administration, which includes medical services, research, facilities and compliance. The House Committee on Veterans’ Affairs has

oversight over the Department of Veterans Affairs. In recent years, the committee has tried to streamline the VA, according to the release.

“I am honored to continue to serve America’s heroes in this leadership role on the Health Subcommittee. As a doctor and Army veteran, I have seen firsthand the red tape our veterans face on a daily basis,” Dunn said in a statement. “From problems getting treatment at local facilities to traveling hundreds or even thousands of miles to qualify and receive organ transplants, our service members return from war only to find they have to fight government bureaucracy.

“These men and women gave their all for love of country. We must now give our all to ensure they are receiving the care they have earned,” he continued.

Dunn spent 11 years serving as a surgeon in the U.S. Army and has advocated for improving veterans health services since coming to Congress.

“I’m grateful Rep. Dunn has agreed to serve as chairman of our Health Subcommittee. This subcommittee will be even more important as the VA MISSION Act is implemented, and Neal has proven time and time again his commitment to ensuring veterans have timely access to quality care,” House Veterans Affairs Committee Chairman, Dr. Phil Roe, R-Tennessee, said in a release.

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8.3 - Sunshine State News: [Neal Dunn Takes Over VA Health Subcommittee](#) (23 May, Kevin Derby, 64k uvm; Tallahassee, FL)

Freshman U.S. Rep. Neal Dunn, R-Fla., will take over as chairman of the U.S. Veterans’ Affairs Committee’s Subcommittee on Health.

U.S Rep. Phil Roe, R-Tenn., the chairman of the committee, announced that Dunn would take over the subcommittee as part of a reshuffling of members which also included U.S. Rep. Brian Mast, R-Fla., joining and U.S. Rep. John Rutherford, R-Fla., leaving to take a spot on the U.S. House Appropriations Committee.

“I’m grateful Rep. Dunn has agreed to serve as chairman of our Health Subcommittee,” Roe said on Tuesday before noting that the North Florida Republican was going to have an important task including overseeing the Veterans Health Administration. “This subcommittee will be even more important as the VA MISSION Act is implemented, and Neal has proven time and time again his commitment to ensuring veterans have timely access to quality care.”

Dunn noted that he served more than a decade in the Army as a surgeon before being in private practice

“I am honored to continue to serve America’s heroes in this leadership role on the Health Subcommittee,” Dunn said. “As a doctor and Army veteran, I have seen firsthand the red tape our veterans face on a daily basis. From problems getting treatment at local facilities to traveling hundreds or even thousands of miles to qualify and receive organ transplants – our servicemembers return from war only to find they have to fight government bureaucracy. These

men and women gave their all for love of country. We must now give our all to ensure they are receiving the care they have earned.

“Thank you Chairman Roe for entrusting me with this leadership role and for your resolute commitment to our veterans,” Dunn added.

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Veterans Affairs Media Summary and News Clips

24 May 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Congress OKs Trump bid to widen private care at besieged VA](#) (23 May, Hope Yen, 24.2M uvm; New York, NY)

Congress delivered a victory to President Donald Trump by expanding private care for veterans as an alternative to the troubled Veterans Affairs health system. The Senate cleared the bill on a 92-5 vote Wednesday, also averting a disastrous shutdown of its Choice private-sector program. The program is slated to run out of money as early as next week, causing disruptions in care.

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1.2 - Washington Post: [Congress sends massive veterans bill to Trump, opening door to more private health care](#) (23 May, Lisa Rein, 43.9M uvm; Washington, DC)

The Senate on Wednesday gave overwhelming approval to a massive bill that expands access for veterans to private doctors at taxpayer expense, sending President Trump a victory that helps cement one of his biggest campaign promises. The VA Mission Act, which cleared the Senate by a vote of 92 to 5 and the House by a wide margin last week, was expected to reach the president's desk as soon as Memorial Day.

[Hyperlink to Above](#)

1.3 - New York Times: [Senate Sends Major Overhaul of Veterans Health Care to Trump](#) (23 May, Nicholas Fandos, 30M; uvm; New York, NY)

The Senate gave final passage on Wednesday to a multibillion-dollar revamp of the veterans health care system, consolidating seven Veterans Affairs Department health programs into one and making it far easier for veterans to take their benefits to private doctors for care. The legislation, which passed 92 to 5, also expands popular stipends to family caregivers of veterans who served during the Vietnam War era or after.

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1.4 - CNN (Video): [Senate passes proposal to expand private health care for veterans](#) (23 May, Juana Summers and Elizabeth Landers, 29.8M uvm; Atlanta, GA)

The Senate voted Wednesday to give veterans more freedom to see doctors outside of the VA's health care system, fulfilling a promise of President Donald Trump, who has said that veterans should be able to access private care whenever they're dissatisfied with the VA's options. The measure passed the Senate by a 92-5 vote and now heads to the President's desk.

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1.5 - NPR (Audio): [Senate Passes \\$55 Billion Veterans Affairs Reform Bill](#) (23 May, Quil Lawrence, 22M uvm; Washington, DC)

A major Veterans Affairs reform has passed the Senate by 92-5 and is on its way to the White House. The \$55 billion bill will change how the VA pays for private care, expand a VA caregiver program and start a review of the VA's aging infrastructure. President Trump has said he will sign it — and it's sure to be touted among his biggest legislative achievements.

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1.6 - Military.com: [Wilkie's Nomination as VA Secretary May Face Legal Hurdles](#) (23 May, Richard Sisk, 9M uvm; San Francisco, CA)

The head of the Senate Veterans Affairs Committee said Tuesday he is looking for workarounds to get past a potential roadblock to Robert Wilkie's nomination to head the Department of Veterans Affairs. Wilkie currently is acting VA secretary, and Sen. Johnny Isakson, R-Georgia, the committee's chairman, noted there is a section of the U.S. Code stating an individual cannot serve as an acting secretary and at the same time be nominated to head a government agency.

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1.7 - Kansas City Star (McClatchy): [Democrats join Koch group to revamp veterans programs](#) (23 May, Lindsay Wise, 4.8M uvm; Kansas City, MO)

The Koch-funded Concerned Veterans for America celebrated a big victory with the passage of the VA MISSION Act, a sweeping bill that overhauls how the Department of Veterans Affairs gives patients access to private-sector doctors. It's a big win for the once-obscure advocacy group backed by conservative billionaires Charles and David Koch of Wichita. The group helped write the bill, which sailed through the Senate by a 92-5 vote after also passing the House overwhelmingly.

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1.8 - Military Times: [Lawmakers eye more dramatic management changes at VA](#) (23 May, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers on Tuesday hinted at continued dramatic shake-ups at Veterans Affairs in months to come, this time taking aim at the department's health management structure for a complete overhaul. Republicans and Democrats on the House Veterans' Affairs Committee said they see the potential for massive changes within VA's existing system of Veterans Integrated Service Networks...

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1.9 - WFED (AM-1500): ['Breakdown of systems and leadership' pushes lawmakers to examine veterans health networks](#) (23 May, David Thornton, 854k uvm; Washington, DC)

Lawmakers want to re-examine the structure of the Veterans Health Administration after a report the Veterans Affairs Department Inspector General referred to it as "serious" and "disturbing." In 1995, the VHA was divided into 22 regional Veteran Integrated Service Networks (VISNs), later reduced to 18, each of which oversee six to eight medical centers. The idea was to decentralize budgetary planning and decision making in order to promote accountability and improve oversight.

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1.10 - KDVR (FOX-31, Video): [Honor Bell rung for 1,000th time at Fort Logan National Cemetery](#) (23 May, Dan Daru, 662k uvm; Denver, CO)

A time-honored tradition took place at Fort Logan National Cemetery on Wednesday as the family of a World War II veteran said goodbye. To honor and remember Army veteran and Bronze Star recipient Elio Joseph Tasin, there was an additional element to the ceremony: the ringing of the Honor Bell. "The honor Bell is a 1,000-lb. bronze instrument that we toll at the funerals of veterans when they pass," said Louis Olivera, the Honor Bell Foundation's executive director.

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2. Greater Choice for Veterans

2.1 - USA Today: Senate passes major VA overhaul; Trump expected to sign into law within days (23 May, Donovan Slack, 36.8M uvm; McLean, VA)

The Senate on Wednesday overwhelmingly approved legislation paving the way for a major overhaul of the Department of Veterans Affairs and the way veterans access health care in the private sector at government expense. The measure's passage by vote of 92-5 represents a significant bipartisan legislative victory for President Trump, who is expected to sign the bill into law within days.

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2.2 - FOX News (Video): Senate approves bill to overhaul Veterans Choice Program (23 May, 32.5M uvm; New York, NY)

Program allows veterans to visit private hospitals when faced with a medical emergency in addition to previously offered veterans hospitals.

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2.3 - CNN (Video): VA health care bill named after John McCain (23 May, Juana Summers, 29.8M uvm; Atlanta, GA)

A major piece of veterans legislation that is headed to President Donald Trump's desk bears the name of Arizona's Republican Sen. John McCain, who has been absent from the Capitol since December as he battles brain cancer. The full title of the bill, which passed the Senate on a 92-5 vote Wednesday, is the "John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018."

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2.4 - ABC News (AP): The Latest: Senate approves bill to widen private care at VA (23 May, 24.2M uvm; New York, NY)

The Senate has passed a sweeping bill aimed at fulfilling President Donald Trump's pledge to expand private care to veterans as an alternative to the troubled Veterans Affairs health system. The 92-5 vote on Wednesday would also prevent a disastrous shutdown of the Choice private-sector program. The program is slated to run out of money as early as next week, causing disruptions in care.

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2.5 - The Hill: Senate sends major VA reform bill to Trump's desk (23 May, Jordain Carney, 11.9M uvm; Washington, DC)

The Senate easily cleared legislation on Wednesday overhauling medical care options for veterans, sending the bill to President Trump's desk. Senators voted 92-5 on the proposal, called the VA Mission Act, with only a simple majority needed to pass the bill. Sens. Bernie Sanders (I-Vt.), Brian Schatz (D-Hawaii), Jeff Merkley (D-Ore.), Mike Rounds (R-S.D.) and Bob Corker (R-Tenn.) voted against the legislation.

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2.6 - Military.com: [Senate Approves Massive Overhaul of VA Health Care](#) (23 May, Richard Sisk, 9M uvm; San Francisco, CA)

The Senate voted 92-5 Wednesday to approve landmark legislation to transform how the Department of Veterans Affairs delivers health care, but not before concerns were raised that funds have yet to be found to pay the estimated \$55 billion price tag. "It's not paid for," Sen. Mike Enzi, R-Wyoming, said in the brief floor debate on the VA Mission Act to expand private health care options for veterans.

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2.7 - Washington Examiner (Video): [Trump-backed VA bill sails through Senate, with signature ahead](#) (23 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The Senate overwhelmingly approved legislation to send to President Trump on Wednesday that would allow more veterans to see doctors outside the Veterans Affairs system. The president has openly backed the bill, the VA Mission Act, and is expected to sign it into law. It passed the Senate 92-5, marking a bipartisan legislative victory for the president.

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2.8 - Military Times: [Massive veterans policy bill heads to Trump's desk, but results will take time](#) (23 May, Leo Shane III, 2.1M uvm; Springfield, VA)

A sweeping \$52 billion veterans legislative package finalized by the Senate Wednesday will have wide-ranging effects on service members of every generation and their family members, but most of the impact won't be seen until years from now. That's because most provisions of the measure — which include overhauling the Department of Veterans Affairs community care programs and expanding caregiver benefits to older veterans — will take months or years to put in place.

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2.9 - Columbus Dispatch: [Many vets soon can get health care from the private sector](#) (23 May, Jessica Wehrman and JoAnne Viviano, 2.1M uvm; Columbus, OH)

The U.S. Senate overwhelmingly passed a VA Health bill on Wednesday that would expand the private health care options for veterans, extending and streamlining the current VA Choice program and providing it with \$5.2 billion. Both Ohio Sens. Sherrod Brown and Rob Portman voted for the bill, which embraces increased flexibility...

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2.10 - Stars and Stripes: [Congress approves sweeping VA reforms to increase private care, expand caregiver benefits](#) (23 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Senate easily approved extensive reforms to the Department of Veterans Affairs on Wednesday, extending benefits to more veteran caregivers, averting a funding crisis and increasing veterans' access to private-sector health care. After contentious negotiations that spanned more than a year, senators voted 92-5 to pass the VA Mission Act — a \$52 billion deal struck between Republicans and Democrats to boost funding for VA programs, as well as the agency's use of private doctors.

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2.11 - Dayton Daily News: [U.S. Senate votes to expand health care options for veterans](#) (23 May, JoAnne Viviano and Jessica Wehrman, 1.1M uvm; Dayton, OH)

The U.S. Senate overwhelmingly passed a VA Health bill Wednesday that would expand the private health care options for veterans, extending and streamlining the current VA Choice program and providing \$5.2 billion for that program. The U.S. Senate overwhelmingly passed a VA Health bill Wednesday that would expand the private health care options for veterans, extending and streamlining the current VA Choice program and providing \$5.2 billion for that program.

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3. [Modernize Our System](#)

3.1 - Ashbury Park Press (Video): [Toms River makes pitch for new veterans clinic](#) (23 May, Jean Mickle, 1.5M uvm; Neptune, NJ)

Could land located near Seacourt Pavilion become the site of a new outpatient clinic for veterans? Township officials have made a pitch for a new, expanded medical center for veterans to be located on land off Hooper Avenue, near Caudina Avenue. Councilman Maurice B. "Mo" Hill Jr., a retired U.S. Navy Rear Admiral, said the township believes the property would be the "perfect site" for an 60,000- to 80,000-square-foot outpatient clinic for veterans.

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3.2 - News-Review: [Telehealth van visits Roseburg VA](#) (23 May, 160k uvm; Roseburg, OR)
A Telehealth Education Delivery Van visited the Roseburg Veterans Affairs Medical Center on Tuesday to show staff and veterans advances in technology that make it easier for health care providers to offer long distance care. Some veterans in rural areas can have follow-up appointments from home or from their closest VA clinic instead of taking long drives to the Roseburg hospital.

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3.3 - KOMU (NBC-8, Video): [Jefferson City moves forward with new VA clinic](#) (22 May, Micaela Dea, 158k uvm; Columbia, MO)

Jefferson City Council approved construction plans for a new VA facility Monday night. The current clinic is located at 2707 W. Edgewood and the new clinic will be down the street at 3439 W. Edgewood, which is a 3.35 acre plot of land. City planner Ian Zollinger said, "I think veterans having access to expanded care is a great thing for the community and it's always a positive thing for us to have as a city."

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3.4 - EHR Intelligence: [House Passes Bill on VA Cerner EHR Implementation Oversight - The bill would require Congress to receive quarterly updates on the VA Cerner EHR implementation, including details on project timelines and costs.](#) (23 May, Elizabeth Snell, 50k uvm; Danvers, MA)

Congress will potentially have greater oversight of the VA Cerner EHR implementation, as the Veterans' Electronic Health Record Modernization Oversight Act of 2017 (HR 4245) continues to move through the legislative process. The House passed HR 4245 earlier this week with a

voice vote, and was moved on to the Senate and referred to the Committee on Veterans' Affairs.

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3.5 - WSEE (CBS-35): [New Community Living Center Takes Shape at VA Medical Center - The VA Medical Center is in the middle of a multi-year 30 million dollar expansion, and this community living center is just one part of that. Erie News Now spoke with VA Director, John Gennaro who told us this new facility will be a game changer for Erie](#) (23 May, Chris Carroll, 23k uvm; Erie, PA)

The VA Medical Center is in the middle of a multi-year 30 million dollar expansion, and this community living center is just one part of that. Erie News Now spoke with VA Director, John Gennaro who told us this new facility will be a game changer for Erie's campus. The facility will allow 22 residents to each have their own private bedroom, living rooms for family and visitors and even a kitchen for a more home-like feel.

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3.6 - WOAY (ABC-50, Video): [Beckley VA Opens New Holistic Wellness Center](#) (23 May, Terell Bailey, 400 uvm; Oak Hill, WV)

The Beckley VA Medical Center celebrated their 12th annual Health Fair. The fair featured local vendors providing helpful info so that veterans can live a life of longevity. Not only did the medical center celebrate their Health Fair but the grand opening of their new Whole Health and Wellness Center.

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4. [Focus Resources More Efficiently](#)

4.1 - Dayton Daily News: [Local groups to aid veterans comforting Alzheimer's disease](#) (23 May, Barrie Barber, 1.1M uvm; Dayton, OH)

Veterans with traumatic brain injury and post-traumatic stress disorder face a higher chance of battling Alzheimer's disease, research shows, and a new local partnership aims to help veterans and their families confronting the disease, organizers say. About 5.7 million Americans have the disease and that number could nearly triple within 30 years, according to Eric VanClymen, executive director of the Alzheimer's Association—Miami Valley Chapter.

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4.2 - KFVS (CBS-12): [Sen. Claire McCaskill to visit Missouri Veteran's Home Memorial Day weekend](#) (23 May, Kyle Hinton, 445k uvm; Cape Girardeau, MO)

U.S. Senator Claire McCaskill will visit the Missouri Veteran's Home in Cape Girardeau this Memorial Day weekend. On Friday, May 25, Sen. McCaskill will announce the newest round of results from her Veterans' Customer Satisfaction Program, a confidential secret shopper survey that has given thousands of Missouri veterans an opportunity to give feedback on the quality of customer service they receive at their local VA facility.

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4.3 - FedSmith: [Indefinite Suspension of VA Firefighter for Stalking Is Upheld](#) (23 May, Susan McGuire Smith, 276k uvm; Washington, DC)

According to the appeals court's decision in Lockwood v. Department of Veterans Affairs (CAFC No. 2017-1489, 2/21/18 (nonprecedential)), Lockwood was a firefighter with the Department of Veterans Affairs (VA) at Alexandria, Louisiana. The agency received complaints that he was following female employees at the facility.

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4.4 - WWMT (CBS-3): [Pro golfers to gather in Battle Creek for annual VA PGA Tournament](#) (23 May, 196k uvm; Kalamazoo, MI)

Organized by the Department of Veterans Affairs Medical Center, golfers will be in attendance from local clubs and the Western Michigan chapter of the PGA to offer a golf skills clinic for interested veterans prior to the start of the tournament. Also, veteran patients who volunteer will serve as caddies for the playing golfers.

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4.5 - KHGI (ABC-13): [Holdrege VA celebrates 10 years of service](#) (23 May, Alex Whitney, 76k uvm; Axtell, NE)

Wednesday marked the 10-year anniversary of the opening of the veteran's affairs office in Holdrege. The office decided to celebrate this milestone by offering an open house for veterans in the area to come and see the services available to them. This gives local veterans a chance to meet one on one with several specialty care providers who work with the U.S. Department of Veterans Affairs.

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4.6 - North State Journal: [NC native tapped to head the VA](#) (23 May, 18k uvm; Raleigh, NC)
President Donald Trump nominated Fayetteville native Robert Wilkie recently to be secretary of the U.S. Department of Veteran's Affairs. Wilkie was confirmed unanimously in 2017 to be the undersecretary of defense for personnel and readiness, and previously served as a senior adviser to Sen. Thom Tillis (R-N.C.) on national security and defense issues.

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4.7 - Pinehead Island Eagle: [VFW hosts retirement party for VA's Dr. Stephen Wener](#) (23 May, Ed Franks, 1.4k uvm; Bokeelia, FL)

About 50 people arrived at the VFW for Dr. Stephen Wener's "surprise" retirement party Saturday afternoon. "It wasn't much of a surprise when it's announced in the Pine Island Eagle," Wener said. "But it's very much appreciated." Wener, originally from Canada, graduated from the McGill University Faculty of Medicine in Montreal, Canada, in 1978. He began working at the Veterans Administration 20 years ago and specializes in internal medicine - geriatrics.

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4.8 - KMMS (CMN-1450): [Three VA Facilities To Be Named In Honor Of Montana Veterans](#) (23 May, 2.2k uvd; Bozeman, MT)

Senators Steve Daines and Jon Tester and Congressman Greg Gianforte's legislation to designate three Department of Veterans Affairs facilities passed the House of Representatives and will now head to the President's desk to be signed into law. This legislation recognizes the

commitment to duty and personal courage of three Montanans by naming VA facilities in Missoula and Billings in their honor.

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5. Improve Timeliness of Service

5.1 - Stars and Stripes (Video): Robotics company aims to help veterans with arm disabilities (23 May, Ken-Yon Hardy, 1.5M uvm; Washington, DC)

Wounded military veterans often face decades of physical challenges as a result of their service that affect their quality of life. They can also suffer from new ailments years later that can lead to significant struggles. One segment of this population includes veterans with paralyzed or weakened arms; in fact, Paralyzed Veterans of America estimates there are roughly 100,000 American vets with a spinal cord injury or disease.

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5.2 - WITI (FOX-6, Video): 'It's going to destroy us:' 17-year Navy vet says mental illness led to discharge and massive debt (23 May, Bryan Polcyn, 1.5M uvm; Milwaukee, WI)

A 17-year veteran of the United States Navy got the boot after he discloses a mental illness, but it's what the government's been doing ever since then that had his family calling the FOX6 Investigators for help. It was hard enough for Nate Duszynski to accept his naval career was over, but then the government started taking his severance pay, disability checks and tax refunds, even garnishing his wages -- more than \$106,000 so far and still counting.

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5.3 - WFLA (NBC-8): VA lost or misplaced hundreds of claims for children, grandchildren of contaminated veterans (23 May, Steve Andrews, 692k uvm; Tampa, FL)

The lack of accountability at the Department of Veterans Affairs seems to be reaching a level of absurdity. Thousands of claims filed on behalf of the children and grandchildren of veterans who were exposed to toxins are unaccounted for. The Vietnam Veterans of America (VVA) says the VA can't and won't say what happened to the claims.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military.com (Paycheck Chronicles): New Program Provides Free Pilot Training For Veterans (23 May, Jim Absher, 9M uvm; San Francisco, CA)

Are you a veteran who wants to be a pilot? The Department of Transportation has a new program just for you. The Forces to Flyers program is a three-year research initiative led by the U.S. Department of Transportation (U.S. DOT) and its Volpe National Transportation Systems Center. This program is designed to help ease the critical shortage of commercial pilots.

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7.2 - Military Times: [Commentary: Female troops, veterans deserve comprehensive care for infertility issues](#) (23 May, Colleen Miller, 2.1M uvm; Springfield, VA)

"I tried to get in vitro fertilization and I couldn't afford it. That's the only reason we do not have a child today. Women are strongly urged to forgo a family until later in their career so if I wanted to get contraception I could. When I wanted to get pregnant, I was on my own. There are programs for maternity care but there is nothing to assist you when you need to pursue a family via IVF. I did not even know the options for infertility treatment were available."

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7.3 - KMGH (ABC-7): [Fort Logan National Cemetery honor bell to ring for the 1,000th time](#) (23 May, Eric Luper, 2.1M uvm; Denver, CO)

A milestone will be reached at Fort Logan National Cemetery in Denver on Wednesday. The honor bell will toll for the 1,000th time during a veteran's funeral. "After the flag is presented to the next of kin, we toll the bell seven times with seven seconds in between," said Louis Olivera, who founded the Honor Bell Foundation. "You toll a bell for sorrow, you ring a bell for joy. Tolling is the deliberate slow ringing of a bell to show respect for a veteran."

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7.4 - Argus Leader: [Veterans look ahead as cemetery project takes shape](#) (23 May, Garrett Ammesmaki, 442k uvm; Sioux Falls, SD)

Terry Paulsen arrives in a white pickup truck at the future site of eastern South Dakota's first state veterans cemetery. The sun is high in the afternoon, and the hills and trees northeast of Sioux Falls roll into the distance. Paulsen, a retired Army veteran, has spent the last two years working to support a cemetery project that spanned two decades, defeating many South Dakota Veteran's Council presidents before him.

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7.5 - Inland Daily Bulletin: [Rancho Cucamonga veteran gets help with fire-damaged house from Riverside National Cemetery team](#) (24 May, Sandra Emerson, 271k uvm; Rancho Cucamonga, CA)

Paul Pestal, a U.S. Navy veteran whose Rancho Cucamonga house was badly damaged in a fire, recently got some help from Riverside National Cemetery's Memorial Honor Detail Team 18. In 2014, a clothes dryer caught fire at Pestal's home on Etiwanda Avenue, causing significant damage.

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7.6 - WEYI (NBC-25, Video): [Mid-Michigan program helps more than 80 homeless veterans turn their lives around](#) (23 May, Amanda Chodnicki, 157k uvm; Flint, MI)

More than 80 homeless veterans have turned their lives around in the past two years with the help of a program run by My Brother's Keeper and the Saginaw VA. "I don't think homelessness and veterans should go in the same sentence," Debra Hayes, the executive director of My Brother's Keeper said. 66-year-old Charlie Burns of Flint is one of the veterans currently benefiting from the program.

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7.7 - Burlington County Times: [Willingboro resident oversees graves of the fallen at Beverly National Cemetery](#) (23 May, Gail T. Boatman, 88k uvm; Willingboro, NJ)

A veteran himself, Gregory Whitney brings a special energy to his position as cemetery director for five national cemeteries, including the one in this small community on Bridgeboro Road. "I feel passionate about it. It's not work; it's an honor. It's my way of serving those who served," said the Willingboro resident.

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7.8 - WJCT (PBS-7): [Veterans With No Family Are Remembered](#) (23 May, Bobbie O'Brien, 54k uvm; Jacksonville, FL)

It happens hundreds, if not thousands, of times a year nationwide. A veteran dies, but there's no family nearby. So, the Department of Veterans Affairs steps up to handle the burial. It's called an "Unattended Interment." There is no service, no ceremony, just two VA employees with the remains of a 72-year-old Vietnam veteran in a rectangular metal box on a bright and breezy spring morning.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Congress OKs Trump bid to widen private care at besieged VA](#) (23 May, Hope Yen, 24.2M uvm; New York, NY)

Congress delivered a victory to President Donald Trump by expanding private care for veterans as an alternative to the troubled Veterans Affairs health system.

The Senate cleared the bill on a 92-5 vote Wednesday, also averting a disastrous shutdown of its Choice private-sector program. The program is slated to run out of money as early as next week, causing disruptions in care.

The sweeping measure would allow veterans to see private doctors when they do not receive the treatment they expected, with the approval of a Department of Veterans Affairs health provider. Veterans could access private care when they have endured lengthy wait times or VA medical centers do not offer the services they need.

The bill's approval comes despite concerns from some Democrats that the effort would prove costly and be used too broadly by veterans in search of top-notch care even when the VA is able to provide treatment deemed sufficient for their needs.

The White House said Trump applauded passage of legislation that would transform VA "into a high-performing and integrated health care system for the 21st century and provide veterans with more choice in their health care options, whether from VA doctors or from the community."

The VA secretary will have wide leeway in implementing the legislation, which leaves it up to VA to determine what is "quality" care. Trump said last week he will nominate acting VA secretary Robert Wilkie to permanently lead the government's second largest department serving 9 million veterans. Democrats say they intend to question Wilkie on whether he plans to "privatize" or degrade the VA health system, an issue that former VA Secretary David Shulkin says led to his firing in March.

Sen. Johnny Isakson, the Republican chairman of the Senate Veterans Affairs Committee, lauded the bill as a big step toward providing veterans with "more choice and fewer barriers to care."

Sen. Jon Tester, the top Democrat on the veterans panel, said the plan will also boost VA health care by paying off higher amounts of student loan debt for doctors who agree to work in high-need VA positions, requiring improvement plans in communities with few hospitals and creating a pilot program that would send medical personnel to help fill shortages.

"The best defense against any effort to privatize the VA or send veterans in a wholesale fashion to the private sector is to make sure the VA is living up to its promise," he said.

Trump has made clear he will sign the bill if it reaches his desk before Memorial Day. The House passed it on a 347-70 vote last week.

The Senate supported the bill that would create a presidentially-appointed commission to review the closure of underperforming VA facilities. House Democrats had sought restrictions on the commission but were rebuffed by House Republicans and the White House.

It would also expand a VA caregivers program to cover families of veterans of all eras, not just the families of veterans who were seriously injured in the line of duty since Sept. 11, 2001.

The \$51 billion bill provides for a newly combined "community care" program that includes Choice and other VA programs of outside care. It could face escalating costs due to growing demand from veterans seeking the convenience of seeing private physicians. Some House Democrats warn the VA won't be able to handle a growing price tag, putting the VA at risk of unexpected budget shortfalls next year.

Sen. Bernie Sanders, I-Vt., a former chairman of the Senate Veterans Affairs Committee, criticized the bill as moving the VA "too far in the direction of privatization." He noted that it would not provide any money to fill more than 30,000 positions at the VA that the Trump administration has left vacant.

"My fear is that this bill will open the door to the draining, year after year, of much needed resources from the VA," he said.

The measure builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments.

It aims to steer more patients to the private sector to relieve pressure at VA hospitals, thus improving veterans care at VA facilities and with private providers alike. Patients could also access private walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury if they used VA health care in the last two years.

The legislation would loosen Choice's restrictions that limit outside care only when a veteran must wait 30 days for an appointment or drive more than 40 miles to a VA facility. Currently, more than 30 percent of VA appointments are in the private sector.

A broad array of veterans' groups supported the bill. The American Legion, the nation's largest veterans group, says the plan will "strengthen veterans' health care for future generations while ensuring that veterans' caregivers of all generations get the support they deserve."

The conservative Concerned Veterans for America, a long-time advocate of expanding private care for veterans, called the measure a "very big deal." Still, executive director Dan Caldwell stresses the "top priority for the VA secretary is ensuring it will be implemented properly."

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1.2 - Washington Post: [Congress sends massive veterans bill to Trump, opening door to more private health care](#) (23 May, Lisa Rein, 43.9M uvm; Washington, DC)

The Senate on Wednesday gave overwhelming approval to a massive bill that expands access for veterans to private doctors at taxpayer expense, sending President Trump a victory that helps cement one of his biggest campaign promises.

The VA Mission Act, which cleared the Senate by a vote of 92 to 5 and the House by a wide margin last week, was expected to reach the president's desk as soon as Memorial Day.

The \$55 billion package makes a five-year commitment to addressing shortcomings in the country's largest health system, which still struggles with delays after a 2014 scandal in which VA employees were found to have fudged patient wait lists.

About one-third of veterans in the system now see outside doctors through a program called "Choice," which Congress hastily approved as a temporary remedy in response to the scandal. But the program — designed to serve the overflow at VA facilities both of aging Vietnam-era veterans and younger service members returning from the wars in Iraq and Afghanistan — is fragmented and unwieldy. Doctors have complained of slow or nonexistent payments, and veterans say there's insurmountable red tape.

"The Choice program has been a wreck, okay?" Sen. Jon Tester (Mont.), the Senate Veterans' Affairs Committee's top Democrat, said this week.

The Congressional Budget Office estimates that as a result of the VA Mission Act, an additional 640,000 veterans each year would go outside the system. The bill would require VA for the first time to negotiate a contract for veterans to seek care at private walk-in clinics, a shift now being tested in Arizona as part of a pilot program with the drugstore chain CVS.

Tester and Committee Chairman Johnny Isakson (R-Ga.) negotiated the bill with the White House and veterans groups over the past year, during which Trump fired his VA secretary, nominated a White House physician as a replacement whose nomination fell apart after claims of misconduct surfaced.

Isakson acknowledged this week that the turmoil had slowed progress on the legislation. After Wednesday's Senate vote, he said in a statement that veterans "will benefit from more choice and fewer barriers to care."

Allowing more private care was a key campaign promise made by the president, for whom veterans are an important constituency.

Lawmakers reached a bipartisan compromise that balances a push by the White House, Republicans and conservative veterans groups for unfettered access to private care with the concerns of Democrats and traditional veterans service groups who fear that VA, under Republican rule in Washington, is heading toward a privatized system.

The largest federal employee union, which represents about 200,000 VA civil servants, has been outspoken in its opposition to the bill and this week sent a letter to every Senate office co-signed by 16 labor groups urging a "no" vote.

The American Federation of Government Employees said in a statement that the legislation "kicks the door wide open to VA privatization, no matter what its supporters claim," by curtailing investment in the 1,200 VA hospitals and clinics and instead sending money and veterans to private doctors who offer "costly and unaccountable" private care.

Keith Harman, national commander of the 1.7 million-member Veterans of Foreign Wars, acknowledged in a statement that the bill "is the result of years of negotiating what role the

private sector should play” in providing care to veterans. But he said it “strikes the right balance in order to make sure veterans have the best care possible.”

Robert Wilkie, Trump’s new nominee for VA secretary, will be charged with writing the bill’s fine print, the rules that set parameters for when a veteran can see a private doctor. They will be closely scrutinized by veterans groups.

Funding for the bill, including \$5.2 billion to continue the current Choice program for a year, must still be approved by Congress.

The VA Mission Act would replace Choice by consolidating VA’s multiple private-care programs and contracting with an outside company to streamline billing.

It would require the agency to allow a veteran to see a private doctor if they agree with their VA physician that it’s in their best interest. A number of factors would be taken into account, including if the veteran lives far from a VA hospital, if the wait for an appointment is too long and if the care at the closest VA hospital is “deficient” compared with other private and VA medical offices. The veteran could appeal if the request was rejected.

The standards are far broader than the current rules, which limit private care to those who live more than 40 miles from a VA facility or who must wait more than 30 days for an appointment.

The legislation also gives veterans groups a victory by expanding VA’s popular caregiver program, extending stipends and other benefits to veterans of all eras, not just families of injured post-9/11 veterans.

VA also would be required to do a review of all of its underused hospitals, leading to possible closures, a victory for conservatives. An existing telehealth program would expand and VA would get new tools to recruit medical professionals to address thousands of vacancies.

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1.3 - New York Times: [Senate Sends Major Overhaul of Veterans Health Care to Trump](#) (23 May, Nicholas Fandos, 30M; uvm; New York, NY)

The Senate gave final passage on Wednesday to a multibillion-dollar revamp of the veterans health care system, consolidating seven Veterans Affairs Department health programs into one and making it far easier for veterans to take their benefits to private doctors for care.

The legislation, which passed 92 to 5, also expands popular stipends to family caregivers of veterans who served during the Vietnam War era or after. And it establishes a nine-member commission to study the department’s current infrastructure to determine where its health system should expand and contract.

The comprehensive bill had been a year in the making, and ultimately won the support of Republicans and most Democrats. The House passed it last week, 347 to 70, and President Trump plans to sign it into law.

The bill rounds out an ambitious legislative agenda on veterans issues that has bridged the administrations of President Barack Obama and Mr. Trump, and largely united moderates in

both parties who set out to make major changes to the department after a 2014 scandal over the manipulation of data on patient wait times. Mr. Trump has already signed laws that make it easier for the department to remove and fire employees and for veterans to appeal benefits decisions, as well as a rewrite of the G.I. Bill for post-9/11 veterans.

Wednesday's vote is "the last piece of a great mosaic to reform the benefits for our veterans to make them contemporary with the 21st century," said Senator Johnny Isakson of Georgia, the chairman of the Senate Veterans' Affairs Committee. Dozens of military and veterans groups, including the largest congressionally chartered organizations, such as the American Legion and Veterans of Foreign Wars, also touted the changes.

But beneath the surface, deep mistrust remains over the Trump administration's mission to increase the use of private care. Many of the largest veterans groups, as well as Democrats and some moderate Republicans, fear that the White House's push to unfetter veterans' ability to choose their care is a backdoor effort to tip the scales in favor of private medicine and to starve the federal government's second-largest department and its vast government-run health system.

Liberals, including the Democratic Party's top lawmaker on the House Veterans' Affairs Committee and a former chairman of the Senate committee, warned that because the bill lacks a long-term funding source, the cost of the program — estimated to be roughly \$50 billion over five years — could end up cannibalizing other pieces of the department's budget.

"It provides nothing to fill the vacancies at the V.A. That is wrong," said Senator Bernie Sanders, independent of Vermont, who ran the committee in the aftermath of the wait-time scandal, when lawmakers first created the so-called Veterans Choice Program to relieve pressure on the system. "My fear is that this bill will open the door to the draining, year after year, of much-needed resources from the V.A."

With veterans organizations supporting the measure, labor groups, including the American Federation of Government Employees, which represents 260,000 department employees, have led the opposition, arguing that it will allow the outsourcing of key department health services without addressing the department's staffing shortages.

"Too much is at stake for veterans, their families and everyone who benefits from the V.A.'s extraordinary accomplishments to succumb to political pressures to hurriedly pass potentially damaging changes with many unknown consequences," the groups wrote Tuesday in a joint letter.

But advocates of the bill, including Democrats and groups like the Legion and the V.F.W. that are staunchly opposed to privatization, say they have merely arrived at a sensible and much-needed compromise. The Choice program, they say, was designed with good intentions but has turned into a bureaucratic tangle, burdening department doctors, straining its balance sheets and delivering little of the relief it was meant to provide for veterans. They point out that earlier legislation had already made large investments in improving the department's own health system.

"The Choice program has been a wreck," said Senator Jon Tester of Montana, the top Democrat on the Senate committee. "Every veteran up here will tell you that."

But, he added, “The best defense against any effort to privatize the V.A. or send veterans in a wholesale factor to the private sector is to make sure the V.A. is living up to its promise.”

Concerned Veterans for America, an advocacy group backed by the billionaire conservative activists Charles G. and David H. Koch, has led the push for veterans to have complete control over where they use their benefits, and it celebrated the vote. Its executive director, Dan Caldwell, called it “a big win for those who want to see the V.A. better integrate with the private sector.”

The new, combined program, called the Veterans Community Care Program, attempts to integrate the department’s 1,300 hospitals and clinics with credentialed private doctors. It also expands the circumstances under which veterans can elect to go to a private doctor at government expense.

The current Choice program allows patients facing a wait of at least 30 days to receive treatment to seek private care funded by the government. Veterans who must travel at least 40 miles can also seek private care. The new bill scraps those standards.

Instead, eligibility is determined by a mix of factors, including wait times, distance, the service ratings of government facilities and the availability of specialists. Veterans will be expected to consult with their Veterans Affairs Department primary care doctor about the best course of treatment.

Veterans who have used the department’s health system within two years will also be allowed walk-in visits to private clinics, in some cases without co-payments.

The department currently sends more than one-third of appointments to private providers, and the numbers have been ticking up over the past year. It will have substantial leeway in carrying out the new program over the next year.

The expansion of caregiver benefits has been a long-term priority of veterans advocates. The department currently only pays stipends to family caregivers of veterans who served after Sept. 11, 2001.

The creation of a commission to study the department’s physical footprint and distribution of resources is more divisive. Conservatives have long fought for the commission as a way to cut what they suspect are unneeded or redundant facilities. But Democrats and some veterans advocates fear the panel, in conjunction with the new private care program, could be used to justify a downsizing of the federal health system.

The bill includes a long list of other, smaller provisions meant to improve access to care. It eases some restrictions of the department’s use of telemedicine and establishes a pilot program to test the use of mobile care teams who will travel to rural or otherwise underserved areas.

The legislation includes modest incentives to try to build up the department’s work force, including loan repayment and recruitment and retention bonuses. There are currently more than 30,000 unfilled positions in a work force of more than 360,000.

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1.4 - CNN (Video): [Senate passes proposal to expand private health care for veterans](#) (23 May, Juana Summers and Elizabeth Landers, 29.8M uvm; Atlanta, GA)

The Senate voted Wednesday to give veterans more freedom to see doctors outside of the VA's health care system, fulfilling a promise of President Donald Trump, who has said that veterans should be able to access private care whenever they're dissatisfied with the VA's options.

The measure passed the Senate by a 92-5 vote and now heads to the President's desk.

The bill would allow veterans to seek care from a private physician, with the approval of a VA health care provider, when they feel that VA's health care systems can't provide the care they need. Veterans could also seek care in the private sector when they experienced long wait times, or the treatment was not at the level they expected.

The sweeping legislation also provides \$5.2 billion for the VA's Choice program, which would allow it to operate for another year. Acting VA Secretary Robert Wilkie had warned lawmakers last month that the program could run out of money as early as Memorial Day, causing veterans to see disruptions in their care.

Trump has said he is ready to sign the bill "immediately" to ensure that veterans receive "the care they deserve."

The bill's long awaited passage comes one week after Trump named Wilkie to lead VA permanently. The Department of Veterans Affairs has been without a permanent leader since late March, when the President ousted David Shulkin. The President nominated Rear Adm. Ronny Jackson, a White House physician, to lead the VA, but Jackson withdrew his nomination amid allegations of improper behavior that were leveled against him.

Critics of the legislation have argued that the changes are a major step toward privatizing VA's health care system, and that shifting billions of dollars outside VA and into the private sector could effectively bleed the agency dry. More than a dozen federal unions wrote a letter to lawmakers saying that the bill "gives the VA secretary the authority to privatize and dismantle broad swaths of the VA health care system" and "assures that once care and services leave the VA they will not return."

The legislation had the support of nearly 40 major veterans groups, who in a letter before the bill passed the House described it as a "major step" toward the goal of ensuring timely and seamless healthcare for the nation's veterans.

It also had the support of Concerned Veterans for America, a conservative group that has grown influential in the Trump administration that is backed by the billionaire Koch brothers.

Aside from the changes to veterans health care, the bill also includes a provision that would create a presidentially appointed commission to make recommendations on "the modernization or realignment of Veterans Health Administration facilities." The legislation would also expand a VA caregivers program to allow families of veterans of all eras, not just those from the post-9/11 era, to receive monthly stipends through the department.

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1.5 - NPR (Audio): [Senate Passes \\$55 Billion Veterans Affairs Reform Bill](#) (23 May, Quil Lawrence, 22M uvm; Washington, DC)

A major Veterans Affairs reform has passed the Senate by 92-5 and is on its way to the White House. The \$55 billion bill will change how the VA pays for private care, expand a VA caregiver program and start a review of the VA's aging infrastructure. President Trump has said he will sign it — and it's sure to be touted among his biggest legislative achievements.

All three main planks of the VA Mission ACT have been knocking around Capitol Hill for years and have come close to passage several times in just the last 6 months. It took a June deadline of money running out for the current VA Choice program to help push the bill over the finish line.

The most controversial part of the bill revamps the way VA reimburses veterans for private care appointments — replacing the seven different complicated systems currently in use. VA doctors will decide when a vet will benefit from seeing a private doctor because the nearest VA facility is too far away or appointments aren't available.

In most regions, VA care performs as well or better than private care and is less expensive. Critics fear the new system could bleed resources away from VA care, and start a spiral that weakens VA care, pushing more and more vets into the private sector.

Carlos Fuentes with the Veterans of Foreign Wars supports the bill.

"It strikes that balance between improving internal care and relying on the community when necessary," says Fuentes. "We truly believe the VA delivers great care, but the VA can't be everything to everyone."

Dozens of veterans and military service organizations endorsed the bill, promising to closely monitor how it is implemented.

The bill also expands a popular stipend program for family caregivers, currently only available for post-9/11 vets. Now veterans from the Vietnam era and before would be phased in within two years. After another two years vets of all eras could apply.

Finally, the bill initiates a review of the VA's aging and underutilized infrastructure, with the aim of closing down facilities that aren't worth their upkeep. Critics have compared this measure to BRAC - an often politically delicate process of closing down unneeded military bases. But supporters of the bill say VA facilities don't have nearly the same economic impact on the communities around them. Congress and veterans organizations says they will closely monitor any decisions to close down VA buildings.

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1.6 - Military.com: [Wilkie's Nomination as VA Secretary May Face Legal Hurdles](#) (23 May, Richard Sisk, 9M uvm; San Francisco, CA)

The head of the Senate Veterans Affairs Committee said Tuesday he is looking for workarounds to get past a potential roadblock to Robert Wilkie's nomination to head the Department of Veterans Affairs.

Wilkie currently is acting VA secretary, and Sen. Johnny Isakson, R-Georgia, the committee's chairman, noted there is a section of the U.S. Code stating an individual cannot serve as an acting secretary and at the same time be nominated to head a government agency.

Isakson said he had yet to receive guidance from the White House or the Justice Department on how to resolve the problem.

There have been cases in the past of acting secretaries who stepped down from the post until they were confirmed, he said, and also cases in which acting secretaries remained on the job and still were confirmed.

Historically, "it's been done both ways," said Isakson, adding that the committee would begin deliberations on Wilkie's nomination after Congress returns from the Memorial Day recess.

At a Senate news conference, both Isakson and Sen. Jon Tester, D-Montana, the ranking member of the committee, said they had no initial reservations on the nomination of Wilkie, who had been the Pentagon's undersecretary of defense for personnel and readiness before he moved over to the VA.

"Right now, I certainly don't have anything that would cause me not to support him," Tester said.

"He's a solid guy, but we're going to put him through the process just like anybody who'd be nominated for this position," Isakson said. "We will do our due diligence as we always do."

Tester's opposition was a main factor in the failure of President Donald Trump's first choice to replace former VA Secretary Dr. David Shulkin, who was fired by the president in March.

Trump nominated his personal physician and head of the White House medical unit, Rear Adm. Ronny Jackson, but Jackson withdrew his name amid allegations -- never proven -- that he drank on the job and mishandled prescriptions.

In a surprise announcement last Friday, Trump said he was nominating Wilkie to head the VA, which serves nine million veterans annually with a staff of 360,000 employees and a budget of more than \$186 billion.

The VA referred questions on Wilkie's status as acting secretary and the U.S. Code to the White House, which has yet to respond.

The issue of Wilkie's position as acting secretary and the potential legal hurdles was raised last week by the VoteVets advocacy group, which has joined a lawsuit against Wilkie's nomination.

"It is abundantly clear that Robert Wilkie cannot be nominated to be VA secretary, while serving as acting secretary," Will Fischer, an Iraq veteran and director of government relations at VoteVets, said in a statement.

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1.7 - Kansas City Star (McClatchy): [Democrats join Koch group to revamp veterans programs](#) (23 May, Lindsay Wise, 4.8M uvm; Kansas City, MO)

Democrats for years have seen the conservative Koch brothers as political enemies. Former Senate Minority Leader Harry Reid even called them "un-American."

But Wednesday, Senate Democrats teamed up with Republicans to pass major veterans health care legislation championed by the Kochs.

The Koch-funded Concerned Veterans for America celebrated a big victory with the passage of the VA MISSION Act, a sweeping bill that overhauls how the Department of Veterans Affairs gives patients access to private-sector doctors.

It's a big win for the once-obscure advocacy group backed by conservative billionaires Charles and David Koch of Wichita. The group helped write the bill, which sailed through the Senate by a 92-5 vote after also passing the House overwhelmingly. It got broad support from politicians and veterans groups across the political spectrum, and President Donald Trump is expected to sign the bill into law soon.

The \$52 billion package aims to make it easier for veterans to qualify for private sector care by requiring VA to publish clear standards. It allows veterans to appeal if VA denies their requests for care outside the agency.

The bill also extends stipends for veterans' caretakers beyond the 9/11 generation of Iraq and Afghanistan war veterans. Now included would be veterans of other eras, who could get care at home instead of at institutions.

The legislation would initiate a review of VA assets and infrastructure to determine if some facilities should be closed, or staffing plans restructured, based on documented need and usage.

Not everybody supports the bill. House Minority Leader Nancy Pelosi opposed it, saying the measure was "a missed opportunity" and fiscally irresponsible. She said it fails to provide a long-term solution to prevent future VA budget cuts.

"This bill opens the doors to VA privatization," the California Democrat said in a statement May 16, after the House passed the bill, 347-70.

"By handing the Trump Administration's ideologues and Koch Brothers the keys to an underfunded VA," Pelosi said, "Republicans are pushing forth their campaign to dismantle veterans' health care."

The bill does not address how the VA will fund all of its obligations and programs once the transfer occurs under the current budget agreement. That could result in automatic across-the-board cuts, explained a Pelosi spokesman Henry Connolly in an email on Wednesday.

U.S. Rep. Mike Bost, R-Murphysboro, and Florida U.S. Rep. Jeff Miller, chairman of the House Veterans' Affairs committee, listened to what military veterans had to say during a town hall meeting Tuesday in O'Fallon. Steve Nagysnagy@bnd.com

"The bill gives unprecedented power to the administration to privatize key VA health care services in an already underfunded system at a time when VA is hemorrhaging leadership and key posts," Connolly said.

Darin Selnick, senior adviser for Concerned Veterans for America, disagreed the group wants to privatize VA, or that the bill the group helped write is a step in that direction.

"That is a false fake news narrative meant to scare people," Selnick said. "No one has ever proposed turning everything over to the private sector and winding things down. That's a union tactic to preserve jobs. "

Concerned Veterans for America wants to modernize the system and make it more efficient, he said.

If VA is doing a good job, Selnick said, then veterans will choose to stay with VA.

"But we don't think people should be forced to stay in a bad system," he said. "There needs to be incentive to do a good job and if veterans can choose to go somewhere else to get a good job and your monopoly's ended, then you have incentive to do a good job."

The bill's provisions were key goals for Concerned Veterans for America and demonstrate the group's growing clout within the Trump administration, where Selnick worked as White House veterans affairs adviser and an adviser to the VA Secretary.

Selnick also gave credit to Sen. Jerry Moran. He said the Kansas Republican played a crucial role in getting White House support.

Moran was instrumental in the development of the new access standards, worked closely with the top Democrat on the Senate's Veterans Affairs Committee, Jon Tester of Montana, and agreed to drop his own version of the bill so that the compromise could become law, Selnick said.

The alternative bill offered by Moran and co-sponsored by Sen. John McCain, R-Arizona, faced criticism that it would too quickly send veterans into the private sector for care.

Tester's office did not return request for comment.

Koch Industries, based in Wichita, has been the second biggest source of political contributions to Moran during the senator's career, according to the Center for Responsive Politics, a nonpartisan campaign watchdog.

Moran says he supports the VA MISSION Act because his veteran constituents in Kansas need better access to care, not because a Koch-backed group is pushing it.

Moran declined multiple interview requests from The Kansas City Star. In a speech on the Senate floor last week, he said the bill satisfied concerns he had about an earlier version passed by the Veterans Affairs Committee last year. Moran was the sole holdout on that version, arguing it did not go far enough to ease veterans' access to care outside the VA system.

"This is not privatizing the VA," Moran said May 17. "The VA serves a valuable and useful role. Many veterans choose to have care at the Department of Veterans Affairs, at their hospitals, and at their clinics. Again, it is the veteran's choice where he or she wants to go."

Especially in states such as Kansas, where veterans need options beyond the relatively limited number of VA hospitals and clinics, Moran said.

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1.8 - Military Times: [Lawmakers eye more dramatic management changes at VA](#) (23 May, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers on Tuesday hinted at continued dramatic shake-ups at Veterans Affairs in months to come, this time taking aim at the department's health management structure for a complete overhaul.

Republicans and Democrats on the House Veterans' Affairs Committee said they see the potential for massive changes within VA's existing system of Veterans Integrated Service Networks, a series of 18 regional administrative overlays to the veterans health system. Several said it may be time to get rid of the outdated management model.

"The VISNs are due for an overhaul," said committee chairman Rep. Phil Roe, R-Tenn. "They should be the fail-safe mechanism when a medical center goes off course. Unfortunately, too many of them seem to be afflicted with a case of learned bureaucratic helplessness."

The idea is one that has been proposed by veterans groups and lawmakers in the past, but could have extra momentum this year given the massive veterans health care changes currently moving through Congress.

The Senate is expected to finalize a \$52 billion veterans legislative package on Wednesday that includes new rules for medical care coverage outside the VA system. In addition, President Donald Trump has repeatedly promised to cut waste and abuse within the federal ranks, and create a more customer-friendly veterans department.

VA officials are already undergoing a review of the department's existing management organization, prompted by problems with VISN leadership in recent years.

In March, then VA Secretary David Shulkin ordered the dismissal of several regional directors and new investigations into three of the department's 18 VISN operations following issues with ineffective management within those offices.

The networks were created in an effort by department officials to decentralize budgeting, planning and oversight for hospitals and clinics in regions across the country.

Today, that level of middle managers has swelled to about 1,000 employees. Critics have questioned whether they're creating more efficiency for the health system or simply creating more bureaucracy.

"Striking the proper balance between authority and flexibility can be difficult," said Rep. Julia Brownley, D-Calif., following a Tuesday's committee hearing on the issue.

"Not only do we need to ensure the VISN governance structure empowers its leaders to act in veterans' best interest when problems arise, we also have to ensure VISN leadership is held accountable when they fail to act in veterans' best interest."

That includes multiple reports that problems at veterans hospitals in New Hampshire, Massachusetts, Arizona and Washington, D.C. in recent years were overlooked or ignored by VISN officials, whose job is supposed to include oversight and correction of their local medical centers.

People line up to get prescriptions filled at the pharmacy in the Sacramento Veterans Affairs Medical Center in Rancho Cordova, Calif., on April 2, 2015. Lawmakers are eyeing potential changes to regional management structure at VA after recent problems. (Rich Pedroncelli/AP)

People line up to get prescriptions filled at the pharmacy in the Sacramento Veterans Affairs Medical Center in Rancho Cordova, Calif., on April 2, 2015. Lawmakers are eyeing potential changes to regional management structure at VA after recent problems. (Rich Pedroncelli/AP)

Carolyn Clancy, executive in charge of the veterans health administration, acknowledged the complexity of the current system has meant that responsibilities among regional officials and medical center staff “has not always been clear.”

But she said current department leaders have a stated goal “to streamline business practices and ensure clearly defined roles ... so that we are functioning in a way that is more efficient, produces better results and accountability.”

Officials at the VA Inspector General’s office told lawmakers they still haven’t seen evidence of that, and lawmakers said they remain skeptical.

VA officials have planned a report on possible reforms to the VISN due on July 1. Brownley said if that isn’t accompanied by an outline for significant changes within the current management structure, she’ll be disappointed.

“We are tired of receiving reports,” she said. “We are sick of inaction.”

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1.9 - WFED (AM-1500): [‘Breakdown of systems and leadership’ pushes lawmakers to examine veterans health networks](#) (23 May, David Thornton, 854k uvm; Washington, DC

Lawmakers want to re-examine the structure of the Veterans Health Administration after a report the Veterans Affairs Department Inspector General referred to it as “serious” and “disturbing.”

In 1995, the VHA was divided into 22 regional Veteran Integrated Service Networks (VISNs), later reduced to 18, each of which oversee six to eight medical centers. The idea was to decentralize budgetary planning and decision making in order to promote accountability and improve oversight.

But at a May 22 hearing of the House Veterans Affairs Committee, VA IG Michael Missal said that when investigating the VA medical center in Washington, D.C., his office found at least seven written reports that had reached the D.C. VISN. The reports documented many of the medical center’s supply chain and inventory management issues, but officials responsible failed to rectify the situation.

“The chronic deficiencies noted in these reports underscore the inability or unwillingness of leaders at various levels to implement and sustain lasting change within various services,” Missal said. “While the failures present significant challenges, we believe the greatest obstacle to change is the sense of futility and a culture of complacency among staff and leaders. At the core, the D.C. VA report is about the breakdown of systems and leadership at multiple levels, and the acceptance by many personnel that things will never change.”

VHA leader points to staffing changes

Carolyn Clancy, the executive currently in charge of the Veterans Health Administration, did not dispute the problems faced by certain VISNs, especially those detailed by the IG report. Instead, she focused on how the VHA is responding to the issues.

In particular, she said the VHA is getting a new financial management system to provide better oversight and ensure that VISNs and medical centers are not spending too much money to try to solve their inventory issues.

Gaps in hiring and logistics also have made the problem worse. Clancy said the VHA has done a lot of hiring since then, and that the chief of logistics had been held accountable and terminated.

She also said that VISNs are a necessary part of the VA structure. They exist as a way to build accountable regional leadership, she said, for no one could oversee day-to-day operations in so many dispersed areas from D.C.

But some lawmakers believe that VISNs, rather than providing a solution through greater, more localized oversight, could instead be another bureaucratic point of failure.

“Do we need a VISN? I was trying to figure out what the VISN did ... is it necessary?” Committee Chairman Phil Roe (R-Tenn.) asked. “I can’t figure out what the VISN does. If the VISN couldn’t oversee that, what good are they?”

Rep. Bruce Poliquin (R-Maine) specifically called the VISNs a middle-management bureaucracy and asked if there had been any measurable improvements since their creation. But Missal said the OIG had not investigated that specifically.

Too much flexibility?

Clancy said VISNs use the same performance metrics as private sector health networks, and that the primary measure of accountability is whether performance at a VISN improves. Rep. Jodey Arrington (R-Texas) said he would like to see a scorecard for VISNs, to look at data on how they are performing.

Rep. Mike Coffman (R-Colo.) said the governance structure deserves to be studied, and asked if the issues in procurement could stem from too much flexibility. Missal said sometimes that could be the case.

On that subject, Clancy told lawmakers the VISNs have little uniformity between them. Each has its own processes and job descriptions, and its own systems for handling whistleblowers. She said VHA is looking to establish a single mission statement for all VISNs. Bryan Gamble, deputy

chief of staff at Orlando VA Medical Center, said he is currently working on creating a playbook for all VISNs.

Gamble was appointed by then-VA Secretary David Shulkin in March to oversee and restructure three troubled VISNs: the New England Health Care System, the Capitol Health Care Network for Washington, D.C., and parts of Maryland and Virginia, as well as the Desert Pacific Healthcare Network in California, New Mexico and Arizona.

Culture a hinderance

Clancy said another major problem was the culture at VA.

"In many of the instances we've looked at, we've seen a cultural problem where people aren't taking responsibility to do the right thing, not performing as they should be, which results in significant problems," she said. "We've obviously seen more than just problems at D.C. We've seen them at a number of facilities. Obviously, either when information comes to our attention or through our proactive efforts we find it, we address them as quickly as possible."

But Rep. Lou Correa (D-Calif.) pointed out that the VISNs are siloed and leadership at the VA frequently tends to try to handle problems in secret. Clancy agreed, saying that instead, these problems need to be shared as soon as possible, because it is likely that other networks are having exactly the same problem. Handling these issues more openly could help the agency develop best practices to avoid the more common ones, but that would require a culture change.

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1.10 - KDVR (FOX-31, Video): [Honor Bell rung for 1,000th time at Fort Logan National Cemetery](#) (23 May, Dan Daru, 662k uvm; Denver, CO)

A time-honored tradition took place at Fort Logan National Cemetery on Wednesday as the family of a World War II veteran said goodbye.

To honor and remember Army veteran and Bronze Star recipient Elio Joseph Tasin, there was an additional element to the ceremony: the ringing of the Honor Bell.

"The honor Bell is a 1,000-lb. bronze instrument that we toll at the funerals of veterans when they pass," said Louis Olivera, the Honor Bell Foundation's executive director.

On Wednesday, the honor bell tolled for the 1,000th time. However, it was the first time for Paul Tasin, Elio Joseph's son.

"It was a great honor, and as I rang, it just seemed like it was another little send-off to my father going to heaven," Paul said.

Made in Cincinnati with dog tags, medals and aviator wings, the Honor Bell will continue to resonate for those who served our country.

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2. Greater Choice for Veterans

2.1 - USA Today: Senate passes major VA overhaul; Trump expected to sign into law within days (23 May, Donovan Slack, 36.8M uvm; McLean, VA)

The Senate on Wednesday overwhelmingly approved legislation paving the way for a major overhaul of the Department of Veterans Affairs and the way veterans access health care in the private sector at government expense.

The measure's passage by vote of 92-5 represents a significant bipartisan legislative victory for President Trump, who is expected to sign the bill into law within days.

It also delivers on a key campaign promise for the president, who pledged to expand veterans' opportunities to get private sector care.

Senate Majority Leader Mitch McConnell, R-Ky., was so confident in its passage, he issued a statement last week declaring the bill would reach the president's desk before Memorial Day.

"This bicameral, bipartisan bill contains significant reforms to the Department of Veterans Affairs which will increase and strengthen the healthcare and community care options available to America's veterans," he said.

The House passed the bill last week by an overwhelming margin of 347-70.

The bill combines seven different programs governing non-VA medical care, including the so-called Choice program, which was created in 2014 after veterans died waiting for appointments at the Phoenix VA.

The legislation tasks VA leadership with creating rules for when veterans can go to private doctors instead of the VA. Criteria to be considered include wait times for VA appointments, quality of VA care and distance from a VA facility.

Known as the VA MISSION Act, the legislation also creates a commission to review VA facilities and make recommendations about which ones are worth repairing, where new ones should be built, and which ones should be closed and care provided instead in the private sector.

Pre-9/11 veterans will receive expanded benefits to help cover the cost of care-givers to take care of injured veterans in their homes under the bill. Such benefits were previously provided to only post-9/11 veterans.

The bill also includes some incentives to help the VA hire more health care providers. It allows the agency to provide scholarships to medical students in exchange for their pledging to work at VA. Currently some 33,000 positions are unfilled at the agency.

More than two dozen veterans' groups support the legislation, including The American Legion, Veterans of Foreign Wars and Vietnam Veterans of America.

But it wasn't a smooth ride to passage. After months of negotiations, Trump fired former VA secretary David Shulkin in part because of his work on the bill. Shulkin supported a prior version

that administration officials said didn't go far enough to offer veterans more private health care choices.

The president last week announced his intent to nominate Acting VA Secretary Robert Wilkie to be the next secretary. Wilkie is currently undersecretary of defense for personnel and readiness at the Pentagon.

The move followed the withdrawal of his last nominee, White House doctor and Navy Rear Adm. Ronny Jackson, amid questions about his qualifications and a raft of misconduct allegations.

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2.2 - FOX News (Video): [Senate approves bill to overhaul Veterans Choice Program](#) (23 May, 32.5M uvm; New York, NY)

Program allows veterans to visit private hospitals when faced with a medical emergency in addition to previously offered veterans hospitals.

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2.3 - CNN (Video): [VA health care bill named after John McCain](#) (23 May, Juana Summers, 29.8M uvm; Atlanta, GA)

A major piece of veterans legislation that is headed to President Donald Trump's desk bears the name of Arizona's Republican Sen. John McCain, who has been absent from the Capitol since December as he battles brain cancer.

The full title of the bill, which passed the Senate on a 92-5 vote Wednesday, is the "John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018."

The bill is designated for McCain and Rep. Samuel Johnson, a Texas Republican, both of whom were prisoners of war in Vietnam, and also for Daniel Akaka, a former Hawaii Democratic senator and World War II veteran who died in April. It is called the VA MISSION Act for short.

Trump has said he is ready to sign the bill "immediately" to ensure that veterans receive "the care they deserve."

McCain said in a statement following the bill's passage that he was "deeply humbled" that his colleagues had designated the legislation in his name, along with Johnson and Akaka.

"We share this honor with all of the veterans who came before us and all who proudly served and are still serving around the world," McCain said. "As we mark Memorial Day this weekend, I can think of no better way to demonstrate our gratitude to the brave men and women who have sacrificed in uniform than to strengthen and improve the care they so richly deserve."

White House still won't apologize for McCain joke

The legislation would give veterans more freedom to seek medical care outside of the Veterans Affairs Department's health care system. It also provides \$5.2 billion for the VA's Choice program, allowing it to operate for another year and ensuring that veterans do not see disruptions in their care.

Speaking on the Senate floor Wednesday, Georgia's Republican Sen. Johnny Isakson, the chairman of the Senate Committee on Veterans' Affairs, thanked McCain, an early supporter of veterans' choice.

"I want to thank John McCain, whose idea this was originally: a great hero to all of us, a friend to all of us, one we love and pray for today as he recovers from cancer. John is the one who started the movement toward Choice, and he deserves the credit for it," Isakson said.

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2.4 - ABC News (AP): [The Latest: Senate approves bill to widen private care at VA](#) (23 May, 24.2M uvm; New York, NY)

The Latest on the Senate vote on a bill to expand private care at the Department of Veterans Affairs (all times local):

4:08 p.m.

The Senate has passed a sweeping bill aimed at fulfilling President Donald Trump's pledge to expand private care to veterans as an alternative to the troubled Veterans Affairs health system.

The 92-5 vote on Wednesday would also prevent a disastrous shutdown of the Choice private-sector program. The program is slated to run out of money as early as next week, causing disruptions in care.

The measure would allow veterans to see private doctors when they do not receive the treatment they expected, with the approval of a Department of Veterans Affairs health provider. Veterans could access private care when they endure lengthy wait times or VA medical centers do not offer the services they need.

Trump has made clear he will sign the bill. The House approved it last week.

12:19 p.m.

Legislation awaiting final approval in the Senate would give veterans more freedom to see doctors outside the Department of Veterans Affairs' health system.

Passage would represent a major step toward delivering on President Donald Trump's pledge to expand private care.

The House passed the bill last week, and senators are expected to do the same later Wednesday.

The measure would let veterans — with approval from a VA health provider — see private doctors when they don't get the treatment they expected.

Veterans could access private care when they have endured lengthy wait times or when VA medical centers don't offer the services they need.

The bill also would avert a shutdown of the VA's Choice private-sector program, which will run out of money as early as May 31.

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2.5 - The Hill: [Senate sends major VA reform bill to Trump's desk](#) (23 May, Jordain Carney, 11.9M uvm; Washington, DC)

The Senate easily cleared legislation on Wednesday overhauling medical care options for veterans, sending the bill to President Trump's desk.

Senators voted 92-5 on the proposal, called the VA Mission Act, with only a simple majority needed to pass the bill. Sens. Bernie Sanders (I-Vt.), Brian Schatz (D-Hawaii), Jeff Merkley (D-Ore.), Mike Rounds (R-S.D.) and Bob Corker (R-Tenn.) voted against the legislation.

With its passage, the bill will meet Trump's public deadline to act on the issue and arrive on his desk before Congress departs for a weeklong Memorial Day recess. The bill passed the House last week in a 347-70 vote.

The sweeping, \$52 billion reform bill would overhaul medical care options for veterans, including giving them more access to private doctors and hospitals.

The legislation was expected to easily clear the Senate and won the support of both Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.) — the chairman and ranking member, respectively, of the Senate's veterans panel.

The two held a press conference earlier this week with a coalition of veterans organizations to tout the bill ahead of a procedural vote.

"[This is] the last piece of a great mosaic to reform the veterans benefits for our veterans to make them contemporary with the 21st century and see to it that the best care, the best attention and the best legislation is in place," Isakson said.

The legislation also includes a one-year extension of the Department of Veterans Affairs's Choice program. Congress approved the program following a "systemic," nationwide scandal in which government watchdogs found that VA officials were manipulating data on how long veterans were waiting for a medical appointment.

The Choice program was scheduled to run out of money at the end of the month.

Critics of the VA Mission Act argue it goes too far toward privatizing health care for veterans and threatens to hollow out the Department of Veterans Affairs.

Sanders, announcing his decision to oppose the bill, said he was concerned it would continue a "slow, steady privatization of the VA" and "will open the door to the draining, year after year, of much-needed resources from the VA."

"I acknowledge the work done by some of my colleagues to improve this bill, but I believe it moves us too far in the direction of privatization. That is why I will vote against it," he said.

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2.6 - Military.com: [Senate Approves Massive Overhaul of VA Health Care](#) (23 May, Richard Sisk, 9M uvm; San Francisco, CA)

The Senate voted 92-5 Wednesday to approve landmark legislation to transform how the Department of Veterans Affairs delivers health care, but not before concerns were raised that funds have yet to be found to pay the estimated \$55 billion price tag.

"It's not paid for," Sen. Mike Enzi, R-Wyoming, said in the brief floor debate on the VA Mission Act to expand private health care options for veterans. "I believe we should care for our veterans in a fiscally responsible manner" and not have to borrow to fund the bill.

Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, and Sen. Jon Tester, D-Montana, acknowledged at a Senate news conference Tuesday that funding for the bill was lacking, but both expressed confidence that the money would be found for a bill crucial to veterans care.

The Mission Act would replace the current Veterans Choice Program over the course of a year and expand the options for the nine million veterans served annually by the VA to choose private and community care when it's in their best interests.

President Donald Trump has pledged to sign the bill quickly; a signing ceremony is expected on Memorial Day.

Isakson said before the vote that the bill puts "the needs of veterans first by giving them the option of seeking care when and where it makes the most sense for their needs, and we're creating a force multiplier for the VA to better utilize its resources and provide even better care to veterans."

"It's long overdue," he said of the bill, which he predicted will give veterans "more choice with fewer barriers to care."

The bill, in some cases, would give veterans an opportunity to choose their own doctor, but the VA would remain the "gatekeeper," Tester said at the news conference Tuesday.

Veterans could pick a private doctor for care so long as that doctor is qualified and registered with the VA, he said.

About one-third of veterans receive health care in the private sector, but Tester dismissed concerns that the VA Mission Act would ultimately lead to the "privatization" of VA health care.

"The best defense against any effort to privatize the VA or send veterans in a wholesale fashion to the private sector is to make sure the VA is living up to its promise," he said.

The bill includes provisions to expand the VA caregivers program for the families of disabled veterans who were injured or wounded in the line of duty. The program had been limited to those disabled after the 9/11 attacks, but the bill expands the caregivers program to veterans of all eras.

Some leaders of veterans service organizations initially had reservations about the rapid expansion of private care pushed by political appointees at the White house and within the VA. But they concluded that the bill would provide better care while preserving the VA's primary role.

"This historic legislation is the result of years of negotiating what role the private sector should play in providing care to America's veterans," Keith Harman, national commander of the 1.7-million member Veterans of Foreign Wars, said in a statement. "It helps improve the VA health care system while relying on the private sector when needed, striking the right balance in order to make sure veterans have the best care possible."

"On behalf of our two million wartime veterans, we thank all the members of the U.S. Congress who worked with us to enact this important legislation," said Denise Rohan, national commander of the American Legion.

From his home in Arizona, where he is battling brain cancer, Sen. John McCain, a Republican and the chairman of the Senate Armed Services Committee, applauded passage of the bill.

He said he was "deeply humbled" to have the bill named for him along with "my friend and colleague" Rep. Sam Johnson, R-Texas, who was a POW with McCain in Vietnam, and the late Sen. Dan Akaka, D-Hawaii, a World War II veteran.

"Once this bill is signed, Congress must exercise strong oversight of the Department as it begins to implement these changes so it can successfully carry out its mission to deliver timely and quality care to those who have served," McCain said.

The responsibility will fall to acting VA Secretary Robert Wilkie, who has been nominated by Trump to the permanent post.

Last Friday, at an unrelated White House event, Trump said that Wilkie had done "an incredible job" as acting Secretary and followed with the surprise announcement of his nomination.

There was a concern that an acting Secretary cannot succeed to the permanent post under a section of the U.S. Code, but Isakson and Tester said Tuesday that they expected to work around the potential problem before his confirmation hearing.

Wilkie was not Trump's first choice to succeed former VA Secretary David Shulkin, who was fired in March amid scandals over his travel expenses and his charges that he was being undermined by Trump administration political appointees.

Trump at first nominated his personal physician and head of the White House medical unit, Rear Adm. Ronny Jackson, but Jackson withdrew his name amid charges that he lacked managerial experience and allegations -- never proven -- that he drank on the job.

Last week, the House voted 347-70 to pass the VA Mission Act, and the 92-5 vote in the Senate showed overwhelming bipartisan support, but the union representing 260,000 employees at the VA renewed charges that overreliance on private care would ultimately work to the detriment of veterans health care.

The American Federation of Government Employees joined with the AFL-CIO and 15 other labor organizations in a letter charging that the "privatization" section of the bill "outsources primary care to the private sector, authorizes the outsourcing of entire service lines, and fails to address the chronic and prolonged issue of understaffing that is currently plaguing the VA."

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2.7 - Washington Examiner (Vdideo): [Trump-backed VA bill sails through Senate, with signature ahead](#) (23 May, Kimberly Leonard, 4.8M uvm; Washington, DC)

The Senate overwhelmingly approved legislation to send to President Trump on Wednesday that would allow more veterans to see doctors outside the Veterans Affairs system.

The president has openly backed the bill, the VA Mission Act, and is expected to sign it into law. It passed the Senate 92-5, marking a bipartisan legislative victory for the president.

The bill failed to win the support of Sens. Bernie Sanders, I-Vt., Mike Rounds, R-S.D., Bob Corker, R-Tenn., Brian Schatz, D-Hawaii, and Jeff Merkley, D-Ore.

The bill would allow more veterans to go outside the VA healthcare system and use private-sector doctors when VA medical centers can't provide appointments within a month, veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders. It also would provide more access to caregivers.

The \$52 billion plan includes \$5.2 billion to avoid a shutdown of the Choice program, which is expected to run out of funds as early as May 31, disrupting medical care for veterans. Choice was created as a reaction to the scandals involving long wait times for care in the VA system, when veterans died while they waited to receive medical care.

"Veterans of all eras rely on the promise of accessible, quality care when they return home," Senate Majority Leader Mitch McConnell, R-Ky., wrote on Twitter. "But too often, the VA has fallen short of fulfilling it, with long waiting lists and limited treatment options. The shortcomings of the federal bureaucracy were apparent."

Opponents of the legislation have said they fear the VA is headed toward privatization, which would remove many responsibilities from the VA system and provide public funding to private medical centers.

Sanders said in a statement that while he believed the bill contained some positive provisions, he believed the best way to reduce wait times was to fill vacancies and feared the legislation would continue "a trend toward the slow, steady privatization of the VA."

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2.8 - Military Times: [Massive veterans policy bill heads to Trump's desk, but results will take time](#) (23 May, Leo Shane III, 2.1M uvm; Springfield, VA)

A sweeping \$52 billion veterans legislative package finalized by the Senate Wednesday will have wide-ranging effects on service members of every generation and their family members, but most of the impact won't be seen until years from now.

That's because most provisions of the measure — which include overhauling the Department of Veterans Affairs community care programs and expanding caregiver benefits to older veterans — will take months or years to put in place.

The bill, dubbed the VA Mission Act, was passed easily by the Senate after a 92-5 vote. House lawmakers overwhelmingly passed it last week. It now heads to the White House, where President Donald Trump has already signaled he'll sign it into law.

“(This bill) gives a real choice, real opportunity to make the private sector a force-multiplier for access to health care for our veterans,” Senate Veterans’ Affairs Committee Chairman Johnny Isakson, R-Ga., said before his chamber’s vote. “It also makes our health care system for our veterans accountable to the most important people of all, and that’s our veterans.”

A day earlier, committee ranking member Sen. Jon Tester, D-Mont., called the measure a tremendous benefit to veterans and insurance against efforts to dismantle VA medical care.

“We need private health care to fill in gaps when VA cannot provide services,” he said. “But I also know how much veterans need the services they do get from VA ... The best defense against efforts to privatize VA and send veterans in a wholesale fashion to the private sector is to make sure VA is living up to its promises.”

Privatization has been the buzzword around nearly every veterans policy debate in the last year, and especially since former VA Secretary David Shulkin said he was forced out of office in March by political operatives within the administration looking to erode department medical efforts and send more patients to private-sector clinics.

Currently, more than a third of all VA funded medical appointments take place in the private sector. About 30,000 appointments a day are funded through the VA Choice program alone, one of seven different community care programs run by department officials.

New community care rules in a year

The VA Mission Act sets out the outline to consolidate those disjointed programs into a single new funding stream, with the goal of simplifying use for veterans and medical providers.

It requires veterans to become eligible for private-sector care options if VA does not provide adequate medical options for patients, including long travel times, long wait times or poor service ratings. It revises payment rates for community care to Medicare rates, to ease concerns about reimbursement for those visits.

And it would also authorize two walk-in visits at local private-sector offices for any veterans who have used department health care services in the last two years. Those appointments may require a co-pay.

But VA officials would remain at the core of veterans health decisions. Union officials have said that's not enough to stem concerns about resources being shifted to private care, but Democratic supporters like Tester insist it's an important distinction.

Working out the eligibility standards for who can receive outside care and how those decisions will be made is expected to take about a year. That means most veterans won't see any change in how their medical appointment requests are handled until at least spring 2019.

In the meantime, the bill includes \$5.2 billion in bridge funding for the existing VA Choice program, to ensure that current private-sector medical appointments for veterans aren't interrupted.

New caregivers stipends at least two years away

The Congressional Budget Office has estimated the caregivers stipend expansion could affect more than 41,000 veteran families in coming years, but similarly won't be implemented immediately.

Under current law, only caregivers of veterans from the post-9/11 era are eligible for monthly stipends through the department. The new proposal would expand that to veterans of all eras, first starting with pre-1975 veterans and later phasing in the remaining group.

That will take place two years after the next VA secretary certifies to Congress that its information technology systems are ready to handle the new workload, after concerns over the past year that current VA stipends for caregivers are handled inconsistently.

VA officials have not said how long that work may take. Critics of the measure have said they worry the volume of new applicants could overwhelm the existing system, hurting benefits delivery to existing participants.

House and Senate lawmakers have vowed close oversight on the issue in months to come.

An review of VA facilities — similar to the military's base closing commissions, although supporters bristle at the comparison — is the third major initiative in the VA Mission Act but won't have any real impact for another four years.

That's because under the measure, the first report to Congress on possible VA facility closings or expansions won't come until sometime in 2022, after years of study and deliberation.

The legislation calls for the president to establish a nine-member Asset and Infrastructure Review Commission, with representatives from veterans service organizations, the health care industry and federal facility management.

The panel would meet in coming years to set parameters for their work, with an eye towards "the modernization or realignment of Veterans Health Administration facilities." That could include closing, reducing or expanding a host of VA health facilities across the country.

But VA officials have repeatedly warned that their current footprint includes hundreds of outdated or obsolete facilities, and department administrators have severe restrictions on managing those locations.

Despite those long-term impacts, numerous lawmakers and advocates characterized the legislation passage as an immediate win for veterans. In the lead-up to the vote, more than 40 different veterans organizations offered support for the massive policy bill.

“This piece of legislation has been years in the making,” said Louis Celli, executive director of the American Legion. “All of the different components that went into this are things our groups collectively have worked on for a great number of years. So this is a great accomplishment, and we’re proud of it.”

DAV commends Senate cloture vote, urges final passage of VA MISSION Act 2018 - DAV
Today’s successful cloture vote on the VA MISSION Act marks a major milestone in attaining greater fairness for seriously injured veterans of all eras who need and rely on family caregivers. This...

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Senate Majority Leader Mitch McConnell, R-Kent., said passage of the measure “gives our veterans more of the support that they need” by reforming the department. Sen. Jim Lankford, R-Okla., said the measure will “help our veterans know that they will be taken care of in the best possible way.”

Tester lauded the result but also said the ambitious legislative package “puts a lot of pressure on VA to deliver.” Advocates have said the next fight will be monitoring how the department implements the various initiatives in coming months, a process that likely will result in more congressional hearings and contentious negotiations.

White House officials have not said when the president is expected to sign the measure. VA officials have warned that the legislation needs to be enacted before the end of the month to prevent funding disruptions with the current VA choice program.

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2.9 - Columbus Dispatch: [Many vets soon can get health care from the private sector](#) (23 May, Jessica Wehrman and JoAnne Viviano, 2.1M uvm; Columbus, OH)

The U.S. Senate overwhelmingly passed a VA Health bill on Wednesday that would expand the private health care options for veterans, extending and streamlining the current VA Choice program and providing it with \$5.2 billion.

Both Ohio Sens. Sherrod Brown and Rob Portman voted for the bill, which embraces increased flexibility, allowing veterans to seek private provider options if VA centers within 40 miles cannot meet the necessary care requirements. The current VA bill — which increased flexibility in part as a reaction to reports of long waiting lists for services at VA health centers — expires May 31. The bill, which passed the Senate 92-5, now goes to President Donald Trump, who is expected to sign it.

Critics of the bill — including a group of 17 labor organizations, some representing federal workers — argued it would “outsource primary care to the private sector.” But Brown, a member

of the Senate Veterans Affairs Committee, said the bill was “a good bill for veterans.” House Minority Leader Nancy Pelosi voted against a House version of the bill, saying it “opened the door to privatization.”

But Brown, a Democrat, appeared to dispute that notion, saying during a press call Wednesday that he would oppose any effort to privatize the VA.

“I think we need to be very cautious because there’s a lot of pressure from a lot of interests, especially the Koch brothers, who just love privatization,” Brown said. “I wouldn’t have written the bill exactly this way, but Republicans are in the majority.”

Portman, a Republican, said the bill helps open up more options for veterans seeking care. He said he’s talked to veterans who are barred from seeing certain specialists because they live within 40 miles of a VA facility. “This removes that sort of arbitrary distance and helps them be able to get the care they need,” he said.

Portman said he was also satisfied with how the bill addresses opioids, ensuring that the VA does not give veterans more than they need, thus discouraging addiction.

David Blom, president and chief executive of OhioHealth, was on the Congressional Commission on Care that, in 2016, issued a report on veterans’ health care with 18 recommendations, some of which are contained in the bill. He said the proposal helps smooth friction points between the VA and the health-care system at large that will lead to expanded options for veterans.

“The barrier used to be so high ... that patients suffered, the veteran suffered,” he said. “And the bill that is before us makes it easier for the veteran to access community health care.”

Also of significance is that the bill allows access to community doctors for veterans who live in areas where VA centers perform poorly, said Lt. Gen. Martin Steele, who served on the commission with Blom and spoke to veterans at an OhioHealth event last year. A report published in the April Journal of General Internal Medicine showed that, while the VA performed on average the same as or significantly better than non-VA hospitals in most areas, there was a great deal of performance variation across VA facilities.

“We owe it to this cohort of people who selflessly served this country,” said Steele, who retired from the U.S. Marine Corps after more than 34 years of service and lives in Florida. “We’re trying to do something to ensure they’re receiving proper medical care, as they well deserve, for the rest of their lives.”

According to the U.S. Census, some 21 million Americans are veterans. Nearly 865,000 live in Ohio. Steele said about 6 million veterans regularly use VA health services.

Blom said he’s also optimistic about ongoing changes that will make the VA’s electronic medical record system compatible with those used by most hospitals. He’d next like to see leaders address issues around the supply chain, racial disparities, eligibility rules and workforce promotions and discipline.

Also needed, Steele said, are mandatory workforce development rules that would ensure adequate leadership succession and more consistent performance across the system.

Still, both men are pleased to see action on the bill.

“It is positive progress in fixing a system that is in dire need of fixing,” Blom said. “It won’t all be fixed through this bill, but it’s a good first step.”

The bill passed the House last week 347-70, with all Ohio members supporting it.

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2.10 - Stars and Stripes: [Congress approves sweeping VA reforms to increase private care, expand caregiver benefits](#) (23 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Senate easily approved extensive reforms to the Department of Veterans Affairs on Wednesday, extending benefits to more veteran caregivers, averting a funding crisis and increasing veterans’ access to private-sector health care.

After contentious negotiations that spanned more than a year, senators voted 92-5 to pass the VA Mission Act – a \$52 billion deal struck between Republicans and Democrats to boost funding for VA programs, as well as the agency’s use of private doctors.

The bill went through multiple iterations and debate dragged on for months, at times dividing veterans groups and straining ties between lawmakers and the VA. The negotiations intensified infighting at the VA that, in part, led to former Secretary David Shulkin’s ouster in March.

The legislation will now go to President Donald Trump for his signature. Trump is expected to sign the bill before Memorial Day, which is the deadline he imposed on Congress to pass it. Trump has posited it as the fulfillment of a pledge that he made during his presidential campaign to give veterans more autonomy over their health care decisions.

“We finally dealt with the accessibility of health care for our veterans,” said Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee. “There’s not going to be any more cases of veterans dying because they can’t get an appointment. That’s the very least we owe our veterans.”

Changing Choice

In response to the 2014 VA wait-time scandal, Congress passed the Veterans Access, Choice and Accountability Act, creating a program that allows veterans to receive private-sector health care and ease demand on VA services.

The Veterans Choice Program was implemented hastily, and many veterans thought the rules were too rigid. The program allows veterans to seek private-sector care only when they live more than 40 miles driving distance from a VA facility or it is estimated their wait for a VA appointment is more than 30 days.

Veterans, especially ones in rural areas far from VA clinics and hospitals, sought more flexibility.

“The Choice program was implemented quickly,” said Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans’ Affairs Committee. “It’s had a lot of hiccups. It’s time to move on to another program that’s simpler for veterans to use.”

The VA Mission Act upends the current program. Once the new rules are put into effect, veterans will be allowed into the private sector if they and their VA doctor agree it's in their best interest. A host of issues could be taken into consideration when making that decision, including whether the veteran faces an "unusual or excessive burden to accessing a VA facility."

The bill also introduces the possibility of veterans receiving access to the private sector if their closest VA is determined to be "deficient" compared to other nearby facilities.

In the instance the VA rejects a veteran's request to go into the private sector, they could appeal it through the VA's clinical appeals process.

"The Choice program has been a wreck," Tester said. "What we've done, we've simplified it, cut the red tape, made the veteran the center of the decision-making. That's the way it should be."

The new program is expected to be implemented one year after the bill is enacted. In the meantime, the VA will continue to use the Choice program.

Congress allotted \$10 billion for the Choice program when they created it in 2014. The VA used up that money in 2017, and since then, it has faced a series of funding crises.

The program was expected to run out of money again as early as May 31, but the Mission Act includes another bailout – it authorizes \$5.2 billion for the program, expected to keep it going until next May.

Privatization fears

During negotiations about changes to the Choice program, many veterans organizations worried unfettered access to the private sector would erode VA resources and eventually dismantle the agency – an occurrence often referred to as "privatization."

Shulkin blamed the fight over Choice for his dismissal in March. He claimed White House insiders working at the VA aggressively sought to push veterans' health care into the private sector and viewed him as an "obstacle to privatization."

But major veterans organizations support the VA Mission Act, which they believe does enough to stymie a flow of veterans and dollars into the private sector.

Shulkin and five other former VA secretaries signed a statement of support for the bill Monday.

"We believe this bipartisan legislation to be critical to [the VA's] ability to effectively deliver on the needs of this generation's veterans and the next," Shulkin wrote, along with former secretaries Anthony Principi, Jim Nicholson, James Peake, Eric Shinseki and Robert McDonald, as well as former VA administrator Max Cleland.

However, there was still some resistance to the VA Mission Act in weeks leading up to the Senate vote.

The American Federation for Government Employees, a union that represents hundreds of thousands of VA employees, opposed the bill. AFGE claims it will "starve the VA for resources" and doesn't do enough to demand the VA fill thousands of vacancies.

National Nurses United, the largest organization of registered nurses, alleged the bill masks a “corporate, far-right goal” of dismantling the VA.

Sen. Bernie Sanders, I-Vt., issued his statement of opposition before the vote Wednesday, expressing concerns the bill would lead continue a “slow, steady” privatization of the agency.

“My fear is that this bill will open the door to the draining, year after year, of much needed resources from the VA,” Sanders said in the prepared statement.

The bill gives the VA secretary broad authority to implement new regulations for the altered Choice program. The issue is expected to be a focus of the confirmation process for Robert Wilkie, who Trump announced last week was his pick to lead the VA on a permanent basis.

Garry Augustine, executive director of Disabled American Veterans, dismissed concerns about the Mission Act as misleading. He and 37 other veterans and military organizations signed onto a letter of support for the bill.

“Let me assure you, we would not be supporting this legislation if we weren’t convinced it would expand access to medical care for rural veterans and strengthen the VA health care system that we all support so strongly,” Augustine said.

Louis Celli, director of the American Legion, said he was confident the bill maintained the VA as the gatekeeper to private-sector health care – a key component he believes will prevent privatization and ensure veterans receive quality health care.

“This legislation went through several iterations, at least 20,” he said. “One of the driving factors the American Legion needed to see was that the VA is the gatekeeper, so the VA could make sure all decisions that are made are in the best interest of the veteran.”

Veteran Caregivers

For some veterans and their families, the Mission Act marks the end of a yearslong fight for VA benefits that they felt they were wrongfully denied.

Through a VA caregiver program implemented in 2010, benefits such as monthly stipends, health insurance, medical training and access to home health aides are available to family caregivers for veterans – but only ones injured after the 9/11 terrorist attacks.

Caregivers for veterans injured before 9/11 viewed it as an unfair discrepancy. Augustine said it left thousands of deserving veterans and caregivers without VA support.

The VA Mission Act contains a gradual expansion of caregiver benefits to veterans injured before the 9/11 terrorist attacks.

Under the bill, caregiver benefits would become immediately available to veterans injured before May 7, 1975. Two years after the bill is enacted, veterans injured between 1975 and 2001 would be eligible.

Other changes

A measure included in the Mission Act could change the physical size of the VA nationwide.

The bill would create an asset-review commission tasked with reviewing VA buildings and recommending which facilities to unload and where the VA should invest. Under the terms of the bill, the commission will conduct its work in 2022 and 2023.

Divesting old and underused facilities was one of Shulkin's priorities for the department. Under his watch, the VA began the process last year of disposing of -- or finding another use for -- 430 vacant or nearly vacant buildings. Another 784 buildings were up for review.

There is a list of other provisions in the bill, including one to provide scholarships to medical students in return for 18 months of work at a VA facility. The VA will be required to post publicly a list of job vacancies and submit annual reports detailing the amounts of bonuses awarded to agency executives.

To offset some costs, the bill extends pension reductions for Medicaid-eligible veterans in nursing facilities and continues fees on VA-guaranteed home loans. The cuts were put in place in 2014 when the Choice program was first created. They were set to last until Sept. 30, 2024, but the Mission Act would move the end-date through Sept. 30, 2028.

Future funding fight

The House approved the bill May 16 by a 347-70 vote.

Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs and a key negotiator on the Mission Act, voted against it. He worried it would create funding troubles for the VA next year and in the long term. The increased spending for the bill could trigger potential cuts when budget caps are reinstated, Walz said. He also worried those cuts would come from other VA programs.

"I agree these reforms are needed, and I agree these programs were debated in a logical, fair and open manner. We got much of what needed to be done in this," he said. "But I'm suggesting we budget honestly in this so we don't reach a nightmare scenario."

Some Senate Democrats didn't have the same qualms. Tester called it a minor issue that he thinks can easily be resolved.

"We can work through this... There's nobody up here who wants to short-change any other program on behalf of veterans," he said.

The White House Office of Management and Budget issued a statement May 15 stating Trump would sign the bill if Congress approved it. It was uncertain Wednesday afternoon when the signing would take place.

The full title of the bill is the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Networks Act of 2018. It's named for Sen. John McCain, R-Ariz., and Rep. Samuel Johnson, R-Texas, both of whom were prisoners of war in Vietnam, as well as Daniel Akaka, a World War II veteran and former Democratic senator from Hawaii who died in April.

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2.11 - Dayton Daily News: [U.S. Senate votes to expand health care options for veterans](#)
(23 May, JoAnne Viviano and Jessica Wehrman, 1.1M uvm; Dayton, OH)

The U.S. Senate overwhelmingly passed a VA Health bill Wednesday that would expand the private health care options for veterans, extending and streamlining the current VA Choice program and providing \$5.2 billion for that program.

The U.S. Senate overwhelmingly passed a VA Health bill Wednesday that would expand the private health care options for veterans, extending and streamlining the current VA Choice program and providing \$5.2 billion for that program.

Both Sens. Sherrod Brown and Rob Portman voted for the bill, which embraces increased flexibility, allowing veterans to seek private provider options if VA centers within 40 miles cannot meet the necessary care requirements. The current VA bill — which increased flexibility in part as a reaction to reports of long waiting lists for services at VA health centers — expires May 31. The bill, which passed the Senate 92-5, now goes to President Donald Trump, who is expected to sign it.

Critics of the bill — including a group of 17 labor organizations, some representing federal workers — criticized the bill by arguing it would “outsource primary care to the private sector” - but Brown, a member of the Senate Veterans Affairs Committee, said the bill was “a good bill for veterans.” House Minority Leader Nancy Pelosi voted against a House version of the bill, saying it “opened the door to privatization.”

But Brown, D-Ohio, appeared to dispute that notion, saying during a press call Wednesday that he would oppose any effort to privatize the VA.

“I think we need to be very cautious because there’s a lot of pressure from a lot of interests, especially the Koch brothers, who just love privatization,” Brown said, adding, “I wouldn’t have written the bill exactly this way, but Republicans are in the majority.”

Portman, R-Ohio, meanwhile, said the bill helped open up more options for veterans seeking care. He said he’s talked to veterans who are barred from seeing certain specialists because they live within 40 miles of a VA facility. “This removes that sort of arbitrary distance and helps them be able to get the care they need,” he said. He said he was also satisfied with how the bill addresses opioids, ensuring that the VA does not give veterans more opioids than they need and thus discouraging addiction.

David Blom, president and chief executive of OhioHealth, was on the Congressional Commission on Care that, in 2016, issued a report on veterans’ health care with 18 recommendations, some of which are contained in the bill. He said the bill helps smooth out some friction points that exist between the VA healthcare system and the health-care system at large and will lead to expanded options for veterans.

“The barrier used to be so high ... that patients suffered, the veteran suffered,” he said. “And the bill that is before us makes it easier for the veteran to access community health care.”

Also of significance is that the bill allows access to community doctors for veterans who live in areas where VA centers perform poorly, said Lt. Gen. Martin Steele, who served on the

commission with Blom and spoke to veterans at an OhioHealth event last year. A report published in April in the Journal of General Internal Medicine showed that, while the VA performed on average the same as or significantly better than non-VA hospitals in most areas, there was a great deal of performance variation across VA facilities.

"We owe it to this cohort of people who selflessly served this country," said Steele, who retired from the U.S. Marine Corp after more than 34 years of service and lives in Florida. "We're trying to do something to ensure they're receiving proper medical care, as they well deserve, for the rest of their lives."

According to the U.S. Census, some 21 million Americans are veterans. Nearly 865,000 live in Ohio. Steele said about 6 million veterans regularly use VA health services.

Blom said he's also optimistic about ongoing changes that will make the VA's electronic medical record system compatible with those used by most hospitals. He'd next like to see leaders address issues around supply chain, racial disparities, eligibility rules and workforce promotions and discipline.

Also needed, Steele said, are mandatory workforce development rules that would ensure adequate leadership succession and more consistent performance across the system.

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The bill passed the House last week 347-70, with all Ohio House members supporting it.

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3. Modernize Our System

3.1 - Ashbury Park Press (Video): [Toms River makes pitch for new veterans clinic](#) (23 May, Jean Mickle, 1.5M uvm; Neptune, NJ)

Could land located near Seacourt Pavilion become the site of a new outpatient clinic for veterans?

Township officials have made a pitch for a new, expanded medical center for veterans to be located on land off Hooper Avenue, near Caudina Avenue.

Councilman Maurice B. "Mo" Hill Jr., a retired U.S. Navy Rear Admiral, said the township believes the property would be the "perfect site" for an 60,000- to 80,000-square-foot outpatient clinic for veterans.

Toms River's greatest athletes: Greatest athlete ever in Toms River? Results are in! Plus more great athletes

Popeyes: Popeyes in Toms River pecks closer to its grand opening

"There are a number of retail stores and restaurants in the area," Hill said at Tuesday night's Township Council meeting. The site near Seacourt Pavilion is also in walking distance of the county's Veterans Service Bureau, which is located at 1027 Hooper Ave.

At 24,000-square-feet, the James J. Howard Outpatient Clinic for veterans in Brick has long been beset by parking problems and is no longer adequate to service Ocean County's large veteran population.

Iraq veterans: In Highlands, Memorial Day Parade gets a boost from veterans who were ambushed in Iraq

Vietnam veterans: Vietnam veterans get historic monument in Barnegat: 'This is home'

The clinic is located off Route 70 at Jack Martin Boulevard. It offers medical care for veterans, including primary healthcare, dental care, women's healthcare, mental health counseling and physical therapy.

Built in 1991, the Brick clinic was initially intended to serve 5,000 veterans annually.

It now serves more than twice that number, according to a 2014 Asbury Park Press article. That year, the VA opened a 5,000-square-foot supplemental clinic on Route 88.

Ocean County has the largest number of veterans in the state, with more than 42,400 vets, according to U.S. Census Bureau statistics.

Monmouth County has more than 30,000. Watch one Monmouth County veteran reflect on the meaning of Memorial Day in the video above.

The federal Department of Veterans Affairs has proposed a much larger clinic of about 81,000-square-feet, with a minimum of 480 parking spaces.

TR development: Toms River residents bash plan for Route 9 apartments, stores

Toms River Councilman Hill said the township does not own all the land where a new veterans clinic could be located. But Toms River could obtain the rest of the property by declaring it to be an area in need of rehabilitation, Hill said.

Toms River is not the only town making a pitch to be the site of the new veterans clinic. Brick has proposed the clinic be located on land at Route 88 and Jack Martin Boulevard.

U.S. Rep. Tom MacArthur, R-Ocean/Burlington, has urged the VA to move quickly to find a location for a new, expanded clinic.

In a March 14 letter sent to David Shulkin, who was then the Secretary of Veterans Affairs, MacArthur expressed frustration with the slow pace of the project.

75 years married: A Toms River couple on the secret to 75 years of marriage

"Our veterans have sacrificed immensely to ensure the safety and protection of our nation and its citizens," MacArthur wrote. "They are deserving of the utmost respect and care."

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3.2 - News-Review: [Telehealth van visits Roseburg VA](#) (23 May, 160k uvm; Roseburg, OR)

A Telehealth Education Delivery Van visited the Roseburg Veterans Affairs Medical Center on Tuesday to show staff and veterans advances in technology that make it easier for health care providers to offer long distance care.

Some veterans in rural areas can have follow-up appointments from home or from their closest VA clinic instead of taking long drives to the Roseburg hospital.

Technology is increasingly making such follow-ups easier. VA Video Connect allows veterans to use a smart phone or tablet for appointments. Recently, a VA patient had an iPad shipped to his home to use for follow-up visits after surgery. When providers request it, the VA can offer iPad minis to some veterans with travel difficulties and a need for frequent appointments.

About 30 people visited the TED van Tuesday. The van will be at the Eugene VA clinic Wednesday.

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3.3 - KOMU (NBC-8, Video): [Jefferson City moves forward with new VA clinic](#) (22 May, Micaela Dea, 158k uvm; Columbia, MO)

The next phase of a new VA facility in Jefferson City is underway.

Jefferson City Council approved construction plans for a new VA facility Monday night. The current clinic is located at 2707 W. Edgewood and the new clinic will be down the street at 3439 W. Edgewood, which is a 3.35 acre plot of land.

City planner Ian Zollinger said, "I think veterans having access to expanded care is a great thing for the community and it's always a positive thing for us to have as a city."

According to Truman VA public affairs officer Jeff Hoelscher, Truman VA clinic's top priority is to provide excellent healthcare for veterans, especially in rural areas. Truman VA located in Columbia offers several outpatient clinics throughout Missouri, like the one located in Jefferson City.

"Missouri is a very rural state and accessing health care in those areas is not always very easy so Truman VA wants to be able to provide that level of care not only in Columbia but those rural areas as well," he said.

Hoelscher said the clinic will expand from 7,500 square feet to 10,500 square feet.

The current clinic provides podiatry, behavioral health and tele-medicine services, but the new location will also offer optometry.

“Optometry is something that a a lot of veterans use and require as far as part of their healthcare needs,” he said.

Outpatient clinics help cut down travel time for those who have needed to visit Truman VA in Columbia in the past, and tele-medicine is one way to help connect patients to services far away.

“Telemedicine is a really neat technology where we use teleconferencing to provide care to patients in those more rural areas,” Hoelscher said. “We do that because it keeps them from having to travel in many cases to here in Columbia to receive that same care.”

Zollinger believes veterans will find the new clinic useful.

“I think they will react positively to a new clinic for the veterans,” Zollinger said. “We try to support Jefferson City citizens the best we can.”

The new facility is expected to be built by December 2018.

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3.4 - EHR Intelligence: [House Passes Bill on VA Cerner EHR Implementation Oversight - The bill would require Congress to receive quarterly updates on the VA Cerner EHR implementation, including details on project timelines and costs.](#) (23 May, Elizabeth Snell, 50k uvm; Danvers, MA)

Congress will potentially have greater oversight of the VA Cerner EHR implementation, as the Veterans' Electronic Health Record Modernization Oversight Act of 2017 (HR 4245) continues to move through the legislative process.

The House passed HR 4245 earlier this week with a voice vote, and was moved on to the Senate and referred to the Committee on Veterans' Affairs.

Under the legislation, Congress would need to receive certain documents on the implementation process, including but not limited to project timelines, costs, the health IT strategic architecture plan, and the transition plan for implementing updated architecture.

Additionally, agency officials would need to send Congress regularly quarterly updates. This would include the most current documents on the following areas:

House Committee on Veterans' Affairs Chairman Phil Roe, MD (R-TN), Ranking Member Tim Walz (D-MN), Subcommittee on Oversight and Investigations Committee Chairman Jack Bergman (R-MI), and Ranking Member Annie Kuster (D-NH) first introduced HR 4245 in October 2017.

“As chairman and a physician, I know firsthand the value an effective electronic health records system plays in providing patients with quality health care,” Roe said in an earlier statement. “The transition to the Cerner system aims to achieve seamless interoperability with the Department of Defense (DoD), which has been one of my priorities since coming to Congress, and will be one of the largest projects the department has been tasked with implementing.”

Walz added that it was incredibly important to ensure the EHR modernization process was as seamless as possible.

“Whether it is preventing disruptions in patient care, protecting the privacy of veterans, or ensuring American taxpayer dollars are invested responsibly and in a way that will improve healthcare delivery for veterans, this bill will ensure that Congress has the authority it needs to oversee the process and hold VA accountable every step of the way,” Walz said.

VA finalized the \$10 billion Cerner EHR implementation contract last week. The new EHR system will mirror the Department of Defense’s (DoD’s) MHS GENESIS EHR system.

“I am pleased to announce we have signed a contract with Cerner today that will modernize the VA’s health care IT system and help provide seamless care to Veterans as they transition from military service to Veteran status, and when they choose to use community care,” Acting VA Secretary Robert Wilkie explained in a statement.

“And with a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted.”

VA has already secured \$782 million in funding for fiscal year 2018 to launch the implementation project.

The new Cerner system will help VA engage in seamless health data exchange with DoD and community providers, and will improve care coordination for VA providers. The entire care team can also have easier access in seeing the care being provided, and system capabilities will be added “as necessary to meet the special needs of Veterans, VA clinicians, and our community-care partners.”

“Signing this contract today is an enormous win for our nation’s Veterans,” Wilkie concluded. “It puts in place a modern IT system that will support the best possible health care for decades to come. That’s exactly what our nation’s heroes deserve.”

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3.5 - WSEE (CBS-35): [New Community Living Center Takes Shape at VA Medical Center - The VA Medical Center is in the middle of a multi-year 30 million dollar expansion, and this community living center is just one part of that. Erie News Now spoke with VA Director, John Gennaro who told us this new facility will be a game changer for Erie](#) (23 May, Chris Carroll, 23k uvm; Erie, PA)

The VA Medical Center is in the middle of a multi-year 30 million dollar expansion, and this community living center is just one part of that.

Erie News Now spoke with VA Director, John Gennaro who told us this new facility will be a game changer for Erie’s campus.

The facility will allow 22 residents to each have their own private bedroom, living rooms for family and visitors and even a kitchen for a more home-like feel.

Currently residents living in at the VA have an institutional feel, with long cold hallways and shared bathrooms. However, that is about to change soon thanks to this facility.

"We currently have two nursing home care units, they are traditional inpatient type units where you have the 100-yard hallways 40 feet wide. This new facility gets away from all of that, providing a new modern environment that gives each veteran their own personal space and it's much more home like than the hospital setting," said Erie VA Medical Director, John Gennaro."

The VA is hoping to have the work completed by the end of the year and move residents into the facility in early 2019.

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3.6 - WOAY (ABC-50, Video): [Beckley VA Opens New Holistic Wellness Center](#) (23 May, Terrell Bailey, 400 uvm; Oak Hill, WV)

The Beckley VA Medical Center celebrated their 12th annual Health Fair. The fair featured local vendors providing helpful info so that veterans can live a life of longevity.

Not only did the medical center celebrate their Health Fair but the grand opening of their new Whole Health and Wellness Center.

The new Whole Health Center will take a holistic approach to healthy living and it will feature yoga and tai chi classes while also providing chiropractic and meditation sessions for all veterans.

VA Director, Stacey Vasquez said,"It's truly going to help us make a shift from some of the medications and move towards strength training and other therapies like acupuncture and chiropractic care that will be very beneficial."

Veteran advocate Jim Creasman told Newswatch he's practiced yoga for months and has noticed a change in his body, Creasman encourages other Veterans to take part in this new method.

"Look at the opioid epidemic in WV alone if you can find an alternative therapy that accomplishes the same thing, that prevents addiction wouldn't you want to do that?"

It has taken the VA Center over a year for this room to be planned and finished. They're excited for veterans to begin using new methods to stay healthy.

The Wellness Center will be open everyday, yoga classes will take place Monday and Wednesday at 10 a.m. while tai chi will occur on Tuesday and Thursdays at 3 p.m.

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4. [Focus Resources More Efficiently](#)

4.1 - Dayton Daily News: [Local groups to aid veterans comforting Alzheimer's disease](#) (23 May, Barrie Barber, 1.1M uvm; Dayton, OH)

Veterans with traumatic brain injury and post-traumatic stress disorder face a higher chance of battling Alzheimer's disease, research shows, and a new local partnership aims to help veterans and their families confronting the disease, organizers say.

About 5.7 million Americans have the disease and that number could nearly triple within 30 years, according to Eric VanClymen, executive director of the Alzheimer's Association—Miami Valley Chapter.

"... We decided to focus on the military because it's such a huge presence here," he said. "As we've started down this path, veterans who have had PTSD, TBI or depression are at a higher risk for Alzheimer's than veterans who did not."

The Alzheimer's Association-Miami Valley Chapter, the Greater Miami Valley myVeteran Community, Wright-Patterson Medical Center and the Dayton VA Medical Center are pushing the initiative.

groups on base and at the Dayton VA and educate the community, said Cassie Barlow, chairwoman of the Greater Miami Valley myVeteran Community and leader of the Alzheimer's Military Task Force.

"It's really about developing a sustainable partnership so that over time we've got a lasting relationship so that 10 years from now, Wright-Patt and the VA are making referrals" to support groups, she said.

The Wright-Patt Credit Union Sunshine Fund will raise money this year to pay for the initiative, organizers said.

Officials want to educate service members and veterans on how to prevent or delay the onset of the disease, particularly in preventing head injuries.

"Research is showing there are modifiable behaviors that can help maintain health and possibly slow the progression of dementia," Dr. Earl Banning, Wright-Patterson Medical Center director of neuropsychology, said in a statement.

The VA has ongoing research on the effects of TBI and how it could lead to dementia in patients as young as 35 years old, according to Jill Dietrich, Dayton VA Medical Center director.

"There are multiple studies researching how physical and mental exercises can help mitigate some of those risks," she said in a statement.

Organizers say they hope the outreach will lead more veterans to enroll in the VA health care system to receive treatment.

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4.2 - KFVS (CBS-12): [Sen. Claire McCaskill to visit Missouri Veteran's Home Memorial Day weekend](#) (23 May, Kyle Hinton, 445k uvm; Cape Girardeau, MO)

U.S. Senator Claire McCaskill will visit the Missouri Veteran's Home in Cape Girardeau this Memorial Day weekend.

On Friday, May 25, Sen. McCaskill will announce the newest round of results from her Veterans' Customer Satisfaction Program, a confidential secret shopper survey that has given thousands of Missouri veterans an opportunity to give feedback on the quality of customer service they receive at their local VA facility.

This announcement will take place at 12:45 p.m. on Friday, May 25 at the Missouri Veteran's Home. This event is open to the press and Sen. McCaskill will be available to take questions at that time.

"Making sure those who have sacrificed so much receive the quality care and benefits they've earned is a sacred duty—and one I'll always fight to uphold," said Sen. McCaskill, a senior member of the Senate Armed Services Committee. "I started this survey years ago to help give our veterans a louder voice—and the feedback we've received from thousands of Missouri veterans has helped us hold the VA accountable, track specific areas of concern, and highlight what's going well and what can be improved."

McCaskill, the daughter of a World War II veteran, will be making public the results of 2018's survey. This survey will be used as a means of bringing together veterans, the VA, patient advocates, and concerned members of the community to address frustrations that veterans experience with their VA healthcare. This will also give an opportunity for people to offer solutions for these issues.

McCaskill's veteran secret shopper program, known as the Veterans' Customer Satisfaction Program, launched in 2011 amid reports of problems with medical care at John Cochran VA Medical Center in Cape Girardeau, and is now in its seventh year.

The survey is now active in five regions: Springfield, St. Louis, Kansas City, Columbia, and Poplar Bluff.

The past year's round of surveys received nearly 1,200 responses.

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4.3 - FedSmith: [Indefinite Suspension of VA Firefighter for Stalking Is Upheld](#) (23 May, Susan McGuire Smith, 276k uvm; Washington, DC)

According to the appeals court's decision in *Lockwood v. Department of Veterans Affairs* (CAFC No. 2017-1489, 2/21/18 (nonprecedential)), Lockwood was a firefighter with the Department of Veterans Affairs (VA) at Alexandria, Louisiana. The agency received complaints that he was following female employees at the facility. At least five people gave statements to investigators, including that Lockwood had entered an employee's vehicle without her consent, had unwanted physical contact, had followed employees at and from the hospital to their residences, and followed others around the nearby town. Eventually Lockwood was arrested and charged with four counts of stalking by the local District Attorney. At that time VA did nothing and apparently Lockwood stayed on the rolls. (Opinion p. 3)

About a year later there were new allegations and VA decided it was time to act. Lockwood was suspended indefinitely until the pending criminal charges against him were completed. The basis for the suspension was the four criminal counts of stalking. "Based on the information...your subsequent arrest, and the nature of the charges...the Agency has reasonable cause to believe that you may have committed a crime for which a sentence of imprisonment may be imposed." (p. 4) The agency went on to use words such as "seriousness," "incompatibility ... with official duties," and his "presence at this facility" being a "threat to its orderly operation." (p. 4)

Mr. Lockwood challenged the suspension by filing a grievance that ultimately reached an arbitrator. The arbitrator rejected Lockwood's contentions that the agency had improperly involved the crime provision, and that the agency had failed to specify when the suspension would end. Not so since the suspension refers to the completion of the criminal charges against him, ruled the arbitrator. He went on to find there was a clear "nexus" between the misconduct and the efficiency of the service. In short, Lockwood lost his case before the arbitrator.

He took the matter to the appeals court and has fared no better there. The court has found "unpersuasive" the three arguments raised by Mr. Lockwood in a bid to overturn the suspension.

No word on the outcome of the criminal charges.

One could certainly argue that an agency has a duty to act in a case such as this when coworkers are in fear for their safety. The "crime provision" is there for just this type of a situation, and VA finally got around to invoking it. According to the arbitrator and the appeals court, they made their case for doing so.

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4.4 - WWMT (CBS-3): [Pro golfers to gather in Battle Creek for annual VA PGA Tournament](#) (23 May, 196k uvm; Kalamazoo, MI)

On Tuesday, May 29, Custer Greens Golf Course in Battle Creek will be host to the 65th annual Veterans Affairs PGA Golf Tournament, hosting over 40 local golfers.

Organized by the Department of Veterans Affairs Medical Center, golfers will be in attendance from local clubs and the Western Michigan chapter of the PGA to offer a golf skills clinic for interested veterans prior to the start of the tournament. Also, veteran patients who volunteer will serve as caddies for the playing golfers.

For more information, you can contact the Battle Creek VA Medical Center Public Affairs Office at (269) 223-5218.

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4.5 - KHGI (ABC-13): [Holdrege VA celebrates 10 years of service](#) (23 May, Alex Whitney, 76k uvm; Axtell, NE)

Wednesday marked the 10-year anniversary of the opening of the veteran's affairs office in Holdrege.

The office decided to celebrate this milestone by offering an open house for veterans in the area to come and see the services available to them.

This gives local veterans a chance to meet one on one with several specialty care providers who work with the U.S. Department of Veterans Affairs.

Social work, pharmacy, and benefit eligibility were a few of the services being highlighted.

Disabled American Veterans, a private organization that partners with the VA, was also present.

Jamie Jakub of DAV said of the program, "We are, DAV, is one of the nation's largest veteran services organizations. Our partnership with the VA is to, it covers a lot of avenues. Obviously we do a lot of the same things, the VA is its own stand alone entity but we help veterans understand the VA."

The services are not only helpful, but can be the difference between life and death.

Local veteran Stephen Fleming described just how important the VA's services have been to him, "Now I have to say this with all truthfulness the private sector, medical, cant hold a candle to what I've experienced with the VA. I love them, I've cried over them actually. I get emotional thinking about it, I wouldn't be alive I'd be dead quite a while if it wouldn't have been for here, the VA."

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4.5 - North State Journal: [NC native tapped to head the VA](#) (23 May, 18k uvm; Raleigh, NC)

President Donald Trump nominated Fayetteville native Robert Wilkie recently to be secretary of the U.S. Department of Veteran's Affairs. Wilkie was confirmed unanimously in 2017 to be the undersecretary of defense for personnel and readiness, and previously served as a senior adviser to Sen. Thom Tillis (R-N.C.) on national security and defense issues.

"Robert is one of the most honorable and decent human beings I've ever worked with, and anyone who knows him has seen his drive to serve his country and his passion for honoring our nation's veterans and servicemembers, qualities that will be tremendous assets at the VA," said Tillis in a statement following announcement of Wilkie's nomination. "As my senior adviser, Robert was instrumental in advising me on veterans' issues and the legislative priorities of the Senate Veterans' Affairs Committee. Robert holds pragmatic and commonsense views on modernizing the agency and upholding its core mission of providing veterans with the best health care, resources, and support possible."

Wilkie previously served as assistant secretary of Defense for Legislative Affairs under Robert Gates and Donald Rumsfeld. He also served as special assistant to President George W. Bush for National Security Affairs and as senior director of the National Security Council under Dr. Condoleezza Rice.

Wilkie, 55, would replace David Shulkin at the head of the VA. He has been acting secretary of the department since Trump fired Shulkin in March over concerns about unauthorized travel expenses. Trump's physician Ronny Jackson, withdrew from consideration last month after

Democrats presented unnamed sources that alleged he had been lax with prescription drugs and drank alcohol on the job. Jackson vehemently denied the allegations.

The veterans agency has long been criticized for the quality of care it provides and the red tape that veterans encounter.

Wilkie's confirmation hearings are anticipated for the first week of June.

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4.6 - Pinehead Island Eagle: [VFW hosts retirement party for VA's Dr. Stephen Wener](#) (23 May, Ed Franks, 1.4k uvm; Bokeelia, FL)

About 50 people arrived at the VFW for Dr. Stephen Wener's "surprise" retirement party Saturday afternoon.

"It wasn't much of a surprise when it's announced in the Pine Island Eagle," Wener said. "But it's very much appreciated."

Wener, originally from Canada, graduated from the McGill University Faculty of Medicine in Montreal, Canada, in 1978. He began working at the Veterans Administration 20 years ago and specializes in internal medicine - geriatrics. Geriatrics includes patients with dementia, osteoporosis, cognitive Issues, senility, Alzheimer's Disease and many others.

Wener is also affiliated with Bay Pines Veterans Affairs Healthcare System and is one of 20 doctors at Bay Pines who specialize in geriatrics.

"I became a doctor because I wanted to help people," Wener said. "I do come from a medical family. My father's a cardiologist, I have two brothers who are orthopedic surgeons and another brother who's an ophthalmologist."

In addition to his duties at the Cape Coral VA, Wener has participated in the Lee/Collier Honor Flights program. Honor Flights transports America's veterans to Washington, D.C., to visit those memorials dedicated to honor their service and sacrifices.

"About 10 percent of the veterans on those flights are my patients," Wener said. "The Honor Flights are very rewarding and another favorite place is the Southwest Florida Military Museum where they've started a new fundraising campaign. I plan to continue being involved in those things."

"My brothers are semi-retired and I've been thinking about retirement for some time," Wener said. "I didn't really have a plan but when I turned 65 last year, I decided to readjust the priorities in my life. I call it 'realigning' because I'm not completely retiring and plan to work at the VA part-time. This is just the right time and the right plan."

Wener's retirement is effective May 31, 2018.

"The VA has a very capable doctor coming to Southwest Florida and I think she's going to do a great job," Wener said.

"My retirement will allow more time for other things. I recently received a notice of my 45th high school reunion and have never gone to one yet - I may finally have the time.

"I'm very grateful for this opportunity to have this party with my friends (patients),' Wener said. "There are people here, not only from Southwest Florida, but from up to 200 miles away."

"Every veteran on Pine Island knows Dr. Wener," American Legion Post 136 commander Tom Lewis said. "He's a great doctor, actually listens to his patients and is going to be missed by a whole lot of people."

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4.7 - KMMS (CMN-1450): [Three VA Facilities To Be Named In Honor Of Montana Veterans](#) (23 May, 2.2k uvd; Bozeman, MT)

Senators Steve Daines and Jon Tester and Congressman Greg Gianforte's legislation to designate three Department of Veterans Affairs facilities passed the House of Representatives and will now head to the President's desk to be signed into law. This legislation recognizes the commitment to duty and personal courage of three Montanans by naming VA facilities in Missoula and Billings in their honor.

The Community Based Outpatient Clinic in Missoula will be designated in honor of David J. Thatcher, the Community Based Outpatient Clinic in Billings will be designated in honor of Dr. Joseph Medicine Crow and the Community Based Specialty Clinic located in Billings will be designated in honor of Benjamin Charles Steele.

"David Thatcher, Dr. Joseph Medicine Crow and Benjamin Steele sacrificed for our safety and freedom," said Daines. "Now these three American heroes' legacies will be remembered by Montanans for generations to come. I am thankful for Congressman Gianforte's leadership in the House and his work to help get this bill across the finish line."

"With our bill, generations of Montana veterans to come will remember the memories of Ben Steele, Dr. Joe Medicine Crow, and David Thatcher," said Tester, Ranking Member of the Senate Veterans' Affairs Committee. "Each of these Montanans served our nation bravely, and after their military service, were fierce advocates for veterans. It's humbling to recognize their selfless service by naming these facilities in their honor."

"Ben Steele, David Thatcher, and Dr. Joseph Medicine Crow selflessly served our nation and made tremendous sacrifices to preserve our freedoms, liberties, and way of life," Gianforte said. "It's an honor to recognize these heroes and know that more Montanans will come to know their names, their courageous stories, and their dedication to our country."

Missoula: The Community Based Outpatient Clinic on Palmer Street will be designated in honor of David J. Thatcher. Mr. Thatcher was an outstanding Montanan. The humble circumstances of his upbringing in rural, eastern Montana helped him develop a strong work ethic and in 1940, with war raging across Europe, and the clouds of war on the horizon for the United States, he enlisted in the U.S. Army Air Corps. Following the attack on Pearl Harbor, he volunteered to serve as a tail gunner for a high-risk mission to attack targets deep within Japanese controlled territory.

Billings: The Community Based Outpatient Clinic on Spring Creek Lane will be designated in honor Dr. Joseph Medicine Crow. Dr. Medicine Crow was an accomplished warrior and esteemed historian. He was born on the Crow Indian Reservation in eastern Montana and traveled across the U.S. while pursuing his education. In 1939, Dr. Medicine Crow earned his master's degree from the University of Southern California, becoming the first member of the Crow Tribe to attain that credential. In 1943 he joined the United States Army. While serving as an Army scout during World War II, Dr. Medicine Crow fulfilled the four requirements to become a war chief. While fighting against the German forces he led a war party, stole an enemy horse, disarmed an enemy and touched an enemy without killing him.

Billings: The Community Based Specialty Clinic located on Majestic Lane will be designated in honor of Benjamin Charles Steele. Mr. Steele is remembered by Montanans as a ranch hand, teacher, artist and Bataan Death March survivor. Born and raised in Montana, he joined the U.S. Army Air Corps in 1940. After he was captured by the Japanese, Mr. Steele's sturdy fortitude helped him endure a 66 mile trek in the Philippines, a prisoner ship and a forced labor camp. He was a prisoner of war in the Pacific Theater of World War II for a total 1,244 days.

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5. Improve Timeliness of Service

5.1 - Stars and Stripes (Video): [Robotics company aims to help veterans with arm disabilities](#) (23 May, Ken-Yon Hardy, 1.5M uvm; Washington, DC)

Wounded military veterans often face decades of physical challenges as a result of their service that affect their quality of life. They can also suffer from new ailments years later that can lead to significant struggles.

One segment of this population includes veterans with paralyzed or weakened arms; in fact, Paralyzed Veterans of America estimates there are roughly 100,000 American vets with a spinal cord injury or disease.

Myomo Incorporated has introduced a new innovation in medical robotics that they call "MyoPro" and it aims to help wounded veterans regain some use of their injured limbs.

MyoPro is a myoelectric arm brace that restores functionality to paralyzed or weakened arms in patients who have suffered conditions such as stroke or a brachial plexus injury.

It has the support of VA hospitals around the country and is giving veterans a chance to restore much of their independence and arm functionality. For more information about Myomo visit their website.

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5.2 - WITI (FOX-6, Video): [‘It’s going to destroy us:’ 17-year Navy vet says mental illness led to discharge and massive debt](#) (23 May, Bryan Polcyn, 1.5M uvm; Milwaukee, WI)

A 17-year veteran of the United States Navy got the boot after he discloses a mental illness, but it's what the government's been doing ever since then that had his family calling the FOX6 Investigators for help.

It was hard enough for Nate Duszynski to accept his naval career was over, but then the government started taking his severance pay, disability checks and tax refunds, even garnishing his wages -- more than \$106,000 so far and still counting.

Duszynski and his wife say no one will tell them when it's going to end, and it all started when Duszynski disclosed a mental illness that set off a chain of events that led to his removal from the military.

"It's all I've known for 17 years," Nate Duszynski said.

Duszynski was a chief petty officer who worked as a nuclear mechanic on aircraft carriers. He served two tours aboard the (now decommissioned) USS Enterprise and two more aboard to USS Lincoln. The job required him to hold a special clearance for Nuclear Field Duty, which he held through multiple contracts and extensions. Until, that is, he became depressed.

"There was no end and I wanted the pain to stop," Duszynski said.

Duszynski had spent so much time overseas, his wife said their two young children hardly knew him.

"When they were little, they didn't remember from time to time who Daddy was," Jaci Duszynski said.

The Duszynski's called FOX6 Investigator Bryan Polcyn for help with the government's "never-ending" recoupment efforts.

One son had undergone a series of skull surgeries, but Nate Duszynski could not be there to help. Back home in Sheboygan County after his fourth tour, he became severely depressed.

"He started sobbing," his wife recalled. "And he said, 'I can't do it. I can't go back. I can't go back.'"

He made plans to commit suicide.

"Just literally to walk off the aft end of the ship," he said. "I was a chief. I ran that part of the ship. No one would question why I would walk out there."

His wife convinced him to get help instead. He was committed for three days of in-patient treatment at Columbia St. Mary's Ozaukee campus, where he was placed on anti-depressant medication and then released. A military doctor continued the prescription and Duszynski says the doctor told him it was OK to take, even with his nuclear job assignment.

"You wanted to stay in the Navy?" asked FOX6 Investigator Polcyn.

"I did. I had two kids, a wife, two dogs, a house payment," Duszynski said.

His wife said he was determined to get back on a ship.

"He said, 'I want to finish what I started,'" she recalled. "'I set out to do 20 years and I want to do 20 years. I have to do 20 years! Because of our son.' Our son desperately needed the insurance."

But just before his next deployment, Duszynski was told his nuclear clearance had been revoked because of a disqualifying medication, so he simply stopped taking it.

Jaci Duszynski said they've not only had \$106,000 taken, but lost their military health insurance and life insurance coverage.

"That's extremely dangerous to do -- to go cold turkey," Jaci said. "I mean, you're messing with your brain chemistry..

Even that didn't save his job, despite a request by his superiors that his nuclear status be reinstated.

"Got sent off back east, and it came back denied because of the suicide attempt," Duszynski said, his voice wavering, tears welled up in his eyes.

In responding to the request for a waiver of physical standards for Nuclear Field Duty, the Navy wrote that Duszynski's history of major depression and a suicide attempt presented too much of a risk.

Things were about to get even worse for the longtime sailor with an exemplary service record.

In the Navy, nuclear engineers are in high demand, so they are offered substantial bonuses to reenlist, so when Duszynski signed a six-year contract in 2008, he received an \$89,000 signing bonus, and when he failed a body composition assessment test in December of 2010, the Navy made no attempt to get rid of him.

"It was something that was waived for people in the nuclear field," Jaci Duszynski said.

But his depression changed everything.

"Now that I'm no longer a nuclear operator, I lost that umbrella of protection for my weight," he said.

In January 2015 -- after three more failed BCA tests -- the Navy gave Duszynski an honorable discharge, but instead of listing a mental health disability as the reason, they cited weight control failure.

Because Duszynski was officially discharged for "weight control failure" instead of a mental health disability, the Department of Defense began recouping a large portion of his reenlistment bonus.

"I think firing somebody for a mental health issue has a lot of baggage that comes with it, and I think they found this little loophole," his wife said.

Because he was discharged for his weight, the government wanted most of his re-enlistment bonus back -- \$64,757.

"They just started taking it," Nate Duszynski said.

Duszynski and his wife say no one ever told them it was coming or how long the recoupment would go on.

"Every time we'd contact them, they'd say we owe them more and more and more," Jaci Duszynski said.

First, Nate Duszynski's severance pay was withheld (\$41,000). Then his disability benefits were taken (\$31,000), his wages garnished (\$14,000) and tax refunds intercepted in 2014, 2015 and 2016 (\$20,000). To date, the government has taken more than \$106,000 from the Duszynski family, but that's still not the end of it.

According to a private collection agency, they still owe nearly \$20,000 more, including more than \$4,000 in unspecified fees.

All tolled, that's \$126,000 in debt collection -- nearly double the amount the Navy said he owed.

"We don't know when it's going to end! But it's going to destroy us financially," Jaci Duszynski said.

"My kid couldn't take hot lunch for two weeks, because we couldn't get the money together," Nate Duszynski said.

The Duszynski's say the government has already taken more than \$106,000 with another \$20,000 still due to a collection agency. The base debt in 2014 was \$64,757.

An assistant Sheboygan County veterans service officer declined our request for an interview, but in an email to the FOX6 Investigators, he called the Duszynski case "egregious."

They've contacted every member of the state's congressional delegation, but say it's gotten them nowhere.

"From our congressman to Senator Baldwin, we've even tried to contact Paul Ryan. Nothing happens," he said.

Senator Baldwin's staff did the most, they say, writing a series of letters to the Navy and Department of the Treasury. Eventually, even they told Jaci Duszynski to stop calling.

"It's absolutely, completely wrong," she said.

"Just stop taking the money. We can't keep bleeding and hemorrhaging money," Nate Duszynski said.

They tried to get Nate Duszynski's discharge changed to a mental health disability, which would have stopped the recoupment; however, the Navy denied the request, writing that there is "no evidence" that major depression made him unfit for duty.

That declaration seems to stand in contrast to the Navy's earlier determination that his "major depression" made him too big of a risk for Nuclear Field Duty. It also seems at odds with the Milwaukee VA Hospital, which determined after his discharge that he qualifies for disability payments, largely because of his "major depressive disorder."

"Their own doctors are disagreeing with each other," Jaci Duszynski said.

Duszynski and his wife have long since given up on the idea of getting the reenlistment money back. They just want the recoupment to stop.

"I just want it over. I don't want anybody to tell me they're sorry, because I know they're not," Nate Duszynski said. "Be done with it. Let me get on with my life."

At the end of the day, they want to send a message about the state of mental illness in the military.

"All the speeches about mental health -- there's still a long way to go," Duszynski said.

Throughout this ordeal, Duszynski and his wife have been helped by Todd Richter, an assistant veterans service officer for Sheboygan County. Richter called the case "egregious," but declined our request for an on camera interview. His boss, Sheboygan County Veterans Service Officer Charlene Cobb sent a letter to FOX6 News calling the situation "unfortunate," but insisting the military is "not at fault" and that Duszynski "bears responsibility" for spending his enlistment bonus before completing his contract.

Here is her complete statement:

Mr. Polcyn

I received your email from our County Administrator and he asked that I respond to you directly. While I am sympathetic with the Duszynski's situation I also believe no one was intentionally derelict in their duties and responsibilities. It is unfortunate that circumstances prevented Mr. Duszynski from fulfilling the contract he made with the US Navy. However he also needs to accept responsibility for his part in getting them to this place in time. He had control over when and how he spent the money he received as a part of that contract. We primarily work with the Veterans Administration; therefore we are not knowledgeable enough to speak on the workings and procedures of the Department of Defense. Our office has helped Mr. Duszynski with his paperwork for the Veterans Administration and we also have worked with other Veterans Service Organizations to assist him and his family while they are working through all of this. You stated, "If I understand correctly, the role of a Veteran Service Officer is to help veterans and their families to identify and apply for benefits they may be entitled to and to be a resource for them in filing claims, etc." That is true and it is not our place to be discussing any of those situations in a public forum. As I understand it, Nate entered into a contract with the US Navy agreeing to serve as a nuclear engineer for that bonus. There is language in those contracts about recoupment of the bonus if the contract is not fulfilled. When he was no longer able to fulfill his contract (no matter how that happened) he was in default, so the Navy gave him credit for the time he had served under the contract but they wanted the remainder back. I don't believe the military is at fault here, nor is Mr. Duszynski to blame that he became ill and was no longer able to keep his rating but he is culpable in that he got himself into debt (he didn't have the money he hadn't earned yet to return) that he now needs to work his way out of. You also mentioned that Nate had contacted our elected officials. Our Congressional offices do help with

navigating through the bureaucracies but they don't have the authority to ignore laws. Having worked with those offices, I am confident they looked into the situation on his behalf and were told by the Department of Defense that it was in the contract he signed that if he didn't fulfill his obligation he would not be entitled to the full bonus. Contracts are binding and not understanding all the ramifications of them is not an excuse when things don't go your way. As Nate's advocate, my advice, if you really want to help, is don't bash the government for following common sense rules that you would do in your own personal business. Instead you may want to do a human interest story and setup a GoFundMe account on your website to garner the funds he needs. Wisconsinites in general are very Veteran friendly and you may be pleasantly surprised with their generosity. If you have any further questions, please let me know.

Sincerely, Charlene K. Cobb
Veterans Service Officer

FOX6 News reached out to the offices of U.S. Senator Tammy Baldwin, U.S. Senator Ron Johnson and Congressman Glenn Grothman. All three said they would look into the matter. Senator Baldwin's staff was the only one to follow-up:

We have worked with Mrs. Duszynski since she first contacted us about her husband's case in early 2015. We communicated continuously with Treasury, DoD and Mrs. Duszynski from March 2015 to January 2017, when the Naval Board of Corrections formally denied Mr. Duszynski's appeal to change his reasons for discharge from the Navy. Most recently, our office spoke to Mrs. Duszynski on May 10, 2018 about the continued wage garnishment/debt collection, and following that conversation we reached out to DoD's finance and accounting office to get a full accounting of their debts and get to the bottom of why additional debts keep getting tacked on.

Our office is standing by to be as helpful as we can through this process to make sure the family gets the information and clarity they need.

Kasey Hampton
Office of US Senator Tammy Baldwin

Baldwin's staff says they have yet to get a response from the Department of Defense regarding a full accounting of Duszynski's debt and recoupment efforts.

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5.3 - WFLA (NBC-8): [VA lost or misplaced hundreds of claims for children, grandchildren of contaminated veterans](#) (23 May, Steve Andrews, 692k uvm; Tampa, FL)

The lack of accountability at the Department of Veterans Affairs seems to be reaching a level of absurdity.

Thousands of claims filed on behalf of the children and grandchildren of veterans who were exposed to toxins are unaccounted for.

The Vietnam Veterans of America (VVA) says the VA can't and won't say what happened to the claims.

Whether its from depleted uranium ammunition used in Iraq or a toxic herbicide called Agent Orange that was sprayed in Vietnam during war, members of America's military are learning they not only put their lives on the line, but possibly the lives of their children and grandchildren.

"If you're going to send them there, make sure you take care of them when they come home. That means take care of them and their offspring," said Marc McCabe, Vietnam Veterans of America Bureau Chief.

McCabe is a battle hardened Marine who fought in Vietnam.

Now in his position as Vietnam Veterans of America Bureau Chief in Florida, he fights with the VA.

The military exposed veterans like Lonnie Kilpatrick and Leroy Foster to Agent Orange. The weed killer wrecked Kilpatrick's heart.

Foster suffers from terminal cancer.

Kilpatrick's children and grandchildren were born with multiple health problems.

Foster's granddaughter was born with 24 fingers and toes.

McCabe filed hundreds of claims with the VA on behalf of children and grandchildren of veterans exposed to toxins.

"And they got lost. The VA cannot account for them. They can't tell us where they collected it, where they stored it, what they did with it," explained McCabe.

In fact, according to a letter the VVA received, the VA refuses to disclose information about how it keeps track of such claims.

Rick Weidman, Executive Director for Policy for Vietnam Veterans of America, compared the VA's refusal to disclose how it handled the claims to a line from the comedy "Animal House."

"This is the most ridiculous damned thing we've heard from the VA since Dean Wormer's double secret probation," said Weidman. "If you file a claim and the VA rejects it, they still have to preserve it electronically."

Weidman believes that until February of this year, the VA rejected the claims and threw them out.

"Once again, the VA is doing everything it can to not do the research, which will show one way or the other if children and grandchildren are affected," added Weidman. "Their overall strategy is delay, deny, until they all die."

McCabe points out that the VVA will assist veterans along with their children and grandchildren through the maze of the VA's claims filing process.

"Collect all your medical records on your children and your grandchildren," said McCabe. "But most importantly, we tell them, 'get your military records. Get your military personnel records.

Give them to your children. Put them in a safe place because you'll need that to produce evidence that your dad was in the service."

If you need assistance filing a claim for yourself, your child or grandchild, contact Vietnam Veterans of America at 301-585-4000.

The St. Petersburg office number is 727-319-5921.

If you know of something that should be investigated, contact our Target 8 Helpline at 1-800-338-0808.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military.com (Paycheck Chronicles): [New Program Provides Free Pilot Training For Veterans](#) (23 May, Jim Absher, 9M uvm; San Francisco, CA)

Are you a veteran who wants to be a pilot? The Department of Transportation has a new program just for you.

The Forces to Flyers program is a three-year research initiative led by the U.S. Department of Transportation (U.S. DOT) and its Volpe National Transportation Systems Center. This program is designed to help ease the critical shortage of commercial pilots.

HOW IS THIS PROGRAM DIFFERENT FROM THE GI BILL?

If you want to use the GI Bill to get commercial flight certification you must already have a private pilot's license. You aren't eligible to participate in this program if you already have your private pilot's license. However, you can enter the program and get your private pilot's license then use your GI Bill for the remainder of the program.

To participate in this program you must have:

- A first-class medical certificate,
- A student pilot certificate, and
- A letter of reference from a previous or current commanding officer, teacher/instructor/professor, or supervisor/manager.

HOW MUCH DOES THE PROGRAM COST?

Under the Forces to Flyers program flight schools must deduct \$13,526 from the cost of training. This amount represents the 100% annual benefit level for the Post-9/11 GI Bill for vocational flight school training. So, if you are eligible for the GI Bill you could possibly get certified for free.

If you don't have GI Bill eligibility you will have to come up with the \$13,526 yourself.

WHAT EXACTLY DOES THIS TRAINING ENTAIL?

This is an accelerated training program, some people have reported completing it in 4 months. According to the DOT, flight schools offering this training will provide the training necessary for up to 40 students to earn the following certificates and ratings:

- Private Pilot Certificate
- Instrument Rating
- Commercial Pilot Certificate
- Multi-Engine Rating
- Certified Flight Instructor (CFI) Certificate
- CFI-Instrument (CFI-I) Certificate

After receiving a CFI-I Certificate, participants will be able to seek employment as flight instructors while obtaining the flight hours necessary to qualify for an Airline Transport Pilot Certificate (ATP) and become an airline pilot.

WHAT SCHOOLS ARE PARTICIPATING IN THE PROGRAM?

Currently, this is a test program to determine the interest in a training program for veterans to become pilots. As such, there are only four schools nationwide participating:

- Western Pacific/Northwest/Mountain/Alaskan Region: Leading Edge Aviation, Inc. – Bend, Oregon
- Central/Great Lakes Region: CTI Professional Flight Training, LLC – Millington, Tennessee
- Southwest Region: U.S. Aviation Group, LLC – Denton, Texas
- Eastern/Southern Region: CTI Professional Flight Training, LLC – Fort Lauderdale, Florida

HOW DO I ENROLL IN THE PROGRAM?

Since this is a test program, vacancies are extremely limited, so don't delay in applying if you are interested. Check out the Dept. of Transportation Forces To Flyers website for details.

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7.2 - Military Times: [Commentary: Female troops, veterans deserve comprehensive care for infertility issues](#) (23 May, Colleen Miller, 2.1M uvm; Springfield, VA)

(Editor's note: The following is an opinion piece. The writer is not employed by Military Times and the views expressed here do not necessarily represent those of Military Times or its editorial staff, nor those of the Defense Department.)

"I tried to get in vitro fertilization and I couldn't afford it. That's the only reason we do not have a child today."

“Women are strongly urged to forgo a family until later in their career so if I wanted to get contraception I could. When I wanted to get pregnant, I was on my own. There are programs for maternity care but there is nothing to assist you when you need to pursue a family via IVF.”

“I did not even know the options for infertility treatment were available.”

These are just a few of the stories female veterans shared in a recent survey on access to reproductive services by the Service Women’s Action Network. Women make up 10 percent of the veteran population, and it’s estimated that 16 percent of them struggle with infertility.

However, in 2015 only 22 percent of veterans diagnosed with infertility actually received evaluation and/or treatment. Even more frustrating, the Veterans Affairs Department was barred specifically from providing veterans with in vitro fertilization, or IVF, until 2016. It’s now available, but funding for the procedure requires annual yearly review and congressional approval.

Female veterans experience combat, suffer from injuries and delay starting a family for our country. Yet when their service is completed, we are not providing them the reproductive assistance they need. I am an obstetrics/gynecology resident physician pursuing a career in reproductive endocrinology and infertility; these are the women I am dedicating my life to serving.

As women age, their risk of suffering from infertility increases. By delaying childbearing in the service of the country, our female veterans are sacrificing their peak fertile years and potentially putting their ability to conceive at risk. Although more than 85 percent of infertility cases can be treated with medications or surgery, the only option for some women is to use assisted reproductive technology such as IVF. IVF involves removing eggs from a woman’s ovaries, fertilizing them in a lab with her partner’s sperm and injecting the fertilized egg, or embryo, back into the uterus.

Infertility is associated with painful stigma. Infertile couples may hear that that they are destined to never have children. But infertility is a disease with treatment options and does not need to be inevitable.

Many people point to adoption as an alternative for women who can’t afford IVF. While adoption is the right choice for many families, it shouldn’t be the only option.

Others say that IVF is expensive and insurance companies shouldn’t have to cover it. But if we look at the broader picture of medical interventions, a cycle of IVF — which accounts for less than 5 percent of fertility treatments in the U.S. — costs about one third as much as a hip replacement.

Infertility is a health crisis which is detrimental to individuals, their families and their communities. IVF may be the only chance our veterans have of achieving the family they desire and they deserve. We must do better.

This week, the American Society for Reproductive Medicine and RESOLVE: The National Infertility Association are coming together to inform Congress about the serious need for permanent assisted reproductive technology coverage among veterans and active-duty servicemen and women. Veterans deserve to have a family regardless of their ability to pay; we need to act now so that not one more veteran says that lack of coverage is the only reason she does not have a child today.

Dr. Colleen Miller is an OB-GYN in Indianapolis and a junior fellow of the American College of Obstetricians and Gynecologists. She recently completed a women's health advocacy fellowship in Washington D.C.

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7.3 - KMGH (ABC-7): [Fort Logan National Cemetery honor bell to ring for the 1,000th time](#) (23 May, Eric Lupher, 2.1M uvm; Denver, CO)

A milestone will be reached at Fort Logan National Cemetery in Denver on Wednesday. The honor bell will toll for the 1,000th time during a veteran's funeral.

"After the flag is presented to the next of kin, we toll the bell seven times with seven seconds in between," said Louis Olivera, who founded the Honor Bell Foundation. "You toll a bell for sorrow, you ring a bell for joy. Tolling is the deliberate slow ringing of a bell to show respect for a veteran."

The bell will toll Wednesday for WWII veteran Elio Tasin. He served for about a year and a half as a combat infantry rifleman. He lived a full life after war and will get the honor he so deserves.

The bell was cast in 2016. It's 99 percent bronze. The other one percent is made up of artifacts from Colorado veterans. That includes dog tags from a Vietnam veteran and a purple heart.

The Honor Bell Foundation first budgeted for 300 funerals a year. They're now doing more than double that and hope donations keep them operating.

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7.4 - Argus Leader: [Veterans look ahead as cemetery project takes shape](#) (23 May, Garrett Ammesmaki, 442k uvm; Sioux Falls, SD)

Terry Paulsen arrives in a white pickup truck at the future site of eastern South Dakota's first state veterans cemetery. The sun is high in the afternoon, and the hills and trees northeast of Sioux Falls roll into the distance.

Paulsen, a retired Army veteran, has spent the last two years working to support a cemetery project that spanned two decades, defeating many South Dakota Veteran's Council presidents before him. Now, an empty 50-acre expanse is the only thing standing in the way.

There are more than 40,000 veterans in eastern South Dakota, and with the only open national cemetery for veterans being in Sturgis, Paulsen said those in Sioux Falls and surrounding counties have gone "under-served."

Though a military veteran can be buried anywhere they want, to get full benefits from the government their grave must be in a state or national cemetery.

"A lot of veterans want to be buried in a veterans cemetery, but the distance made it somewhat unrealistic," said Paulsen, who retired in 2013 as a Command Sergeant Major after 31 years.

"There was certainly the will to want to get it done by lots of people. The problem was, who was going to pay for it?"

Paulsen spearheaded the project, along with fellow council members Ken Teunissen and Rick Williamson. It took two years to research different facets of the issue –determining cost, drafting legislation and getting enough votes in the state legislature.

More: South Dakota senators unanimously approve veterans cemetery proposal

Their work culminated in the passing of a bill during the last legislative session in Pierre, with an expected federal grant to cover the nearly \$6 million in construction costs. Operational costs are estimated at \$130,000 a year.

South Dakota Secretary of Veterans Affairs Larry Zimmerman called the legislation "historic."

"We, as a department, will move forward to represent the veterans and are looking forward to have a final resting place for our veterans from that area," said Zimmerman, who is confident construction will be finished prior to 2020.

Paulsen and the council set up the Veteran's Cemetery Fund in a "good-faith effort" to offset additional costs accrued during yearly operations.

Paulsen received an award for his work with the cemetery from Scheels "Hometown Heroes" program. He was at the site Tuesday as part of filming for a video that will help recognize his efforts.

"I feel honored, first and foremost," he said, "but I truly believe there are other veterans more worthy of it than myself."

The issue is close to home for Paulsen and Teunissen. Both men are veterans who have had tours of duty overseas.

"(A cemetery) is something that every veteran deserves," Teunissen said. "There are other cemeteries, but this one is different."

Teunissen was drafted in 1969. He spent his 21st birthday in Vietnam.

"For those that have shed blood, been in combat, (the cemetery is) hallowed ground," Teunissen said. "Veterans can be laid to rest by other veterans. They've earned that right."

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7.5 - Inland Daily Bulletin: [Rancho Cucamonga veteran gets help with fire-damaged house from Riverside National Cemetery team](#) (24 May, Sandra Emerson, 271k uvm; Rancho Cucamonga, CA)

Paul Pestal, a U.S. Navy veteran whose Rancho Cucamonga house was badly damaged in a fire, recently got some help from Riverside National Cemetery's Memorial Honor Detail Team 18.

In 2014, a clothes dryer caught fire at Pestal's home on Etiwanda Avenue, causing significant damage.

When the team heard about Pestal's situation, they began a collection and were able to present him with a check for \$700 Thursday, May 17, at the Veterans of Foreign Wars Post 8680 in Rancho Cucamonga.

Pestal is a former member of the team, which was formed by members of Post 8680 in 1995 to provide military burial service to veterans at Riverside National Cemetery.

When it became clear Pestal could not pay for the repairs needed to his house, Rancho Cucamonga reached out to Pomona Valley Habitat for Humanity for help.

The house, built in the 1950s, has been cleared of all belongings and nearly taken down to the studs.

Now, they are looking for subcontractors to donate their services for the concrete work, plumbing, electrical and roofing, said Luis Jiménez, construction manager with Pomona Valley Habitat for Humanity.

"We need subcontractors that want to step up to the plate," he said.

They are also still in need of materials and volunteers.

For more information on donating services or materials, email construction@habitatpv.org. Anyone wishing to volunteer can email Morgan Sternquist at msternquist@habitatpv.org.

Lifeways Church Ministries in Rancho Cucamonga also is helping to coordinate some of the work and donations. For more information, email Pastor Chris Esteves at lfwychurch@lifewaychurch.org.

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7.6 - WEYI (NBC-25, Video): [Mid-Michigan program helps more than 80 homeless veterans turn their lives around](#) (23 May, Amanda Chodnicki, 157k uvm; Flint, MI)

More than 80 homeless veterans have turned their lives around in the past two years with the help of a program run by My Brother's Keeper and the Saginaw VA.

"I don't think homelessness and veterans should go in the same sentence," Debra Hayes, the executive director of My Brother's Keeper said.

66-year-old Charlie Burns of Flint is one of the veterans currently benefiting from the program.

"I'm looking for housing right now," Burns said. "I want to move to an apartment close to stores and stuff."

When Burns first arrived at the shelter, he couldn't see.

"I couldn't see well enough to take care of myself and my dog."

He said 95 percent of his eyesight was gone, until he crossed paths with an eye doctor at the shelter who was willing to operate on him

"My cataracts were some of the worst he's seen," Burns said. "And he did it by hand on both eyes."

Now, Burns can see and soon will be laying his eyes on a new apartment.

But he said, there's still a whole floor of veterans in the program working to achieve just that.

He has the following message for them:

"Be good, have faith in God and everything will work out," he said. "It's worked out for me. I was blind and now I see."

On Friday, June 1, the Genesee County Veteran Stand Down Committee will host a resource event and veteran lapel pinning ceremony.

All veterans and their family members are invited to attend.

The event is located at the Downtown Flint GCCARD Banquet Room on 601 N. Saginaw Street.

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7.7 - Burlington County Times: [Willingboro resident oversees graves of the fallen at Beverly National Cemetery](#) (23 May, Gail T. Boatman, 88k uvm; Willingboro, NJ)

BEVERLY — A veteran himself, Gregory Whitney brings a special energy to his position as cemetery director for five national cemeteries, including the one in this small community on Bridgeboro Road.

"I feel passionate about it. It's not work; it's an honor. It's my way of serving those who served," said the Willingboro resident.

With its 65 acres, the Beverly burial ground is the second largest of the five national cemeteries in this area. Only the 205-acre Washington Crossing National Cemetery across the Delaware River in Upper Makefield, Pennsylvania is larger.

It is from his office there that Whitney, a caretaker for 13 years, from 1988 to 2001, at the Beverly cemetery, oversees the system. "I make sure the grounds at all of them are well maintained and that burials are carried out to the highest professional standards," he said.

He also interacts with the government as all 135 national cemeteries, except Arlington, are under the direction of the U. S. Department of Veterans Affairs. Arlington is administered by the Department of Defense.

Most important to him, however, is meeting the needs of the families of deceased veterans. "I am aware that I'm dealing with them at a most stressful time," said Whitney, who served in the U. S. Army for three years from 1983 to 1986. "I want to give them a sense of peace."

First time visitors to the burial grounds are surprised, Whitney said, noting that they are often unprepared for what they find after they pass through the main gate.

Meticulously arranged, precise lines of thousands of identical white headstones greet them, fanning out in all directions. It is a sight that inspires quiet respect and appreciation for the sacrifices made throughout our history, starting with the Civil War.

The cemetery's 49,000 grave sites are framed by a canopy of majestic oaks and, on a recent spring day, flowering dogwoods and cherry trees. Three Medal of Honor recipients and five veterans who were awarded the distinguished service cross, are buried there in a special section framed by a rose garden.

In 1997, the burial ground was listed on the National Register of Historic Places.

The creation of national cemeteries was inspired by Abraham Lincoln, who believed the nation had an obligation to honor its military with an appropriate final resting place. After the Civil War, an act of congress made it official, mandating their establishment.

The Beverly cemetery is at capacity, but grave sites are available at Washington Crossing, Whitney said.

On Memorial Day, local parades from Beverly and Edgewater Park will make an official stop at the cemetery to pay their respects. Each year, on the second Saturday in December, wreaths are placed on all the headstones.

The Rostrum area houses a pavilion and seating, where special events take place.

For Whitney, who divides his time between inspecting the cemeteries and sitting behind a desk, every part of each cemetery is special.

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7.8 - WJCT (PBS-7): [Veterans With No Family Are Remembered](#) (23 May, Bobbie O'Brien, 54k uvm; Jacksonville, FL)

It happens hundreds, if not thousands, of times a year nationwide. A veteran dies, but there's no family nearby. So, the Department of Veterans Affairs steps up to handle the burial. It's called an "Unattended Interment." There is no service, no ceremony, just two VA employees with the remains of a 72-year-old Vietnam veteran in a rectangular metal box on a bright and breezy spring morning.

There were 10 such burials in April at the Bay Pines National Cemetery in St. Petersburg. The National Cemeteries Administration does not track the number of unattended interments nationally, but it operates more than 130 sites throughout the country.

Bay Pines worker Terry Clark unfastens the stone covering of a niche at the outdoor Columbarium B and prepares it for the interment of Clifford Leo Bisek.

Cemetery director Eugenia Simmons arrives, holding close to her heart the metal box with his ashes. They check and double check the paperwork. The box slides into the niche and the cover is replaced.

Simmons signs a form and then reaches out and pats the granite stone covering Bisek's niche.

Bisek was a sergeant in the Army during the Vietnam Era and later served in the Navy. Eight years ago, the Tampa resident briefly became a local hero when he foiled a drug store robbery chasing away the thief with his cane.

"Safety of the other people comes before mine," Bisek told the Tampa Tribune at the time. "It has been in my system practically all my life."

In March, Bisek died from heart disease. He was found sitting outside the Tampa motel room where he lived. Inside his room, police discovered old paperwork from the VA, but he had no close relatives.

So, the Hillsborough County Medical Examiner sent Bisek's cremated remains to the nearest VA Cemetery, Bay Pines. Simmons said because Florida has so many retirees, it's common for veterans to die with no family or no relatives nearby.

"We give them a dignified burial," Simmons said. "And once the cremated remains are placed, we send the information to the family so they know how to locate their loved one."

Under federal law, every eligible veteran is entitled to a military funeral if the family requests it. When there is no family present, the veteran can still be interred, but without an individual ceremony.

But at Bay Pines, a group of volunteers tries to make sure that even those veterans who lack close family get the recognition they deserve. On the first Tuesday of every month, they gather to pay tribute to all of them.

Marine veteran Bob Cannon has organized every service for nearly two decades at Bay Pines.

"I'm a Vietnam veteran. When I came back, I had, let's say, I had not a very good welcome home," Cannon said. "And this is what we're trying to do, make sure that veterans, that have died, they get a good welcome and send off."

That send-off at Bay Pines starts with a motorcycle "ride-by" with veteran Randall McNabb as ride captain. For the May ceremony, more than two dozen riders showed up.

"I love these guys. They spend their own time and their own dime to get out for these veterans." McNabb said.

A half-dozen veteran service organizations volunteer on a rotating basis to conduct the monthly service. This May, the Marine Corps League Clearwater Chapter had the honors.

Sharply dressed in a pressed white shirt, decorated with ribbons and medals from past service, the Color Guard commander, Bill Cona, oversaw the service.

The ceremony is brief. It includes a prayer, the presentation of the colors and the reading of the deceased veterans' names followed by the ringing of a bell – a Navy tradition. There's a three-volley gun salute and the playing of Taps.

It's important to Cona to be here for his comrades, like Bisek, just as he hopes someone will be there for him.

"I don't think of them having no one around because we're here. And we'll always be here," Cona said choking up a little.

Typically, at military funerals, the color guard presents a folded American Flag to the veteran's family. But here, the flag was symbolically handed to a volunteer. Then, it will be used again at next month's ceremony.

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8. [Other](#)



Veterans Affairs Media Summary and News Clips

D Month 20##

1. [Top Stories](#)

1.1 - FOX News (Video): [Senate passes \\$55 billion Veterans Affairs bill](#) (24 May, 32.5M uvm; New York, NY)

This 1:30 video features commentary from Pete Hegseth about the recent passage of the VA Mission Act by the Senate Wednesday. Video description: 'Fox & Friends Weekend' co-host Pete Hegseth on how the bill will help veterans.

[Hyperlink to Above](#)

1.2 - Dallas Morning News: [At sprawling VA hospital in southern Dallas, a righteous battle to keep the promise to care for America's vets](#) (24 May, Editorial Board, 9.4M uvm; Dallas, TX)

America has made an expensive yet richly merited promise to its veterans. It works like this: If you serve our country and get injured or spend your career in uniform, then our country will pick up the tab for your medical care for the rest of your life. That's a two-way pact with our veterans that should find room in our hearts this Memorial Day weekend.

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1.3 - Military.com (Military Update): [Congress Expands VA Caregiver Plan, Streamlines Non-VA Care](#) (24 May, Tom Philpott, 9M uvm; San Francisco, CA)

Congress has passed a massive bill, nicknamed the VA Mission Act, to streamline veterans' access to non-VA community care when clinically appropriate, create a new VA benefit of commercial walk-in clinics, and end an indefensible inequity by opening the VA comprehensive caregiver program, on a phased schedule, to older generations of veterans severely injured while in service.

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1.4 - Sacramento Bee: [The California military cemetery that became a national shame](#) (24 May, Foon Rhee, 4.8M uvm; Sacramento, CA)

As on every Memorial Day, small flags will be placed next to neat, respectful rows of headstones at military cemeteries across America. Neat and respectful is not how you would describe Mare Island Naval Cemetery – a forsaken plot of hallowed ground that fell between the cracks of Pentagon base closings and the city of Vallejo's bankruptcy.

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1.5 - Palm Beach Post: [Veterans ceremony: We'll always honor their memory, 'it's just in a different realm'](#) (24 May, Ryan DiPentima, 3.8M uvm; West Palm Beach, FL)

Through teary eyes and cracked voices, family members of fallen veterans walked to the front of the room, placed a white flower in a vase and spoke the name of their loved one. They gathered Thursday at the West Palm Beach VA Medical Center for the Last Roll Call Ceremony of Remembrance, to honor and celebrate veterans who have died over the last year.

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2. Greater Choice for Veterans

2.1 - ABC News (AP): [Bill expanding private care for veterans goes to Trump](#) (24 May, Hope Yen, 24.2M uvm; New York, NY)

Congress delivered a victory to President Donald Trump by expanding private care for veterans as an alternative to the troubled Veterans Affairs health system. The Senate cleared the bill on a 92-5 vote Wednesday, also averting a disastrous shutdown of its Choice private-sector program. The program is slated to run out of money as early as next week, causing disruptions in care.

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2.2 - Politico: [Senate passes big VA bill](#) (24 May, Darius Tahir, 23.9M uvm; Arlington, VA)

The Senate passed the VA Mission Act Wednesday, a week after the House gave its approval to a companion bill. In the big picture perspective, the legislation will put billions of dollars on the fiscal tab to shore up the Department of Veterans Affairs' private care system. But it also has some relevant nooks and crannies for health IT watchers.

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2.3 - Columbus Dispatch: [David Blom and Martin Steele: VA MISSION Act will enable better care for veterans](#) (24 May, 2.1M uvm; Columbus, OH)

The Department of Veterans Affairs helps provide benefits, care and assistance to nearly 21 million veterans. In our states, Ohio and Florida, we are honored to have large veteran populations add to the diversity and dignity of our communities. In both states, the VA system is staffed by thousands of caring, dedicated public servants — medical and professional — who honor our veterans every day.

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2.4 - Anchorage Daily News: [What the new VA health care bill means for Alaska's veterans](#) (24 May, Erica Martinson, 2.1M uvm; Anchorage, AK)

A new bill is headed to President Donald Trump's desk that Alaska's U.S. senators hope will ultimately offer the state's veteran population greater access to health care in and near their homes, and bring new doctors to the state. The so-called V.A. Mission Act of 2018 will set the Department of Veterans Affairs down a multiyear path to expand private-sector treatment programs for veterans.

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2.5 - MedPage Today: [Senate Votes to Extend Community Care for Veterans - VA MISSION Act passes 92-5](#) (24 May, Joyce Frieden, 1.5M uvm; New York, NY)

The VA MISSION (Maintaining Internal Systems and Strengthening Integrated Outside Networks) Act, which the House passed last week, will allocate an addition \$5.2 billion for the Veterans' Choice program, which pays for care in the community. The money allows the Choice program to run for an additional year until a new, streamlined program -- known as the "Veterans Community Care Program" -- is implemented. Funding for the Choice program was slated to run out on May 31; the measure now heads to President Trump, who is expected to sign it.

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2.6 - Chattanooga.com: [Veterans Can Find Health Care Closer To Home Under New Senate Bill](#) (24 May, 449k uvm; Chattanooga, TN)

Tennessee veterans will find health care closer to home under new legislation passed by the Senate, according to Senator Lamar Alexander. Among the many benefits of the legislation, veterans in Tennessee will now have the ability to seek medical care outside the Department of Veterans Affairs (VA) regardless if they are able to get into a VA facility within 30 days or live more than 40 miles away from a VA health care facility.

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2.7 - Healthcare IT News: [Senate passes \\$5.2 billion bill to expand VA private sector care, boost telemedicine - Passing with a 92-5 vote, the legislation also will mandate the agency participate in national PDMP data sharing network.](#) (24 May, Jessica Davis, 438k uvm; Portland, ME)

Passing with a 92-5 vote, the bill cleared just one week after passing in the House with a 347-70 vote. Its passage meets the White House's deadline to act on the issue before Congress leaves for a week-long recess and heads to the President's desk where it is expected to be signed into law in the next few days.

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2.8 - Healthcare Informatics: [Industry Organizations Praise Senate Passage of VA Mission Act](#) (24 May, Heather Landi, 158k uvm; New York, NY)

The U.S. Senate on Wednesday passed, by a vote of 92-5, a major Veterans Affairs (VA) reform bill that includes health IT-related provisions to improve health data exchange between VA healthcare providers and community care providers. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks, or VA MISSION Act (S. 2372) is a \$52 billion reform bill that will overhaul medical care options for veterans, including giving them more access to private doctors and hospital.

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2.9 - Healthcare DIVE: [\\$5.2B bill extending VA private sector options passes Congress](#)

(24 May, Tony Abraham, 157k uvm; Washington, DC)

With the passing of the MISSION Act, Congress has expanded private sector options for all veterans rather than only those who live far from a VA provider or have to deal with long wait times. Those limitations had been set by the Veterans Choice program, which was set to run out of funding in a few weeks. The moderate step falls short of the full privatization backed by some in the Trump administration and congressional Republicans.

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2.10 - McKnight's Long Term Care News: [VA healthcare bill aims to give vets more access to private long-term care services](#) (25 May, Kimberly Marselas, 55k uvm; Northfield, IL)

The VA Mission Act consolidates several seven Veterans Affairs health programs into one and makes it easier for covered patients to receive care outside of government-run facilities when those centers have long wait lists or do not provide needed services. Among the changes are provider agreements allowing veterans to use a broader network of private long-term care settings.

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2.11 - Patient EngagementHIT: [VA MISSION Act Passes Congress, Updates Patient Access to Care - The VA MISSION Act has been passed in a 92-5 vote and now awaits the President's signature. The landmark legislation updates programs to support patient access to care.](#) (24 May, Sara Heath, 21k ovm; Danvers, MA)

The Senate has passed the VA MISSION Act, which overhauls the agency's community health and Veterans Choice Programs and improves patient access to care. The bill now awaits the President's signature and will likely be signed in time for Memorial Day. In a 92 to 5 vote, the Senate passed the \$5 million bill that made its way through the House of Representatives last week.

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2.12 - Healthcare Analytics News: [Massive VA Reform Bill Looks to Improve Interoperability with Private Sector](#) (24 May, Ryan Black, 17k uvm; Cranbury, NJ)

The VA MISSION Act of 2018, as the major Department of Veterans' Affairs (VA) policy, funding, and reform legislation passed yesterday is officially titled, contains a lot to unpack. The sweeping \$50+ billion bill orders a review of the agency's infrastructure, endorses its growing telehealth program, changes the way veterans are reimbursed for VA care, and requires the health network to participate in a national prescription drug monitoring program.

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[3. Modernize Our System](#)

3.1 - Building Design + Construction: [The design of the new Omaha VA Ambulatory Care Center incorporates veteran symbolism throughout the building -Leo A Daly designed the facility.](#) (24 May, David Malone, 69k uvm; Arlington, IL)

A new \$86 million project will add 157,000-sf of space to the VA campus in Omaha, Neb. The Omaha VA Ambulatory Care Center will allow several outpatient services to move out of the main hospital, which opened in 1950. Veteran symbolism is incorporated throughout the facility. The north façade is designed to resemble an American flag rippling in the wind and the western façade is lined with differently hued glass panes that evoke the ribbon bars awarded to service members.

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3.2 - EHR Intelligence: [Senate Passes VA Mission Act to Improve Health Data Exchange - The Senate recently passed the VA Mission Act, which includes policies designed to improve health data exchange.](#) (24 May, Kate Monica, 50k uvm; Danvers, MA)

The VA Maintaining Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 — which includes policies meant to improve health data exchange between VA and the private sector — recently gained congressional approval. The newly-passed legislation cleared the Senate by a 92-5 vote, according to The Washington Post. The bill will likely reach President Trump by Memorial Day.

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3.3 - Tampa Bay Reporter: [Bay Pines VA Earns National Praise](#) (24 May, 17k uvm; Seminole, FL)

The Bay Pines VA Healthcare System has received an “Emerald Award” by Practice Greenhealth, the nation’s leading organization dedicated to environmental sustainability in health care. The award is one of the Environmental Excellence Awards given each year to honor environmental achievements in the health-care industry.

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4. [Focus Resources More Efficiently](#)

4.1 - Politico: [Republicans take aim at federal unions](#) (24 May, Lorraine Woellert, 23.9M uvm; Arlington, VA)

House Republicans accused unionized federal workers Thursday of abusing a law that allows them to take paid time off to attend labor-management meetings and address workforce issues outside their regular jobs. The House report was published just days after the Office of Personnel Management raised similar concerns about unionized civil servants.

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4.2 - Talking Points Memo: [Trump’s VA Strips Protection From Workers’ Contract](#) (24 May, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs this week unilaterally scrapped an Obama-era provision in their labor contract, stripping many of doctors and nurses of the right to have a union representative advocate for them at a hearing at which they are being disciplined or fired. The effect, a union representing federal workers says, will be to make it easier to fire government employees.

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4.3 - Dayton Business Journal: [Military, health care partnership in Dayton will serve veterans with dementia](#) (24 May, 885k uvm; Dayton, OH)

The effort — led by the Alzheimer’s Association Miami Valley Chapter, Wright-Patterson Air Force Base and Dayton VA Medical Center — is the result of a grant from Wright-Patt Credit Union’s Sunshine Community Fund. The task force will serve “military personnel and veterans struggling with dementia-related disorders, including post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI),” according to a release.

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4.4 - KPBS (NPR-89.5, Audio): [VA Partners With Food Banks As More Veterans Struggle To Afford Food](#) (24 May, Carson Frame, 278k uvm; San Diego, CA)

Carson Frame reports that food insecurity is becoming more common among some groups of veterans. Even before the sun was up, crowds gathered in the parking lot of the VA Austin Outpatient Clinic for its once-a-month pop-up food bank. A truck from the Central Texas Food Bank idled nearby, as volunteers busily unloaded shipments of fruit, vegetables and meat.

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4.5 - MetroNews: [Senate approves renaming VA facility after Williams](#) (24 May, 276k uvm; Charleston, WV)

The U.S. Senate passed a bill Thursday to rename the Huntington Veterans Affairs facility after World War II veteran and Medal of Honor recipient Hershel “Woody” Williams. The House of Representatives passed the resolution Monday. The legislation was sponsored by Rep. Evan Jenkins, R-W.Va., and cosponsored by Reps. David McKinley, R-W.Va., and Alex Mooney, R-W.Va.

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4.6 - Monterey Herald: [VA clinic in Marina hosts barbecue for elderly veterans](#) (24 May, Tom Wright, 270k uvm; Monterey, CA)

The Major General William H. Gourley VA-DoD Clinic in Marina held a barbecue for veterans age 90 and up Thursday and those in attendance shared stories from World War II, the Korean War and the Vietnam War while enjoying live music and food. Henry Martin, 96, served as a scout for the Army’s 45th Infantry Division during World War II.

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4.7 - KTUL (ABC-8, Video): [Joy shines at the Muskogee VA thanks to a special service dog](#) (23 May, Maureen Wurtz, 194k uvm; Tulsa, OK)

Joy. An emotion sometimes difficult to find in a hospital. But on the fifth floor of the VA in Muskogee, it’s radiating in every face and settling in every corner. That’s all thanks to Honor. “My life has been good people, jeepers,” said Jim Baker.

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4.8 - KTAL (NBC-6): [Overton Brooks VA holds town hall meeting](#) (24 May, Heather Wright, 62k uvm; Shreveport, LA)

Officials shared information about services offered by the medical center, and experts talked to those that had questions about claims. Veterans also learned about community resources such as transportation and mental health services. Veteran Nicole Reed said, “I’m trying to get into the VA system, it’s a great resource and I think it’s important for veterans to have that resource.”

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4.9 - WKEF (ABC-22, Video): [Community partnership formed to support our service members](#) (23 May, 57k uvm; Miamisburg, OH)

A new community partnership was announced Wednesday with the goal of supporting our service members. The Miami Valley Chapter of the Alzheimer’s Association is teaming up with Wright-Patterson Air Force Base and the Dayton VA Medical Center to help provide resources and support for veterans and military members in our community.

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4.10 - Exponent Telegram: [Bikers stop in Clarksburg to honor area veterans](#) (24 May, JoAnn Snoderly, 15k uvm; Clarksburg, WV)

Bikers roared through Clarksburg Thursday to honor area veterans and raise awareness of the issues veterans face. Participants from 15 states and Norway are participating in the National Veterans Awareness Ride this year. Each year, the riders make a stop at the Louis A. Johnson

VA Medical Center and the West Virginia Veterans Nursing Facility before heading to the Clarksburg VFW post for dinner.

[Hyperlink to Above](#)

5. Improve Timeliness of Service

5.1 - TIME: [Why Tammy Baldwin Opened Up About Her Mother's Addiction](#) (24 May, Maya Rhodan, 43.8M uvm; New York, NY)

After Marine veteran Jason Simcakoski died of an overdose at a Tomah veterans medical center in 2014 while seeking treatment for addiction to painkillers and anxiety, Baldwin's office faced criticism when it was revealed that aides were aware of an inspection report on opiate prescribing.

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5.2 - Washington Times: [Remembering those who laid down their lives for our freedoms](#) (23 May, Rep. Phil Roe (R-Tenn.), 10.8M uvm; Washington, DC)

Recently, for the first time ever, the committee came together to pass legislation to right one of the wrongs of the Vietnam War. Currently, Blue Water Navy veterans are prohibited from receiving the presumption of exposure to Agent Orange because current Department of Veterans Affairs (VA) policy is to limit the presumption to veterans who actually set foot in Vietnam or served in inland waterways.

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5.3 - WJHL (CBS-11, Video): [Sexually abused veteran raises new questions about VA caregiver program](#) (24 May, Nate Morabito, 623k uvm; Johnston City, TN)

A Johnson City woman's experience with Mountain Home VA raises more questions about a Veterans Affairs program already under scrutiny. The VA's caregiver program pays family members to care for post-9/11 veterans with catastrophic injuries. Kim Coble is one of those veterans. She is a victim of military sexual trauma, according to medical records.

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5.4 - Fierce Healthcare: [VA's Clancy: Secretary nominee Wilkie has 'healthcare squarely on his brain'](#) (23 May, Paige Minemyer, 141k uvm; Washington, DC)

Robert Wilkie, the president's pick to serve as Department of Veterans Affairs Secretary, has immersed himself in meeting with key players and learning more about how the agency's health system works, a key VA official said on Wednesday. Carolyn Clancy, M.D., executive in charge of the Veterans Health Administration, said that she has personally met with Wilkie several times about the unique challenges that face VA health.

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5.5 - KREX (CBS-5, Video): [VA Medical Center Working with New Ideas](#) (24 May, Tyler Young, 34k uvm; Grand Junction, CO)

Through careful thought and consideration, we can positively impact the lives of hundreds around us. This is the same concept the innovation team at the Grand Junction VA Medical

Center has adopted, and at the center of each idea are Grand Valley veterans interests and needs.

[Hyperlink to Above](#)

6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - MLive: Michigan homeless veterans laid to rest at Great Lakes National Cemetery

(24 May, Lauren Slagter, 10.8M uvm; Farmington Hills, MI)

The two homeless veterans, who most recently had been living in Washtenaw County, did not have any biological family in attendance at the funeral service. So their military family stepped in to bury them with full military honors four days before Memorial Day. "When it's an opportunity for someone who doesn't have family, it makes it a little more personal, because you're that family for them," said Kimberly Kirkpatrick, an Ypsilanti native who was part of the honor guard detail Thursday. She's been conducting military funeral honors for the Navy for nine years.

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7.2 - KYTV (NBC-3, Video): Flags placed on the graves at Springfield National Cemetery

(24 May, Linda Russell, 818k uvm; Springfield, MO)

We are only a few days away from the national holiday that honors veterans who have died serving our country. Flags are being placed on graves all over the country, including here at Springfield's National Cemetery. This is the only time of year flags are placed on the graves.

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7.3 - KKTU (CBS-11): Dedication Friday for Pikes Peak National Cemetery (24 May, 313k uvm; Colorado Springs, CO)

Dedication to be held Friday for Pikes Peak National Cemetery at 11:00 a.m. The cemetery is on the southeast side of Colorado Springs, at 10545 Drennan Road. That's near south Marksheffel and Bradley Road. The first burials are expected to begin in October. They hope to have the first phase of the project completed by 2019, which will include 65 acres and more than 13,000 gravesites for casketed and cremated remains.

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7.4 - KSPR (ABC-23, Video): Flags placed on the graves at Springfield National Cemetery

(24 May, 194k uvm; Springfield, MO)

We are only a few days away from the national holiday that honors veterans who have died serving our country.

[Hyperlink to Above](#)

7.5 - Daily Republic: Effort to have VA take over Mare Island cemetery advances (24 May,

Todd R. Hansen, 156k uvm; Fairfield, CA)

The California Senate this week unanimously approved a resolution urging Congress to turn over ownership and care of the historical Mare Island Naval Cemetery to the Department of

Veterans Affairs. “We must provide a dignified and respectful final resting place for the honorable men and women who served our country and are buried in this cemetery,” Sen. Bill Dodd...

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7.6 - Times-Herald: [Sen. Kamela Harris latest to back transfer of Mare Island’s orphaned cemetery to the Feds](#) (24 May, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

Just days before Memorial Day 2018, all the pieces needed to eventually get the orphaned Mare Island Cemetery back under the auspices of the Federal Government — possibly by next Memorial Day — seem to be falling into place, with an announcement this week from Sen. Kamela Harris’ office.

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7.7 - Capital & Main: [Living Homeless in California: Finding Shelter — Veterans Are Broke But Not Broken](#) (23 May, Kelly Candaele, 33k uvm; Los Angeles, CA)

Jack Rumpf sits on a circular bench at the corner of Wilshire and San Vicente boulevards in West Los Angeles, and talks about ghosts. Wearing a long white beard, dirty sweatpants, white socks and slippers, he turns and sweeps an arm towards the empty spaces next to him. “There used to be 15 or 20 people sitting with me here,” he says, lowering his voice to a melancholic whisper. “They are all dead now.”

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8. [Other](#)

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1. [Top Stories](#)

1.1 - FOX News (Video): [Senate passes \\$55 billion Veterans Affairs bill](#) (24 May, 32.5M uvm; New York, NY)

This 1:30 video features commentary from Pete Hegseth about the recent passage of the VA Mission Act by the Senate Wednesday. Video description: 'Fox & Friends Weekend' co-host Pete Hegseth on how the bill will help veterans.

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1.2 - Dallas Morning News: [At sprawling VA hospital in southern Dallas, a righteous battle to keep the promise to care for America's vets](#) (24 May, Editorial Board, 9.4M uvm; Dallas, TX)

America has made an expensive yet richly merited promise to its veterans. It works like this: If you serve our country and get injured or spend your career in uniform, then our country will pick up the tab for your medical care for the rest of your life.

That's a two-way pact with our veterans that should find room in our hearts this Memorial Day weekend. The holiday is geared explicitly toward remembrance of those service members who did not survive the dangers we sent them to face, but it's also fitting to recall the debt we owe those who returned home.

It's an especially warranted reflection here in North Texas, where so many of those veterans have chosen to live. The Department of Veterans Affairs tells us that half a million veterans reside in the North Texas service area. Soon, officials told us recently, this region will boast the highest concentration of veterans living anywhere in the United States.

Increasingly, the story of America's veterans, and how the rest of us are living up to our pledge to provide them medical care, is a Dallas story. Over at the sprawling and often surprising veterans' hospital in southern Dallas, about 135,000 of those veterans were patients last year.

To get a better sense of the challenges they face, and of the challenges their doctors and nurses face in caring for them, we spent the day recently at the VA Dallas Medical Center. We left with a profound respect for the commitment and technological innovation on display — seemingly around every corner.

Roughly 5,500 full-time workers [or their equivalent] make their livings in those long corridors, and they do so amid an astonishing array of cutting-edge technology and emotional commitment. "We made a promise to our veterans," Dr. Stephen Holt told us during a sit-down interview after a tour. "And I firmly believe that when they come here for medical care they get care as good as they could get in any private hospital."

He said he has the means to go to any hospital he chooses to, but he firmly believes the care he received as an Air Force veteran in VA hospitals saved his life when his own health challenges threatened to sideline him.

Throughout the hospital we saw evidence of top-of-the-line care. There was a suite of rooms for women facing mammograms and other tests for breast cancer that looked more like a high-end spa than a room in a crowded and sometimes chaotic public hospital. It's part of a systemwide effort to make women feel more comfortable in the often male-dominated world of veterans.

We saw bay after bay of dialysis stations, more than at just about anywhere in Texas, and each with privacy screens, high-end televisions and long views out the windows.

We saw an expanded emergency room ready to open in July. Soon there'll be nearly twice as many beds available as there are now.

On another floor, there's a wing of rooms dedicated to vets who are learning to deal with wounds that they almost certainly wouldn't have survived in previous wars. As Holt told us, battlefield medical care is better than it has ever been, which means that veterans now routinely show up at hospitals like this with needs only barely imaginable in years past.

In recent years, the VA has rated the Dallas facility as not performing well. But from 2016 to 2017, the Dallas VA went from a 1-star rating to a 3-star rating. In most measures that assess patient safety, the Dallas VA outperformed other facilities nationwide. In addition, a 2017 RAND Corp. study found that on average, and in most categories, patient care at VA hospitals is as good as or better than that provided by public and private hospitals outside the VA system.

All of this left us hopeful about the care veterans in our midst can receive.

But there is still work to be done. For starters, the VA has also found that patient satisfaction rates at the Dallas VA hospital are low. That could stem from long wait times, issues with parking, or, in a problem the VA is confronting nationwide, delays in setting appointments. Or it could stem from specific cases where the care provided fell far short of what should be expected. Word travels fast within the veteran community, and many veterans we know are unsparing in their criticism. If you are veteran, please send us a letter about your VA experience (dallasnews.com/sendletters). We want to hear from you.

The good news is that the Dallas VA is working to address clear problems. New parking has been added and the lobby will soon be renovated to accommodate more patients and reduce wait-times.

We were proud to see some of that work in action. But we are also mindful that it is essential that these efforts succeed and that the VA provide the quality care our veterans need and deserve. Our veterans served our country, and now it is our turn to serve them.

Steps in the right direction

The VA Dallas Medical Center has tried to improve perceptions of care lately:

1. It's added two new parking garages.
2. A \$10 million expansion of the ER will be complete by July.
3. Plans to completely overhaul the lobby and waiting room experience are underway.

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1.3 - Military.com (Military Update): [Congress Expands VA Caregiver Plan, Streamlines Non-VA Care](#) (24 May, Tom Philpott, 9M uvm; San Francisco, CA)

Congress has passed a massive bill, nicknamed the VA Mission Act, to streamline veterans' access to non-VA community care when clinically appropriate, create a new VA benefit of commercial walk-in clinics, and end an indefensible inequity by opening the VA comprehensive caregiver program, on a phased schedule, to older generations of veterans severely injured while in service.

The bill, which features many initiatives and officially is titled The John S. McCain III, Daniel K. Akaka and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act (S 2372), cleared the Senate on 92-5 vote Wednesday and the House a week earlier by a 347-70 margin.

Such widespread support should ensure that an appropriations bill to be passed later will fully fund the package, which the Congressional Budget Office estimates will cost \$46.5 billion over just the next five years. President Trump was expected to be sign the VA Mission Act by Memorial Day.

The bill's primary architects are Sens. Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.), chairman and ranking member of the Senate Veterans Affairs Committee, and their House counterparts Reps. (Dr.) Phil Roe (R-Tenn.) and Tim Walz (D-Minn.), though Walz voted against the bill after late-hour amendments to better protect VA health care against future attempts to privatize the system failed.

His effort pancaked in part because 38 veterans service organizations and military associations already had endorsed the bill after months monitoring difficult negotiations between committee leaders, committee staffs and the White House.

"We're not privatized, we're mobilized," said Isakson regarding the impact on VA health care as he and a string of senators from both parties outlined key details of the VA Mission Act to the press and Senate colleagues before final passage.

A tenacious Sen. Patty Murray (D-Wash.), and thousands of caregivers of veterans severely injured before 9-11, including back to the Vietnam War era, argue that the highlight of the bill is its expansion of caregiver benefits, including a monthly stipend, health insurance, respite care and training, to older generations.

These benefits, first enacted in 2010, have been available only to caregivers of severely injured Post-9/11 veterans. Since then Murray has championed corrective legislation to extend caregiver help to any qualified veteran. The senator said she felt enormous relief for these families the day the VA Mission Act passed.

"I can't tell you the countless number of families I've talked to who, with tears in their eyes, told me how they had to quit their jobs, lost income, ended up putting veterans they care for into some other living arrangement, breaking up their families and [suffering] personal stress," Murray recalled.

Passage of a more equitable law, she added, “says our country, finally, recognizes that this is a program we have a responsibility to pay for. When someone is injured in war, we say ‘We’re going to take care of them and [benefits to their caregivers] is part of it.’ ”

The wait for benefits, however, isn’t over. VA launched the original caregiver program without proper staffing or controls to ensure consistency of eligibility and oversight. A condition for allowing expansion is that it be carefully planned and executed. The new law says it won’t proceed until VA certifies it has upgraded information technology and staff to closely track and administer the benefits.

“We need this to roll out the right way, with sufficient personnel and resources so no one is getting something that they later have taken away, or see benefits denied that they should have. We have to get this right,” Murray said.

When VA certifies that is ready, expansion will occur in two stages, the first to begin in early 2019 for veterans injured in service on or before May 7, 1975. A review team must verify that physical or mental injuries are so severe that the veteran cannot perform one or more activities of daily living such as feeding dressing or bathing themselves. Stage two will begin two years later, for caregivers of veterans severely injured after May 7, 1975, and before Sept. 11, 2001.

Murray said her original plan for caregiver expansion was to phase them in based on degree of need “so that families that needed it the most would get it first. But that was too hard to administer. And, again, we don’t want this to fail.”

The compromise reached, which is “a better way to ensure it works, is to have the Vietnam-era veterans phased in first. They are obviously the oldest and have been waiting the longest. Then phase in for everyone else,” Murray said.

The Congressional Budget Office estimates that 16,900 additional veterans will qualify for caregiver benefits during stage one, and another 18,100 in stage two. Given that older generations are expected to qualify for more assistance than the younger Post-9/11 pool, CBO predicts the average cost of benefits for qualified caregivers will climb by 2019 to \$28,900, up from \$18,300 in 2017.

The bill allows a benefit enhancement, including it for 22,000 current participants, offering new legal and financial advice services to these families.

Chairman Roe of the House Veterans Affairs Committee had endorsed a Department of Veterans Affairs proposal that, as a condition for expanding caregiver benefits to all generations, the threshold for eligibility should be tightened, except for current recipients. Veterans who newly apply would have to be found unable to perform at least three activities of daily living, not just one.

Roe had to abandon that idea in final negotiations with the Senate. But the long phase-in period for expansion, he said, will offer new opportunities to align VA eligibility standards with those used to govern other federal caregiver plans.

By tightening eligibility to what’s called a “tier 3” level of needed care, VA caregiver expansion would be capped at roughly an additional 40,000 veterans, VA projected last year. If Post-9/11 benefits are extended to all generations unchanged, as many as 188,000 veterans could become over time.

Murray promised to continue to fight to keep the current eligibility threshold.

“I’ve been adamantly opposed” to raising it, she said. “It’s an artificial way of looking at it, that doesn’t understand what an individual veteran is going through and what kind of support they need.”

Caregiver benefits, like other facets of VA health care, are not entitlements requiring mandatory spending by Congress but rather a discretionary program whose availability is governed year-to-year by level of funding. CBO estimates caregiver expansion will cost \$6.7 billion over the next five years so it will have to battle for annual budget dollars like other parts of VA health care. Murray, who serves on the appropriations committee, said she is confident it will be fully funded.

“I’ve made it very clear this is a top priority, and the fact that it’s so overwhelmingly supported tells me we will be able to get the support on Appropriations to fund it at the levels we expect it to be funded at,” she said.

On the plan to reform community care, Isakson and Tester bragged that the bill will phase out “arbitrary” yardsticks used by the Choice Act – requiring waits of at least 30 days or driving distance of at least 40 miles to reach VA primary care -- to gain access to networks of non-VA physicians practicing in their communities.

The new bill will consolidate seven separate VA community care programs into one, with patient and provider to consult on use of non-VA or community care based on clinical needs. But VA also must publish new access standards, based on type of care required, within a year of the bill’s enactment.

Future columns will focus on this and other features of the VA Mission Act, including the new benefit allowing access to a commercially-run network of walk-in clinics and a new commission to dispose of underused VA health care facilities.

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1.4 - Sacramento Bee: [The California military cemetery that became a national shame](#) (24 May, Foon Rhee, 4.8M uvm; Sacramento, CA)

As on every Memorial Day, small flags will be placed next to neat, respectful rows of headstones at military cemeteries across America.

Neat and respectful is not how you would describe Mare Island Naval Cemetery – a forsaken plot of hallowed ground that fell between the cracks of Pentagon base closings and the city of Vallejo’s bankruptcy.

The oldest military cemetery on the West Coast is in utter disrepair. It is the final resting place for 800-plus veterans, including a few who fought in the War of 1812 and three Medal of Honor recipients. The daughter of Francis Scott Key, who wrote “The Star Spangled Banner,” is buried there, too.

Bob Wylie, a 79-year-old Navy veteran who lives in Loomis, is working with veterans in Washington, D.C., and Vallejo to try to fix what they properly call a “national shame.”

Wylie spent a little time on Mare Island, but didn't realize what bad shape the cemetery was in until he read a local newspaper story in March. As a member of a state veterans advisory council, he went to look for himself. He was shocked and "extremely upset" by what he found – cracked and toppled headstones, downed tree limbs and other damage from the 2014 Napa earthquake.

He and the other vets want the 2.4-acre cemetery transferred to the Department of Veterans Affairs, and they have made some headway.

The Vallejo City Council voted to ask the federal government to retake the cemetery without demanding any compensation. Mare Island was deeded to the city in 1996 during the nationwide base closings. The cash-strapped city, which declared bankruptcy in 2008, fell down on maintenance.

On April 23, Rep. Mike Thompson, a St. Helena Democrat, introduced H.R. 5588, which would direct the VA secretary to reach an agreement with Vallejo for the transfer and then maintain the cemetery as a "national shrine." On May 17, Sen. Dianne Feinstein introduced a companion bill, S. 2881, which Sen. Kamala Harris is co-sponsoring.

In the state Capitol, Sen. Bill Dodd, a Napa Democrat, has introduced a resolution of support. And about 55,000 people have signed an online petition, which will be submitted to Congress.

But even if Congress approves the transfer, it could take several years for the VA to come up with a plan, secure the funding and finish the restoration.

So Feinstein, Thompson and Harris are working on a temporary fix. They are jointly urging the Department of Defense to accept Vallejo's application for a training program that could lead to at least some repairs in the fiscal year that starts Oct. 1. A survey crew visited the cemetery on May 2, so officials are optimistic. If approved, military engineers could get the cemetery into respectable condition before the possible transfer to the VA for permanent upkeep.

"The cemetery's current state is not a fitting tribute to the service and sacrifices of the men and women buried there," Feinstein said in a statement.

While it's not the long-term solution sought by Wylie, this approach would also avoid the uncertainty of D.C. politics. He says he "can't imagine" that the transfer bill would fail. "Who's going to vote against restoring a national cemetery?"

Then again, inexplicable things do happen in the nation's capital – even when it involves the final resting place for veterans.

Just ask Hmong veterans who live in the Central Valley and their supporters. They are still seeking an act of Congress to allow some 6,000 Hmong veterans, who fought alongside American soldiers in Vietnam, to be buried in national cemeteries.

Rep. Jim Costa, a Fresno Democrat who counts thousands of Hmong among his constituents, has introduced legislation each session since 2013 – the latest is H.R. 4716 – but without success.

On this Memorial Day, we should remember that the Hmong vets have been waiting too long. So have the sailors buried at Mare Island and their descendants.

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1.5 - Palm Beach Post: [Veterans ceremony: We'll always honor their memory, 'it's just in a different realm'](#) (24 May, Ryan DiPentima, 3.8M uvm; West Palm Beach, FL)

Through teary eyes and cracked voices, family members of fallen veterans walked to the front of the room, placed a white flower in a vase and spoke the name of their loved one.

They gathered Thursday at the West Palm Beach VA Medical Center for the Last Roll Call Ceremony of Remembrance, to honor and celebrate veterans who have died over the last year.

One by one the flowers began to fill the vase and, after family members returned to their pews inside the main chapel at the center, Mike Bloomberg entered from the back and played Amazing Grace on his bagpipes.

Once the song was finished, Bloomberg, a captain with Fort Lauderdale Fire-Rescue, reestablished his position just beyond the open chapel doors and began to wipe tears from his eyes.

"It was a little tough for me, because my dad is going through some stuff right now," said Bloomberg, whose father served in the Air Force during the Vietnam War and is currently facing health complications. "For a couple of seconds, I almost didn't get through it."

WATCH: Veterans arrive home to cheers and hugs after trip to Washington D.C.

Bloomberg's emotion was echoed by not only the family members, but also of the VA staff who have deep-rooted bonds with the veterans who pass through their doors.

"This year was particularly much more poignant for me, because I was in the trenches taking care of a lot of these veterans who passed away," said Dr. Deepak Mandi, the Associate Chief of Staff for Geriatrics and Hospice. "Every time it is hard, but at the same time we are going to celebrate their life."

The veteran's stories told were filled with experiences from wars fought decades ago, to events that shaped their lives. Family members said that their loved ones' experiences of war took a physical toll and, in some cases, emotional ones, which affected family life. Some said their loved ones' were unwilling to recount their experiences.

Memorial Day events highlight things to do in Wellington, Royal Palm

"There have been, on occasion, those that have never talked about their history and I've written it down because they are amazing," said Chaplain Kim House.

House, a retired Navy chaplain who works at the VA, recalled one veteran who shared his story with her. "Chaplain, it's off my shoulders and it's on yours now," she said he told her.

"It was over a period of about eight hours of interviews, and me writing his story and bringing his daughter in and having her read it," said House. "She recognized, because of the story, that she understood her father more after all these years and then understood why he did certain things that he was never able to explain to her and it drew them closer at the end.

"It was very powerful, and I'll go to my grave with that story."

Thursday's ceremony served to provide an outlet for grieving family members, while honoring the service and sacrifice of the veterans who died.

"Their loved one is still with them," said Lynnea Valpatic, the medical center's Bereavement Coordinator, whose father was a World War II Marine. "They are always going to honor them, and honor their memory, it's just in a different realm."

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2. Greater Choice for Veterans

2.1 - ABC News (AP): [Bill expanding private care for veterans goes to Trump](#) (24 May, Hope Yen, 24.2M uvm; New York, NY)

Congress delivered a victory to President Donald Trump by expanding private care for veterans as an alternative to the troubled Veterans Affairs health system.

The Senate cleared the bill on a 92-5 vote Wednesday, also averting a disastrous shutdown of its Choice private-sector program. The program is slated to run out of money as early as next week, causing disruptions in care.

The sweeping measure would allow veterans to see private doctors when they do not receive the treatment they expected, with the approval of a Department of Veterans Affairs health provider. Veterans could access private care when they have endured lengthy wait times or VA medical centers do not offer the services they need.

The bill's approval comes despite concerns from some Democrats that the effort would prove costly and be used too broadly by veterans in search of top-notch care even when the VA is able to provide treatment deemed sufficient for their needs.

The White House said Trump applauded passage of legislation that would transform VA "into a high-performing and integrated health care system for the 21st century and provide veterans with more choice in their health care options, whether from VA doctors or from the community."

The VA secretary will have wide leeway in implementing the legislation, which leaves it up to VA to determine what is "quality" care. Trump said last week he will nominate acting VA secretary Robert Wilkie to permanently lead the government's second-largest department serving 9 million veterans. Democrats say they intend to question Wilkie on whether he plans to "privatize" or degrade the VA health system, an issue that former VA Secretary David Shulkin says led to his firing in March.

Sen. Johnny Isakson, the Republican chairman of the Senate Veterans Affairs Committee, lauded the bill as a big step toward providing veterans with "more choice and fewer barriers to care."

Sen. Jon Tester, the top Democrat on the veterans panel, said the plan will also boost VA health care by paying off higher amounts of student loan debt for doctors who agree to work in high-need VA positions, requiring improvement plans in communities with few hospitals and creating a pilot program that would send medical personnel to help fill shortages.

"The best defense against any effort to privatize the VA or send veterans in a wholesale fashion to the private sector is to make sure the VA is living up to its promise," he said.

Trump has made clear he will sign the bill if it reaches his desk before Memorial Day. The House passed it on a 347-70 vote last week.

The Senate supported the bill that would create a presidentially appointed commission to review the closure of underperforming VA facilities. House Democrats had sought restrictions on the commission but were rebuffed by House Republicans and the White House.

It would also expand a VA caregivers program to cover families of veterans of all eras, not just the families of veterans who were seriously injured in the line of duty since Sept. 11, 2001.

The \$51 billion bill provides for a newly combined "community care" program that includes Choice and other VA programs of outside care. It could face escalating costs due to growing demand from veterans seeking the convenience of seeing private physicians. Some House Democrats warn the VA won't be able to handle a growing price tag, putting the VA at risk of unexpected budget shortfalls next year.

Sen. Bernie Sanders, I-Vt., a former chairman of the Senate Veterans Affairs Committee, criticized the bill as moving the VA "too far in the direction of privatization." He noted that it would not provide any money to fill more than 30,000 positions at the VA that the Trump administration has left vacant.

"My fear is that this bill will open the door to the draining, year after year, of much needed resources from the VA," he said.

The measure builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments.

It aims to steer more patients to the private sector to relieve pressure at VA hospitals, thus improving veterans care at VA facilities and with private providers alike. Patients could also access private walk-in clinics, such as MinuteClinics, to treat minor illnesses or injury if they used VA health care in the last two years.

The legislation would loosen Choice's restrictions that limit outside care only when a veteran must wait 30 days for an appointment or drive more than 40 miles to a VA facility. Currently, more than 30 percent of VA appointments are in the private sector.

A broad array of veterans' groups supported the bill. The American Legion, the nation's largest veterans group, says the plan will "strengthen veterans' health care for future generations while ensuring that veterans' caregivers of all generations get the support they deserve."

The conservative Concerned Veterans for America, a long-time advocate of expanding private care for veterans, called the measure a "very big deal." Still, executive director Dan Caldwell stresses the "top priority for the VA secretary is ensuring it will be implemented properly."

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2.2 - Politico: [Senate passes big VA bill](#) (24 May, Darius Tahir, 23.9M uvm; Arlington, VA)

SENATE PASSES BIG VA BILL: The Senate passed the VA Mission Act Wednesday, a week after the House gave its approval to a companion bill. In the big picture perspective, the legislation will put billions of dollars on the fiscal tab to shore up the Department of Veterans Affairs' private care system. But it also has some relevant nooks and crannies for health IT watchers.

For example, the bill (S. 2193 (115)) expands the categories of information that can be shared for some payment purposes, and requires implementation of an IT system to assess the department's family caregiver program by June 1. The legislation also provides Congressional imprimatur to a licensure initiative begun during Shulkin's tenure, allowing for VA providers to practice telemedicine across state lines.

Hosannas filled your correspondent's inbox after the passage of the bill. The Concerned Veterans of America, a conservative group, predictably praised the bill — which will shore up a favorite program for conservatives, the private care plan. The American Medical Association also broadly affirmed the bill.

But a number of other, less predictable, groups weighed in. The Sequoia Project and eHealth Exchange — two affiliated groups working to promote interoperability — also praised the bill.

"With the passage of VA Mission Act, we hope to see exponential improvements in health data sharing between community providers and the Veterans Health Administration, with the resulting benefits of patient satisfaction and health outcomes," said eHealth Exchange vice president Jay Nakashima. The Sequoia Project's Mariann Yeager had similar sentiments.

Health IT Now was enthused by the telemedicine portion of the bill. "'For too long, veterans have dealt with inflexible laws requiring them to travel long distances to federal facilities in order to receive care from a VA provider located in another state,'" said the group's executive director, Joel White. He concluded by publicly hoping for yet more telemedicine-related legislation.

The bill awaits Trump's signature.

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2.3 - Columbus Dispatch: [David Blom and Martin Steele: VA MISSION Act will enable better care for veterans](#) (24 May, 2.1M uvm; Columbus, OH)

The Department of Veterans Affairs helps provide benefits, care and assistance to nearly 21 million veterans. In our states, Ohio and Florida, we are honored to have large veteran populations add to the diversity and dignity of our communities. In both states, the VA system is staffed by thousands of caring, dedicated public servants — medical and professional — who honor our veterans every day.

While the United States since its inception has supported our veterans, our VA health-care system has evolved unevenly. In 2014, a number of tragic and deeply concerning stories were reported regarding VA medical care. The VA system was obviously in crisis.

Long waiting lists prevented many veterans from getting the timely care they deserved. Those pressures, some bad actors and the sheer weight of a bureaucracy and scattered infrastructure built Frankenstein-style over two centuries meant the VA needed major reforms.

In response, Congress approved the Veterans Access, Choice and Accountability Act of 2014 to bandage a system inadequately built to care for more than 21 million veterans. The legislation allowed veterans with limited geographical access to care or who are unable to secure a timely appointment to seek care at a community hospital or doctor's office. The system was not — and still isn't — perfect, but the VA Choice program was a step in the right direction. What was most needed, however, was a comprehensive, top-to-bottom review and analysis of how to fix VA medical care for the future. The Commission on Care was established to make recommendations.

We have different backgrounds, but were honored to have been appointed to serve on this commission with peers including medical experts, hospital administrators, veterans and passionate advocates. We were privileged to serve. The commission was tasked with developing a comprehensive evaluation and assessment of access to health care provided by the VA and to issue a report and recommendations to the president, VA and Congress for systemic improvement.

As leaders of large systems tied to government policies, military and nonprofit health care, we have been more than casual observers of how Congress and an administration legislates. It can be a frustrating and slow process, with ups and downs and partisan challenges. As members of the commission, we have had a unique opportunity to view over recent years the process as it relates to crafting a comprehensive fix. We write today because Congress and the VA Administration are truly on the cusp of modernizing the VA. Frankly, time is of the essence because the Choice Program is expected to exhaust its funds by mid-June 2018. Congress has passed reform legislation so that our veterans can access and receive the care they deserve.

During a 10-month examination of access to veterans' health care and how to best deliver care to veterans in the next two decades, the commission reviewed the 4,000-page Independent Assessment Report chartered by Congress, conducted 26 days of public hearings and received input and testimony from every stakeholder to the system. We also visited several Veterans Health Administration facilities. Our work was extensive and challenging, but we produced a report with broad consensus on next steps: an informed systemic road map with 18 specific reforms for the VA and Congress.

The VA is making daily progress toward our suggested improvements and others, including online appointment booking for patients, releasing data around patient wait times, transparency and action with regard to underperforming facilities, and it plans to shift the VA's byzantine electronic-health-record system to a commercial solution used by most modern health-care

providers. The administration and Congress are working to provide multiple tools to the VA, including the ability to close unneeded facilities and to improve other operational processes.

David Blom and Martin Steele

The final large remaining piece is to truly provide an integrated care experience for veterans so that veterans can get the right care, at the right time, with the right provider. Most importantly, these changes will ensure that the veteran is at the center of the care experience, whether it's at a VA facility or in the community setting. Medical professionals across the country want to participate in the care of our veterans.

The VA committees in the House of Representatives and Senate have spent more than a year working with stakeholders to introduce and approve legislation that truly moves the VA to a modern, integrated system of care. This investment will provide lasting benefits and long-term cost savings to the VA system and honors our promise to those who serve and have served.

The VA MISSION Act was approved overwhelmingly by both chambers, with yes votes by all Ohio lawmakers, and we are pleased that there are indications of support from the White House. The bill needs only the president's signature to become law.

Now is the time to finish the job.

David Blom is president and CEO of OhioHealth of Columbus. Martin Steele is a retired U.S. Marine Corps lieutenant general and president and CEO of the Intrepid Sea, Air & Space Museum in New York City.

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2.4 - Anchorage Daily News: [What the new VA health care bill means for Alaska's veterans](#) (24 May, Erica Martinson, 2.1M uvm; Anchorage, AK)

A new bill is headed to President Donald Trump's desk that Alaska's U.S. senators hope will ultimately offer the state's veteran population greater access to health care in and near their homes, and bring new doctors to the state.

The so-called V.A. Mission Act of 2018 will set the Department of Veterans Affairs down a multiyear path to expand private-sector treatment programs for veterans. Alaska's senators said a 2014 law unintentionally limited treatment options for the state's veterans, in part because the federal VA failed to issue payments to doctors.

All three members of Alaska's congressional delegation voted in favor of the bill. It passed the House 347-70 last week and passed the Senate by a vote of 92-5 on Wednesday. Trump is expected to sign it.

"For a state where our veterans cynically refer to the Choice Program as 'No Choice at All,' it's imperative that the VA take the failures of the Choice Program to heart and work to ensure we don't repeat them," Alaska Sen. Lisa Murkowski said in a statement.

Alaska has the highest per-capita rate of veterans in the country — roughly 10 percent of the state's population, which amounted to 73,276 veterans in 2015. About half were authorized for

VA benefits that year, according to congressional testimony at the time. Many of Alaska's veterans live in rural and remote areas, meaning they have extra obstacles to receiving care, in cost, distance and availability.

The new legislation is seen as a step forward in revamping the Veterans Choice Program, which was widely unpopular in Alaska. Alaska veterans complained that they were being saddled with expensive bills and difficulties getting appointments, which went through call centers in the Lower 48, where workers didn't understand the geography of Alaska.

Some of what the new bill does to fix the program nationally has already begun in Alaska. The bill will cement them into the federal statute.

The bill funds the Veterans Choice Program, which was slated to soon run out of money, for one more year, and sets up programmatic changes that will take effect in several years. Alaska's tribal health system should continue to be available to the state's veterans under the bill, both Murkowski and Alaska Sen. Dan Sullivan said.

Murkowski made a point of entering that understanding into the record on the Senate floor in what is known as a "colloquy." A colloquy is a scripted floor discussion between members — in this case, Murkowski and Senate Veterans Affairs Committee Chairman Johnny Isakson, R-Ga. — designed to record in the congressional record an agreed understanding about an amendment or a provision of a bill.

Similarly, Alaska will keep its other fixes to the 2014 "choice" law. At the time, veterans' health care providers weren't getting paid, so they sent bill collectors after veterans. The VA now has a 30-day time limit, and the new bill makes that a statutory requirement.

The VA wasn't getting around to paying providers in Alaska for services rendered. Eventually tired of waiting, the providers started turning to the veterans for payment — sometimes sending collections agents after them for huge bills that remained unpaid. "If you've ever had a collections agency ride you ... it's quite stressful," Sullivan said.

The repeated lack of payment caused some local health care providers to drop out of the VA plan in Alaska, Sullivan said.

"It was a total meltdown of our system," Sullivan said.

The Veterans Choice Program also initially outsourced the process of making appointments to the Lower 48, which was problematic for Alaska veterans, who were faced with staffers with no understanding of the state's geography.

Alaska veterans will continue to be eligible for the community care program that allows them to access health care from nearby providers, since there is no VA hospital in Alaska.

Scheduling services will remain in Alaska. Those who provide services to veterans will be reimbursed at rates that reflect the high cost of health care in Alaska.

The bill also has provisions meant to encourage telemedicine, and to add doctors to the state VA programs.

The latter was a provision Sullivan helped add to the bill, he said. Sullivan worked with Montana Democratic Sen. Jon Tester to get a pilot program into the bill that would encourage doctors to perform their residency in the state by paying back a larger percentage of their student loans.

Alaska has no medical schools (neither does Montana), Sullivan said. And often doctors stay in the state where they do their residency, he said.

The Veterans Choice Program was implemented in 2015, a rushed response to scandals of yearslong wait times for care within the VA. But in Alaska, "the entire system was collapsing," Sullivan said Wednesday.

In response, Sullivan brought then-undersecretary of health David Shulkin (who ultimately became VA secretary before being dismissed by Trump) up to Alaska to see it firsthand, and face veterans at public meetings. The result was "what we then called the 'Alaska Plan,'" Sullivan said.

For all aspects of the new legislation, oversight will be "critical," Sullivan said. "Right now, the VA has essentially no leader." The agency has had four secretaries in four years, and the role of VA secretary is widely acknowledged to be the most difficult job in Washington. Trump last week said he would nominate acting VA Secretary Robert Wilkie to lead the agency.

Another aspect of the bill that Sullivan said will require great oversight is a massive expansion of an in-home care payment system that used to be available to veterans of wars after Sept. 11, 2001. The program pays family members who offer full-time care for veterans.

While it's a nationwide provision, it could be "uniquely impactful" in Alaska "given how many veterans we have," especially in rural areas, Sullivan said.

But it will require oversight to make sure it isn't abused.

"This will be costly," Sullivan said. "The money will be appropriated, I believe. But that's another issue that we've got to focus on."

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2.5 - MedPage Today: [Senate Votes to Extend Community Care for Veterans - VA MISSION Act passes 92-5](#) (24 May, Joyce Frieden, 1.5M uvm; New York, NY)

In a 92-5 vote, the Senate on Tuesday passed a law extending the option for military veterans to receive medical care out in the community in addition to care at veterans' healthcare institutions.

The VA MISSION (Maintaining Internal Systems and Strengthening Integrated Outside Networks) Act, which the House passed last week, will allocate an additional \$5.2 billion for the Veterans' Choice program, which pays for care in the community. The money allows the Choice program to run for an additional year until a new, streamlined program -- known as the "Veterans Community Care Program" -- is implemented. Funding for the Choice program was slated to run out on May 31; the measure now heads to President Trump, who is expected to sign it.

The measure also:

- Consolidates seven Department of Veterans Affairs (VA) community care programs into one streamlined program.
- Authorizes access to walk-in community clinics for enrolled veterans who have previously used VA healthcare services in the last 2 years.
- Creates standards for timely payment to community care providers.
- Keeps the cost of community care in line with the cost of VA health care to ensure a veteran does not pay more for outside care.
- Requires the VA to monitor the program and report to Congress on the care provided to veterans.
- Strengthens the process for VA and partnering health care providers who prescribe opioids to veterans.

"For years there have been problems at the VA in terms of healthcare," said Sen. Johnny Isakson (R-Ga.), the bill's chief sponsor, shortly before the vote on final passage. "In Arizona, we had veterans who died waiting to get a routine appointment ... There were a lot of things disappointing to all of us. We've worked hard ... to address head on these tough issues and fix them so VA would be the best functioning health delivery system it could possibly be."

One thing Congress did to get veterans better care was to allow veterans to use providers in the community -- at the VA's expense -- if they couldn't get an appointment for routine care at the VA within 30 days, or if they had to drive more than 40 miles to get care. However, "the labyrinth of approval processes [used in these cases] made it almost impossible in many cases for veterans to get as timely access as we'd like it to be," said Isakson.

"So we are repealing both the 30-day and the 40-mile rule and instead saying, 'If you're an eligible veteran, you can choose a private-sector doctor if you want to, as long as the circumstances are in concert with your VA primary care doctor' -- in other words, the VA needs to know about and work with you in making the decision and work with you on finding the doctor," he said. "Some [people] talk about this being privatization -- it is not privatization, it's mobilization. We're mobilizing healthcare for veterans to see they have access in a timely fashion."

The law also extends a stipend for caregivers for veterans. "Some veterans ... have difficulty feeding themselves, can't dress by themselves, need assistance in the five basic essentials of life, and from time to time have to come call on a caregiver," which could be a family member, said Isakson.

"If they're a veteran of almost any era of Vietnam, they get a stipend [for this] ... It helps the veteran pay for the service and it helps the VA not to have to find people to do it," said Isakson. "We're expanding caregiver services to all veterans ... it's a big step forward and for many it's going to be a lifesaver and life extender."

Although the law had overwhelming support among senators and veterans' groups, it did have a few critics. "Our registered nurses that provide VA care know that primary care is the heart and soul of the VA," said Jean Ross, RN, and Deborah Burger, RN, co-presidents of National Nurses United, a union that represents 11,000 VA nurses among its 150,000 members.

"Farming out primary care to other providers will be a major step to dismantling the VA entirely, opening the door to privatize services that have historically been provided at the VA, and

undermining one of the other strengths of the VA system -- the integration of care," wrote Burger and Ross in a letter to senators.

The VA needs to maintain a delicate balance between care at its facilities and privatization, Carolyn Clancy, MD, executive in charge of the Veterans Health Administration, told MedPage Today during an event on veterans' healthcare sponsored by AMVETS. "Privatization has become a bit of a flashpoint," she said.

"The big trick will be what is the appropriate balance between making sure we have sufficient resources that veterans can get care in the community when they need it, and when we don't have the resources there versus making an investment in our own system. I haven't found the magic formula for that ... but I think that's going to be an ongoing debate and a really good debate to have." However, Clancy added, "I am much more worried about making sure that when veterans need care, they get it ... whether it's in our system or with the assistance of community partners."

The American Medical Association applauded the law's passage. "The AMA believes every veteran deserves timely, accessible, high quality healthcare – whether within or outside the VA system," AMA president David Barbe, MD, said in a statement. "The bipartisan leadership from the Veterans Affairs committees in both chambers produced a bill that is worthy of our veterans."

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2.6 - Chattanooga.com: [Veterans Can Find Health Care Closer To Home Under New Senate Bill](#) (24 May, 449k uvm; Chattanooga, TN)

Tennessee veterans will find health care closer to home under new legislation passed by the Senate, according to Senator Lamar Alexander. Among the many benefits of the legislation, veterans in Tennessee will now have the ability to seek medical care outside the Department of Veterans Affairs (VA) regardless if they are able to get into a VA facility within 30 days or live more than 40 miles away from a VA health care facility.

Senator Alexander said, "This bipartisan legislation is good news for veterans in Tennessee and across the nation. It is our responsibility to ensure the brave men and women who put their lives on the line to serve our nation have timely access to more health care choices, and this bill will do just that. I applaud Chairman Phil Roe for his leadership on this legislation and hard work on behalf of our nation's veterans, and I look forward to President Trump signing this legislation into law."

The John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act yesterday passed the Senate by a vote of 92-5. It passed the House of Representatives last week by a vote of 347-70 and is supported by President Donald Trump and Acting Department of Veterans Affairs Secretary Robert Wilkie. In addition, 38 veteran and military advocacy groups wrote a letter to both chambers of Congress in support of the bill.

Specifically, the bill:

- Provides \$5.2 billion for the Veterans Choice Fund.

- Ends the arbitrary “30/day, 40-mile rule” that prevented veterans from seeking medical care outside the VA if they were able to get into a VA facility within 30 days or lived within 40 miles of a VA health care facility.
- Expands the VA Caregiver Program to pre-9/11 veterans and their families.
- Creates a new system of community care, enabling veterans to have access to walk-in community clinics outside the VA system.
- Incentivizes the use of telemedicine to help treat veterans.
- Modernizes VA facilities and provides additional resources for the hiring of new doctors, nurses and staff.

Senator Alexander has supported additional legislation to help Tennessee’s veterans including:

- Cosponsoring the Veterans Cemetery Benefit Correction Act, which will require the U.S. Department of the Interior to provide burial vaults for veterans buried in national cemeteries managed by the National Park Service, including Andrew Johnson National Cemetery in Greeneville, Tn. The bill passed in the Senate in March.
- Voting to increase funding for the Department of Veterans Affairs and improve accountability, including:

The Fiscal Year 2018 Military Construction, Veterans Affairs, and Related Agencies Appropriations bill, which provided over \$70 billion in funding for healthcare for our nation’s veterans. It also provided \$855 million for construction at VA hospitals and other facilities.

The Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017, which gives the Secretary of the U.S. Department of Veterans Affairs more authority to fire, demote or suspend senior VA officials for misconduct and poor performance, and requires the Secretary to implement whistleblower protection training and update the program every two years.

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2.7 - Healthcare IT News: [Senate passes \\$5.2 billion bill to expand VA private sector care, boost telemedicine - Passing with a 92-5 vote, the legislation also will mandate the agency participate in national PDMP data sharing network.](#) (24 May, Jessica Davis, 438k uvm; Portland, ME)

Passing with a 92-5 vote, the bill cleared just one week after passing in the House with a 347-70 vote. Its passage meets the White House’s deadline to act on the issue before Congress leaves for a week-long recess and heads to the President’s desk where it is expected to be signed into law in the next few days.

The \$52 billion reform legislation will overhaul the Department of Veterans Affairs, including how veterans can access healthcare in the private sector and is aimed to improve information sharing between community providers and VA doctors.

The bill clarifies that the “VA could share medical record information with non-department entities for the purpose of providing healthcare to patients or performing other healthcare-related activities.”

Its passage also will require the VA to create a process to make sure private sector providers are able to access relevant patient medical histories, including all prescribed medications. It's aimed at curbing opioid abuse among veterans.

The bill requires all "contracted providers submit medical records of any care or services furnished, including records of any prescriptions for opioids, to VA in a timeframe and format specified by VA." The VA also is required to record all prescriptions into the EHR.

Under the legislation, the VA also will be required to participate in a national network of prescription drug monitoring programs that give licensed providers to receive and submit PDMP data. Currently, all but four states participate in a PDMP data sharing collective.

According to the bill, "licensed healthcare providers or delegates would be required to query the network in accordance with applicable VA regulations and policies and no state would be authorized to restrict the access of licensed healthcare providers or delegates from accessing that state's prescription drug monitoring programs."

The bill also gives legislative authority to the VA's Anywhere-to-Anywhere telemedicine program launched by former VA Secretary David Shulkin, MD, and President Donald Trump last summer.

The provision makes it clear that providers can treat patients across state lines with a telemedicine platform, and that care doesn't need to be delivered in a federal medical facility.

The legislation also mandates a two-year pilot to increase the agency's use of medical scribes in specialty care settings and emergency rooms at 10 VA medical centers.

The passage has been praised by numerous groups, including the American Medical Association, which said the bill will ensure veterans have "continuity of care external to the VA's medical network."

"For many years, we've seen veterans and their providers frustrated because veteran health records were not accessible to private sector providers due to an administrative issue," said The Sequoia Project CEO Mariann Yeager in a statement. "[It] provides an important fix that will unlock veteran health records to enable the providers who care for veterans to make better informed decisions and coordinate care regardless of whether they are treated at a VA medical facility or in the private sector."

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2.8 - Healthcare Informatics: [Industry Organizations Praise Senate Passage of VA Mission Act](#) (24 May, Heather Landi, 158k uvm; New York, NY)

The U.S. Senate on Wednesday passed, by a vote of 92-5, a major Veterans Affairs (VA) reform bill that includes health IT-related provisions to improve health data exchange between VA healthcare providers and community care providers.

The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks, or VA MISSION Act (S. 2372) is a \$52 billion reform bill that will overhaul medical care options for

veterans, including giving them more access to private doctors and hospital. The bill also extends the VA's Choice program for one year.

A companion bill passed the House last week, and the legislation now moves to President Donald Trump's desk, and he is expected to sign it. With regard to health IT, the bill aims to improve health data exchange between VA healthcare providers and community care providers, including a provision to ensure community healthcare providers have access to relevant patient medication prescription information to ensure safe opioid prescribing practices. The legislation clarifies that VA could share medical information with non-department entities for the purpose of providing health care to patients or performing other healthcare -related activities.

In a section focused on establishing processes to ensure safe opioid prescribing practices by non-VA healthcare providers, the bill mandates that the VA implement a process "to make certain that community care providers have access to available and relevant medical history of the patient, including a list of all medication prescribed to the veteran as known by VA."

The bill also clarifies that a covered health care professional may practice at any location in any state, regardless of where the covered health care professional or the patient is located, if the covered health care professional is using telemedicine to provide treatment to a VA patient.

A number of health IT associations and organizations have praised the VA Mission Act. In a statement, eHealth Exchange Vice President Jay Nakashima said, "Since its inception, the eHealth Exchange network has worked closely with the Department of Veteran Affairs to support health IT interoperability between the department and partner providers but our success was limited by an outdated congressional mandate - until now. With the passage of VA Mission Act, we hope to see exponential improvements in health data sharing between community providers and the Veterans Health Administration, with the resulting benefits of patient satisfaction and health outcomes."

The Sequoia Project CEO Mariann Yeager said in a statement, "For many years, we've seen veterans and their providers frustrated because veteran health records were not accessible to private sector providers due to an administrative issue. The VA Mission Act provides an important fix that will unlock veteran health records to enable the providers who care for veterans to make better informed decisions and coordinate care regardless of whether they are treated at a VA medical facility or in the private sector."

Health IT Now, a broad-based coalition of patient groups, provider organizations, employers, and payers supporting health information technology to improve patient outcomes, also applauded the Senate passage of the bill, particularly the provisions around expanding telehealth access to VA patients.

Health IT Now Executive Director Joel White said in a statement, "With the president's signature, our nation's heroes can, at long last, more easily access the care they need, when they need it, without fear of Washington standing in the way. For too long, veterans have dealt with inflexible laws requiring them to travel long distances to federal facilities in order to receive care from a VA provider located in another state. The VETS Act will propel VA health services into the 21st century, breaking down geographic barriers to care and spurring better outcomes for the 20 million patriots who receive care through the Department of Veterans Affairs today."

White concluded, "It is our strong hope that the VETS Act is not the end of this Congress' support of technology-enabled healthcare reforms, but simply the latest in a continued series of

measures to expand coverage and reimbursement of innovative care delivery models and knock down regulatory barriers to virtual treatment.”

Anders Gilberg, senior vice president of government affairs at the Medical Group Management Association, also said of the VA Mission Act, “With passage of the bipartisan, bicameral VA Mission Act of 2018, Congress made notable improvements to the VA Choice Program that will assist medical group practices in meeting the growing health care needs of our military veterans. The bill aims to lessen the administrative burden on practices that care for veterans outside the traditional VA system. It addresses barriers to care and ensures physicians receive timely payments from the VA so they may continue to provide high-quality care to our nation’s deserving veterans.”

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2.9 - Healthcare DIVE: [\\$5.2B bill extending VA private sector options passes Congress](#) (24 May, Tony Abraham, 157k uvm; Washington, DC)

Dive Brief:

- The Senate cleared a House-passed bill on Wednesday making it easier for veterans to see private sector providers by making the Department of Veteran's Affairs program called Veterans Choice permanent.
- The bipartisan legislation, passed 92 to 5, also allows VA providers to offer telemedicine and gives them the ability to partner with community care providers, along with consolidating seven community care programs and expanding support for caregivers. It also gives VA providers the authority to allow patients to receive care from the private sector rather than the VA.
- President Donald Trump is expected to immediately sign the bill, called the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act

Dive Insight:

With the passing of the MISSION Act, Congress has expanded private sector options for all veterans rather than only those who live far from a VA provider or have to deal with long wait times. Those limitations had been set by the Veterans Choice program, which was set to run out of funding in a few weeks.

The moderate step falls short of the full privatization backed by some in the Trump administration and congressional Republicans.

One survey from a veteran's group found more than 90% of veterans preferred fixing the VA's deficiencies over dismantling the system or a universal healthcare card that would allow them to see any private provider, an idea Trump campaigned on. Also, about 70% of veterans enrolled in the VA already receive most of their care outside the system, according to a 2014 Congressional Budget Office report.

The act allocates \$5.2 billion toward the Choice program, originally created through the Veterans Access, Choice and Accountability Act, a bipartisan bill signed by President Barack Obama in 2014 in response to the VA's wait time scandal. The program has allowed veterans

the option of receiving care from the private sector if they live more than 40 miles driving distance from a VA facility or if they have to wait more than 30 days to get an appointment.

Lawmakers have been debating the program's potential for giving the private sector more control over veterans' healthcare, but the MISSION Act is largely seen as a compromise.

"The VA MISSION Act removes those arbitrary time and distance requirements that limit eligibility for outside care," Sen. Mitch McConnell, R-Ky., said in a statement. "It replaces those one-size-fits-all policies with a conversation between veterans and their own doctors about what works best."

Despite carrying the support of 38 veterans associations, including The American Legion and Disabled American Veterans, the MISSION Act has been condemned by a number of public sector labor groups concerned with the bill's potential for allowing the private sector to play a bigger role in veterans healthcare. Those groups include National Nurses United (NNU) and the American Federation of Government Employees (AFGE), the union representing VA workers.

"The VA Mission Act is a horrendous piece of legislation that will set the only health care system tailored to veterans on a path of total privatization," J. David Cox Sr., AFGE national president, said in a statement. "Now, an unaccountable, private, corporate-style commission will have the power to decide which facilities to close, which to repair, and which to build."

NNU leadership echoed that sentiment in an open letter, arguing that "farming out primary care to other providers will be a major step to dismantling the VA entirely" and open the door to privatizing services that have historically been provided by VA facilities.

Proponents of the bill argue that those services have not been provided well, if at all, to rural veterans.

"What we're seeing in rural America is a disproportionate number of veterans," Maggie Elehwany, vice president of government affairs at the National Rural Health Association, told Healthcare Dive earlier this year. As many as 25% of veterans, she said, live in rural America. They also tend to be older and experience poverty at a higher rate than urban and suburban veterans.

"We need to get rural veterans some kind of ability to better access care in rural areas. They should have the choice to be able to see their local rural provider," Elehwany said. "We had long fought for that, and for a long time it seemed like the VA was very resistant to that notion."

Trump last week nominated acting secretary Robert Wilkie to head up the VA after White House physician Ronny Jackson withdrew his nomination last month, facing scrutiny over an alleged history of over-prescribing and intoxication on the job.

Wilkie has been serving as acting secretary since Trump fired former secretary David Shulkin, who warned again creeping privatization, in March.

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2.10 - McKnight's Long Term Care News: [VA healthcare bill aims to give vets more access to private long-term care services](#) (25 May, Kimberly Marselas, 55k uvm; Northfield, IL)

Providers cheered the inclusion of long-term care and post-acute agreements in a major overhaul of veteran health care passed by the Senate this week.

The VA Mission Act consolidates several seven Veterans Affairs health programs into one and makes it easier for covered patients to receive care outside of government-run facilities when those centers have long wait lists or do not provide needed services. Among the changes are provider agreements allowing veterans to use a broader network of private long-term care settings.

"VA provider agreements are an essential step to ensuring veterans have access to long-term and post-acute care," the American Health Care Association said in a statement late Wednesday. "This legislation will help remove some of the existing red tape that may prevent providers from being able to provide care, broadening options for veterans who need both nursing center care and home and community-based services."

Once signed by President Trump, the measure will create the Veterans Community Care Program and a new claims reimbursement process in 2019. The administration had pushed for passage by Memorial Day.

The Ambulatory Surgery Center Association, which often provides orthopedic procedures and pain management therapy for seniors, praised the bill and its 30-45 day payment timeline for private providers.

"Unfortunately, challenges within the current non-VA provider programs cause significant delays in reimbursement to providers," the association said.

The act passed the Senate with a vote of 92 to 5, but some Democrats expressed concern that the new program would prove too costly or be used for private access even when the VA is capable of delivering appropriate treatment.

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2.11 - Patient EngagementHIT: [VA MISSION Act Passes Congress, Updates Patient Access to Care - The VA MISSION Act has been passed in a 92-5 vote and now awaits the President's signature. The landmark legislation updates programs to support patient access to care.](#) (24 May, Sara Heath, 21k ovm: Danvers, MA)

The Senate has passed the VA MISSION Act, which overhauls the agency's community health and Veterans Choice Programs and improves patient access to care. The bill now awaits the President's signature and will likely be signed in time for Memorial Day.

In a 92 to 5 vote, the Senate passed the \$5 million bill that made its way through the House of Representatives last week. Paramount to the bill is its impact on Veterans Choice, the program that allows veterans facing extraordinary wait times to access care from a third-party, non-VA provider.

A significant portion of the bill's funding will go toward revamping the Choice Program, which until now was slated to run out of funding by mid- to late-June, according to a previous statement from Acting VA Secretary Robert Wilkie.

In its current state, the Veterans Choice Program has too long of wait times, many of which exceed the standard 30 days the agency has allowed itself before issues escalate to higher agency officials. Veterans also face extreme administrative burden to accessing care.

The bill offers both the time and finances to develop strategies for overcoming those issues.

Additionally, the bill will overhaul the VA's community care program and will streamline those services. The program will also expand caregiver access to veterans who served prior to 9/11; currently, the caregiver programs only apply to post-9/11 veterans.

Updates to the Veteran's Choice Program and community care programs will improve veteran access to care, a change that is desperately needed, according to Senator Johnny Isakson, (R-Georgia), Chairman of the Senate Veterans Affairs Committee.

"The Senate passage of the VA MISSION Act is a major victory for our nation's veterans who will benefit from more choice and fewer barriers to care," Isakson said in a statement on his website. "I look forward to sending this to the president's desk to be signed into law ahead of Memorial Day as a small token of 'thanks' to our nation's veterans for answering the call and defending the freedoms we enjoy today."

The linchpin in the passed bill is veterans' right to make choices about their own healthcare, noted Senator Jon Tester (D-Montana), Ranking Member of the Senate Veterans Affairs Committee and one of the bill's co-sponsors.

"Our bill puts veterans in the driver's seat and removes government bureaucracy that has caused so many headaches for Montana veterans," Tester explained. "This bill makes the VA stronger, and allows veterans to seek care in their community when the VA can't deliver."

During weeks of debate, the VA MISSION Act has brought to the forefront discussions about privatizing the VA. At its core, the Veterans Choice Program enlists the help of the private sector to extend access to care for veterans facing barriers to treatment.

Some veterans groups, including the Veterans of Foreign Wars (VFW) says the MISSION Act represents the judicious integration of private healthcare supporting the VA.

"This historic legislation is the result of years of negotiating what role the private sector should play in providing care to America's veterans," said Keith Harman, national commander of the 1.7-million member VFW and its Auxiliary. "The VA MISSION Act helps provide veterans with the care they earned and deserve. It helps improve the VA health care system while relying on the private sector when needed, striking the right balance in order to make sure veterans have the best care possible."

The bill also reduces the numerous administrative steps both the VA and third-party healthcare providers must take in order to secure care for a veteran, according to Medical Group Management Association (MGMA) Senior Vice President of Government Affairs Anders Gilberg.

"With passage of the bipartisan, bicameral VA MISSION Act of 2018, Congress made notable improvements to the VA Choice Program that will assist medical group practices in meeting the growing health care needs of our military veterans," Gilberg said in a statement emailed to journalists. "The bill aims to lessen the administrative burden on practices that care for veterans outside the traditional VA system. It addresses barriers to care and ensures physicians receive timely payments from the VA so they may continue to provide high-quality care to our nation's deserving veterans."

However, the bill also has its detractors who assert that private-sector involvement in the VA will be the pitfall for the agency.

Prior to the Senate vote, numerous industry groups called on the chamber to reject the MISSION Act, arguing that the bill would lead to privatization at the VA.

"Marketed as a means to expand some benefits for veterans, this bill masks a long desired corporate, far right goal of accelerating the dismantling and privatization of our Veterans Administration program at the expense of countless veterans who have served our nation," said Jean Ross, RN, the Co-President of National Nurses United.

"It would be more honest and transparent to call this bill the Mission to Privatize Act and stop the pretense it has any other real goal," Ross added.

VA healthcare centers function just as well as or better than other healthcare organizations, Ross and NNU asserted, citing a recent study from RAND. The quality at VA medical facilities suggest that privatization would detrimental to veteran healthcare.

A coalition of 17 labor organizations likewise advocated against the VA MISSION Act, stating that the bill would make it easier to privatize the VA. Those groups included the likes of American Federation of Labor and Congress of Industrial Organizations, which represents 1.6 million veteran workers.

"We have no choice but to stand together with frontline employees at the Department of Veterans Affairs (VA) and oppose this legislation," the groups wrote. "Too much is at stake for veterans, their families and everyone who benefits from the VA's extraordinary accomplishments to succumb to political pressures to hurriedly pass potentially damaging changes with many unknown consequences."

However, proponents of the bill, which has enjoyed bipartisan support, say that the VA MISSION Act will make it easier for veterans to access healthcare. The VA is known for having extraordinary wait times, and coupled with limited access to certain treatments at VA healthcare facilities, this bill could help promote better care access for veterans.

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2.12 - Healthcare Analytics News: [Massive VA Reform Bill Looks to Improve Interoperability with Private Sector](#) (24 May, Ryan Black, 17k uvm; Cranbury, NJ)

The VA MISSION Act of 2018, as the major Department of Veterans' Affairs (VA) policy, funding, and reform legislation passed yesterday is officially titled, contains a lot to unpack. The sweeping \$50+ billion bill orders a review of the agency's infrastructure, endorses its growing

telehealth program, changes the way veterans are reimbursed for VA care, and requires the health network to participate in a national prescription drug monitoring program.

It also represents an expansion of—or, a more permanent replacement for—the VA Choice program, first passed in 2014 to give veterans more latitude to seek care from private providers. Widening that program, however, raises questions about interoperability.

Andrew Cohen, MD, a VA doctor and former administrator in Rhode Island, told Healthcare Analytics News™ earlier this month that the agency's legacy electronic health records (EHR) system—Vista—is difficult for non-VA entities to access. "If you're not at the VA, [it] requires going through a number of complicated security barriers—for reasons that are self-evident, but the VA might make it more difficult than it should be," he said.

The new legislation requires the bureaucratic burdens be eased. It amends the agency's consent for release of medical records to allow simpler sharing with non-VA entities "for purposes of providing health care, including hospital care, medical services, and extended care services, to patients or performing other health care-related activities or functions." The previous wording was narrower, and stipulated that such sharing could only be done "as authorized by the Secretary."

Health information firm leaders quickly applauded that change—and the bill as a whole. Sequoia Project CEO called it "an important fix" that will "unlock veteran health records to enable the providers who care for veterans to make better informed decisions" regardless of whether they're being treated outside the VA. eHealth Exchange Vice President Jay Nakashima said that success in improving interoperability with the VA "was limited by an outdated congressional mandate—until now."

David O. Barbe, MD, president of the American Medical Association, said that his organization "believes every veteran deserves timely, accessible, high quality health care – whether within or outside the VA system," saying that the new legislation is "a bill that is worthy of our veterans."

Of course, these changes come as the VA is about to tackle an unprecedented interoperability challenge: The largest-ever EHR implementation project. After months of delays and confusion, the agency finally came to terms with EHR provider Cerner this month to adopt its custom MHS Genesis program. That news came as the company fought back against reports of serious issues with its implementation at Department of Defense facilities.

The deal is meant, in part, to ensure interoperability between the agencies, allowing active duty military members to transition from one phase of their service to the next without fear that important health information will be lost along the way.

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3. Modernize Our System

3.1 - Building Design + Construction: [The design of the new Omaha VA Ambulatory Care Center incorporates veteran symbolism throughout the building - Leo A Daly designed the facility.](#) (24 May, David Malone, 69k uvm; Arlington, IL)

A new \$86 million project will add 157,000-sf of space to the VA campus in Omaha, Neb. The Omaha VA Ambulatory Care Center will allow several outpatient services to move out of the main hospital, which opened in 1950.

Veteran symbolism is incorporated throughout the facility. The north façade is designed to resemble an American flag rippling in the wind and the western façade is lined with differently hued glass panes that evoke the ribbon bars awarded to service members. Separating the public spaces from the secure clinical areas is a limestone wall. It represents security, the foreign soil tracked home on soldiers' boots, and the periods of conflict and peace through which veterans have served.

The three-story building will include seven primary-care units, an outpatient surgery suite, a women's health clinic, and a specialty medicine unit allowing 400 additional outpatients to visit the clinic each day.

The building's design focuses on patient-centered care and integrates refuge spaces, healing gardens, a labyrinth, positive distractions, access to views and nature, and natural daylight. It is linked to the existing 12-story hospital via an on-grade connector.

The project is the first to take advantage of the 2016 CHIP IN for Vets Act, a new federal law that allows the VA to accept private donations to complete construction projects. The facility is slated for completion in 2020. McCarthy Construction is the general contractor.

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3.2 - EHR Intelligence: [Senate Passes VA Mission Act to Improve Health Data Exchange - The Senate recently passed the VA Mission Act, which includes policies designed to improve health data exchange.](#) (24 May, Kate Monica, 50k uvm; Danvers, MA)

The VA Maintaining Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 — which includes policies meant to improve health data exchange between VA and the private sector — recently gained congressional approval.

The newly-passed legislation cleared the Senate by a 92-5 vote, according to The Washington Post. The bill will likely reach President Trump by Memorial Day.

The VA Mission Act includes a \$55 billion package funding a five-year commitment to resolve problems with VA healthcare including prescription drug monitoring, health data access for community care providers, and health data exchange between VA care sites and care sites in the private sector.

The Congressional Budget Office estimated the VA Mission Act will enable an additional 640,000 veterans to receive care outside VA care facilities.

Senator Jon Tester (D-MT) and Committee Chairman Johnny Isakson (R-GA) have worked to negotiate the bill with the White House and several veterans groups over the past year.

According to the Washington Post, problems related to current vacancies in VA leadership — particularly following former VA Secretary David Shulkin's departure from the federal agency — contributed to delays in passing the bill.

Industry leaders including Sequoia Project CEO Mariann Yeager have expressed approval for the bill.

“For many years, we’ve seen veterans and their providers frustrated because veteran health records were not accessible to private sector providers due to an administrative issue,” said Yeager in a public statement.

“The VA Mission Act provides an important fix that will unlock veteran health records to enable the providers who care for veterans to make better informed decisions and coordinate care regardless of whether they are treated at a VA medical facility or in the private sector,” she continued.

The legislation states that the VA Mission Act will enable VA to share EHR data with non-VA healthcare providers “for the purpose of providing health care to patients or performing other health care related activities.”

eHealth Exchange Vice President Jay Nakashima said the bill will provide the necessary update to federal policies to move health data exchange and interoperability forward.

“Since its inception, the eHealth Exchange network has worked closely with the Department of Veteran Affairs to support health IT interoperability between the department and partner providers but our success was limited by an outdated congressional mandate — until now,” Nakashima wrote in a public statement.

“With the passage of VA Mission Act, we hope to see exponential improvements in health data sharing between community providers and the Veterans Health Administration, with the resulting benefits of patient satisfaction and health outcomes,” he concluded.

The VA Mission Act replaces the Veteran’s Choice Program by consolidating VA’s private care programs and contracting with an outside company to streamline and simplify billing processes.

The bill also includes policies that may help to reduce administrative burden on VA care providers.

Section 2 of the bill calls for the development of a two-year pilot program that will increase the use of medical scribes in emergency departments and specialty care settings at ten VA medical centers.

This effort to reduce administrative burden on VA care providers may help to ease the stress of the federal agency’s upcoming Cerner EHR implementation.

After months of delay, VA signed the \$10 billion contract to replace its homegrown legacy VistA system with a new commercial Cerner EHR in an effort to improve interoperability with the Department of Defense (DoD.)

Acting VA Secretary Robert Wilkie assisted with completing contract negotiations. Wilkie is currently in the running to serve as the new VA secretary after President Trump’s former nominee — former presidential physician Ronny Jackson, MD — withdrew.

Wilkie is also currently serving as DoD undersecretary.

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3.3 - Tampa Bay Reporter: [Bay Pines VA Earns National Praise](#) (24 May, 17k uvm; Seminole, FL)

The Bay Pines VA Healthcare System has received an “Emerald Award” by Practice Greenhealth, the nation’s leading organization dedicated to environmental sustainability in health care.

The award is one of the Environmental Excellence Awards given each year to honor environmental achievements in the health-care industry.

The Emerald Award recognizes the top 20 percent of health care facilities nationwide that are setting the standard in eliminating mercury, reducing and recycling waste, sustainable sourcing, and have developed successful sustainability initiatives in other program areas.

Bay Pines was also one of 10 medical facilities nationwide that received a “Circle of Excellence Award in Energy” for outstanding performance in energy efficiency and strategic use. The Circle of Excellence Award in Energy recognizes facilities that are pushing the envelope and driving innovation in energy sustainability. Leading healthcare systems, like Bay Pines VAHCS, have programs to reduce energy use over time, track energy intensity and Energy Star performance metrics, and share details on comprehensive energy project implementation.

The awards announcement was made during Practice Greenhealth’s annual environmental excellence awards ceremony in San Diego, CA. on May 9 where Veterans Health Administration facilities earned more than 180 honors for efforts ranging from energy reduction to green building design, as well as long term commitments to healthier environments.

Although this is the first year Bay Pines VAHCS has received either an Emerald or Circle of Excellence Award, this marks the third consecutive year the healthcare system has received a Practice Greenhealth award for environmental excellence.

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[4. Focus Resources More Efficiently](#)

4.1 - Politico: [Republicans take aim at federal unions](#) (24 May, Lorraine Woellert, 23.9M uvm; Arlington, VA)

House Republicans accused unionized federal workers Thursday of abusing a law that allows them to take paid time off to attend labor-management meetings and address workforce issues outside their regular jobs.

The House report was published just days after the Office of Personnel Management raised similar concerns about unionized civil servants.

In a survey, a panel of the House Oversight Committee found that more than 12,500 employees took advantage of legally sanctioned time off, known as “official time,” for labor-related activities such as worker disputes, whistleblowing and collective bargaining.

The Department of Veterans Affairs was among the worst offenders, the House panel said. There, 472 employees spent 100 percent of their working hours on labor-management-related business in fiscal 2017, according to the GOP report. Those employees included a VA nurse anesthetist and dentist who each made more than \$190,000 a year.

“Some collective bargaining agreements allow certain labor union employees to spend 100 percent of their time on official time,” Republican staff wrote. “These employees are subsidized by American taxpayer dollars, but do not have to do their regularly assigned work.”

That conclusion echoed the findings of an OPM biennial report on official time, which OPM Director Jeff Pon labeled as “Taxpayer Funded Union Time within the Federal Government.” Pon estimated that the taxpayer cost of employees using official time was up nearly 7.6 percent, to \$174.8 million, in fiscal 2016 from two years earlier.

Democrats and unions challenged those conclusions, calling them part of a broader assault against career civil servants led by President Donald Trump, who has accused the “deep state” of thwarting his policy agenda.

In a statement submitted to the House Oversight Government Operations Subcommittee, the American Federation of Government Employees disputed that official time was “union time,” saying the time was not used to recruit union members, hold union meetings, campaign or hold elections for union office, or collect dues. Rather, AFGE said, “it is time spent representing workers who are the victims of illegal discrimination, illegal harassment, or other prohibited personnel practices.”

“Misleading reports on official time are just the latest barrage in a series of attacks aimed at reducing protections for federal employees in the workplace,” said AFGE National President J. David Cox Sr. in a written statement. “Federal workers assure delivery of services over politics, and the unions that represent workers help preserve civilian protections over partisanship.”

“The Trump administration is launching a multi-front attack on our independent civil service,” said Rep. Elijah Cummings (D-Md.). “These actions will harm middle-class workers who dedicate their lives to public service, impair our ability to recruit and retain the best and brightest, and degrade the services that our government delivers to the American people.”

Pon has called for revising civil service laws, including changes to official time and a \$143.5 billion rollback of pension benefits. An OPM spokeswoman denied rumors of civil service layoffs, saying “there are no high-level” discussions about a reduction in the federal workforce.

But change already is happening at the agency level. In March, Education Secretary Betsy DeVos unilaterally imposed a new contract on the agency’s nearly 4,000 unionized employees, prompting AFGE to file a complaint to the Federal Labor Relations Authority.

DeVos and Agriculture Secretary Sonny Perdue also have limited employee telework, turning back an Obama-era expansion of such benefits, which were billed as a way to attract and retain employees.

Meanwhile, worker complaints to the FLRA are piling up. The agency has been without a presidentially appointed general counsel since November, a vacancy that has prevented cases from being prosecuted even as rank-and-file investigators continue to refer worker complaints to the FLRA.

President Barack Obama experienced a similar backlog in 2010 after the labor authority went without a top lawyer for 17 months, resulting in more than 340 deferred cases.

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4.2 - Talking Points Memo: [Trump's VA Strips Protection From Workers' Contract](#) (24 May, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs this week unilaterally scrapped an Obama-era provision in their labor contract, stripping many of doctors and nurses of the right to have a union representative advocate for them at a hearing at which they are being disciplined or fired.

The effect, a union representing federal workers says, will be to make it easier to fire government employees.

The VA sent a “notice of repudiation” to the American Federation of Government Employees (AFGE) on May 21 informing the union that the VA would no longer comply with this piece of the union contract, which has been in effect since 2011, calling it “null, void and unenforceable.”

The provision ensured that workers could have AFGE representation when they were called before either a Disciplinary Board or a Professional Standards Board — panels that determine whether a federal worker can be demoted, suspended or terminated.

VA Press Secretary Curt Cashour told TPM that the provision in question “interferes with federal law,” adding: “VA never should have agreed to it in the first place.”

“Federal Labor Relations Authority precedent clearly allows federal departments and agencies lawfully to repudiate a collective bargaining agreement clause that is nonnegotiable under the statute because the clause interferes with a federal law,” he said. “That’s exactly what we’re doing in this case.”

The Department of Veterans Affairs — which currently has no confirmed permanent leader — is the second-largest federal agency, with more than 360,000 federal employees. It is also the largest integrated health care system in the United States.

Jacque Simon, the public policy director of AFGE, told TPM that she sees the move as a “shot across the bow” and expects the Trump administration to roll back more federal worker protections in the months ahead.

“This basically takes our collective bargaining agreement and just rips some pages out, taking away something that’s been in effect legally for many years,” she said. “These boards are life and death — whether your professional standards are certified and whether you have a job. Now you can’t have your union represent you at those hearings.”

The VA's move follows the passage of a bill in 2017 that stripped away many due process rights for employees at the agency, making it much easier for the administration to fire them. The reforms, characterized by President Trump and many lawmakers as a way to oust high-level officials accused of wrongdoing, have over the past year led to a purge of rank-and-file employees for minor infractions.

Bills have been introduced by Republicans in Congress to replicate these reforms at other federal agencies.

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4.3 - Dayton Business Journal: [Military, health care partnership in Dayton will serve veterans with dementia](#) (24 May, 885k uvm; Dayton, OH)

A joint-effort Alzheimer's Military Task Force has been announced for the Miami Valley.

The effort — led by the Alzheimer's Association Miami Valley Chapter, Wright-Patterson Air Force Base and Dayton VA Medical Center — is the result of a grant from Wright-Patt Credit Union's Sunshine Community Fund. The task force will serve "military personnel and veterans struggling with dementia-related disorders, including post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI)," according to a release.

Alzheimer's Association Board Member Cassie Barlow, also chief operating officer of Southwestern Ohio Council for Higher Education and former WPAFB commander, will lead the community partnership. Efforts will include dementia awareness and education; referrals for diagnosis; support services and information for those diagnosed; and sharing the behaviors people can modify to help maintain cognitive health and a cognitive reserve, according to the press release.

More than 5 million Americans are living with Alzheimer's, and up to 16 million will have the disease in 2050, according to the Alzheimer's Association. Costs for caring for Alzheimer's and other dementias is estimated to total \$236 billion in 2016.

"Aside from the more well-known forms of dementia such as Alzheimer's and Parkinson's, emerging research is showing a strong correlation between dementia, PTSD and TBI. We know that those with PTSD are about twice as likely to develop dementia," Barlow said. "We need to support our local military personnel, veterans and their families who are struggling with these disorders, which haven't been fully addressed from a dementia-related perspective. The Alzheimer's Association and other task force organizations have numerous resources — many of which are free — to help those who need it."

Wright-Patt is Ohio's largest single-site employer with 27,500 personnel. It supports 62,000 jobs in the Dayton area, and has a local economic impact of \$4.3 billion.

Other organizations involved include Veterans Affairs, Ohio's Hospice of Dayton, Air Force Research Laboratory, Disabled American Veterans, Veterans of Foreign Wars and the Dayton Regional Military Collaborative.

"Research is showing there are modifiable behaviors that can help maintain cognitive health and possibly slow the progression of dementia. Particularly for active military, avoiding head injuries

is very important because such injuries might contribute to the progression of dementia associated with the injury," said Maj. (Dr.) Earl Banning, director of Neuropsychology at the Wright-Patterson Medical Center.

Jill Dietrich, director for the Dayton VA Medical Center, said research efforts of the Dayton VA include the effects of TBI and how it impacts the likelihood of developing dementia, even as young as 35 years old.

"There are multiple studies researching how physical and mental exercises can help mitigate some of those risks," Dietrich said. "The key to benefitting from this research is to be enrolled in the VA system. Many local veterans qualify for healthcare at the VA, but aren't aware of the benefit they earned through their military service, and never apply. We are confident this partnership will help us engage more veterans and get them the help they deserve."

The Sunshine Community Fund is completely supported through the efforts of WPCU Partner-Employee fundraising, vendors and business partners.

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4.4 - KPBS (NPR-89.5, Audio): [VA Partners With Food Banks As More Veterans Struggle To Afford Food](#) (24 May, Carson Frame, 278k uvm; San Diego, CA)

Carson Frame reports that food insecurity is becoming more common among some groups of veterans.

Even before the sun was up, crowds gathered in the parking lot of the VA Austin Outpatient Clinic for its once-a-month pop-up food bank. A truck from the Central Texas Food Bank idled nearby, as volunteers busily unloaded shipments of fruit, vegetables and meat.

Turnout was so high that veterans had to take numbers.

Diane Fike, a Vietnam-era Army veteran, came with a cart and some freezer bags. She sat on the curb with her dog Quinn waiting for her turn to pick from a selection of fresh and packaged groceries.

"Sometimes they're very generous," Fike said. "I hit the jackpot once; they had a bunch of shelf-stable milk. That was great."

Fike prefers food with a long shelf life because she has trouble getting out of her house. Money grew tight after she became disabled, and she doesn't have a vehicle. When she needs transportation, she has to give 24 hours notice.

"It's terrible sometimes if you're sick and you miss your ride," she said, recalling times when she had run low on food.

Food Insecurity In Unexpected Places

On average, about 1.5 million veteran households rely on Supplemental Nutrition Assistance Program benefits each year.

Elderly and homeless vets have long been at risk for food insecurity, but younger veterans from the Iraq and Afghanistan wars are increasingly in need, said social worker Kelli Garrett, who leads the Austin VA's mobile food pantry.

"Here at our food pantry and just in my work in general with the homeless program, it has been noticeable: an increase in the population of veterans under 35 or so," she said.

A University of Minnesota survey also found that post-9/11 veterans in that state were struggling to put food on the table.

Associate professor Rachel Widome led the survey, which concluded that 27 percent of participants had experienced food insecurity.

"That was just so much higher than the prevalence of food insecurity in the general U.S. population, which is usually around 14 or 15 percent," she said. "I thought that it was very shocking and, honestly, quite unconscionable that such a sizable proportion of those who were sent to fight these wars were now struggling to afford food."

Food insecure veterans tend to be unmarried, with lower incomes, and in households with children. They often reported binge drinking, tobacco use, and sleeping less.

Transitioning out of the military poses unique challenges for the young, Widome said.

"Sometimes younger veterans don't have a lot of job experience and don't have as many connections in the civilian world for finding work right away," she said, "and they might not have as much as far as savings goes."

Screening Through Stigma

Daren Benito, a 45-year-old veteran of the first Gulf War, is just a bit older than the group Widome studied. As a single father of two, Benito wrestled with severe post-traumatic stress disorder after leaving the Army, eventually falling into a period of homelessness. He said he often went hungry to feed his kids.

45-year-old Gulf War veteran Daren Benito waits his turn at the Austin, Tex. VA mobile food pantry in this undated photo.

"I had to go days at a time just to make sure that they had a good meal on their plates," he said.

Though Benito has since found housing and more stable footing, he still hesitates to accept resources from places like the Austin VA food pantry.

"I still feel like a protector," he said. "I still feel like I should be the one taking charge, taking the lead. So oftentimes it's hard to have to yield to better judgment, to come out here and humble yourself to an experience like this because it just makes you feel kind of down."

The Austin food pantry is under the auspices of the Veterans Pantry Pilot Program, a nationwide collaboration between the VA and hunger relief network Feeding America. It has established food pantries at VA medical centers in Ohio, South Carolina, Florida, and other states.

The VA directed also all of its medical facilities in October to start screening veterans for food insecurity as part of their routine medical care. Anne Utech, the VA national director for Nutrition and Food Services, said the screening is necessary in part because of stigma.

"As you can imagine, this topic can be rather sensitive," Utech said. "People don't like to bring it up. So that's why there's a need for healthcare providers to ask and screen for it."

The screening question asks veterans whether they've run out of food, were unable to access more food, or didn't have money to buy food in the past three months.

According to Utech, the screening is designed to catch as many positive answers as possible and to account for non-financial factors like physical immobility and lack of transportation. When someone answers yes, that's supposed to trigger intervention by a social worker, a referral to a local food bank, or help in getting federal food assistance.

So far, more than 1 million vets have been screened, and the VA is compiling information about who's in need.

But if there's one thing everyone is seeing, it's an increase in demand. In both March and April, the Austin VA food pantry served more than 200 households in two hours.

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4.5 - MetroNews: [Senate approves renaming VA facility after Williams](#) (24 May, 276k uvm; Charleston, WV)

The U.S. Senate passed a bill Thursday to rename the Huntington Veterans Affairs facility after World War II veteran and Medal of Honor recipient Hershel "Woody" Williams.

The House of Representatives passed the resolution Monday. The legislation was sponsored by Rep. Evan Jenkins, R-W.Va., and cosponsored by Reps. David McKinley, R-W.Va., and Alex Mooney, R-W.Va.

"Renaming the Huntington VA honors not only Woody's life but all of the veterans whose lives he has touched. I am eager to see President Trump sign this important bill into law and join us in recognizing this brave West Virginian," Jenkins said in a press release.

If Trump approves the change, the facility would be named the Hershel "Woody" Williams VA Medical Center.

Sens. Joe Manchin, D-W.Va., and Shelley Moore Capito, R-W.Va., petitioned to change the name last year. The chamber passed a separate but similar resolution in September.

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4.6 - Monterey Herald: [VA clinic in Marina hosts barbecue for elderly veterans](#) (24 May, Tom Wright, 270k uvm; Monterey, CA)

The Major General William H. Gourley VA-DoD Clinic in Marina held a barbecue for veterans age 90 and up Thursday and those in attendance shared stories from World War II, the Korean War and the Vietnam War while enjoying live music and food.

Henry Martin, 96, served as a scout for the Army's 45th Infantry Division during World War II.

"The first one off the boat was me," he said. "I was in three invasions: Sicily, on the boot of Italy: Salerno and then at Monte Cassino we couldn't get by it, we went around by Anzio. I went to Anzio also."

Martin spent three years on the front lines and was awarded two Purple Hearts.

"Six-barrel mortars, boom! It took the top sergeant and it cut him right open. It got me in the leg, shrapnel," Martin said, telling the story of his first Purple Heart. "A buck sergeant got one in the leg, so we hopped down to first aid."

Martin was taken to North Africa for treatment.

"For 30 days I was there — and then back to the front line," he said.

It was in Anzio when the event's leading to Martin's second Purple Heart took place.

"A shell landed and buried me, knocked me cold," he said. "It didn't draw any blood, but the colonel said, 'That's enough for another Purple Heart.' So he gave me the second one."

Martin, who now resides in Marina, was diagnosed with shell shock and discharged.

"To me, I didn't have nothing," he said. "I just wanted to get the hell out of there."

The Department of Veterans Affairs asked the vets to bring a photo of themselves in uniform if possible and Lenny Bernstein, 92, brought a photo of him from World War II.

"I was 19 and we had just broken through the Siegfried Line," Bernstein said, referring to the fortified border along the German western frontier. "I got a picture of me with my zip gun and a swastika on our jeep."

Bernstein, 92, was awarded a Silver Star and two Purple Hearts in his service with the Army. He served as a lead scout and killed 24 Axis soldiers after Allied troops were attacked in the Battle of the Bulge.

"For a 19-year-old kid, it was kind of scary," he said.

If not for a bit of luck one night in Germany, Bernstein said he wouldn't be here today. He said they were walking up a hill and they missed a camouflaged foxhole.

"I didn't see it right away because it was at night," he said. "There was a machine gun facing right to where we were walking up. There were two Germans in the hole, asleep. If they hadn't been asleep, I wouldn't be here."

They were prepared to kill the Germans without using firepower, Bernstein said, which he viewed as “horrible” and said he would not have liked it at all. But the German soldiers started to stir around first and the Allied troops killed them.

“That was the first time I killed anybody,” Bernstein said.

Bernstein and his platoon then went down the other side of the hill, hoping they would not get spotted by Axis soldiers.

“There was snow on the ground, it was cold, it must have been minus-10, and when we got down to there, there were pillboxes,” he said.

He went right up against the pillboxes with his platoon sergeant to avoid being seen and threw grenades inside. While he didn’t see what happened, Bernstein said his platoon sergeant was later killed.

Bernstein was hit with machine gun fire on his right side, which earned him one of his Purple Hearts. Bernstein and his platoon went on to liberate the Dachau concentration camp.

Bob Reiter, 91, served tours in World War II, Korea and Vietnam with the Army and then the Navy. He was able to travel in his later years as a service member and bring his family along. One of his daughters was born in Vietnam.

John Graham, 96, spent 25 years in the Army, serving in the Pacific during World War II and later in Korea. He said he was glad to see the wars end.

“To tell the truth, I don’t see no sense in war,” said Graham, a Marina resident. “What are the people going to get? Some people’s husbands died, kids have no father. I don’t get it.”

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4.7 - KTUL (ABC-8, Video): [Joy shines at the Muskogee VA thanks to a special service dog](#) (23 May, Maureen Wurtz, 194k uvm; Tulsa, OK)

Joy.

An emotion sometimes difficult to find in a hospital.

But on the fifth floor of the VA in Muskogee, it’s radiating in every face and settling in every corner. That’s all thanks to Honor.

“My life has been good people, jeepers,” said Jim Baker.

If you thank Jim for his four years of service in the Navy, he’ll tell you “you are worth it.”

“I loved every minute of it, don’t believe what anybody says. The longer I’ve been out the more I’ve loved it when I was in,” said Jim.

He’s recovering from his second knee surgery. It’s taking a little longer to heal than the first one. The pain becomes a thing of the past the moment Honor enters the room.

"This dog has put so much joy in my life today," said Jim, while petting Honor. "You know you're pretty."

She's been visiting the VA since January. It's not just her puppy kisses that draw people in, there's something extra special about her.

"She's so devoted. She doesn't know she's handicapped. She's the prettiest three-legged dog I ever saw," said Jim.

Honor was born without toes on her back foot. Her prosthetic and determination are all part of a magical combination that patients, nurses and doctors at the VA can't get enough of.

"When you're in a situation like this there's a whole lot of room for gloom and doom, a whole lot of why me and woe is me," said Jim. "First of all, I think we need within ourselves to come up with a positive attitude. I'm here because I'm supposed to be here... and this, this is the icing on the cake."

Poets, musicians and artists have all tried to describe the relationship between man and dog.

At a loss for words, Jim threw his hands up.

"I don't know how to put it in words," said Jim. "It's just love."

Today, there's only one word needed...joy.

Honor is just under 2 years old and was trained by Therapetics. It's a non-profit that trains service dogs for veterans and people who need them. The dogs go through the training and are given at no cost to the people who need them.

Channel 8 checked in with Jim just before Honor's story was set to air. He said his knee is healing wonderfully and he's ready to ditch the walker.

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4.8 - KTAL (NBC-6): [Overton Brooks VA holds town hall meeting](#) (24 May, Heather Wright, 62k uvm; Shreveport, LA)

Dozens of veterans gathered for a town hall meeting Thursday night with officials from Overton Brooks VA Medical Center.

Officials shared information about services offered by the medical center, and experts talked to those that had questions about claims. Veterans also learned about community resources such as transportation and mental health services. Veteran Nicole Reed said, "I'm trying to get into the VA system, it's a great resource and I think it's important for veterans to have that resource."

Overton Brooks Associate Director Zachary Sage said, "Meetings like this help us get that feedback from our veterans and from our community partners so that we provide veterans the best services that we can give."

Overton Brooks VA Medical Center holds quarterly town hall meetings.

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4.9 - WKEF (ABC-22, Video): [Community partnership formed to support our service members](#) (23 May, 57k uvm; Miamisburg, OH)

A new community partnership was announced Wednesday with the goal of supporting our service members.

The Miami Valley Chapter of the Alzheimer's Association is teaming up with Wright-Patterson Air Force Base and the Dayton VA Medical Center to help provide resources and support for veterans and military members in our community.

Dr. Carrie Barlow said the task force will be working with the risk factors associated with dementia for veterans and their families. Aside from the more well-known forms of dementia, emerging research is showing a strong correlation between PTSD and traumatic brain injuries.

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4.10 - Exponent Telegram: [Bikers stop in Clarksburg to honor area veterans](#) (24 May, JoAnn Snoderly, 15k uvm; Clarksburg, WV)

Bikers roared through Clarksburg Thursday to honor area veterans and raise awareness of the issues veterans face.

Participants from 15 states and Norway are participating in the National Veterans Awareness Ride this year.

Each year, the riders make a stop at the Louis A. Johnson VA Medical Center and the West Virginia Veterans Nursing Facility before heading to the Clarksburg VFW post for dinner.

Veterans residing in the nursing facility look forward to visiting with the bikers, many of whom are veterans themselves and enjoy the interaction, according to Sherri Reed, assistant administrator of the facility.

"I think we have a few (residents) who really enjoy motorcycles," she added.

This year's ride followed an early Memorial Day service at the nursing facility.

"We, of course, want to remember all veterans who've passed on Memorial Day but, here for us, we want to recognize the veterans who passed away that were in our care and remember them," Reed said.

Although many arrive on bikes, the long-distance ride is not limited to motorcyclists, according to national coordinator Jerry Conner.

“There are four-wheeled vehicles for those who don’t or can’t ride,” he said. “You don’t have to be a veteran, but you have to believe in our mission ... Civilians can make a veteran's life very happy.”

Conner stressed that you don't have to participate in a veterans' awareness ride or any other event to make a difference in a veteran's life.

“Little things make a big difference to veterans. Holding a person's hand in a veterans' home is not a big deal, but it can bring a smile to a guy's face who hasn't smiled in months. Hugging is not a big deal, but when a guy hasn't been hugged for two or three years, it's a big deal. A handshake, sharing a story, listening ... those don't sound like much,” he said. “I like to think that lots of little things can mean a great deal, can mean big things, to a veteran.”

He said donating books, baking cookies, writing notes or sharing whatever time or talents you have can make a difference for people in a veterans' medical center.

“It's really nice of them to stop by, to tell the truth. It's not that often we get people that come in here,” said U.S. Marine Corps veteran Bob Beck. “It makes you feel good. They don't have to do it. They could be home with their families and stuff like that, but they want to stop by and say thank you ... which is really nice. Extremely nice, really.”

Louis A. Johnson VA Medical Center Director Dr. Glenn Snider said the event helps raise awareness for veterans we have lost, veterans who have served and the soldiers who continue to serve.

“There are so many distractions — social media, TV, movies, controversy — there are so many distractions that take away attention from the important things our military does for us each day,” he said.

The event can serve as a reminder to honor them and thank them for their service, Snider said.

This year's ride started near Sacramento, California, at the VA Northern California Health Care System on May 15.

After the riders leave Clarksburg, they will stop at the Martinsburg VA Medical Center in Martinsburg on Friday afternoon before finishing their cross-country haul in Washington, D.C., Friday evening.

While in Washington, the bikers will visit the Vietnam Memorial, Arlington National Cemetery and lay a wreath at the Tomb of the Unknown Soldier. On Sunday, they will participate in the Rolling Thunder “Ride for Freedom” to encourage the government to invest in veterans' programs.

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5. Improve Timeliness of Service

5.1 - TIME: [Why Tammy Baldwin Opened Up About Her Mother's Addiction](#) (24 May, Maya Rhodan, 43.8M uvm; New York, NY)

Speaking at a hushed Senate committee hearing in February, Indiana nurse Becky Savage described the worst day of her life: After finding her son Jack unresponsive in his bedroom after a night of partying, she began CPR, only to see paramedics rushing into her basement to help his brother Nick.

Savage testified that she hoped talking publicly about the deaths of her two sons to overdoses of oxycodone could help spread awareness of the dangers of opioid abuse.

“Nick and Jack may no longer be able to live their dreams, but by telling their story we can help others live to reach their dreams,” she said.

Her message particularly resonated with one person in the hearing that day: Sen. Tammy Baldwin. The Wisconsin Democrat has long been open about the fact that she was raised by her grandparents, but she’d been largely private about the reason why. An hour and a half into the hearing, Baldwin decided to share her mother’s story too.

“My mother was 19 when I was born, going through a divorce, and moved back home,” Baldwin said. “Throughout her life, [she] struggled with mental illness, physical illness, and chronic pain for which, in the days well before we labeled an opioid epidemic she was prescribed a multitude of benzodiazepines, narcotics, and other medications.”

In the months since, Baldwin has become even more public, sharing her mother’s struggles in meetings with constituents, interviews with reporters and even an ad for what could prove to be a tough re-election campaign.

“I remember what it was like to come home from school and not be able to get into the house,” Baldwin says in the ad’s voiceover. “I would pound on the door, but my mother wouldn’t answer. She’d be passed out inside.”

In an interview with TIME, Baldwin says she took Savage’s openness as a call to action. “That was an invitation that I accepted and I have continued to do so,” she says.

Her decision was not spontaneous, however. Baldwin says that when her mom died in 2017 and she began to recall the good — and not so good — times they shared, she started to think of opening up about addiction as a way of honoring her mom’s legacy. “I was always very sensitive to the fact that my mother felt ashamed of the fact that she wasn’t able to raise me and this was a recurring struggle in her life,” she says. “I feel like she would approve of her story being used to empower others.”

Wisconsin has been hit hard by the opioid epidemic. Emergency room visits for opioid overdoses were up 109% in the state between July 2016 and September 2017. In 2016, there were 827 opioid-related deaths in the state, up from 615 the year before, according to state records.

That means a lot of her constituents can relate. Since opening up, Baldwin says she’s gotten positive reactions from friends and Wisconsinites who have thanked her, shared their own stories, and in some cases, simply embraced her.

“There were a number of people I saw who just asked for a hug,” she says. “It hits close to home for so many others and I think it was some help to them to know it also hits so close to home for me.”

These conversations come as Baldwin is in the middle of a tough reelection battle in a state that Donald Trump narrowly won in 2016, making him the first Republican to carry the state in three decades. Ahead of the primary election in August, the two candidates most likely to face Baldwin are Republicans Kevin Nicholson, a former Marine and a former Democrat, and state senator Leah Vukmir, who was endorsed by the state’s Republican Party in May.

The Wisconsin Senate race is gearing up to be an expensive one. Outside money is pouring into the state; more outside spending, in fact, than any other Senate race in the country. Around \$11.6 million has poured into the race so far, a Center for Responsive Politics analysis found, and some \$3.1 million has already been spent to attack the incumbent Democrat.

The subject of opioid abuse has also become a campaign issue, with Baldwin facing some heat for not taking stronger action.

After Marine veteran Jason Simcakoski died of an overdose at a Tomah veterans medical center in 2014 while seeking treatment for addiction to painkillers and anxiety, Baldwin’s office faced criticism when it was revealed that aides were aware of an inspection report on opiate prescribing. Baldwin publicly acknowledged the issues with the way her office handled the situation and reprimanded members of her staff — one person was fired — as a result.

The Koch-backed group Concerned Veterans for America has made two six-figure ad buys so far this cycle, targeting Baldwin. The CVA ads have criticized the Senator’s response to what happened at the Tomah VA Medical Center.

In a statement to TIME, Dan Caldwell, the executive director of Concerned Veterans for America, said, “the opioid abuse that was happening at the Tomah, WI facility was a prime example of the need for reform, and given Senator Baldwin’s lack of action for months, we are working hard to urge her to support strong legislative solutions. The Tomah crisis has been a major focus of ours since it became public.”

Baldwin has since worked with the veteran’s family and veterans groups on legislation in honor of Simcakoski. “I know that one of the reasons that we worked so hard together was that we’d walked in each other’s shoes,” she tells TIME. “I’ve been there. And their story — Jason’s story — has provided help to others.”

In an interview with TIME, Baldwin was critical of the amount of outside money that has poured into the Senate race in her state calling it a “obvious attempt to buy a Senate seat by the Koch brothers network” and other “out-of-state billionaires.”

“These folks are spending so much money because they have an agenda,” she says. “And they know I’ll put Wisconsinites over their agenda always.”

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5.2 - Washington Times: [Remembering those who laid down their lives for our freedoms](#)
(23 May, Rep. Phil Roe (R-Tenn.), 10.8M uvm; Washington, DC)

Memorial Day is a day we pay tribute to the men and women who have made the ultimate sacrifice to keep our country safe and free. This year, Memorial Day takes on even greater meaning to me, as I just returned from an oversight visit to various World War I and World War II American Battle Monuments Commission (ABMC) sites. As chairman of the House Committee on Veterans' Affairs, I have oversight responsibility of ABMC's work, both at home and abroad. ABMC employees have made it their life's work to make sure the sacrifice of the men and women who laid down their lives wearing the uniform of the United States of America is never forgotten. Walking those hallowed grounds that saw so much bloodshed for the cause of liberty is an experience I will never forget.

As time passes, it can become difficult to remember the horrors of war. Even spaces that were once sites of vicious battles can be turned into peaceful, beautiful memorials where we can reflect, but for the loved ones of the heroes who made the ultimate sacrifice, the cost of war is never far from their minds and hearts. They see it in the empty seat at the Thanksgiving table, and they feel the loss every day of their lives — even on the most joyful of occasions. We owe it to those men and women — and their families — to make sure we're honoring their sacrifice and delivering on the commitment we've made to those who serve. I carried this mission with me as I visited sites like Belleau Wood Battlefield, and when I paid my respects to three Tennessee brothers at Henri-Chapelle American Cemetery. I carry it with me when I sit in on the dais as chairman of the House Committee on Veterans' Affairs, and it guides every piece of legislation I introduce and every vote I take that will affect the lives of our heroes and their families.

Recently, for the first time ever, the committee came together to pass legislation to right one of the wrongs of the Vietnam War. Currently, Blue Water Navy veterans are prohibited from receiving the presumption of exposure to Agent Orange because current Department of Veterans Affairs (VA) policy is to limit the presumption to veterans who actually set foot in Vietnam or served in inland waterways. As a result, thousands of Blue Water Navy veterans have been denied benefits for conditions they may have developed because they came into contact with herbicides. The bipartisan Blue Water Navy Vietnam Veterans Act of 2017 — introduced by Rep. David Valadao, California Republican, and now headed to the House floor — would extend the presumption of exposure to Agent Orange to Blue Water Navy veterans.

The VA estimates that there are 6.6 million living Vietnam veterans and that there will only be 4.4 million remaining in 10 years. On average, we lose 523 Vietnam veterans every day. To simply wait for these veterans to die is not an option. I wholeheartedly believe we owe it to the brave veterans who served offshore during the Vietnam War to provide compensation benefits for conditions they may have developed because of exposure to Agent Orange. Passing this legislation is a promise kept, and you can rest assured I will continue to do my very best to honor all who have served by delivering the compensation and benefits they have earned. In today's political climate, it's not always easy, but — to put it simply — we owe every man and woman who has honorably served this country a debt of gratitude we can never fully repay, especially when they make the ultimate sacrifice.

This and every Memorial Day, my prayers go out to the loved ones of the heroes who have laid down their lives so you and I can enjoy the freedoms we hold dear. I often turn to scripture to find adequate words to express my gratitude for the men and women who serve this country, and I was moved when I recently visited Lafayette Escadrille Memorial Cemetery — a site that was added to ABMC's portfolio last January — and read the words etched in the marble there. If

Samuel 1:23 says, "And in their death they were not divided. They were swifter than eagles. They were stronger than lions."

• *Rep. Phil Roe, M.D., Tennessee Republican, is Chairman of the House Committee on Veterans' Affairs. He also serves on the House Education and Workforce Committee.*

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5.3 - WJHL (CBS-11, Video): [Sexually abused veteran raises new questions about VA caregiver program](#) (24 May, Nate Morabito, 623k uvm; Johnston City, TN)

A Johnson City woman's experience with Mountain Home VA raises more questions about a Veterans Affairs program already under scrutiny.

The VA's caregiver program pays family members to care for post-9/11 veterans with catastrophic injuries. Kim Coble is one of those veterans. She is a victim of military sexual trauma, according to medical records.

As a result, her husband is paid by the VA to take care of the Army veteran, but both say her mental illness only worsened once they entered the program at Mountain Home last year.

"I was really devastated emotionally," Coble said when we interviewed her on March 9. "I just wanted to end my life."

Those words would haunt her in the coming months.

Lawmakers created the VA caregiver program years ago without clear guidelines in Congressman Phil Roe's view. The House Veterans Affairs Committee Chairman (R), TN-District 1, said Congress gave each VA facility too much leeway initially.

"It's being looked at," Rep. Roe said of the increased oversight the program is now receiving. "We need to paint the white lines on the road for it, so this is how you do this."

Coble is adamant the VA, both nationally and locally, is not following the law as it administers the program.

"I want it fixed for all veterans and all caregivers," she said.

Coble said not only did a VA social worker affiliated with the caregiver program access what she considers private psychotherapy notes, the social worker then shared them with others, including her husband.

"I was very hurt and angry," she said. "It's hard enough talking to your mental health counselor about what's going on with you and then you find out that someone accessed your psychotherapy notes and read them and not only did the caregiver support coordinator read them, she shared them with several other social workers. It's very devastating."

In addition to what she considers a privacy violation, her husband said he never received significant caregiver training as required by law.

"The problems that we've had with the VA here have been extremely detrimental to Kim's health and her psychological well-being," Scott Martin said.

Coble filed formal complaints, questioning, among other things, why her VA primary care team failed to play a significant role in the caregiver program.

"All three of my primary care providers were unaware of the program, unaware that they had clinical responsibilities to this program," Coble said.

Coble's crusade also took her to a House Veterans Affairs Committee hearing earlier this year. At the beginning of the hearing, the minority leader acknowledged Coble's experience.

"One such veteran family I'd like to recognize here today is Kimberly Coble and her husband Scott who depend on the caregiver program," Congressman Julia Brownley (D), California said. "After facing inconsistencies and roadblocks with the program and the difficulty of recognizing mental health trauma, Ms. Coble has come here to offer her perspective."

According to the federal regulation associated with the caregiver program, a veteran's primary care team, which is required to include a primary care provider who coordinates care, is tasked with making a clinical determination that authorizes a veteran and his or her caregivers to participate in the program.

Our review of VA records nationwide shows the majority of all caregiver support coordinators are licensed social workers. All four of Mountain Home's coordinators are social workers. Nationwide, very few coordinators are registered nurses, nurse practitioners or doctors, according to our review of federal records.

Despite the inconsistencies between the regulation and the actual way the program's administered, Mountain Home, citing a directive, maintains the facility is administering the program properly. In fact, the facility reports licensed social workers determined eligibility for most of the 348 caregivers in the program locally.

"A licensed clinical social worker determines administrative eligibility for most applications," the facility said in response to a Freedom of Information Act request related to the program. "...Based on the current directive, the assessment to determine clinical eligibility is completed by a primary care provider, a primary mental health provider, or multidisciplinary team of licensed professionals, which, in most cases, includes a social worker."

In Coble's case, Mountain Home disputes the veteran's assertion that her doctors were not aware of her husband's involvement in the program.

"That is false," the facility said in a statement. "The veteran's medical record, which can be seen by all of her providers, shows ample documentation regarding her involvement in the VA Program of Comprehensive Assistance for Family Caregivers. Her primary care team was aware of her and her caregiver's involvement with the Caregiver program due to ordering necessary consults during the evaluation process."

While Mountain Home officials declined an on-camera interview, the facility also maintained it is appropriate and necessary for staff to review a patient's health records.

"Our facility privacy officer has explained, and the Veterans Healthcare Administration's Privacy Office has concurred, with their letter dated November 30, 2017: 'The VISN and VHACO leadership of the Caregiver Support Program state that the access to the electronic health record is warranted for the caregiver support coordinator position,'" Mountain Home Director Dean Borsos said in a letter to Congressman Roe last year. "The facility privacy officer explained in a letter to you dated September 18, 2017, that staff perform 'clinical interventions' and that access to the Electronic Health Record is appropriate and necessary. All VHA clinical coordinators regularly review electronic health records in accordance with their job duties."

Congressman Roe is in agreement a caregiver support coordinator should be able to access a veteran's medical records "to give the most complete care possible," according to a letter he sent Coble in February.

Despite those words, the Department of Health and Human Services promised Coble the agency would address her privacy complaint.

"We have carefully reviewed your complaint against Mountain Home VAMC and have determined to resolve this matter informally through the provision of technical assistance to Mountain Home VAMC," HHS said in a March letter.

Coble and her husband met with top Mountain Home administrators earlier this month, prompted by our questions, they said. During the veteran's meeting, administrators told her any problems she has with the program on the national level need to be addressed in Washington, DC. At the local level, they continually asked if there was a way to help provide the treatment she wants. Coble told us none of those options are good enough because they don't follow the law. She and her husband said they walked away still in despair.

"It makes us feel like we can't make a difference," Martin said. "Nobody's going to listen. Nobody cares."

"That makes me feel very hopeless and helpless," Coble said.

In the days after that meeting, the veteran said she attempted suicide.

"I just went very numb and I tried to kill myself," she said. "I took almost a whole bottle of pills."

Doctors have since treated and released Coble following her suicide attempt.

Just Wednesday, the Senate passed Congressman Roe's bill that, among other things, expands the caregiver program to pre-9/11 caregivers. The legislation now heads to President Donald Trump for his signature.

"The caregiver expansion is phased in over time, so the congressman plans to continue oversight that will address guidance and infrastructure issues during that phase-in period," Rep. Roe Communications Director Tiffany Haverly said. "Additionally, there are some provisions to address IT issues with the program. The data that will be made available once the IT system is operational will allow for a greater ability to assess the effectiveness of the program as well as monitor the workflow and management of the various elements."

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5.4 - Fierce Healthcare: [VA's Clancy: Secretary nominee Wilkie has 'healthcare squarely on his brain'](#) (23 May, Paige Minemyer, 141k uvm; Washington, DC)

Robert Wilkie, the president's pick to serve as Department of Veterans Affairs Secretary, has immersed himself in meeting with key players and learning more about how the agency's health system works, a key VA official said on Wednesday.

Carolyn Clancy, M.D., executive in charge of the Veterans Health Administration, said that she has personally met with Wilkie several times about the unique challenges that face VA health.

"He clearly has healthcare squarely on his brain," she said.

Clancy was one of several speakers at a symposium on veterans' healthcare hosted by AMVETS in D.C. At the event, VA providers, policymakers and veterans themselves sounded off on the successes and challenges facing the department.

President Donald Trump named Wilkie, a Department of Defense official, to serve as acting VA secretary after firing David Shulkin, M.D., in March. Wilkie is Trump's second pick to lead the agency full-time after White House doctor Ronny Jackson pulled his nomination amid controversy.

Response to Wilkie's nomination has been mixed. Veterans groups have pushed the administration to put deputy secretary Thomas Bowman in charge on an interim basis, though AMVETS said in a statement that if Wilkie is approved it would bring stability to the agency.

Clancy also discussed the VA's recent deal with Cerner to upgrade its electronic health record and concerns about privatizing the agency's health system. Finalizing the agreement with Cerner was crucial step to improving care, she said.

"It will solve an immense array of problems," Clancy said.

The deal was in the works for nearly a year, and will allow the VA's EHR to align more effectively with the DOD.

VA privatization has become a political "flashpoint," Clancy said. The Trump administration's interest in privatizing the VA's health system has been a hot topic since Shulkin's ouster, which he said occurred because he opposed privatization.

The key, she said, is striking the balance between investing in the VA's infrastructure and workforce while also ensuring veterans can access the care that they need.

A major part of achieving that goal is included in the MISSION Act, which passed the Senate Wednesday afternoon and is headed for the president's desk. The legislation would sunset the Veterans Choice program and consolidate some of the agency's community care programs to make it easier for veterans to seek care outside of the VA if necessary.

Patients would need approval from their VA physician before seeking a private doctor.

Clancy said veterans can already take one of seven or eight pathways to care and can jump between those pathways on their care journey. Consolidating or eliminating those paths allows for more flexibility to meet veterans' needs.

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5.5 - KREX (CBS-5, Video): [VA Medical Center Working with New Ideas](#) (24 May, Tyler Young, 34k uvm; Grand Junction, CO)

Through careful thought and consideration, we can positively impact the lives of hundreds around us. This is the same concept the innovation team at the Grand Junction VA Medical Center has adopted, and at the center of each idea are Grand Valley veterans interests and needs.

"We are trying to develop new strategies to train our employees to think outside the box, to come up with those innovations that are really going to benefit our veterans and help us take care of the veterans", says Erica Deveau the Innovation Specialist for the VA Medical Center.

"What it's focused on is learning different ways to innovate within the VA that are going to be the most beneficial and we tried them out in small doses to see if they work before we spread them out wide", says Crystal Woolen the Peer Support Specialist for the VA Medical Center.

Some ideas include a victory garden for veterans to grow their own flowers, produce, fruits, and veggies, while some aim to provide useful information in a simple way.

"Say somebody is waiting a long time in the pharmacy and they're really frustrated that they're waiting two hours for a prescription. They can go up here and go", Burkholder points to the drawing of a digital touchscreen kiosk, "I want to see what they're doing," and they can click on the pharmacy innovations and see, 'Oh, wow. They're already aware this is a problem, they're working on it, they're trying to come up with ideas'", explains Jenna Burkholder a Prosthetic Clerk at the VA Medical Center.

"We realize that our frontline staff and our veterans are really the heart of the VA and we know that they see the problems every day. The staff interact with the veterans, they hear the same complaints, so we're realizing that they're the key to fixing the issues that the VA face and this program is giving them the tools and the funding they need to do that", says Deveau.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - MLive: [Michigan homeless veterans laid to rest at Great Lakes National Cemetery](#) (24 May, Lauren Slagter, 10.8M uvm; Farmington Hills, MI)

Jimmy R. Smith and Don L. Flanory were laid to rest Thursday, May 24, at Great Lakes National Cemetery in Holly.

The two homeless veterans, who most recently had been living in Washtenaw County, did not have any biological family in attendance at the funeral service. So their military family stepped in to bury them with full military honors four days before Memorial Day.

"When it's an opportunity for someone who doesn't have family, it makes it a little more personal, because you're that family for them," said Kimberly Kirkpatrick, an Ypsilanti native who was part of the honor guard detail Thursday. She's been conducting military funeral honors for the Navy for nine years.

"They served in the military just as you, and your military is your family," Kirkpatrick said.

Smith, a U.S. Navy veteran, died Dec. 5, 2017, in Ann Arbor at 67. Originally from Jonesboro, Arkansas, he entered the Navy in 1969, achieved the rank of third class aircrewman and received the National Defense Service Medal before he was honorably discharged in 1971. As a civilian, Smith worked as an electronics operator.

Flanory, 67, of Ypsilanti, died Jan. 27. Originally from Flint, he enlisted in the U.S. Air Force in 1970 and achieved the rank of airman basic before he was honorably discharged after one year of service. Flanory received the National Defense Service Medal and the Vietnam Service Medal for Service in the geographical theater area of Vietnam.

Neither of the men had next-of-kin to make their funeral arrangements, so the service was sponsored by Muehlig Funeral Chapel and the Dignity Memorial Homeless Veteran Burial Program.

Approximately 150,000 U.S. veterans are homeless at any given time, said Tim McGillen, general manager of Muehlig Funeral Chapel and Dignity Memorial. Dignity Memorial works with the U.S. Department of Veterans Affairs, Veteran Service Organizations, local medical examiners, coroners and other veterans' advocates to provide military funerals for homeless ex-military personnel.

"As funeral service providers, we consider it an honor to serve these brave men and women who selflessly serve their country," McGillen said during the service on the warm, sunny Thursday afternoon.

Cadets with the Genesee Career Institute Junior ROTC, which is in its first year, carried the two caskets, draped with American flags, to the front of a pavilion overlooking a pond at the national cemetery.

"Our greatest hope is for (the students) to understand the great honor it is to serve our country ... that they can see what our nation thinks of that service," said Lt. Col. Curt Lapham, who leads the Junior ROTC.

Rev. Kevin Jacobi of Ann Arbor, gave the benediction and Kirkpatrick performed "Taps."

Members of the Navy and Air Force honor guards completed a flag folding ceremony and then presented the flags to three Blue Star Mothers in attendance.

"The mothers just feel it's our duty to come and do this for someone who doesn't have anyone," said Judy Sinclair, who works at Dignity Memorial and is part of the St. Clair chapter of Blue Star Mothers, a national network of women with relatives in the military.

About twenty members of Patriot Guard Riders, a national nonprofit group that honors military veterans and first responders, stood around the perimeter of the pavilion holding American flags during the funeral.

Members sometimes attend three or four military funerals a day, four days a week, said Carol Pendergrass, the Patriot Guard Riders' captain for Thursday's funeral.

"You see these stones? That's freedom," Pendergrass said, gesturing to the rows of white tombstones filling Great Lakes National Cemetery. "That's what it's about."

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7.2 - KYTV (NBC-3, Video): [Flags placed on the graves at Springfield National Cemetery](#) (24 May, Linda Russell, 818k uvm; Springfield, MO)

We are only a few days away from the national holiday that honors veterans who have died serving our country.

Flags are being placed on graves all over the country, including here at Springfield's National Cemetery.

This is the only time of year flags are placed on the graves.

Volunteers of all ages from veteran organizations, scout groups and the general public showed up by the dozens Thursday morning to place flags on each of the graves here. Some of them date back to the cemetery's establishment in 1867, and Veterans from each branch of the Armed Forces ever since make up about 15,000 graves.

Volunteers planned to start placing the flags this morning at 8:30, but eager volunteers were out here well before. Women Veterans of Southwest Missouri Post 1214 is putting on the Memorial Day ceremony here this year, and they were also in charge of making sure the approximately 15,000 flags we're put in place before the holiday.

Ronnie Chism, Women Veterans of Southwest Missouri Post 1214, commander says, "Because these people have fought and died for this country, and it's really important that they're honored and recognized every year on Memorial Day."

The Memorial Day service to honor veterans here will be Monday, May 28th from 10 until noon. The public is asked to park in the shopping center across from the cemetery on Seminole Street.

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7.3 - KKTU (CBS-11): [Dedication Friday for Pikes Peak National Cemetery](#) (24 May, 313k uvm; Colorado Springs, CO)

Dedication to be held Friday for Pikes Peak National Cemetery at 11:00 a.m.

The cemetery is on the southeast side of Colorado Springs, at 10545 Drennan Road. That's near south Marksheffel and Bradley Road.

The first burials are expected to begin in October.

They hope to have the first phase of the project completed by 2019, which will include 65 acres and more than 13,000 gravesites for casketed and cremated remains.

The Pikes Peak National Cemetery will serve the burial needs of more than 95,000 veterans, their spouses and eligible family members for the next century here in southern Colorado.

'It's an honor and privilege to take care of the veterans and their family, in some cases a lot of them have paid the ultimate sacrifice for their service to the country and it's an honor to take care of their final resting place,' Cemetery Director Paul LaGrange said.

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7.4 - KSPR (ABC-23, Video): [Flags placed on the graves at Springfield National Cemetery](#) (24 May, 194k uvm; Springfield, MO)

We are only a few days away from the national holiday that honors veterans who have died serving our country.

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7.5 - Daily Republic: [Effort to have VA take over Mare Island cemetery advances](#) (24 May, Todd R. Hansen, 156k uvm; Fairfield, CA)

The California Senate this week unanimously approved a resolution urging Congress to turn over ownership and care of the historical Mare Island Naval Cemetery to the Department of Veterans Affairs.

"We must provide a dignified and respectful final resting place for the honorable men and women who served our country and are buried in this cemetery," Sen. Bill Dodd, D-Napa, author of the resolution, said in a statement. "This resolution signals our whole-hearted support for federal efforts to repair these hallowed grounds and ensure they are maintained forever."

The action comes shortly after U.S. Sen. Dianne Feinstein introduced companion legislation (Senate Bill 2881) to a House bill by Rep. Mike Thompson, D-St. Helena, that would shift the cemetery to the Department of Veterans Affairs for restoration and maintenance.

"We are very grateful to Sen. Feinstein for introducing . . . the long-awaited Senate companion bill to Rep. Thompson's HR 5588," said Nestor Aliga, a retired Army colonel and former Marine who has been leading the charge in Vallejo. "We must now concentrate on getting two-thirds of our great nation's senators (67) and representatives (291) to co-sponsor these bills so they can

get ‘hotlined,’ a process to pass the bills by unanimous consent and without a roll call vote in order to quickly move the legislation.”

The graveyard is the oldest Navy cemetery in the West. The first burial was Feb. 12, 1856. It was designated two years later as a naval and military cemetery.

Among the 800 veterans interred in the cemetery are three Medal of Honor recipients. There are 996 graves, including that of Anna Arnold Key Turner, daughter of national anthem composer Francis Scott Key.

The last enlisted member of the military was buried at the cemetery in 1921. The last burial was in 1983.

The cemetery was among a host of Mare Island sites recognized as part of The Mare Island National Historic Landmark in 1975.

The city took over ownership in 1996 when the shipyard was closed. The deed was then transferred from the city to the state in 2002, and given back to the city for “public trust purposes.”

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7.6 - Times-Herald: [Sen. Kamela Harris latest to back transfer of Mare Island’s orphaned cemetery to the Feds](#) (24 May, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

Just days before Memorial Day 2018, all the pieces needed to eventually get the orphaned Mare Island Cemetery back under the auspices of the Federal Government — possibly by next Memorial Day — seem to be falling into place, with an announcement this week from Sen. Kamela Harris’ office.

Harris spokesman Thomas Dotstry announced in a letter to Retired Navy Capt. Ralph Parrott that the California senator is co-sponsoring a bill introduced by her colleague, Dianne Feinstein, itself a companion bill to one introduced by Rep. Mike Thompson. Parrott first launched the effort to improve the dilapidated cemetery.

“I just wanted to let you know that Senator Harris has cosponsored S.2881, the companion bill to Representative Thompson’s,” Dotstry said. “Senator Harris believes that the men and women who serve our country deserve to rest in conditions befitting their sacrifice to the nation.”

State Sen. Bill Dodd and Assemblymember Tim Grayson also co-authored a joint resolution urging all elected officials to support the transfer of the cemetery to the Veterans Administration.

That makes it just about unanimous, and that’s important, local veteran and effort champion Nestor Aliga of Vallejo said.

“Senators outside California usually want to make sure that California senators are fully on board, then they start co-sponsoring,” Aliga said. “This is just a show of respect among the senators, like Knights — from the old English House of Lords.”

The effort to get the badly deteriorating military cemetery — the oldest on the West Coast — some permanent oversight — is the result of the outrage felt by Parrott after he and his wife stumbled onto the site during a day trip to Mare Island while on a short layover at Travis Air Force Base about a year ago.

The couple lives in the Washington, D.C. Area, but, Parrott was nevertheless unhappy enough with the condition in which he found the cemetery, to devote himself to finding a solution.

The Mare Island Cemetery is a National Historic Landmark and the final resting place of more than 800 service members who have served since the War of 1812, and others, including three Medal of Honor recipients and the daughter of Star Spangled Banner author Francis Scott Key. Yet, somehow it was left without a mechanism for its upkeep when the Navy left the island following the 1996 shipyard closure. Despite efforts by volunteers, the cash-strapped and eventually bankrupt City of Vallejo did not have the wherewithal to manage the site, which has fallen into serious disrepair in the intervening decades.

At Parrott's urging, Vallejo Mayor Bob Sampayan in April issued a letter offering to relinquish the site to the government if it would care for it, which was the first step in making anything happen. Thompson introduced H.R. 5588 on April 23, and Feinstein introduced S.2881 on May 17.

These bills direct the VA to seek an agreement with and for the city of Vallejo to transfer control of the cemetery to the VA's National Cemetery Administration — whose mission is to maintain the nations' veterans' cemeteries as national shrines.

"The CA State Commanders Veterans Council — sanctioned by CA Military and Veterans Code Sect. 73.4 and the official voice of CA's 1.8 million Veterans," have put their weight behind the effort, local vet Bob Wyllie said, which likely helps explain the tens of thousands of signatures already found on an online petition on the issue launched by Aliga.

The city also applied to the Federal Innovative Readiness Training (IRT) program, which, if accepted, would assigned people to make repairs to the cemetery, hopefully by next year, as the Federal Legislation wends its way through the process. Federal sites can't receive IRT help, so this work must be done before oversight of the Cemetery transfers to the VA.

Despite the positive developments, the outcome of the effort is not assured, its champions say.

"I'm hoping that the next co-sponsor is from the Senate Veterans' Affairs Committee ... because they are the next in line to bless the Senate bill," Aliga said. "We still need as many Senators and Representatives — preferably 67 and 291 respectively — to 'hotline' and pass the bills and more importantly prevent a veto from President Trump if this becomes more political."

Nevertheless, it's not yet time to take one's eyes off the ball, Parrott said.

"The pieces are falling into place," he said. "Now it is a relentless push to the finish. Keep smiling."

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7.7 - Capital & Main: [Living Homeless in California: Finding Shelter — Veterans Are Broke But Not Broken](#) (23 May, Kelly Candaele, 33k uvm; Los Angeles, CA)

Jack Rumpf sits on a circular bench at the corner of Wilshire and San Vicente boulevards in West Los Angeles, and talks about ghosts. Wearing a long white beard, dirty sweatpants, white socks and slippers, he turns and sweeps an arm towards the empty spaces next to him. "There used to be 15 or 20 people sitting with me here," he says, lowering his voice to a melancholic whisper. "They are all dead now."

Rumpf says he is a Navy veteran, a brother of five sisters, an observer of our current political scene and a lover of dogs. He is also homeless and has been so almost three decades.

Every morning he drives his beat-up Mustang from where he parked it at night to sleep, and finds a space near the Veterans Affairs hospital. Rumpf "flies a sign" – a placard asking for money – at a Wilshire Blvd. intersection. He says that Dan Aykroyd, Whoopi Goldberg and Robin Williams have given him money, and that he has the process down to a science. "There are 30 cars at every light, which lasts 2.5 minutes," he points out. "If half the cars give me a quarter that's over \$40 an hour."

His beloved dog, Layla, perched in the driver's seat, watches over the car a few yards away.

The 59-year-old Rumpf says he's "done every damn drug that's been known" and regards homelessness as "pretty much my fault." He became homeless 28 years ago when he lost a job. He takes antibiotics, has high blood pressure and uses an inhaler for asthma. He caught pneumonia three times in one year. "I'm not young anymore so I have a hard time enduring the elements."

Rumpf is one of nearly 5,000 homeless veterans in Los Angeles County. Those on the Westside sleep under overpasses beneath the San Diego Freeway, on the sidewalk near the VA or tucked in vacant doorways along Wilshire or Santa Monica boulevards. When hearing their stories, there is often the suspicion that they might be tampering with the evidence of their own lives, as if they were struggling to sort out the "facts" of their personal stories.

Harry Shaw beds down each night near an ally at Park and Speedway in Venice, just yards from the beach. He embraces a strict moral code about what he will and will not do to feed himself and his dog Lulu, who he calls "part of my soul."

"I'll starve before I'll eat anything gross," he says as he eats the last of a bag of jellybeans he was given. "I won't eat out of the garbage and I won't sell my body, and Lulu eats before I do. I may be broke but I'm not broken."

Shaw alleges that he was medically discharged from the Army with less than full benefits after 23 years of service because he couldn't reach what he says was a 160-pound weight requirement for a person of his height, although published Army height-to-weight ratios contradict his claim. He is 5 feet 8 inches tall. "I could eat like a horse or eat 20 meals a day but I would only reach 155 pounds," he says.

A veteran of the Iraq War, he is suing Veterans Affairs for full benefits but meanwhile collects nothing, refusing to take the 35 percent he says the VA offered. "The VA destroys the vets," he says.

Shaw drove a car from Tennessee to San Francisco, sold it and took a bus to Los Angeles. Now he flies the sign every morning near the Santa Monica Pier. According to his moral logic,

panhandling is when you ask someone, “Can you spare some change?” while flying the sign is work.

He recently made \$2 during a six-hour period, a daily ritual that he calls his “mission.” He wanted a slice of pizza but the cost at the local pizza joint was two dollars plus tax, so he bought a can of food for his dog instead. “The hardest part is finding a place to clean yourself,” he notes.

If offered housing assistance by the VA Shaw might consider it, but he prefers to sleep on the streets and fight for his full benefits. “I’d rather have a recreational vehicle where I can go wherever the heart and mind desires,” he says.

Shaw’s antipathy towards the VA is not atypical for homeless veterans. For whatever reason – bureaucratic hurdles, negative staff or physician interactions, or the vet’s own contributions to an already difficult situation – complaints abound.

The VA is now planning 1,200 units of permanent housing for homeless veterans. The original purpose of the West Los Angeles land that was donated to the federal government in 1887 was to house homeless veterans. Over the years, however, VA budgeting priorities directed towards the hospital and questionable land leases left the campus dilapidated and underutilized.

As a result of a 2011 lawsuit filed on behalf of homeless vets initiated by local attorneys and the American Civil Liberties Union, the VA is now committed to repurposing the 388-acre campus, located near the 405 Freeway, to house veterans.

Jesse Creed, executive director of Vets Advocacy LA (a party to the lawsuit), believes the land could house every homeless veteran in Los Angeles County. “It’s as much land as UCLA, which has 45,000 students,” he says.

The VA is now planning 1,200 units of permanent housing for homeless veterans. A private sector developer is being chosen to finance construction and operate the housing facility.

Monte Williams is one of 54 veterans who currently live in permanent housing on the VA campus. An ex-Marine, he describes becoming homeless as a “process.”

“I don’t think any veteran wakes up and says, ‘I want to be on the street,’” he says. Williams lost his job when mental health issues got the best of him: “Mental health is not like breaking your leg, where everyone can see it. Unaddressed, it gets worse.”

One L.A. vet pushes a shopping cart filled with his tent and other belongings half a mile up a small hill to make his hospital appointments.

Williams, who became homeless in 2010, had an epiphany while looking to buy alcohol near the VA hospital. “Another older homeless veteran I was with pointed to the hospital and told me to go to the emergency room and my sanity just came back,” he says with tears in his eyes.

He is appreciative of the programs and housing that the VA has provided and now helps his new family — other homeless vets. “My daily life is sharing my story with other veterans...helping them gain their life back.”

Donald Leslie Peterson sleeps under the 405 Freeway. The story that he tells about himself is difficult to follow. He says he was shot during a rescue mission in Panama in 1989, that he has two Purple Heart medals for wounds suffered in Afghanistan and Syria, and that he was on protection duty 30 feet behind John F. Kennedy's car in Dallas.

Peterson takes the medication Abilify (prescribed for schizophrenia and bipolar disorder) and says he stays close to the hospital so he can see his social worker and apply for housing. "Unless I sit down and think about things, my thinking gets a little bit crowded," he says. He pushes a shopping cart filled with his tent and other belongings half a mile up a small hill to make his hospital appointments.

"Parents tell us we scare their children but I think the parents are scared more than the children."

He becomes animated when he talks about his family — two girls who, he says, attend UCLA and visit him every other night. "The biggest challenge is keeping the bond of my family together," he says. "It's hard not being able to sit down with my family and have a meal. I mean, we sit on buckets and crates and joke and play, but when you come right down to it, it's not funny."

Heidi Marston, Director of Community Engagement and Reintegration Services at the Greater Los Angeles VA, believes that the VA has a program and approach that can reach homeless veterans where they are. "We use a housing-first approach, which means that housing is the first step for you. There are no barriers to getting into housing ... so you don't have to be sober and you don't have to be in treatment," she explains.

Asking a homeless veteran what they think the future holds for them is a way of asking about the kind of life they want — or fear.

Marc Cote, a five-year Army veteran who lives in a tent in Westwood Park, a few blocks from the VA hospital, wants to be left alone. Cote pushes himself around backwards in a wheelchair, using public bathroom sinks to clean up — what the homeless refer to as "birdbaths." Parents walk by holding their children's hands heading to soccer games and tennis matches. "The parents tell us we scare their children but I think the parents are scared more than the children," he says.

Park rangers patrol the ground and sometimes demand that Cote take his tent down before 6 a.m. "I would be happy to stay here if they would leave me be," he says one recent Saturday afternoon. "I don't make a mess or argue or fight or throw things."

It will take years until the 1,200 planned residential units are complete. Meanwhile thousands of veterans will remain on the street, finding food, shelter and companionship where they can.

Jack Rumpf remembers an incident from when he was flying his sign at a stoplight in Brentwood. "The guy pulled a gun on me and didn't shoot. I said, 'You schmuck, why didn't you shoot me? If I was dead this would be all over.'" Rumpf believes that his near future is "leaving this world." For now he settles for a safe parking space at night for himself and his dog.

Monte Williams, who has housing, feels an urgency towards his fellow veterans. "I refuse to believe that any veteran, or any human, wants to be on the streets," he says. "Something has to happen, so I just want society to know — to try to understand."

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8. [Other](#)



Veterans Affairs Media Summary and News Clips

28 May 2018

1. [Top Stories](#)

1.1 - The Washington Post: [For military veterans suffering from PTSD, are service dogs good therapy?](#) (27 May, Karin Brulliard, 43.9M uvm; Washington, DC)

Adam Fuller credits a simple, one-word command — and a black Lab mix named J.D. — with helping to save his life. “Cover,” he tells J.D., who is sitting to his left in a grassy field next to a park playground. The dog calmly walks to Fuller’s right, then sits facing backward. Were someone coming up from behind, he’d wag his tail.

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1.2 - The Washington Post (AP): [AP Fact Check: Trump on ‘phony’ sources, vets, border stats](#) (27 May, Hope Yen and Calvin Woodward, 43.9M uvm; Washington, DC)

President Donald Trump is again playing loose with the facts, claiming a drop in illegal border crossings that no longer exists while blasting a source in a news story who does. He is also assailing investigations into Russian interference in the 2016 election, falsely suggesting the probes have failed to yield any meaningful results and distorting reality in asserting they are simply intended to justify why Democrat Hillary Clinton did not win the presidency.

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1.3 - FOX News: [PTSD & Pot: Veterans making Memorial Day push for legal marijuana](#) (27 May, Alex Diaz, 32.5M uvm; New York, NY)

Veterans from across the country will be gathering in our nation's capital on Memorial Day this year to not only honor those who made the ultimate sacrifice, but to advocate for a cause that isn't typically associated with our nation's heroes -- the legalization of marijuana.

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1.4 - NPR (All Things Considered, Audio): [In 'Served Like A Girl,' Female Veterans Face Inequality In VA Support](#) (27 May, 22M uvm; Washington, DC)

NPR's Michel Martin talks with U.S. Army veteran Jas Boothe about the documentary Served Like a Girl, which follows female veterans as they prepare for the 2015 Ms. Veteran America competition.

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1.5 - Mlive (Video): [Veterans honored in Memorial Day service at Fort Custer National Cemetery](#) (28 May, Rebekah Welch, 10.9M uvm; Ann Arbor, MI)

Tanya Raab smiled as she went down a massive string of cars leaving Fort Custer National Cemetery, gripping a handful of roses. She was helping the owner Plumeria Botanical Boutique, a florist in Battle Creek, who handed out roses to each attendant leaving the Fort Custer Memorial Day Service. You wouldn't know it, but it's been an emotional day for Raab.

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1.6 - The White House: [This Memorial Day, a Win for America's Veterans](#) (27 May, 10.7M uvm; Washington, DC)

Memorial Day is our Nation's solemn reminder that freedom is never free," President Donald J. Trump wrote last year, proclaiming Memorial Day 2017 as a Day of Prayer for Permanent Peace. "It is a moment of collective reflection on the noble sacrifices of those who gave the last measure of devotion in service of our ideals and in the defense of our Nation."

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1.7 - The Desert Sun (Video): ['I need help.' Vietnam veteran in Palm Springs had been living for decades with PTSD and Agent Orange exposure](#) (28 May, Sherry Barkas, 586k uvm; Palm Springs, CA)

It was 1968 – a pivotal, turbulent year for America marked by the assassination of the Rev. Martin Luther King Jr., followed two months later by the slaying of Robert “Bobby” Kennedy who was running for president.

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1.8 - Dispatch - Argus: [National cemetery a gem](#) (28 May, John Marx, 311k uvm; Moline, IL)

It is a shade past 8 on muggy, but sun-kissed May morning. Driving along the American flag-filled Rodman Avenue — on the campus of the Rock Island Arsenal — I notice it to my left. Rock Island National Cemetery is as gorgeous as it is humbling.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Anchorage Daily News: [Honoring our veterans means protecting their health care](#) (27 May, Joelle Hall, 21M uvm; Anchorage, AK)

This Memorial Day, we are reminded of the many servicemen and servicewomen who have made the ultimate sacrifice for this country. Honoring those who have fallen includes making sure their family members and fellow service members have all of the resources and help they need when they return home.

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2.2 - Ocala Star-Banner: [Editorial: A strong voice for our veterans](#) (28 May, 319k uvm; Ocala, FL)

As we pause today to remember and honor those who made the ultimate sacrifice for our country while in uniform, one way we can pay homage to those fallen warriors is by caring for the their living brothers and sisters with the kind of health care they deserve.

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2.3 - Independent Record: [Honoring Montanans' service and sacrifice by delivering a VA that works](#) (27 May, Sen. Jon Tester (D-Mont.), 275k uvm; Helena, MT)

On Memorial Day, we will recognize the service and sacrifice of generations of Montanans who have worn the uniforms of our Armed Forces. These brave men and women put their lives on the line to keep our nation safe and protect our freedom.

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2.4 - Healthcare Analytics News: [3 Big Issues Facing Healthcare for Veterans](#) (27 May, Ryan Black, 17k uvm; Cranbury, NJ)

Memorial Day is dedicated to those who died serving in the United States' armed forces. The majority of American soldiers, however, survive their service—but many move on with a unique host of medical challenges that require detailed, personalized care. The agency meant to help them along the way, the Department of Veterans' Affairs (VA), receives equal parts criticism and defense for its ability to provide that.

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3. [Modernize Our System](#)

3.1 - Patch.com (Queens): [Queens Man Aims To Improve Veteran Healthcare With New Tool](#) (27 May, Danielle Woodward, 36.9M uvm; New York, NY)

No one quite knew what to say to Dennis Graham when he returned from the Vietnam War in 1970 - So, they mostly said nothing. It had been a traumatic year for the Queens man. He was injured twice in one night during combat, and he'd lost his share of friends in battle.

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3.2 - The Hill: [There are cyber threats to veterans' medical records](#) (27 May, Sarah Geary, 11.8M uvm; Washington, DC)

America's veterans have served our country and protected our freedoms, sometimes at the expense of their own well-being and health. They have sacrificed while fighting our adversaries, and that sacrifice continues beyond their active duty status. Adversaries are still pursuing veterans and their personal information in cyberspace.

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3.3 - KOLR (CBS-27, Video): [Brand New VA Clinic Opening in Springfield](#) (27 May, Brea Douglas, 274k uvm; Springfield, MO)

Thousands of service members in Greene County will soon have access to a brand new VA clinic in Springfield to treat their medical needs. It's a plan that's been in the works since 2010 with ground finally breaking on the building in October of 2016. When the new clinic is complete, the Mt. Vernon, Missouri office will shut down with its services being transferred to Springfield.

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4. [Focus Resources More Efficiently](#)

4.1 - Newsmax: [Wash Post: VA Building Up \\$20.7M/Year Foster Home Program](#) (27 May, Eric Mack, 10.8M uvm; Boca Raton, FL)

In an effort to move U.S. veterans away from nursing homes, Veterans Affairs is working on placing aging veterans into private homes under the Medical Foster Home program, The Washington Post chronicled.

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4.2 - The Buffalo News: [Another Voice: Leadership vacuum at VA reduces ability to serve veterans](#) (28 May, Jeffrey Freedman, 1.6M uvm; Buffalo, NY)

While Congress and the Trump administration play politics with leadership at the Department of Veterans Affairs, disabled veterans go without disability benefits. As of mid-2017, according to the VA, 345,000 disabled veterans were waiting for benefits. An additional 300,000 who had appealed their benefit ratings were waiting for rulings on appeals.

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4.3 - KTRK (ABC-13, Video): [Service dog brings smiles to one V.A. hospital](#) (27 May, 845k uvm; Houston, TX)

During this Memorial Day Weekend, there is one place where veterans are smiling thanks to a four-legged friend named Honor. Honor is a service dog who understands the obstacles that veterans go through. The golden retriever was born without metacarpals where her back right paw would be located. Honor wears a prosthetic paw to get around the hospital.

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4.4 - Ledger-Enquirer: [He served fellow veterans as a VA doctor. Now, his veteran wife honors him on Memorial Day](#) (27 May, Mark Rice, 330k uvm; Columbus, GA)

Lora Gaddy clenched a crumpled tissue as tears streamed down her face. The bagpiper was playing "Taps" and "Amazing Grace" during the pre-Memorial Day ceremony Sunday at Fort Mitchell National Cemetery. And this was the first observance of this solemn holiday since her husband was buried here in August.

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4.5 - MetroWest Daily News: [Veterans seek camaraderie and time being with other veterans](#) (27 May, Jeff Malachowski, 314k uvm; Framingham, MA)

The tranquility of a peaceful spring evening at Josephine Pond is a far cry from the battlefields of Vietnam, Iraq and Afghanistan. Instead of hearing the pop of gunfire, more than a dozen veterans last week listened to the birds chirp and traded stories as they cast their lines into the small pond behind the Wayside Inn in hopes of landing a trout - a welcome respite for some of America's heroes.

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4.6 - WGXA (ABC-24, Video): [VA Medical Center honors those who paid the ultimate sacrifice](#) (28 May, Claudia Coco, 63k uvm; Macon, GA)

The Carl Vinson VA Medical Center held a Memorial Day Ceremony Sunday to honor those who gave the ultimate sacrifice for our country. This ceremony means the world to veterans. Dr. Robert Oliver was drafted at age 35 in 1968. "I went in the Navy so I could stay out of trenches and I got my order as Fleet Marine Force, Vietnam," said Dr. Oliver.

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4.7 - Daily Citizen-News: [Local vets visit VA medical center in Murfreesboro, Tenn.](#) (27 May, 3k uvd; Dalton, GA)

The American Legion Post 112 in Dalton made its annual trip to the VA Alvin C. York Medical Center in Murfreesboro, Tenn., recently. Local veterans are proud to visit and show their

appreciation to the hospital. The VA medical center provides many types of care to veterans including medical, surgical and psychiatric services.

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5. [Improve Timeliness of Service](#)

5.1 - The Gainesville Sun: [Letters to the editor for May 28, 2018](#) (28 May, Shirley Avants, 440k uvm; Gainesville, FL)

Thankful for the VA. The Veterans Administration doesn't get a lot of rave reviews but I am here to offer one. My brother has been receiving treatment at the Gainesville VA hospital for leukemia during the past three months. Not only is the treatment first rate, so is the staff.

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5.2 - Lawrence Journal-World: [More than a year after dramatic police standoff, combat vet convicted in case involving dog abuse, gunshots into neighboring homes](#) (27 May, Sara Shepherd, 21k uvm; Lawrence, KS)

More than a year after Michael L. Kewley allegedly killed his dog, fired gunshots that hit his neighbors' homes and confronted police officers during an hourslong standoff, the military veteran has been convicted in the case. Kewley, 31, has spent much of the time between crime and conviction undergoing treatment at a veterans hospital.

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6. [Suicide Prevention](#)

6.1 - The State (Video): [Military veterans touched by suicide say challenges remain to prevention](#) (27 May, Travis Bland, 2.1M uvm; Columbia, SC)

The noose was around Anthony Doran's neck. He leaned against a door as his weight cinched away his life. He began fading out. "I got really scared," Doran remembers. "I didn't want to die but I didn't know how to live. ... I stopped myself."

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6.2 - KSHB (NBC-41): [WWI Memorial raises suicide awareness](#) (27 May, Belinda Post, 628k uvm; Kansas City, MO)

Some soldiers can make it through mine fields in Iraq or Afghanistan, but have a much harder fight here at home. PTSD and depression can make reintegrating into life in the states difficult. This memorial day weekend, the World War I Museum is shining light on an exhibit about veteran suicide rates.

[Hyperlink to Above](#)

6.3 - MetroNews: [Memorial Day weekend can be a tough time for some veterans](#) (27 May, Mike McCullough, 276k uvm; Charleston, WV)

For most Americans, Memorial Day weekend is a time to honor and reflect upon military members who have died in the line of duty. For many veterans who have returned home from

combat it can also mean depression, regret and in some cases suicide. The Beckley VA Medical Center shared this concern with MetroNews affiliate WJLS.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - FOX News (Video): [One of the first female Marines honored at Ohio luncheon](#) (27 May, Travis Fedschun, 32.5M uvm; New York, NY)

One of the first female Marines was honored at a luncheon in Ohio on Thursday and called her decision to join the military the "best thing" she's ever done. Barbara Kruse, 95, was part of a group of veterans at the Columbus VA Ambulatory Care Center who were honored at the luncheon for those over the age of 95.

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7.2 - The Mercury News: [Just in time: New hope for blighted Bay Area military cemetery](#) (27 May, Lisa M. Krieger, 8.9M uvm; San Jose, CA)

The oldest military cemetery on the West Coast is falling into a bleak state of disrepair. It was designed as a place of honor, but neglect has turned it into a blight on the memories of those who fought in The War of 1812 and many other bloody battles. The Mare Island Naval Cemetery's headstones are broken or toppled due to poor drainage, sinking soils and the ravages of time. Its quaint white picket fence is crumbling.

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7.3 - MLive: [Families spend time with loved ones at Great Lakes National Cemetery](#) (27 May, Roberto Acosta, 10.9M uvm; Ann Arbor, MI)

Hank Tyrrell still sees his father. "We have pictures on the wall, we have pictures on the fridge," said Tyrrell, sitting with family members in front of a smooth, white marble headstone Sunday afternoon at Great Lakes National Cemetery in Holly Township.

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7.4 - Newsday: [Memorial Day ceremony at LI National Cemetery honors veterans](#) (27 May, Deon J. Hampton, 3.2M uvm; Melville, NY)

Hundreds of thousands of military veterans were honored during a rainy Memorial Day weekend ceremony at the Long Island National Cemetery, Pinelawn, on Sunday. "Today as we pay tribute to those who have gone to their rest, I am reminded of the true meaning of Memorial Day," Andy Booth, president of the Long Island National Cemetery Memorial Organization Inc., said in front of the roughly 200 people who attended.

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7.5 - Florida Today (Video): [There are many ways to be "buried" at Cape Canaveral National Cemetery](#) (27 May, John McCarthy, 880k uvm; Melbourne, FL)

The words "national cemetery" probably bring to mind gleaming white headstones rising from seemingly endless fields of manicured green grass like at Arlington National Cemetery outside of Washington, D.C. Cape Canaveral National Cemetery in northern Brevard County fits that description.

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7.6 - WTVM (ABC-9, Video): [Ft. Mitchell National Cemetery holds Memorial Day ceremony](#) (27 May, Brandon Etheredge, 280k uvm; Columbus, GA)

Linda Garner is a Veteran of the United States Marine Corps. Her late husband Durell is also a Marine Vet. Durell, or Gunny as his friends affectionately called him, was a Gunnery Sergeant in the United States Marine Corps – He was also his wife's best friend. "He was my world," said Linda.

[Hyperlink to Above](#)

7.7 - WBRZ (ABC-2, Video): [American flags placed at Port Hudson National Cemetery in preparation for Memorial Day](#) (27 May, Earl Phelps, 312k uvm; Baton Rouge, LA)

American flags pierced the ground at the Port Hudson National Cemetery Saturday. One placed after another, and another, until a flag is on every one of the cemetery's 13-thousand graves. "We never forget our heroes. We never forget our fallen," Director of the National Cemetery Complex Maurice Roan said.

[Hyperlink to Above](#)

7.8 - Times Record: [Fallen military remembered in Fort Smith Memorial Day ceremony](#) (28 May, Thomas Saccente, 274k uvm; Fort Smith, AR)

Hundreds of area residents gathered Sunday at the U.S. National Cemetery in Fort Smith Sunday to pay tribute to those who gave their lives for their country. The cemetery held its Memorial Day ceremony at 2 p.m. Sunday. Marshall Murphy, director of the U.S. National Cemetery in Fort Smith, said Memorial Day is an important day for America to honor those who fell in battle. The country will commemorate the 150th anniversary of Memorial Day this year.

[Hyperlink to Above](#)

7.9 - The Daily Gazette: [Saratoga National Cemetery prepared for Memorial Day after much hard work](#) (27 May, Jeff Wilkin, 171k uvm; Schenectady, NY)

Scott Lamb drove his golf cart past the two new bluebird boxes -- and a couple bluebirds -- at Gerald B.H. Solomon Saratoga National Cemetery. It's one sign spring has arrived on the grounds of the Stillwater cemetery, the final resting place for thousands of U.S. service personnel, their spouses and, in some cases, their children.

[Hyperlink to Above](#)

7.10 - Battle Creek Enquirer: [Fort Custer National Cemetery filled with those honoring the fallen](#) (27 May, Trace Christenson, 158k uvm; Battle Creek, MI)

Tim Scroggins of Battle Creek had a short answer for why he was at Fort Custer National Cemetery on Memorial Day. "The veterans," he said, while holding a flag Sunday as a member of the Patriot Guard Riders. "To honor the fallen," he added.

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7.11 - WEYI (NBC-25): [Veterans honored during Great Lakes National Cemetery service](#) (27 May, 157k uvm; Flint, MI)

Veterans were honored at the Great Lakes National Cemetery in Holly Township Sunday during a Memorial Day service. Families gathered to honor vets who have died. They also visited the graves of their loved ones.

[Hyperlink to Above](#)

7.12 - KOTA (ABC-3, Video): [Soliders burried at the Black Hills National Cemetery honored with flags and thank you's](#) (27 May, 95k uvm; Rapid City, SD)

Hundreds of people were placing thousands of flags by the headstones at Black Hills National Cemetery Sunday morning. Flags for Fallen Veterans co-chairman, Marvin Czerwonka, says “we a now placing a flag in front of every stone and saying their name and thanking them for their service so that they can be remembered.”

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7.13 - The Exponent Telegram: [Fallen veterans remembered at national cemetery](#) (27 May, JoAnn Snoderly, 53k uvm; Clarksburg, WV)

The Taylor County Honor Guard fired off three shots in honor of those who died in service to their country at the 31st Annual Memorial Day Program at the West Virginia National Cemetery in Grafton Sunday. A crowd gathered at the national cemetery — one of just two national cemeteries located in the state of West Virginia — for the ceremony.

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7.14 - WBOY (NBC-12, Video): [West Virginia National Cemetery celebrates the lives of unsung heroes](#) (27 May, Ronnell Hunt, 21k uvm; Clarksburg, WV)

Residents from all over the state joined together at the West Virginia National Cemetery to remember all of the veterans who have passed away. Saturday's memorial service was the thirty-first annual celebration at the national location, continuing the legacy of the one hundred and fifty-first straight celebration for the city overall.

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7.15 - Milwaukee Courier: [VA Mental Health Summit at UWM to Help African-American Vets](#) (26 May, Kathy Quirk, 7k uvm; Milwaukee, WI)

Michelle Watts comes from a military family and works at Veterans Affairs, so she is tuned in to the issues that may keep African-American veterans from seeking VA services. “Misinformation and a history of mistrust may be factors,” said Watts, veterans justice outreach coordinator for Milwaukee’s Clement J. Zablocki Veterans Affairs Medical Center.

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8. [Other](#)

8.1 - Raw Story (Video): [Here are 10 ways President Donald Trump has dishonored American veterans](#) (27 May, Sarah K. Burris, 9.4M uvm; Washington, DC)

Memorial Day was the holiday meant to honor fallen soldiers, but somewhere along the line it has become a day that also honors all veterans. Regardless of whether the holiday is Memorial Day or Armistice Day, President Donald Trump is likely to mark the day claiming that he honors veterans who fought for America.

[Hyperlink to Above](#)

8.2 - Washington Examiner: [Do veterans know what staffers at a major veterans group think about Trump?](#) (28 May, Pete Kasperowicz, 4.8M uvm; Washington, DC)

Some of the American Legion's senior staff in Washington are making it clear on Twitter that they don't like President Trump, and other veterans' groups and even some people in the government are starting to notice.

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1. [Top Stories](#)

1.1 - The Washington Post: [For military veterans suffering from PTSD, are service dogs good therapy?](#) (27 May, Karin Brulliard, 43.9M uvm; Washington, DC)

JACKSONVILLE BEACH, Fla. — Adam Fuller credits a simple, one-word command — and a black Lab mix named J.D. — with helping to save his life.

“Cover,” he tells J.D., who is sitting to his left in a grassy field next to a park playground. The dog calmly walks to Fuller’s right, then sits facing backward. Were someone coming up from behind, he’d wag his tail. The signal quells the sense of threat that plagued Fuller after serving in Afghanistan, that at one point had him futilely popping medications and veering toward suicide.

“Yes!” he praises J.D. as four women watch closely. They, too, are veterans with post-traumatic stress disorder who are here to be trained and to leave with canine support of their own. All seem to appreciate the strategy behind “cover,” as their goateed instructor demonstrates with J.D. “I wouldn’t be here without him,” Fuller says.

Every month, a new cycle of training begins with yet another class of veterans in a program run by the northern Florida K9s for Warriors . The seven-year-old nonprofit is one of dozens of private organizations that offer “psychiatric service” dogs to address the military’s mental health crisis — enabling desperate vets to function in society, proponents say.

Yet even as success stories allow these groups to briskly expand their work, their approach faces growing scrutiny from researchers and debate among veterans groups, politicians and the Department of Veterans Affairs. At issue is whether the dogs truly help, what they should be trained to do and who should pay for them.

For more than 15 years, VA has covered veterinary care for service dogs that assist veterans with physical disabilities. It has declined to do that for PTSD service dogs, however, citing a lack of empirical evidence for their therapeutic value. The agency is now conducting a \$12 million multiyear study on the topic, even as it opposes legislation that would require it to pay for dogs in a separate pilot program.

“The numbers are startling on veteran suicides, and this is working,” said Rory Diamond, a former federal prosecutor who quit to become chief executive of K9s for Warriors, where he had been providing pro bono legal services.

On a table in the organization’s cheery lobby these days is a flier that says “research proves” the dogs save lives. It cites a recent first-of-its-kind study out of Purdue University that used standard questionnaires to assess PTSD symptoms and other aspects of mental health among 141 K9s for Warriors applicants, half teamed with a service dog and half on a wait list. Those with dogs showed significantly lower levels of post-traumatic stress, depression and social isolation, with higher levels of psychological well-being.

Still, lead author Maggie O’Haire , an assistant professor of human-animal interaction, emphasizes the study’s “preliminary” nature and the need for more research on how service

dogs might fit into treatment plans. “There is so much political agenda behind this topic,” she said.

Other investigations are underway, including a clinical trial that O’Haire is conducting with funding from the National Institutes of Health. VA’s remains the biggest in scope, though, as well as the study that has drawn the most criticism.

Its 2011 start was rocky: Dogs, provided by contracted groups, bit participants’ children, and trainers were “biasing” veterans with talk of the dogs’ healing powers, said Michael Fallon, the agency’s chief veterinary medical officer. The project was halted and redesigned to include VA-hired dog trainers and a control group of veterans provided with emotional-support dogs — what Fallon calls a “very well-trained pet.”

All 220 subjects were enrolled and matched with pooches by late 2017. Initial results are expected in 2019. Officials insist they’re doing the kind of rigorous, controlled research that the field has been lacking.

“We really want to know the answer,” said Patricia Dorn, director of VA’s rehabilitation research and development service. “We want to know for the veterans and the public at large.”

Training and trusting

Dogs have provided services to humans for millennia, often as hunting and herding partners. But not until World War I were they systematically trained to assist people with disabilities, as guides for the blind. Service dogs now prompt deaf people when a doorbell rings, retrieve pills for people in wheelchairs and alert people with diabetes to blood sugar spikes.

Psychiatric service dogs are forging a new frontier in this field, and their mission blends those of task-oriented service canines and animals seen as providing emotional support. While the dogs paired with veterans with PTSD are commonly trained to wake them from nightmares and to “block” the space between their owner and another person, advocates also laud their ability to soothe a panicking vet and provide companionship and a tail-wagging reason to get out of the house — if only for walks.

“Being able to go to a store — and not just hate it and drop everything and walk out — is phenomenal,” explained the 29-year-old Fuller, a K9s for Warriors graduate, as the woman he was helping to train did laps with their dogs beneath the park’s tall pines.

But even among psychiatric service dog providers, which range from well-established charities to small start-ups, there’s disagreement about what the animals should do.

The accrediting group Assistance Dogs International published its first standards for training and placing PTSD dogs with veterans in January, after two years of heated discussions about how much mental health experts should be involved, which commands the animals should be taught and other issues, said Sheila O’Brien of America’s VetDogs, who chaired the process.

The approved standards reject commands for a dog to search for an enemy or threat — something VA study dogs are trained to do — or to guard. Though ADI did not shun other “panic protection” commands, including “cover” and “block,” those are also controversial.

“Our philosophy is that the dog is a bridge between his environment or her environment,” said Cynthia Crosson, a psychiatric social worker and consultant for the dog provider group NEADS,

where she helped develop the nation's first service dog program for veterans with PTSD a decade ago. "We feel that blocking kind of enables the symptoms rather than helps them cope with the symptoms."

Some veterans disagree. At K9s for Warriors, which works with a dozen veterans a month, it's common to hear stories of those who were scared to leave their houses or were gripped by anxiety in public — until they had a dog at their side that had been trained to provide a sense of space or surveillance.

"Ladies, this is the command you're going to love most," announced Greg Wells, another Afghanistan war vet, as he and Fuller taught the four female veterans how to direct their dogs to cover.

It was mid-March and midway through the three-week training, with a visit to Home Depot also on this day's schedule. One woman had come from Maine, another from Texas, another from Indiana. And from Michigan flew Adrianna Ruark, a 26-year-old Air Force veteran, who explained that her PTSD followed sexual traumas during her service — plural, she stressed — that left her wary of males, even canine ones.

"Yea!" Ruark told Crockett, the black shepherd mix whom she'd been given, when he nailed the cover command a few times. Ten days in, she said, she was still working to connect with the pooch.

For every applicant it accepts, K9s for Warriors picks up all costs but transportation. On its eight-acre campus, the veterans spend every moment with their assigned animals. They stay in apartments on the grounds, and they're even encouraged to share the queen-size beds with their dogs. Practicing commands is crucial, the organization teaches, but so is bonding.

Ruark and the others followed the park session with lunch at Chili's, where the four dogs snoozed under the table. She said she'd turned to K9s for Warriors in part to again feel comfortable in places like restaurants. "I'm hoping to be able to function more," she said.

That's the kind of goal for which VA clinical psychologist Louanne Davis sees the animals' potential as a complement to conventional therapies. One symptom of PTSD is hyperarousal, which can include a constant feeling of being on guard. A dog might provide a sense of calm and safety that helps veterans reengage with the world, Davis said.

Yet, she cautioned, "we don't know the extent to which this might be good in the short run but not so good in the long run." Given the potential that a veteran might come to depend on the dog for a sense of security, "my goal would be to eventually wean them off."

'There are worse crutches'

The K9s for Warriors chief executive says about a third of its graduates "drop the leash" over time, using their dogs less and less for service. Another third expect to stop after their first dog dies. Only that last third express interest in having service dogs for life.

"Is that causing a harm?" Diamond asked. "The worst thing that's happened is: They have a well-trained dog. There are worse crutches, and VA is handing out a lot of them — like prescription drugs and opioids."

Most of the organization's canines come from shelters, along with a small number of purebreds donated by breeders. Those that pass temperament tests are schooled at the campus by professional civilian trainers and spend several months learning basic obedience and commands. The dogs that perform well — the organization estimates their value by that point at \$27,000 — are then paired with veterans, who learn to handle their dogs from veterans who have completed the program. The other dogs are adopted out.

Cross, a floppy-eared black Lab mix, was one of the shelter mutts — nothing like the fluffy golden retriever Tammie Gillums pictured when she headed from her Gainesville, Va., home to K9s for Warriors last summer.

Gillums had been an Army human resources officer, a job she did not expect would expose her to trauma during a tour in Kabul. She was wrong a few times over, with one event being a suicide blast that threw her off her chair during duty in a guard tower. Seared into her mind was the image of the bomber's detached head.

Gillums, a 39-year-old mother of six in a blended family, came home in 2008 with crippling migraines. She couldn't sleep or concentrate. She started lengthy therapy with a VA psychologist and psychiatrist and at one point was on a half-dozen prescriptions simultaneously. She stayed home whenever possible.

One thing made the difference, she said: Cross.

Gillums had never owned a dog, and she admits she was skeptical. But it has been months since she has needed any medication.

Cross jumps on the bed to wake her from restless dreams. After a decade of dropping out of classes because of panic attacks and anxiety, Gillums for the first time completed a semester of courses at the community college where she is studying American Sign Language for an associate degree in deaf studies.

Her relationship with Cross, she said, "is some type of magic."

On a recent Friday, Cross rested at her feet during her African American history class. She accompanied Gillums on a shopping errand, then to a medical appointment.

While waiting in line at a Starbucks, Gillums quietly instructed Cross to "block," putting space between the veteran and a middle-aged man next to her.

"Cross," Gillums said, "is my anxiety medication now."

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1.2 - The Washington Post (AP): [AP Fact Check: Trump on 'phony' sources, vets, border stats](#) (27 May, Hope Yen and Calvin Woodward, 43.9M uvm; Washington, DC)

WASHINGTON — President Donald Trump is again playing loose with the facts, claiming a drop in illegal border crossings that no longer exists while blasting a source in a news story who does.

He is also assailing investigations into Russian interference in the 2016 election, falsely suggesting the probes have failed to yield any meaningful results and distorting reality in asserting they are simply intended to justify why Democrat Hillary Clinton did not win the presidency.

Among other questionable claims in the past week, he also said he's provided the first big military pay increase in a decade and had "finally" delivered on improved care for veterans. .

Here's a look:

[...]

TRUMP: "This week, we passed a new landmark legislation to give more choice and better care to our great veterans. We're going to take care of our veterans. We're doing a great job with them. We are taking care, finally after decades, we're taking care of our veterans." — speech Friday.

THE FACTS: Not so fast. Congress passed a wide-ranging plan last week to expand private care for veterans as an alternative to the Veterans Affairs health system, but it'll take at least a year to implement and its actual scope in expanding choice to veterans will depend on the next VA secretary, who has yet to be confirmed. A successful expansion of private care will also depend on an overhaul of electronic health records at VA to allow for a seamless sharing of records with private physicians. That overhaul will take at least 10 years to be fully complete.

The legislation would also expand a VA caregivers program to cover families of veterans of all eras, not just the families of veterans who were seriously injured in the line of duty since Sept. 11, 2001. Implementation of that program won't begin until after the VA secretary can provide assurances to Congress that the department's IT systems can handle a surge in new applicants. A phased rollout of benefits won't be fully finished until more than two years afterward.

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1.3 - FOX News: [PTSD & Pot: Veterans making Memorial Day push for legal marijuana](#) (27 May, Alex Diaz, 32.5M uvm; New York, NY)

Veterans from across the country will be gathering in our nation's capital on Memorial Day this year to not only honor those who made the ultimate sacrifice, but to advocate for a cause that isn't typically associated with our nation's heroes -- the legalization of marijuana.

The veterans and advocates taking part in the Memorial Day Veterans Rally DC hope to change the stigma that surrounds cannabis, the preferred term for marijuana among advocates, by arguing that this alternative medicine is already helping some vets treat issues like PTSD, chronic pain and depression -- all without the use of dangerous & addictive prescription drugs like opioids. One of their rallying cries is "plants over pills," and they're not just coming from the usual legal pot hot-spots like Colorado.

The speakers are traveling from places as far west as Alaska, as far south as Texas, and as far north as New England to support the cause, and to share their stories of how legal marijuana helped ease their pain, alleviate symptoms of PTSD, and even get back into the workforce. Among those scheduled to speak are one of the first responders to the 2009 Fort Hood shooting, the mother of a 24-year-old Marine who took his own life after battling PTSD, and the owner of a veteran-operated cannabis company dedicated to "medical cannabis for military veterans."

Beyond a lack of access in all 50 states, advocates say one of the biggest problems is that veterans are forced to pay for this alternative treatment out of pocket, despite what they say are life-saving results. That's due to Department of Veterans Affairs regulations which stipulate VA doctors still cannot prescribe medicinal marijuana to patients, despite the fact that they are allowed to "discuss marijuana use with veterans as part of comprehensive care planning."

THE VA GETS INVOLVED IN LEGAL WEED

That could soon change, and advocates may wind up having the VA to thank for it. Earlier this month, Congress passed a bill making the Department of Veterans Affairs the first federal agency to conduct research into the potential benefits of medicinal cannabis. The lack of federal research has been one of the biggest issues in the debate over the potential benefits of legal cannabis, medicinal or otherwise.

The Veterans Affairs Medicinal Cannabis Research Act of 2018 was pushed over the finish line thanks to the overwhelming support of veterans across the country. A 2017 survey released by the American Legion, a congressionally-chartered veterans group, revealed 92 percent of veteran households support further research into the potential benefits of medicinal cannabis. Another 83 percent of veterans said they support the legalization of cannabis nationwide, and 82 percent expressed a desire for it to become a federally-legal treatment option.

In a press release, American Legion officials also noted that veterans don't just support more research, "22 percent of veterans are currently using cannabis to treat a medical condition."

Those poll numbers did not fall on deaf ears. Rep. Phil Roe, R-Tenn., the chairman of the House Committee on Veterans Affairs and himself a medical doctor, argued "it is clear that medical research into the safety and efficacy of cannabis usage for medical purposes is timely, necessary, and widely supported by the veteran community." Rep. Roe, who is also the co-chair of the House GOP Doctors Caucus and a member of the Health Caucus, mentioned PTSD specifically in advocating for the study, before adding that veterans might not be the only ones who benefit from such a study.

The bill, he argued, is "a pragmatic and bipartisan piece of legislation that would advance our understanding of the impacts of medicinal marijuana usage and could improve the lives of veterans and other Americans."

"BABY STEP"

Derek Cloutier, a Marine who already uses medicinal cannabis for his PTSD and chronic pain, says allowing the VA to conduct research is a good "baby step," but it's too early to tell how much good it will do. In the meantime, he says many veterans will continue to suffer because of VA policies regarding cannabis -- even in states where it is medically legal. For some, that

means breaking the law just so they can get their hands on what they say is a more effective, and less dangerous, form of treatment.

"I've been told straight by a vet that I can go to a VA hospital and be prescribed opiates, Adderall -- anything if they play their cards right, and then go sell the pills on the streets... just so they can buy cannabis and heal themselves," Cloutier says.

Cloutier returned from his deployment in Fallujah, Iraq, and found himself in a less-than-ideal employment situation for a veteran struggling with symptoms of PTSD -- working as a maximum-security prison guard. "That exacerbated my PTSD ten-fold," he says, and it didn't help when ISIS started re-taking control of the same cities he fought to liberate.

Cloutier would drink heavily at night to numb himself from both his growing PTSD symptoms, and the stresses of his new job. He says the support groups for veterans that he tried weren't of much help, either, with most meetings typically ending with a night of drinking. It wasn't until a friend recommended cannabis as an alternative to both the alcohol, and the prescription drugs Cloutier was taking, that he finally got a good night's sleep. Along with it came a new purpose in life.

Thanks to the laws in Massachusetts, where Cloutier lives, he is legally allowed to grow and consume his own cannabis. Now, he's working tirelessly to help other veterans find that same peace of mind by organizing events like the Memorial Day rally, and through a group he created called the New England Veterans Alliance (NEVA).

"REEFER MADNESS"

Part of the problem, according to Cloutier, is that most people -- particularly veterans -- are still scared to even talk about cannabis, something he chalks up to the remnants of the so-called "reefer madness" of the early 20th century. Breaking down those barriers is one of the main reasons he says he started NEVA.

"The more I learned about it, the more I educated myself about it... the stigma came down, the stereotypes came down," Cloutier said. "All these walls around me, that I was terrified to say I'm a cannabis user... that's part of the problem."

With NEVA, Cloutier hopes to connect with and educate veterans who may be thinking about the world of medicinal marijuana, but who are too scared to ask anyone about it because of VA policies, or social stigmas. Since starting his group, he's discovered veterans of WWII and Vietnam, and even a former VA doctor, who are using cannabis for treatment.

While Cloutier obviously considers it a win when he convinces vets to ditch their opioid prescriptions for cannabis, he notes there are plenty of other advantages to becoming more knowledgeable about cannabis. Many of NEVA's members have taken their newfound knowledge to secure jobs in the ever-growing cannabis industry.

And even if it doesn't lead to a job, Cloutier argues that the process of growing and cultivating the plant itself can be a major benefit -- particularly for those who have served. "The biggest thing is giving a vet a purpose," Cloutier said. "Not everyday will I want to get up and care for [my plants], but I have to if I want to help myself. You need to check on it, water it, care for it."

"In the military, that's the opposite of what you're doing, at least for an infantry guy like me. You're taught to destroy, you're war-torn and battle-ready, but cannabis brings people together - growing, smoking and consuming. And it's something that'll continue to bring people together more and more," he argued.

"ONE HIGH FOR ANOTHER"

Not all veterans agree with Cloutier. Fellow Marine and retired Staff Sgt. Johnny Joey Jones says he's tried cannabis before, and argues that veterans who use it to ween themselves off of prescription drugs like opioids are just "trading one high for another." He says what we really need to be doing is fixing the problems that veterans are coming home with, not just adding a new type of band-aid that he says doesn't even have much research to back it.

Jones agrees that the VA conducting official research is a good first step, but he's also concerned that his fellow vets are becoming "pawns" in what is quickly becoming a multimillion-dollar game of chess between lawmakers and lobbyists.

Some of Jones' fellow vets, and even some of his family are using cannabis -- and suggested he try it himself. One of them has managed to stay off of pills for five years because of it, but Jones still isn't convinced.

And when it comes to the potential job benefits, or the therapy that advocates say can come from simply growing the plant, Jones had a simple response. "I went down to Loews and for \$500 I bought all of the tools and equipment I need to make furniture in my garage," he said. "And that's something that I can do legally in all 50 states."

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1.4 - NPR (All Things Considered, Audio): [In 'Served Like A Girl,' Female Veterans Face Inequality In VA Support](#) (27 May, 22M uvm; Washington, DC)

NPR's Michel Martin talks with U.S. Army veteran Jas Boothe about the documentary *Served Like a Girl*, which follows female veterans as they prepare for the 2015 Ms. Veteran America competition.

MICHEL MARTIN, HOST:

On this Memorial Day weekend, we are highlighting films coming out on Monday that focus on the experiences of military service members. Yesterday, we told you about a documentary about the former Naval war hero, POW and U.S. Senator John McCain. Today, we want to tell you about Jas Boothe. In 2005, Army Major Jas Boothe had lost most of her belongings in Hurricane Katrina. She was undergoing treatment for an aggressive form of cancer. She was facing discharge from the military. And she had nowhere to go with her young son.

When she reached out for help, she was told over and over again that there were no programs to support female veterans in her circumstances. After five years of struggle, she managed to get back on her feet.

But she decided that wasn't enough, so she founded a group called Final Salute to help other women like her, particularly women veterans in need of safe and affordable housing. And she

decided that wasn't enough either, so she founded the Ms. Veteran America contest to highlight military women. A documentary followed the competition. And now, it's the subject of a new film called "Served Like A Girl." It tells the stories of some of the women who competed in the pageant along with their stories about serving their country. And Jas Boothe is with us now from our NPR bureau in New York.

Welcome. Thank you so much for joining us.

JAS BOOTHE: Thank you for the opportunity.

MARTIN: So, first of all, why the military - why the Army? What attracted you to the service to begin with?

BOOTHE: Yeah. I was born and raised in the projects of Chicago, and there wasn't many opportunities or many role models in that area. And so I knew that I always wanted to have a, you know, a career that my children could be proud of and also do something to show people that, you know, come from poverty or like circumstances that whatever you set your mind to and whatever you work hard for, you know, you can accomplish.

And so the military was definitely challenging, but it was also, to me, you know, one of the most honorable careers you could have.

MARTIN: Things kind of - I don't know - how can I put it? - the went bad for you.

BOOTHE: So I was training to head to Iraq, and I had just got stationed at the Naval Support Activity in New Orleans when I got called up for deployment. And so Hurricane Katrina hit while I was deployed in August, and I lost everything I owned. And then they I received - they're going to through a cancer diagnosis 30 days after Katrina.

MARTIN: Wow. That's - well, that would've been a lot for anybody to deal with. But then, you went for help - I mean, you went to see what resources were available. I think many people have this kind of belief, let's say, that there is a lot of support available for service members and for veterans, particularly people facing a health challenge. And that is not what you found out.

In fact, let me just play a clip from the film where you talk about the fact that you went to the VA to ask for help for you and for your child, and then you were told that the services didn't apply to you - that there really was nothing for you, that you only - you qualified for food stamps and some cash. But - so let me just play that clip.

(SOUNDBITE OF DOCUMENTARY, "SERVED LIKE A GIRL")

BOOTHE: For what I've given to my country - I worked for \$300 a month - how did I go from being a lieutenant in the Army, where you give me lodging, you give me food, you give me clothing, you give me all these resources - and in the blink of an eye, I'm homeless. I don't qualify for nothing. There's nothing available for me. And it's strictly because of my gender.

MARTIN: Why is that - that there was nothing for you?

BOOTHE: Now when I went to the VA, of course there were medical services available. But I specifically needed housing because I was homeless and jobless and unemployed. And they

couldn't see me as a soldier. All they saw was me as a woman with an illegitimate child and thought that welfare would be best for me.

And so that's what they directed me to. And I did end up on welfare and food stamps and sleeping on my aunt's couch, which no one who's raised their right hand in service of this country - whether male or female - that should never be an option that they have to, you know, partake.

MARTIN: OK, so the - you project, Final Salute - I think people may know about it. You've gotten a lot of attention. It's been lauded by Oprah and CNN Heroes. But why a beauty pageant (laughter)?

BOOTHE: Well, Ms. Veteran America isn't a beauty pageant. And you know, it's a competition. It honors our service and our sacrifice but also reminds everyone that we are women. We are daughters. We are mothers, sisters, wives and aunts. And we wanted to take, you know, a different approach to advocacy.

MARTIN: And I want to play a clip from some of the people who are featured in this film. The first one is Lieutenant Commander Rachel Angler (ph). She's second-generation Navy on both her mother and her father's side. She's a former NFL cheerleader. She's a dancer. She's a registered nurse. I just want to play a little clip from her.

(SOUNDBITE OF DOCUMENTARY, "SERVED LIKE A GIRL")

RACHEL ANGLER: I missed my mom when I was young. I remember the day that she first left for deployment, and I remember being in the living room, and she just kneeled down to me. And she was bawling her eyes out, and I was crying. She would stand in line at a phone booth for two hours to try and call us. It was just really difficult to grow up without your mom. And I joined the Navy thinking I had to leave everything behind and thinking that I couldn't wear nail polish or lipstick anymore or be proud of being a woman. You know, I'm GI Jane now. I can't be a woman. I can't be feminine anymore. And so I kind of pushed away all of my dancing.

BOOTHE: As you can see, regardless of our backgrounds, the narrative is the same - you know, having to give up your femininity, you know, having to put things that are seen as womanly, you know, in a box to serve your country, where in the military, you know, bravado and manliness is celebrated. But you know, femininity is seen as a sign of a - you know, a weakness or a hindrance for how we're able to serve our country, which, you know, is not the case.

MARTIN: That's Major Jas Boothe. She is an Army veteran.

Major, I know it's controversial, but if I may, thank you for your service.

BOOTHE: Not controversial at all. Thank you (laughter).

MARTIN: The film, "Served Like A Girl," premieres on PBS on Monday. You'll want to check your local listings for exact times. And it's available for online viewing beginning the following day. Major Boothe, thank you so much for speaking with us.

BOOTHE: Thank you very much for the opportunity.

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1.5 - Mlive (Video): [Veterans honored in Memorial Day service at Fort Custer National Cemetery](#) (28 May, Rebekah Welch, 10.9M uvm; Ann Arbor, MI)

AUGUSTA, MI -- Tanya Raab smiled as she went down a massive string of cars leaving Fort Custer National Cemetery, gripping a handful of roses.

She was helping the owner Plumeria Botanical Boutique, a florist in Battle Creek, who handed out roses to each attendant leaving the Fort Custer Memorial Day Service. You wouldn't know it, but it's been an emotional day for Raab.

She spent the night before in the massive cemetery, with a crew of 30 volunteers, tasked with sweeping off 3,000 graves in the cemetery, one of which belongs to her late husband, a Marine who served two tours in Vietnam.

Raab found herself volunteering a lot in the cemetery, so it wasn't surprising that when she heard Plumeria was providing roses to lay across every single gravesite at Fort Custer for their annual Memorial Day Ceremony, she decided to start her own annual event, Sweep the Cemetery.

After they cleared a plot, Raab said she and the other volunteers made it a point to speak the name engraved on it aloud.

Being close to each grave and reading each name aloud makes the experience deeply personal, she said. You feel more connected not only to the deceased, but to fellow volunteers.

"It's a passion, you connect with people when they are at their most vulnerable," Raab said. "And it humbles you to be able to do so."

She got quiet for a moment when her eyes well, and added, "It's OK. Sometimes it just stings more than others."

Raab isn't alone. There is a tangible mixing of pride and grief among those surrounding the stage at Fort Custer during the ceremony. The former, however, is winning.

Veterans and their families from all types of service were asked to stand, and hundreds of supporters cheered, thanking them personally for their service.

One such veteran was 97-year-old Rex Welch, who served as a captain in the army in World War II and has earned three or four Purple Hearts. The correct number has become a topic of some debate in the family.

After the service numerous people approached Welch to shake his hand and to simply meet him. Don Gillespie, who served as a sergeant, was so impressed he asked Welch to take a photo with him.

"He's done four combat jumps! That's just impressive," Gillespie exclaimed. "I've done two, so when I heard that I knew I had to ask him for a photo."

Elizabeth Bohannon was another guest who felt overwhelmed by the showing of support for local veterans and their families, a subject that for her, a Blue Star mother, is close to her heart.

In her experience, providing a network of support for military families is of the utmost importance. When her son was serving in Afghanistan, she struggled to sort out her feelings, and relied on the support of fellow blue star mothers.

With those feelings in mind, she was honored to be representing Blue Star mothers in the service, and was grateful beyond words that hundreds of people attended the service, despite the 90-degree temperatures.

Bohannon added though, that the service choked her up not only because it made her think of her son, but because it made her think of her father. Bohannon described a moment etched in her memory. Her son had just returned home from duty, and her father just stood up silently and shook his hand.

"That was the proudest moment of my life," Bohannon said. "And that is what today is about."

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1.6 - The White House: [This Memorial Day, a Win for America's Veterans](#) (27 May, 10.7M uvm; Washington, DC)

Memorial Day is our Nation's solemn reminder that freedom is never free," President Donald J. Trump wrote last year, proclaiming Memorial Day 2017 as a Day of Prayer for Permanent Peace. "It is a moment of collective reflection on the noble sacrifices of those who gave the last measure of devotion in service of our ideals and in the defense of our Nation."

Memorial Day is an occasion for Americans to honor those who lost their lives in service to our country. As we do so, it is also a moment to consider how we can make life better for all of America's heroes in uniform, including our veterans.

In the coming days, President Trump will take an important step toward correcting how the United States treats its veteran population. On May 23, the Senate followed the House of Representatives' lead in passing the VA MISSION Act, a bill that will transform the Department of Veterans Affairs (VA) into a high-performing and integrated healthcare system for the 21st century. It accomplishes this goal by putting patient choice at the core of the VA program.

The final legislative package—which passed the Senate in an overwhelming 92-5 bipartisan vote—follows months of discussion among key Congressional leaders and the President to reach a strong compromise.

"Passing this legislation is another promise made and promise kept to America's Veterans under President Trump's leadership, which has provided the most substantial VA reform in a generation," Press Secretary Sarah Sanders said in a statement. President Trump expects to sign the bill into law soon after Memorial Day.

The VA MISSION Act achieves five important objectives for our Nation's veterans:

1. Consolidates and strengthens the VA's community care programs;

2. Funds the existing Veterans Choice program to ensure veterans continue to receive care through the Choice program until the new, consolidated Veterans Community Care Program takes effect;
3. Creates new flexibilities to aid the VA in managing its infrastructure portfolio through an Asset and Infrastructure review process;
4. Expands the Caregivers program to include eligible veterans from all eras of service;
5. Strengthens the VA's workforce.

These reforms come at a crucial moment. The Acting Secretary of Veterans Affairs recently informed Congress that the VA expects funding for the current Choice program to be exhausted as early as the end of this month. To prevent disruptions to care, the Trump Administration had urged Congress to pass the bill by Memorial Day.

Although the VA MISSION Act represents a milestone in veterans care, the work is far from finished. "The Administration will continue implementing policies that transform and modernize the VA to better serve our nation's heroes," Press Secretary Sanders said.

President Trump also remains committed to broader healthcare reforms that improve the lives and well-being of all Americans, building on the Tax Cuts and Jobs Act's repeal of the Obamacare individual mandate tax on working families.

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1.7 - The Desert Sun (Video): ['I need help.' Vietnam veteran in Palm Springs had been living for decades with PTSD and Agent Orange exposure](#) (28 May, Sherry Barkas, 586k uvm; Palm Springs, CA)

It was 1968 – a pivotal, turbulent year for America marked by the assassination of the Rev. Martin Luther King Jr., followed two months later by the slaying of Robert “Bobby” Kennedy who was running for president.

It was arguably the best year for music in America with such chart-toppers as The Beatles’ “Hey Jude,” Steppenwolf’s “Born to be Wild,” the Fifth Dimension’s “Stone Soul Picnic” and Otis Redding’s “(Sittin’ on) The Dock of the Bay.”

Movie-goers loved the Walter Matthau and Jack Lemmon comedy, “The Odd Couple,” and Steve McQueen’s action-packed “Bullitt.” The original “Planet of the Apes” hit theaters that year, as did the futuristic “2001: A Space Odyssey.”

Broadway was singing about “Hair” and CBS’s “The Ed Sullivan Show” was still a Sunday night staple in living rooms across the country.

In December, NASA launched Apollo 8 – the nation’s first manned aircraft to orbit the moon.

The drugs of choice at the time: Marijuana and LSD.

On the other side of the world, the Vietnam War was heating up and the United States was answering with more troops, leading to more anti-war and anti-draft demonstrations with protesters battling police in the streets of Chicago, where the Democratic National Convention was being held.

In Northern California, David Carden Jr. was about to make a life-altering change as well.

Attending college in San Francisco, he was just steps away from the Haight-Ashbury district which was home to peace- and free-loving, tie-dye wearing hippies – also known as “flower children” – who were anti-just about everything that had to do with the “older generation,” government and the war.

“I was intrigued by the hippies,” Carden said, and would frequent Haight-Ashbury. “I thought this was really kind of cool,” he said. “It was a fun time, but that was changing.”

Rather than joining the anti-war efforts and counter-culture movement, he volunteered for the draft, enlisting in the United States Army in June 1968 – just after his 20th birthday – ultimately spending 15 months in Vietnam.

“I never thought of not going into the service. I felt that there was a duty,” Carden said.

By choosing the Army, Carden knew he would wind up on the battlefield where he said the lifespan of an infantryman was 30 to 60 days, but enlisting in the Navy or Air Force meant four years of service vs. two.

The Vietnam War started in November 1955. The U.S. had ships off the gulf in 1964 with the first ground troops sent in on March 8, 1965, landing in Da Nang. Direct U.S. military involvement ended on Aug. 15, 1973, though the war continued until the fall of Saigon on April 30, 1975.

Those who served came home to a cold reception from a nation angered by U.S. involvement in the war – a far cry from the “Welcome Home” banners and parades that greeted veterans of wars before and since Vietnam.

For many, like Carden, coming home from Vietnam may have marked the end of their service on the battlefield, but inside them another war was brewing.

Recognizing PTSD

Nearly 2.7 million Americans served in Vietnam – more than 58,000 of whom were killed and another 150,000-plus wounded.

Many who were exposed to Agent Orange in Vietnam wouldn’t know the effects until years later and those who couldn’t shake the nightmares and flashbacks stirred by violence in the movies or fireworks on the Fourth of July would go decades without treatment for post-traumatic stress disorder.

Carden falls among the estimated 31 percent of Vietnam veterans who have PTSD, said Ryan Sanft, a social worker with the VA Mental Health clinic in Loma Linda.

“We know that many Vietnam era veterans with PTSD had a chronic, prolonged condition that didn’t surface until years later when they retired and no longer had work to keep their minds busy,” Sanft said.

Carden, now 69, related to that, saying it was as life started slowing down he found time was an enemy that gave old memories deeply buried the opportunity to rise to the surface.

“When we came home, Americans – even families (of vets) – were not ready to deal with us coming back. We were the symbols of everything that went wrong with that war, because we didn’t ‘win the war.’

“So, we were left to our own devices and floundered. That’s the most traumatic thing, I think, for Vietnam veterans was we had to learn to deal on our own,” Carden said.

The VA has come a long way over the past 50 years, Sanft said, and tries to reach out to Vietnam – and all vets – to make sure they get the help and benefits they need and are to which they are entitled.

A comprehensive study of veteran suicide rates was released in 2016 by the Department of Veterans Affairs and showed that, on average, 20 veterans a day died from suicide in 2014. While it doesn’t break down results by wars, approximately 65 percent were 50 and older – which would include those who served in Vietnam and Korea.

The report also stated that since 2001, the rate of suicide among U.S. veterans using VA services increased by 8.8 percent while the rate suicide among veterans not using VA services increased by 38.6 percent.

To ensure veterans do not fall through the cracks, the VA has since created the National Center for PTSD, where Loma Linda’s doctors and therapists that treat PTSD have been trained, Sanft said.

Also, the Loma Linda VA and its affiliated clinic in Palm Desert offer “open access mental health clinics” where a vet can come in without an appointment, meet with staff and often receive same-day appointments with a therapist.

The Loma Linda VA and its affiliated clinic in Palm Desert offer “open access mental health clinics” where a vet can come and meet with staff and often receive same-day appointments with a therapist.

There is also counseling which targets moral injury, which stems from direct participation in combat, such as killing or harming others, or indirect acts such as witnessing death or dying, failing to prevent immoral acts of others, or giving or receiving orders that are perceived as gross moral violations.

The traumatic stress reactions associated with PTSD have been around for thousands of years, Sanft said. In earlier generations of veterans, it was referred to as melancholy, shell shock or battle fatigue. It wasn’t until 1980 that the American Psychiatric Association made PTSD a recognized mental disorder.

Edward Armas, peer support specialist at the Loma Linda VA, facilitates group counseling for Vietnam-era veterans.

Armas, a veteran of the war in Iraq, has been a peer counselor for about four years. His father and grandfather are veterans as well and his three uncles served in the Vietnam War.

The Loma Linda clinic sees Vietnam veterans who came in years ago who said they didn’t get the treatment or attention they needed and are now returning, Armas said.

"These Vietnam veterans who are coming in, we are able to honor their experiences and help them," Armas said. "I hear a lot of their personal stories ... shared in group of how the VA has come a long way and is much different. I don't know what it was like ... but they have said the experience has vastly improved."

Among their emotional challenges, he said, is the anger many still have over how they were treated when they returned.

"For Iraq veterans, when we got back off the airplanes and off the buses, families and friends were there waiting for us and ... they didn't quite have that welcoming experience," Armas said.

Carden recalled 1990 and the first Gulf War under President George H.W. Bush, when people were hanging yellow ribbons in trees.

"I remember driving through a neighborhood in Long Beach and they had all these yellow ribbons hung on both sides of the street with big yellow bows, and I thought they're having a big neighborhood party. Then I went to another neighborhood and there were more of them.

"I was listening to the radio and they were saying the American public tied these ribbons around the trees for the Gulf War guys to come home safely" and as an expression of gratitude, Carden said.

"I pulled the car over and I started crying. I said, 'What about me? What about us?' We didn't get this kind of reception, and I always resented that," he recalled.

At the time, the VA and government weren't helpful to the Vietnam vets either, he said.

"I never talked about the war. All of my pain and anxiety – PTSD issues – were just kept inside," he said.

Ticking time bomb

On the other end of the spectrum is the exposure to Agent Orange – a blend of herbicides the U.S. military sprayed in the jungles from 1962 to 1971 to remove trees and other foliage the enemy used for cover. Agent Orange was also used in Korea, along the demilitarized zone.

Of the 2.7 million Americans deployed to Vietnam, William Carson, medical support assistant for the VA Loma Linda clinic, Office of Registry and Research Agent Orange, said the VA doesn't know how many were exposed to Agent Orange.

"However, all veterans that had boots on the ground, were part of the Brown Water Navy or were on ships that docked in the harbors of Vietnam (between 1962 and 1971), are considered to have been possibly exposed to Agent Orange," Carson said.

While it was years before the government would acknowledge, any possible diseases were related to Agent Orange exposure, it today recognizes 14 "diseases or 'presumptive diseases' that are associated with exposure," including pancreatic and other cancers, diabetes, neurodegenerative disorders including Parkinson's disease and peripheral neuropathy.

The government has also acknowledged that exposure may have led to birth defects in the offspring of Vietnam and Korean vets.

Carden was inducted into the Army on Sept. 3, 1968. Following basic training at Fort Lewis in Washington state, he was deployed to the Long Bien District of South Vietnam, arriving in early December “with temperatures in the high 90s and humidity so thick I almost choked getting off the plane.”

The area was known as the “Iron Triangle” – comprised of about 125 square miles and included portions of Bien Hoa, Binh Duong, Phuoc Long, Long Khanh and Hau Nghia provinces in an area of jungles and rubber plantations near the Cambodian border north of Saigon.

Carden was assigned to the U.S. Army’s 82nd Airborne Support Battalion, 3rd Brigade, Company B. Soon after he arrived, there was a call for eight volunteers to train as medics, and he raised his hand.

“The eight of us became the first medics trained in a war zone in the history of the 82nd Airborne and it was tough, intense and life-changing,” Carden said.

He was sent to a medical unit at Phu Loi and “began the task of helping to save soldiers’ lives while maturing faster than any 20-year-old should ever have to,” he said.

Many of the wounded Carden treated during his 15 months in Vietnam had been exposed to various chemicals including Agent Orange, recognizable by the orange powder on the soldiers’ uniforms and skin.

Those with the most severe exposure arrived at the medical unit near death.

“Their bodies were swelling up because their nervous systems were shutting down,” he recalled.

Getting help

After decades of suffering in silence, Carden “woke up one morning in 2015 and said the three words which had eluded me for almost 50 years: ‘I need help.’”

The realization followed a call from longtime friend Nancy Deschaine telling him that her husband, Tom Deschaine, with whom Carden had served as a medic, had died unexpectedly.

Deschaine had been pursuing treatment for Agent Orange issues through the VA but died before getting a diagnosis and treatment, Carden said.

“Nancy told me to contact the VA and pursue my unexplained medical issues, which had dogged me for years, to see if I could get help,” said Carden.

He did and, contrary to complaints of wait times and other issues with VA clinics in other areas, Carden said he found the Jerry L. Pettis Memorial VA Medical Center in Loma Linda – which has a branch clinic in Palm Desert – easily accessible and praised the level of care he has received.

“As I continue to navigate through the diagnosis and treatment of my medical and mental health issues I am amazed with the compassion, caring and support of all the staff who have treated me,” Carden said.

"I now have a primary physician at the Palm Desert clinic and full use of the myriad of medical departments at the Loma Linda facility."

He has 100 percent coverage for all physical and emotional treatment as well as prescriptions.

He started with the Riverside County Department of Veterans' Services, Indio office where John Dagneau III – also a veteran – helped Carden with the required paperwork.

"It took three to four months initially to process everything, but once in the system" care was easily accessed, Carden said.

There are more than 40,280 vets who served in just the Vietnam War living in Riverside County – 31.1 percent of the county's 129,364 veterans. Roughly 9,515 live in the Coachella Valley area.

The Riverside County Department of Veterans' Services should be the first stop for anyone seeking military benefits, agency director and veteran Grant Gautsche said.

"All of our representatives are veterans themselves, so we truly are veterans serving veterans," said Gautsche. "We have skin in the game and we take care of our own."

Many veterans and their families are not aware of all the benefits to which they are entitled, he said.

Over the past three years, the Riverside County Veterans' Services Department has assisted vets and their dependents in getting collectively more than \$100 million in new benefits, he said.

"We interview and provide comprehensive benefits counseling and assess what their needs are and we help simplify what can be a very complicated bureaucratic process," Gautsche said.

Carden was diagnosed with diabetes more than 20 years ago and has peripheral neuropathy.

"I started losing the nerves in my left foot probably 25 years ago and I kept falling down. I didn't know why, but I wasn't feeling the surface underneath my foot. So, now I have no feeling from the bottom of my foot up to my knee," Carden said.

He wears a prosthetic brace that covers his left foot and calf leg and special shoes and walks with a cane. He recently had major back surgery – a laminectomy – which won't reverse the nerve damage, but is expected to prevent further deterioration in his right foot, he said.

Leaning back on a hospital bed in the living room of the Palm Springs home he shares with longtime partner Dale Maguire, Carden talked of the long, rocky road he has traveled since landing in Vietnam nearly 50 years ago.

"It's been a long, lonely journey ... but now America has changed in a positive way in that Vietnam veterans are being recognized for their heroic deeds on the battleground and realizing maybe we were treated badly," Carden said.

"Hopefully, I can inspire other Vietnam veterans to talk about (their experiences) and get help," he said.

HELP FOR ALL VETS

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1.8 - Dispatch - Argus: [National cemetery a gem](#) (28 May, John Marx, 311k uvm; Moline, IL)

ROCK ISLAND — It is a shade past 8 on muggy, but sun-kissed May morning.

Driving along the American flag-filled Rodman Avenue — on the campus of the Rock Island Arsenal — I notice it to my left.

Rock Island National Cemetery is as gorgeous as it is humbling.

On this day, the beginning of a holiday weekend, the cemetery is busily humming. Four-wheelers are about, staffers armed with grass/weed trimmers dot the landscape and specialists tend to greenery about the grounds. Memorial Day celebrations loom, but, like always, the place sparkles.

As far back as my mind allows, I have been fascinated with Rock Island National Cemetery, its respect for those resting there and its commitment to excellence. It does not need a holiday weekend and a bevy of gratitude-filled, well-themed tributes to prove as much.

I am taken with uniformity (42 inches long, 13 inches wide, 4 inches thick) and care to which each grave stone is placed, its size and the proximity to other stones, meticulously marked out. It is not about rank or contribution, it is about reverence and respect for those who served and their spouses.

It is a place filled with simple, yet heartfelt thank yous from a grateful nation.

Decade-old statistics say more than 25,000 call Rock Island national Cemetery their final resting place, but modern math — a good guess — says more approximately 30,000 soldiers and spouses are buried among the 67 dedicated acres to Rock Island National Cemetery.

Each time I stop to tell my late parents thanks for this or that or to share good and bad, I marvel at the time and effort that must go into one gravesite, let alone thousands.

Talk about taking pride in one's work.

On this morning, I'm inspired by the many volunteers who brave the heat — and pesky gnats — to place an American flag on every grave inside Rock Island National. It is a first-rate touch appreciated by more than the ink-stained fella stopping to pay respects to his parents.

I have been told there will be enough space to honor those locally who served at Rock Island National, that 53.3 acres of the 67 set aside have been used. That planners adjusted years ago to keep the cemetery free from Mississippi River flood waters, and there will always be staff on hand to maintain the site's splendor.

And I believe them.

Today and tomorrow, Rock Island National Cemetery will be highlighted as part of Memorial Day tributes. Each celebration will be heartfelt and bring to light the uniqueness of the final resting place for those who served.

It does not, however, take a celebration to understand the splendor of Rock Island National Cemetery.

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2. Greater Choice for Veterans

2.1 - Anchorage Daily News: [Honoring our veterans means protecting their health care](#)
(27 May, Joelle Hall, 21M uvm; Anchorage, AK)

This Memorial Day, we are reminded of the many servicemen and servicewomen who have made the ultimate sacrifice for this country. Honoring those who have fallen includes making sure their family members and fellow service members have all of the resources and help they need when they return home.

Over the past year, however, those in Washington, D.C., have relentlessly tried to whittle away at the health care infrastructure that's critical to the well-being of our veterans.

When most Americans think of veterans' health care, they think about the VA. But many veterans either do not meet VA eligibility requirements or have health needs that the VA does not entirely cover. About 1 in 10 veterans use Medicaid as their primary source of health care, and many more use Medicaid to supplement the care they receive through the VA. The Affordable Care Act provided funding for states to expand Medicaid, drastically improving health care for these veterans. In fact, a recent study found that this expansion led to a 42 percent decrease in uninsured vets between 2013 and 2015.

However, this can't be taken for granted. Health care repeal attempts have sought to cut Medicaid funding by nearly \$1 trillion, threatening care for nearly 77 million Americans who rely on the program, including 2 million veterans. In Alaska, the American Health Care Act passed by House Republicans included cuts to Medicaid that would have put hundreds of Alaska veterans at risk of losing coverage.

Furthermore, up to 8 million veterans who qualify for VA health care choose not to use it as their primary source of care because of long wait times and lack of complete coverage. Restructuring Medicaid in a way that would limit veterans' care would flood the unprepared VA with new patients at a time when the department is already overloaded and worsen health care prospects for veterans who rely on its services.

Many veterans return from service with extensive physical and mental health care needs that lead to costly medical bills, in large part because of what they sacrificed for our country. Under federal health care repeal proposals, insurance companies would have once again been able to deny someone coverage or charge them more for services that treat issues like injury or post-traumatic stress disorder. The veteran population would not be exempt from these changes.

As a nation, we pride ourselves on how we treat our veterans, and honoring those who serve has long been a point of bipartisan agreement. Over the past year, health care repeal has threatened to betray nearly 2 million veterans who have risked their lives for this country. We must honor their service and sacrifice by working to improve our health care system so all our veterans have access to quality, affordable health care.

Joelle Hall is a veteran, retiree wife and the mother of two. She lives in Peters Creek.

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2.2 - Ocala Star-Banner: [Editorial: A strong voice for our veterans](#) (28 May, 319k uvm; Ocala, FL)

As we pause today to remember and honor those who made the ultimate sacrifice for our country while in uniform, one way we can pay homage to those fallen warriors is by caring for the their living brothers and sisters with the kind of health care they deserve.

Of course, the challenges that have daunted the Department of Veterans Affairs for too many years, from poor care to unrealistic waiting lists to record suicide rates among veterans, are well documented and an ongoing frustration to policy maker and public alike.

But slowly and, we believe, surely, Congress and the administration are making progress. The recently passed VA MISSION Act takes the next step, combining seven community-based care programs into one, increasing caregiver assistance and calling for recruiting of more doctors for VA facilities to improve delivery of care.

Helping lead the debate in Washington is one of Marion County's representatives on Capitol Hill, U.S. Rep Dr. Neal Dunn. Dunn, R-Panama City, represents western Marion County as part of the sprawling 2nd Congressional District and last week was named chairman of the House Veterans' Affairs Subcommittee on Health. He is one of only two freshmen congressman to chair a committee and is uniquely qualified to lead the panel — and provide Marion County and Florida a strong voice on veterans affairs in Washington.

We talked to Dunn, a surgeon who spent 12 years as an Army doctor, and asked where he sees the VA going in the future.

He noted that the VA is a large organization with endemic problems. While the problems are challenging, given the size of the organization and the number of veterans it serves, Dunn said he sees the Congress and the VA making strides.

"We have to start doing better," he told us, adding, "I know what good health care looks like."

While there is a quiet but ongoing debate about privatizing the VA health system, Dunn said he does not believe that is the right direction to go, nor does he believe it will happen.

What he is in favor of is continued development of the VA's Choice program, which allows veterans in some cases to go to their private physician for care instead of the VA. According to surveys, it is wildly popular with veterans and is relieving some of the pressure on VA waiting lists.

As Dunn noted, “Most of the people in my district don’t live anywhere near a VA facility.” He said Choice makes sense because not only can it hasten the delivery of treatment but typically is more convenient and cheaper than VA care.

Yet, the freshman congressman noted, “You’re not going to get rid of the VA. And we don’t want to get rid of it.”

Dunn, who sponsored two bills that were part of the MISSION Act — one to enhance opioid treatment and one to increase access to organ transplant surgery, said some of the most difficult challenges are improving mental health and addressing Post Traumatic Stress Disorder, commonly known as PTSD. The federal government is urging the pharmaceutical industry to do more research on PTSD and is trying to get veterans more access the mental health care.

Having a new and influential voice in Washington on veterans issues can only be good for Marion County and Florida. And what better way to pay tribute to those who lost there lives for our country than to strive to make life better for our veterans who are still with us.

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2.3 - Independent Record: [Honoring Montanans’ service and sacrifice by delivering a VA that works](#) (27 May, Sen. Jon Tester (D-Mont.), 275k uvm; Helena, MT)

On Memorial Day, we will recognize the service and sacrifice of generations of Montanans who have worn the uniforms of our Armed Forces. These brave men and women put their lives on the line to keep our nation safe and protect our freedom.

All of our veterans and servicemembers have given some, and we honor those who gave all. We say thank you to our veterans, because we cannot thank those who gave their lives for the country they loved.

The most fitting thank you is to make sure that when veterans complete their service, they have the very best health care and benefits possible. As ranking member of the Veterans’ Affairs Committee, I’m proud to announce that President Trump is signing our bill to bipartisan reform the VA into law.

Along with Republican Chairman Johnny Isakson and 38 veteran and military organizations, we wrote the VA MISSION Act to scrap the Choice Program, which has caused so many headaches for Montana veterans. Our bill also invests in the VA so that when a veteran turns to their local clinic, it delivers the best possible care.

The Choice Program is ending. VA community care as we know it will change. Our bill cuts the red tape and federal bureaucracy that gets in the way of veterans’ access to health care.

In Montana, we know that you can’t have a VA clinic in every community. But we also know that veterans can’t always drive two hours to the nearest clinic. And they certainly can’t afford to wait months for an appointment. Veterans rely on local doctors when the VA can’t deliver.

But veterans also tell me that they need the services they get at VA facilities. At the VA, veterans are surrounded by their peers. VA doctors and nurses know what they’re going through, because many of them are veterans too.

Our bill recognizes that there is a balance needed between VA care and care at your local health care provider. So as we reformed the VA's seven community care programs into one, easy-to-navigate system, we also took steps to address workforce shortages at the VA, and ensure veterans in rural areas aren't left behind.

Our bill gives the VA the tools it need to incentivize more doctors and nurses to work at rural, tribal and underserved VA facilities. And it breaks down barriers for veterans to access mental telehealth care closer to home, from hubs in other states.

Honoring the men and women who serve us is not a partisan issue, it is a bipartisan responsibility.

And it is only by putting politics aside to compromise and work together that we can achieve the level of care and benefits that veterans deserve.

I am committed to getting it done. Veterans deserve no less.

To all the Montanans who served, those who continue to serve, and all of their families, I thank you for your service and sacrifice.

God bless our men and women in uniform, past present and future.

Jon Tester is a third-generation farmer from Big Sandy and the senior U.S. senator from Montana.

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2.4 - Healthcare Analytics News: [3 Big Issues Facing Healthcare for Veterans](#) (27 May, Ryan Black, 17k uvm; Cranbury, NJ)

Memorial Day is dedicated to those who died serving in the United States' armed forces. The majority of American soldiers, however, survive their service—but many move on with a unique host of medical challenges that require detailed, personalized care. The agency meant to help them along the way, the Department of Veterans' Affairs (VA), receives equal parts criticism and defense for its ability to provide that.

And the divisions over the VA's role and its performance in recent years have started to spawn policy changes, and the process seems to be accelerating quickly. Let's look at the major storylines that are unfolding as the United States decides how (and if) it will reshape the agency that cares for its service members.

The Leadership Question

VA Secretary has been a cabinet-level position for nearly 30 years. Since 1989, 16 men have held the position: 9 were confirmed by Senate while the other 7 held the seat in an Acting capacity. Prior to January 2017, no single presidential term had seen more than 3 men hold the title, and no VA Secretary had served less than 3 years of a President's first term.

In less than half of the Administration's first term, the agency has had 3 Secretaries—2 acting, 1 confirmed. David Shulkin, MD, concluded the shortest tenure of any confirmed VA Secretary to

date when he was relieved of the position 13 months after his confirmation. Currently, Robert Wilkie, undersecretary of defense for personnel and readiness at the Department of Defense (DoD), is serving in the Acting capacity, but the President made the surprise decision to nominate him to serve the agency full-time in mid-May. His confirmation hearings are expected to be held in early June.

It isn't just Secretaries who have seen turnover, however. In April, the agency's Acting Chief Information Officer, Scott Blackburn, resigned. He was the 4th high-ranking VA official to leave the agency in a span of less than 6 months, and the continual turnover has left the agency's executive leadership page on its website looking dramatically different depending on the month.

The Privatization Battle

Shulkin himself alleges he was fired because he stood in the way of VA privatization. For years there has been suspicion on behalf of the political left that their counterparts on the right want to take the medical functions of the agency—which contains the largest integrated health network in the country—out of the government's hands.

"They saw me as an obstacle to privatization who had to be removed," Shulkin wrote in an op-ed. "That is because I am convinced that privatization is a political issue aimed at rewarding select people and companies with profits, even if it undermines care for veterans."

For Shulkin and other opponents of VA privatization, the agency's failures aren't the driving factors: It's the successes. When veterans can get access to care, they say the VA actually outperforms private care in some regions (consistency is an issue throughout the system).

"The dismantling of VA is desirable to Republicans because of what it represents: a successful, publicly funded, integrated health-care system," VA physician and former administrator, Andrew Cohen, MD, wrote in a recent Washington Post op-ed.

Those who believe the government is on an inexorable drive towards privatization took note of the sweeping, recently-passed VA MISSION Act, a \$55 billion piece of legislation meant to evaluate the agency's infrastructure and realign how the agency reimburses veterans who opt for care outside of the VA. While it passed the Senate with more than 90 votes, it still drew cries from critics who saw its increased emphasis on private choice as an indicator that privatization could be on the horizon.

The Modernization Issue

Whether the VA health system remains government-run or goes private, its IT infrastructure is going to get a facelift. Its legacy electronic health records (EHR) system, Vista, was actually one of the first EHRs ever designed and implemented. Dated in appearances and capabilities, it still receives some affection for its ease-of-use.

But its days are numbered. After nearly a year of delays, the agency formally agreed with Cerner on a multi-year, \$10 billion contract to use its MHS Genesis platform, a customization of the company's off-the-shelf Millennium suite that was designed for DoD and VA. The massive implementation will begin as its progress at DoD has received heavy scorn, and as the agency was mandated to improve interoperability with the private sector by the VA MISSION Act. It will be the largest singular EHR transition ever attempted.

But it isn't just EHRs that the agency will lean on. Short-staffing and the complexity of veterans' health conditions have led the VA to become something of an industry leader in telehealth use,

with special permissions to allow telehealth care across state lines. The agency has also embraced artificial intelligence and analytics techniques, including a relationship with Google-backed firm DeepMind to use its techniques to try to track patients whose health is deteriorating.

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3. Modernize Our System

3.1 - Patch.com (Queens): Queens Man Aims To Improve Veteran Healthcare With New Tool (27 May, Danielle Woodward, 36.9M uvm; New York, NY)

FAR ROCKAWAY, QUEENS -- No one quite knew what to say to Dennis Graham when he returned from the Vietnam War in 1970 - So, they mostly said nothing.

It had been a traumatic year for the Queens man. He was injured twice in one night during combat, and he'd lost his share of friends in battle.

"It was a really difficult experience," Graham, of Far Rockaway, told Patch. "When I came home, basically no one talked to me about it."

Not his family, friends or the healthcare professionals tasked with caring for the afflictions he carried from the battlefields.

Now, Graham wants to make sure other veterans receive a warmer welcome home, and he's starting in the doctor's office.

"Healthcare providers don't routinely ask patients how they served, what they did, etc.," Graham said. "A vast majority of vets don't get healthcare through the (Veterans Affairs) system."

His solution is SOLDIERS - a guide for healthcare professionals who treat veterans. The acronym spells out a more thorough line of questioning that Graham wished someone would have asked him:

S: Have you served in the military?
O: What was your occupation?
L: Length of time in the military
D: Drugs, disease or exposure to death?
I: injured on duty or combat?
E: Environmental exposure to hazardous materials?
R: Regrets or remorse?
S: Stress, anxiety or depression related to service?

Graham launched his nonprofit, Center For Veterans Health, this January hoping to get the guide out to as many medical professionals as possible. It's now being piloted by roughly a dozen healthcare providers across the city, he said. Once they gauge its effectiveness, he hopes to pose his tool to the VA as a guide for healthcare providers treating veterans across the country.

"If you're taking care of (veterans) and you don't ask them, you'll never know what their experience was," he said. "We're hoping it will become more common for healthcare providers in and out of the VA to ask about what people did in the service."

His decision to launch the nonprofit in his hometown wasn't a coincidence. U.S. Census data shows nearly 48,000 veterans live in Queens County, and about 3,000 of those veterans live in the Rockaways.

Graham worked as a nurse practitioner, which coupled with his military service gave him firsthand knowledge of the issues veterans face. Too many veterans commit suicide every day and never take advantage of services offered by the VA, he said.

Last summer, Graham attended a street fair and helped sign up about 80 veterans for VA services. He hopes to one day get his own nonprofit established enough to offer those services - such as support groups and veteran-to-veteran counseling - in house.

Until then, he plans to keep spreading the word about SOLDIERS so other veterans can start having those talks.

"I think the biggest problem that vets face everywhere is the ones having the most difficulty don't talk about it," he said. "It's good to have another veteran start the conversation," he said.

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3.2 - The Hill: [There are cyber threats to veterans' medical records](#) (27 May, Sarah Geary, 11.8M uvm; Washington, DC)

America's veterans have served our country and protected our freedoms, sometimes at the expense of their own well-being and health. They have sacrificed while fighting our adversaries, and that sacrifice continues beyond their active duty status. Adversaries are still pursuing veterans and their personal information in cyberspace.

The area where veterans are perhaps the most vulnerable is the health care sector. Nation-states, criminals, and hackers go after their personally identifiable information (PII), and some of the most robust and sensitive PII are medical records and insurance information.

Nation states are interested in obtaining PII to develop targeting profiles on U.S. military members and veterans of particular interest and map out the military's structures and assignments. Using this information, foreign governments can assess U.S. military priorities and resource allocations to determine our nation's strengths and weaknesses.

We have seen Chinese cyber threat groups in particular specifically search for organizational charts and employee contact information on government networks. Government networks are not the only places with this sort of information. Notably, China was also behind the Anthem breach and the hack of the Office of Personnel Management, both in 2015. It is quite possible that China is cross-referencing those two massive databases to identify sensitive PII specifically on members of the U.S. military.

Just because veterans are no longer on active duty does not mean they automatically stop being targets. On the contrary, after years of military service, many veterans are well-connected.

If a nation-state manages to hack into a veteran's personal email by drawing on PII to craft a believable spear-phishing email, that foreign government would quickly discover personal contacts who are military and former military.

Even more disturbing, terrorists are also interested in stealing veteran's personal information. ISIS-affiliated hackers have published several "kill lists" with U.S. soldiers' names and addresses listed. FireEye assesses that these hackers found this personal information on the Internet, without needing to hack into a network.

Unfortunately, data can be found in surprising places. A year and a half ago, 11 gigabytes of personal information about active military healthcare professionals were found on a subcontractor's misconfigured, outward-facing server. When data like this is available, adversaries do not even need technical sophistication to steal valuable information.

Veterans have also fallen victim of non-targeted cyber intrusions. Cyber criminals routinely attempt to steal personal health records to sell on the dark web, given how valuable such records are. As an example of a non-targeted cyber attack, the Conficker worm infected 104 medical devices at a U.S. Department of Veterans Affairs (VA) hospital in Florida in 2012 simply because a vender updated the devices with a thumb drive that had unknowingly been infected.

As policymakers determine whether to privatize veterans' health care and to what extent, cyber threat considerations should be at the forefront. Who is best equipped to safeguard veterans' medical information? What are best practices for transferring medical records between providers?

Given the sheer number of veterans with PII housed in a wide range of medical facilities, there are many IT challenges. However, no problem has been too big for our veterans to tackle as they have fought adversaries on our behalf and defended our freedoms. Let us rise to the challenge and make securing their data a high priority. As veterans have protected us, it is now our turn to protect them.

Sarah Geary is an executive briefer at FireEye, providing FireEye executives weekly updates on cyber intelligence and briefing senior corporate and government clients worldwide. [...]

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3.3 - KOLR (CBS-27, Video): [Brand New VA Clinic Opening in Springfield](#) (27 May, Brea Douglas, 274k uvm; Springfield, MO)

Thousands of service members in Greene County will soon have access to a brand new VA clinic in Springfield to treat their medical needs.

It's a plan that's been in the works since 2010 with ground finally breaking on the building in October of 2016.

When the new clinic is complete, the Mt. Vernon, Missouri office will shut down with its services being transferred to Springfield.

Vets will have access to even more options than before like dental work and endoscopy.

Sitting on 68,000 square feet on Republic and Kansas Expressway is a VA clinic that will eventually serve 17,000 veterans in Greene County and the surrounding area. 200 employees will staff the clinic with many of them coming from the existing clinic in Mt. Vernon. Public affairs officer, Wanda Schull explains what services the clinic will offer.

"Veterans will access to a full primary care team that has a doctor, nurse, and a medical support assistant or MSA so to speak and then an LPN and we'll have mental health, endoscopy, dental, sleep lab, radiology lab just a number of services," says Shull.

"Awesome. In order for me to see a VA dentist, it's a drive to Fayetteville and back," says veteran, Devin Beatty.

Beatty is one of thousands of Greene County vets relieved that he won't have to make the more than two hour drive to access his health care needs.

"Being able to actually get advanced radiological services up here is going to be awesome," says Beatty.

"It's going to be very exciting," says veteran, DeWayne Hamilton.

Hamilton is also looking forward to the close proximity to the new clinic.

"It's going to save a lot of time, a lot of wear and tear on people's bodies having to drive up there. It's going to be a much better atmosphere and much better place for veterans to get services," says Hamilton.

Crews are still finishing up the flooring in the new building and bringing in all of the equipment before the \$8.6 million dollar facility is ready to open this fall.

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4. Focus Resources More Efficiently

4.1 - Newsmax: [Wash Post: VA Building Up \\$20.7M/Year Foster Home Program](#) (27 May, Eric Mack, 10.8M uvm; Boca Raton, FL)

In an effort to move U.S. veterans away from nursing homes, Veterans Affairs is working on placing aging veterans into private homes under the Medical Foster Home program, The Washington Post chronicled.

The \$20.7 million-per-year program is small — and difficult to scale thus far — because of the high standards of the potential foster homes for the 1,000 veterans in 42 states and Puerto Rico, according to the report.

The program reportedly saves the U.S. government about \$10,000 per month on nursing home care, as the veterans pay caregivers \$1,500-\$3,000 per month — with an average of \$2,300 — which most veterans can afford through their V.A. compensation, social security, and savings, per the Post.

In addition to the cost benefits, veterans get to live in family like and homelike situations, as the caregivers must live onsite and not work away from home.

All told, the program has grown to 700 licensed and vetted caregivers for no more than three veterans apiece, provided round-the-clock care, supervision, and fellowship. The homes are licensed by states as an assisted-living facility and submit to unannounced VA inspections by nurses, pharmacists, and nutritionists, according to the report.

The caregivers must pass a federal background check, complete 80 hours of training before accepting patients, and complete 20 more hours of training per year.

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4.2 - The Buffalo News: [Another Voice: Leadership vacuum at VA reduces ability to serve veterans](#) (28 May, Jeffrey Freedman, 1.6M uvm; Buffalo, NY)

While Congress and the Trump administration play politics with leadership at the Department of Veterans Affairs, disabled veterans go without disability benefits. As of mid-2017, according to the VA, 345,000 disabled veterans were waiting for benefits. An additional 300,000 who had appealed their benefit ratings were waiting for rulings on appeals. Locally, we have seen clients appeal ratings and wait five years for a decision. While they wait, these applicants suffer severe financial stress, which impacts their health.

There is a vacuum of leadership at the top of the agency extending far beyond the controversial top position of Veteran Affairs secretary. According to John Hoellwarth, spokesman for Amvets: “There has been a mass exodus of the organization’s most knowledgeable and experienced personnel.” This includes losses in the rank and file — 33,000 vacancies in total. Curt Cashour, agency spokesman, said, “in many cases, employees who were not on board with this administrations’ policies have departed.”

In addition to losing well-qualified staff, the contract for the new \$16 billion electronic health records system set to replace the current decades-old system, was scrapped. The Trump administration is now “reviewing” the contract for a new system.

President Trump’s Veterans Choice Act, allowing veterans to seek care from private physicians, created a mountain of paperwork for VA doctors, whose primary job is to provide care for the general population of veterans, and medical evaluations and documentation to those applying for disability. Now, VA physicians find they don’t have time to see patients because they have to input data from private caregivers into the antiquated records system. Many have left, further crippling the VA’s ability to provide services.

The impact of the leadership vacuum affects veterans on a very personal level. For those in need of health care, the loss of physicians makes it difficult to obtain treatment. For those disabled due to service-related injuries, obtaining disability benefits has become a long and arduous process.

This country promises the young men and women who go into combat to protect our interests, that we will protect their interests, should they be injured. The 330,000 employees left at the VA are doing their best to stick to their mission, but as the former chief of staff at the VA hospital in Cleveland says, "morale is running low."

Ignoring the leadership and staffing needs of the sole agency serving our veterans is like trying to build a house without a general contractor and electrician. You can have great carpenters and plumbers — but who is going to coordinate the workers and make sure the power is on? Our veterans deserve better.

Jeffrey Freedman, managing attorney of Jeffrey Freedman Attorneys, PLLC, is an accredited attorney with Department of Veterans Affairs and belongs to the National Organization of Veterans Advocates.

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4.3 - KTRK (ABC-13, Video): [Service dog brings smiles to one V.A. hospital](#) (27 May, 845k uvm; Houston, TX)

MUSKOGEE, Oklahoma -- During this Memorial Day Weekend, there is one place where veterans are smiling thanks to a four-legged friend named Honor.

Honor is a service dog who understands the obstacles that veterans go through.

The golden retriever was born without metacarpals where her back right paw would be located. Honor wears a prosthetic paw to get around the hospital.

Because of her disability Honor could not be a regular service dog such as the ones individuals have in homes. The V.A. was the perfect place for her.

"So devoted. She doesn't know she's handicapped. She's the prettiest three-legged dog I ever saw," said veteran and patient Jim Baker, who has been recovering from knee surgery.

One of Honor's stops is Baker's hospital room at the Jack C. Montgomery V.A. Medical Center.

"This dog has put so much joy in my life today," says Baker to KTUL-TV.

Find out more about Honor at the V.A. web site.

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4.4 - Ledger-Enquirer: [He served fellow veterans as a VA doctor. Now, his veteran wife honors him on Memorial Day](#) (27 May, Mark Rice, 330k uvm; Columbus, GA)

FORT MITCHELL, Ala. -- Lora Gaddy clenched a crumpled tissue as tears streamed down her face.

The bagpiper was playing “Taps” and “Amazing Grace” during the pre-Memorial Day ceremony Sunday at Fort Mitchell National Cemetery. And this was the first observance of this solemn holiday since her husband was buried here in August.

Elton Keith Gaddy was a lieutenant commander after five years of service in the Navy. He became a VA internal medicine doctor in Montgomery, Tuskegee and Columbus before he lost his 10-year battle with prostate cancer. Now, his remains share this hallowed ground with some of the veterans he treated.

“I’m overwhelmed,” Gaddy, who also served in the Navy, nine years as a hospital corpsman, told the Ledger-Enquirer. “You know, they call Fort Mitchell the Arlington of the South -- and, believe me, it’s beautiful out here.”

Gaddy, who lives in the town of Fort Mitchell, described her husband as “the best physician, the funniest person I knew. I think about him now, and I think about him often. ... He was a kind and loving person.”

Although she was mournful, Gaddy also felt grateful and hopeful.

“I thank God for the men and women that have served this country to make us all free,” she said. “Sometimes we take that for granted. We have a lot of work to do in this country.”

Still, she oozed pride.

“I’m proud to be an American,” she said. “In the United States, we have some issues, but I’m proud of the freedoms we have here, our liberties, and we have to work to keep those liberties.”

Paula Clark of Phenix City also had a new reason to be at this ceremony.

It’s her first year on the cemetery’s support committee. She was motivated to join after a friend, former Marine Corps Sgt. Walter Grizzle Jr., was buried at Fort Mitchell. While visiting his grave, she met Todd Newkirk, the cemetery’s assistant director, “and I was very impressed with him,” she told the Ledger-Enquirer, “and I just really think it’s neat how they do things here for these wonderful souls who gave everything.”

Clark was among the more than 200 volunteers who helped ensure each of the approximately 9,500 graves at Fort Mitchell has beside it a miniature -- and upright -- American flag in time for Memorial Day.

“It’s very important that these grounds are taken care of,” Clark said. “A lot of dreams never got fulfilled because a lot of these men and women were in their 20s when they gave the ultimate sacrifice.”

She recalled childhood memories of news reports from the Vietnam War and seeing soldiers not being welcomed home.

“I’ve just loved my country,” Clark said. “That statement, that freedom isn’t free, it really isn’t.”

Fort Mitchell is among the 135 national cemeteries, comprising approximately 4.6 million graves, operated by the U.S. Department of Veterans Affairs.

"The legacy of freedom is their gift to us," said the ceremony's guest speaker, Brig. Gen. Jerry Martin, the assistant adjutant general of the Alabama Army National Guard.

Martin asked the service members and veterans in attendance to stand.

"Thank you for answering the call to duty," he said. "You have made our armed forces the most respected in the world."

And the general asked the relatives of service members and veterans to stand.

"We know you have lived through difficult times and often have taken the heavy load to keep the home fires burning," he said. "Thank you for what you've done."

Newkirk asked the audience two questions as piercing as those bagpipes: "So what can we do? What should we do?"

Then he offered an answer.

"We have to remember our loved ones and their sacrifice," he said. "We have to remember what they did, why they did it, and appreciate what it means to us personally and as a nation, and share it with our youth."

Newkirk concluded with this assertion, quoting Georgie Carter-Krell, the mother of posthumous Medal of Honor recipient Marine Corps Pfc. Bruce Carter of Florida:

"Dying for freedom isn't the worst thing that can happen. Being forgotten is."

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4.5 - MetroWest Daily News: [Veterans seek camaraderie and time being with other veterans](#) (27 May, Jeff Malachowski, 314k uvm; Framingham, MA)

SUDBURY — The tranquility of a peaceful spring evening at Josephine Pond is a far cry from the battlefields of Vietnam, Iraq and Afghanistan.

Instead of hearing the pop of gunfire, more than a dozen veterans last week listened to the birds chirp and traded stories as they cast their lines into the small pond behind the Wayside Inn in hopes of landing a trout - a welcome respite for some of America's heroes.

"It's very rewarding and uplifting," said George Kincannon, a retired Army first sergeant.

A national program with small chapters across the country, Project Healing Waters Fly Fishing brings together disabled veterans from all branches of the military twice a month for an evening of fly fishing and conversation that doubles as a form of rehabilitation. The organization is one of many aiming to ease the transition back to civilian life and help veterans deal with grief and loss they experienced while serving in combat.

"It's an opportunity to immerse yourself in an activity that needs your focus and not think about anything else," said Bill Manson, program leader for Project Healing Waters' Fitchburg chapter. "It's something that pays dividends."

Many of the close to 20 veterans that participate in the Fitchburg chapter suffer from post-traumatic stress disorder (PTSD). Joe Young, a retired sergeant major with the Massachusetts National Guard, is one of those veterans. He said spending an evening fishing and socializing with his fellow veterans keeps his mind away from his memories of the battlefield during two deployments to Iraq between 2003 and 2005.

“Everybody just melds together,” he said. “There’s nothing like it in the world. When you get together, it’s like you never left each other.”

Young, who spent 42 years in the National Guard, served for 24 months in Iraq and said there was heavy fighting during his second deployment, which took its toll. Young learned of Project Healing Waters while on a group hike with Manson and felt the companionship of his fellow veterans would help be a distraction from his PTSD.

“It wasn’t about tying the flies, it was about being with the veterans,” said Young, who lives in Orange.

Patrick Donahue, an Air Force veteran who served in the Vietnam War, also finds comfort being surrounded by his fellow veterans.

“It’s a good bunch of guys,” he said while holding his line in the water waiting for a fish to bite. “It’s a good program. It allows you to keep your head clean when you’re down and depressed. This is what you need – the camaraderie.”

It is not uncommon for veterans to isolate themselves and not seek out help upon leaving their unit and returning to civilian life.

“Every veteran experiences grief and loss in a different way,” said Dave Heilman, readjustment counseling therapist at the U.S. Department of Veterans Affairs Community Access Point. “The hardest step for a vet to take is the first step. It goes completely against the warrior ethos.”

Heilman, a Marine Corps veteran, noted it can be difficult for veterans to let their guard down and express their feelings after leaving the comfort and camaraderie of their units.

“That family kind of gets ripped away from you,” said Heilman.

Heilman often advises those struggling with loss to memorialize fellow soldiers killed in war by writing letters to them. For others, it is easier to open up in a group setting.

Nicholas Charbonneau, Marlborough veterans service officer, often refers clients to programs like Project New Hope; Team Red, White and Blue; and the Vets Center in Worcester where they can interact and heal alongside other veterans.

“It can be isolating,” Charbonneau, a Marine Corps veteran who served in Iraq from 2007 to 2008, said of returning home. “It’s always nice to have some peer support. The readjustment is really challenging due to the fact (that) you truly trust the people to your left and right. You go through a lot together.”

Justin Sousa, director of the Central Massachusetts Veterans Service District, said it is often difficult for civilians to comprehend what military members experience in battle, which is why many veterans seek out programs and organizations run by veterans.

One of those programs is the aforementioned Project New Hope, which was started by Air Force veteran Bill Moore. The Worcester-based organization offers free three-day retreats featuring speakers on a variety of topics, including PTSD. All the speakers are veterans.

"It's veterans for veterans," said Moore. "As veterans, we'll always bond with one another."

Veterans' spouses are invited to attend the retreats.

"It's a network of support for veterans and spouses," he said.

Project New Hope believes in the healing power of mutual support, targeted services and the camaraderie of friends.

"We want to give them the tools to move forward," said Moore.

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4.6 - WGXA (ABC-24, Video): [VA Medical Center honors those who paid the ultimate sacrifice](#) (28 May, Claudia Coco, 63k uvm; Macon, GA)

DUBLIN, Ga -- The Carl Vinson VA Medical Center held a Memorial Day Ceremony Sunday to honor those who gave the ultimate sacrifice for our country. This ceremony means the world to veterans.

Dr. Robert Oliver was drafted at age 35 in 1968.

"I went in the Navy so I could stay out of trenches and I got my order as Fleet Marine Force, Vietnam," said Dr. Oliver.

He was a general surgeon in Vietnam, he said he remembers that year and those men well.

"It was really one of the most rewarding years of my life," said Dr. Oliver "I did sow a lot of wounded young boys we were able to save, a lot of them we didn't though."

Dr. Oliver said Memorial Day honors the ones they couldn't save. A ceremony like the one the VA holds, means so much to veterans. A moment of silence was held for those lost, prisoners of war, and soldiers missing in action. One speaker mentioned how the worst fate for a soldier is to be forgotten and Memorial Day preserves their memory.

"Honoring those that didn't make it, they're the real heroes," Dr. Oliver said.

James McNeal served in the Army from 1985 to 1988, he now works as an Honor Guard escort coordinator. He devotes his life to paying respect those who served.

"Memorial day means to me, just honoring our fallen heroes," said McNeal.

McNeal said it's a privilege to lay veterans to rest and give them the respect they deserve.

"It's an honor for us to be able to let the families know that we cared about them," said McNeal.

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4.7 - Daily Citizen-News: [Local vets visit VA medical center in Murfreesboro, Tenn.](#) (27 May, 3k uvd; Dalton, GA)

The American Legion Post 112 in Dalton made its annual trip to the VA Alvin C. York Medical Center in Murfreesboro, Tenn., recently. Local veterans are proud to visit and show their appreciation to the hospital. The VA medical center provides many types of care to veterans including medical, surgical and psychiatric services. Front row, from left, are Harrison Parker, Wanda Parker and Junior Hammontree. Back row, Leo Whaley, Commander Lee Oliver, Sheldon Grant, Fred Denbleyker, Anthony Robertson and Gary Benson. Oliver said "It is an honor to go visit these veterans at the hospital and to cook and serve them food. They have given so much for our country." About 200 hamburgers and 200 hot dogs were served to patients and staff and some visits were made to patients in their rooms. Operation Song was on hand to provide entertainment. Operation Song is a group of songwriters and singers from Nashville, Tenn., who work with veterans all over, and especially those who suffer from PTSD.

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5. [Improve Timeliness of Service](#)

5.1 - The Gainesville Sun: [Letters to the editor for May 28, 2018](#) (28 May, Shirley Avants, 440k uvm; Gainesville, FL)

Thankful for the VA

The Veterans Administration doesn't get a lot of rave reviews but I am here to offer one. My brother has been receiving treatment at the Gainesville VA hospital for leukemia during the past three months. Not only is the treatment first rate, so is the staff.

Nurses, doctors, maintenance staff — absolutely everyone has been engaged. No one seems to think they're doing anything special, but they are.

My experience with other hospitals over my lifetime (74 years) has been that some staff are caring but never all. Here staff greets you with smiles and pleasant words. They are professional without being haughty.

As a veteran myself of the Vietnam era, I would choose this hospital if I had a service-connected problem. I am so thankful my brother is able to be here.

At this facility, veterans are getting the best care available. I'm offering a heartfelt thank you to all who work and volunteer here. You make a huge difference.

Shirley Avants, Prairieville, La.

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5.2 - Lawrence Journal-World: [More than a year after dramatic police standoff, combat vet convicted in case involving dog abuse, gunshots into neighboring homes](#) (27 May, Sara Shepherd, 21k uvm; Lawrence, KS)

More than a year after Michael L. Kewley allegedly killed his dog, fired gunshots that hit his neighbors' homes and confronted police officers during an hourslong standoff, the military veteran has been convicted in the case.

Kewley, 31, has spent much of the time between crime and conviction undergoing treatment at a veterans hospital.

He pleaded no contest on Thursday to cruelty to animals and interference with law enforcement, both felonies, according to Cheryl Wright-Kunard, assistant to Douglas County District Attorney Charles Branson. She said Kewley's sentencing is scheduled for July 6.

Kewley is not in custody right now, having been released to participate in intensive therapy and treatment with the VA, Wright-Kunard said.

"A sentencing recommendation to the Court by the District Attorney's Office will be determined by both his continued participation in his therapy and treatment programs and any prior criminal history," Wright-Kunard said.

Kewley's appointed attorney, Adam Hall, said in motions filed last year that his client is a veteran with a combat injury, and was not connected with reality when the standoff with police occurred.

"A principal issue in the defense of the case involved the defendant's combat injuries, combat service, and military status. The State and law enforcement frankly doubted the defendant's self-report," Hall said, in a motion describing his efforts for billing purposes. "Counsel expended considerable time gathering collateral proof of the defendant's combat injuries, combat service, and military status from other service members and voluminous VA and Department of Defense documents."

Hall further described Kewley's mental state in another motion disputing the fairness of his arrest and warrants executed in connection with the case.

"During the defendant's encounter with law enforcement, the defendant was suffering from a severe mental disturbance resulting from post-traumatic stress, traumatic brain injury, and alcohol intoxication," Hall said.

Last week, Hall declined to comment further on the pending case.

The police standoff happened April 4, 2017, at Kewley's then-home in the 2500 block of Scottsdale Street.

Kewley was taken into custody outside and charged with with one count each of aggravated assault of a law enforcement officer for allegedly throwing a propane tank during the standoff,

discharge of a firearm into an occupied dwelling, cruelty to animals and interference with law enforcement.

Following Kewley's preliminary hearing in June 2017, a judge dropped the aggravated assault charge but added numerous new charges.

Prior to Kewley's plea, he'd been charged with seven felonies: three counts of cruelty to animals, two counts of criminal discharge of a firearm into occupied dwellings, one count of interference with law enforcement and one count of criminal threat against a police officer, according to an amended complaint.

An affidavit in support of his arrest, prepared by Lawrence police, described the incident and other evidence leading to the charges. According to the affidavit:

Police first went to Kewley's home about 7:15 that morning to check on him after getting a call from a woman who told them she'd received a seemingly suicidal message from Kewley overnight, missed numerous Facetime calls and was unable to reach him.

"I'm sorry dear I'm gonna have to do something very dumb and regretful. And please leave poppy flowers at my grave at Arlington," the text she showed police said.

Kewley's roommate told police that Kewley had been up until early in the morning, drunk, depressed and shooting at things in the garage with a handgun before passing out at the kitchen table.

A neighbor told police he heard a gunshot in the night and awoke to find a bullet hole in his house and a bullet on his kitchen floor. Another neighbor showed police a bullet hole in the siding of his house.

Police found one of Kewley's two dogs dead in a recycling bin outside the garage, with a leash secured tightly around its neck. Kewley's roommate said he'd seen the dog alive the night before, heard it "yelping real bad" in the night, and later saw its empty collar on the garage floor.

The roommate said several weeks earlier he'd seen Kewley abusing two other dogs — one his own and the other belonging to a woman he dated — by hanging them from leashes around their necks.

Before the standoff, Kewley had indicated to a friend that he would have a gun and knives on him and had rigged his door with explosives "for protection from the police." He entered and exited the house several times during the standoff wearing a ballistic vest and, at one point, appearing to conceal a knife behind his back.

The roommate told police that Kewley was an Army Ranger, had been in combat overseas and suffered from PTSD. Others who knew him also said he had PTSD following military combat.

Kewley was transported in September from the Douglas County Jail to the Leavenworth Veterans Hospital, and later participated in inpatient treatment for PTSD at the Topeka VA, court documents say.

In February, the judge approved modifications to his bond allowing him to leave inpatient treatment and find somewhere to live, court documents show.

Under his bond conditions, Kewley is prohibited from being in a household with any pets, possessing any guns or using alcohol or illegal drugs, according to the order. He was ordered to continue with all treatment recommendations.

Kewley has faced similar charges before. In 2015, he was charged in Douglas County District Court with animal cruelty for allegedly killing a puppy and making criminal threats, the Journal-World previously reported. The police affidavit indicated he was on probation at the time of the 2017 standoff.

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6. [Suicide Prevention](#)

6.1 - The State (Video): [Military veterans touched by suicide say challenges remain to prevention](#) (27 May, Travis Bland, 2.1M uvm; Columbia, SC)

The noose was around Anthony Doran's neck. He leaned against a door as his weight cinched away his life. He began fading out.

"I got really scared," Doran remembers. "I didn't want to die but I didn't know how to live. ... I stopped myself."

Unfortunately, many active duty military personnel and veterans have been too overwhelmed by isolation or other problems to stop their suicide attempts. As the nation remembers its fallen soldiers and veterans on Memorial Day — and nearly 17 years after the war on terror began — suicide continues to challenge the military branches.

Earlier this month, a Shaw Air Force Base airman was found dead in a hotel room from a self-inflicted gunshot wound, according to the Sumter County coroner. About a year ago, another Shaw airman committed suicide inside his home, and last fall an airman assigned to the 31st Intelligence Squadron in Fort Gordon, Georgia, which is supported by the 20th Fighter Wing at Shaw Air Force Base, also took his own life.

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"Suicide is a challenge that the entire Air Force faces, and we recognize that to remain the world's supreme air power, we must care for our people," a Shaw spokesman said in a release. "The Air Force provides many programs that can enhance Airmen and their families' abilities to effectively manage stress, from the normal ups and downs of everyday life to stressful situations that are unique challenges to those serving in the military."

Last year, 285 active duty military veterans committed suicide. While that's down from the 2012 peak of 321, it's also a slight uptick from the last few years.

Both civilian and military suicides have increased since the wars in Iraq and Afghanistan began, but military suicides have outpaced the general population's in recent years. The suicide rate amongst veterans is also double that the civilian population.

To Doran and others, solving the problem can only be accomplished if military senior officials prompt fundamental shifts in how both mental health and suicide prevention are perceived through the ranks.

The military mentality is "Suck it up," Doran says. "'No one cares. Suck it up.'

"Suck it up only takes you so far until you can't suck it up anymore."

The geography to mental health

Doran served in the Army's 25th Infantry Division where, as he'll tell you, he proudly fought with A Company 2-35 Infantry. He did a tour of duty in Afghanistan from 2004 to 2005 and was honorably discharged in 2006. While some of the issues that led to his suicide attempts began overseas, it was when he came home that he fell into substance use and depression.

The military gave him structure and surrounded him with people he considered brothers and who he knew would give their lives for him — as he would have for them.

But his experiences in Afghanistan — "Things I've seen, things I've done, and the people I was with." — caused post traumatic stress disorder to set in when he returned to the United States. Depression and anxiety made him feel isolated.

"I drank every single night . . . when I first got out," he recalls. "I didn't know what else to do with myself."

He took more prescription opioids while trying to address his PTSD through programs at the Department of Veterans Affairs. Those programs didn't work for him because he still had the opioids. When he no longer could get the quantity of pills he said he needed, he turned to heroin, which he never thought he'd do. Twice he tried to kill himself through heroin overdoses.

Doran, who lives in New Jersey, now works with Vets 4 Warriors, an organization that connects veterans, services members and their families with peers who understand their life experiences and challenges in order to provide support. One frequent concern Doran hears regularly from veterans is access to a VA facility.

"They don't have access to the help. ... People might be hundreds of miles from the nearest VA," he said.

A solution is to connect veterans and service members with civilian mental health services, Doran says. That's what Vets 4 Warriors does through another organization, Give an Hour, a non-profit with a network of professional therapists who donate time to veterans and others who need support.

"We've had a lot of success of people going off-base to therapists," Doran says.

That's how Doran got help, he said. He recovered and regained control of his life through a private rehabilitation program that he entered through an anonymous donation to a treatment

facility. The VA programs, he says, weren't working for him because "I was still using those prescribed medications."

Outside the VA, "I was able to be abstinent from everything I was taking," Doran says. "Without that I probably wouldn't be standing here. I know I wouldn't."

In 2011, the Department of Defense created its Defense Suicide Prevention Office. Better resilience training and support to deal with problems was implemented throughout the military.

The Department of Veterans Affairs responded similarly, creating its Veterans Crisis Line in 2007. Most recently, President Trump signed an executive order to provide increased assistance to recent veterans.

Jennifer Miller of Lexington, South Carolina, has been both on base as a soldier and off base as a counselor. While she's worked to help veterans and their families, she's also been touched by suicide.

The invisible wall

Miller, a staff sergeant and heavy equipment mechanic, was out of the Army after serving in Iraq from 2002 to 2004. She had a newborn child and had purchased a home. She had just been with her battle buddies at a military awards ceremony and was dining at a restaurant when she got the call.

Her closest friend while deployed had committed suicide.

Initially, she was numb with shock. Eventually, survivor's guilt set in.

"We survived the war. We made it home alive, but then he killed himself," Miller says. "That's a very confusing concept."

She started asking herself why she didn't do something. "Why I didn't talk to him or he didn't talk to me?"

The death, in part, led her to become a counselor, and she now primarily works with military veterans, their families, and first responders.

Not talking about mental health concerns is the most prominent barrier to combating military suicide, she and others say. Believing that they may be seen as unfit for the job if they reach out creates a stigma about mental health for service members.

"When you're in such an ego-dominated environment, it's tough to say, 'That was rough and I'm having a hard time processing it,'" Miller says. With all the traumatic things that service members see, "if you don't process them they become a poison inside of you."

Doran agrees.

"A lot of people feel they can't go through the leaders with their issues," Doran says. "If they do they're labeled as a weakness in the link."

Their career, along with their livelihood and insurance, are threatened, the service members believe.

New challenges

At Shaw Air Force Base, nobody has publicly said what may have caused the airman to kill herself earlier this month. But military studies show that relationship problems are a leading cause of suicides.

Steve Creech, a former Sumter mayor who represents Shaw on South Carolina's military base task force, said the Air Force puts a heavy strain on relationships and families.

The frequency of training and deployments in the Air Force and at Shaw plays a part in the airmen's strained personal relationships. Shaw's F-16 pilots were the first into the Middle East and Afghanistan on what's known as the SEAD and DEAD mission, meaning they seek and destroy enemy air defenses, a role they continue while increasingly doing close air support.

"It's a tough life," Creech says. "We got folks going all the time."

For six months of every two years, pilots and their units of hundreds of Air Force members are deployed. With that kind of schedule, "your wife's going to tell you to get another job," Creech says.

"Sometime or another we got to bring them home from war. The Air Force has got to have a break."

Warning signs

Veterans who are considering suicide often show signs of depression, anxiety, low self-esteem, and/or hopelessness. Here are signs relatives, friends and others should look for:

- Appearing sad or depressed most of the time
- Clinical depression: deep sadness, loss of interest, trouble sleeping and eating, especially if the symptoms don't go away or get worse
- Feeling anxious, agitated, or unable to sleep
- Neglecting personal welfare, deteriorating physical appearance
- Withdrawing from friends, family, and society, or sleeping all the time
- Losing interest in hobbies, work, school, or other things one used to care about
- Frequent and dramatic mood changes
- Expressing feelings of excessive guilt or shame
- Feelings of failure or decreased performance
- Feeling that life is not worth living, having no sense of purpose in life
- Talk about feeling trapped—like there is no way out of a situation
- Having feelings of desperation, and saying that there's no solution to their problems

Some behaviors suicidal veterans might enact are:

- Performing poorly at work or school
- Acting recklessly or engaging in risky activities—seemingly without thinking
- Showing violent behavior such as punching holes in walls, getting into fights or self-destructive violence; feeling rage or uncontrolled anger or seeking revenge

- Looking as though one has a “death wish,” tempting fate by taking risks that could lead to death, such as driving fast or running red lights
- Giving away prized possessions
- Putting affairs in order, tying up loose ends, and/or making out a will
- Seeking access to firearms, pills, or other means of harming oneself

Source: Veterans Crisis Line. veteranscrisisline.net/SignsOfCrisis/Identifying.aspx

Where to get help

Military Crisis Line - 800-273-8255, press 1

Marine Corps DSTRESS Line - 877-476-7734

Coast Guard Suicide Prevention - 855-247-8778

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6.2 - KSHB (NBC-41): [WWI Memorial raises suicide awareness](#) (27 May, Belinda Post, 628k uvm; Kansas City, MO)

Some soldiers can make it through mine fields in Iraq or Afghanistan, but have a much harder fight here at home.

PTSD and depression can make reintegrating into life in the states difficult.

This memorial day weekend, the World War I Museum is shining light on an exhibit about veteran suicide rates.

140 American flags wave in front of the memorial, one for each veteran life lost to suicide each week.

The display is called the Flags of Forgotten Soldiers.

Volunteers at various veteran groups outside the museum know one Navy veteran who served in Iraq, who fits the build.

"We had a gentleman who used to come out here every year. We called him Squirrel," said Arnold Swift, who is an Army staff sergeant veteran. "He gave up the fight."

Benjamin Kelley, 40, was his real name. Friends said he was fast and that's where his nickname came from.

They said he got into a fight with a family member before taking his own life in March of 2017.

Kelley had a passion for volunteering and helping vets with PTSD and those who were mobility-challenged.

"He could help everyone but himself," explained Swift.

Sadly, Kelley is not alone.

The Department of Veterans Affairs collected this data from 1979 to 2014:

- Findings show there is variability across the nation in the rates and numbers of deaths by suicide among Veterans. Overall, the Veteran rates mirror those of the general population in the geographic region, with the highest rates in Western states. While we see higher rates of suicide in some states with smaller populations, most Veteran suicides are still in the heaviest populated areas.
- The suicide rate among middle-age and older adult Veterans remains high. In 2014, approximately 65 percent of all Veterans who died by suicide were age 50 or older.
- After adjusting for differences in age and sex, risk for suicide was 22 percent higher among Veterans when compared to U.S. non-Veteran adults. After adjusting for differences in age, risk for suicide was 19 percent higher among male Veterans when compared to U.S. non-Veteran adult men. After adjusting for differences in age, risk for suicide was 2.5 times higher among female Veterans when compared to U.S. non-Veteran adult women.

"When some can't get the support they need, they take their own lives at the rate of 20 a day," explained Matthew Naylor, President and CEO of the WWI Museum.

Many of the groups outside of the WWI Museum offer help for veterans, to help them cope with daily stress.

Swift hopes anyone who needs help would come and visit with those who know what it's like to serve.

"What people fail to understand is, it not only affects the person who has it, it affects a whole family," said Swift.

Resources:

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year. Call 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or text to 838255.

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6.3 - MetroNews: [Memorial Day weekend can be a tough time for some veterans](#) (27 May, Mike McCullough, 276k uvm; Charleston, WV)

BECKLEY, W.Va. — For most Americans, Memorial Day weekend is a time to honor and reflect upon military members who have died in the line of duty.

For many veterans who have returned home from combat it can also mean depression, regret and in some cases suicide. The Beckley VA Medical Center shared this concern with MetroNews affiliate WJLS.

"This is a time particularly when things slow down and individuals have time to think and reflect," said Director of Mental Health of the Beckley VA Dr. John Kasckow. "If veterans are depressed,

it may make depression worse. They may feel more isolated particularly if they don't have a lot of family around or a lot of friends. Also symptoms of PTSD may come back, too. So this is a time of concern."

The latest data from the U.S. Department of Veterans Affairs shows there were 69 veteran suicides in West Virginia in 2014. Nationally, 7,388 reportedly committed suicide in the same year.

"There's multiple factors that can lead to this. Often some of the veterans feel guilty about surviving, what we call survivor's guilt. Which is very common in returning veterans particularly if they have some aspect of post-traumatic stress disorder."

The Beckley VA, like other medical centers, has taken several steps to ensure veterans are receiving the healthcare they need. One advancement is ensuring that veterans are not relying on substances like drugs or alcohol to cope with their emotions. Director of the Beckley VA Stacy Vasquez said they saw a 45% reduction in veterans using opioids in 2017 alone.

"We're hitting it on all different fronts trying to figure out how to get people to talk with us about this topic. It makes a big difference. We're also adding a lot of things, like we opened the whole health center. We're doing yoga and tai-chi. We're just coming at it full force."

All VA Medical Centers are equipped with a suicide prevention coordinator to offer veterans the services they need. These mental health services are confidential under federal law.

The center works with veterans who suffer from a wide spectrum of issues including depression, readjustment challenges, sleeping problems and PTSD among others.

"It's that weekly contact and what we call evidence based psychotherapies that really help a lot. The other key thing is that we have an open access policy so any veteran can come to either primary care or mental health anytime during the day and see somebody that day. So if they want to walk into mental health anytime during the day, we'll find a provider to see them that day."

Kasckow and Vasquez stressed the importance of the Veterans Crisis Line. According to the organization's website, many veterans do not show signs of intent to harm themselves before they do. More subliminal actions can be a sign that a Veteran may need help.

- Appearing sad or depressed most of the time
- Clinical depression: deep sadness, loss of interest, trouble sleeping and eating that doesn't go away
- Feeling anxious, agitated, or unable to sleep
- Neglecting personal welfare, deteriorating physical appearance
- Withdrawing from friends, family, and society, or sleeping all the time
- Losing interest in hobbies, work, school, or other things one used to care about
- Frequent and dramatic mood changes
- Expressing feelings of excessive guilt or shame
- Feelings of failure or decreased performance
- Feeling that life is not worth living, having no sense of purpose in life
- Talk about feeling trapped—like there is no way out of a situation
- Having feelings of desperation, and saying that there's no solution to their problems

The service is free, confidential and available 24/7. You can call the line by dialing 1-800-273-8255, then press 1. You can also send a text to 838255 or visit their website.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - FOX News (Video): [One of the first female Marines honored at Ohio luncheon](#) (27 May, Travis Fedschun, 32.5M uvm; New York, NY)

One of the first female Marines was honored at a luncheon in Ohio on Thursday and called her decision to join the military the "best thing" she's ever done.

Barbara Kruse, 95, was part of a group of veterans at the Columbus VA Ambulatory Care Center who were honored at the luncheon for those over the age of 95.

"The first question people usually ask is, 'Why did you go in the Marine Corps?' Because I wanted to be a Marine," Kruse told WSYX/WTTE.

Kruse joined the Marine Corps when she was just 20 years old, in February 1943, and was motivated after the attack on Pearl Harbor.

"All of the boys were leaving high school to go into the service," said Kruse. "I can't put my finger on it, but something about those that went into the Marine Corps, I wanted to be a Marine."

During her time served with the Marines, Kruse worked in recruiting and enlistment in New Orleans and Oklahoma City. She later went on to work as an occupational therapist for the Northport VA Medical Center on New York's Long Island.

"The best thing I ever did," she said of enlisting.

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7.2 - The Mercury News: [Just in time: New hope for blighted Bay Area military cemetery](#) (27 May, Lisa M. Krieger, 8.9M uvm; San Jose, CA)

MARE ISLAND – The oldest military cemetery on the West Coast is falling into a bleak state of disrepair.

It was designed as a place of honor, but neglect has turned it into a blight on the memories of those who fought in The War of 1812 and many other bloody battles. The Mare Island Naval Cemetery's headstones are broken or toppled due to poor drainage, sinking soils and the ravages of time. Its quaint white picket fence is crumbling.

Now there's hope for the sacred site, maintained for decades by volunteers and the cash-strapped city of Vallejo. Newly proposed legislation would transfer control to the Veterans Administration National Cemetery Administration – elevating the spot to a national shrine.

But the effort needs broader support to succeed.

“If we love our veterans, we need to take care of them,” said Nestor Aliga, 63, a volunteer and retired Army colonel who is leading the campaign for federal adoption of the cemetery. “This is a disgrace.”

A 9 a.m. Memorial Day ceremony at the cemetery aims to bolster support. The featured speaker is Rep. Mike Thompson, D-Napa, who has introduced legislation (H.R. 5588) which directs the VA secretary to reach an agreement with Vallejo for the transfer and maintenance of the cemetery. On May 17 Sen. Dianne Feinstein, D-CA, introduced a companion bill (S. 2881) that Sen. Kamala Harris, D-CA, is co-sponsoring.

The trajectory of the 160-year-old cemetery mirrors the history of Mare Island itself, the first naval base on the West Coast and a once-bustling place that built destroyers, submarines and landing craft.

In the mid-1800s, many sailors arrived at Mare Island ill or injured. Those who died at the nearby hospital needed a place to be buried.

The cemetery holds 996 graves, including three Medal of Honor recipients. Anna Arnold Key, daughter of national anthem lyricist Francis Scott Key, is buried there, as is her husband, who fought in the War of 1812.

The first recorded burial was George Dowd, who died aboard the USS Massachusetts in 1856. Also buried are 15 USS Boston crew members killed in a 1892 explosion at the Mare Island Ammunition Depot and six Russian sailors who died while fighting a fire in San Francisco's Financial District.

But burials ceased in the 1980s. The shipyard closed and — for reasons lost to history — the cemetery was not transferred from the Navy to Veterans Affairs. By law, the VA pays to maintain military cemeteries, but it can only give money to federal or state entities, not city governments.

Vallejo inherited the unfunded site in 2002, and when the city declared bankruptcy in 2008, support for the cemetery began to fray.

Once a week, volunteers gather to tend the graves, pick up branches and sometimes patch up a failing brick wall. The city mows the lawn, rakes leaves and trims trees.

There have been many calls to revive the cemetery, but they have all sputtered.

Now there's a looming problem, one that volunteers and the city can't afford to tackle.

The hillside is developing sinkholes due to drainage problems. One estimate placed the price tag of repairs – excavation, new drainage and re-burial of graves – at \$15 million.

"Volunteers can do the minor stuff," said Aliga, whose grandfather worked at the shipyard as a welder during the Depression. "The sinkholes and drainage, that's a much bigger issue."

Vallejo doesn't want it anymore. So it's taking the unusual step of asking the federal government to take back its land. Last month, Vallejo Mayor Bob Sampayan submitted a letter saying the city will relinquish control of the cemetery — a critical first step to any transfer.

Another milestone has been recently reached with the introduction of legislation in both the House and Senate.

"By transferring control of the cemetery from the city of Vallejo to the VA, this bill will help ensure the cemetery can be maintained without being a financial burden to the city," said Thompson, in his April announcement.

"The cemetery's current state is not a fitting tribute to the service and sacrifices of the men and women buried there," said Feinstein in a prepared statement.

In the state Capitol, Sen. Bill Dodd, a Napa Democrat, has introduced a resolution of support.

Meanwhile, a petition — signed by nearly 55,000 people — is requesting the Trump administration assume ownership of the site by 2020. A simple executive order, if issued by July 4, could allocate unused federal funds for the cemetery.

Meanwhile, the senate bill will move next to the Senate Committee on Veterans' Affairs, where supporters hope it will catch the interest of the chairman, U.S. Sen. Johnny Isakson, R-Ga.

On foreign soil, American soldiers lie buried under the elegant green lawns of Belgium, France, Philippines and other nations, said Aliga.

"Then you come to your own homeland and, oh my goodness," he said.

"We Americans are certainly capable of flexing our muscle to 'make right' a historic wrong," he said. "This cemetery is shameful."

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7.3 - MLive: [Families spend time with loved ones at Great Lakes National Cemetery](#) (27 May, Roberto Acosta, 10.9M uvm; Ann Arbor, MI)

HOLLY TWP, MI -- Hank Tyrrell still sees his father.

"We have pictures on the wall, we have pictures on the fridge," said Tyrrell, sitting with family members in front of a smooth, white marble headstone Sunday afternoon at Great Lakes National Cemetery in Holly Township.

The headstone bears the name Lapeer resident Gail L. Tyrrell, a U.S. Navy seaman who served in Korea and died in March 2015 at the age of 82.

"I just miss the heck out of him," said Hank Tyrrell, whose son Thomas called his late grandfather "everybody's superhero," always willing to step up in a time of need for those around him.

Hundreds turned up at the Holly Township cemetery to share their respects for the fallen soldiers by visiting gravesites and taking part in the 13th annual Memorial Day ceremony hosted by the Great Lakes National Cemetery Advisory Council.

"Today we are gathered to commemorate the men and women that died in military service," said Sean Baumgartner, director of Great Lakes National Cemetery. "Although we can never really thank them or their families for their sacrifice, hopefully, this ceremony provides some comfort in the knowledge that their sacrifice is acknowledged and that they will not be forgotten."

Keynote speaker U.S. Army Major General Clark W. LeMasters said the day provides residents "the opportunity to remember these brave Americans who made the ultimate sacrifice in the defense of our great nation and we pay them a well-deserved tribute to all those that ensure for us the freedoms that we now enjoy."

He reminded those in the crowd of the origins of Memorial Day, starting as Decorations Day in 1868 to honor those that died in the Civil War by decorating graves with ribbons and flowers.

"It's more than about backyard barbecues, than about going to the beach," commented LeMasters. "It's more than a holiday sale or enjoying the beautiful weather like we're having today. It has a far deeper meaning."

Patricia Hamilton visits her late husband Harold on a regular basis, but she didn't know about the ceremony until the U.S. Army veteran died two years ago from complications of Agent Orange.

"I guess for me it's giving him the honor that they didn't have," she said, with Harold only willing to speak about his experiences a decade after the couple was married. "Because there was none (when he came back) ... it's nice to see them all honored now."

Married for 40 years, Hamilton still has conversations with her husband from time to time.

"I talk to him here, I talk to him at home," she said. "Sometimes it's a different kind of talk here. It's different every time, whatever comes to my mind, and I pray."

Sunday marked the first time that eight-year-old Mary Kudwa knelt in front of the headstone of great-grandfather Clarence E. Wuerth, alongside her three-year-old sister Maggie.

Wuerth, a member of the U.S. Army's 82nd Airborne Division who served in World War II as a technician fifth Grade, was affectionately referred to as "Big Papa" by his great-granddaughter until his death in February.

"He was always really nice and loved to see us every time we got to visit. I just remember him so happy and smiling," said Mary. "I love him and miss him."

"I prayed to ask God to continue to give him a happy life and thanking him for everything he did for us to here," she said.

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7.4 - Newsday: [Memorial Day ceremony at LI National Cemetery honors veterans](#) (27 May, Deon J. Hampton, 3.2M uvm; Melville, NY)

Hundreds of thousands of military veterans were honored during a rainy Memorial Day weekend ceremony at the Long Island National Cemetery, Pinelawn, on Sunday.

“Today as we pay tribute to those who have gone to their rest, I am reminded of the true meaning of Memorial Day,” Andy Booth, president of the Long Island National Cemetery Memorial Organization Inc., said in front of the roughly 200 people who attended. “We remember that the sacrifice of our true American heroes, our military, is the reason we enjoy so many freedoms in our great country.”

There are about 350,000 graves at the military cemetery, some of which include the relatives of those who served.

As attendees sat under tents to shield themselves from the rain, a handful of local Veterans of Foreign Wars groups marched in solidarity, “God Bless America” was sung, and a firing detail honored soldiers.

“These hallowed grounds now are a final resting place for those who served their country in the Civil War and every conflict since,” Srey M. Austin, cemetery director, said during the 45-minute program.

Referring to pennants that had been placed beside soldiers’ graves, Austin said, “The flag represents the visit on the doorstep nobody wants to get.”

Peter Shelby, the assistant secretary for the Office of Human Resources & Administration at the U.S. Department of Veterans Affairs, was the guest speaker.

So many veterans “paid the ultimate tribute to this country to protect everything that we hold dear,” Shelby said. “We will always remember them.”

Veteran Robert Lane, 64, of Massapequa Park, served in the Army in 1972 and was stationed at Fort Dix in New Jersey. He attended Sunday’s ceremony.

“It’s about all the ones who gave their lives,” he said. He added that those who serve in the military now and in the future are just as important.

For surviving veterans, Booth said there’s more work that needs to be done.

“Our services to our country did not end when we were discharged from the military. It was the beginning of a lifetime of championing the causes that face our returning members,” Booth said.

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7.5 - Florida Today (Video): [There are many ways to be "buried" at Cape Canaveral National Cemetery](#) (27 May, John McCarthy, 880k uvm; Melbourne, FL)

The words "national cemetery" probably bring to mind gleaming white headstones rising from seemingly endless fields of manicured green grass like at Arlington National Cemetery outside of Washington, D.C.

Cape Canaveral National Cemetery in northern Brevard County fits that description. But as one of the newest of the Department of Veterans Affairs cemeteries, it also reflects a nationwide shift in how people are choosing to spend their time in eternity: The vast majority of those "buried" at Cape Canaveral had their remains cremated.

Of the 4,100 or so veterans and their dependents interred at the cemetery, about 75 percent chose the cremation option, said Don Murphy, the cemetery's director.

In 2015, the cremation rate in the United States climbed past 50 percent for the first time, according to the National Funeral Directors Association. In 1972, the rate was only 5 percent.

Cape Canaveral National Cemetery has a variety of options for handling cremated remains:

- They can be buried in the same manner as a casket, with the same headstone as a traditional casket grave.
- They can be placed in a columbarium, a wall with areas for urns.
- They can be scattered in the cemetery's memorial garden and the deceased's name added to the Memorial Wall.
- If a family chooses to spread the ashes in a manner that can't be visited, such as scattering them at sea, the name of the veteran can be placed on the Memorial Wall.

Burial and other interment expenses for veterans and their eligible dependents are provided free of charge. Funeral expenses are the responsibility of the veteran's family.

Murphy recommends that veterans who wish to be buried at Cape Canaveral let family members know in advance of their wishes and to let them know where to find copies of the veteran's DD-214, their record of military service. Funeral directors can handle the arrangements with the cemetery once they have copies of the veterans' DD-214.

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7.6 - WTVM (ABC-9, Video): [Ft. Mitchell National Cemetery holds Memorial Day ceremony](#)
(27 May, Brandon Etheredge, 280k uvm; Columbus, GA)

FORT MITCHELL, AL - Linda Garner is a Veteran of the United States Marine Corps. Her late husband Durell is also a Marine Vet.

Durell, or Gunny as his friends affectionately called him, was a Gunnery Sergeant in the United States Marine Corps – He was also his wife's best friend.

"He was my world," said Linda.

At Sunday's Memorial Day Ceremony at the Fort Mitchell National Cemetery, Brigadier General Jerry H. Martin told those in attendance that veterans suffer two deaths. The veteran's first death is when breath leaves the body, General Martin Explained, the second is when their name and story is never told again.

Today, we will tell you the story of Durell "Gunny" Garner.

"I met him when we were both in the Marine Corps at Camp Lejeune," said Linda. "We married, retired after 20 years and we bought a small farm in Houston County and lived there for another 28 years."

The Garner's would live on that Houston County farm until September 10, 2010 when Gunny lost his battle with lung cancer. The cancer was determined to have been caused by exposure to Agent Orange while he was in Vietnam.

Linda and Gunny had four children, one of whom served in the Air National Guard based out of Dothan and has passed away.

Gunny's call to service is felt throughout the family. His legacy of patriotism will live on for years to come.

"We have a daughter that served in the Navy, she has a daughter that is currently serving in the Navy, I have another granddaughter who is serving in the Marine Corps."

Linda says her two granddaughters are serving today because of their grandfather.

"It is heartwarming to know that they thought that much of their grandfather... He was always a marine. He was a great, great man."

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7.7 - WBRZ (ABC-2, Video): [American flags placed at Port Hudson National Cemetery in preparation for Memorial Day](#) (27 May, Earl Phelps, 312k uvm; Baton Rouge, LA)

PORT HUDSON - American flags pierced the ground at the Port Hudson National Cemetery Saturday. One placed after another, and another, until a flag is on every one of the cemetery's 13-thousand graves.

"We never forget our heroes. We never forget our fallen," Director of the National Cemetery Complex Maurice Roan said.

For more than 30 years, boy scouts and cub scouts, young and old people, turn out for this annual service.

"It brings the community together. It's not just scouts out here," Scout Leader Jeff Thibodeaux of Baton Rouge said.

The national cemetery near Zachary is part of the Port Hudson battlegrounds, where thousands of union and confederate soldiers fought, died and were buried.

The flag placing is more than just a community service project for the scouts, it's also an opportunity for them to learn and show their respect for those who fought and died while serving their country. Like Private Charlie Follins, a World War II army veteran, who these scouts don't even know.

"By coming here and saying their names out loud as we put their flags in front of their stones, then we honor them and remember what they did," Boy Scout Dylan Thibodeaux from Baton Rouge said.

The Port Hudson National Cemetery is filled to capacity, with no more space for graves, just memories of the those buried here, and what they did for their country.

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7.8 - Times Record: [Fallen military remembered in Fort Smith Memorial Day ceremony](#) (28 May, Thomas Saccente, 274k uvm; Fort Smith, AR)

Hundreds of area residents gathered Sunday at the U.S. National Cemetery in Fort Smith Sunday to pay tribute to those who gave their lives for their country.

The cemetery held its Memorial Day ceremony at 2 p.m. Sunday. Marshall Murphy, director of the U.S. National Cemetery in Fort Smith, said Memorial Day is an important day for America to honor those who fell in battle. The country will commemorate the 150th anniversary of Memorial Day this year.

"Since the first Memorial Day, Americans have continued the tradition of remembering our veterans and those who died in service to our country," Murphy said. "It was during our great Civil War that Congress realized that the nation needed a place to remember the fallen, so they authorized the president to establish cemeteries for soldiers who had died in the service of our country. From this one sentence, the national cemetery was born."

Murphy said today this mission continues unabated as the Department of Veterans Affairs now cares for more than 4.6 million veterans and their family members interred in 135 national cemeteries. The VA dedicated its 136th national cemetery, Pikes Peak National Cemetery, three days previously.

"We will continue to build places like this, but the question remains: What can we possibly say to the Gold Star families, or those who have given so much," Murphy said. "There are no words, but there are actions. We can visit a national cemetery, attend a Memorial Day ceremony, volunteer to place flowers at gravesites and pause to reflect on the lives lost. As a nation, we must keep the same promise that those who served kept to one another: that their lives will not be forgotten, that their sacrifice was not in vain."

Fort Smith Mayor Sandy Sanders introduced the keynote speaker for the ceremony, Marine Cpl. Aaron Mankin. Mankin enlisted in 2003 at the onset of conflict in Iraq as a combat correspondent. He was wounded on May 11, 2005 when the 26-ton amphibious assault vehicle he was traveling in struck an improvised explosive device. Six marines died during the attack and Mankin suffered third-degree burns that disfigured his face, arms and hands.

Two years later, Mankin became the first patient at the University of California, Los Angeles' Operation Mend. He has undergone nearly 70 surgeries and countless procedures so far. Mankin has remained a passionate advocate throughout his recovery, supporting service members as a spokesperson for Operation Mend, the Intrepid Fallen Heroes Fund, Injured Marine Semper Fi Fund and the Iraq and Afghanistan Veterans of America.

"Through those organizations and his diligence, he's addressed and stimulated significant change on a national level with issues such as the VA backlog, veteran's suicide and fostered Veterans Preference bills in his home state of Arkansas," the program for the event states.

Mankin has accepted a Congressional Fellowship and is serving as the military and veteran liaison to U.S. Rep. Steve Womack.

Mankin talked about the experience that left him wounded. He recalled being carried on a stretcher toward a helicopter, during which one of the lance corporals rolled an ankle and bent a knee, causing Mankin to tumble out of the stretcher. Mankin then began walking toward the helicopter, and his fellow Marines told him to lie down and that he was in shock. Mankin told the other soldiers he was shocked they dropped him.

"And in that instance, I learned something about myself: that regardless of the circumstances that you find yourself in, you are given a choice of who you're going to be," Mankin said. "And I just decided in that moment to retain a sense of myself, my sense of humor or who I am, to be myself regardless of the circumstances, and there's power there, power to make one choice over another."

Mankin said he has also learned a lot about how fortunate he is to have even come home.

"Our proficiency in battlefield medicine has resulted in warriors surviving off the battlefield who, a generation ago, would have never made it home," Mankin said.

Mankin said as those in attendance left the cemetery, he hoped they would remember those who have made an impact in their lives, made a difference, taught them something, to be thankful. However, being thankful in and of itself is hollow, he said. It has to be supported or followed up with something.

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7.9 - The Daily Gazette: [Saratoga National Cemetery prepared for Memorial Day after much hard work](#) (27 May, Jeff Wilkin, 171k uvm; Schenectady, NY)

Scott Lamb drove his golf cart past the two new bluebird boxes -- and a couple bluebirds -- at Gerald B.H. Solomon Saratoga National Cemetery.

It's one sign spring has arrived on the grounds of the Stillwater cemetery, the final resting place for thousands of U.S. service personnel, their spouses and, in some cases, their children.

Small American flags on green lawns are other signs. Cemetery director Lamb said Memorial Day is the busiest time of the year at Solomon.

"We're coming out of the spring and trying to make repairs to the grave sites and all of our winter graves that took place through the winter," said Lamb, who added that sodding and seeding work is suspended in November. "As soon as spring breaks and the ground temperatures get to where they need to be, we need to get all that done."

"And let's face it, it's Memorial Day," Lamb added. "It takes us months to prepare for that."

For the past several weeks, the 14-person field crew has been mowing and trimming grass around more than 18,000 graves in the 351-acre cemetery. Stone markers have been adjusted and cleaned.

This year's memorial service at Solomon will begin at 11 a.m. on Monday. Flags have been placed at every grave site and near each four unit "column" in the columbarium section.

On a recent Friday afternoon, a hearse led a line of cars through the cemetery's front gates off Duell Road and onto the flag-lined road into the quiet, green park. It was the 13th, and final, service of the day; Lamb said 1,500 services are held at the cemetery each year.

The cemetery opened in 1999. It was renamed Gerald B.H. Solomon Saratoga National Cemetery in 2002, after the New York congressman who was well known as a champion of veterans' causes.

The cemetery is New York state's sixth national veterans cemetery and the 116th in the National Cemetery Administration. Lamb said many veterans do not realize they can be buried at Solomon, as long as they have served in the armed forces and have received an honorable discharge. Once through the gates, there is no charge to the surviving family.

Lamb said plenty of work goes on behind the scenes to put the cemetery in May's green condition -- especially this year, with a chilly April delaying some work.

"Our headstones are 18 inches deep and the frost can go 2 feet deep, so the headstones move every year," Lamb said. "We need to go out and realign all those headstones. And we have to keep them clean. People don't realize that too much moss and algae, all that other stuff in the shaded sections, we have to clean those off."

The cemetery is open from dawn until dusk. Lamb said there has never been a problem with late-comers or people showing up after hours, probably because of the grounds' rural location.

He added that joggers and cyclists, looking for quiet places to exercise, have never been problems. Lamb said if such athletes did appear, they would be told that the area is not the proper place for a running or biking route.

Rifle reports are heard every weekday. Solomon has an Honor Guard Association, which consists of five squads of 12 to 18 volunteers in each group. A rifle salute, flag presentation and the playing of taps are all on the duty list for each service.

Some graves are decorated with artificial flowers, which are allowed. People will leave stones or coins on grave stones. Sometimes, the yard crew will pick up an empty bottle of beer near a grave, left by a visitor who has toasted a fallen friend.

While some people gather for services, others come to the cemetery to visit graves of three Medal of Honor winners. They are:

-- Army Sgt. Thomas A. Baker, whose unit was attacked from three sides by Japanese forces at Saipan on July 7, 1944. Baker was seriously wounded during the attack, and, at his request, was left sitting against a small tree with only a pistol and eight rounds of ammunition. Baker's body was later found, in the same seated position, with eight Japanese soldiers lying dead before him (Baker was transferred from a grave site in Hawaii).

-- Army Technical Sgt. Peter J. Dalessandro, who saved U.S. soldiers in a one-man assault on German forces near Kalterherberg, Germany on Dec. 22, 1944. As German forces moved toward Dalessandro, he called for mortar barrages on his position and saved his company from complete rout.

-- Army Specialist Raymond R. Wright, who armed with a rifle and grenades and in the company of another soldier, killed enemy soldiers in bunkers during bold charges in Vietnam on May 2, 1967. The two-man assault drove an enemy platoon from a well-prepared position; Wright eventually returned to his unit; he was interred on Sept. 30, 1999.

Others buried at the cemetery include:

-- Timothy Pratt, a state trooper and Air Force veteran who was killed in the line of duty in 2016 when he was struck by a car on Ballard Road in Wilton.

-- Joseph Longobardo, a state trooper and a member of the New York Air National Guard who was killed in the line of duty in 2006.

-- A Civil War veteran, whose remains found at battle site Antietam (in Maryland) included a "NY" insignia on a recovered button, is Solomon's only unknown soldier.

Others visit loved ones. Army veteran Elmer J. Burt of Halfmoon was at the cemetery recently to visit the grave of his wife Anne, who died in 2011.

"I come every week, sometimes twice a week," Burt said. "I stay maybe 45 minutes to an hour. I talk to her, I'm not afraid to admit it."

Some people bring picnic lunches to the columbarium area, and read inscriptions on stone plaques covering niches where urns are stored. "Gone fishing," "Semper Fi," "Go Irish," "Up periscope" and "I'll be on the porch" are just a few.

The cemetery is also known for its monuments. They include:

-- The ship's bell from the USS Saratoga, installed as a memorial in 1999. The Saratoga, launched in 1925, spent 20 years at sea and saw action during World War II.

-- An American gray granite memorial was erected in 2001 to honor veterans from Saratoga County.

-- A pyramidal black-mist granite memorial for Solomon was erected in 2002.

-- A granite and bronze memorial was erected in honor of U.S. submariner veterans on Oct. 19, 2002.

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7.10 - Battle Creek Enquirer: [Fort Custer National Cemetery filled with those honoring the fallen](#) (27 May, Trace Christenson, 158k uvm; Battle Creek, MI)

AUGUSTA - Tim Scroggins of Battle Creek had a short answer for why he was at Fort Custer National Cemetery on Memorial Day.

"The veterans," he said, while holding a flag Sunday as a member of the Patriot Guard Riders.

"To honor the fallen," he added.

Scroggins, 51, was not alone. His daughter, Maresa, 5, was standing with him. She rode on the back of his motorcycle during a procession before the beginning of the Memorial Day Program and walked with him and other members of the Patriot Guard as part of the honor guard at the main flagpole where the program was held.

"She loved it," Scroggins said about her participation for the first time.

They stood together holding flags during the hour-long ceremony, which featured music, speeches, a rifle salute and taps.

"It is an honor to be here," Scroggins said.

Several hundred people attended the program, most finding shade on nearby hills rather than sitting in heat, which reached 90 degrees.

The program also included music by the Cereal City Concert Band, a flyover by the four-plane Hooligan Flight Team and laying of wreaths by several veterans organizations.

The keynote speaker, Col. Curtis Boehmer of Harbor Beach and commander of the Michigan Wing of the Civil Air Patrol, said he was humbled and honored to be at the cemetery to recognize the men and women in the armed forces.

"They are our heroes who paid the ultimate sacrifice both in war and peace to protect this great country and the American way of life."

"We are here to honor the memory of our fallen who have proudly served this great nation and their families who have sacrificed what I cannot imagine," he said. "They are the fabric from which our flag is woven and our nation relies on them for the protection of our dream."

"It is a dream that inspires people around the world and terrifies those who seek to control and abuse and deny freedom to the people they lead," Boehmer said.

He said the dream that is America is one for all mankind and for all of time.

"It is the ability to make our own choices and to say what we want to say and to worship how we want to worship and to defend ourselves if we choose and to tell our leaders how to lead," he said.

He told the crowd that the program is a solemn one but that when they return to their homes and enjoy the holiday that they should take a moment to lift their glasses.

"Toast those who we have lost and toast their lives and toast their memory."

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7.11 - WEYI (NBC-25): [Veterans honored during Great Lakes National Cemetery service](#)
(27 May, 157k uvm; Flint, MI)

HOLLY TOWNSHIP, Mich. – Veterans were honored at the Great Lakes National Cemetery in Holly Township Sunday during a Memorial Day service.

Families gathered to honor vets who have died.

They also visited the graves of their loved ones.

We spoke to one couple who tells us what the holiday's service meant to them.

"I think it's a great, great deal that we get to honor those who gave the ultimate," said gene Muenchausen of Beverly Hills

"As my husband said, my in-laws are buried here. people that I never met. It's very emotional," added wife Nancy Muenchausen.

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7.12 - KOTA (ABC-3, Video): [Soliders burried at the Black Hills National Cemetery honored with flags and thank you's](#)
(27 May, 95k uvm; Rapid City, SD)

STURGIS, S.D. - Hundreds of people were placing thousands of flags by the headstones at Black Hills National Cemetery Sunday morning.

Flags for Fallen Veterans co-chairman, Marvin Czerwonka, says "we a now placing a flag in front of every stone and saying their name and thanking them for their service so that they can be remembered."

An estimated 800 volunteers placed flags at approximately 22,000 stones and columbarium's.

"Its memorial day, you got to remember the veteran. Without the veteran, freedom is not free. You can always go hiking or go to a picnic but you honor the veteran first. He's the one that's made this country like it is," explains Czerwonka.

Volunteer Brendon Sato, explains "I served in the Navy a long time ago and it Memorial Day and it's important to me to remember the people that served before me. I thought this was a great way to honor the people who came before I did."

Sato even brought his family along for the day as sort of a learning experience.

"I think it's important that the next generation understand the importance of this day. This is a way to show some respect to the military people. And I want him and my other son is with us, I want them both to understand the importance of Memorial Day and the importance of people who decide to serve their country," elaborates Sato.

On Saturday June second, Flags for Fallen Veterans is looking for some help picking up all the flags that are in the ground.

This will take place at the Black Hills National Cemetery beginning at nine in the morning.

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7.13 - The Exponent Telegram: [Fallen veterans remembered at national cemetery](#) (27 May, JoAnn Snoderly, 53k uvm; Clarksburg, WV)

GRAFTON — The Taylor County Honor Guard fired off three shots in honor of those who died in service to their country at the 31st Annual Memorial Day Program at the West Virginia National Cemetery in Grafton Sunday.

A crowd gathered at the national cemetery — one of just two national cemeteries located in the state of West Virginia — for the ceremony.

The service is part of a national promise to remember those who gave the ultimate sacrifice for their country and to show that their sacrifice was not in vain, said Keith Barnes, director of both the West Virginia and Grafton national cemeteries.

"The meaning of this day impacts the entire world. World history has been shaped by the sacrifice of 1 million American fighting men and women," he said. "Today, the fight continues. Our freedom is challenged by fanatics, our security by madmen, whose sole purpose is to remain in power, but we have inspiration and motivation to remain vigilant in freedom's cause. Those who we honor here today provide that inspiration."

Retired Army Col. Doug Flohr provided the memorial address.

"Regardless of how they did their part or why they did their part, I've come to the realization that it's only important for us to remember that they did do their part. That's the one common denominator of every single American buried here," Flohr said.

"The Americans we honor today were volunteers, some were draftees, enlisted, an officer, of every known race and religion. They may not have agreed with their nation's choice. They may have not have wanted to go, but they did. Ultimately, that is true bravery."

West Virginia American Legion Department Commander Frank Cooley also served as a speaker at the event. He took the opportunity to say thank you to those who gave the ultimate sacrifice for freedom.

"We are here because of you," he said.

Gold Star families who have lost loved ones in battle "can still hear the voices of those that they lost. It is up to us to hear the voices of these families, offer our support and express our gratitude," Cooley said.

River Sipes, a 6th-grader at Taylor County Middle School, read her winning essay from the National Cemetery Essay Contest.

"So many people risked their lives ... Our country should show them respect. Everytime you see red, white and blue, you should be proud and thankful. The next time you look at a national grave, think about and thank the fallen soldier," she said.

The Taylor County All-County Chorus sang "My Country, 'Tis of Thee" and "Blades of Grass and Pure White Stones." The Taylor County Middle School Band played Taps.

VFW Post 3081 Chaplain Randy Jennings provided the invocation and benediction.

The ceremony was especially touching this year for Barbara Smith. Her husband, Paul Smith Jr., died in January at age 82. Paul Smith was a U.S. Air Force veteran who served in both Korea and Vietnam.

"He gave over 20 years of his life, and then the rest of his life he had the after effects," Barbara Smith said. "I would get up sometimes in the morning and I could tell by the way stuff was in the house that he'd fought a battle the night before. So, Vietnam especially never left him."

She said it is important to honor that sacrifice that these men and women made for their country.

"They gave up their lives for this, and I know they missed out on a lot of things because of it," she said.

Jennifer Ibbeson, who is Smith's daughter-in-law, said her family has a long line of service members, including Smith, her husband, her dad and her grandfather.

"We're very proud of all of them," Ibbeson said.

U.S. Marine Corps veteran Jacob Batton, who served in Vietnam, attends the service every year.

Batton was wounded in Quang Tri, South Vietnam in December 1968 and spent a year in Bethesda Naval Hospital, according to a biography in the service program.

He attends to honor veterans who have died, he said.

"They definitely don't get the recognition they deserve," he said.

The ceremony marked one of two that will be held in Grafton. The 151st Annual Memorial Day Observance will be held Monday immediately following the Memorial Day Parade at approximately 12 p.m. at the Grafton National Cemetery.

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7.14 - WBOY (NBC-12, Video): [West Virginia National Cemetery celebrates the lives of unsung heroes](#) (27 May, Ronnell Hunt, 21k uvm; Clarksburg, WV)

GRAFTON, W.Va. - Residents from all over the state joined together at the West Virginia National Cemetery to remember all of the veterans who have passed away.

Saturday's memorial service was the thirty-first annual celebration at the national location, continuing the legacy of the one hundred and fifty-first straight celebration for the city overall.

"I am always been under the belief that we should celebrate their sacrifice. My last duty and Iraq part of the Iraqi character is that they feel a lot of sadness for the sacrifice and these men and women didn't come back they went to war to protect our lifestyle and we ought to celebrate the sacrifice they made for our nation," said Douglas L. Flohr.

Memorial services will continue in Grafton Monday morning at 10 a.m. for the parade and will make its final stop at the West Virginia National Cemetery to close out the ceremony.

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7.15 - Milwaukee Courier: [VA Mental Health Summit at UWM to Help African-American Vets](#) (26 May, Kathy Quirk, 7k uvm; Milwaukee, WI)

Michelle Watts comes from a military family and works at Veterans Affairs, so she is tuned in to the issues that may keep African-American veterans from seeking VA services. "Misinformation and a history of mistrust may be factors," said Watts, veterans justice outreach coordinator for Milwaukee's Clement J. Zablocki Veterans Affairs Medical Center.

The University of Wisconsin-Milwaukee and the VA want to help vets overcome such factors and learn what services are available. So, they're collaborating on the Sixth Annual VA Mental Health Summit, set for Saturday, June 23, at the UWM Student Union, 2200 E. Kenwood Blvd.

This year's summit puts a special focus on helping African-American veterans. Guest speakers include Delphine Metcalf Foster, the first woman and first African-American to serve as national commander for the Disabled American Veterans, and Reggie Jackson, head griot for America's Black Holocaust Museum.

UWM's Military and Veterans Resource Center often partners with the VA on important projects like this, said Jayne Holland, MAVRC's interim director. The VA's mobile vet center regularly visits campus, and many UWM graduates have gone on to jobs at the VA.

"They're just an outstanding community partner," Holland said.

The summit is one of several outreach efforts toward groups of veterans who may not know about the services available to them. “Any veteran is welcome,” said William Johnson, minority veterans program coordinator at the Zablocki VA, “but we are trying to reach out particularly to historically underrepresented groups.”

Johnson estimates there are about 11,500 African-American veterans in the five-county Milwaukee metropolitan area. However, because the VA does not track patients by race, it’s difficult to know whether all eligible vets know what services are available to them.

Johnson said this year’s summit, which runs from 8 a.m. to 4 p.m., was developed with input from church, community and mental health organizations and focus groups. Breakout sessions will focus on eligibility for VA health care and benefits; racial trauma and inequality; chronic pain management; Afro-centered approaches to healing; disparities in African-American health care; and gun violence as a public health issue.

Many veterans return home from service and thrive, Johnson said. But some may need help with physical and mental health issues or substance abuse, and the VA can provide that. Last year, the VA graduated 300 Milwaukee-area veterans from substance abuse recovery programs.

Many African-American veterans have traditionally relied on family and the church for mental health support. Often, they feel there’s a stigma attached to seeking counseling through organizations such as the VA, which is a main reason the VA is reaching out.

The VA also helps veterans who are at risk of losing housing, unstably housed or actually homeless. Last year, the VA found housing for 300 Milwaukee-area veterans.

Watts’ office works with veterans on justice system issues, too. “We know in communities of color, the incarceration rates are higher than they would be for the general population,” Watts said. This is particularly critical for African-American males, who have had historically higher rates of incarceration, she added.

Previous summits have focused on Afghan-Iraqi war veterans, female veterans, veterans who are disabled and LGBT veterans. Johnson said the plan for next year’s summit is to focus on Latino veterans.

For more information, contact the VA Minority Veterans Program Office at 414-384-2000, Ext. 47129, or William.Johnson1@va.gov. You can also email UWM’s MAVRC office at mavrc@uwm.edu.

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8. [Other](#)

8.1 - Raw Story (Video): [Here are 10 ways President Donald Trump has dishonored American veterans](#) (27 May, Sarah K. Burris, 9.4M uvm; Washington, DC)

Memorial Day was the holiday meant to honor fallen soldiers, but somewhere along the line it has become a day that also honors all veterans. Regardless of whether the holiday is Memorial

Day or Armistice Day, President Donald Trump is likely to mark the day claiming that he honors veterans who fought for America. It's an interesting tactic given his history disparaging veterans, attacking Gold Star families, mocking prisoners of war, getting into a public battle with the family of a soldier that had just been killed.

Then there are the broken promises for the Veterans Administration. That alone could make for an even longer list.

However, as the president celebrates fallen soldiers Monday, here are 10 of the times he did the opposite:

1. The John McCain attacks

"He was a war hero because he was captured. I like people who weren't captured, OK?" Trump said at a 2016 campaign event.

A few days later Trump even doubled down on his remarks.

2. Trump goes after the Khan family for speaking out in support of Hillary Clinton at the Democratic convention.

"Go look at the graves of brave patriots who died defending the United States of America. You will see all faiths, genders, and ethnicities. You have sacrificed nothing — and no one," Khizr Khan said.

In the days that followed the statement, Trump went into full attack mode. He did everything from claim Khan's wife wasn't allowed to speak because she is a Muslim wife. He claimed he made sacrifices because he "created thousands and thousands of jobs, tens of thousands of jobs, built great structures." He even began spreading a conspiracy theory that came from some right-wing fever dream that Khan was secretly a "Muslim Brotherhood agent."

It's been almost two years and Trump has never apologized.

3. "My personal Vietnam"

Trump got five draft deferments while Vietnam raged for nearly 20 years. Trump had bone spurs, though. While we've heard about his medication list, eight, weight and other factors, but the president's physician, and former nominee to chair the Veterans Administration, never gave a status update on the spurs that kept him out of serving his duty.

He didn't miss out, however. Trump said that his sex life was like his own personal Vietnam.

"I was dating lots and lots of women," he said in 2004. "I just had a great time. They were great years, but that was pre-AIDS, and you could do things in those days that today you're at risk doing. AIDS has changed a lot."

"It is a dangerous world out there — it's scary, like Vietnam," he continued. "It is my personal Vietnam. I feel like a great and very brave soldier."

4. Promise the moon but give them pennies.

Twice, Trump promised that he would be donating to veteran causes. The reality, however, was another story. While campaigning in 2016, Trump indicated that he has sent nearly \$6 million to different veterans groups nationwide, but when Washington Post reporter David Fahrenthold called every veterans advocacy organizations to uncover who got what and how much, the donation was a little closer to nothing.

Despite making the claim for months, the money miraculously appeared to various organizations in the days that followed Fahrenthold's report and questions for Trump.

5. The Niger widows.

The families that lost their husbands or sons in the Niger ambush didn't get a call from the president for nearly two weeks. When the call finally came it was only after the president was blasted publicly in the press.

Except, when he called one family, he completely flubbed the call. Instead of taking the high road, Trump moved on to blast the family and a local Congresswoman and friend of the family who mentored the Sgt. La David Johnson.

If that isn't bad enough, when Trump was blasted for his behavior, he swore that he had done more for Gold Star families than anyone. He even went so far as to claim that former President Barack Obama never called the families. Not only was the claim false, families who had received that heartbreaking call stepped up to call out the lie.

6. The \$25,000 promise.

Chris Baldrige's son was killed in June 2017 by an Afghan police officer. Over the phone, the president told Army Sgt. Dillon Baldrige's family how sorry he was. The father lamented how hard the family has struggled financially.

"He said, 'I'm going to write you a check out of my personal account for \$25,000,' and I was just floored," Baldrige told the Washington Post in an interview. "I could not believe he was saying that, and I wish I had it recorded because the man did say this. He said, 'No other president has ever done something like this,' but he said, 'I'm going to do it.'"

The interview took place five months after the promise. The check hadn't arrived. After publicly outcry at another Trump lie, the White House told The Post "The check has been sent." Better late than never.

6. Trump's lie he fixed VA wait times.

Everything was supposed to change. Finally, the White House would have an advocate for the veterans, Trump claimed in 2016. But, his promises haven't proved much in terms of action.

One thing Trump said he would change are the wait times at the VA. During at least two events in 2017, Trump swore he'd fixed it.

"I used to go around and talk about the veterans and they'd stand on line for nine days, seven days, four days... 15 days. People that could have been given a prescription and been better right away end up dying waiting on line," he said during a July speech. "That's not happening anymore."

It was.

“Now [veterans] go right outside, they go to a doctor in the area, we pay the bill, and it’s the least expensive thing we can do and we save everybody’s life and everybody’s happy,” the president claimed.

Except, they still wait. The Government Accountability Office quotes says that they still wait on average 81 days.

7. The backlog in veteran disability claims

Trump signed the Veterans Appeals Improvement and Modernization Act of 2017 in August, saying that they were working to streamline disability compensation appeal claims for veterans.

It’s great for new vets applying for disability. For those who were stuck in the system, the wait continues as the legislation did nothing to reduce or address the current backlog or address appeals after denials. There are over 470,000 veterans stuck in the backlog. Former VA Secretary David Shulkin said that it would take \$800 million and 10 years to clear the backlog of appeals.

They wait still.

8. VA’s Veterans Choice Program emergency funding ran out before it was supposed to.

Someone didn’t do their math correctly. When Congress passed and Trump signed the \$2.1 billion in emergency funding for the VA’s Veterans Choice Program, it was supposed to keep the program afloat until February 2018. It ran out two months early.

9. Trump’s hiring freeze

Like many Republicans, Trump wanted to stop government from hiring new people, so he placed a freeze on any agencies bringing in new staff. For veterans looking for jobs at the Pentagon, in the social services or anywhere in government, they were locked out. While many might think it’s a small number, in 2015 The Hill reported that one-third of those applying for federal government jobs were veterans.

For understaffed agencies like the VA, the hiring freeze only made things worse.

10. Trump’s budget hurts veterans.

The Trump White House lacks a basic understanding for the daily life of those coming home from war and being discharged face. When Republicans sought to cut food stamps, they seemed to forget 1.5 million veterans use food stamps. Data on active-duty soldiers isn’t available because the Pentagon doesn’t share it. In 2013, however, 23,000 active-duty troops use food stamps.

Trump’s budget would gut Supplemental Nutrition Assistance Program (SNAP), by \$17 billion for the 2019 budget.

“Veteran-specific benefits and services fall short of meeting the needs of veterans and their families, many of whom struggle to meet basic needs even with Department of Veterans Affairs (VA) supports,” the Center for American progress reported in 2017. “More than 3.9 million veterans live paycheck to paycheck—meaning their family incomes are less than twice the federal poverty level, or less than \$50,000 for a family of four.”

So, if the president touts his “many successes” that show how he has “done more for veterans than any president in the history of the world,” Americans can remind him what he has really done.

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8.2 - Washington Examiner: [Do veterans know what staffers at a major veterans group think about Trump?](#) (28 May, Pete Kasperowicz, 4.8M uvm; Washington, DC)

Some of the American Legion's senior staff in Washington are making it clear on Twitter that they don't like President Trump, and other veterans' groups and even some people in the government are starting to notice.

While Republicans and Democrats routinely hold jobs in a range of advocacy groups, some of the tweets from top American Legion staffers are getting attention for their anti-Trump bias. The American Legion, the nation's largest veterans group, was chartered by Congress nearly 100 years ago in 1919, and is supposed to operate as a nonpartisan group that works to advance the interests of veterans.

But some of the staff's anti-Trump views are being advertised on Twitter, which has some scratching their heads, in part because of Trump's popularity among veterans. Trump won the support of about two-thirds of the veteran vote.

For example, Louis Celli, the group's national veterans affairs and rehabilitation division director, has made it clear on Twitter this year that he's not a fan of the new administration. This month, he challenged a Department of Veterans Affairs press official who claimed Trump has made progress fixing the VA.

"[E]xactly what progress can this team take credit for?" he asked.

In the last few weeks, Celli has tweeted out a story on how some fear Trump will dismantle the VA, and how firing former VA Secretary David Shulkin would be a "victory for guys who don't care about veterans." Shulkin was fired soon after that tweet.

Sources who are inside or otherwise close to other veterans groups say Celli's anti-Trump tweets used to be sharper, and that he was warned by some veteran service organizations and even the Trump White House to ease up on those sorts of tweets. A former Trump administration official told the Washington Examiner that Celli was asked to remove language on his Twitter bio associating him with the American Legion, and said that's why Celli's Twitter page doesn't mention his job.

"We complained about this, got him to change it," the former official said. Another non-government source backed up that story.

The American Legion says that never happened. "The administration has never asked Lou Celli or anyone" to amend a Twitter or Facebook page in any way, said Verna Jones, chief of staff for the group.

Regardless, many think the tweets are getting in the way of the group's mission.

"These are paid staffers," the former Trump official said of the American Legion's staff.

"They're supposed to only reflect what the members want," the former Trump official said of the American Legion's staff. "But when we start hearing the Democratic talking points from [House Minority Leader Nancy] Pelosi come out, when the Democrats sabotage the omnibus, is the American Legion being harsh with them? No. Everyone in the administration has noticed it."

"When you try to partner with them and they do leaks on you, you're not going to partner with them in the same way," the former official added.

Stewart Hickey is the former leader of American Veterans or AMVETS, and holds no formal role with any veterans group now. But he says he's noticed a change at the top of the American Legion and other groups since Trump took office.

"They shifted for Trump," he told the Washington Examiner. "They were supportive of Obama."

He said he's seen examples of statements that he thinks many of their veteran membership would oppose. "That tells me that the people in DC don't really reflect what people think in flyover country," Hickey said.

One current leader of a veterans group who asked to remain anonymous said several groups have hired Democrats or pro-Obama staff, but said the American Legion's staff has been more aggressive in its tweeting.

"It has been very surprising to see so many leftists hired by the American Legion," he said. "They were generally considered one of more conservative VSOs. I think their leadership is out of step with their membership, which is generally very conservative and very supportive of the president."

Jones, the American Legion's chief of staff, declined to answer other questions about whether it makes sense for staffers to tweet against Trump. When pressed, Jones said only that "we deal with that internally with employees," and declined to say if any kind of review had ever been done, or might be done.

But there are examples from other staffers that continue to ruffle feathers. Mackenzie Wolf, who was recently hired to do media relations for the group, essentially tweeted that Trump is shit.

Joe Plenzler, a communications staffer at the American Legion, has tweeted several times in opposition to the NRA and tougher border security, which go against not only Trump's agenda, but some of the positions that the American Legion itself holds.

Plenzler's Twitter page also does not identify him as a staffer for the American Legion.

In one tweet, for example, he said it's "totally cool" to support the Second Amendment but reject the NRA, and in another, he said the "NRA is shady." He also retweeted a New York Times opinion story that called Trump's border plan "irrational."

Those tweets appear to go directly against the American Legion's positions about the NRA and the border. For example, the American Legion works with the NRA on shooting sports in some states.

The group has put out statements that seem to support major elements of Trump's tough border enforcement plan.

While some in Washington have noticed these tweets, most think few veterans have outside of Washington.

"They don't see these statements," the former Trump administration official said of American Legion members. "That's the big disconnect."

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Veterans Affairs Media Summary and News Clips

1 June 2018

1. [Top Stories](#)

1.1 - Wall Street Journal: [Injured in Training or Injured in Combat? It Makes a Big Difference in Vets' Access to Care - Many veterans who say they experienced traumatic brain injury while firing shoulder rockets in training are finding themselves in a medical Catch-22](#) (31 May, Ben Kesling, 43.6M uvm; Washington, DC)

Parker Dial was a 21-year-old Marine on his way to Iraq in 2007 when his unit stopped in Kuwait for final training before going into combat. That training included a variety of shoulder-fired rockets, and Mr. Dial shot five in one day. He said he didn't feel the effects of the first few rockets. Then he shot a shoulder-launched, multipurpose assault weapon, or SMAW, two times in quick succession.

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1.2 - Military.com: [VA: Choice Program Won't Run Out of Money Before Trump Signs New Bill](#) (31 May, Richard Sisk, 9M uvm; San Francisco, CA)

The VA will not run out of money for the Veterans Choice program before President Donald Trump signs a bill to extend and reform it, a VA spokesman said Thursday. "The Choice Program has sufficient funding to continue normal operations uninterrupted until the Mission Act is signed into law," the spokesman said.

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1.3 - Military Times: [White House finalizes plan to stem suicides among recently separated troops](#) (31 May, Leo Shane III, 2.1M uvm; Springfield, VA)

White House officials on Thursday finalized their promised interagency plan for suicide prevention among veterans and military members, pledging an expansion of outreach and peer support services across a range of government departments. The move includes bolstering the Defense Department's Military One Source program to include access to mental health resources and other support services for a year after troops leave the service.

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1.4 - Stars and Stripes: [VA hospital in NC purchased more than \\$1M in supplies that it didn't use](#) (31 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs hospital in Durham, N.C., spent more than \$1.3 million on medical supplies that it didn't need or use, according to documents released Thursday by the U.S. Office of Special Counsel. The Durham Veterans Affairs Medical Center purchased \$385,000 in computer equipment in 2014, as well as about \$1 million in items such as vital signs machines, dental chairs and cabinets that were discovered years later, unused and still in boxes.

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1.5 - WUSA (CBS-9, Video): [Retired Army General appeals to VA after WUSA9 investigation into antimalarial drug - A retired United States Army General is now calling on the Department of Veterans' Affairs and other senior military leaders to step up and take responsibility for any psychiatric or physical side effects caused by the antimalarial drug, mefloquine.](#) (31 May, Andrea McCarren, 1.5M uvm; Washington, DC)

A retired United States Army General is now calling on the Department of Veterans' Affairs and other senior military leaders to step up and take responsibility for any psychiatric or physical side effects caused by the antimalarial drug, mefloquine. Veterans from around the world have told WUSA9 the drug they were ordered to take caused devastating side effects.

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1.6 - KPCC (NPR-89.3): [Veteran homelessness in LA has dropped by 18 percent](#) (31 May, Libby Denkmann, 1.1M uvm; Pasadena, CA)

The latest homelessness figures are out from the Los Angeles Homeless Services Authority – and for veterans, there's some good news. There are now 18 percent fewer homeless vets – 3,910, down from 4,800 in 2017, an 18 percent drop. It's a relief after the big spike in homeless veterans last year – when the number jumped 57 percent – that served as a wakeup call for elected officials and advocates in Los Angeles County.

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2. [Greater Choice for Veterans](#)

2.1 - The Hill: [Opinion - Here's how innovation can make or break VA health care](#) (31 May, Sherman Gillums Jr., 11.9M uvm; Washington, DC)

The passage of the Department of Veteran Affairs (VA) Mission Act of 2018 by both the U.S. House and Senate marks a much-needed shift in the national discourse on health care for veterans. Ever since the scandal involving secret waitlists broke at the Phoenix, Ariz. VA medical center in 2014 — which led to the passage of the first Veterans Access, Choice and Accountability Act of 2014...

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2.2 - Kaiser Health News (Audio): [Podcast: KHN's 'What The Health?' Virginia, The VA, And Military Medicine](#) (31 May, 125k uvm; Washington, DC)

After a five-year fight, the Virginia legislature voted this week to expand the Medicaid program to an estimated 400,000 low-income residents who are not currently eligible for health coverage. And New Jersey became the second state to impose a state-level "individual mandate" requiring most residents to have health insurance or pay a fine, following last year's repeal of the federal penalty.

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3. [Modernize Our System](#)

3.1 - Herald-Sun: [Durham VA bought \\$1.4M in medical equipment that sat unused in a warehouse for years](#) (31 May, Joe Johnson, 188k uvm; Durham, NC)

The Durham Veterans Affairs Medical Center bought about \$1.4 million worth of medical equipment that sat in an off-site warehouse for several years, according to a letter sent to the White House on Thursday. An anonymous whistleblower's tip led to an investigation by the U.S. Office of Special Counsel in Washington, D.C. Special Counsel Henry J. Kerner sent the letter to President Donald Trump reporting his findings from an audit done in April 2017.

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4. Focus Resources More Efficiently

4.1 - Washington Post: The Health 202: This is going to be the next VA secretary's first big task

(31 May, Paige Winfield Cunningham, 43.9M uvm; Washington, DC)
Congress passed the VA Mission Act last week to try to ease the burden on military hospitals and clinics, which lack capacity to treat a huge influx of aging Vietnam-era veterans and younger service members returning from the wars in Iraq and Afghanistan. One-third of veterans get government-paid care in private settings under the 2014 Choice Act, but that program has been heavily criticized as being too unwieldy and bureaucratic.

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4.2 - Politico: Dominoes mostly fallen at VA

(31 May, Darius Tahir, 23.9M uvm; Arlington, VA)
The long chain of falling dominoes sparked by former secretary David Shulkin's dismissal has nearly reached the end. Wednesday, the Department of Veterans Affairs' chief of staff, Peter O'Rourke, stepped up to serve as acting secretary while nominee Robert Wilkie awaits confirmation. (The previous chief of staff, Vivieca Wright Simpson, departed during Shulkin's travel imbroglio in February.)

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4.3 - Talking Points Memo: Watchdog Group: Trump's Latest VA Shakeup Is Still Illegal

(31 May, Alice Ollstein, 11.8M uvm; New York, NY)
An independent watchdog group told TPM that President Trump's appointment Wednesday of Department of Veterans Affairs Chief of Staff Peter O'Rourke to temporarily run the agency is illegal. The group, Democracy Forward, had joined with the veterans' advocacy group VoteVets to sue the Trump administration in April over its previous appointment of an acting VA secretary.

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4.4 - WFLA (NBC-8, Video): As some face consequences for racist Facebook posts, VA accused of double standard

(31 May, Steve Andrews, 692k uvm; Tampa, FL)
In March, Tashika Thomas, a VA employee and union president at Bay Pines VA Medical Center, took to her personal Facebook page and wrote "F---ing White Privilege." The expected groundswell of outrage developed and Bay Pines put out a statement, saying "the Facebook post is contrary to VA's core values and is unacceptable."

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4.5 - WMC (NBC-5, Video): MID-SOUTH HEROES: Veteran cheers fellow VA patients with karaoke

(31 May, Janeen Gordon, 592k uvm; Memphis, TN)
You can hear music filling the halls of Memphis' Veterans Hospital every Tuesday, thanks to a kind soul who holds a special place in his heart for veterans. For more than a decade, one man brings joy and entertainment to patients and staff with his gift of karaoke. Mr. Eugene Perkins, a Vietnam-era veteran, certainly has the moves.

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4.6 - WMAZ (CBS-13, Video): [VA Medical Center in Dublin hosts town hall style meeting - The Carl Vinson VA Medical Center wants to hear from veterans and active military on how they can improve their services.](#) (31 May, 446k uvm; Macon, GA)

The Carl Vinson Veterans Affairs Medical Center in Dublin held a town hall meeting Thursday morning to talk about how they can better serve active military and veterans. The center invited veterans, family members and stakeholders to come share their thoughts. The meeting was headed by the hospital's new interim director, David Van Meter. He was joined by some of the center's department heads.

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4.7 - WMAZ (CBS-13, Video): [Veterans speak out at Carl Vinson town hall meeting - More than 70 veterans and employees came to the meeting.](#) (31 May, Wanya Reese, 446k uvm; Macon, GA)

Veterans and employees at the Carl Vinson Medical Center in Dublin spoke out during a town hall-style meeting about issues at the medical center. 13WMAZ was there, and we found out how the new interim director is taking steps in moving the center forward. Veterans and employees packed the Carl Vinson Veteran Affairs Medical Center in Dublin during a town hall-style meeting. Frank Mickler traveled from Danville.

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4.8 - KFLY (CBS-10, Video): [Senator John Kennedy visits Lafayette VA clinic](#) (31 May, Sylvia Masters, 195k uvm; Lafayette, LA)

U.S. Senator John Kennedy toured the VA Clinic in Lafayette for the first time. "Well, you have to be impressed. It's extraordinary. That doesn't mean everything's well and everything's been fixed in terms of health care for veterans. We owe our veterans everything and there's no way that we can ever repay them for preserving the liberties that we enjoy every day," Kennedy says.

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4.9 - Herald-Mail: [Annual Operation God Bless America Motorcycle Ride to end Sunday at the Martinsburg Veterans Affairs Medical Center](#) (31 May, 158k uvm; Hagerstown, MD)

The Martinsburg Veterans Affairs Medical Center will be the end point Sunday afternoon of the Operation God Bless America Motorcycle Ride. Motorcycle enthusiasts from Pennsylvania, Maryland, Virginia and West Virginia will raise money for veteran patients of the medical center and honor those who have served.

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4.10 - Health Data Management: [White House announces still more leadership changes at VA](#) (31 May, Greg Slabodkin, 143k uvm; New York, NY)

Palace intrigue in the White House regarding the leadership of the Department of Veterans Affairs continued on Wednesday with the Trump administration's announcement that Peter O'Rourke has been named acting VA secretary. O'Rourke, who previously served as the VA's chief of staff, succeeds former Acting Secretary Robert Wilkie, whom the president has selected for nomination as VA secretary.

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4.11 - The Villages Daily Sun: [U.S. Senator Marco Rubio meets with veterans on Memorial Day](#) (31 May, Samantha Dunne, 35k uvm; The Villages, FL)

U.S. Sen. Marco Rubio spoke about health-care access and other veterans issues Wednesday during a visit to American Legion Post 347 to meet and greet veterans in honor of Memorial Day. Florida's Republican senator spoke with post officers about closer access to hospitals specializing in drug rehabilitation and other health services, among other issues. He then addressed an appreciative crowd in the American

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5. [Improve Timeliness of Service](#)

5.1 - IHeartDogs: [VA Hospital Welcomes Disabled PTSD Service Dog](#) (29 May, Dina Fantegrossi, 5.2M uvm; 5.2M uvm; Portland, OR)

Honor is a 2-year-old Golden Retriever raised from puppyhood to serve individuals with PTSD. Unlike other dogs trained by the non-profit organization, Therapeutics Service Dogs of Oklahoma, Honor was born without metacarpals where her back right paw would be. Unable to place her as a regular service dog, Therapeutics donated Honor to the Jack C. Montgomery VA Medical Center. There, her prosthetic limb makes her all the more relatable to the heroes she comforts.

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5.2 - KTVK (TV-3, Video): [VA curbing opioid prescriptions but some safety measures lacking, report finds](#) (31 May, Derek Staahl, 1.1M uvm; Pasadena, CA)

In response to the deadly opioid crisis, the Department of Veterans Affairs has significantly cut the number of prescription painkillers prescribed by its doctors over the last five years, but a new report finds the VA is falling short on some of its own safety initiatives. A Government Accountability Office report released Tuesday found VA doctors often failed to check state databases to ensure patients weren't getting the addictive pills elsewhere, among other issues.

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5.3 - Journal Gazette: [Upgrades at VA praised by Banks - Learns of mental health programs](#) (1 June Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Rep. Jim Banks walked into the remodeled lobby of Fort Wayne's VA Medical Center on Thursday afternoon. It includes the "Veteran Sound Off Board," where military veterans can jot down ideas for improvements at the medical center. Banks later examined fourth-floor inpatient rooms under construction, and he learned about a video link between the intensive care unit and a Department of Veterans Affairs Telehealth hub in Cincinnati.

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5.4 - The Fix: [Veterans Hold Memorial Day Push for Medical Cannabis](#) (31 May, Kelly Burch, 695k uvm; Brooklyn, NY)

Veterans from across the country gathered in Washington, D.C. on Monday to advocate for better access to medical cannabis through the Department of Veterans Affairs. "Use cannabis, die less," Mike Krawitz, a 56-year-old disabled U.S. Air Force veteran told Marijuana.com. "The scientific community has confirmed that cannabis saves lives by avoiding overdoses. VA

doctors know this but are obliged not to recommend cannabis for pain and PTSD. And that is unethical.”

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5.5 - WTEN (ABC-10, Video): [Local VA Hospital needs more resources to deal with opioid crisis](#) (31 May, Anya Tucker, 623k uvm; Albany, NY)

The opioid addiction crisis doesn't seem to be slowing down and it apparently also has a growing grip on our veterans. Just like civilians struggling with addiction, veterans are also having a tough time finding treatment. At the Stratton VA Medical Center, officials say they're seeing a rise in veterans young and older addicted to opioids.

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5.6 - WJHL (CBS-11, Video): [Colonoscopy delays at Mountain Home "likely impacted" veteran care](#) (31 May, Nate Morabito, 623k uvm; Johnson City, TN)

A new audit from the Department Veterans Affairs Office of Inspector General found colonoscopy delays at Mountain Home VA "likely impacted" care for some veterans. The audit, prompted by allegations in 2016 and released Thursday, identified 15 patients with colorectal cancer or carcinoid who had "longer intervals between identification of a need for a colonoscopy and completion than other patients without cancer."

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5.7 - KGET (NBC-17, Video): [Kevin McCarthy introduces plan aimed for faster veterans care](#) (31 May, 58k uvm; Bakersfield, CA)

Bakersfield Congressman and House Majority Leader Kevin McCarthy rolled out a new program aimed at getting veterans quicker care. McCarthy held a news conference Thursday at the Kern County Veterans Services Department. If a veteran can't be seen at a local Veterans Affairs clinic, the Convenient Care Initiative would allow them to go to local walk-in clinics for their VA health care.

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5.8 - EHR Intelligence: [GAO: VHA Providers Must Improve PDMP Use to Boost Opioid Safety - GAO found VHA providers are failing to sufficiently engage in PDMP use or adhere to other opioid risk mitigation strategies](#). (31 May, Kate Monica, 50k uvm; Danvers, MA)

Veterans Health Administration (VHA) providers need to enhance their state-run prescription drug monitoring program (PDMP) use, according to a recent Government Accountability Office (GAO) report. Investigators assessed VA's progress in improving opioid safety among veteran patients and determined that the federal department has not yet met all of its opioid safety goals developed as part of the Opioid Safety Initiative (OSI).

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6. [Suicide Prevention](#)

6.1 - KOTV (CBS-6, Video): [Tulsa VFW Fighting Record High Suicide Rates Among Oklahoma Veterans](#) (31 May, Sawyer Bucky, 2.1M uvm; Tulsa, OK)

Staff Sergeant Myles Hunt carries memories of his almost ten years in the U.S. Army with him everywhere he goes but some memories are just more physical than others. "I was hit by an IED, September 5th, 2003. It took about a quarter of my face and half of my hand. We were on a road, what they were starting to call IED alley. We didn't see it coming. It was literally fixed behind a guardrail." Said Sgt. Hunt.

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6.2 - Stars and Stripes: [White House approves VA plan to offer mental health care for transitioning servicemembers](#) (31 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The White House approved a plan for three federal agencies to provide more mental health services to servicemembers transitioning from the military, a population at increased risk for suicide, the Department of Veterans Affairs announced Thursday. In January, President Donald Trump issued an executive order that required the VA, Department of Defense and Department of Homeland Security to develop a plan by March 9 on how to provide mental health care...

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6.3 - Rewire.News: [Appalachia's Suicide Rates Are Startlingly High. For Veterans, They're Even Higher.](#) (31 May, India Amos, 173k uvm; Silver Springs, MD)

In the massive region of Appalachia, which includes parts of 13 states and spans from New York to Mississippi, most forms of care straggle behind the rest of the nation. An August 2017 report from the Foundation for a Healthy Kentucky concluded that, when comparing 41 different major health indicators, Appalachia's performance falls below standard in 33 categories.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - UPI: [Drug abuse program for homeless veterans hopes to expand nationwide](#) (31 May, Xinyi Jiang, 4.8M uvm; Washington, DC)

Healthcare organizations based in Boston hope to expand their clinical partnership to engage more veterans with mental health and substance use diagnoses. The groups unveiled the initiative Thursday at the annual conference of the National Coalition for Homeless Veterans in Washington.

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7.2 - Military Times (Reboot Camp): [Exclusive: Unique new hiring initiative focuses on student vets](#) (31 May, Natalie Gross, 2.1M uvm; Springfield, VA)

More veterans who go to college after the military could find themselves with jobs waiting for them after they get their diplomas, thanks to a new program. The national nonprofit Student Veterans of America announced today that it is launching the Business and Industry Roundtable, a coalition of 23 large companies that are committed to hiring student veterans.

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7.3 - HousingWire: [Ginnie Mae reveals new requirements for VA refinances - Continues fight against predatory lending](#) (31 May, Kelsey Ramirez, 437k uvm; Irving, TX)

The company issued an All Participants Memorandum which announced the implementation of changes to pooling eligibility requirements for VA insured or guaranteed mortgages. Under the new guidelines, all refinance loans insured or guaranteed by the VA are only eligible for Ginnie Mae securities if it meets both of the following conditions...

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8. Other

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1. [Top Stories](#)

1.1 - Wall Street Journal: [Injured in Training or Injured in Combat? It Makes a Big Difference in Vets' Access to Care - Many veterans who say they experienced traumatic brain injury while firing shoulder rockets in training are finding themselves in a medical Catch-22](#) (31 May, Ben Kesling, 43.6M uvm; Washington, DC)

Parker Dial was a 21-year-old Marine on his way to Iraq in 2007 when his unit stopped in Kuwait for final training before going into combat. That training included a variety of shoulder-fired rockets, and Mr. Dial shot five in one day.

He said he didn't feel the effects of the first few rockets. Then he shot a shoulder-launched, multipurpose assault weapon, or SMAW, two times in quick succession.

"The first shot sucked out my ear protection," Mr. Dial recalled. "I followed up with a second shot and was completely concussed, and had some blood coming out of my ears."

Mr. Dial, a paramedic who now lives in California, said his injury led to lasting migraines and other symptoms associated with traumatic brain injury. But because the Marines, like the rest of the military, don't record when or how many rockets are fired in training, he said it has been difficult to get the VA to recognize the injury.

Inadequate record-keeping, gaps in policy and limited research have left military veterans like Mr. Dial, who file claims for brain injuries related to the use of weapons in training, struggling to get treatment from the military or benefits from the Department of Veterans Affairs.

Traumatic brain injury, or TBI, has become one of the signature injuries of the current generation of troops, with some 380,000 personnel affected since the beginning of the wars in Iraq and Afghanistan, according to the Defense Department.

Lawmakers are pushing for new requirements to track and prevent blast exposure. The Army is making changes that will likely help identify these injuries, including for the first time logging when troops shoot shoulder-fired rockets in training. The Marine Corps is considering a similar move. That could eventually drive VA policy changes regarding disability claims, officials said.

Until changes arrive, some veterans say they are stuck in limbo.

The VA often requires conclusive proof, like a doctor's note, before it will cover training injuries. While troops who suffer brain injuries in combat often have documentation or can more easily tie long-term effects to combat action, that often isn't the case with injuries that occur in training.

"There's no proof of it, really," Mr. Dial said of his injuries. "There's my statements and pictures of us holding rockets. But that's just a picture of me holding a rocket."

Like many who suffer injuries in training, Mr. Dial said he didn't seek immediate medical attention because of the nonchalant attitude troops take to such injuries, which at the time can seem like just an acceptable hazard of the job.

Marine spokesman Capt. Christopher Harrison declined to comment on Mr. Dial's case, but said Marines go through a pre-firing safety briefing. That procedure could change in the future, he added.

The VA judges disability claims on a case-by-case basis, said spokesman Curt Cashour, and case managers consider veteran statements, "buddy statements" from people who know how the injury happened, and the possibility that clear documentation doesn't exist. Case managers are often instructed to look favorably, rather than skeptically, on claims.

Statements, however, don't often provide the conclusive proof needed for claims. Mr. Cashour said the VA could change its policies if "pertinent information becomes available," such as new trends among troops or new scientific data.

Paul Scharre, a researcher at the defense think tank Center for a New American Security, is among those who have gathered data and documented trends, hoping to sway the military and VA.

"Anecdotally, the soldiers who have fired these antitank weapons a lot know that they don't feel well afterwards, but we now have scientific data linking this to cognitive issues," he said.

Mr. Scharre said the military has been slow in the past to identify and recognize long-term harm from Agent Orange exposure, Gulf War syndrome or exposure to burn pits in Iraq and Afghanistan.

The Army began extensively researching concussions in 2007 and started noticing the potentially harmful effects of troops firing their own weapons in training a few years ago, said Tracie Lattimore, director of the traumatic brain injury program with the Office of the Army Surgeon General. But the issue needs more study before broad policy changes begin, she said.

"I don't think we are prepared right now to say there is this 100% connection," Ms. Lattimore said, adding: "There is no denial that these weapons are producing higher levels than ideal of blast overpressure."

The Surgeon General's office is working with Army field units to require "shot logs," a system of documenting when, where and how many times troops fire rockets in training. The Defense Department already has limits on the number of rounds troops can fire at any given time.

Capt. Harrison, the Marines spokesman, said the Marines are "in the initial stages" of pursuing a pilot program for blast monitoring. He added that they could institute shot logs as well.

Lawmakers are also pushing for tighter controls. Sens. Elizabeth Warren (D., Mass.) and Joni Ernst (R., Iowa) recently introduced legislation to require the military to track troops' exposure to blasts in both combat and training and update training guidelines.

Such future changes are little help to veterans like Russell Langshaw, who served in an Army Ranger regiment in the 1990s. While he never saw combat, Mr. Langshaw said he fired a rocket launcher called the Carl Gustaf more than a hundred times over his roughly four years of service.

In the decades that followed, Mr. Langshaw said, he began experiencing memory loss and symptoms of post-traumatic stress. Since he'd never been in combat, it didn't make sense to him. His first disability claim was for hearing loss, not brain damage.

He's currently seeing a counselor for his PTSD-type symptoms. The counselor said Mr. Langshaw should appeal his disability claim to account for brain injury. But he has no conclusive record to cite.

"I got my service records for my appeal, and that was one of the things I was going to do is say, 'Hey I fired all these rounds.' But there's no shot log," he said.

All he has are the memories of his service and the many rounds he fired.

"We were proud of it. We were the big gunners, and it was a lot of fun," he said. "We had no idea what it was doing to us."

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1.2 - Military.com: [VA: Choice Program Won't Run Out of Money Before Trump Signs New Bill](#) (31 May, Richard Sisk, 9M uvm; San Francisco, CA)

The VA will not run out of money for the Veterans Choice program before President Donald Trump signs a bill to extend and reform it, a VA spokesman said Thursday.

"The Choice Program has sufficient funding to continue normal operations uninterrupted until the Mission Act is signed into law," the spokesman said.

Officials at the Department of Veterans Affairs earlier had said that funding for Choice, which serves an average of 30,000 veterans daily with appointments for private and community health care, could expire as early as May 31.

Last week, the Senate by a vote of 92-5 passed the VA Mission Act, which will provide \$5.2 billion to extend Choice for one year while overhauling how it operates. Under the Mission Act, seven separate programs under Choice would be consolidated into one system to improve efficiency.

Trump pledged to sign the legislation quickly, but no date has been set for the expected White House ceremony that would mark one of the major achievements of his administration.

The overall VA Mission Act, which Senate leaders said could cost \$55 billion over five years, would also expand the VA's caregiver stipend program for the families of disabled veterans. The caregiver program is now limited to post-9/11 veterans and would be extended to veterans of all eras.

The VA Mission Act would eliminate restrictions under the current Choice program that mostly limit private and community care to veterans who live more than 40 miles from a VA facility or have to wait more than 30 days for an appointment.

Currently, about one-third of the health care needs of veterans are served in the private sector, and concerns were raised during debate over the Mission Act that more outsourcing of care would diminish the VA's role as the primary provider.

However, proponents of the bill from both sides of the aisle said that private care at government expense is an option only when it is in the best interests of the veteran.

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1.3 - Military Times: [White House finalizes plan to stem suicides among recently separated troops](#) (31 May, Leo Shane III, 2.1M uvm; Springfield, VA)

White House officials on Thursday finalized their promised interagency plan for suicide prevention among veterans and military members, pledging an expansion of outreach and peer support services across a range of government departments.

The move includes bolstering the Defense Department's Military One Source program to include access to mental health resources and other support services for a year after troops leave the service. It also sets a goal of a 20 percent reduction in suicides among troops and veterans by 2025, in keeping with broader administration targets for the nation's mental health.

The new plan is the culmination of four months of work following President Donald Trump's executive order in January promising more counseling and mental health care for recently separated servicemembers, who face a significantly higher risk of suicide than other military groups.

That order called for a new plan from the Departments of Defense, Veterans Affairs and Homeland Security by mid-March. But as the deadline approached, Trump fired VA Secretary David Shulkin via Twitter, throwing the department's leadership in to disarray.

VA officials did agree to a draft plan before Shulkin's firing and worked on revisions through March and April. Trump gave his final approval to the outline this week.

Acting VA Secretary Peter O'Rourke called Thursday's announcement "a critical first step for ensuring that service members transitioning from active duty to veteran status understand that VA, DoD and DHS are committed to easing the stress of transition by providing the best mental health care possible."

The entirety of the 16-point plan won't be enacted until summer 2019, although several portions are expected to be rolled out in coming weeks.

They include establishing new open, twice-monthly peer groups at VA Whole Health locations by the end of July, increased use of monitoring tools in veterans health care programs by the end of August, and new protocols put in place this spring to require more check-up calls to recently separated veterans.

Plans for later this year include new mental health screening by defense officials for all transitioning troops and a new public service campaign to raise awareness of military and VA mental health services. Officials are also looking at changes to the Transition Assistance Program and more pre-separation registration for VA health care.

A progress report on the efforts is expected this fall. Officials estimate the changes — which do not have a stated cost — could bring more than 32,000 new veterans into VA health care programs.

Full details on the plan are available on the VA's web site.

An estimated 20 veterans a day take their own lives. Of those, the majority have little or no contact with VA services.

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.4 - Stars and Stripes: [VA hospital in NC purchased more than \\$1M in supplies that it didn't use](#) (31 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs hospital in Durham, N.C., spent more than \$1.3 million on medical supplies that it didn't need or use, according to documents released Thursday by the U.S. Office of Special Counsel.

The Durham Veterans Affairs Medical Center purchased \$385,000 in computer equipment in 2014, as well as about \$1 million in items such as vital signs machines, dental chairs and cabinets that were discovered years later, unused and still in boxes.

"The equipment was stored in an off-site storage facility for several years with no plan in place to put the equipment into use, or to place it at another VA facility with a bona fide need," reads a VA report to the Special Counsel in 2017.

An anonymous whistleblower at the Durham VA alerted the Special Counsel to the problems in 2017. The Special Counsel is an independent federal agency that investigates whistleblower complaints.

The VA has now addressed the problems, Special Counsel Henry Kerner said. The investigative documents were publicly released Thursday because the office now considers the case closed, 15 months after the Special Counsel brought the problems to the attention of VA leadership.

During the past year, the Special Counsel had to ask the VA on multiple occasions to send more information to fully explain the situation — amounting to months of back-and-forth between the VA and the Special Counsel that Kerner said was "regrettable."

"Our veterans deserve the very best medical care, but when equipment sits unused in storage, the VA is wasting taxpayer resources," Kerner said in a prepared statement. "After a whistleblower revealed these purchases, the VA is finally taking steps to ensure that the medical equipment will be used to care for our veterans."

In addition to the unused equipment, it was discovered last year the hospital stockpiled and used bottled water that expired in 2010, violating VA policy that bottled water be used within one year.

The hospital was ordered to dispose of the expired water and develop a plan to put the unboxed equipment into use in Durham or at another VA hospital. The VA Administrative Investigation Board found no violations of federal law.

The purchase of unneeded supplies was attributed to errors with how employees turned in equipment – problems that have existed for a decade. With thousands of items, employees didn't properly record when they turned them in.

"Since 2018, there have been significant failures in the turn-in program that can be attributed in many instances to lack of employee/supervisory ownership and accountability," one VA investigative report reads.

The logistical problems in Durham are analogous to issues discovered last year at the Washington DC VA Medical Center, where roughly \$150 million in medical supplies were not inventoried. The VA Inspector General blamed the widespread and long-running issues in DC on a pervasive "culture of complacency."

The Special Counsel said the VA started training employees in Durham late last year about the equipment turn-in process.

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1.5 - WUSA (CBS-9, Video): [Retired Army General appeals to VA after WUSA9 investigation into antimalarial drug - A retired United States Army General is now calling on the Department of Veterans' Affairs and other senior military leaders to step up and take responsibility for any psychiatric or physical side effects caused by the antimalarial drug, mefloquine.](#) (31 May, Andrea McCarren, 1.5M uvm; Washington, DC)

A retired United States Army General is now calling on the Department of Veterans' Affairs and other senior military leaders to step up and take responsibility for any psychiatric or physical side effects caused by the antimalarial drug, mefloquine.

Veterans from around the world have told WUSA9 the drug they were ordered to take caused devastating side effects.

"You hear many presidents and many leaders say what we owe them, we can never pay them back. Well, here's a way to pay them back," said Brigadier General Donald Bolduc.

The highly decorated veteran led ten deployments, survived a bomb blast, a helicopter crash and several firefights. He received two combat valor awards, five Bronze Stars and two Purple Hearts.

But his most challenging battle may lie ahead: holding the United States government accountable for any life-changing side effects that may have been caused by mefloquine. It was ordered for tens of thousands of American service members.

"We owe it to those who served our country to treat them properly when they have side effects," said General Bolduc.

Veterans allege the drug caused life-changing, career-ending symptoms. Side effects that have lasted for decades. Among them: gruesome night terrors. Depression, anxiety, and paranoia that mimic symptoms of PTSD. Ringing in the ears. Memory loss. Hand tremors. Balance issues. And gastrointestinal distress that often comes without warning.

As a Brigadier General, Bolduc was the Commander of Special Operations across the entire continent of Africa. In that role, he was responsible for more than 1,700 military personnel operating in 28 countries throughout Africa and Europe.

Of our military leadership at the Department of Veterans' Affairs and the Department of Defense, he said, "Well, I hope they have the moral courage to own up to it. Whatever the liability is, we need to own up to it. It's about taking care of the health and welfare of our citizens and particularly those who served our country."

From the 1980s to 2013, the Department of Defense ordered service members deployed to Somalia, Iraq, Afghanistan and elsewhere to take mefloquine to prevent malaria. The mosquito-borne disease can be fatal.

In an interview at the Pentagon earlier this year, Colonel Andrew Wiesen said, "We attempted to give folks the best possible agent to protect them to the highest degree. To do any less would have done them a disservice."

But starting in 2013, the DOD backed off mefloquine, using it only as a last resort. That was after the Food and Drug Administration issued a black box warning. That's the FDA's strictest alert on a drug label when there's evidence of a serious hazard.

General Bolduc knows the side effects firsthand. He took the drug during multiple deployments and experienced devastating symptoms including night terrors and paranoia, even after he returned home.

"I couldn't drive. The reason I couldn't drive was because of hypervigilance," he recalled. "I thought that I had to drive like I was in Afghanistan. Every stimulus around me was a threat."

In 2008, drugmaker Roche stopped producing the brand name version of mefloquine, called Lariam. Two generic forms are still available in the United States by prescription only. Three other generics have been discontinued.

So, how does our government make this right? General Bolduc says the VA should start by contacting every single veteran that took the drug and letting them know they may be experiencing some symptoms. VA doctors need to be trained to recognize them. And, he believes, every health assessment done on a service member or veteran should include questions about mefloquine.

"Please, please senior leaders, take this on. It has to do with the health of the current force and the health of our veterans, later on in life. And that's hugely important for our country," he said.

The General is one of a growing chorus of voices demanding government accountability on this issue.

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1.6 - KPCC (NPR-89.3): [Veteran homelessness in LA has dropped by 18 percent](#) (31 May, Libby Denkmann, 1.1M uvm; Pasadena, CA)

The latest homelessness figures are out from the Los Angeles Homeless Services Authority – and for veterans, there's some good news. There are now 18 percent fewer homeless vets – 3,910, down from 4,800 in 2017, an 18 percent drop.

It's a relief after the big spike in homeless veterans last year – when the number jumped 57 percent – that served as a wakeup call for elected officials and advocates in Los Angeles County.

But L.A. is still home to by far the largest population of homeless veterans in the nation, and so local leaders remain cautiously optimistic about this year's improvement.

SO WHAT'S BEHIND THE THE DECREASE?

The county and local nonprofits who help the homeless say we may already be seeing the fruits of recent funding hikes for homeless services – namely, Measure H, which was green-lit by L.A. County voters in March. That quarter-cent hike in the sales tax was projected to raise about \$350 million annually.

In order to jump-start services and allow providers to ramp up hiring, the county began funding Measure H programs in July 2017 – months before the tax kicked in in October.

The United Way of Greater Los Angeles said earlier this year that funding allowed it to quadruple the number of homeless outreach teams on the street, add 600 shelter beds and provide subsidies to keep 1,000 people housed.

In its latest report, the county cites VA programs targeting chronically homeless veterans, as well as Los Angeles' new countywide Veteran Benefit Advocacy Program, aimed at making sure veterans are getting their full VA pension and other benefits and services.

Officials say Measure H has also increased coordination between nonprofits, helping them work together in a more meaningful way and avoid duplicating outreach efforts.

HOW DOES IT COMPARE TO NATIONAL EFFORTS TO END VETERAN HOMELESSNESS?

Mayor Garcetti once had the goal of housing every homeless veteran in Los Angeles. In 2014, the mayor joined the Obama administration's national push to end veteran homelessness, committing to sheltering every veteran in the city by 2016. Local officials all over the country joined the effort, and many communities reported successes.

In 2016, the U.S. Department of Housing and Urban Development and the VA announced a 47 percent nationwide decline in the number of homeless vets since 2010. States with smaller homeless veteran populations – like Virginia, Connecticut, and Delaware – claim to have effectively ended homelessness among the group.

But the population of homeless veterans in the U.S. ticked up slightly last year, in large part driven by increases in Southern California. Garcetti was eventually forced to walk back his pledge, blaming a surge in newly-homeless veterans.

WHAT OTHER MEASURES ARE IN THE PIPELINE?

On Tuesday, Los Angeles County Supervisors approved \$20 million from the county's Department of Mental Health for veteran housing and services.

Of those funds, \$5 million will go to form a peer network to help struggling veterans by providing "battle buddies" trained to navigate them to the programs that will help keep them off the streets, communicate with landlords, and find substance abuse or mental health counseling.

The remaining \$15 million will be used to build new affordable housing for veterans experiencing mental illness. The motion was introduced by Supervisors Mark Ridley-Thomas and Kathryn Barger, and funding is slated to be in the FY 2018-19 budget and will be released to nonprofit developers by the fall of this year.

Another influx of cash aimed at making a dent in the homelessness crisis comes from Measure HHH, approved by Los Angeles city voters in November 2016. It secured \$1.2 billion in bond funding to build and renovate low-income housing.

The first project using HHH funds broke ground in East Hollywood last December. The complex includes a veteran services program and is expected to open in the spring of 2019. Veterans will also see city funding on the campus of the West Los Angeles VA, where HHH dollars were recently approved to help renovate 110 units of permanent supportive housing for veterans slated to open in early 2020.

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2. [Greater Choice for Veterans](#)

2.1 - The Hill: [Opinion - Here's how innovation can make or break VA health care](#) (31 May, Sherman Gillums Jr., 11.9M uvm; Washington, DC)

The passage of the Department of Veteran Affairs (VA) Mission Act of 2018 by both the U.S. House and Senate marks a much-needed shift in the national discourse on health care for veterans.

Ever since the scandal involving secret waitlists broke at the Phoenix, Ariz. VA medical center in 2014 — which led to the passage of the first Veterans Access, Choice and Accountability Act of 2014 — the debate on how to improve the delivery of health care to veterans has been colored by partisanship and position entrenchment that would not lead to any legislative wins.

But after garnering the support of 38 military and veteran service organizations, the VA mission bill now awaits President Trump's signature. The president has been eagerly awaiting this, as he campaigned on a promise to reform the VA.

Which is why, for those involved in the “sausage making” that finally led to consensus, a collective sigh of relief is in order. After years of accusations and counter accusations about the meaning of “choice” and its relation to privatization, all sides appear to finally be ready to compromise for the sake of progress.

However, progress may be a relative term depending on how the law is actually implemented. Just about everyone involved with crafting the law — regardless of their position on veteran health care — has either publicly denounced or denied supporting complete VA privatization. Even those who support rapidly expanding access to private sector health providers do so with a disdain for being labeled “pro-privatization.”

There is no question as to whether there exists a group of powerful influencers, who would like to see the VA go the way of the airline industry and other privatized government services for ideological reasons.

Similarly, there are those who stand to profit handsomely from the wave of new demand for healthcare outside the VA. But arguments for and against privatization — while perhaps necessary to an extent — have done little to address what ails one of the largest government agencies in the country and its future.

In fact, those arguments have raised the question of whether hyper vigilance for full privatization — the one thing the VA needs least — has inadvertently stifled the one thing the VA needs most: innovation.

The answer will start with Section 152 of the new law. How this section is implemented will be critical to the future of veteran health-care services because it provides VA the authority to establish a “Center for Innovation for Care and Payment” and carry out pilot programs.

What does this mean in real terms? It means finding a better way to ensure providers are paid on time, so that a veteran isn’t denied ongoing treatment for cancer because their account is flagged as overdue or unpaid.

It means improving data-sharing interfaces between providers so that a veteran with PTSD isn’t mistakenly prescribed a benzodiazepine, a drug found to worsen PTSD, to treat his/her seizures. It means developing policies and mechanisms in the system that provide for better coordination and integration of care so that veterans aren’t. In other words, it means replacing an idea-killing fixation on stopping VA privatization with a collective focus on driving game-changing innovations.

In the end, a tug-of-war for delivering on the nation’s obligation to veterans persists between a government agency undergoing an identity crisis and an untested industry of non-VA healthcare systems that wants the opportunity to prove itself.

It still bodes an uncertain future. But once the VA mission act passes, uncertainty will no longer excuse inaction, as it will start a new era of innovation in the delivery of better health care for veterans. At least that’s the hope for veterans who, going forward, see excuses as nothing more than a reason to fail and want no more of them.

Sherman Gillums Jr. served in the U.S. Marine Corps during the Persian Gulf War and Global War on Terror eras, and currently serves as the chief strategy officer for AMVETS.

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2.2 - Kaiser Health News (Audio): [Podcast: KHN's 'What The Health?' Virginia, The VA, And Military Medicine](#) (31 May, 125k uvm; Washington, DC)

After a five-year fight, the Virginia legislature voted this week to expand the Medicaid program to an estimated 400,000 low-income residents who are not currently eligible for health coverage. And New Jersey became the second state to impose a state-level “individual mandate” requiring most residents to have health insurance or pay a fine, following last year’s repeal of the federal penalty.

Meanwhile, Congress has quietly passed a major bipartisan bill to overhaul and streamline health programs provided to the nation’s veterans. The bill includes an expansion of veterans’ ability to get private care paid for outside the Department of Veterans Affairs system, in certain cases.

Also this week, an interview with Dr. Arthur Kellerman, dean of the Uniformed Services University of the Health Sciences, the military’s medical school in Bethesda, Md.

This week’s panelists for KHN’s “What the Health?” are Julie Rovner of Kaiser Health News, Joanne Kenen of Politico, Paige Winfield Cunningham of The Washington Post and Rebecca Adams of CQ Roll Call.

Among the takeaways from this week’s podcast:

- Two key factors helped push Medicaid expansion through the Virginia General Assembly. One was the Trump administration’s endorsement of work requirements for nondisabled adults and the other was the blue wave that shook the state last November when the House of Delegates nearly turned from a safe Republican majority to Democratic control.
- New Jersey’s passage of a mandate that state residents get coverage or face a penalty was surprising because that provision was one of the most disliked parts of the federal Affordable Care Act.
- Even as Congress sent the president the bill expanding VA programs, there is a widening debate in Washington about whether the system should be privatized. That debate has helped both create the vacancy at the top of the Department of Veterans Affairs and complicated efforts to fill it.

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3. [Modernize Our System](#)

3.1 - Herald-Sun: [Durham VA bought \\$1.4M in medical equipment that sat unused in a warehouse for years](#) (31 May, Joe Johnson, 188k uvm; Durham, NC)

The Durham Veterans Affairs Medical Center bought about \$1.4 million worth of medical equipment that sat in an off-site warehouse for several years, according to a letter sent to the White House on Thursday.

An anonymous whistleblower's tip led to an investigation by the U.S. Office of Special Counsel in Washington, D.C. Special Counsel Henry J. Kerner sent the letter to President Donald Trump reporting his findings from an audit done in April 2017.

"Our veterans deserve the very best medical care, but when equipment sits unused in storage, the VA is wasting taxpayer resources," Kerner said.

The whistleblower said the Durham VA bought a large amount of equipment, including \$385,000 worth of anesthesia equipment purchased in 2014 that was never used.

The investigative team also uncovered another \$1 million in new, unboxed equipment, including "vital signs machines, a sterilizer, dental chairs, a dental sink and cabinets."

The vital signs monitors were purchased to standardize the type of monitors used at all VA medical centers. They were needed at the time of the purchase but not deployed in the hospital because of a lack of logistical support and staff training. It was determined that several groups within the VA failed to adequately coordinate on an installation plan for the monitors.

This equipment had been "stored several years with no plan in place to put the equipment into use, or to place it at another VA facility" that needed it, according to the letter.

The whistleblower also said the hospital distributed long-expired bottled water in violation of the Veterans Health Administration Handbook.

DeAnne Seekins led the Durham VA Health Care System from June 2012 to last July when she was promoted to oversee the VA's Mid-Atlantic Health Care Network and Veterans Integrated Service Network based in Durham. She was responsible for strategic planning and the budget for the hospital, which grew from about \$400 million to more than \$750 million during her tenure.

Paul Crews was appointed director of the Durham VA Health Care System in March.

"We appreciate OSC's review, which focuses mostly on events that occurred four to five years ago," Crews said. "As the special counsel notes in his letter, Durham VA has taken 'appropriate corrective actions' to address these issues. Responsible employees have been held accountable, the overwhelming majority of the equipment referenced by OSC is now in use and the items that have expired have been properly disposed."

This is not the first time a VA medical center has hoarded unused equipment and supplies.

In March, the D.C. VA Medical Center was found to have spent about \$92 million on medical supplies from 2014-17 without "proper controls to ensure the purchases were necessary and cost-effective," according to a report from VA Inspector General Michael Missal.

In response to the audit, the Durham VA instituted a plan to put all new, unused equipment to use within the facility or send it to another VA hospital, according to Kerner's letter. The VA also recommended a review of purchases to determine if there was a valid need for the equipment and that the facility was capable of using the equipment.

One hospital employee was admonished, the lowest of three disciplinary actions, for "poor management and oversight of Federal property, and for failing to properly dispose of expired water pursuant to VHA policy," according to the special counsel's letter.

Another allegation that was not substantiated was that the Durham VA did not properly account for approximately 900 equipment turn-ins from 2008-14 that employees should have initiated when they left employment or the equipment became outdated.

Investigators did, however, find "significant failures in the turn-in program" that they attributed to "employee/supervisory ownership and accountability." Records showed numerous instances where equipment had a "turned-in" status but no actual turn-in date was recorded.

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4. Focus Resources More Efficiently

4.1 - Washington Post: [The Health 202: This is going to be the next VA secretary's first big task](#) (31 May, Paige Winfield Cunningham, 43.9M uvm; Washington, DC)

A weighty task awaits Robert Wilkie upon his likely installation as Veterans Affairs secretary: Spelling out the precise details of a hefty new law making it easier for military veterans to access private medical care.

Congress passed the VA Mission Act last week to try to ease the burden on military hospitals and clinics, which lack capacity to treat a huge influx of aging Vietnam-era veterans and younger service members returning from the wars in Iraq and Afghanistan. One-third of veterans get government-paid care in private settings under the 2014 Choice Act, but that program has been heavily criticized as being too unwieldy and bureaucratic.

Lawmakers and veterans' groups hailed the bipartisan Mission Act as a critical change. But it's important to realize that there's a lot in the text that is open to interpretation by the VA secretary, who will have to lead the agency in defining who is eligible to visit a privately run facility instead of one of VA's 1,200 health-care centers.

Two things need to happen first, though. President Trump has to sign the Mission Act into law – veterans' advocates told me the White House is tentatively eyeing June 7 for the signing — and Wilkie needs to be confirmed by the Senate.

Yesterday, he stepped down as acting secretary (a post he has held on a temporary basis since Trump fired Secretary David Shulkin in March) to await the confirmation process. Former VA chief of staff Peter O'Rourke will serve in his place in the meantime, the White House said.

Wilkie is expected to sail through his confirmation process with relative ease, in stark contrast to Trump's initial, disastrous VA nominee, Ronny Jackson. He has strong backing from veterans' groups and was confirmed once (unanimously) by the Senate as a Pentagon undersecretary for personnel and readiness.

Yet his confirmation hearing hasn't been scheduled because the Senate Veterans' Affairs Committee is awaiting official paperwork from the nominee and the White House. Press secretary Camlin Moore said yesterday the panel will "expeditiously vet and process the nomination once the paperwork has been submitted."

Sen. Jon Tester, top Democrat on the Veterans Affairs Committee, appears quite open to supporting Wilkie:

Assuming all these pieces fall into place, Wilkie will officially take the reins at VA sometime this summer. And once he does, one of his first big tasks will be to collect input from advocates and propose eligibility rules for when veterans may seek outside private care.

“We recognize that rulemaking is a critical component in this,” said Louis Celli, the American Legion's executive director of government and veterans affairs. He added that the group wants to make sure the rules comply “with the spirit of what was discussed.”

The Mission Act overhauls the Choice program in several key ways, including doing away with a fixed requirement that a veteran must have waited for at least 30 days for an appointment or lived at least 40 miles away from a VA facility to go outside the system. The legislation doesn't set a new standard, but instead lays out some general principles for the agency to consider as it proposes a more nuanced set of guidelines.

“There were so many problems with that standard,” Celli said. “So Congress is trying to give the VA intelligent flexibility to allow them to make smarter decisions.”

For example, the new law says VA should take into account whether the veteran lives far from a VA hospital, if the wait for an appointment is too long and if the care at the closest VA hospital is “deficient” compared with other private and VA medical offices. The veteran could appeal if the request was rejected. It would also require the agency to allow a veteran to see a private doctor if they agree with their VA physician that it's in their best interest.

The Congressional Budget Office has estimated that an additional 640,000 veterans each year would go outside the VA system under the new law. That could get costly — the CBO has projected the Mission Act would cost \$46.5 billion over a five-year period — so veterans groups say they're also concerned with making sure all VA resources are being fully spent before veterans are sent to outside care.

Besides the eligibility revisions, the Mission Act also consolidates the agency's multiple private-care programs, opens the door to contracting with an outside company to streamline billing and expands VA's popular caregiver program by extending stipends and other benefits to veterans of all eras, not just families of injured post-9/11 veterans.

The agency also would be required to review all its underused hospitals, leading to possible closures — a provision conservatives especially liked. A telehealth program would expand and VA would get new tools to recruit medical professionals to address thousands of troubling vacancies.

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4.2 - Politico: [Dominoes mostly fallen at VA](#) (31 May, Darius Tahir, 23.9M uvm; Arlington, VA)

With help from Mohana Ravindranath (@ravindranize)

DOMINOES MOSTLY FALLEN AT VA: The long chain of falling dominoes sparked by former secretary David Shulkin's dismissal has nearly reached the end. Wednesday, the Department of Veterans Affairs' chief of staff, Peter O'Rourke, stepped up to serve as acting secretary while nominee Robert Wilkie awaits confirmation. (The previous chief of staff, Vivieca Wright Simpson, departed during Shulkin's travel imbroglio in February.)

O'Rourke's spot will be filled on an acting basis by Jacquelyn Hayes-Byrd, previously the deputy chief of staff.

The other highly notable name in this shuffle: Thomas Bowman, who is retiring June 15. Bowman had clashed with conservative policymakers in the White House and the VA who wanted to increase reliance on private health care for veterans; he reportedly was a proxy in the larger fight between Shulkin and those policymakers.

According to The Wall Street Journal, there's no timeline for Wilkie's confirmation. And operations at the department, if the report is to be believed, are not running at peak efficiency: Bowman reportedly expected to be named acting secretary, but was bypassed; high-ranking officials at the department were also reportedly unaware of the impending shuffle until the White House formally announced it early Wednesday.

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4.3 - Talking Points Memo: [Watchdog Group: Trump's Latest VA Shakeup Is Still Illegal](#) (31 May, Alice Ollstein, 11.8M uvm; New York, NY)

An independent watchdog group told TPM that President Trump's appointment Wednesday of Department of Veterans Affairs Chief of Staff Peter O'Rourke to temporarily run the agency is illegal. The group, Democracy Forward, had joined with the veterans' advocacy group VoteVets to sue the Trump administration in April over its previous appointment of an acting VA secretary.

John Lewis, Democracy Forward's lead attorney on the case, told TPM that Wednesday's announcement that O'Rourke will lead the department on a temporary basis while Wilkie steps aside to complete the confirmation process does not alter the underlying argument of their case: that it's illegal under the Federal Vacancies Reform Act for the president to fire a Cabinet official and hand-pick his or her replacement.

"The statutory text is very clear. The law says that an acting replacement can only be appointed if the official died, resigned or is unable to serve," Lewis said. "Since Shulkin was fired, the the administration's decision to select O'Rourke is another sign of how the administration is willing to break the law to get their favored people in power at the VA."

Lewis says that under the normal order of succession at the VA, Deputy Secretary Thomas Bowman should have been made acting secretary when Shulkin was fired. Instead, the Trump administration tapped Wilkie as acting secretary and nominated his personal doctor Ronny Jackson to be confirmed to the position.

When Jackson's candidacy fell apart amid allegations that he drank on the job, handed out medication without a prescription, and created a toxic work environment for his colleagues, Trump nominated Wilkie to lead the agency on a permanent basis.

Shulkin has said publicly that he believes he was fired because of his opposition to the Trump administration's agenda of privatizing the VA. The White House previously considered firing Bowman as a tactic to intimidate Shulkin and pressure him to go along with the pro-privatization party line.

Democracy Forward's lawsuit cites news reports and official communications to argue that the Bowman was repeatedly passed over for the acting secretary gig for political reasons, a move that would violate the Federal Vacancies Reform Act.

"The President appears to have bypassed Deputy Secretary Bowman due to Bowman's opposition to privatization of VA health services," the complaint says. "In an email sent in December 2017, the President's senior advisor on veterans affairs, Jake Leinenkugel... described Bowman as an 'obstructionist' opposed to the administration's privatization agenda."

Lewis told TPM that the Trump administration's latest move to once again select a replacement is "a very troubling sign of the President's treatment of the civil service."

The Trump administration must respond to the lawsuit by early July, and a ruling from the U.S. District Court for the District of Columbia is likely sometime this fall.

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4.4 - WFLA (NBC-8, Video): [As some face consequences for racist Facebook posts, VA accused of double standard](#) (31 May, Steve Andrews, 692k uvm; Tampa, FL)

In March, Tashika Thomas, a VA employee and union president at Bay Pines VA Medical Center, took to her personal Facebook page and wrote "F---ing White Privilege."

The expected groundswell of outrage developed and Bay Pines put out a statement, saying "the Facebook post is contrary to VA's core values and is unacceptable."

But two months later Thomas still has her job.

On Thursday, Bay Pines director Suzanne Klinker provided us with the following statement:

Bay Pines VA Healthcare System does not condone or tolerate such unacceptable and offensive comments from any of our employees. That's why we conferred with human resources and personnel law officials about this matter. VA leaves these decisions up to local facility leaders, and after weighing all the facts and circumstances, I have decided we will counsel the employee to ensure she avoids such conduct going forward."

– Suzanne M. Klinker, Director, Bay Pines VA Healthcare System

The statement comes amid controversy surrounding racially-charged Facebook posts.

On Wednesday, ABC swiftly dropped the ax on Roseanne Barr, canceling her show following her racist tweet about Obama adviser Valerie Jarret. Re-runs of Barr's old show are also being pulled from other networks.

"This is a racial, 'Me too' moment, isn't it," author Michael Eric Dyson told NBC News. "This is a particular moment where you're race baiting and you're bigotry and your violent racism have to be taken into account and things are changed."

But has anything changed at the Department of Veteran's Affairs?

Benjamin Krause, a disabled veteran, attorney and veteran's advocate says the agency's two-month silence about Thomas' post is alarming.

"I think by dragging it out they absolutely leave other individuals to believe that the agency has a double standard," Krause said. "We don't know if the difference in how she [Thomas] is treated relates to race, whether it relates to gender, we don't know if its because she's aslo an A.F.G.E. official."

Krause noted the department's swift disciplinary action in response to a similar situation against an employee in Rhode Island who also happened to be a combat veteran. That employee was demoted from his supervisory position.

"My post to my personal page are just that, my personal opinions and experiences," Thomas told me after her post surfaced.

Documents obtained by Krause show some VA officials also found her remarks repugnant.

"This gives the VA a black eye and nobody benefits from the VA looking bad and from VA employees not being held accountable," said Krause.

When reached by telephone, Thomas said she wasn't able to talk because she was at work. She requested I call her after 5 p.m. I did, but she did not answer.

If you have something that you think should be investigated call our Target 8 helpline at 1-800-338-0808 or contact Steve Andrews at sandrews@wfla.com.

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4.5 - WMC (NBC-5, Video): [MID-SOUTH HEROES: Veteran cheers fellow VA patients with karaoke](#) (31 May, Janeen Gordon, 592k uvm; Memphis, TN)

You can hear music filling the halls of Memphis' Veterans Hospital every Tuesday, thanks to a kind soul who holds a special place in his heart for veterans.

For more than a decade, one man brings joy and entertainment to patients and staff with his gift of karaoke.

Mr. Eugene Perkins, a Vietnam-era veteran, certainly has the moves.

Decked out in his cowboy hat, belt, and boots, he performs before patients, staff, and onlookers in the cafeteria of the Memphis Veterans Hospital.

Every Tuesday for more than 10 years, Perkins--who has been a patient of the VA for 30 years--brings his cache of more than 100,000 songs to offer hope with rhythm and a smile to fellow veterans.

Perkins fought his share of health issues from bladder cancer, a 2005 diagnosis of Lymphoma, to his 2017 placement of a pacemaker for congestive heart failure.

"As soon as I was healthy enough, I started coming back and volunteering to do music," Perkins said.

Music can be therapeutic, lift spirits, and bring strangers together. Perkins knows that all too well.

[Click here](#) to see all of the previous Mid-South Heroes.

"I've had thousands of people and I mean literally thousands of people come up and say how much it has lifted their spirits," Perkins said. "Because let's face it, this is a hospital. Most of the time when you show up here it's because of something going on."

The father of eight, grandfather of 33, and great-grandfather of three believes the weekly karaoke sessions are keeping him strong and has allowed him to build lasting friendships.

"We've been friends for more than 25 years and we met at karaoke," said Mary Sharp.

If you are a fellow patient or are just looking to be entertained during your lunch break, Perkins and his team can drop beats from country, opera, blues, jazz, gospel and R&B.

Aside from his smooth moves and melodic tones, Perkins also sprinkles in a dose of humor.

"I used to tell folks I'm 6-feet-6, 230 pounds, 75-year-old, tall, bald, black, good-looking man," Perkins laughed.

Mr. Perkins is a true example of doing something you love, not for recognition but because it could possibly help someone else.

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4.6 - WMAZ (CBS-13, Video): [VA Medical Center in Dublin hosts town hall style meeting - The Carl Vinson VA Medical Center wants to hear from veterans and active military on how they can improve their services.](#) (31 May, 446k uvm; Macon, GA)

The Carl Vinson Veterans Affairs Medical Center in Dublin held a town hall meeting Thursday morning to talk about how they can better serve active military and veterans.

The center invited veterans, family members and stakeholders to come share their thoughts.

The meeting was headed by the hospital's new interim director, David Van Meter. He was joined by some of the center's department heads.

Veterans Affairs officials were also there to talk about the services they provide in Dublin and throughout Central Georgia for veterans.

The meeting started at 10 a.m. and went until 11:30 a.m. Thursday.

Van Meter said this town hall is one step he is taking to make sure veterans receive the best care possible.

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4.7 - WMAZ (CBS-13, Video): [Veterans speak out at Carl Vinson town hall meeting - More than 70 veterans and employees came to the meeting.](#) (31 May, Wanya Reese, 446k uvm; Macon, GA)

Veterans and employees at the Carl Vinson Medical Center in Dublin spoke out during a town hall-style meeting about issues at the medical center. 13WMAZ was there, and we found out how the new interim director is taking steps in moving the center forward.

Veterans and employees packed the Carl Vinson Veteran Affairs Medical Center in Dublin during a town hall-style meeting. Frank Mickler traveled from Danville.

"I know policy-wise that the patient or the customer has the prime parking, this facility has all of its prime parking reserved for staff," Mickler said.

Another man, Wilbur Marlo, complained that the Vinson rehabilitation program is not set up for veterans to succeed.

"Last summer, I came here and applied for one of the programs, which is a vocational rehabilitation program, and they drug (dragged) me for two months," Marlo said.

Interim director David VanMeter answered questions from the more than 70 people who were in attendance. VanMeter said the reason for the town hall was so he could hear from veterans like Marlo.

"I'm a believer in the voice of the customer, and the only way we know what's going well and what's not going well and what we can work on is by talking to our veterans and hearing from them," VanMeter said.

Marvin Joseph, a member of the post-traumatic stress disorder council, said another problem is the lack of help for veterans who suffer from PTSD.

"We have been fighting for the past two years trying to improve the quality of mental health, but we have also had roadblocks," Joseph said.

VanMeter said they are working on the problem and the Dublin VA's new mental health center that is scheduled to open next January should help.

If you or someone you know is dealing with PTSD, they can call the Veterans Crisis Line at 1-800-273-8255.

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4.8 - KFLY (CBS-10, Video): [Senator John Kennedy visits Lafayette VA clinic](#) (31 May, Sylvia Masters, 195k uvm; Lafayette, LA)

U.S. Senator John Kennedy toured the VA Clinic in Lafayette for the first time.

"Well, you have to be impressed. It's extraordinary. That doesn't mean everything's well and everything's been fixed in terms of health care for veterans. We owe our veterans everything and there's no way that we can ever repay them for preserving the liberties that we enjoy every day," Kennedy says.

He also discussed how this clinic is a primary care clinic, not a specialty care clinic.

He hopes to bring specialty care here at the VA Clinic in Lafayette as a future goal.

"But they offer primary care which is important but we need to work just as hard even harder on getting our veterans the specialty care that they need but we're making progress, we're making progress," says the senator.

Kennedy did mention he's optimistic about the VA Mission Act which was recently passed with both support from Republicans and Democrats.

He's hoping the act will help in aiding our veterans even more.

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4.9 - Herald-Mail: [Annual Operation God Bless America Motorcycle Ride to end Sunday at the Martinsburg Veterans Affairs Medical Center](#) (31 May, 158k uvm; Hagerstown, MD)

The Martinsburg Veterans Affairs Medical Center will be the end point Sunday afternoon of the Operation God Bless America Motorcycle Ride.

Motorcycle enthusiasts from Pennsylvania, Maryland, Virginia and West Virginia will raise money for veteran patients of the medical center and honor those who have served.

Upon arrival at the medical center, riders will travel through the patriotic Avenue of Flags lined with U.S. flags donated by the families of deceased veterans.

The ride begins at noon in Greencastle, Pa., with an anticipated arrival at the medical center at about 1 p.m. Those who would like to see the motorcycles arrival should be at the hospital no later than 12:30 p.m. There will be a ceremony at 2 p.m.

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4.10 - Health Data Management: [White House announces still more leadership changes at VA](#) (31 May, Greg Slabodkin, 143k uvm; New York, NY)

Palace intrigue in the White House regarding the leadership of the Department of Veterans Affairs continued on Wednesday with the Trump administration's announcement that Peter O'Rourke has been named acting VA secretary.

O'Rourke, who previously served as the VA's chief of staff, succeeds former Acting Secretary Robert Wilkie, whom the president has selected for nomination as VA secretary.

In the meantime, the agency announced that Wilkie has returned to his prior position at the Department of Defense, where he serves as under secretary of defense for personnel and readiness. President Trump named Wilkie the agency's acting secretary in late March, following the ouster of then-VA Secretary David Shulkin, MD.

Earlier this month, Wilkie made the decision to finally award Cerner a \$10 billion electronic health record modernization contract to replace the VA's decades-old legacy EHR system, culminating nearly a year of negotiations with the vendor.

In addition, VA Deputy Secretary Thomas Bowman is "re-entering retirement effective June 15," according to Wednesday's announcement by the agency.

This is the latest in a series of senior executive changes that have plagued the VA.

In April, acting chief information officer Scott Blackburn resigned from his duties. And, last month, Rear Admiral Ronny Jackson—President Trump's nominee to serve as VA secretary—withdrawed from consideration for the job amid allegations he had fostered a hostile work environment and behaved improperly while heading the White House medical team.

Earlier this month, members of the U.S. Senate and House of Representatives sent a letter to VA Deputy Secretary Bowman expressing their concerns about what they perceive as a leadership vacuum at the agency. In particular, the senators and congressmen said the VA's Office of Information Technology has 553 staffing vacancies that are negatively impacting the agency.

"In the last four months alone, 40 senior staffers have resigned, effectively stalling operations in essential areas such as information technology," said lawmakers in their letter. "The historic overhaul of the VA's outdated health record system requires adequate staffing levels to ensure this project succeeds. Anything less than a robust workforce is a disservice to veterans, VA employees, and tax payers."

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4.11 - The Villages Daily Sun: [U.S. Senator Marco Rubio meets with veterans on Memorial Day](#) (31 May, Samantha Dunne, 35k uvm; The Villages, FL)

U.S. Sen. Marco Rubio spoke about health-care access and other veterans issues Wednesday during a visit to American Legion Post 347 to meet and greet veterans in honor of Memorial Day.

Florida's Republican senator spoke with post officers about closer access to hospitals specializing in drug rehabilitation and other health services, among other issues. He then addressed an appreciative crowd in the American

Legion bar.

“The needs of the VA system in the years to come are only going to increase,” Rubio told the crowd. “This particular post is the largest in the country, which is indicative of where the VA’s priorities should be focused. (We should have) facilities nearer to where veteran populations might be growing.”

Al Varrone, Post 347 commander, said Rubio’s visit was important to his members.

“We like having important individuals come and address our members,” said Varrone, of the Village of Bonnybrook. “(It’s) very beneficial that we have these dialogues.”

Varrone also was excited to hear about Rubio’s work with veterans programs. Rubio recently sponsored the VA Mission Act aimed at reprioritizing the health-care needs of veterans.

The legislation, recently passed in the Senate, establishes community care programs for veterans by “requiring access to community care if VA does not offer the care or services the veteran requires.”

“We want to make sure that the VA benefit isn’t just geographically constrained,” Rubio said. “It will provide opportunities for veterans to seek out healthcare either in their VA facility, another VA facility, or a private facility that may be outside the restrictions placed by the current program.”

The bill would revamp the Veterans Choice Program, which allowed veterans to receive VA health-care services and benefits only through facilities that are “part of VA’s VCP network of community providers.”

Eligible veterans in The Villages have access to the Villages Outpatient Clinic, which is run by the U.S. Department of Veterans Affairs and provides many medical services. The nearest veterans hospital is the Malcom Randall VA Medical Center in Gainesville.

Werner Hoglund, a Post 347 member who lives in Stonecrest, served in the Vietnam War and is still feeling the effects of Agent Orange, a harmful herbicide used during the war.

“He’s applied for neuropathy (treatment) and it hasn’t been resolved,” said Judith Hoglund, Werner’s wife.

Werner and Hoglund said they hope legislation, such as the VA Mission Act, will increase veteran access to different healthcare providers.

In addition to improving health-care issues faced by veterans, Rubio wants to alleviate the economic struggles of veterans. He recently introduced the VET OPP Act of 2018, which emphasizes programs that help veterans transition back into society and gain economic and employment opportunities.

“There are all sorts of skills that one acquires while in service that are not often accounted for in the private sector,” Rubio said. “So, we want to remove those impediments. There has to be a value added to service of our country.”

Lewis Butler, a Legion member who served in the U.S. Air Force for 20 years, said he supports Rubio's efforts to employ veterans.

"I think employers would benefit a lot by hiring veterans because veterans are already disciplined," the Leesburg man said. "They already understand work."

First Vice Commander Ellen Tierney, of the Village of Lake Deaton, was one of the Legion officers who met with the senator. She found him "very in tune (with) veteran issues," she said. "There's somebody up there who cares. They don't get up there and just forget about us until it's time to vote."

Rubio said he hopes to continue thanking veterans through these legislative efforts.

"It doesn't matter how many times you thank people for their service, you have to keep doing it," Rubio told the crowd, "because we are beneficiaries of extraordinary freedoms that were not free."

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5. Improve Timeliness of Service

5.1 - IHeartDogs: [VA Hospital Welcomes Disabled PTSD Service Dog](#) (29 May, Dina Fantegrossi, 5.2M uvm; 5.2M uvm; Portland, OR)

Honor is a 2-year-old Golden Retriever raised from puppyhood to serve individuals with PTSD.

Unlike other dogs trained by the non-profit organization, Therapeutics Service Dogs of Oklahoma, Honor was born without metacarpals where her back right paw would be.

Unable to place her as a regular service dog, Therapeutics donated Honor to the Jack C. Montgomery VA Medical Center. There, her prosthetic limb makes her all the more relatable to the heroes she comforts.

"So devoted. She doesn't know she's handicapped. She's the prettiest three-legged dog I ever saw," patient Jim Baker told KTUL-TV.

The pooch has been visiting sick and wounded veterans like Mr. Baker since January, alongside her adoptive mom and handler, Terri Woodworth who works at the facility.

Between allergies, fleas, mites, and standard dry skin, an itchy dog is a miserable dog. There are several reasons why Fido might be scratching more than usual, and it's not always easy for dog...

Honor's minor physical limitations do not prevent her from keeping a full schedule of visiting the clinic's Chemotherapy, Inpatient Mental Health, and Hospice/Palliative Care units. In addition to these regular stops, the service dog also takes special requests and makes unscheduled visits to patients in need of a snuggle

“She has a special ability to sense when people need her,” Woodworth said. “She picks up on people’s emotions really well. I really think Honor is going to lift the spirits of our Veterans, especially those who have been hospitalized for a long time.”

Honor’s impact on the patients is quite evident, with many looking forward to her arrival for days. After her visit with Mr. Baker, the veteran remarked, in an emotion-choked voice:

“This dog has put so much joy in my life today.”

Judging by her ever-wagging tail, Honor feels the same way, too!

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5.2 - KTVK (TV-3, Video): [VA curbing opioid prescriptions but some safety measures lacking, report finds](#) (31 May, Derek Staahl, 1.1M uvm; Pasadena, CA)

In response to the deadly opioid crisis, the Department of Veterans Affairs has significantly cut the number of prescription painkillers prescribed by its doctors over the last five years, but a new report finds the VA is falling short on some of its own safety initiatives.

A Government Accountability Office report released Tuesday found VA doctors often failed to check state databases to ensure patients weren’t getting the addictive pills elsewhere, among other issues.

The opioid crisis has hit veterans especially hard. In 2011, veterans were twice as likely to die from an opioid overdose as civilians were.

Chris Riley has seen the opioid crisis firsthand. He spent four years as an active duty combat medic and then served another eight years as an Army reservist.

“When I left the service, I was homeless. I was drinking a lot, doing a lot of drugs,” said Riley, including opioids.

He got treatment at a substance abuse center called Crossroads, Inc. in Phoenix and now he works there, where he regularly sees veterans trying to overcome opioid addiction.

“They’re given a prescription for chronic back pain or knee pain, and then before you know it, they’re abusing it,” said Riley. “And then, unfortunately, that turns into heroin use.”

In last quarter of 2013, roughly one out of every six VA patients got an opioid prescription, according to the GAO. In the first quarter of 2018, about one out of every 11 patients got a prescription.

That represents a drop of 267,000 veterans; from 665,786 in the first quarter of 2013 to 398,899 in the first quarter of 2018.

Despite the significant drop, the report highlighted several areas of concern in the execution of the VA’s own safety initiatives, which were launched in 2013.

GAO investigators examined 53 veterans who were prescribed long-term opioid therapy. In 40 of the cases, VA doctors failed to run names through state-run prescription drug monitoring databases.

“When people are addicted to these medications, they’re going to doctor shop. They’re going to find any way they can to get these medications,” said Riley. “If you’re not checking the database that’s out there, you could be handing somebody medication they just filled five hours earlier in the day [somewhere else].”

The report found VA doctors failed to administer urine tests in 20 out of the 53 cases reviewed, tests designed to ensure veterans use their prescriptions properly. In 12 of the cases, there was no signed record the doctor informed the veteran of the risks and benefits of long-term opioid therapy.

In a statement, the VA said it agreed with the GAO’s recommendations and will take steps to address the issues within the next year.

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5.3 - Journal Gazette: [Upgrades at VA praised by Banks - Learns of mental health programs](#) (1 June Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Rep. Jim Banks walked into the remodeled lobby of Fort Wayne's VA Medical Center on Thursday afternoon.

It includes the “Veteran Sound Off Board,” where military veterans can jot down ideas for improvements at the medical center.

Banks later examined fourth-floor inpatient rooms under construction, and he learned about a video link between the intensive care unit and a Department of Veterans Affairs Telehealth hub in Cincinnati.

“Every time I come here it’s something new,” Banks, R-3rd, said in an interview about his periodic visits to the medical complex at Lake Avenue and Randallia Drive. “From the last time I was here the lobby looked completely different.

“The investment, the modernization of facilities is important. We have continued to be an advocate for much of that,” said Banks, a member of the House Veterans' Affairs and Armed Services committees and an officer in the Navy Reserve.

He spent part of his Thursday tour listening to Helen Rhodes, chief of mental health for the VA Northern Indiana Health Care System, which operates the medical center. She said 1 in 5 of the 45,000 veterans in the 32-county system have mental health needs.

Rhodes said Northern Indiana ranks among the best VA systems in the nation for “warm handoffs” – when patients are escorted from a clinic for physical health to one for mental health – and for Veterans Justice Outreach, which aims to avoid the criminalization of mental illness.

She also told Banks about group therapy sessions, expanded times for walk-in patients and the expanded use of Suboxone, a drug for treating opioid addiction.

"When you get into this you realize just how vast the VA is, how many programs are involved. ... You guys live it and deal with it every day, so I appreciate the education," Banks told Rhodes.

He later told The Journal Gazette that his office receives daily complaints from veterans about VA.

"But rarely is the complaint about the local VA hospital, about the services that are provided here," he said. "The complaints are almost always about the system, the bureaucratic nature of the system – navigating through the phone system, getting from the point of where the veteran is to the point of the delivery of the health care service."

After the tour, Banks went to D.O. McComb & Sons Funeral Home on Lake Avenue for the announcement that the McComb Family Foundation was donating \$25,000 to the Wounded Warrior Project, a nonprofit that aids wounded veterans.

"The Wounded Warrior Project is a great organization that does so much good work for our veterans, and this is a substantial contribution from the McComb Family Foundation today," Banks said.

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5.4 - The Fix: [Veterans Hold Memorial Day Push for Medical Cannabis](#) (31 May, Kelly Burch, 695k uvm; Brooklyn, NY)

The veterans participating in the Veterans Rally advocated for the VA to change its medical marijuana policy.

Veterans from across the country gathered in Washington, D.C. on Monday to advocate for better access to medical cannabis through the Department of Veterans Affairs.

"Use cannabis, die less," Mike Krawitz, a 56-year-old disabled U.S. Air Force veteran told Marijuana.com. "The scientific community has confirmed that cannabis saves lives by avoiding overdoses. VA doctors know this but are obliged not to recommend cannabis for pain and PTSD. And that is unethical."

The motto of the 2018 Veterans Rally D.C. was "plants over pills." The veterans who were participating were advocating for the VA to change its policy, which currently bars medical cannabis that many vets believe could help with chronic pain and issues like post-traumatic stress disorder (PTSD).

Derek Cloutier, who has PTSD after serving with the Marines, said that he always found it easy to get prescription pills from the VA. He said he has seen veterans turn to selling their VA-issued pills in order to get medical cannabis, which they felt was more effective at relieving their symptoms.

"I've been told straight by a vet that I can go to a VA hospital and be prescribed opiates, Adderall—anything if they play their cards right, and then go sell the pills on the streets... just so they can buy cannabis and heal themselves," Cloutier told Fox News.

Many vets, he said, are hesitant to use marijuana because it is stigmatized as a street drug. He worked through his own negative perceptions about cannabis before he began using it regularly. Now, he grows his own medical cannabis legally in Massachusetts, which has both a medical and recreational cannabis program.

"The more I learned about it, the more I educated myself about it... the stigma came down, the stereotypes came down," Cloutier said. "All these walls around me, that I was terrified to say I'm a cannabis user... that's part of the problem."

According to The American Legion, 22% of veterans are already using medical cannabis, despite the fact that it could affect their treatment from the VA. The overwhelming majority of vets (92%) say that they support research into using cannabis to treat a variety of ailments.

Recently, the VA announced that it would begin to study medical marijuana. However, many veterans believe that there is unlikely to be a policy change under the current administration.

"VA doctors may be allowed more breathing room in a legal medical marijuana state, but they are afraid to run afoul of the federal government," Krawitz said.

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5.5 - WTEN (ABC-10, Video): [Local VA Hospital needs more resources to deal with opioid crisis](#) (31 May, Anya Tucker, 623k uvm; Albany, NY)

The opioid addiction crisis doesn't seem to be slowing down and it apparently also has a growing grip on our veterans.

Just like civilians struggling with addiction, veterans are also having a tough time finding treatment.

At the Stratton VA Medical Center, officials say they're seeing a rise in veterans young and older addicted to opioids.

Right now, there's a 12-bed treatment center onsite and veterans must go elsewhere to detox.

The VA is now in the process of trying to redevelop their program for veterans who need a seamless transfer from detox to a rehab or to an intensive outpatient program.

There's also an issue with vets who just don't reach out for help.

"Veterans are used to helping others. So very often they put themselves last and they won't come in for treatment because they are wanting to save the bed for one of their comrades who might need it more than them," Dr. Annette Payne, Ph.D. and Chief of Psychology at Stratton VA Medical Center, said.

"New York is not any different than any other place in the county there's a lack of nurses, there's a lack of doctors. There's an issue of there being enough people to provide the care we need," Peter Potter, the Public Affairs Officer, said.

They say this is not just about addiction or mental health, but sometimes the hidden scars that are emotional and hidden.

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5.6 - WJHL (CBS-11, Video): [Colonoscopy delays at Mountain Home "likely impacted" veteran care](#) (31 May, Nate Morabito, 623k uvm; Johnson City, TN)

A new audit from the Department Veterans Affairs Office of Inspector General found colonoscopy delays at Mountain Home VA "likely impacted" care for some veterans.

The audit, prompted by allegations in 2016 and released Thursday, identified 15 patients with colorectal cancer or carcinoid who had "longer intervals between identification of a need for a colonoscopy and completion than other patients without cancer." The report shows the patients waited, on average, more than six months.

Of those 15 patients, eight also experienced between a one and 10-year delay in surveillance colonoscopies, according to the report. Auditors determined two of the patients had Stage IV colon cancer and one died roughly nine months after the diagnosis.

The audit also identified 335 patients who, on average, waited six months between an outpatient consult and colonoscopy. Of those patients, 11 also had a delay in surveillance colonoscopy because of "patients who were not notified that they were due for a surveillance colonoscopy; colonoscopy consult delays; clinics that cancelled appointments; and patients who either cancelled appointments, were 'no shows' for scheduled appointments, or deferred the surveillance colonoscopy."

In addition, the OIG found 137 patients whose consults were submitted more than 30 days after the patient was determined to have a positive fecal immunochemical test. Four of those patients were diagnosed with cancer. Auditors also concluded 280 patients with positive FITs did not have a consult entered to follow up and only 45 had documentation of a completed colonoscopy.

As a result of the findings, auditors made seven recommendations. Administrators assured auditors Mountain Home is making changes to prevent future delays and address past delays with the patients impacted.

"The Chief of Staff and Chief Quality Management and Improvement at James H. Quillen VAMC conducted a comprehensive evaluation of each of the 15 cases discussed in this report," VA Midsouth Healthcare Network Director Cynthia Breyfogle wrote in her response. "They analyzed reasons for delays and identified areas of concerns and impact on patient care.

Steps have been taken at numerous levels to improve timeliness of the colorectal cancer screening process.'

House Veterans Affairs Committee Chairman Rep. Phli Roe (R), TN-District 1, first raised questions about colonoscopy delays in 2016 when was just a member of the committee.

"Ensuring veterans have timely access to quality care has been one of my highest priorities in Congress, even before I began serving as chairman of the House Committee on Veterans'

Affairs," Rep. Roe said in a statement Thursday. "In fact, I raised the very failure highlighted by the OIG in a hearing in March of 2016. I'm glad Mountain Home has already taken steps to implement many of the recommendations in this troubling report, and I believe this further underscores why veterans need more options for care, not fewer."

Congressman Roe continued saying his bill, the VA MISSION Act, which is expected to soon be signed by President Donald Trump, "will ensure veterans can access health care in their communities when these kinds of delays occur."

"I strongly support the mission of the department and continue to believe Mountain Home provides quality care, but you can't expect VA to be able to provide every service to every veteran," he said.

"That's setting even the best facilities up for failure. This is exactly why we must partner with community providers, and I'm proud my bill will allow these important partnerships to continue so veterans have access to the kind of care they deserve."

In a statement late Thursday afternoon, Mountain Home VA said the facility has implemented all recommendations that stem from the 2016 inspection.

"Our leadership understands the need for OIG reports and we welcome the feedback," the statement said in part. "We remain committed to providing safe, high-quality care to our Nation's Heroes."

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5.7 - KGET (NBC-17, Video): [Kevin McCarthy introduces plan aimed for faster veterans care](#) (31 May, 58k uvm; Bakersfield, CA)

Bakersfield Congressman and House Majority Leader Kevin McCarthy rolled out a new program aimed at getting veterans quicker care.

McCarthy held a news conference Thursday at the Kern County Veterans Services Department.

If a veteran can't be seen at a local Veterans Affairs clinic, the Convenient Care Initiative would allow them to go to local walk-in clinics for their VA health care.

"This is changing and modernizing health care to help them so they get better quality, more convenient at a faster time," McCarthy said.

There are five facilities in Bakersfield that veterans in Bakersfield that veterans can go to when the VA clinic is booked and can even use walk-in clinics after hours or on weekends.

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5.8 - EHR Intelligence: [GAO: VHA Providers Must Improve PDMP Use to Boost Opioid Safety - GAO found VHA providers are failing to sufficiently engage in PDMP use or adhere to other opioid risk mitigation strategies.](#) (31 May, Kate Monica, 50k uvm; Danvers, MA)

Veterans Health Administration (VHA) providers need to enhance their state-run prescription drug monitoring program (PDMP) use, according to a recent Government Accountability Office (GAO) report.

Investigators assessed VA's progress in improving opioid safety among veteran patients and determined that the federal department has not yet met all of its opioid safety goals developed as part of the Opioid Safety Initiative (OSI). Furthermore, VA providers are not consistently adhering to evidence-based opioid risk mitigation strategies.

GAO investigators reviewed a sample of 103 veteran EHRs at five VHA medical facilities and found 40 veterans did not have their names queried in a state-run PDMP.

PDMPs allow providers to search for patient EHRs and access a comprehensive picture of a patient's controlled substance and prescription history.

In accordance with the opioid risk mitigation strategies outlined in OSI, VHA providers are required to query state PDMPs at least annually when prescribing opioids to determine if a veteran has obtained opioid medications or other controlled substances from a non-VA provider.

Only 26 percent of veterans in its sample had their names queried in a PDMP, according to GAO's investigation.

"We identified a number of factors that may have contributed to the inconsistent adherence to the three key opioid risk mitigation strategies at our selected VHA medical facilities," stated GAO investigators in the report. "These factors may impede providers' ability to consistently follow these strategies for all applicable patients at these facilities."

GAO pointed to problems with PDMP access as a main factor that may have obstructed VHA providers' abilities to follow through on key opioid risk management strategies.

"Officials at four of the five selected medical facilities faced PDMP access issues," explained GAO investigators. "Officials at two facilities told us that not all facility staff can access state PDMPs due to state laws and regulations that do not allow access to all types of providers, such as nurses and pharmacists."

VHA officials at one healthcare facility stated nurse practitioners are unable to access the state's PDMP due to state laws and regulations that bar nurses and pharmacists from viewing health information contained in the PDMP.

"In addition, in some states, only providers licensed in the state may access the state's PDMP," wrote investigators. "Because providers at VHA facilities may not be licensed in the state where the VHA facility is located but licensed in another state, these providers may be unable to access the state's PDMP."

Ultimately, GAO made five recommendations to help VHA providers improve opioid safety and execution of opioid risk mitigation strategies.

First, GAO recommended the Undersecretary for Health ensure the Central Office, Veterans Integrated Service Networks (VISN), and medical facilities document actions they take to

improve OSI goals. GAO also recommended the Undersecretary for Health ensure any OSI goals that have not been met have clearly defined, measurable outcomes.

GAO also suggested government bodies track the use of the Opioid Risk Report and other tools prior to initiating opioid therapy. The regulatory body also said VISNs should implement academic detailing programs that support all medical facilities in the VISN and that all VHA medical facilities have a designated primary care pain champion as required.

Finally, GAO recommended all VHA medical facilities ensure providers are improving their adherence to opioid risk mitigation strategies—including the use of PDMPs, written informed consent, and urine drug screening.

“These steps could include creating alerts in the electronic medical record system to remind primary care teams when these actions should be completed or strengthening facility monitoring of providers,” GAO concluded.

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6. Suicide Prevention

6.1 - KOTV (CBS-6, Video): [Tulsa VFW Fighting Record High Suicide Rates Among Oklahoma Veterans](#) (31 May, Sawyer Bucky, 2.1M uvm; Tulsa, OK)

Staff Sergeant Myles Hunt carries memories of his almost ten years in the U.S. Army with him everywhere he goes but some memories are just more physical than others.

"I was hit by an IED, September 5th, 2003. It took about a quarter of my face and half of my hand. We were on a road, what they were starting to call IED alley. We didn't see it coming. It was literally fixed behind a guardrail." Said Sgt. Hunt. He and the soldiers with him survived but Staff Sergeant Hunt came home a different man.

"Dealing with the recovery, dealing with the incident itself. I grew up in the hills and I went back there and I went home, I had a hard time getting jobs, had a hard time holding jobs."

He started going to the VA and says the help he received allowed him to slowly get used to his new "normal" alongside men and women going through the same things.

"I started talking with those guys and gaining the comradery back that I was truly missing." Said Sgt. Hunt. Now, Hunt volunteers at Tulsa's VFW Post 577 alongside Commander Josh Starks whose father, an aviation mechanic in the US Army committed suicide just 2 days before his son's deployment to Afghanistan.

The Post is dedicated to helping veterans cope with the PTSD and depression they face coming home from the war.

"Oklahoma is a very high infantry state," said Starks. "The experiences that you have are sometimes more intense whenever you are in the infantry."

According to the Department of Veteran Affairs, Oklahoma veterans commit suicide at rates much higher than the national average. It's an epidemic Commander Starks says the Post is fighting by giving soldiers a community, and the tools they need to cope with their experiences.

"It doesn't get better without help, it doesn't get better without somebody reaching out and saying hey I'm here for you."

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6.2 - Stars and Stripes: [White House approves VA plan to offer mental health care for transitioning servicemembers](#) (31 May, Nikki Wentling, 1.5M uvm; Washington, DC)

The White House approved a plan for three federal agencies to provide more mental health services to servicemembers transitioning from the military, a population at increased risk for suicide, the Department of Veterans Affairs announced Thursday.

In January, President Donald Trump issued an executive order that required the VA, Department of Defense and Department of Homeland Security to develop a plan by March 9 on how to provide mental health care seamlessly to new veterans and implement that plan within 180 days.

Former VA Secretary David Shulkin helped develop the plan, but he was fired March 28. The VA sent its final version of its plan to the White House on May 3. Now that it's been approved, the VA plans to follow up with a status report and cost estimate to the White House in July.

Peter O'Rourke, the new acting VA secretary as of Wednesday, promised the plan would make it easier for servicemembers to transition into civilian life.

"This collaborative effort represents a critical first step for ensuring that servicemembers transitioning from active duty to veteran status understand that VA, DOD and DHS are committed to easing the stress of transition by providing the best mental health care possible," O'Rourke said in a prepared statement.

The plan states the VA and Defense Department will conduct mental health screenings on all transitioning servicemembers before they separate, and then intervene with people at risk of suicide. The agencies said they would begin that process this month and fully implement it by December.

One of the agency's goals is to reach out to transitioning servicemembers within 90 days of their expected date of separation with information on available resources, and then continue calling them at regular intervals. The VA also wants to allow servicemembers to apply online for VA health care during their transition briefings.

The plan also includes an expansion of the Defense Department's Military OneSource, which provides support to active duty servicemembers and their families. The program currently offers support to servicemembers for 180 days after they leave the military. The DOD will extend the cutoff date to one year after troops exit.

Enlisted servicemembers leave the military at a rate of about 245,000 each year, the agencies reported. The VA estimates about 32,000 more servicemembers would seek mental health care through the VA as a result of the changes.

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6.3 - Rewire.News: [Appalachia's Suicide Rates Are Startlingly High. For Veterans, They're Even Higher.](#) (31 May, India Amos, 173k uvm; Silver Springs, MD)

"You work for someone [in the military] who's your boss, and you work with other people. Everyone needs something different," said "Frank," a veteran originally from Sistersville, West Virginia, who worked in the Navy's visual communications team on an aircraft carrier. "Sometimes [worry] can follow you your entire life; you wonder, Have I done something wrong?"

Military service, whether in combat or not, can lead to mental health complications for veterans. Frank (name has been changed to protect his privacy), now resides in Daytona Beach, Florida, and has been to see two therapists through the U.S. Department of Veteran Affairs (VA) network.

In his appointments, he discusses how his work in the military caused him to suffer partial deafness, and he talks about his overall time in the Navy. But whether visiting the VA for physical issues relating to his hearing loss or visiting for mental health, Frank overwhelmingly prefers the services in Florida to those in his former home in Appalachia; he believes the quality of care is better.

In the massive region of Appalachia, which includes parts of 13 states and spans from New York to Mississippi, most forms of care straggle behind the rest of the nation. An August 2017 report from the Foundation for a Healthy Kentucky concluded that, when comparing 41 different major health indicators, Appalachia's performance falls below standard in 33 categories. The region records some of the lowest numbers relating to life expectancy while rates of deaths relating to drug overdose and poisoning soar 37 percent higher than the rest of the country.

Transportation barriers and availability issues limit Appalachians' access to mental health care, including potentially life-saving care for veterans. Appalachia's lack of resources has taken a toll on its population's mental health. The region reports one of the nation's highest suicide rates, averaging numbers 17 percent higher than anywhere else in the country.

Appalachia's lack of resources to combat major health-care issues means that vulnerable populations face the greatest risks. Veterans fall into this classification because, in many circumstances, the conditions they sustained while serving, such as PTSD or anxiety caused by extended absences from home, require them to receive highly specified care. The resources veterans need are often unavailable in Appalachian communities with about 35 percent fewer mental health-care providers than the national average.

Veteran populations in Appalachia have seen suicide rates drastically increase. Nationally, veteran suicide rates rose by nearly a third between 2001 and 2016. And a 2017 study by the VA concluded that veteran suicides occur more often in rural areas with high levels of social isolation. While the data does not imply that simply living in rural communities will make veterans more susceptible to suicidal thoughts and actions, other systemic issues that plague these regions can help explain why these deaths occur more often in rural spaces.

Veteran suicides are most common in the western part of the United States, but states in Appalachia that have strong rural populations, including West Virginia and Kentucky, also have staggeringly high suicide numbers. According to Denver-based magazine 5280, these high levels of suicide could partially be attributed to “rural isolation, high gun ownership and a rugged sense of individualism,” factors that could also be used to describe Appalachia, with its gun culture and long tradition of self-reliance.

Military personnel may be more reluctant to vocalize their mental health struggles or suicidal thoughts because the topics still remain highly stigmatized in Appalachia. According to a study published in 2015 by the Journal of Pediatric Psychology, this stigma surrounding mental health is socialized in Appalachian children at a young age.

The study concluded that “greater perceived stigma was related to less willingness to seek services in a mental/behavioral health center or in schools,” but the study also determined that there were some instances where stigma was not a factor at all, or only present in some children. This suggests that the stigma against mental health and treatment begins early in Appalachia: at home with parents and families.

Lauren Winebrenner, who works as a public affairs specialist and community outreach program coordinator at the Martinsburg VA Medical Center in eastern West Virginia, believes this to be a strong factor in why more veterans do not report mental health concerns. “I think the more we talk about it and the more we open up and are kinder, that will help society destigmatize mental health.”

Dr. Mark Mann, chief of mental health services at the Martinsburg VA center and an Air Force veteran, believes suicide prevention should be one of the center’s top priorities. “As a group, suicide prevention in this hospital is everybody’s problem,” he said. “Anyone who talks to a veteran should think, is this veteran in need of better care? Is there something I could do to help them?”

Mann also believes in providing veterans with the tools they need to feel comfortable managing their mental health issues on their own, so that, upon returning to civilian life, they are empowered to regain as much normalcy as possible. “Veterans don’t want to think they’re going to be tethered to the VA for the rest of their life for mental health care,” he said.

But numerous veterans are not receiving the help they need. According to Mikey Allen, a veteran from Wheeling, West Virginia, who served as a broadcast journalist with the National Guard out of his home state’s capital and then as a cameraman and documentarian in Afghanistan, this is because many military members simply do not report their needs to the VA.

Allen said he is more likely to talk with his fellow veterans, and he has never contacted the VA for mental health resources. “We prefer to confide in each other because we aren’t trying to fix each other,” he wrote in an email to Rewire.News.

An additional factor that makes Appalachian veterans especially susceptible to suicidal thoughts and actions is the region’s overall struggles with addiction. A 2016 VA study found a correlation between high-dosage opioid prescriptions and suicide risk. The study reported that veterans who were prescribed the highest possible doses of opioids were more than twice as likely to die by suicide compared to individuals receiving the lowest doses.

Since 2012, VA-authorized opioid prescriptions have decreased. Veterans are being prescribed these drugs at a 41 percent lower rate than earlier this decade. However, with fewer opioid prescriptions being issued to veterans who may have been receiving the drugs for years, severe issues such as opioid withdrawal may arise. This, in turn, has been linked to increased veteran suicide and overdose, while also inadvertently encouraging veterans to turn to less safe street drugs to self-medicate and manage their pain and symptoms.

Allen, the National Guardsman, stressed the inherent comfort that comes from connecting with fellow veterans who understand: "There is no fixing us," he said. "There is only dealing moment to moment. And the whole listening, sharing, understanding with people you already know, love, and trust—with no pressure to solve something—is just most comforting."

Frank, who served in the Navy, believes increasing discussions about mental health among veteran populations is one of the most powerful actions mental health-care professionals and veterans' friends and family could take. "For veterans, it's a different situation because they reach out and nobody takes their hand," he said. "That's what turns the clock."

Veterans who would like to have confidential conversations with trained medical professionals may call the Veterans Crisis Line or visit its website. To find local support, veterans may also visit Make the Connection.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - UPI: [Drug abuse program for homeless veterans hopes to expand nationwide](#) (31 May, Xinyi Jiang, 4.8M uvm; Washington, DC)

Healthcare organizations based in Boston hope to expand their clinical partnership to engage more veterans with mental health and substance use diagnoses.

The groups unveiled the initiative Thursday at the annual conference of the National Coalition for Homeless Veterans in Washington.

In a nearly three-year partnership, the Boston Health Care for the Homeless Program has set up a full-service clinic onsite at the New England Center and Home for Veterans. The clinic is a "safe and welcoming environment" where caregivers can provide case management and counseling to veterans who are struggling with mental health issues and active substance use, said Lena Asmar, director of behavior health programs at the NECHV.

Other veteran care centers "are still resistant to work with folks who use drugs in the way that we do," Asmar said. "If they're intoxicated, we won't kick them out."

Asmar told dozens of veteran affairs managers at the Grand Hyatt Hotel that the clinic applies a "harm reduction approach," which respects the rights of patients who use illegal substances and aims to reduce negative consequences associated with drug use. Clinicians and case managers are trained in "trauma-informed care" so they all recognize the signs and symptoms of trauma and understand what veterans have gone through.

BHCHP and NECHV started the Office Based Addiction Treatment partnership in 2015 amid a rising number of opioid-related deaths among homeless veterans in the Boston area, Geren Stone, medical director of the joint facility, said.

The collaborative model of treatment provides "a lower barrier of entry" for veteran patients "in the transitional housing that are really unstable or actively using other substances," Stone said. "We meet each week to discuss not only what's going on and around their addiction, but also their housing process because that impacts their care."

Stone said 75 patients have been treated since the program began; four patients died after they had either been actively in treatment or refused to participate in follow-up treatments. Currently, 26 patients are in the program.

Stone hopes the program administrators from across the country who gathered at Thursday's workshop will replicate the clinic's success in their home facilities.

Adam DeCiccio, a regional manager at Veterans Inc. who attended the briefing, said he agreed with the panelists that the best time to intervene with veterans is when "they are in a safe place" and "a comfortable setting."

DeCiccio, a veteran himself, joined the U.S. Army four days before the Sept. 11 terror attacks and left the service in 2007. He said he saw other veterans struggling with opioids who were kicked out of shelters without receiving the drug abuse treatment they needed. That old way of triage "just doesn't really work anymore," he said.

The success of this clinic partnership is due to the way organizers create an empathetic relationship between patients and the medical team, said Steven Ward, manager of the Veterans Employment Program at Volunteers of America in Michigan, who also attended the conference.

"A relationship can be maintained," Ward said, leading to higher chances of success.

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7.2 - Military Times (Reboot Camp): [Exclusive: Unique new hiring initiative focuses on student vets](#) (31 May, Natalie Gross, 2.1M uvm; Springfield, VA)

More veterans who go to college after the military could find themselves with jobs waiting for them after they get their diplomas, thanks to a new program.

The national nonprofit Student Veterans of America announced today that it is launching the Business and Industry Roundtable, a coalition of 23 large companies that are committed to hiring student veterans.

"What (companies) have told us broadly is, 'We want access to veteran talent. Student veterans are a relatively untapped pool. One hundred thousand a year are graduating, and up until now, we haven't been paying attention to them as part of our student undergraduate recruiting or our veteran recruiting,'" said James Schmeling, executive vice president of SVA.

While SVA isn't setting any specific vet hiring goals that companies must reach, each of the roundtable participants must commit to engage with SVA chapters, mentor student vets and hire them.

"This is really about the how-to and how does this fit into your existing commitments," Schmeling said. "If somebody has said, 'We're going to hire 10,000 veterans' – great. Let's make sure student veterans are a part of that."

The new program is different from other veteran hiring initiatives in that SVA is actually asking companies to wait a few years after the military transition before they start recruiting, he said.

The Roundtable originated in a partnership between SVA and Raytheon, which supports SVA to the tune of \$5 million. Two and a half years ago, the Fortune 500 company invited SVA chapter members to events with its company network of 25- to 30-year-old employees. Schmeling said these events ranged from root beer float and "dunk the executives" fundraisers to resume workshops. Meanwhile, student veterans learned from their similar-aged peers – not recruiters or hiring managers – about the company culture and how they might go about landing a job in that field.

"Part of our support includes the opportunity to expose veterans to the career opportunities that exist in corporate America – and work with them to help them see themselves in those roles," Pam Erickson, Raytheon's vice president of global branding and corporate citizenship, said in an email. "By ensuring veterans are empowered to pursue their education and career goals, we all benefit."

The roundtable goes beyond companies advertising jobs for student veterans. It's about building deep relationships with them, Schmeling said.

That approach worked for Jonathan Granata, a 29-year-old Air Force veteran who was hired last year by Accenture, one of the roundtable companies, while he was wrapping up a master's degree at George Washington University. He attributes this mostly to the networking and mentorship opportunities he had with the global consulting firm through SVA.

Granata said he wasn't ready for a civilian career right after the military and needed the time in college to prepare for a future in corporate America.

In addition to Accenture and Raytheon, the founding companies are Aetna, Amazon, BASF, Booz Allen Hamilton, Comcast/NBC Universal, Deloitte, the DJ Edelman Family Foundation, Edward Jones, First Data, Gartner, General Dynamics, JPMorgan Chase & Co., LinkedIn, LMI, Lockheed Martin, Meijer, Microsoft, Nestle, Prudential/PGIM, PwC and USAA.

They will meet periodically throughout the year to discuss how they're engaging with student veterans. As part of this, companies may share the names of finalists not hired for positions at their own organizations who might be a better fit for other roundtable participants, Schmeling said.

"There are things that they can learn from each other across those companies," he said. "Even if they're not the company that hires the student veteran, if they've been investing and mentoring like others in the group, they will benefit."

And even though Granata is no longer a student veteran, he's grateful that the community has a support system outside of higher education.

"It's nice knowing that people and companies understand what value we bring to the table," he said. "We're being seen as an asset. That's important to me."

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7.3 - HousingWire: [Ginnie Mae reveals new requirements for VA refinances - Continues fight against predatory lending](#) (31 May, Kelsey Ramirez, 437k uvm; Irving, TX)

The company issued an All Participants Memorandum which announced the implementation of changes to pooling eligibility requirements for VA insured or guaranteed mortgages.

Under the new guidelines, all refinance loans insured or guaranteed by the VA are only eligible for Ginnie Mae securities if it meets both of the following conditions:

1. The date is 210 days after the date on which the first monthly payment was made on the mortgage being refinanced.
2. The date on which six full monthly payments have been made on the mortgage being refinanced.

These changes will go into effect for all security issuances on or after June 1, 2018, but do not affect the guaranty or composition of MBS issued before that date.

"Ginnie Mae is engaging with issuers to implement a cure for pools that have been submitted with non-compliant loans," the company said in its release. "Ginnie Mae expects that the law will be effective in helping curb abuses that have been identified in connection with certain refinance programs utilized by veterans."

In the second half of last year, Ginnie Mae announced that it was launching an investigation into mortgage lenders that were aggressively targeting service members and military veterans for quick and potentially risky refinances of their mortgages.

The investigation came on the heels of a letter from Sen. Elizabeth Warren, D-Massachusetts, who cited a report from the Consumer Financial Protection Bureau, which covered complaints received from veterans about VA mortgage refinancing.

Warren's letter claimed that there may be lenders "aggressively and misleadingly marketing the refinancing of mortgages backed by the Department of Veterans Affairs, generating fees for themselves at the expense of veterans and American taxpayers."

Then, early this year, Ginnie Mae announced that it was warning a "small number" of lenders to get their VA refinance programs under control, or they will no longer be allowed to participate in Ginnie Mae multi-issuer mortgage-backed securities.

But some experts, including Wells Fargo, predicted that warning was only the beginning in the agency's effort to clean up VA loan churning.

As it turns out, they were right. In April, Ginnie Mae reportedly followed through on that threat and booted NewDay USA and Nations Lending from its primary mortgage bond program.

NewDay denied that it was involved in loan churning and said that it has even offered recommendations to both Ginnie Mae and the VA that “could virtually end loan churning.”

Nations Lending also denied any wrongdoing, saying it was confident the matter would be resolved in the very near future.

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8. [Other](#)



Veterans Affairs Media Summary and News Clips

2 June 2018

1. [Top Stories](#)

1.1 - Military Times: [‘VA is not broken’: Outgoing deputy secretary downplays department’s leadership turmoil](#)

(1 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Thomas Bowman said he has confidence in incoming leadership team at the Department of Veterans Affairs, even if he isn’t going to be part of it. “The country and veterans need not be concerned that they’ll be appropriately taken care of,” Bowman, the VA deputy secretary, said at his last public appearance on Friday before his retirement later this month.

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1.2 - Military Times: [Drop in LA’s homeless vets may signal good news nationwide](#)

(1 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Los Angeles County officials saw a sharp drop in the number of homeless veterans during their annual survey earlier this year, good news that experts hope indicates the nationwide number of veterans battling housing problems is back on the decline.

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1.3 - Stars and Stripes: [Retiring VA deputy Bowman says agency is ‘not broken’](#)

(1 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The retiring deputy secretary of the Department of Veterans Affairs on Friday reassured homeless veteran advocates about the agency’s future in his final public speech, trying to dispel worries about the leadership changes the VA has recently undergone.

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1.4 - WUSA (CBS-9): [Veterans allege devastating side effects from anti-malaria drug they were ordered to take](#)

(1 June, 1.5M uvm; Washington, DC)

For decades, the Department of Defense ordered tens of thousands of American service members to take a drug intended to prevent malaria, a mosquito-borne disease that can kill. And now, veterans, former Peace Corps volunteers, federal employees and world travelers believe mefloquine caused some acute psychiatric and physical conditions that they say are getting progressively worse.

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1.5 - WFED (AM-1500): [What agency has the most improved customer experience?](#)

(1 June, Jory Heckman, 831k uvm; Washington, DC)

Under the President’s Management Agenda, the Trump administration wants federal employees to match the level of customer service that’s found in the private sector. But compared to most business sectors, the federal government, as a whole, ranks down toward the bottom of a new customer service scorecard.

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1.6 - San Antonio Express-News: [Congress considering benefits for Navy vets with Agent Orange exposure](#)

(2 June, Bill Lambrecht, 718k uvm; San Antonio, TX)

Navy veterans who served offshore during the Vietnam War appear close to winning a final battle as Congress prepares to force the Department of Veterans Affairs to restore benefits to thousands of sailors who claim exposure to Agent Orange. The \$1 billion-plus price tag — to be borne by veterans themselves — is another of the unanticipated costs of war measured both in dollars and toxic wounds.

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1.7 - Brooklyn Daily Eagle: [Veterans fear the worst as Brooklyn VA Hospital announces cutbacks](#) (1 June, Mary Frost, 64k uvm; Brooklyn, NY)

Brooklyn's VA Medical Center is shuttering its ear, nose and throat clinic at the end of June, and veterans groups are fearful that this means the VA is moving ahead with the same elimination of full hospital services that was squelched last year after political intervention.

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2. [Greater Choice for Veterans](#)

2.1 - Stars and Stripes: [VA says money for Choice program will last until Trump signs funding bill](#) (1 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs has long claimed a key health care program could run out of money by May 31 if lawmakers did not rush to pass new legislation to fund the VA. But the date came and went this week without President Donald Trump signing the new VA Mission Act and the Veterans Choice Program is still solvent.

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2.2 - KPCC (NPR-89.3, Audio): [VA facilities too far away? A new pilot program allows veterans to use private urgent care instead](#) (1 June, Libby Denkmann, 1.1M uvm; Pasadena, CA)

Getting veterans the medical care they need quickly and efficiently has been a political goal in Washington for years. Last week Congress passed a bill to streamline community care programs, including Veterans Choice, which lets veterans use private medical care if the VA is too far away or wait times are too long.

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2.3 - Modern Healthcare: [Trump's latest order puts new rules on VA clinicians' union work](#) (1 June, Susannah Luthi, 460k uvm; Chicago, IL)

President Donald Trump's recent executive order to claw back federal workers' time from union duties will shake up medical staff operations at Veterans' Affairs health centers as the VA is poised to roll out the expanded VA Choice program.

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3. [Modernize Our System](#)

3.1 - WFED (AM-1500): [Letter to the Editor: Let the record show I told you so about VA](#) (31 May, Edward Francis Meagher, 831k uvm; Washington, DC)

It is easy to say “I told you so” after the fact of some debacle. The outcome is known, and the causes of the debacle are right there in front of you like the skid marks of a car leading to the wreckage against a wall. Experts can look at the scene and tell you that speed, or road conditions, or weather or faulty equipment were clearly the causes of the carnage.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP, HealthDay News): [Many, But Not All, Hospitals Require Flu Shots for Staffers](#)

(1 June, Steven Reinberg, 23.9M uvm; Washington, DC)
With this year's terrible flu season a fresh memory, a new study finds that more U.S. hospitals are requiring staffers to get flu shots, but VA hospitals lag behind. In two surveys done four years apart, the number of Veterans Affairs hospitals mandating flu shots rose only slightly, from 1 percent in 2013 to 4 percent in 2017, researchers said.

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4.2 - Pittsburgh Tribune-Review: [VA will host series of town hall meetings to hear from Pittsburgh-area veterans](#)

(1 June, Patrick Varine, 1.5M uvm; Warrendale, PA)
The VA Pittsburgh Healthcare System and the Veterans Health Administration want to hear directly from the region's veterans and are hosting a series of town hall meetings to do just that. “We want to hear from the veterans so we can better serve them,” said VA spokeswoman Shelley Nulph.

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4.3 - Dayton Daily News: [These local veterans fought one of their hardest battles after their service, and today they celebrated](#)

(1 June, Bennett Leckrone, 1.1M uvm; Dayton, OH)
When Ray Smeltzer, a Miamisburg resident and Vietnam veteran, was diagnosed with prostate cancer around a year ago, he wasn't aware it could have been caused by his military service. Smeltzer's aggressive prostate cancer, he was told, was associated with a foliage-killing chemical he had encountered as an Air Force sergeant in Vietnam.

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4.4 - WBAY (ABC-2, Video): [New grads offer hope during local doctor, psychiatrist shortage](#)

(1 June, Sarah Thomsen, 443k uvm; Green Bay, WI)
“Help is on the way” is the underlying theme of a graduation ceremony for the first class of students to complete their education at Medical College of Wisconsin-Green Bay campus. Fifteen students received diplomas Friday afternoon at Lambeau Field. It's viewed as a step to address a doctor shortage in Wisconsin and keep doctors in the Badger State.

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4.5 - AllGov: [Secretary of Veterans Affairs: Who Is Robert Wilkie?](#)

(1 June, Steve Straehley, 69k uvm; Hollywood, CA)
Robert Leon Wilkie Jr., who has served since 2017 as the undersecretary of defense for personnel and readiness, was nominated May 18, 2018, to be the secretary of Veterans Affairs.

Wilkie has run the department on an acting basis since March 2018, when David Shulkin was fired.

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4.6 - WNCN (CBS-17, Video): [Investigation shows Durham VA had \\$1M of unused equipment for years](#) (1 June, Marius Payton, 13k uvd; Raleigh, NC)

A copy of a 2017 investigation shows the Durham VA Medical Center had \$1 million worth of brand new medical equipment sitting in a storage facility, still in boxes and unused, for several years. That's equipment that could have been used to make the lives of veterans much better. The 17-page investigation initiated by a whistleblower outlines serious financial allegations against the Durham VA.

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4.7 - Walterboro Live (The Press and Standard): [Holmes gets awards for volunteering at VA hospital](#) (30 May, 12k uvm; SC)

Memorial Day is a time to remember veterans. But not just those who have passed away. It's also a time to recognize and appreciate those veterans who are still active. "This is something that I don't normally do; however, I believe that too often some of our veterans go unrecognized for the notable contributions that they make on behalf of their fellow veterans every day," said Colleton County Veterans Affairs Officer Janet Smith.

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5. [Improve Timeliness of Service](#)

5.1 - WFLA (NBC-8, Video): [Veteran's prosthetic leg tied up in VA paperwork snafu](#) (1 June, Steve Andrews, 702k uvm; Tampa, FL)

Army veteran Don Allen, 62, wants to walk again. But a paperwork snafu at the Department of Veterans Affairs delayed delivery of his prosthetic leg, leaving Allen to rely on a wheelchair to get around. "I want to get a prosthesis so I can start not looking up at everybody," he said. "I'd like to be eye to eye with people again, I'm six feet tall."

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5.2 - Las Cruces Sun-News (Video): [Men with depression may exhibit anger, avoid seeking help](#) (31 May, Diana Alba Soular, 310k uvm; Las Cruces, NM)

As a U.S. soldier in the Iraq war, Las Cruces Jay Lawrence saw his share of atrocities. Deployed there in 2003 and 2004, Lawrence recalled walking through a local hospital and seeing Iraqi children who'd been injured in explosions of roadside bombs placed by insurgents. Though disturbing, he said he took everything in stride at the time, accepting it as a consequence of war.

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5.3 - Columbia Missourian: [New mobile center to provide mental health and other services to veterans](#) (1 June, Katherine Stater, 272k uvm; Columbia, MO)

Columbia Vet Center showed off its newest mobile unit for service to veterans Friday at Truman Veterans' Hospital. The new unit is one of four on the road in Missouri and, like the other mobile

units, will be used to provide counseling and make referrals for veterans in areas where the nearest VA hospital is hours away.

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5.4 - Brooklyn Reporter: [Veterans and supporters mobilize in opposition to closure of ENT clinic at Brooklyn VA Hospital](#) (1 June, Jaime DeJesus, 16k uvm; Brooklyn, NY)

Fearing that the Brooklyn VA Hospital could ultimately be in jeopardy, supporters of the facility — which treats veterans from across the borough as well as Staten Island — are staking their position in support of the hospital, which recently decided to shutter its ENT clinic.

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6. [Suicide Prevention](#)

6.1 - WBUP (ABC-10, Video): [June is national PTSD awareness month](#) (1 June, Jordan Gulkis, 51k uvm; Ishpeming, MI)

June marks national Post Traumatic Stress Disorder Awareness month. PTSD is considered an anxiety disorder, that has 7 criteria. The first criteria, is being exposed to a traumatic event. It starts to become PTSD when your symptoms like negative thoughts or flashback extend for a month or two.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WCCO (CBS-4, Video): [Fort Snelling Nat'l Cemetery Rifle Squad Gives 75,000th Salute](#) (1 June, Bill Hudson, 27.5M uvm; Minneapolis, MN)

It might seem hard to believe, but few veterans were afforded full graveside honors until June of 1979. It was rare to expect a military color guard, 21-gun salute and the playing of “Taps.” “We like to say that we take care of our own,” said former United States Marine George Weiss Jr. He served in the closing days of World War II, and knows what service and sacrifice means to a free nation.

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7.2 - NPR: [More Vets Who Are Coping With PTSD From Sexual Assaults Get Honorable Discharges](#) (1 June, Quil Lawrence, 22M uvm; Washington, DC)

Sexual assault is still a major issue for the military. Reports rose by 10 percent last year, though there is some discussion about whether that's an increase in the number of assaults, or an increased willingness of troops to come forward and report them. That would be an improvement, because victims of rape in the military often face retaliation, sometimes even a less than honorable discharge from the military.

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7.3 - Stars and Stripes: [In rare decision Navy overturns ‘other than honorable’ discharge for sexual assault survivor](#) (1 June, Dianna Cahn, 1.5M uvm; Washington, DC)

His assailants were relentless. Heath Phillips was 17 – a fresh young sailor on his first Navy ship. There, a gang of six sailors zeroed in on their prey, raping, beating and sodomizing him repeatedly. He tried reporting them, but for 45 days, his superiors shrugged off his complaints and sent him back for more.

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7.4 - KPCC (NPR-89.3, Audio): [Chronic homelessness down, first-time homelessness up: We take a look at the 2018 LA Homeless Count](#) (1 June, 1.1M uvm; Pasadena, CA)

The numbers from the 2018 L.A. and countywide homeless count are in and are showing a small decline in overall homeless numbers: 53,195 in the county and 31,516 in the city. The number of people who are chronically homeless decreased by 16 percent. However, the number of people experience homelessness for the first-time went up.

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7.5 - Dayton Daily News: [Dayton veteran wrongly marked deceased by VA](#) (1 June, 1.1M uvm; Dayton, OH)

A Dayton man was recently shocked to learn he was deceased when he received a letter of condolence from the Department of Veteran's Affairs addressed to his late wife. Alfred Wilson joined the Marine Corp in 1967, sent to Vietnam in 1968, and was discharged with medical retirement in 1969 for being shot in the leg.

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7.6 - WGCL (CBS-46, Video): [Georgia woman says she's been battling VA for 20+ years](#) (1 June, Natalie Rubino, 587k uvm; Atlanta, GA)

Denise Sorkness is a proud American. A patriotic southern woman. But right now Sorkness is fighting an endless battle with the institution which has a duty is to protect her. "For my family, the Vietnam War is not over," said Sorkness. The widow of a Vietnam War veteran, Sorkness' life unraveled in 1987 when her husband, James Caldon was diagnosed with cancer as a result of exposure to Agent Orange.

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7.7 - Santa Monica Mirror: [Remembering The Fallen](#) (1 June, Jennifer Eden, 45k uvm; Santa Monica, CA)

Memorial Day, Monday May 28, was marked locally with a services at Los Angeles National Cemetery and Woodlawn Cemetery. Scouts placed more than 90,000 flags in front of headstones at the National Cemetery where the service was conducted by Veterans Affairs and attended by residents, veterans, local dignitaries and politicians.

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8. [Other](#)

8.1 - FOX News (Video): [Republican Montana Senate candidates embody Trump in effort to take on Tester](#) (1 June, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Trump went after Tester earlier this year during the kerfuffle over his pick to lead the Veterans Affairs Department. Adm. Ronny Jackson, who was the president's physician, withdrew his

name from consideration for the Cabinet post following allegations about his prescription-drug practices and use of alcohol. Jackson was also accused of wrecking a government vehicle while intoxicated.

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8.2 - Montgomery Advertiser (Video): [As Martha Roby highlights record, opponents highlight her Trump comments](#) (1 June, Brian Lyman, 445k uvm; Montgomery, AL)

There are two stories in the Republican race for Alabama's 2nd Congressional District: The one Martha Roby wants to tell, and the one her opponents want to tell about her. The former was on display Wednesday morning, as the four-term congresswoman visited Lurleen B. Wallace Community College in Opp and toured classes teaching welding, cosmetology and programming, many benefiting from federal grants in the district.

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8.3 - KMOV (CBS-4): [Fenton man pleads guilty to making false claims against VA Medical Center](#) (1 June, Andrew McMunn, 866k uvm; Saint Louis, MO)

A Fenton, Missouri, man pleaded guilty to making false claims against the United States on Friday. Vincent DeBlasi, 72, admitted to submitting scores of false invoices to the U.S. Department of Veterans Affairs Medical Center at Jefferson Barracks totaling more than \$644,000 between 2012 and 2017.

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1. [Top Stories](#)

1.1 - Military Times: [‘VA is not broken’: Outgoing deputy secretary downplays department’s leadership turmoil](#) (1 June, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Thomas Bowman said he has confidence in incoming leadership team at the Department of Veterans Affairs, even if he isn’t going to be part of it.

“The country and veterans need not be concerned that they’ll be appropriately taken care of,” Bowman, the VA deputy secretary, said at his last public appearance on Friday before his retirement later this month.

“VA is strong as an institution, and change in leadership is natural. It’s a way of moving forward. The VA of today is going to change, and the VA of five years from now is going to change.”

VA’s top ranks have undergone significant changes in the last three months, since President Donald Trump fired VA Secretary David Shulkin over Twitter following months of internal policy fights with White House political appointees.

That move should have made Bowman the department’s top acting official, the capstone of a long public service career focused on veterans policy. Bowman has served as VA chief of staff twice before and as majority staff director of the Senate Veterans’ Affairs Committee.

But similar to Shulkin, Bowman was seen by political rivals within the administration as an opponent to their policy goals, and Trump opted to bypass him to appoint Robert Wilkie as acting secretary instead.

The move irritated veterans groups and prompted a lawsuit from advocates who insist it violated the Federal Vacancies Reform Act.

After Wilkie was named as the next permanent secretary nominee and VA Chief of Staff Peter O’Rourke was elevated to acting secretary over Bowman, the 71-year-old Marine Corps veteran announced his retirement.

At Friday’s event — the annual conference for the National Coalition for Homeless Veterans — Bowman acknowledged his departure but declined to give specifics of the behind-the-scenes infighting at VA.

When pressed after the speech, Bowman said only that “now is the right time for me to retire. That’s my answer.”

But he also used his final official appearance to reassure veterans advocates that the department is still focused on bettering veterans lives and to dispute the public narrative of a dysfunctional federal agency.

“VA is not broken,” he told the crowd of homeless advocates. “It is changing. And like any large system, it has problems.”

He said he hopes that Wilkie is confirmed quickly and pledged that the new leadership will remain focused on helping homeless veterans, despite proposed policy changes that concerned the community last year.

“There is no doubt this administration is still committed to helping veterans,” he said.

Earlier this week, White House Deputy Press Secretary Hogan Gidley released a statement praising Bowman for work “integral to President Trump’s efforts to reform the VA and to the substantial legislative accomplishments over the past year.”

When Bowman leaves his post in two weeks, his departure will leave four of the department’s six top posts without a permanent appointee.

No timetable has been announced for when Wilkie’s confirmation hearing may take place, although Senate Veterans’ Affairs Committee Chairman Johnny Isakson, R-Ga., has pledged to move quickly on the issue.

No replacement nominee has been announced for Bowman or for the open under secretary for health post, which has been without a permanent appointee since Shulkin was promoted in February 2017.

Meanwhile, Bowman promised to stay active in the veterans community in years to come, although likely not in another official capacity. He said he is looking forward to volunteer work to help veterans charities “and to live out there under those policies I helped pass.”

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1.2 - Military Times: [Drop in LA’s homeless vets may signal good news nationwide](#) (1 June, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Los Angeles County officials saw a sharp drop in the number of homeless veterans during their annual survey earlier this year, good news that experts hope indicates the nationwide number of veterans battling housing problems is back on the decline.

The announcement came at this week’s National Coalition for Homeless Veterans conference, where hundreds of veterans advocates from across the country, including the California county, gathered to collaborate on ways to better assist homeless veterans.

According to federal statistics, the nationwide number of veterans without stable housing dropped from nearly 74,000 in 2010 to just above 40,000 in 2016, with significant decreases each year in between.

But in 2017, the figure rose slightly — about 1.5 percent — largely due to housing cost issues in California. Earlier this week, Housing and Urban Development Secretary Ben Carson said without the increase in that state, the nationwide totals would have decreased for a seventh consecutive year.

The 2018 estimate for the nation’s homeless population won’t be released until later this year. But on Thursday, officials from the Los Angeles Homeless Services Authority told the

conference crowd that their preliminary estimates found an 18 percent decline in veteran homelessness in their county.

In a statement, local organizers called it a positive sign for their region and the nation as a whole.

“While there is still more work to do, the decrease signals that our strategies are working, bringing us a little bit closer to ending veteran homelessness in Los Angeles,” said Ann Brown, director at VA Greater Los Angeles Healthcare System.

Homeless advocates across the country have said that rising housing expenses have made assisting distressed veterans more difficult in recent years, especially in high-cost areas like Los Angeles.

Regional officials credited some of the recent success to work with VA’s National Homeless Program Office in overhauling their program operations and hiring of additional staff. More than 2,100 veterans in the California county were placed into permanent housing in 2017 and more than 13,000 others received some housing assistance.

Officials are hopeful the full 2018 report will show even more progress.

Conference organizers spent much of the week emphasizing positive news to counter the disappointment of last year’s estimate increase. The Los Angeles results received a loud ovation at the conference’s final day on Friday.

“Even in the midst of the worst affordable crisis in my lifetime, we’re still seeing bright spots,” said Kathryn Monet, chief executive officer for NCHV. “We want to see the numbers continue to go down.”

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1.3 - Stars and Stripes: [Retiring VA deputy Bowman says agency is 'not broken'](#) (1 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The retiring deputy secretary of the Department of Veterans Affairs on Friday reassured homeless veteran advocates about the agency’s future in his final public speech, trying to dispel worries about the leadership changes the VA has recently undergone.

Thomas Bowman, a longtime VA employee and the second in command at the agency since August, is retiring June 15. The VA made the announcement Tuesday, at the same time Robert Wilkie, the expected nominee for VA secretary, stepped down as acting secretary to comply with federal statutes. VA Chief of Staff Peter O’Rourke, a former member of President Donald Trump’s transition team who arrived at the VA in 2017, temporarily took over leadership of the department as Wilkie awaits confirmation.

Bowman was passed over twice for the position of acting secretary. Some veterans groups urged Trump to appoint him as the VA’s temporarily leader in order to bring consistency to the agency, but Bowman has been in a precarious position at the department for months because of infighting that led to the ouster of former VA Secretary David Shulkin in March.

“Now’s the right time for me to retire” was Bowman’s only comment about the announcement that he is leaving the VA.

In his speech meant to inspire advocates at the National Coalition for Homeless Veterans in Washington, Bowman insisted Friday that the VA was “not broken.” Afterward, he told reporters that leadership changes were a natural occurrence.

“Change in leadership is something that’s natural, it’s a way of moving forward, and I think that’s where the VA is going to be,” Bowman said. “We’re hopeful we’re going to have a secretary that is going to go through confirmation, get into place and begin to move forward with the president’s agenda. I look forward to that.”

Before being confirmed as VA deputy secretary, Bowman, a retired Marine Corps colonel, worked as the staff director for the Senate Veterans’ Affairs Committee. He previously held leadership positions at the VA, including chief of staff. He was also a senior adviser to the director of VA health care in Florida and the Caribbean.

In a statement Tuesday, the VA thanked Bowman for his work and said he’d remain a consultant to the acting secretary. Bowman said Friday that he planned to volunteer with veterans during his retirement and he’d make himself available to provide advice to VA leaders.

“That’s only if needed,” he said. “I’d be more than happy to speak to the secretary at any time.”

Bowman’s exit is another in a series of departures of leaders at VA headquarters. Since Shulkin was fired in March, several VA health officials and the agency’s chief information officer left.

“In a number of cases, employees who were wedded to the status quo and not on board with this administration’s policies or pace of change have now departed VA,” VA Press Secretary Curt Cashour wrote in a statement in April.

The Senate confirmed Paul Lawrence in April to oversee VA benefits, but other top positions at the department remain without a permanent leader.

It’s uncertain when Wilkie might take over as VA secretary.

Sen. Johnny Isakson, R-Ga., the chairman of the Senate Veteran’s Affairs Committee, said he would schedule Wilkie’s confirmation hearing as soon as possible, depending on when the committee receives the necessary paperwork from the White House. As of Friday, Trump hadn’t officially nominated Wilkie to the position.

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1.4 - WUSA (CBS-9): [Veterans allege devastating side effects from anti-malaria drug they were ordered to take](#) (1 June, 1.5M uvm; Washington, DC)

Chapter 1

For decades, the Department of Defense ordered tens of thousands of American service members to take a drug intended to prevent malaria, a mosquito-borne disease that can kill. And now, veterans, former Peace Corps volunteers, federal employees and world travelers

believe mefloquine caused some acute psychiatric and physical conditions that they say are getting progressively worse.

Mefloquine was sold under the brand name Lariam until its manufacturer stopped producing the drug in 2008. Generic versions are still available in the United States, but only by prescription. Common side effects attributed to the drug include paranoia, anxiety, depression and neurological issues, including vertigo and tinnitus, which is the perception of noise or ringing in the ears.

"We have a hidden epidemic of veterans who are suffering the chronic neuropsychiatric effects of mefloquine poisoning," said Dr. Remington Nevin, widely considered the world's expert in the potential side effects of mefloquine. "And in many cases, they're being misdiagnosed. Misdiagnosed with conditions such as post-traumatic stress disorder."

Many veterans who served in Somalia, Iraq and Afghanistan have dubbed the drug "this generation's Agent Orange." That's a reference to the powerful herbicide sprayed in the jungles during the Vietnam War to remove dense tropical foliage that provided cover for the enemy. It took decades for the government to acknowledge and compensate veterans for the serious health issues related to their exposure to Agent Orange.

"I'm being seen for anxiety, I'm being seen for depression, I'm being seen for vertigo and ringing in my ears and all of these things, and I'm thinking that this is just what happens when you go to war," said Sergeant First Class Sheryll Lander, who served in Afghanistan and took mefloquine for nine months in 2013. She's currently on active duty with the Georgia National Guard.

"They poisoned me," she said, wiping away tears. "And it was preventable."

Veterans and others allege they were warned of the dangers of malaria, but not the potential side effects of mefloquine.

"There I was performing mission planning for Special Forces into Baghdad and Southern Iraq, and I'm on a hallucinogen. That was crazy," said Commander Bill Manofsky, a Navy veteran who deployed to Iraq and Kuwait. He took mefloquine every week for five months.

"For about a year, I looked like I had Parkinson's. I had rotational tremors in my arms, I couldn't talk without stuttering. I had trouble putting one foot in front of the other. I had to walk with a cane. It took a year for me to teach myself how to talk again."

The first warning that mefloquine may cause problems emerged in 1989. The World Health Organization issued a report detailing a small number of acute side effects, both psychiatric and physical.

"Malaria is a real risk," argued Col. Andrew Wiesen, the Director of Preventive Health for the Office of the Deputy Assistant Secretary of Defense for Health Affairs. He said the drug mefloquine was selected over two alternative anti-malarials in part due to its weekly, not daily dose. The Department of Defense deemed that more manageable when dealing with a large number of troops.

Col. Wiesen said every service member should have been briefed on the drug, including its potential side effects. "If that, in fact, did not occur, that they simply received the medication with

no counseling from any healthcare provider, that would fall outside of the policy that was established by DOD."

"I started developing paranoia. That members of my own platoon and company were out to get me," recalled Staff Sgt. Marty Brown, an Army veteran whose deployments included tours in Afghanistan and Iraq. "I have ringing in the ears that's so bad that I cannot stand to be in a quiet room. I experience depression. Night terrors. I have uncontrollable tremors in my hands," he said.

Sgt. Brown recalled he was ordered to take the weekly drug on a daily basis, which he did for about a month. He insisted he was never told of potential side effects, and his daily dosage was never logged in his medical records. The Army veteran suffers severe bouts of diarrhea that come without warning.

"I'm 35 and I get vertigo," said Sean, an Army veteran who requested that we withhold his last name. He took mefloquine while serving in Afghanistan from 2003 to 2004 and described himself as "100% sure" he took the anti-malarial drug. But like Sgt. Brown's case, it doesn't show up in Sean's military medical records.

Sean said doctors he's seen at the VA are not familiar with mefloquine, so his efforts at getting the help he believes he needs have failed. "They look at me like I have horns growing out of my head," he added.

"We are always seeking to do better," said Dr. Ralph Erickson, Chief Consultant for Post-Deployment Health Services at the U.S. Department of Veterans Affairs. "It is on our radar, absolutely," he said referring to the alleged fallout from mefloquine. "I don't know that anyone knows for sure what all those long-term effects are."

Dr. Erickson, himself a veteran, described it as "concerning" that fellow veterans were ordered to take the drug without caution. He acknowledged there is currently no official diagnosis of "mefloquine toxicity" nor an approved treatment.

"Years after the use of mefloquine, there is no medication that will change any kind of effects that have occurred. There is no specific mefloquine toxicity treatment protocol. It doesn't exist," noted Dr. Erickson.

"This is not a problem that the enemy forced upon us. This is a problem that we created ourselves," said Dr. Nevin.

Concerns over mefloquine go well beyond the military community.

"I remember thinking I would have rather had malaria than the experience that I had," insisted Michael Hughes of Baltimore. He took the drug before traveling to Costa Rica in 2001.

Like many veterans, Hughes experienced vivid and violent dreams. But he does not believe he suffered long-term affects.

"It was just one horrifying vignette after another. I'd be opening a door and someone would be standing there with a knife and would plunge it into my chest. A child would come walking across the street and would get hit by a bus. To someone being mutilated. Someone's body being cut and sliced, and it just went on and on and on," he said. "I felt just completely

devastated. Like my soul had been ripped out," added Hughes, saying he couldn't imagine being in a combat environment while taking the drug.

"I don't want to admit what the dreams were about," said Constance Hardy, a federal employee told to take mefloquine before a government trip to Africa. "Bizarre dreams. Mine were not suicidal. I don't want to go into what they were about, but they were nightmares. Unbelievable," she shuddered.

And that wasn't all she experienced.

"I started having balance problems. I could not stand. I started experiencing some weird noises in her ears," said Hardy. "To be honest with you, nobody knew what I had until 2013 when the FDA issued an alert about this drug."

That alert: a black box warning from the Food and Drug Administration. It's the FDA's strictest measure, put on prescription drug labels when there's evidence of a serious hazard.

After that, the Pentagon determined that mefloquine would only be dispensed as a drug of last resort for service members deployed to malaria-prone areas.

If you've taken mefloquine and believe you suffered psychiatric or physical side effects as a result, we'd like to hear from you. Please email Andrea McCarren and put "mefloquine" in the subject line. Let us know when and where you took the drug, for how long and under what circumstances.

Mefloquine is still licensed by the FDA and only available in the United States with a prescription. The manufacturer of the brand name Lariam stopped making it in 2008, but there are still two generic versions available. Three other generic makers of mefloquine have discontinued the drug.

Chapter 2

Veterans say anti-malaria drug they were ordered to take isn't in their medical records

Service members believe suicides are linked to use of anti-malaria drug

If you served in the United States military or traveled to a part of the world that's prone to malaria, you may have been prescribed a small white pill called Mefloquine, sold under the brand name, Lariam.

Many veterans, former Peace Corps volunteers and other world travelers now say that weekly anti-malarial pill ravaged their lives, causing psychiatric and physical damage that is getting progressively worse each year.

An Army veteran named Sean, who asked us to withhold his last name, said he took mefloquine while serving in Afghanistan from 2003 to 2004. He was 21 years old and didn't consider questioning orders.

What Sean didn't expect was that weekly dosage over the course of his deployment wouldn't show up in his medical records. He said he's "100% sure" he took mefloquine.

That disconnect has left him frustrated and angry when he's sought VA benefits related to the depression, anxiety, insomnia and vertigo that plague his life now, at the age of 35.

"I've resubmitted claims multiple times to the VA and they're saying, 'Oh, well, it's not in your medical record,' said Sean.

Sean attributed all those symptoms to the side effects of mefloquine. He insisted that no one in the military warned him of any potential drawbacks of taking the drug, although he recalled service members were alerted to the dangers of contracting malaria.

"We attempted to give folks the best possible agent to protect them to the highest degree. To do any less would have done them a disservice," said Col. Andrew Wiesen, the Director of Preventive Health for the Office of the Deputy Assistant Secretary of Defense for Health Affairs. Col. Wiesen acknowledged though that the Department of Defense protocol mandates all medications to be logged into a service member's records.

"If that did in fact occur that was not within the DOD policy and it should not have occurred," he said.

Commander Bill Manofsky, a Navy veteran who deployed to Iraq and Kuwait, said that lack of record-keeping was not uncommon.

"Before 2012, few people got it in their medical records. It was just handed out like candy," said Cdr. Manofsky, who did mission planning for Special Forces in Baghdad and Southern Iraq.

"I didn't get a prescription, I had no pre-screenings, I had no warning," he said. Like many veterans, there was no evidence in his records that he took the drug.

He contends mefloquine caused him multiple adverse effects, both psychiatric and physical. Eventually, Cdr. Manofsky became the first veteran awarded a partial disability rating of 30% by the VA for his exposure to the drug.

"I was ordered to take a mefloquine pill every single day," said Staff Sgt. Marty Brown, an Army veteran whose deployments included tours in Afghanistan and Iraq. No one informed him that the drug was supposed to be taken weekly, not daily. And like so many others we interviewed, not a single pill was reflected in his medical records. Sgt. Brown said he's suffered permanent, debilitating injuries as a result.

In 2004, even the VA warned of mefloquine's possible long-term health effects. Yet the drug was still dispensed for nearly a decade until the Food and Drug Administration issued a black box warning in 2013. After that, the military was supposed to issue mefloquine only as a last resort, but we found service members who apparently slipped through the cracks.

"They just handed me a bottle and said hey, if you have dreams, just push through 'em," said Sergeant First Class Sheryll Lander, who deployed to Afghanistan in 2013 and took mefloquine from March through December of that year. The FDA issued its black box warning in July of 2013. Sgt. Lander said there was no prescription and her name wasn't on the bottle of small white pills.

She attributed her depression, anxiety, vertigo and tinnitus to mefloquine and admitted she struggled to lead her Georgia National Guard troops. In an emotional, tear-filled interview, she offered words of support to fellow service members who may have suffered side effects after taking mefloquine.

"I just want to let my brothers and sisters know that they're not alone. To not give up. We've got to be stronger than the side effects and the damage," she said.

Many service members believe the high suicide rate among veterans may be linked to the use of this drug. If they were misdiagnosed with PTSD or traumatic brain injury, there's widespread concern that veterans didn't receive proper treatment.

It's believed that the military ordered more than 150,000 service men and women to take the controversial drug since the 1980s, although the numbers are difficult if not impossible to quantify because of potential lapses in record-keeping.

Late last year, the VA awarded its first--and only--100% permanent and total disability rating to a Marine Corps veteran who served in Somalia. VA doctors attributed all 15 of his psychiatric and physical symptoms to mefloquine. That rating ensured he'll get full benefits for his severe, service-related injuries.

"We're looking for answers in solid science. So that it's not the flavor of the week or a rush of emotion, but that it's rooted in good science," said Dr. Ralph Erickson, Chief Consultant for Post-Deployment Health Services at the U.S. Department of Veterans Affairs.

Dr. Erickson noted that by late 2018, the VA hoped to release a survey of 30,000 veterans who served in Iraq and Afghanistan. Although the study is not focused on the impact of mefloquine, he confirmed it did include questions about the drug.

Since the FDA's black box warning of 2013, the Department of Defense rarely prescribed mefloquine. But multiple sources told us a replacement drug called Tafenoquine is being fast-tracked for approval by the FDA. That has prompted an outcry from as far away as Australia, where it was tested on that nation's military. Many Australian veterans said tafenoquine proved to be as harmful, if not worse than mefloquine.

Chapter 3

Concerns over new anti-malaria drug fast-tracked by FDA

WASHINGTON—A WUSA9 investigation has focused on an anti-malarial drug called mefloquine.

Since the 1980s, tens of thousands of American service members have been ordered to take the drug. That included men and women who served in Somalia, Iraq and Afghanistan. It was intended to prevent malaria, a potentially fatal mosquito-borne disease. Pentagon officials say it is now used only as a drug of last resort.

Many veterans insist that small white pill destroyed their lives and abruptly ended their military careers. They blame mefloquine for everything from severe and permanent physical side effects, to gruesome, ongoing night terrors and other psychiatric issues.

Now, a new anti-malarial drug called tafenoquine is being fast-tracked for approval by the Food and Drug Administration, according to one of its developers. That's raised some serious concerns among service members from as far away as Australia.

"It's not neurotoxic and it is safe," said Dr. Geoffrey Dow, the CEO and Founder of 60 Degrees Pharmaceuticals, or 60P. His company is seeking expedited FDA approval of tafenoquine here in the United States. Like mefloquine, it was created in the DC area, at the Walter Reed Army Institute of Research.

If tafenoquine is approved by the FDA, it could be administered to American service members at some point in the future, according to Dr. Dow.

"If you look at the evidence from 25 clinical studies, over 3,000 patients in rigorously conducted clinical trials, there is no evidence of neuropsychiatric adverse event risk," said Dr. Stephen Toovey, a malaria expert and member of the scientific advisory board of 60P

Roughly 10,000 miles away, many veterans of the Australian Defence Force beg to differ. Between 1998 and 2002, they were used for clinical trials of both made-in-America drugs, mefloquine and tafenoquine.

"While over in Timor, I was on the drug tafenoquine," said Sgt. Andre Kerp, an Australian veteran. "And I was told there were no side effects, nothing wrong with it."

Sgt. Kerp was one of 3,000 troops ordered to take one of the two anti-malarial drugs or, in some cases, both. The pills were administered on a weekly basis for at least six months, or for shorter periods at very high "loading" doses.

"I'm just a shadow of the person I once was. I was so happy, outgoing, loved fitness, loved the gym. And now I just stay home," said Sgt. Kerp, whose medical records confirm he took tafenoquine only.

"I am so withdrawn from society. I'm not happy anymore. I have developed PTSD, I have very bad mood swings. I have now been diagnosed with depression, anxiety," he said. "The side effects from taking that drug have greatly impacted my life."

Veterans in Australia are caught in a bureaucratic quandary, just as they are here in the United States. Much like our Department of Veterans Affairs, the Australian government does not yet recognize a medical diagnosis directly related to either of these drugs.

"I've had spiraling mental health issues. I had suicide attempts. I've had anger management therapy. My biggest problem is coping with stress," said Army Corporal Mick Kruizinga. Nearly two decades ago, he was ordered to take both drugs. So it's difficult, if not impossible, to determine whether it was tafenoquine, mefloquine, a combination of both drugs, or something else that caused his severe, life-changing symptoms.

"My memory has suffered badly," said Cpl. Kruizinga. "I repeat myself often. One time I told the same story to some family friends three times in the same evening. I've had tests for dementia but all returned negative."

There are countless similar stories from other Australian veterans.

"People just haven't been able to cope and they've taken their own lives," said Major Stuart McCarthy, an Australian Army veteran who was ordered to take tafenoquine and mefloquine.

"I would rather live with malaria...which is treatable, than have to live with a permanent brain injury," he said.

WUSA9 asked 60P CEO Dr. Geoffrey Dow if he would be willing to take the drug for at least six months, as the Australian service members did.

He responded, "The simple answer to that is yes" and added, "Without hesitation."

"I think what we can clearly say is that tafenoquine is not behind what these unfortunate people might be suffering," Dr. Toovey concluded. "Am I surprised that veterans have post traumatic stress disorder? No."

Drs. Toovey and Dow say military service, not anti-malarial drugs, caused the veterans' psychiatric and physical conditions.

"We know post-traumatic stress disorder is a risk of deployment. It is a risk of military service," asserted Dr. Toovey.

Echoed Dr. Dow, "It's well documented in the literature that deployment specifically and then combat even more than that is a major risk factor for mental health disorders."

Australian government documents obtained by WUSA9 reveal that 1,331 service members who took tafenoquine and deployed to the East Timor peacekeeping mission were later diagnosed with PTSD. That's more than 1,300 veterans out of just five thousand military personnel, few of whom saw combat.

Tafenoquine and mefloquine are from the same broad class of drugs that have proven to be neurotoxic in animals. The term "neurotoxic" means the drug can cause adverse effects on the central nervous system and even permanent brain and brainstem damage. Symptoms of neurotoxicity can include: limb weakness or numbness, dizziness, memory loss, and mood and behavioral changes.

"The development of tafenoquine should be raising red flags all through the drug safety community," said Dr. Remington Nevin. The former Army Medic founded the Quinism Foundation to study the potential side effects posed by these anti-malarial drugs and push for more research. He's documented how many of the symptoms of toxicity mimic post-traumatic stress disorder, or PTSD.

"There's been a systematic pattern of almost intentional ignorance among those in the military drug development community associated with this drug," he said.

Dr. Nevin pointed out research done by Walter Reed's own scientists in 2007 which revealed that "Tafenoquine is the only antimalarial more neurotoxic than mefloquine."

Some experts disagree.

"Mefloquine and tafenoquine are very different drugs," said Dr. Toovey. "Each has to be judged on its own merits."

A 2010 study noted that “92% of tafenoquine subjects and 88% of mefloquine subjects” reported one or more adverse events. The majority of those side effects were described as mild or moderate in severity and included vertigo, diarrhea and abnormal dreams.

But what about the potential long-term effects of tafenoquine? In Australia, there is lingering concern among veterans that not enough research has been done.

Insisted Dr. Toovey, “We would not expect to see side effects emerging 20 years later. And nobody has gone and looked for that. It would be... it doesn’t make any sense scientifically.”

According to 60P’s Dr. Dow, tafenoquine could be approved by the United States Food and Drug Administration by the end of this year.

FDA officials won’t comment on pending applications, but emphasized that the agency would only approve a new drug after finding that it’s safe and effective.

Drugmaker Glaxo Smith Kline has developed a different variety of tafenoquine. Unlike the 60P version which is designed to prevent malaria, this would be a one-time dose intended to treat the disease. Company officials indicated it would not be marketed in the United States.

If you've taken tafenoquine and believe you suffered psychiatric or physical side effects as a result, we'd like to hear from you. Please email Andrea McCarren and put "Tafenoquine" in the subject line. Let us know when and where you took the drug, for how long and under what circumstances.

CHAPTER 4

Anti-malaria drug blamed for massacre by Army Sgt.

WASHINGTON -- Lawyers are claiming an anti-malaria drug, called mefloquine may be the reason behind why an Army Staff Sergeant murdered 16 civilians while deployed in Afghanistan.

In a brief filed Wednesday, lawyers are arguing Army Staff Sergeant Robert Bales did not have a fair trial and are taking his case to the United States Supreme Court. During Sgt. Bales' trial, government prosecutors did not disclose that he was ordered to take mefloquine before and during his deployment, lawyers said.

"Mefloquine is a potential game changer in the Bales case because like in any criminal prosecution, one of the main, important pieces of the case is the accused's state of mind," said one of his Bales' lawyers, John Maher.

For decades, American service members were ordered to take the controversial drug, mefloquine while deployed in countries where malaria is a threat.

WUSA9's investigation revealed that many veterans blame mefloquine for severe psychiatric and physical conditions that persist years later. Paranoia, depression, anxiety, gruesome night terrors, including homicidal and suicidal thoughts are among the side effects.

Sgt. Bales wandered off his base in March of 2012 and confessed to shooting 22 villagers in the middle of the night. Sixteen of them died, including nine children as young as two years old.

Four women and three men were also killed. He pleaded guilty in 2013 to avoid the death penalty.

His lawyers are blaming “involuntary mefloquine toxicity” as a significant factor in the case. They believe the outcome of Sgt. Bales’ case may have been dramatically different had it been known he was on mefloquine at the time of the massacre. Like many veterans, the drug was never logged in his medical records.

"And if Bob Bales were under a drug, a prescription drug that compromised his state of mind, that means by law, he can't be guilty," said Maher.

The case attracted international attention and condemnation. President Hamid Karzai, who was the president of Afghanistan at the time wanted Bales tried and hanged.

At the time of the attack, Sgt. Bales was on his fourth combat tour, with a total of 42 months in a combat zone. The legal brief reveals that after his first deployment to Iraq in 2004, he complained about memory loss and depression. After subsequent deployments, according to the brief, he suffered from insomnia, irritability, anger, and memory impairment. The United States sent him on a fourth combat tour, despite these complaints.

CHAPTER 5

Australian MP calls for inquiry into antimalarial drugs after WUSA9 reports

WASHINGTON -- An Australian Member of Parliament has called for a formal inquiry into two antimalarial drugs developed at the Walter Reed Army Institute of Research in Maryland: mefloquine and tafenoquine.

This follows a series of WUSA9 investigative reports on the two drugs. Veterans around the world allege the weekly pills caused serious and lasting psychiatric and physical side effects.

"We're now seeing a really significant issue emerging about the effects of those experimental drugs known as the quinolones family, including tafenoquine," said MP Mike Kelly, who is himself a veteran. "We should draw on the examples and evidence emerging from overseas, but we need to do our own inquiry on this, and we need to do it deep and we need to do it fast. We need to see that happening now. "

Mefloquine, under the brand name Lariam, was ordered for tens of thousands of American service members deployed to malaria-prone parts of the world from the 1980s until 2013, when the United States Food and Drug Administration issued a black box warning.

That's the FDA's strictest measure, put on prescription drug labels when there's evidence of a serious side effect. The drug is now used as a last resort, according to Pentagon officials, reserved for service members who cannot take one of the alternative antimalarials.

From 1998 to 2002, members of the Australian Defence Force were used as trial subjects for mefloquine and tafenoquine.

"We need Defence to be really careful with this stuff in the future," said Kelly. "We're talking about people here, not guinea pigs, and I think we're united across the aisles here on wanting to see something happen urgently in this space.

He added, "This is very serious, because we've had issues of perhaps an interconnection with suicides and other neurological problems as well as physiological problems. "

"It's not neurotoxic and it is safe," said Dr. Geoffrey Dow, the CEO of 60 Degrees Pharmaceuticals, the DC company that developed tafenoquine. He told us the United States Food and Drug Administration has fast-tracked it for approval.

Dr. Dow said the safety of the drug is "supported by the clinical trials that the Army and 60P have conducted and have submitted to the FDA for evaluation."

Two drug makers are seeking approval by the FDA for tafenoquine. 60P has a pill that would be used to prevent malaria. Glaxo Smith Kline has developed a version that would be used to treat malaria, and would only be marketed and administered overseas, according to the company.

The FDA action could come by the end of this year.

CHAPTER 6

Retired Army General calls on VA leaders to take responsibility for anti-malaria drug side effects

A retired United States Army General is now calling on the Department of Veterans' Affairs and other senior military leaders to step up and take responsibility for any psychiatric or physical side effects caused by the antimalarial drug, mefloquine.

Veterans from around the world have told WUSA9 the drug they were ordered to take caused devastating side effects.

"You hear many presidents and many leaders say what we owe them, we can never pay them back. Well, here's a way to pay them back," said Brigadier General Donald Bolduc.

The highly decorated veteran led ten deployments, survived a bomb blast, a helicopter crash and several firefights. He received two combat valor awards, five Bronze Stars and two Purple Hearts.

But his most challenging battle may lie ahead: holding the United States government accountable for any life-changing side effects that may have been caused by mefloquine. It was ordered for tens of thousands of American service members.

"We owe it to those who served our country to treat them properly when they have side effects," said General Bolduc.

Veterans allege the drug caused life-changing, career-ending symptoms. Side effects that have lasted for decades. Among them: gruesome night terrors. Depression, anxiety, and paranoia that mimic symptoms of PTSD. Ringing in the ears. Memory loss. Hand tremors. Balance issues. And gastrointestinal distress that often comes without warning.

As a Brigadier General, Bolduc was the Commander of Special Operations across the entire continent of Africa. In that role, he was responsible for more than 1,700 military personnel operating in 28 countries throughout Africa and Europe.

Of our military leadership at the Department of Veterans' Affairs and the Department of Defense, he said, "Well, I hope they have the moral courage to own up to it. Whatever the liability is, we need to own up to it. It's about taking care of the health and welfare of our citizens and particularly those who served our country."

From the 1980s to 2013, the Department of Defense ordered service members deployed to Somalia, Iraq, Afghanistan and elsewhere to take mefloquine to prevent malaria. The mosquito-borne disease can be fatal.

In an interview at the Pentagon earlier this year, Colonel Andrew Wiesen said, "We attempted to give folks the best possible agent to protect them to the highest degree. To do any less would have done them a disservice."

But starting in 2013, the DOD backed off mefloquine, using it only as a last resort. That was after the Food and Drug Administration issued a black box warning. That's the FDA's strictest alert on a drug label when there's evidence of a serious hazard.

General Bolduc knows the side effects firsthand. He took the drug during multiple deployments and experienced devastating symptoms including night terrors and paranoia, even after he returned home.

"I couldn't drive. The reason I couldn't drive was because of hypervigilance," he recalled. "I thought that I had to drive like I was in Afghanistan. Every stimulus around me was a threat."

In 2008, drugmaker Roche stopped producing the brand name version of mefloquine, called Lariam. Two generic forms are still available in the United States by prescription only. Three other generics have been discontinued.

So, how does our government make this right? General Bolduc says the VA should start by contacting every single veteran that took the drug and letting them know they may be experiencing some symptoms. VA doctors need to be trained to recognize them. And, he believes, every health assessment done on a service member or veteran should include questions about mefloquine.

"Please, please senior leaders, take this on. It has to do with the health of the current force and the health of our veterans, later on in life. And that's hugely important for our country," he said.

The General is one of a growing chorus of voices demanding government accountability on this issue.

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1.5 - WFED (AM-1500): [What agency has the most improved customer experience?](#) (1 June, Jory Heckman, 831k uvm; Washington, DC)

Under the President's Management Agenda, the Trump administration wants federal employees to match the level of customer service that's found in the private sector.

But compared to most business sectors, the federal government, as a whole, ranks down toward the bottom of a new customer service scorecard.

In fact, the only industry that federal services outperformed in Forrester Research's 2018 Customer Experience (CX) Index was internet service providers.

Beyond that, the scorecard ranked TV service providers, airlines, rental car companies and health insurers above the level of service provided by federal employees.

"It's clear we have our work cut out for us," Rick Parrish, the principal government customer experience analyst at Forrester, said Thursday at the company's customer experience summit in Washington. "Washington still really dominates the bottom of the CX Index."

Under the scorecard, the National Park Service and the Postal Service remain the highest rated agencies that offer services to the public.

TRICARE, the government-managed health insurance for service members, also held its rank as the third-best rated program.

However, the Veterans Affairs Department went up in rank to fourth, and was only one of two government programs to have made a "statistically significant" improvement to their customer service.

"VA has taken this organization-wide, systemic, methodical approach to improving the customer experience," Parrish said.

Forrester also found that HealthCare.gov also made a significant improvement in its level of service. However, the website still ranks second to last on the scorecard.

However, Parrish pointed out that this is the third consecutive year that HealthCare.gov showed improvement.

"Three years in a row of improvement, that is unique in the federal government and virtually unique anywhere in the economy. That is a big accomplishment," he said.

The Department of Veterans Affairs will serve as a lead agency for customer experience under the President's Management Agenda, and will lend a helping hand to 14 other civilian agencies.

But while VA might be the gold standard for customer service, until recently, that wasn't the case.

In 2014, news reports found that veterans were waiting weeks and months for appointments at the VA medical center in Phoenix, Arizona.

Further investigations found that VA patient schedulers across the country falsified wait times at dozens of medical facilities nationwide. The scandal led former VA Secretary Eric Shinseki to resign under the Obama administration.

"That was sort of our catalyst to really have a different way of thinking in terms of customer experience, so we kind of had a jumpstart on these ideas and these concepts. We'd had a couple of years to get ourselves together," Barbara Morton, the VA's deputy chief veterans experience officer, said in a panel discussion.

Under the PMA, agencies are supposed to have the first iteration of their customer service dashboards up by the first quarter of fiscal 2019.

While the Office of Management and Budget has warned that not all dashboards will be as robust as others, Morton said the dashboards will help establish a baseline of where the government as a whole needs to be.

“I think in terms of other agencies that may or may not be familiar with the concept of customer experience and how truly applicable it actually is, this is a perfect initiative to help bring people along — help them understand and how it fits in, and that frankly, it’s sort of an ‘other duty as assigned.’ It actually needs to be part of what we’re delivering,” she said.

Lee Becker, the chief of staff of the agency’s Veterans Experience Office, said it took VA a while to get better metrics on customer service. But once they did, he said it made transforming veterans care that much easier.

“We had a lot of operational metrics, but we didn’t have really the experience metrics. So we had to build that capacity. We had to build that mechanism of really bringing in the data, the insights from the experience standpoint, and we’ve done that,” Becker said. “We’re pulling in millions and millions of data points directly from the veteran, telling us in real time what’s working and what’s not working.”

Once agencies get to a point where they’re collecting robust customer experience data, Morton advised that they take that preliminary data with a grain of salt.

“The thing that I think initially was very scary for people was the concept of public reporting. But we were in a situation where we were really pushed the edge — we really had to refocus what we were doing and not be afraid of what the numbers were,” she said.

When the VA first started measuring veterans’ level of trust in the agency about three years ago, it found only 47 percent trusted the agency’s level of service. However, Morton said VA has brought that number closer to 70 percent.

“There’s a natural tendency to be fearful of having things be transparent and publicly available, but at the same time, I think the American public, frankly, will appreciate that transparency,” Morton said.

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1.6 - San Antonio Express-News: [Congress considering benefits for Navy vets with Agent Orange exposure](#) (2 June, Bill Lambrecht, 718k uvm; San Antonio, TX)

WASHINGTON - Navy veterans who served offshore during the Vietnam War appear close to winning a final battle as Congress prepares to force the Department of Veterans Affairs to restore benefits to thousands of sailors who claim exposure to Agent Orange.

The \$1 billion-plus price tag — to be borne by veterans themselves — is another of the unanticipated costs of war measured both in dollars and toxic wounds.

Gulf War Veterans are also pressing the VA to compensate them for exposure to nerve agents and other toxins. The Government Accountability Office is preparing a report on allegations of Agent Orange use in Guam during the Vietnam era, which could open the door to awards of benefits to veterans stationed there.

With little fanfare, the House Veterans Affairs Committee last month advanced legislation that restores disability pay and care for Blue Water Navy veterans that the VA stripped 16 years ago. The legislation also extends benefits to families of U.S. service members who served in Thailand and whose children suffer from spina bifida, a birth defect associated with Agent Orange exposure.

The Agent Orange Act, signed into law by President George H.W. Bush in 1991, directed the VA to award benefits to Vietnam-era veterans, including those from the Navy, who had begun suffering from cancers, heart disease or any of the 14 ailments presumed to be associated with exposure to the toxic herbicide.

But in 2002, the VA excluded veterans who served offshore, many of whom claim to suffer from the same illnesses that afflict service members who fought in Vietnam jungles. The agency required that a veteran to show proof of boots on the ground or operating along an inland waterway.

Veterans Committee chair Phil Roe, R-Tenn., said in an interview that GOP leaders have promised floor time in the House for a mid-June vote.

“We didn’t want to do what we did with the World War II veterans who were exposed to mustard gas and wait till there was only 400 of them alive before we did anything,” said Roe, a physician who worries about his own exposure to Agent Orange during his service in South Korea.

With 330 co-sponsors, including 20 from Texas, the legislation seems likely to pass. The Senate is expected to approve a companion measure, and advocates say the White House has signaled that President Donald Trump will sign the restoration of benefits into law.

The VA opposes the bill, contending in a statement that “there is no known existing scientific evidence to suggest a linkage between Agent Orange exposure and service on ships offshore.” The agency is conducting two related studies.

The statement noted that the Institute of Medicine, which later became the national Academy of Medicine, concluded in 2011 that it was “unable to state with certainty that Blue Water Navy personnel were or were not exposed to Agent Orange.”

For years, Congress wrestled with how to pay the \$1.1 billion cost of benefits but fell short of a solution. The Blue Water Navy Vietnam Veterans Association estimates that 90,000 Navy veterans could be eligible for compensation, and that as many as 150,000 people could benefit when factoring in widows, children and veterans who served in Thailand.

Roe and advocates hit on an idea this year - increases fees on VA home loans that will cost service members, veterans and surviving spouses between \$2 and \$3 monthly, depending on the down payment. Severely disabled veterans would be exempt.

Veterans’ advocates bought into the plan after watching Congress fall short in the past.

“We would put out something to our members about how this was about to happen. They’d get their hopes up, have something to live for,” said Michael Little, executive director of the Blue Water Navy Vietnam Veterans Association. “Then all of a sudden it would collapse, and guys would get depressed, sad and angry. Very angry.”

Negotiations remain that will affect who among the veterans will qualify, notably definitions of territorial seas and Vietnam boundaries. A goal, according to two people close to the discussions, is making certain that the legislation includes waters that extend into the ocean.

“What we’re looking at is exactly how to define things so as to limit the VA’s discretion,” said John Wells, a former Navy commander who heads Military Veterans Advocacy, a nonprofit. “What we don’t want is for the VA to come back and define the territorial seas as a lake in Saigon.”

Wells, who was chief engineer on three Navy ships, has spearheaded litigation and assembled studies showing what he and allies regard as proof of contamination.

Vietnam waters were busy with military and civilian shipping, he recalls, constantly churning up the river bottoms, where Agent Orange’s potent 2,4-D and 2,4,5-T, had settled along with the unwanted byproduct dioxin.

In the 1960s and early 1970s, the United States sprayed over 12 million gallons of the herbicide in Vietnam to destroy enemy cover in a program code named Operation Ranch Hand.

Wells believes that a prime method of exposure was the distillation systems on ships operating in the South China Sea using a time-honored means of desalinization. A study in Australia in 1998 concluded that distillation enriches dioxin rather than removes it, prompting the government to grant Agent Orange benefits to Royal Australian Navy sailors who had served within 100 miles from mainland Vietnam.

“People at the VA who’ve worked on this had no concept of river discharges and no idea about the effects of anchoring. We’ve embarrassed them, and it’s built up a lot of resistance. It’s like, ‘we’re the VA, you can’t question us,’” Wells said.

Michael Thompson, 67, of San Antonio, was a jet mechanic on aircraft carriers during two Vietnam duty tours. He has suffered from esophageal cancer and has three of the ailments that would qualify as presumptive diseases associated with Agent Orange.

“We ate it, drank it, cooked in it, washed our clothes in it and wore them all day long,” he said, referring to water distilled on board. “I would be wiping down planes coming back from direct contact with AO (Agent Orange.)”

New VA criteria would raise his disability rating to 100 percent, eliminating co-pays at the VA and yielding modest benefits.

“I wouldn’t have to worry about becoming a pawn in some budgetary battle in Congress down the line,” he said.

Richard Shafer, of Crosby, served as a radarman on a destroyer and guided missile cruiser that anchored in 35 feet of water in Da Nang Harbor, 200 yards from shore. He recalled a runoff

canal from an Agent Orange storage area that delivered herbicide contamination directly into those waters.

Shafer, 70, a former air traffic controller, has three of the ailments that would be covered under the legislation - prostate cancer, systemic heart disease and Type 2 diabetes. After fighting for six years for compensation, his appeal was denied in 2016.

"Had I known back in 1969 that I was being poisoned, I would have taken a lot better notes and pictures," he said.

"It's the principle of the thing. You're making old veterans, and we're in our late sixties and our seventies now, fight for what the government promised. You promised you'd take care of me and you're not taking care of me. We have to fight for everything we get, and that's just wrong," he said.

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1.7 - Brooklyn Daily Eagle: [Veterans fear the worst as Brooklyn VA Hospital announces cutbacks](#) (1 June, Mary Frost, 64k uvm; Brooklyn, NY)

Brooklyn's VA Medical Center is shuttering its ear, nose and throat clinic at the end of June, and veterans groups are fearful that this means the VA is moving ahead with the same elimination of full hospital services that was squelched last year after political intervention.

The Brooklyn VA and SUNY Downstate's University Hospital are pointing the finger at each other for the program closure. SUNY Downstate provides residents to staff the VA's clinic.

"SUNY Downstate has decided to no longer support the ENT [ear, nose and throat] program at VA Brooklyn effective the end of June, despite an existing agreement to do so," said Martina Parauda, director of VANY Harbor Healthcare System, located at 800 Poly Place in Brooklyn. "SUNY has offered no assistance and its attending doctors will not agree to continue to provide care to veterans. We do not want to close the clinic and have patients scheduled thru June 22," she said.

SUNY Downstate, however, says that the medical school terminated its agreement to supply residents for the program back in December 2017, giving the VA a full six months to hire new staff. The ENT service at Brooklyn VA is run by Dr. Michael Weiss, division chief of Maimonides Medical Center, and he has no affiliation with Downstate.

A SUNY source said that Downstate pulled its residents out because the volume of surgery has declined at the Brooklyn VA to well below the level at other training sites, making it less than optimal for its residents.

Conflicting Information Given to Vets

Veterans who rely on the clinic will now be forced to travel to the Manhattan or Bronx VA facilities, causing hardships on the elderly and disabled in particular, Kristen Rouse, founding director of NYC Veterans Alliance, told the Brooklyn Eagle. Patients given the option of seeking private care using VA Choice will find limited options in the vicinity of the Brooklyn VA, along with a confusing bureaucracy, she added.

Rouse says veterans have received conflicting information about why the clinic will be closing.

“We were told that the residents who have staffed the clinic have lost their credentialing,” she said. However, “VA’s official statement last week blamed it on a regional staffing shortage.” The messaging “seems intended to shift the blame,” she fumed.

“If the strategy is to slowly close off these facilities and say that traffic is down — well, if you lock the door, traffic will be down,” she added. “No matter the reason, it is unacceptable that the unit will be closed, and it’s the VA’s responsibility to properly staff and maintain services for veterans.

The move to close the ENT clinic follows last year’s plan to close outpatient surgeries at the Brooklyn VA, which NYC Veterans Alliance, U.S. Rep. Dan Donovan and other veterans’ advocates halted.

Rally on Friday

On Friday, Rep. and other veteran groups rallied to demand that the Brooklyn VA reverse the closure.

“Our veterans have sacrificed to protect the freedoms we enjoy each day, and ensuring that they have access to the services they earned is the least we can do to try and repay the enormous debt we owe them,” Donovan said in a statement. “Closing the ENT Clinic at the Brooklyn VA Medical Center is unacceptable, and I won’t stop working until this decision is reversed.”

Donovan also sent a letter to the Acting Secretary of the VA requesting that the ENT clinic immediately be reopened and inquiring about what steps are being taken to address staffing vacancies.

Where Will Vets Go?

Parauda says the VA is “actively recruiting” for ENT physicians.

“It has been difficult to find them and we are working with other medical schools to help us find candidates,” Parauda said. “We need 1-2 full time ENT providers.”

“If a physician is not on board by the end of June the VA will schedule patients to be seen at Manhattan in available slots,” she added. “If we cannot schedule them within 30 days we will authorize care in the community under Choice. However, we have every intention of continuing to offer ENT services at Brooklyn as long as we have the doctors available to do so.”

All complex ENT procedures will be offered in Manhattan, and 25 percent of the routine cases are also expected to be treated in Manhattan, a VA spokesperson added. The VA did not supply figures regarding the number of veterans using the clinic.

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2. Greater Choice for Veterans

2.1 - Stars and Stripes: VA says money for Choice program will last until Trump signs funding bill (1 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs has long claimed a key health care program could run out of money by May 31 if lawmakers did not rush to pass new legislation to fund the VA. But the date came and went this week without President Donald Trump signing the new VA Mission Act and the Veterans Choice Program is still solvent.

Former acting VA Secretary Robert Wilkie, now the expected nominee to lead the agency, told Congress in early May that the Choice program would be depleted as early as May 31. The program pays for veterans to receive health care from private medical facilities when they can't get an appointment at a VA facility.

If Congress didn't act, it would disrupt medical appointments and have a "dramatic, negative impact on our veteran population," Wilkie wrote to lawmakers at the time.

Congress approved massive VA reforms May 23 that, in part, includes \$5.2 billion to keep the Choice program running for one year. Trump insisted lawmakers pass the bill before Memorial Day, but he had not signed it as of Friday.

The VA insisted Thursday that the program had enough money to keep it going until Trump signs the VA Mission Act.

"The Choice program has sufficient funding to continue normal operations uninterrupted until the Mission Act is signed into law," VA Press Secretary Curt Cashour wrote in an email.

Marc Short, the White House director of legislative affairs, indicated at a news briefing that the bill would be signed sometime next week.

In addition to averting a funding crisis with the Choice program, the Mission Act increases veterans' access to private-sector health care and extends benefits to more veteran caregivers. Its cost is estimated at \$52 billion.

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2.2 - KPCC (NPR-89.3, Audio): VA facilities too far away? A new pilot program allows veterans to use private urgent care instead (1 June, Libby Denkmann, 1.1M uvm; Pasadena, CA)

Getting veterans the medical care they need quickly and efficiently has been a political goal in Washington for years.

Last week Congress passed a bill to streamline community care programs, including Veterans Choice, which lets veterans use private medical care if the VA is too far away or wait times are too long.

A new pilot program officially rolled out in the Antelope Valley on Thursday, along with Lancaster and Bakersfield. If it goes well, it could be expanded to other areas.

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2.3 - Modern Healthcare: [Trump's latest order puts new rules on VA clinicians' union work](#) (1 June, Susannah Luthi, 460k uvm; Chicago, IL)

President Donald Trump's recent executive order to claw back federal workers' time from union duties will shake up medical staff operations at Veterans' Affairs health centers as the VA is poised to roll out the expanded VA Choice program.

The White House executive order announcement specifically called out 470 VA employees as targets — including 74 nurses —who spent 100% of their work time on union business while on the department's payroll. Supporters of the president's move say this will force VA clinicians to focus on taking care of patients instead of union duties and stem the bleed-out of VA money for high salaries of health staff who aren't treating patients.

The May 25 order cuts the hours unionized federal workers can spend on union business to 25% of their work time and bolsters government agencies' ability to fire federal workers for poor performance. Unsurprisingly, it riled unions and their advocates. The largest federal workers union, American Federation of Government Employees (AFGE), sued Wednesday to block the order from taking effect, arguing that it will drive medical staff out of the VA health clinics and accelerate the shift of veterans to private care as the agency implements VA Choice reforms.

Trump's move takes aim at what is known as "official time," with curbs that some GOP legislators on the House veterans affairs committee have been agitating for over the past year. Since 1978, federal workers have been able to collect agency pay for the hours they spend on union business including collective bargaining and filing grievances. Congress authorized federal compensation for official time as part of the Civil Service Reform Act.

Veterans service organizations are staying quiet about the executive order, but some Senate aides are privately sounding notes of caution.

One Senate staffer said it's up to the VA to soften potential harm for VA clinicians during the order's implementation. The policy could make it more difficult for providers in states where a single union member represents all the surrounding VA medical staff and may not be able to handle all the grievances filed. The order also bars staff from using office space within VA centers to do union work.

The order isn't a new idea. Rep. Jodey Arrington (R-Texas) sponsored a bill that would essentially codify into law a stronger version of the official time curbs included in Trump's executive order so they hold past the current administration.

Arrington's bill, already passed out of the House VA committee, would block medical clinicians such as nurses, physicians and anyone making more than \$100,000 per year from using official time at all unless they receive a waiver from the VA secretary. All other employees could only spend 25% of their time on union work, similar to Trump's order. The VA would have to start tracking employees' use of official time as well. The upper chamber's companion bill by Sen. Ted Cruz (R-Texas) doesn't allow for a waiver.

It will be difficult for the Senate's razor-thin Republican majority to secure the 60 votes necessary for passage. For now, all eyes are focused on how the VA implements the order.

The limit of official time for VA medical staff could be significant for some medical centers, according to data on VA employees from fiscal years 2014, 2015 and 2017 compiled by the Government Accountability Office and obtained by Modern Healthcare.

On a grand scale, the numbers can look diminutive. The VA health system has about 80,000 clinicians nationwide, about 60,000 of which are nurses. Official time accounts for about \$32.5 million in salaries as of fiscal 2017, according to data from the Government Accountability Office. This was up from about \$22 million in fiscal 2016.

But in a few cases a single VA medical facility — Tampa, Fla. and Milwaukee, Wisc. — had more than 20 nurses at least working part-time on union business. The money diverted to official time was also significant for individual VA centers. Boston's VA health system paid three nurses working 100% official time salaries ranging from \$115,000 to \$138,000.

Nursing staff — registered nurses, practical nurses, staff nurses and nursing assistants — accounted for majority of the medical employees working on official time. Salaries of the registered nurses frequently range above \$100,000 per year and were as high as \$142,000 in 2017. The salary of one physician who reportedly spent 100% of her time on union work in fiscal 2014 and 2015 was more than \$212,000.

The GAO data does not break down how many hours per day VA employees who didn't work 100% official time spent on union business versus VA business.

Although nurses make up the majority of medical staff working official time, the GAO data shows that physicians, psychologists and dentists, as well as pharmacists, addiction therapists, caregivers and technicians, have been working full-time on union business.

In total, GOP House VA committee staff project Arrington's bill would limit official time for almost 840 VA employees, more than 481 of which were working 100% on union business. The number of staff working on official time grew by nearly 90 from fiscal 2016 to 2017.

AFGE lambasted the move as an attack by the Trump administration on the civil service and a drive toward what its officials call the privatization of the VA healthcare system. The union also opposed the recently passed VA Mission Act, which consolidated all the community care programs in the VA under VA Choice and expanded eligibility for veterans who want to seek care from private physicians or hospitals.

"This will create many opportunities for VA to privatize care," said Marilyn Park, AFGE's lobbyist for VA issues.

Park worries that the order, combined with the VA Accountability and Whistleblower Protection Act signed into law last year, will drive medical staff away and make the VA health centers less competitive with private providers as the expanded VA Choice program rolls out. Reporting requirements that make complaints against a clinician public can be career-destroying, she said.

"This is the latest but not the first attack on licensed medical professionals," Park said. "You can risk destroying their careers as they can be accused of things they get reported for. It has direct effect of access, safety and quality of care."

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3. Modernize Our System

3.1 - WFED (AM-1500): [Letter to the Editor: Let the record show I told you so about VA](#) (31 May, Edward Francis Meagher, 831k uvm; Washington, DC)

It is easy to say “I told you so” after the fact of some debacle. The outcome is known, and the causes of the debacle are right there in front of you like the skid marks of a car leading to the wreckage against a wall.

Experts can look at the scene and tell you that speed, or road conditions, or weather or faulty equipment were clearly the causes of the carnage. Or they might point to drugs, or drinking or distracted driving as contributing factors.

But what about before then?

Certainly, all of the above-mentioned causal or contributing factors get talked about but those discussions lack immediacy and urgency, and are speculative about any particular crash or tragedy. No one can say that a particular car will crash at a particular spot, during a particular time period, with a particular set of consequences. If someone did contend that they could predict such a crash they would rightfully be looked at with much skepticism.

But I, and many knowledgeable folks, can predict with a very high degree of certainty that a debacle will occur based on the Veterans Affairs Department’s recent decision to proceed with its highly unusual, sole source, noncompetitive, multi-billions-of-dollars award of a contract to Cerner for a replacement electronic health record (EHR) for its current [Veterans Information Systems and Technology Architecture] system.

The knowledgeable folks I refer to are the experts who built, evolved and maintained VistA for the VA over the past 25 years. They are also the doctors and other clinicians and caregivers who use VistA daily to care for their patients. They are the managers and workers who depend on VistA for the information necessary to manage the care of the millions of veterans who are cared for each year by the VA. These folks have not been asked their opinion about this decision to abandon VistA. If they were, the vast majority, some would say 75 percent to 85 percent, would object.

Their objections would vary from the technical — that the underlying architecture of Cerner will not support the transaction processing requirements of the current VA environment — to the business process requirements. Cerner will not support the VA’s current standard business practices.

Others might point to the Pollyanna-ish estimates about costs, schedule and impacts that will accrue to such a move, to the ability of the VA to achieve its mission.

Still others might point to the sheer technical and managerial complexity of pulling off such a transition even assuming none of the known shortcomings with Cerner and liken the complexity factor to rebuilding a jetliner while in flight.

There are many other predictors of this impending debacle that are widely known throughout the VA, but no one has asked anyone knowledgeable inside the VA about them. There has never been an honest, impartial side-by-side comparison between VistA and any of these commercial EHR's as to their capabilities to meet the needs of the VA.

This decision to move to Cerner did not come from within the VA. It came through a convergence of the political and financial interests at the Department of Defense, the White House and private sector product and professional services organizations.

It is the fix to the problem that doesn't exist that if allowed to proceed will break or badly damage the VA's ability to fulfill its mission. I agree with all of the reasons behind the inevitable failure of this proposed move to Cerner and would add one more. The culture of the VA will not tolerate the degradation of the quality of the medical care provided to our veterans using VistA today caused by the lowest cost, insurance driven, profit based medicine and business practices embedded in Cerner model. Their dedication to the mission and their pride in the "best care anywhere" delivery of medical care to our nation's warriors will not allow this misguided and ultimately destructive decision to succeed.

This is not a full-throated, blind defense of VistA as it exists today. Much needs to be done to modernize VistA.

I would liken it to the recent decision to extend the life of the U.S. Air Force's aging B-52 fleet by replacing its engines and modernizing its electronics. The B-52 is a 60-year old aircraft design but it still is the best choice to fulfill its mission. With the modernization efforts it will continue to fulfill its mission for the next 30 years. VistA will do the same.

Edward Francis Meagher, former VA CTO and deputy CIO

Great Falls, Virginia

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP, HealthDay News): [Many, But Not All, Hospitals Require Flu Shots for Staffers](#) (1 June, Steven Reinberg, 23.9M uvm; Washington, DC)

With this year's terrible flu season a fresh memory, a new study finds that more U.S. hospitals are requiring staffers to get flu shots, but VA hospitals lag behind.

In two surveys done four years apart, the number of Veterans Affairs hospitals mandating flu shots rose only slightly, from 1 percent in 2013 to 4 percent in 2017, researchers said.

Conversely, the number of non-VA hospitals requiring flu shots jumped from 44 percent to nearly 70 percent, the researchers added.

"In just four years, the non-VA hospitals have really stepped up on requiring the vaccine, rather than just encouraging it," lead researcher Todd Greene, an assistant research scientist at the University of Michigan's Division of Hospital Medicine, said in a school news release.

"Studies have shown that vaccination mandates, coupled with an option of declining vaccination in favor of wearing a mask, are most effective in reaching high percentages of vaccination," he said.

While the VA doesn't require flu shots for staffers, it does have a goal of increasing flu vaccination, the study authors noted.

Among all hospitals that don't mandate flu shots, the researchers found that 41 percent required unvaccinated workers to wear a mask, and only 21 percent had penalties for not adhering to hospital policy.

Even if a hospital doesn't mandate flu shots, studies have shown that a written policy and making efforts to encourage vaccination can increase vaccination rates, the researchers said.

The report was published online June 1 in the journal JAMA Network Open.

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4.2 - Pittsburgh Tribune-Review: [VA will host series of town hall meetings to hear from Pittsburgh-area veterans](#) (1 June, Patrick Varine, 1.5M uvm; Warrendale, PA)

The VA Pittsburgh Healthcare System and the Veterans Health Administration want to hear directly from the region's veterans and are hosting a series of town hall meetings to do just that.

"We want to hear from the veterans so we can better serve them," said VA spokeswoman Shelley Nulph.

Meetings in Westmoreland, Allegheny, Washington, Beaver, Fayette and Belmont (Ohio) counties will take place through mid-July to seek veterans' input on the VA and how it can be improved.

Nulph said those in attendance will largely set the agenda.

"We'll give brief remarks and make some announcements," she said. "But really, the primary goal is to hear from veterans: what they want to know, what they like and dislike."

Meetings are set for these dates:

- June 25: American Legion, 168 Park Avenue in Washington, 6 p.m.
- June 27: VA Heinz Campus, 1010 Delafield Road in O'Hara, 11 a.m.; and Rochester VFW, 179 Virginia Avenue in Rochester, 6 p.m.
- June 28: American Legion, 109 South Fifth Street in Jeannette, 6 p.m.
- July 9: AMVETS, 123 Buttermilk Lane in Hopwood, 6 p.m.
- July 10: Belmont County Veterans Service Center, 3326 Belmont Street in Bellaire, Ohio, 6 p.m.

The meetings will also include representatives from the Veterans Benefit Administration, “so if vets are having issues with their claims or benefits they're receiving, they can get answers for that as well,” Nulph said.

For more, see [Pittsburgh.VA.gov](https://pittsburgh.va.gov).

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4.3 - Dayton Daily News: [These local veterans fought one of their hardest battles after their service, and today they celebrated](#) (1 June, Bennett Leckrone, 1.1M uvm; Dayton, OH)

When Ray Smeltzer, a Miamisburg resident and Vietnam veteran, was diagnosed with prostate cancer around a year ago, he wasn't aware it could have been caused by his military service.

Smeltzer's aggressive prostate cancer, he was told, was associated with a foliage-killing chemical he had encountered as an Air Force sergeant in Vietnam.

“I went through a number of years without any evidence of contamination, but in my later years I found that I had a very aggressive and rapidly growing form of prostate cancer that they've associated with that exposure,” Smeltzer said.

Seeking treatment, he went somewhere new: The Dayton Veterans Affairs Medical Center.

On Friday, he attended an event at the VA Medical Center to celebrate cancer survivors. Through all of his treatment and surgeries, Smeltzer said, the VA has supported and served him.

“They go out of their way to find ways to help you,” Smeltzer said. “They waste no time.”

Smeltzer said it appeared that doctors had gotten all of his cancer before it metastasized, but he said they're not yet entirely sure.

“There's always that uncertainty,” he said.

One thing both cancer patients and survivors can be sure of, Dayton VA Associate Medical Center Director Jennifer DeFrancesco said at the event, is support from the VA community.

“There's much more to healing (than medical treatment),” DeFrancesco said. “It takes family, it takes friends, it takes community.”

Staff members say cancer treatment goes beyond chemotherapy and radiation. Joe McCollom, a hematology and oncology fellow at Wright State who works with the Dayton VA, said cancer care doesn't end when treatment ends, but requires a continued network of support.

“It's going to be a holistic care that includes not just them, but a whole community,” McCollom said.

The Dayton VA has taken steps to ensure veterans' whole circle of family and friends are involved with their care. A Fisher House, which will house families of patients, is being built on its campus.

The VA Medical Center also offers conventional treatments and has invested \$5.5 million in new equipment recently, including a radiology suite to help make cancer treatment less invasive and make recovery easier, DeFrancesco said. If patients need special treatment, like Smeltzer needed for his aggressive cancer, they can go to a tertiary care center like The Ohio State University.

While Friday's event was a celebration of survivors, it was also a message to newly diagnosed patients. Keith Harrison, a Dayton-area Air Force veteran and cancer survivor, said veterans who receive a diagnosis should have hope.

"It's not the end," said Harrison, who had surgery in 2014 to treat prostate cancer and is now living without that cancer.

Harrison also encouraged people who haven't been diagnosed to be screened.

For Veterans who receive a diagnosis, Smeltzer said, the VA is a helpful resource.

"I know that these facilities out there across the United States have gained a bad reputation, but my experience with the Veterans Administration as a whole and with this facility has been excellent," Smeltzer said. "I encourage any veteran that is in a situation where they need to be attended to, to not hesitate and come here."

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4.4 - WBAY (ABC-2, Video): [New grads offer hope during local doctor, psychiatrist shortage](#) (1 June, Sarah Thomsen, 443k uvm; Green Bay, WI)

"Help is on the way" is the underlying theme of a graduation ceremony for the first class of students to complete their education at Medical College of Wisconsin-Green Bay campus.

Fifteen students received diplomas Friday afternoon at Lambeau Field.

It's viewed as a step to address a doctor shortage in Wisconsin and keep doctors in the Badger State.

"We know that when you build a campus in a region, students will come back and practice," said Dr. Matthew Hunsaker, Dean, Medical College of Wisconsin-Green Bay. "The historical data in Wisconsin shows about 80 percent of the students who do both medical school and practice in the area return to the area."

It's something that appeals to new grads, Dr. Matthew Jenson and Dr. Julie Rose Shariff.

"My family is here as well, so being able to stay close to home and receive my medical training is a top priority," Jenson says.

Shariff says, "I'm actually from Green Bay. Went to UW-Green Bay, got to stay here for medical school, so definitely a huge connection here and most of my family is in the state."

Over the last year, Target 2 Investigates has reported on a provider shortage--especially in rural areas.

It's a concern in all medical fields, especially psychiatry.

"We lead the nation in need in many areas. The further we get out from bigger cities, the more difficult it is to find someone to help you with mental healthcare," says Dr. Robert Gouthro, Program Director, NE WI Psychiatry Residency Program.

Every state is experiencing a shortage, but Wisconsin is among the worst. It's in the top six in the country most in need of psychiatrists.

Bellin Psychiatric Hospital is happy to be in a partnership with the Medical College, Veterans Affairs, and other providers to keep two of the psychiatry students for continued training.

"Really looking at how we continue to reach out to those rural communities where there's just not as much resource, and the more and more we're able to train folks locally, we're able to start looking at strategies to serve those areas," says Sharla Baenen, Bellin Psychiatric Center president.

The VA says it is happy to be part of this, seeing it as a good way to immerse doctors in veteran health care and hopefully convince them to stay with the VA.

"It's been a long time in the making and to finally see it here, can't even put it into words," Gouthro says.

Bellin says some of the young new doctors are eager to start programs in the area and focus on helping low income people.

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4.5 - AllGov: [Secretary of Veterans Affairs: Who Is Robert Wilkie?](#) (1 June, Steve Strahley, 69k uvw; Hollywood, CA)

Robert Leon Wilkie Jr., who has served since 2017 as the undersecretary of defense for personnel and readiness, was nominated May 18, 2018, to be the secretary of Veterans Affairs. Wilkie has run the department on an acting basis since March 2018, when David Shulkin was fired.

Wilkie was born August 2, 1962, in Frankfurt, West Germany, where his father, Robert Leon Wilkie Sr., was serving with the U.S. Army, eventually rising to artillery commander. His mother is the former Joy Somerville. Wilkie and his family lived for a while in Fort Sill, Oklahoma, before settling in Fayetteville, North Carolina, home of Fort Bragg. Wilkie graduated from Reid Ross High School in Fayetteville in 1980. He went to college at Tulane University, and then transferred to Wake Forest, where he earned a bachelor's degree in 1985. Wilkie then earned a J.D. at Loyola University of New Orleans in 1988.

After graduation, Wilkie went to work in the office of then-Senator Jesse Helms (R-North Carolina). Years later, at a 2006 hearing when Wilkie was nominated to be assistant defense secretary for legislative affairs, Wilkie cited Helms as "one of the great gentlemen of this body."

While Wilkie was working for Helms, Helms was one of only four senators who voted against the 1990 Ryan White Comprehensive AIDS Resources Emergency Act. Helms also proposed a bill that would have blocked aid to communities that refused to give contracts to companies that conducted business with the racist regime in South Africa.

Helms was known for such quotes as “The Negro cannot count forever on the kind of restraint that’s thus far left him free to clog the streets, disrupt traffic, and interfere with other men’s rights;” and “The government should spend less money on people with AIDS because they got sick as a result of deliberate, disgusting, revolting conduct.”

While Wilkie was working for Helms, he also continued his education, earning a Master of Laws in international and comparative law from Georgetown in 1992 and subsequently a Master’s in strategic strategy from the Army War College in 2002. Wilkie went on to work in the office of Rep. David Funderburk (R-North Carolina), who served one term in Congress beginning in 1995. In 1996, Wilkie mounted an ultimately unsuccessful campaign to win the Republican nomination for the Seventh Congressional District in North Carolina. He also served as executive director of the North Carolina Republican Party from 1996 to 1997.

In 1997, Wilkie moved over to the office of then-Senate Majority Leader Trent Lott (R-Mississippi). Wilkie first served as counsel on appropriations and Senate rules and procedure, and from 2000 as counsel and adviser on international security affairs.

Wilkie moved to the George W. Bush White House in 2003 as special assistant to National Security Adviser Condoleezza Rice before being nominated for the Defense Department post, where he served under Robert Gates and Donald Rumsfeld through the end of the Bush administration.

In 2010, Wilkie was named vice president and business development director for large Department of Defense program integration opportunities at design and construction consulting firm CH2M Hill. He returned to Capitol Hill in 2015 as an adviser to Sen. Thom Tillis (R-North Carolina). Wilkie worked on the Donald Trump transition team before being nominated in 2017 to be under secretary at Defense.

Wilkie has also served as an intelligence officer in the Naval Reserve and the Air Force Reserve.

Considering that Wilkie has a deep association with Republican senators, he will probably have an easy time winning nomination. When it was pointed out by veterans’ group VoteVets that he was not supposed to simultaneously be acting secretary while being nominated to fill the post permanently, Wilkie resigned his position as acting secretary on May 30 and returned to his position as undersecretary of defense.

Wilkie’s great-grandmother, Nellie Nugent Somerville, was the first woman to be elected to the Mississippi legislature. Wilkie and his wife, Julie, have two children: Adam and Megan.

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4.6 - WNCN (CBS-17, Video): [Investigation shows Durham VA had \\$1M of unused equipment for years](#) (1 June, Marius Payton, 13k uvd; Raleigh, NC)

DURHAM, N.C. (WNCN) - A copy of a 2017 investigation shows the Durham VA Medical Center had \$1 million worth of brand new medical equipment sitting in a storage facility, still in boxes and unused, for several years.

That's equipment that could have been used to make the lives of veterans much better.

The 17-page investigation initiated by a whistleblower outlines serious financial allegations against the Durham VA. Back in 2014, the investigation found the Durham VA spent nearly \$400,000 on computer equipment that was never used and sat in an off site storage unit for several years.

While investigating the misappropriation of the computer equipment, the Office of Special Counsel also found \$1 million worth of brand new, boxed medical equipment — items such as anesthesia equipment, vital sign machines, a sterilizer, dental chairs, as well as a dental sink — all items used to treat and care for veterans.

"It's [a] pretty sad case cause it's happening at most VAs, I would say", said Sean Higgins, a known VA whistleblower. Higgins wasn't the whistleblower on this investigation, but he has blown the whistle on dozens of VA medical center infractions all over the country.

He's not surprised by what he called the gross misappropriations of funds because he's uncovered more.

"One example [is] of an employee who set up a fake company and they stole over \$1 million. He's in jail now. And another case where I found \$666,000 that was ordered in 2010. I found it in 2014, still in the boxes and unused," Higgins added.

"Durham VA has taken 'appropriate corrective actions' to address these issues," it said via email. "Responsible employees have been held accountable, the overwhelming majority of the equipment referenced by OSC is now in use and the items that have expired have been properly disposed."

But Higgins questioned how things would have played out if the whistle hadn't been blown. He feels veterans deserve better.

"We served our country. Keep the promise. The promise that we would have free healthcare for life. Keep the promise", Higgins said.

The Office of Special Counsel also found during it's investigation the Durham VA stored and distributed to patients expired water. That issue has also been rectified by the Durham VA. But, as far as the gross misappropriation of funds, the three-star facility is willing to call this a "significant procedural oversight."

Read the full investigation below.

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4.7 - Walterboro Live (The Press and Standard): [Holmes gets awards for volunteering at VA hospital](#) (30 May, 12k uvm; SC)

Memorial Day is a time to remember veterans. But not just those who have passed away. It's also a time to recognize and appreciate those veterans who are still active.

"This is something that I don't normally do; however, I believe that too often some of our veterans go unrecognized for the notable contributions that they make on behalf of their fellow veterans every day," said Colleton County Veterans Affairs Officer Janet Smith. "A true volunteer doesn't demand credit or seeks a pat on the back for the services that he or she provides for their comrades. Mr. Johnny Holmes is one of those veterans. I would like to share with your readers the awards Mr. Holmes has received in appreciation of his commitment to serve others."

Holmes was recently recognized for reaching a milestone of 4,000 hours at the Volunteer Awards Service, hosted by the Ralph H. Johnson, VA Medical Center, where he works with the center's voluntary service program. Over the years, he has made countless trips to provide transportation for veterans to help improve their quality of life. He was presented with a Lifetime Achievement Award, a Volunteer Excellence Award and a letter of congratulations from Washington, signed by the president of the United States.

President Donald Trump's letter said, in part, "On behalf of a grateful Nation, I thank you for your lifetime of service to your fellow Americans and those most in need ... You have served as a model of the American spirit ... One of our Nation's greatest strengths remains the compassion of our everyday citizens, who give so willingly of themselves and their lives for the benefit of others ... With our continued efforts to build on our Nation's culture of service, America will proudly remain a land of freedom and opportunity for all."

Holmes is the Commander for the Disabled American Veterans, Strickland Chapter #55 and the Chairman of the Veterans Council.

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5. Improve Timeliness of Service

5.1 - WFLA (NBC-8, Video): [Veteran's prosthetic leg tied up in VA paperwork snafu](#) (1 June, Steve Andrews, 702k uvm; Tampa, FL)

CLEARWATER, Fla. - Army veteran Don Allen, 62, wants to walk again.

But a paperwork snafu at the Department of Veterans Affairs delayed delivery of his prosthetic leg, leaving Allen to rely on a wheelchair to get around.

"I want to get a prosthesis so I can start not looking up at everybody," he said. "I'd like to be eye to eye with people again, I'm six feet tall."

Allen served in the Army in 1974 to 75.

He is a Vietnam veteran.

A traffic accident last July took his leg.

He credits doctors at Bayfront Medical Center with saving his life.

For therapy and rehab, he transferred to the VA's Community Living Center at Bay Pines.

"The medical care at the VA is the best that you're going to get," explained Allen. "But once you start dealing with the administrative end, it is a train wreck."

Fitted for a prosthetic leg in September, VA paperwork delayed delivery until January. By that time the swelling in what is left of Don's right leg had subsided.

"By then, leg shrank and it's time for a new leg," he said.

In February, Allen was fitted again and once again, a paperwork snafu.

By the end of May, still no leg.

"I get passed from office to office to office to office until, eventually you end up at the first office you started at," he explained.

Target 8 spoke with Allen on Wednesday, then sent an email to Bay Pines Public Affairs Officer Jason Dangel.

According to Allen, he heard from Bay Pines very quickly.

"Well at first they were trying to convince me that none of this happened and I said, 'you know that's baloney,'" stated Allen.

Then he got the news he's waited for.

"Miraculously in the course of a day and a half, the leg is ready and the VA has gotten their end together and I'm going to have it on the 5th," he said. "I'm real thankful you know, you guys. I guess when people know they're going to get called out and might appear on television they move their rear ends a little quicker."

Sometimes, Don. Sometimes.

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5.2 - Las Cruces Sun-News (Video): [Men with depression may exhibit anger, avoid seeking help](#) (31 May, Diana Alba Soular, 310k uvm; Las Cruces, NM)

As a U.S. soldier in the Iraq war, Las Cruces Jay Lawrence saw his share of atrocities.

Deployed there in 2003 and 2004, Lawrence recalled walking through a local hospital and seeing Iraqi children who'd been injured in explosions of roadside bombs placed by insurgents. Though disturbing, he said he took everything in stride at the time, accepting it as a consequence of war.

"Once I enlisted, I knew what I could go through," said Lawrence, who grew up in Albuquerque and enlisted in the U.S. Army in 2002.

After his time in Iraq and several deployments to South Korea, he returned to the United States. He said he began experiencing problems while stationed at Fort Bliss. The trauma he'd experienced was taking a toll on his psyche and, in turn, on his work. At the time, he was a sergeant in an air defense battery attached to an infantry battalion. Insomnia and anxiety became his norm.

"I didn't sleep," he said. "I started having really bad dreams."

The lack of sleep caused him to fall asleep at unpredictable — and sometimes dangerous — times, like once when he was driving to work. And he said he started showing up late, which is heavily frowned upon in the Army.

"I didn't feel like there was anything wrong with me," he said. "I just felt bad."

Behavioral health professionals at Fort Bliss soon diagnosed him with depression and post-traumatic stress disorder, or PTSD. For medical reasons, he was discharged honorably in 2011 from the military. His journey toward mental health recovery was only beginning.

Depression in men

The month of June marks Men's Health Month, and the Sun-News is highlighting depression, in particular, as a health issue men face. Nearly one in 10 adult Americans has some type of depression in a given year, according to the U.S. Department of Veterans Affairs.

Both men and women can experience depression, but, as the National Institute of Mental Health notes, the symptoms may differ in men. And men are less likely to seek treatment for the condition, also known as major depressive disorder or clinical depression.

"Men are really resistant to therapy," said Anthony Decorte, licensed clinical social worker with Counseling Las Cruces. "They think they can handle it on their own; many times they can't. When I see them, it's generally at the crisis level, and they're really, really depressed. They don't necessarily seek out mental health as much as women would."

At issue, Decorte said, is that men often view seeking professional behavioral health help as a sign of weakness, even though it's not. And sometimes when they do seek out counseling, they'll only attend one or two sessions and then drop out. He encouraged men to challenge that inclination.

"It's understandable they're feeling that way," he said. "It's OK to seek help; it's OK to seek assistance."

Anger as a symptom

Decorte said men, more so than women, who are depressed tend to exhibit anger, which might mask the underlying mental health condition.

Depression is a "common but serious mood disorder" that affects "the ability to feel, think and handle daily activities," according to the NIMH. Genetics, traumatic and stressful experiences or illness can spark depression.

"Some men with depression hide their emotions and may seem to be angry, irritable or aggressive while many women seem sad or express sadness," according to the agency. "Men with depression may feel very tired and lose interest in work, family or hobbies. They may be more likely to have difficulty sleeping than women who have depression. Sometimes mental health symptoms appear to be physical issues. For example, a racing heart, tightening chest, ongoing headaches, or digestive issues can be signs of a mental health problem."

Decorte said he's noticed a trend among his clients that's especially pronounced in men.

"When they have physical pain, like back pain, they're prone to be depressed," he said.

That may be because the physical pain is hampering a person's ability to be productive which takes a toll on his or her mental health, Decorte said.

In an attempt to deal with the distress caused by depression, some men turn to substance abuse, including alcohol, according to NIMH. Suicide is also a risk.

Decorte said men who contemplate and attempt suicide tend to use more lethal means than women. He said he always screens clients to gauge whether they may pose a threat to themselves.

PTSD is a separate condition from depression. It's when a traumatic or life-threatening event causes symptoms, including anxiety and re-living the trauma — such as through nightmares — and negative feelings. According to researchers, about half of people with PTSD will also experience depression.

Getting treatment

After receiving the diagnoses, Lawrence began seeking treatment at Fort Bliss. Doctors prescribed a combination of medications, but for Lawrence, the medication symptoms made him feel worse than he did without treatment. He said he felt "like a zombie."

"It made me feel like I was in a video game," he said. "I didn't feel like myself."

After he was discharged from the military in 2011, Lawrence decided to move to Las Cruces, a place he'd visited on several occasions while stationed at Fort Bliss. And in 2012, he tried marijuana for the first time. After using it, he said he discovered a lot of relief from his symptoms. Two years later, under New Mexico's Medical Cannabis program, he got a card authorizing him to buy and use medical marijuana.

Along with discovering medical cannabis, he began going to counseling. He regularly seeks therapy at A New Hope Therapy Center in Las Cruces. Lawrence acknowledged it was tough at first to seek help due to the undeserved stigma that often accompanies having a mental health condition. But he encouraged anyone struggling with the same concern to push past it and seek professional help. He now enjoys attending counseling sessions.

"I was ashamed to get help, but really, you have to humble yourself," he said.

According to the VA, there are a number of treatment options for depression. A starting point is seeking an assessment from a mental health professional.

"In many cases, milder forms of depression are treated by counseling or therapy," according to the agency. "More severe depression is treated with medicines or with both therapy and medicine."

A new lease on life

PTSD is one of more than 20 qualifying conditions that allow New Mexico residents to participate in the medical cannabis program. Depression itself isn't a qualifying condition.

For Lawrence, the combination of medical marijuana and therapy has given him "a new life." While he once was severely hampered by a sense of unease and anxiety, he is no longer. He's an activist seeking the legalization of marijuana and he advocates veterans causes.

"Therapy along with cannabis — it has helped me to get out of my house, meet new people and really talk about the challenges veterans face," he said.

Lawrence said he considers himself fortunate to have made such progress. Other veterans' stories have ended much more tragically. New Mexico has one of the highest rates of veteran suicide in the country — 59.8 per 100,000 people, compared with 38.4 nationally, according to data released from the VA in 2017.

Lawrence shares his story in hopes of inspiring other people — especially combat veterans — to seek help if they're struggling psychologically. Years ago, he falsely believed that no one cared enough to try to help him. He's since learned there are a lot of people who want to lend a helping hand — and a listening ear.

"There's help out there," he said. "I really hope my battle buddies can get the help they need because we are a demographic that's hurting."

Resources in Las Cruces

The National Alliance for Mental Illness advocacy organization hosts several support and training sessions in Las Cruces each month.

The organization's mission is broader than depression alone, but people who have the diagnosis are eligible to attend the weekly Connection Recovery Support Group meeting. The sessions take place at 7 p.m. every Monday at the Unitarian Universalist Church, 2000 S. Solano Drive.

Micah Pearson, president of NAMI-Doña Ana County and a member of the NAMI national board, said all of the NAMI programs are free of charge to attend.

"We maintain guidelines of absolute confidentiality," he said. "Anything said in our classes and groups stays in those groups."

Pearson said sometimes people experience depression on a short-term basis due to a crisis event. Most people will experience such an episode in the course of their lifetime, he said.

"Our group is there for them, too," he said. "We don't judge."

Family members of people with a mental health condition can attend NAMI's Family Support Group. It takes place from 6:30 to 8 p.m. the second and fourth Wednesdays of the month at Peace Lutheran Church, 1701 Missouri Ave.

Thirdly, the NAMI-DAC General Meeting is open to residents with a mental illness, family members, health professionals and interested community members. It runs from 6:30 to 8 p.m. on the third Tuesday of every month at the La Clinica de Familia PSR building, 125 S. Main St. Upcoming meetings will include training sessions on the topic of mental health crises. For information, visit nami-dac.org.

In Crisis?

Around the clock, 365 days a year, New Mexicans have access to the New Mexico Crisis and Access Line. By calling the hotline, residents can talk with a mental health expert and connect to mental health or substance-abuse resources in their local areas.

The New Mexico behavioral health crisis line is: 1-855-662-7474. The TTY number is 1-855-227-5485.

The hotline isn't a replacement for a 911 medical or public-safety emergency.

SEEK HELP:

Separately, the state's Peer-to-Peer Warmline is a number residents can call if they feel the might be headed toward a crisis state but aren't there yet. That number is: 1-855-466-7100. The TTY number is: 1-855-227-5485.

The peer line is staffed with peer specialists from 3:30 to 11:30 p.m. daily. If a resident calls the warmline outside those hours, he or she can still talk to a clinician by pressing "1," according to the state's website.

Diana Alba Soular may be reached at 575-541-5443, dalba@lcsun-news.com or @AlbaSoular on Twitter.

Symptoms of depression in men

- Anger, irritability, or aggressiveness
- Feeling anxious, restless, or "on the edge"
- Loss of interest in work, family, or once-pleasurable activities
- Feeling sad, "empty," flat, or hopeless
- Not being able to concentrate or remember details
- Feeling very tired, not being able to sleep, or sleeping too much
- Overeating or not wanting to eat at all
- Thoughts of suicide or suicide attempts
- Problems with sexual desire and performance
- Physical aches or pains, headaches, cramps, or digestive problems
- Inability to meet the responsibilities of work, caring for family, or other important activities
- Engaging in high-risk activities
- A need for alcohol or drugs
- Withdrawing from family and friends or becoming isolated

Source: National Institute of Mental Health

What to do if you're depressed

- Talk with your doctor or healthcare provider.

- Talk with family and friends.
- Spend more time with others and get support from them. Don't close yourself off.
- Take part in activities that might make you feel better. Do the things you used to enjoy before you began feeling depressed. Even if you don't feel like it, try doing some of these things. Chances are you will feel better after you do.
- Engage in mild exercise.
- Set realistic goals for yourself.
- Break up goals and tasks into smaller ones that you can manage.

Source: U.S. Department of Veterans Affairs

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5.3 - Columbia Missourian: [New mobile center to provide mental health and other services to veterans](#) (1 June, Katherine Stater, 272k uvm; Columbia, MO)

Columbia Vet Center showed off its newest mobile unit for service to veterans Friday at Truman Veterans' Hospital.

The new unit is one of four on the road in Missouri and, like the other mobile units, will be used to provide counseling and make referrals for veterans in areas where the nearest VA hospital is hours away.

According to Census data, 97.4 percent of Missouri is considered rural. Roughly 30 percent of Missourians live in a rural area.

The mobile centers reach veterans in more than 30 counties in central Missouri.

Technician Lloyd Adams Jr. said the units bring services to veterans "instead of making them go out of their way to get to us."

It's a 37-foot-long RV with satellite capabilities and enough technology to support all of the needs that could arise in helping veterans address any health care issues they might have. Satellite phones allow veterans to make calls to Truman Veterans' Hospital with questions about eligibility for benefits or other concerns instead of having to drive to the nearest hospital.

Services offered include counseling for post-traumatic stress disorder, grief and substance abuse, among others.

The mobile center brings along several specialists, usually mental health counselors, an enrollment specialist and an outreach coordinator.

The Columbia Outreach Coordinator Mark Johnson goes out into the community to tell everyone he can about where the center will be and what care is available. Sometimes, he does conferences and police training for the center.

The work has found a special place in his heart.

"I've always believed in the idea that you 'never leave a soldier behind'," he said. "Being with the veterans and helping them out is the best part of this job."

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5.4 - Brooklyn Reporter: [Veterans and supporters mobilize in opposition to closure of ENT clinic at Brooklyn VA Hospital](#) (1 June, Jaime DeJesus, 16k uvm; Brooklyn, NY)

Fearing that the Brooklyn VA Hospital could ultimately be in jeopardy, supporters of the facility — which treats veterans from across the borough as well as Staten Island — are staking their position in support of the hospital, which recently decided to shutter its ENT clinic.

On Friday, June 1, veterans, Congressman Dan Donovan and the New York City Veterans Alliance joined together at a conference at the Knights of Columbus, 1305 86th Street, to protest the closure and express their concern that the hospital so many former members of the military rely upon will eventually downsize to an outpatient only clinic or transform into condos.

"It's already hard for some of our local veterans to get to the Brooklyn facility and now many will have to travel to the Manhattan facility or one in the Bronx," said Donovan. "This could be particularly devastating to those who are elderly or disabled, who may forgo visits instead of facing long and difficult commutes to get to their appointments. The decision needs to be reversed."

"We've been seeing a gradual decline in services," said Danny Friedman, president of Vietnam Veterans of America Chapter 72. One of the worries is that the facility will be the victim of a gradual diminution of services, effectively death by a thousand cuts. In 2015, the U.S. Veterans Administration decided to close a 25-bed inpatient medical surgery unit at the hospital, another move that was vocally protested by veterans and their supporters.

"The Brooklyn VA needs to be a beacon of quality health care for veterans in Brooklyn and the region in New York City," added founding director of the New York City Veterans Alliance Kristen Rouse. "For the Brooklyn VA to keep reducing services is a profound disservice to the thousands of veterans who live here."

The ENT unit is particular is important, Donovan contended, given that veterans have come home from war having being exposed to such toxins as napalm and Agent Orange. "One of our tactics overseas is we burn things like computers so our enemies can't come back and recover the information," he explained. "Whatever we burn affects [military members'] vision and respiratory systems, and that's the unit were talking about closing."

"It is unacceptable that the unit will be closed," said Donovan in a letter to Acting Secretary of Veterans Affairs Peter O'Rourke. "It's the VA's responsibility to properly staff and maintain services for veterans in need."

Apparently, the VA agrees. Martina Parauda, director of VANY Harbor Healthcare System told our sister publication The Brooklyn Daily Eagle, "SUNY Downstate has decided to no longer support the ENT [ear, nose and throat] program at VA Brooklyn effective the end of June, despite an existing agreement to do so. SUNY has offered no assistance and its attending doctors will not agree to continue to provide care to veterans. We do not want to close the clinic and have patients scheduled thru June 22."

Parauda added that the VA is “actively recruiting for ENT physicians.”

“It has been difficult to find them and we are working with other medical schools to help us find candidates,” she said.

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6. Suicide Prevention

6.1 - WBUP (ABC-10, Video): [June is national PTSD awareness month](#) (1 June, Jordan Gulkis, 51k uvm; Ishpeming, MI)

IRON MOUNTAIN — June marks national Post Traumatic Stress Disorder Awareness month. PTSD is considered an anxiety disorder, that has 7 criteria.

The first criteria, is being exposed to a traumatic event. It starts to become PTSD when your symptoms like negative thoughts or flashback extend for a month or two.

It becomes more of a problem when it impacts your life negatively, that’s where the 7th criteria comes in. 17% of War Veterans since the Vietnam War experience PTSD.

“People can have PTSD but it may not impact their life. When people have traumas, they are always affected by it for the rest of their life in varying degrees. Symptoms can come and go, times of year. Certain triggers can occur that may remind them of it,” said Michael Matwyuk, VGO at Oscar G. Johnson VA Medical Center.

The biggest Stigma with the disorder is that people suffering with it are dangerous or mentally ill. PTSD is more an internal disorder.

“They don’t tend to act outwardly. There are people with PTSD in this world who do much more than we realize, that are functioning very well. It impacts peoples lives in various degrees,” Matwyuk said.

There are different forms of treatment to cope with PTSD. The VA hospital uses the cognitive behavioral treatment, where they connect the emotional and the cognitive side. Symptoms of PTSD stem from a emotional response, based on past events especially with Veterans.

“I’m not in Iraq, I’m not in Saudi Arabia, I’m not in the A Sầu Valley. I’m not in some place where its dangerous even though I feel that I’m in danger now. I have to ground myself in the here and the now,” Matwyuk added.

For more information on PTSD and how you can get help click [HERE](#).

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WCCO (CBS-4, Video): [Fort Snelling Nat'l Cemetery Rifle Squad Gives 75,000th Salute](#) (1 June, Bill Hudson, 27.5M uvm; Minneapolis, MN)

It might seem hard to believe, but few veterans were afforded full graveside honors until June of 1979. It was rare to expect a military color guard, 21-gun salute and the playing of "Taps."

"We like to say that we take care of our own," said former United States Marine George Weiss Jr.

He served in the closing days of World War II, and knows what service and sacrifice means to a free nation. That is why he and a few other veterans decided they had to do something to honor all veteran burials.

"Well, I was taught in the Marine Corp that if you saw something that you didn't like, change it for the better," Weiss said. "And that's what we did."

What they made better is now 130-members strong. Fort Snelling National Cemetery's Memorial Rifle Squad will provide full honors at any Fort Snelling burial, large or small, and in all kinds of weather.

"It was 35-below zero one morning, but we made it," said Weiss, .

Their rifle squads are named after each day of the week. For years, Weiss headed up the Friday Squad.

"Every veteran out here doing this feels it in his heart every day, it doesn't get boring," said Friday Squad member Mike Pluta.

His father, Larry Pluta, was also a founding member with Weiss. When he passed away, Pluta dedicated himself to the service, and now commands Friday Squad.

"We are humbled, proud and honored to give this last farewell to this veteran," Pluta said.

And after 39 years of presenting flags to a veteran's family and firing off 21-gun salutes, they have come upon a somber milestone.

On Friday afternoon, a week short of their 39th year, World War II Navy veteran Ray Anderson would be the squad's 75,000th graveside service.

"It wrenches my heart to this day listening to 'Taps,'" Pluta said.

To honor all the years of dedicated service to veterans and their families — 75,000 to be exact — the squad gathered inside their Fort Snelling National Cemetery office. They would gather around to receive a cake and governor's official proclamation.

Seventy-five thousand is a huge number of services for sure, but one is no more important than any other.

"Everybody takes pride once they get this patch," Weiss said.

Weiss, the squad's longest-serving member, says every veteran deserves the same honor and service for the service they gave to us

The Memorial Rifle Squad has performed an average of 17 services a day. More than 400 veterans have volunteered over the squad's 39-year history.

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7.2 - NPR: [More Vets Who Are Coping With PTSD From Sexual Assaults Get Honorable Discharges](#) (1 June, Quil Lawrence, 22M uvm; Washington, DC)

Sexual assault is still a major issue for the military. Reports rose by 10 percent last year, though there is some discussion about whether that's an increase in the number of assaults, or an increased willingness of troops to come forward and report them. That would be an improvement, because victims of rape in the military often face retaliation, sometimes even a less than honorable discharge from the military.

Among those veterans there is another number that is going up: the people getting their records corrected to show they served honorably.

Sexual assault and harassment affects female troops at a higher rate. But since the military is still mostly male, it's men who make up a much larger number of victims among the thousands of sexual assaults each year. Women report the crime more than twice as much as men.

Which is what makes Heath Phillips so rare, because he speaks about it publicly.

Phillips was sexually assaulted repeatedly by a group of sailors right after he joined the Navy.

"I still have nightmares about it," he told NPR in 2016. "I am 45 years old, and I still have that vision in my head."

Phillips says the trauma drove him to alcoholism and to go AWOL. He was kicked out of the Navy in 1989, with an other than honorable discharge that he accepted in lieu of court martial.

"I was 18. I had no clue [about] the stigma ... having that discharge would carry. I was denied jobs, I was denied joining any type of veterans organization, I was deemed a bad person," he says, "Having that discharge completely barred me from [Veterans Administration] help."

Phillips says he spent 20 years as a drunk, sometimes suicidal. He got sober in 2009. In 2015 the VA finally diagnosed him with PTSD connected to sexual assault. But still the military review boards refused on three separate appeals to change his discharge. Then last Wednesday his lawyer called to say the fourth appeal was a success.

"I probably said oh my god at least 150 times," he says.

"The military are finally catching up with the notion that all of his behavior was driven by post-traumatic stress disorder and the trauma he was experiencing," said his lawyer, Coco Culhane with the Veteran Advocacy Project.

Culhane says she has a backlog of hundreds more veterans hoping for an upgrade, but she's hopeful now. The odds changed starting with a Pentagon memo in 2014, telling discharge review boards to give "liberal consideration" to vets with PTSD. Last year Congress made that law and required the boards to start reporting how often they give upgrades — and the numbers have shot up. After years when it was considered a long shot, the boards this year have granted about half of all appeals by veterans who survived sexual assault. The only catch is that many veterans don't know things have changed.

"The uptick in discharge upgrades for sexual assault victims is a positive change, but too few victims know the odds are now in their favor. The few who do may not have the assistance they need to navigate the bureaucracy and apply for relief," according to Sara Darehshori, who has investigated the issue for Human Rights Watch.

"We will hear from people from the Vietnam war, who still reach out because they want to talk to somebody but they have no real hope they're going to get relief," says Don Christensen, with Protect Our Defenders, a group that supports survivors of military sexual assault.

Heath Phillips has seen his new upgraded honorable discharge in an email. The original, after 29 years, will arrive in the mail soon.

"The original I'm going to post on my wall just so I can reflect on it. It lets me know how strong I was. I could have [given] up," he says.

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7.3 - Stars and Stripes: [In rare decision Navy overturns 'other than honorable' discharge for sexual assault survivor](#) (1 June, Dianna Cahn, 1.5M uvm; Washington, DC)

WASHINGTON — His assailants were relentless.

Heath Phillips was 17 — a fresh young sailor on his first Navy ship. There, a gang of six sailors zeroed in on their prey, raping, beating and sodomizing him repeatedly. He tried reporting them, but for 45 days, his superiors shrugged off his complaints and sent him back for more.

Terrified, Phillips went absent without leave. He got caught and sent back and was molested again so he went AWOL again.

After five times, desperate to get out, he agreed to an "other than honorable" discharge from the Navy.

He's been fighting to get that reversed ever since.

He told his story to anyone who would listen. Became the voice of male sexual trauma in the military. He helped advocate for other survivors and stood before Congress testifying to his own shame and trauma as he pressed for reform.

He appealed three times to the naval corrections board to change his status to honorable. Three times he was rejected.

But Phillips, too, was relentless.

This week, nearly 29 years after he was discharged, his doggedness paid off. In response to his fourth try, the Board for Correction of Naval Records agreed on Wednesday to overturn his record and grant him an honorable discharge.

“For 25-plus years I have been plagued with the stigma of having an other than honorable discharge because I was raped and retaliated against,” said Phillips, now 47, who struggled with anxiety, post-traumatic stress disorder, nightmares and alcoholism.

“I have 20 years of my life I won’t get back,” he said. “What pushes and drives me is that I don’t want anyone else to ever go through that.”

The board not only upgraded Phillips’ original discharge designation, it granted him more than he’d requested – giving him an RE-1J code, which means he was eligible to re-enlist but declined.

It was almost unheard of.

“Kind of like lightning striking twice,” said Col. Don Christensen, a former military judge and president of Protect our Defenders, which is fighting to end the scourge of rape in the military.

Christensen said that the deck was stacked against Phillips when he opted for discharge rather than court-martial all those years ago – even if it was just to get away from his assailants.

But the fact that the case was so old, and attempts to overturn it had been rejected, made the outcome all the more rare.

“That’s what makes his case in particular such an amazing success,” Christensen said, noting that to him, it showed that the perspective of military correction boards is changing.

“I think it’s a good sign they are moving in the right direction,” he said. “But the sad thing is the military isn’t getting the message and we are still seeing people getting the same treatment Heath got back in the ‘80s with a huge retaliation problem.”

Report, retaliation

Despite a decade of Pentagon efforts, military sexual assault remains pervasive.

According to the latest data released in January, 14,900 members of the military were sexually assaulted in 2016 – 8,600 women and 6,300 men. Many were assaulted repeatedly, nearly tripling the number of assaults. One in four women and one in three men were assaulted by someone in their chain of command.

Most cases still go unreported and of those who do report, 58 percent of women and 60 percent of men faced retaliation – mostly from within their chain of command. A third of those who report sexual assault leave the military within a year, Christensen said. And victims receive harsher discharges with 24 percent separated under less than honorable conditions – a rate far higher than the general military population.

After he was released from the Navy, Phillips, still not 18, was not doing well. He was anxious all the time. He couldn’t sleep and had nightmares.

He married a childhood friend, starting a long a rocky marriage in which he said he spent the first years angry, often drunk and “always miserable.” He woke up choking his wife in his sleep and they separated and got back together more times than he can count. They ultimately divorced.

“I don’t know why she put up with me,” he said. “For many, many years, I was a jerk.”

He soon learned he was not eligible for medical help through the Department of Veterans Affairs due to his “other than honorable” discharge. He had trouble finding work. He drank more.

His wife came into the marriage with a son and they had four more children. But it was only in 2009 – 20 years after his discharge — that Phillips sought help. It was the morning after he tried to kill himself by driving into a tree, he said.

“It’s the road I still drive today — there are so many trees that are perfect,” he said. “I thank god I was too drunk to find one of them.”

The next morning, for the first time in 20 years, he cried. A lot.

He knew he wouldn’t survive. It was affecting him and affecting his children, he said. He blames himself that one of his sons has an addiction problem.

After that, Phillips started fighting to take his life back. In 2015, he won back his VA rights through the board of veterans appeals in Washington. He is now rated a 100 percent service-connected disability for post-traumatic stress disorder.

And he joined forces with other advocacy groups to reform the military’s treatment of rape and sexual assault cases and to protect those who report assault from retaliation.

Fighting for fixes

Phillips took his fight public.

He is one of a very few male victims of sexual assault who openly tells his story.

It was through his advocacy work that he connected with his attorney Coco Culhane, director of the Veteran Advocacy Project at the Urban Justice Center in New York City. Culhane pulled together new information for his case, and working with legal services at Protect Our Defenders, submitted a thick packet to the corrections board.

In its decision, the board wrote that it carefully reviewed the mitigating factors. Among them: the fact that Phillips was a victim of military sexual trauma, or MST, and that created “a mitigating mental health condition” that impacted his decision to sign the discharge papers all those years ago. That was something a prior board review had rejected.

It also referred to the fact that his petition “notes that he volunteers his efforts to raise awareness about MST, provides support to other MST survivors and is an advocate for legislative reforms.”

After all these years, his tenacity, coupled with his advocacy work, proved to be the winning combination, Christensen said.

“When you see someone like Heath come forward and be public and then ultimately have success, it’s going to inspire other men that they can come forward too,” he said.

For Phillips, the ruling doesn’t undo 20 lost years. But it is vindication. He hopes it will be a message to others.

“There is light at the end of that very, very long tunnel and it’s not out of reach,” he said. “I never in a million years thought I would get that upgrade.”

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7.4 - KPCC (NPR-89.3, Audio): [Chronic homelessness down, first-time homelessness up: We take a look at the 2018 LA Homeless Count](#) (1 June, 1.1M uvm; Pasadena, CA)

The numbers from the 2018 L.A. and countywide homeless count are in and are showing a small decline in overall homeless numbers: 53,195 in the county and 31,516 in the city.

The number of people who are chronically homeless decreased by 16 percent. However, the number of people experience homelessness for the first-time went up.

People who are homeless for the first time, rather than chronically, are often homeless for a different set of reasons -- often having to do with economics and housing affordability, rather than mental or physical health issues.

So why are there more people experiencing homelessness for the first time? How have Measure H and HHH funds been used so far? What are the 2018 numbers and larger trends and what do they tell us about how services and resources should be focused going forward?

[...]

GUESTS:

Jonathan Hans, manager of community engagement for the Los Angeles Homeless Services Authority (LAHSA), which conducted the count

Va Lecia Adams Kellum, president and CEO of St. Joseph Center which works with working poor families, and homeless men, women and children; they are based in Venice and service L.A. County

Gale Holland, reporter for the L.A. Times covering homelessness and poverty [...]

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7.5 - Dayton Daily News: [Dayton veteran wrongly marked deceased by VA](#) (1 June, 1.1M uvm; Dayton, OH)

A Dayton man was recently shocked to learn he was deceased when he received a letter of condolence from the Department of Veteran's Affairs addressed to his late wife.

Alfred Wilson joined the Marine Corp in 1967, sent to Vietnam in 1968, and was discharged with medical retirement in 1969 for being shot in the leg.

Wilson was married for 44 years to his wife who had a stroke back in October 2017 and later passed away in March.

He received the letter addressed to his wife from the VA in the mail stating he was dead and had been so for the past 30 days. They also sent his wife two checks for burial expenses. Wilson sent them back and immediately called the VA's office in Cleveland.

The person he spoke with said the letter was mistaken, and Wilson was reinstated in May.

Wilson went to his American Legion representative at the VA Hospital and they told him it would be 5-10 days before he would receive his benefits check. He then went to Congressman Mike Turner's office, who told him his check would be deposited into his account sooner. Wilson said the check arrived when the office said it would, finally putting an end to the bizarre case.

Wilson said he would advise other veterans to make sure they reach out to representatives like the American Legion or their local congressman if something like this should ever happen to them.

"They need to go to them, don't call their selves, that's where the mess up starts," he said. "I called and turned her in and they misunderstood. They're better off to let the American Legion, one of those groups that they work with, to call it up or do it on the computer, that way it doesn't get screwed up."

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7.6 - WGCL (CBS-46, Video): [Georgia woman says she's been battling VA for 20+ years](#) (1 June, Natalie Rubino, 587k uvm; Atlanta, GA)

Denise Sorkness is a proud American. A patriotic southern woman. But right now Sorkness is fighting an endless battle with the institution which has a duty is to protect her.

"For my family, the Vietnam War is not over," said Sorkness.

The widow of a Vietnam War veteran, Sorkness' life unraveled in 1987 when her husband, James Caldon was diagnosed with cancer as a result of exposure to Agent Orange.

"Our all American dream which we were living at the time completely stopped with one word, lymphoma," said Sorkness.

The mother of three children, who at the time were all under 6 years old, watched her husband's mind and body deteriorate. Caldon's war ended when he died in 1996. But his wife's had only just begun.

"I went to 2nd street to the VA's office and filed for benefits and was told that a person he was living with at the time had already filed for my benefits," said Sorkness.

That woman falsified a divorce document between the couple and created a fake marriage license to submit to the VA. The VA granted that woman benefits. Sorkness pleaded with the VA for help.

"Their immediate response to me was it's not our problem," said Sorkness.

For more than two decades, Sorkness worked full time, raised her three children on a limited income and continued her fight with the VA.

Despite the state court nullifying the fake marriage, Sorkness still has not received a penny in spousal benefits from the VA.

"I did have to end up filing bankruptcy in 2011 and i lost my second home to foreclosure," said Sorkness.

Over the 22 years, Sorkness has filed eight appeals with the VA.

"I've heard that one more document 60 more days for 21 years," said Sorkness.

In 2017, Sorkness spoke to congress about her experience. She even wrote a book with a title all too real for other vets battling the VA.

"Stall deny and hope they die," said Sorkness.

But Denise, very much a soldier in her own right, says she's not going anywhere.

"I used to pray for someone to stand up and speak out for other veterans and their families and then I realized i am someone," said Sorkness.

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7.7 - Santa Monica Mirror: [Remembering The Fallen](#) (1 June, Jennifer Eden, 45k uvm; Santa Monica, CA)

Memorial Day, Monday May 28, was marked locally with a services at Los Angeles National Cemetery and Woodlawn Cemetery. Scouts placed more than 90,000 flags in front of headstones at the National Cemetery where the service was conducted by Veterans Affairs and attended by residents, veterans, local dignitaries and politicians.

For Santa Monicans, Memorial Day garnered a range of emotions, memories at reflections. Resident Bob Taylor posted a poignant image of his father's returned belongings on Facebook, prompting The Mirror to ask locals what Memorial Day meant them.

For Taylor, who as a very young boy was in a home for children with his brother while his father fought in WWII, Memorial Day is a time of reflection. "When Memorial Day comes around these days, we post pictures of our lost loved ones, or as I did this time, the box his 'things' came to

us in. I thought it appropriate to do that as a reminder that there is a reality to the deaths that are associated with war. In this case, two little boys now without a dad.

"I doubt that my experience is much different than all the others that lost their fathers early in life due to wars. In our case, my brother and I were living in a home for children prior to his death as our mother worked and apparently felt she couldn't take care of us alone while he was gone. It was the war years. So you grow up without a father, and that has all sorts of emotional elements that stay with you all your life. But it is an all too common story, and sadly not that unique. I had not seen him since I was 3 or 4, and was 6 when he died and well remember his burial at WLA Vet Cemetery."

"My grandmother's cousin died in combat and is on the WWI memorial," said Cindy Morales who went to Santa Monica's Woodlawn cemetery and marked the event at home. "[I] Flew my father's flag Monday and prayed for a niece currently deployed in Afghanistan."

Janet Carter saw the day as a, "Reflection of my Dad, a WW2 and Korean War veteran, and of my brother, a VN vet. I also thought of the veterans interned in our national cemeteries."

Resident Phil Brock attended Woodlawn, "I was reminded of our community's sacrifices since the Spanish American War in the tombstones and monuments on our own hallowed ground."

For local peace activist Jerry Rubin, his efforts are year-round, "We can remember and honor our veterans best by working hard to promote peace and end all wars."

"This Memorial Day I am reminded that all of us who never have served must also fight for our freedoms," commented John Cyrus Smith on Facebook, his sentiments echoed online by Zoe Muntaner, offering "profound gratitude for the people that put their life on the line."

Heather Levenson Goren has started a fundraiser for Veterans suffering PTSD – check it out at www.gofundme.com/veteran-and-1st-responder-ptsd-org.

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8. [Other](#)

8.1 - FOX News (Video): [Republican Montana Senate candidates embody Trump in effort to take on Tester](#) (1 June, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Four candidates are vying for the Republican nomination to take on Montana Sen. Jon Tester, an endangered incumbent Democrat, in the fall -- and President Trump's effect on the Republican Party is showing among them.

Combat veteran Troy Downing, Judge Russ Fagg, state Sen. Albert Olszewski and state auditor Matt Rosendale have all thrown their hats into the ring for the Republican nomination for Senate. And although Tester, the incumbent, has already raised a lot of money for the election, whoever emerges from this group of men stands a good chance in the general election, Dr. Robert Saldin, a University of Montana political science professor told Fox News.

Fox News' considers the Montana Senate race to be one of eight toss ups in the 2018 midterm elections.

A look at the Republican candidates

While there hasn't been much polling ahead of the June 5 primary election, Rosendale, 57, has emerged as a potential frontrunner, Dr. David C.W. Parker, a Montana State University political science professor, told Fox News. Rosendale has the endorsement of Republican Sens. Rand Paul, Mike Lee and Ted Cruz. Like Paul, Rosendale bills himself as a libertarian-leaning candidate.

Rosendale, former majority leader in the state Senate, was elected as Montana's state auditor in 2016.

Fagg is a fourth-generation Montanan with some name recognition, as his father was involved with local politics as well, Parker said. Fagg is genteel and someone who would be difficult to attack during debates, Parker said, but he has "demonstrated some aggressiveness in this primary."

But Fagg has a long judicial record, and opponents could point to a case to fit an argument that he isn't tough on crime.

Olszewski is "somebody who could be a very attractive candidate," Parker said. An Air Force veteran and father to six, Olszewski was first elected to the state legislature in 2014 as a state representative. Now, he's a state senator.

"He's well-regarded among Republicans in the know and in the party, but he's had limited exposure to the electorate," Parker said, noting that Olszewski hasn't run television or radio ads like his GOP opponents.

A businessman, Downing founded a tech company that eventually merged with Yahoo. After 9/11, Downing joined the Air Force and served in Afghanistan. His work with veterans, too, has made him a potential dark horse candidate, Parker said.

But Downing isn't originally from Montana, Parker pointed out. And his home in Big Sky, Montana, where the private Yellowstone Club ski resort is, stands in stark contrast to the more rural Montanans.

Downing has the support of former national security adviser Michael Flynn and Trump's children. He's also "the one who looks most Trumpian" with his business credentials.

"If there's a Trump guy, it's him," Parker said of Downing.

"It's all been a competition to see who can be the most aligned with Trump," Saldin said. "It's a reflection of where these candidates think the Republican Party is in Montana."

Even Fagg, who is considered a favorite among the more establishment Republicans in Montana, has tacked a little more in the direction of Trump, Saldin said, pointing to ads that have been deemed "aggressive."

Trump won Montana by about 56 percent in 2016. In comparison, 2008 Republican nominee John McCain took the state with about 50 percent.

It's no secret that the four Republican candidates lack some of the perks that come with name recognition. In fact, the "best two candidates" for beating Tester aren't even running in this election, several political scientists in the state have said.

Ryan Zinke, a former U.S. congressman, joined Trump's Cabinet when he was appointed secretary of the Interior Department last year. And the state's attorney general, Tim Fox, decided to forgo the race, presumably to run for governor, Saldin said.

But even without that star power, the four candidates still stand a chance because of something next to their name: Republican.

"Anytime you're running as a Republican in Montana statewide, you've got a shot," Saldin said. "I don't think it's a foregone conclusion that Tester wins this."

A look at Tester

Tester, 61, is a more conservative Democrat who has already emphasized his record of voting for more than a dozen bills signed into law by Trump in his first television ad. In an age of increasingly polarizing politics, Tester's 30-second spot didn't critique the president.

Whoever wins the Republican primary needs to tap into what made Trump so successful in rural areas during the 2016 election, such as appealing to voters who believe politicians aren't "speaking to me," Parker said. The Republican candidate can "embrace the idea of the perception of left behind rural voters and speak to that."

"For Republicans to win the general, they need somebody who can kind of stem the flow of rural voters [siding with Democrats or not voting at all] and keep them in the Republicans' column," Parker said. "Candidates need to be making inroads in suburban areas -- pick off suburban voters and be attractive to rural voters as well."

Trump went after Tester earlier this year during the kerfuffle over his pick to lead the Veterans Affairs Department. Adm. Ronny Jackson, who was the president's physician, withdrew his name from consideration for the Cabinet post following allegations about his prescription-drug practices and use of alcohol. Jackson was also accused of wrecking a government vehicle while intoxicated.

The allegations were collected by Tester's office; he is the top Democrat on the Senate Veteran Affairs Committee.

The White House disputed the accusations, and Trump called for Tester's resignation in April.

"The great people of Montana will not stand for this kind of slander when talking of a great human being," Trump said in a series of tweets. "Admiral Jackson is the kind of man that those in Montana would respect and admire, and now, for no reason whatsoever, his reputation has been shattered. Not fair, Tester!"

Trump's attack on Tester could hurt his chances in the fall.

"I think that's the one thing that's gone wrong for Tester," Saldin said of Trump's criticisms. "So much has gone right for Tester. The thing with Jackson, it does threaten to hurt him, especially if Trump follows up and comes out here to campaign directly against him."

Saldin said the Tester campaign needed to "keep Trump at arm's length and just emphasize the areas in which Tester and Trump have been able to work together, especially on veterans' issues."

About 87,000 veterans live in Montana, according to the U.S. Census Bureau. Along with Alaska and Maine, Montana is considered to have the most veterans per capita living in the state.

On the other hand, Parker has argued Trump's attacks might actually help Tester's campaign. Tester is considered a strong advocate for veterans in Montana, Parker wrote for The Washington Post, and his fight with Trump over a beleaguered pick to lead the already embattled veterans' agency could further prove his dedication to those who served the country.

"The way Democrats win in Montana," Parker said, is by having candidates who are "personable and well-liked and are pretty solid on things like guns and social issues. They peel off enough rural voters who like that person individually more than the Republican alternative."

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8.2 - Montgomery Advertiser (Video): [As Martha Roby highlights record, opponents highlight her Trump comments](#) (1 June, Brian Lyman, 445k uvm; Montgomery, AL)

There are two stories in the Republican race for Alabama's 2nd Congressional District: The one Martha Roby wants to tell, and the one her opponents want to tell about her.

The former was on display Wednesday morning, as the four-term congresswoman visited Lurleen B. Wallace Community College in Opp and toured classes teaching welding, cosmetology and programming, many benefiting from federal grants in the district. Roby made quick appearances in the classes — many meeting for their first sessions of the semester — and occasionally joked about her lack of experience in welding.

"This is exciting," she said after being briefed on a machine to train students on manufacturing procedures. "It's really important. It remains a priority for us."

It's Roby's major pitch for re-election, touting conservative credentials and work on agricultural and military issues, particularly those involving the Veterans Administration.

"Throughout this campaign season, what I've done is run on my record," she said. "I'm proud of my record. I'm proud we've been able to do the things and accomplish the things the people sent me to Washington to do. But there's work left to be done."

Roby's opponents for the seat — taking in most of the metropolitan Montgomery area and southeast Alabama — also want to tout her record. Specifically, they want to remind Republican voters that the U.S. representative withdrew her endorsement of then-candidate Donald Trump in 2016 after a tape emerged in which he bragged about grabbing women's genitalia. Trump managed to win the election, but Roby saw her vote totals decline sharply.

Republicans challenging Roby in the race want the election to turn on what they see as insufficient loyalty to the president.

“We nearly lost that seat when she threw Trump under the bus,” said Rep. Barry Moore, R-Enterprise, one of several opponents challenging Roby. “It’s never been an issue of personal conflict. It a matter of who’s representing the district.”

Former U.S. Rep. Bobby Bright, who lost the seat to Roby in 2010 and is now challenging her, has run ads accusing Roby of turning “her back on President Trump when he needed her the most.” Campaigning in Enterprise Wednesday, Bright said the ad was “not negative.”

“It’s her words,” he said. “All I’m doing is putting it out there so people can see what she said a year ago, as recently as a year ago.”

Rich Hobson, a longtime aide to former Alabama Chief Justice Roy Moore, said he disagreed with Roby’s comments and said “I do believe Republicans should support the Republican nominee.”

Roby — who according to the website Five Thirty Eight votes with the administration more than 97 percent of the time — said Wednesday she stands by her criticism but adds that she has a “good relationship” with the White House and notes she’s been present at bill signings and sat at roundtables.

“The campaign is over,” she said Wednesday. “It’s time to govern. It’s time to move and pivot from the campaign to focus on the issues important to the people.”

Roby’s opponents are cautious when asked their opinion of Trump’s comments, or allegations that he had an affair with pornographic movie actress Stormy Daniels; the president has acknowledged authorizing a \$130,000 payment to Daniels the month before the election. All three men said they did not condone the president’s behavior. Nor did they consider it a deal breaker.

“America is at a crossroads right now, and we are in great need of strong leadership and I believe President Trump is providing that leadership,” Hobson said. “I look forward to helping him Congress.”

Bright said there’s “nobody perfect in the world.”

“Sometimes you have to incorporate and accept somebody’s shortcomings to get the positives they bring,” Bright said. “(Trump) brings a very positive factor to our nation, to our defense, to our economy, and to deregulation.”

Moore said he thinks Trump is a different person than he was in 2006.

“I’ve got two teenage daughters and I absolutely don’t excuse that behavior,” he said. “But I understand that was a long time ago.”

As in last year’s Republican primary for Alabama Senate, the arguments over who loves Trump the most obscure the relative lack of policy differences and priorities among the major candidates. All four stake out conservative positions on abortion; all four say they will prioritize

veterans' care, focus on agriculture and support additional border security. Roby has been highlighting her work on exposing abuses in the Central Alabama VA and her efforts to reduce waiting times within the system.

"We still have a lot of work to do, but I do believe we are making an impact," Roby said, adding she believed in oversight "and holding other government agencies accountable for the work they do or do not do."

Roby has supported efforts to allow veterans to go to local specialists when they are not available in the nearest VA facility. Moore says he would work on improving funding for transportation to VA facilities, and also said he would seek greater efficiencies in the program.

Both Moore and Hobson suggest allowing veterans to access VA services through local hospitals to help shore up rural health care; Hobson said it would "create a solution that is good for veterans' communities in the 2nd District and the hospitals that provide these vital services." Moore also suggested a private option for veterans, and Bright — who said he'd work "behind the scenes" to address issues — said he'd explore privatization.

"Privatization is something I'd like to look more into and see if it's feasible," he said. "I think it is feasible, quite frankly."

Except for Hobson, the candidates are somewhat cautious on Trump's trade policies, which have included threats to tear up NAFTA. That could raise the price of auto parts used in the state's automotive industry and affect state agricultural exports. Roby said she's for "free trade, and I'm for fair trade."

"What the administration has hinted at over the course of the past few months has not been written into policy," she said. "We're keeping a close watch that what's being presented to Congress represents the interests of the Second District, and certainly our farmers play a large role in that."

Bright acknowledged there could be consequences.

"My primary responsibility is for the betterment of people in District 2," he said. "If anything comes up against them to hurt them in any form or fashion, they'll have to come through me first. That includes the president, that includes anybody else out there."

Hobson said he believes "NAFTA should be repealed, and that the needs of the 2nd District can still be met through working with the president and establishing true free trade."

Moore said he believes that Trump will find good deals. "I don't know anyone better equipped to negotiate with foreign governments than a guy who's been doing business overseas for years," he said.

BIOGRAPHICAL INFORMATION

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8.3 - KMOV (CBS-4): [Fenton man pleads guilty to making false claims against VA Medical Center](#) (1 June, Andrew McMunn, 866k uvm; Saint Louis, MO)

FENTON, Mo. - A Fenton, Missouri, man pleaded guilty to making false claims against the United States on Friday.

Vincent DeBlasi, 72, admitted to submitting scores of false invoices to the U.S. Department of Veterans Affairs Medical Center at Jefferson Barracks totaling more than \$644,000 between 2012 and 2017.

DeBlasi was employed by Applied Maintenance Supplies and Solutions (AMSS) as a salesman of tools and other various commercial and industrial products. One of DeBlasi's accounts for AMSS was the Jefferson Barracks Medical Facility.

DeBlasi appeared before United States District Judge Audrey G. Fleissig who accepted his plea and set sentencing for September 14, 2018. He faces up to 5 years in prison and a fine of not more than \$250,000 or both. Restitution to the victim is also mandatory.

He appeared before United States District Judge Audrey G. Fleissig who accepted his plea and set sentencing for September 14, 2018.

The case was investigated by the U.S. Department of Veterans Affairs Office of the Inspector General. Tom Albus is handling the case for the U. S. Attorney's Office.

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Veterans Affairs Media Summary and News Clips

3 June 2018

1. [Top Stories](#)

1.1 - Houston Chronicle: [Unclaimed by families, 8 veterans get final salute at Fort Sam Houston](#) (2 June, Sig Christenson, 16.3M uvm; Houston, TX)

The homecoming was years in the making, in some cases decades, but on Friday, eight veterans were welcomed to their final resting place, the roar of three dozen motorcycles trumpeting their arrival at Fort Sam Houston National Cemetery.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Remains of 8 Veterans, Long Unclaimed, Buried in San Antonio](#) (2 June, 23.9M uvm; Washington, DC)

The remains of eight U.S. military veterans stored for years in the basement of a county courthouse in the Texas Panhandle have been interred as part of a formal ceremony in San Antonio. The servicemen were buried Friday at Fort Sam Houston National Cemetery after their cremated remains had been escorted more than 500 miles (805 kilometers) from the Potter County courthouse in Amarillo.

[Hyperlink to Above](#)

1.3 - The Week: [The crisis at Veterans Affairs](#) (2 June, 3.5M; New York, NY)

Every president says we must do more to care for veterans. What's stopping them? Here's everything you need to know: What's gone wrong? The Department of Veterans Affairs is struggling to meet its extremely ambitious mission. The massive agency's 350,000 employees provide medical care to 9 million vets at 170 hospitals and about 1,060 outpatient sites.

[Hyperlink to Above](#)

1.4 - Killeen Daily Herald: [Family blames open burn pits in Southwest Asia in death of Fort Hood veteran](#) (2 June, David A. Bryant, 156k uvm; Killeen, TX)

Life was good for Frederick T. Slape. The 42-year-old had retired in 2012 as a sergeant first class from the Army, had taken a couple years off to relax, and had recently started a job he loved, working as a service manager for a heavy equipment company.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - The Spokesman-Review: [Congress abandons veterans just before Memorial Day](#) (2 June, Steve Hoffman, 864k uvm; Spokane, WA)

Members of Congress were in their districts this Memorial Day, giving speeches about how much they appreciate the sacrifices of service members. But their constituents should take their fine words with more than a grain of salt. Just five days before the holiday, the U.S. Senate passed a measure that will set Veterans Affairs on the road toward privatization and severely undermine veterans' health care.

[Hyperlink to Above](#)

2.2 - The Free Lance-Star: [Letter: Veterans Health Administration should not be privatized](#) (2 June, Steve Robertson, 824k uvm; Fredericksburg, VA)

Older veterans should vehemently oppose the privatization of the Veterans Health Administration. Since VHA is a totally integrated health care delivery system, it serves as a one-stop shop for older veterans, especially those with service-connected medical conditions or economically indigent veterans.

[Hyperlink to Above](#)

2.3 - Marietta Daily Journal: [Editorial: VA medical bill honors all who served this nation](#) (2 June, 196k uvm; Marietta, GA)

Most of us paused Monday to remember the men and women who made the ultimate sacrifice so that we enjoy life in the greatest country on earth. Speaking on the floor of the Senate recently, U.S. Sen. Johnny Isakson, R-Georgia, invoked the names of two such heroes.

[Hyperlink to Above](#)

2.4 - News Herald: [Dunn tapped to lead VA health subcommittee](#) (2 June, Collin Breaux, 190k uvm; Panama City, FL)

During Congressman Neal Dunn's first term, 40 percent of his constituents' complaints have been about the VA. The frequency of those health care concerns, paired with Dunn's 11 years as an Army surgeon, have motivated the freshman U.S. Congressman to focus his political goals on veterans' issues.

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3. [Modernize Our System](#)

3.1 - MobiHealthNews: [In-Depth: Four major telemedicine trends of 2018](#) (1 June, 188k uvm; Cambridge, MA)

Telemedicine continues to move from the peripheries of healthcare into the mainstream. Earlier this week, a national review of 145 telemedicine studies conducted by the Agency for Healthcare Research and Quality concluded that the technology likely improves access to care and has clinical benefits in acute and chronic care.

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4. [Focus Resources More Efficiently](#)

4.1 - Bozeman Daily Chronicle: [Tester correct to question Jackson's nomination](#) (3 June, Col. (Ret.) Peter D. Fox, 191k uvm; Bozeman, MT)

Now that an apparently qualified person, Robert Wilkie, is nominated by the president to be the next secretary of the Department of Veterans Affairs, it's time to examine the "fake news" promoted by the four men seeking to replace Democrat Jon Tester in the U.S. Senate.

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4.2 - WKEF (ABC-22): [Dayton VA's first Cancer Survivors Day helps celebrate life](#) (1 June, Gabi Warwick, 51k uvm; Miamisburg, OH)

People gathered at the Dayton VA Medical Center's first Cancer Survivors Day to celebrate life Friday. The event featured live music and food, while speakers addressed topics including exercise, nutrition, stress management and meditation.

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5. [Improve Timeliness of Service](#)

5.1 - Bennington Banner: [Ask the Doctors: Researchers studying link between TBI, Parkinson's](#) (1 June, Robert Ashley M.D., 69k uvm; Bennington, VT)

Q: I had several concussions when I was younger due to various sports activities, not to mention one singularly bad bike ride. Now I read that a single concussion can raise the risk of Parkinson's disease. Just how serious is this increase in risk, and should I be worried?

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Chicago Tribune (The Beacon-News): [Disabled Marine, neighbors crying 'fowl' over backyard chicken controversy](#) (2 June, Denise Crosby, 23.9M uvm; Chicago, IL)

Brittany and Luke Villotti may be young suburbanites with chickens in their backyard. But don't confuse them with egg-loving hipsters who are part of a growing urban farming movement. Luke Villotti is a disabled Marine with a note from the Veterans Administration stating these birds are "support animals" that help him cope with the depression and pain he faces on a constant basis, the result of injuries from rigorous training exercises while he was in the military.

[Hyperlink to Above](#)

7.2 - WTVC (ABC-9, Video): [Volunteers remove flags at Chattanooga National Cemetery](#) (2 June, 656k uvm; Chattanooga, TN)

Volunteers are spending part of their Saturday removing flags placed at veteran's headstones for Memorial Day.

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7.3 - The Daily Courier: [PGA HOPE program helps Prescott's disabled military veterans](#) (2 June, 490k uvm; Prescott, AZ)

PGA HOPE (Helping Our Patriots Everywhere) is a program under the umbrella of PGA REACH, a 501(c)(3) Foundation of the PGA of America. In partnership with the U.S. Department of Veteran Affairs, PGA HOPE is the only golf instruction program taught by PGA Professionals and assisted by volunteers as a therapeutic program to aid in the rehabilitation process for veterans.

[Hyperlink to Above](#)

7.4 - Lima News: [Kennedy touts veterans treatment courts](#) (1 June, Bryan Reynolds, 167k uvm; Lima, OH)

“What do the First Amendment, freedom of religion and the 15th Amendment, the right to vote, have to do with one another?” That is the question Justice Sharon L. Kennedy asked Allen County Republicans during the June Republican meeting Friday.

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7.5 - Clarksville Now: [VA seeks recently separated veterans for focus group](#) (2 June, 161k uvm; Clarksville, TN)

The Tennessee Valley Healthcare System (TVHS) is inviting men and women who have separated from any military service within the last five years to participate in a focus group. The focus group will meet Tuesday, June 5 from 1:00 p.m. to 2:00 p.m. at its Alvin C. York campus at 3400 Lebanon Pike Murfreesboro, TN 37129.

[Hyperlink to Above](#)

7.6 - Cape Cod: [Volunteers Needed to Remove Memorial Day Flags at National Cemetery](#) (1 June, 66k uvm; Hyannis, MA)

Volunteers are needed to help remove the 77,000 American flags that were placed at the Massachusetts National Cemetery for Memorial Day. The flags were placed last weekend as part of Operation Flags for Vets, an all-volunteer effort to honor the veterans buried at the grounds in Bourne. The flag removal starts at 10 a.m. on Saturday.

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8. [Other](#)

8.1 - Politico: [Trump embraces red-state Dems as GOP tries to knock them down](#) (2 June, Christopher Cadelago and Matthew Nussbaum, 23.9M uvm; Arlington, VA)

President Donald Trump has long alternated between being nice to red-state Senate Democrats and punching them in the nose – and as the midterms approach, his muddled strategy is manifesting itself in tensions between key White House offices.

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1. [Top Stories](#)

1.1 - Houston Chronicle: [Unclaimed by families, 8 veterans get final salute at Fort Sam Houston](#) (2 June, Sig Christenson, 16.3M uvm; Houston, TX)

SAN ANTONIO — The homecoming was years in the making, in some cases decades, but on Friday, eight veterans were welcomed to their final resting place, the roar of three dozen motorcycles trumpeting their arrival at Fort Sam Houston National Cemetery.

The cremated remains were out of storage at last, escorted into town by state troopers, San Antonio police and Bexar County sheriff's deputies after a ride of more than 500 miles across West Texas, to be interred with full military honors.

Veterans usually get such treatment days after their deaths surrounded by family, but not these men. They died with no one to claim them and were placed in the basement of the Potter County Courthouse in Amarillo.

Michael Decker, a decorated Navy veteran of Vietnam from the Panhandle who made the journey on his bike as a Patriot Guard Rider, wrote a poem in the veterans' honor early Friday during a vigil at Veterans of Foreign Wars Post 1480 in Kerrville.

"Eight brothers, from the wars of far-off Asia to the shores of Tripoli. These men from all the ages stood tall for all to see," he began. "Today, we call them brothers, for with honor they did serve."

Aviation Electronic Tech 2nd Class Petty Officer Coy Washington Black, who died at 67, had been in the basement the longest — 15 years. A couple of others had been there since 2005 and 2007. Tech Sgt. Dana Dean Milton Jr., who died at 85, retired after 30 years' service in the Army, Navy and Air Force, was in storage seven years.

He had been awarded a Purple Heart as a World War II veteran but also served in Korea and Vietnam.

The burial was provided by the Missing in America Project, a group that has given final honors to more than 3,500 veterans across the country. The number in Texas was brought to 60 after Friday's ceremony closed with the Fort Sam Houston Memorial Services Detachment firing three rifle volleys and sounding taps.

Hundreds of other deceased Texas veterans are in the process of being verified.

"These veterans that we're locating served our country honorably," said Joyce Earnest, Texas coordinator for the project, which has been locating, identifying and interring the unclaimed cremains of America's veterans since 2007. "And they deserve to be treated honorably in their deaths."

"I've got three brothers and my husband and all four are retired military, and it just means a lot to me," she said.

More than 100 Patriot Guard Riders escorted the veterans at points along the way. One of them, Jeff Wike, a Vietnam veteran from the Dallas-Fort Worth area, had put 902 miles on the odometer of his 2017 Harley Davidson Street Glide by Friday afternoon.

"I do it because my being in the military, we call brothers together and it is our duty to honor and respect them, especially the ones that did not have a family. We consider ourselves their family," explained Wike, 75, of Bedford.

Black, Milton and the other veterans were among 200 sets of unclaimed remains in the courthouse in Amarillo. The MIA Project has worked with veterans groups, funeral homes, the Department of Veteran Affairs and others to find 16,431 cremated remains across the nation. They've identified 3,793 of them as veterans.

The other six men interred Friday were:

Navy Aviation Recruit George Machoul Aswad II, 58.

Army Pfc. Andrew Benson Bramlett, 61.

Army Pvt. Robert Pete Brunner, 71.

Navy Seaman Everett Earl Criss, 71.

Army Pfc. Don Stewart, 83.

Marine Pfc. Floyd Ray White, 65.

Little is known about the men — including whether any of them other than Milton served in a war zone.

"There are some things we did know," said Joel Carver, co-owner of A to D Mortuary Service in Amarillo, which has a contract with Potter County to handle the remains. "We knew their birthday, we knew their death date, we knew where they had passed away."

Still, they found a respectful welcome and a salute at Fort Sam from fellow veterans and civilians, one of them Frank Dunn, a 73-year-old San Antonio Realtor who sat under a broiling sun without a hat.

He's bald.

"I served in the Army artillery during Vietnam, but the Army never sent me," he said. "I lost a lot of friends in Vietnam and I've always felt just a little bit remorseful that they went and I didn't even go, that the Army never sent me."

It's important to remember the dead, Carver said, calling it "an eternal principle" of Christianity. Potter County Judge Nancy Tanner, who as custodian of the remains helped facilitate a burial of five veterans here last year, shared that sentiment while reading the names of those laid to rest Friday.

She asked the crowd to think of just one of them, imagining them as a baby born to a loving family, playing as a toddler, losing his first tooth in grade school, discovering his first pimple in junior high, and having his first kiss before joining the military and going to war.

Then coming home and falling off the grid, losing contact with family and old friends.

"I wonder if he ever fell in love, if he ever had a family and kids. I just wonder that," Tanner told the crowd of more than 100. "Did he ever live the American dream at all? Did he have a home, did he have a job, did he have a family?"

Todd Burnett was among the last to leave the cemetery when it was over, at one point opening his umbrella to shield an old man from the sun as he walked amid the headstones with a long wooden cane.

The cemetery is known as "the granite orchard," he said.

"Yes, these guys are horizontal and not with us, but because of these guys all of us get life in a great country," said Burnett, 57, of Cibolo, the son of an Air Force navigator who served in Vietnam and is now buried in Arlington National Cemetery.

"Vertical veterans and horizontal heroes," he added.

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1.2 - U.S. News & World Report (AP): [Remains of 8 Veterans, Long Unclaimed, Buried in San Antonio](#) (2 June, 23.9M uvm; Washington, DC)

SAN ANTONIO (AP) — The remains of eight U.S. military veterans stored for years in the basement of a county courthouse in the Texas Panhandle have been interred as part of a formal ceremony in San Antonio.

The servicemen were buried Friday at Fort Sam Houston National Cemetery after their cremated remains had been escorted more than 500 miles (805 kilometers) from the Potter County courthouse in Amarillo.

No family or friend had claimed any of the eight men when they died so their bodies were stored.

The San Antonio Express-News reports that Navy petty officer Coy Washington Black, who died at 67, had been in the basement the longest — 15 years.

Friday's burial was provided by the Missing in America Project, a group that has given final honors to more than 3,500 veterans across the country.

"These veterans that we're locating served our country honorably," said Joyce Earnest, Texas coordinator for the project, which has been locating, identifying and interring the unclaimed remains of America's veterans since 2007. "And they deserve to be treated honorably in their deaths."

Little is known about the men other than their names, birth and death dates.

The other seven are:

Tech Sgt. Dana Dean Milton Jr., 85, served in the Army, Navy and Air Force.

Navy Aviation Recruit George Machoul Aswad II, 58.

Army Pfc. Andrew Benson Bramlett, 61.

Army Pvt. Robert Pete Brunner, 71.

Navy Seaman Everett Earl Criss, 71.

Army Pfc. Don Stewart, 83.

Marine Pfc. Floyd Ray White, 65.

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1.3 - The Week: [The crisis at Veterans Affairs](#) (2 June, 3.5M; New York, NY)

Every president says we must do more to care for veterans. What's stopping them? Here's everything you need to know:

What's gone wrong?

The Department of Veterans Affairs is struggling to meet its extremely ambitious mission. The massive agency's 350,000 employees provide medical care to 9 million vets at 170 hospitals and about 1,060 outpatient sites. Once veterans get to see a doctor, most of them rate the system's care as "good to excellent"; the VA's medical staff specializes in state-of-the-art treatment for spinal cord injuries, amputations, burns, post-traumatic stress disorder, and other serious injuries. But the department has long been overwhelmed by its patient load and hampered by paperwork and red tape. As a result, veterans can wait weeks or even months for treatment. The VA is now caught in a power struggle over whether to privatize the care of veterans: In March, President Trump fired Secretary of Veterans Affairs David Shulkin, who was resisting more privatized care and tried to replace him with White House physician Ronny Jackson, who had to withdraw because of allegations of misconduct. Though Trump has nominated acting Secretary Robert Wilkie to the top job, many senior officials have left the agency amid the crisis in leadership. "I've been doing this 30 years, and it's the worst it's ever been," said Dr. Murray Altose, who recently retired as chief of staff at a VA hospital in Cleveland.

When was the VA created?

It began as the Veterans Bureau in 1921, created by President Warren Harding and Congress to care for neglected veterans of World War I. From the start, the department has been plagued by scandals and complaints of inefficiency. The bureau's first director, Charles Forbes, was convicted of embezzlement and kickbacks. In 1947, after thousands of WWII vets failed to receive services, a government commission uncovered enormous waste, duplication, and inadequate care in the VA system and called for major reforms. In 1984, investigators found that the VA had failed to spend \$40 million approved by Congress for Vietnam veterans. More recently, the VA has struggled with outrageously long waiting lists, even for basic treatment.

Why the backlog?

The wars in Afghanistan and Iraq increased the number of VA patients by nearly 2 million. Many suffer from post-traumatic stress disorder or serious physical injuries. Though the department employs 20,000 physicians, there are often not enough to deal with the huge patient load, and the VA's size makes it slow to react to staffing vacancies. Veterans groups say Congress deserves some of the blame, since it made the approval process for benefits maddeningly complicated.

Have there been reform efforts?

Many. During the 1990s, the VA began using performance data to monitor the timeliness of care. But that resulted in some VA hospital staffers fudging data to hide continuing delays. In 2014, an investigation found a secret list at a VA hospital in Phoenix revealing that 1,700 veterans had waited an average of 115 days for an initial primary care appointment, rather than the target of 14 days. The report said the problem was "systemic" and counted 93 VA medical facilities with falsified waiting lists. At a subsequent congressional hearing, Rep. Jackie Walorski (R-Ind.) cried, "This is an outrage! This is an American disaster!"

Did the outrage bring change?

Some. Veterans Secretary Eric Shinseki resigned. By a bipartisan vote, Congress passed the Choice Act in 2014, which provided \$10 billion for veterans to receive care from private doctors. Under the program, vets who have to wait more than 30 days for a doctor's appointment or live more than 40 miles from a VA facility can get private-sector care at taxpayer expense. Now 1 million vets each year utilize Choice. But in 2016, a congressional commission found the Choice Act had actually "aggravated wait times and frustrated veterans," because of its confusing eligibility requirements and long delays in payment to doctors. "The Choice program has been a wreck," said Sen. Jon Tester (D-Mont.). "Every veteran will tell you that."

Is privatization the future?

Trump has aligned himself with Concerned Veterans for America, a group backed by the libertarian Koch brothers. Although the CVA avoids the word "privatization," it seeks to dramatically expand Choice. Veterans view this with suspicion: A poll by the Veterans of Foreign Wars found that 92 percent of vets would rather see the current system improved than dismantled and turned over to private doctors, who, they say, often lack the expertise to treat veterans' unique problems. But in a bipartisan compromise, Congress last week approved a bill that would provide \$5.2 billion to keep the Choice program running for another year, as part of a comprehensive, \$52 billion reform bill to review the VA's performance, consolidate its facilities, and institute needed reforms. Dr. Robert Pearl, a Stanford University professor and former VA doctor, said that the partisan battle over privatizing care should not get in the way of fixing the VA itself. "Those who have risked their lives to fight for our freedom and democracy deserve outstanding medical care," Pearl said. "I believe it's our government's job to make that possible."

A veteran left behind

Charlie Grijalva served 18 months in Afghanistan and a year in Iraq. He was diagnosed with PTSD while still in the Army, and when he came home in 2014, began having suicidal thoughts. He was helped by care from the VA, including a prescription. But Grijalva lived with his wife and two young children about two hours from the San Diego VA hospital, which had some of the worst patient backups in the country, and had a hard time seeing a doctor. In the summer of 2014 Grijalva's psychiatrist left the VA, and he was transferred to a nurse practitioner. He missed an appointment in September, but the new provider agreed to refill his prescription over the phone. At some point, his medication ran out and his mood darkened. A few days before

Christmas, Grijalva hanged himself, hours after texting his wife "I love you" and saying that his family would be better off without him. "I don't want to put my kids through this," Grijalva said.

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1.4 - Killeen Daily Herald: [Family blames open burn pits in Southwest Asia in death of Fort Hood veteran](#) (2 June, David A. Bryant, 156k uvm; Killeen, TX)

Life was good for Frederick T. Slape.

The 42-year-old had retired in 2012 as a sergeant first class from the Army, had taken a couple years off to relax, and had recently started a job he loved, working as a service manager for a heavy equipment company.

He and his wife, Diane, had a house in Kempner and had just sent their youngest daughter, Montana, off to college in August 2015.

Frederick "Fred" Slape, 6-foot, 4-inches tall and weighing 275 pounds, appeared healthy.

On Aug. 25, 2015, he got a severe headache that temporarily took his sight. He landed in Scott & White Medical Center in Temple.

Blood tests revealed cancer indicators for cancers normally reserved for the female anatomy.

MRI scans were ordered.

Results: He had two separate cancers, Stage 4 metastatic adenocarcinoma — lymph node cancer — on his trachea and a glioblastoma — a type of tumor — in his brain.

Nine weeks later, on Oct. 22, he was dead.

At the time of his diagnosis, both Fred and Diane Slape believed the cancers were the result of his having worked next to an open burn pit during both his tours to Afghanistan as a mechanic. The doctors told them that the cancers were normally seen in patients in their 70s or 80s.

Nationally, approximately 3.7 million veterans have been exposed to burn pits, oil well fires and sandstorms during deployments to places that include Iraq, Afghanistan, Kuwait and Djibouti in the Horn of Africa, said a spokeswoman for the Department of Veterans Affairs. This includes current conflicts, as well as Operations Desert Shield and Desert Storm.

Diane Slape now serves as director of Gold Star families for a national nonprofit called Burn Pits 360, a subgroup of the nonprofit that advocates on behalf of family members who lost a loved one through illnesses caused by exposure to burn pits and other airborne hazards while deployed to Southwest Asia.

The group's goal is to establish an alliance of veteran service organizations, health care providers, legislators and government organizations to allow for the strategic development of a quality, specialized health care model specific to toxic environmental exposures that will provide a lifetime continuum of care, according to the nonprofit's website, www.burnpits360.org.

“He (Fred Slape) was retired three years to the day that he was diagnosed,” she said. “What’s sad is the cancer markers he had were for ovarian cancer and other cancers men can’t have. That’s what these toxins do to the body — they just spew stuff all over the place. Most of our people (tracked by Burn Pits 360) who have gotten cancer have not survived longer than two years.”

Burn Pits 360 maintains its own burn pit registry on their website, completely separate from the official Airborne Hazards and Open Burn Pits Registry maintained by the Department of Veterans Affairs. The main difference between the two registries is that Burn Pits 360 offers a way for family members to update the system to track diagnosed with cancer or in the event of their veteran’s death. Nearly 8,000 veterans have signed up for the Burn Pits 360 registry. Exposed veterans still need to sign up for the VA registry, however.

As part of Burn Pits 360, Diane advocates on behalf of soldiers, veterans and their families to get them the specialized care needed to care for some of the serious diseases caused by exposure to toxins from burn pits and other airborne hazards.

“They are struggling. There have been so many different diseases that have developed because of this, yet so many soldiers — like Fred and his buddies — just thought it was the ‘Army beat down.’” Diane Slape said, referring to the normal wear and tear the body goes through in the Army. “We’re advocating to get these veterans the specialized care they need, whether it is from the VA, military medical if they are near a military installation or care from nearby specialists if they are too far from either.”

On Thursday, Diane will be joining other members of Burn Pits 360 in Washington, D.C., to speak with members of Congress about the situation these veterans and their families face. They will highlight the hardships veterans endure when the VA will not connect their illnesses to their military deployments, forcing many to lose everything trying to pay for medical bills.

The nonprofit had intended to participate in the Congressional VA subcommittee on health meeting to discuss potential long-term health effects associated with burn pit exposure, the subcommittee’s slots had been filled by the time Burn Pits 360 made its request to speak, said William Wisner, programs director for Burn Pits 360.

“It’s very political — we had a fairly short notice that there would be a hearing, and we’ve been working on getting a hearing since the organization was founded 10 years ago,” Wisner said. “But apparently all the slots (at the hearing) filled up immediately, so we weren’t able to get on the agenda. The physicians we would like to see testify were also sidelined. We’re still going, though — we will be meeting with the representatives on the subcommittee individually to submit our statements for record.”

Burn Pits 360 has worked with established organizations such as the Iraq/Afghanistan Veterans Association and the Veterans of Foreign Wars over the years to help use their influence to bring awareness to these health issues with Congress, Wisner said. However, members of the nonprofit are continuously told by lobbyists and Congressional staffers that the issue is “outside of the public conscience,” so there was no “real urgency” to look at the problem.

As more attention is brought to the issue of open burn pit exposure through the media, however, members of Congress are beginning to take notice.

"It's my responsibility to make sure that the Department of Veterans Affairs has the resources they need to adequately address the needs of our veterans through care, data gathering and research," said U.S. Rep. John Carter, R-Round Rock, a member of the VA subcommittee on finance. "The impacts of open burn pits are currently being looked into, and I am following next week's hearing to listen to more firsthand accounts on this issue."

Which is just what the nonprofit is all about, Wisner said.

"We're trying to bring that awareness to the public to get Congress to start taking action," he said. "We have an understanding with the families — we ARE the families. We are the victims, the families of victims, and we are the comrades of those we've watched go from perfectly healthy to getting sick and dying."

So many types of items are burned in burn pits that the government can't determine what illnesses could be linked to which chemicals that were burned, he added.

"There's too much coincidence, though. They go over there perfectly healthy and come back sick, or in some cases are now dead," Wisner said.

And for families such as the Slapes, those illnesses ended in tragedy.

"He first started off with chemotherapy to the trachea, and after a while he was starting to feel fine," Diane said. "He went home after three days of chemo and had his first seizure on the porch, so they put him right back into the hospital."

Doctors had been focusing the chemo on the lungs instead of the brain, and it was the brain tumor — which looked like a partially-inflated balloon filled with water — that caused the seizure. At the end of September 2015, Fred had surgery to remove the brain tumor.

His biggest triumph after the brain surgery was he retained the ability to see and speak, Diane said. During his initial recovery period from brain surgery, doctors worried about his trachea closing up.

"It got to where couldn't eat, so they had a stomach tube put in. He said, 'now I feel sick,' she said. "Of course you do when your wife is having to feed you and give you medications through a tube in your stomach."

A few weeks later, in mid-October, Fred underwent radiation on his trachea again. The radiation on the trachea went well, so doctors took out the stitches in his head and did another brain scan.

Four tumors had come back in the place of the one removed. One was in the exact same space as the one removed and spidered through his brain jaggedly, looking like a splotch of paint, Diane said. Another had been a known, tiny spot that had grown to 3 centimeters. And two new ones on his cerebellum had popped up, each about 3 centimeters in length.

By Oct. 21, the doctors suggested Fred be put in hospice — there was nothing further they could do for him. Later that day, the doctors came back and told Diane he was too far gone to send to hospice, so they would have to wait it out there at the hospital, she recalled.

He died at 11:30 in the morning the next day.

“I have known one family so far where the husband died of appendiceal cancer at age 27 — a cancer so rare there are only six known cases of appendiceal cancer in the world right now,” she said. “Another family, he died at the age of 35. These cancers are taking them at 20, 30, 40 years old. We should be giving them the specialized care they need beforehand, not paying their widows after they’re dead.”

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2. Greater Choice for Veterans

2.1 - The Spokesman-Review: [Congress abandons veterans just before Memorial Day](#) (2 June, Steve Hoffman, 864k uvm; Spokane, WA)

Members of Congress were in their districts this Memorial Day, giving speeches about how much they appreciate the sacrifices of service members. But their constituents should take their fine words with more than a grain of salt. Just five days before the holiday, the U.S. Senate passed a measure that will set Veterans Affairs on the road toward privatization and severely undermine veterans’ health care.

Congress sent the VA MISSION Act to the president on May 23. The act funnels dollars to the private, for-profit sector. It will promote outsourcing of care now received at the VA, and it will allow a private, corporate-style commission to decide which VA facilities to close.

There were only five senators who voted against this scam masquerading as reform of the VA. Shamefully, our senators from Washington state, Maria Cantwell and Patty Murray, voted for it.

As a U.S. Navy veteran and a socialist, I am outraged that both parties in Congress continually vote to authorize, and fund indefinitely, one war after another serving U.S. business interests around the world. I am also incensed that when soldiers return home suffering from PTSD, brain injuries and sexual assault, they are thrown under the bus by a Congress that puts corporate profits above quality health care for veterans.

The VA specializes in providing care for the injuries and health conditions caused by war. Closing VA centers and forcing veterans into private facilities that have no experience in treating such conditions will be a disaster. Currently there are 49,000 staff vacancies at VA centers across the country. It’s high time to fill those vacancies, expand services, and forget about privatization!

Leading up to this scheme to make the VA a profit center, the Trump administration has been going after the agency’s workforce. Executive orders have severely undermined VA workers’ union rights and made it much easier to fire them, with the resulting staffing shortages. The dedicated federal employees who care for veterans, 120,000 of whom are veterans themselves, need union protections. Only with such safeguards can they raise concerns, without fear of retaliation, about how the VA serves its mission. It was these workers, represented by the American Federation of Government Employees, who initially sounded the alarm about long wait times for care at the VA. They have been strongly supported by Veterans for Peace.

Many decry the ponderous bureaucracy at the VA, including its own staff. The best way to make the agency function more efficiently and do right by veterans is to consult with the front-line workers, who care so much about their patients and deliver quality care every day, in spite of the obstacles. Staff and veterans should be put in charge of driving positive changes at the VA.

It is time to demand that the current crop of millionaires in Congress stop attacking the VA, repeal the VA Mission Act, and make sure that the institution serves the welfare of veterans, not the corporate bottom line.

Steve Hoffman is the Freedom Socialist Party candidate for U.S. Senate. He is also the recording secretary for the Washington Federation of State Employees Local 304 and a delegate to the M. L. King County Labor Council.

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2.2 - The Free Lance-Star: [Letter: Veterans Health Administration should not be privatized](#) (2 June, Steve Robertson, 824k uvm; Fredericksburg, VA)

Don't change Veterans Health Administration

Older veterans should vehemently oppose the privatization of the Veterans Health Administration. Since VHA is a totally integrated health care delivery system, it serves as a one-stop shop for older veterans, especially those with service-connected medical conditions or economically indigent veterans.

Many older Americans have faced the challenge of finding a health care professional who accepts new Medicare patients, especially for specialized care. And many health care professionals complain about the low reimbursement rates for treating Medicare-eligible patients.

But this challenge does not exist for veterans enrolled in the VHA. Veterans are referred to its own health care providers or contracted providers within the local community.

VHA has a patient's medical records in one location for his or her health care providers to access when needed. All the lab work is done in one location. Prescriptions can be filled on site or mailed to the veteran's home.

VHA also uses telehealth in local community-based outpatient clinics to help minimize the need to travel to a larger VHA medical center. And VHA's work in geriatric care is impressive. It has its own long-term care facilities and works close with State Veterans Homes in all 50 states.

Allowing our veterans to age with dignity is one intangible value VHA brings to the veterans community, and its services to older veterans and their families is unmatched in the private sector.

When the time comes and VHA's work is done, there is a seamless transition to the National Cemetery Administration, which provides many benefits to a veteran's survivors.

As a Medicare-eligible, service-connected disabled military retiree, and a retiree of the federal government, I have found VHA to be my life-support system.

Steve Robertson

Spotsylvania

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2.3 - Marietta Daily Journal: [Editorial: VA medical bill honors all who served this nation](#) (2 June, 196k uvm; Marietta, GA)

Most of us paused Monday to remember the men and women who made the ultimate sacrifice so that we enjoy life in the greatest country on earth.

Speaking on the floor of the Senate recently, U.S. Sen. Johnny Isakson, R-Georgia, invoked the names of two such heroes.

Noah Harris, a University of Georgia cheerleader who enlisted in the U.S. Army following the terrorist attacks of 9/11, was killed in Iraq two years later.

“He cheered for the football team, but he fought and sacrificed his life for the country,” Isakson said.

Another hero Isakson invoked was Roy C. Irwin, a private from New Jersey, who died fighting in the Battle of the Bulge on December 28, 1944.

The senator was moved to come across Irwin’s tombstone while visiting the American Cemetery in the Netherlands a few years ago. The date of his death surprised him because it was the date he was born in Piedmont Hospital. Isakson reflected on the sobering thought of an 18-year-old New Jersey boy who paid the ultimate sacrifice in World War II, granting Isakson the ultimate benefit of a rewarding life in the U.S.

It was with these service members and others on his mind that Isakson, as chairman of the Senate Committee on Veterans’ Affairs, went about crafting the VA MISSION Act, which the House and Senate has now sent to President Donald Trump to sign into law. Isakson calls the act the final mosaic in a picture that addresses the VA Benefits program for the 22.5 million veterans alive today, 750,000 of whom live in Georgia.

The VA has suffered a black eye ever since the 2014 reports of veterans dying while awaiting care at the VA medical facilities in Phoenix, Arizona.

That prompted Congress to pass a law establishing the Choice program for veterans, providing a way for them to get care in the private sector if they couldn’t get it quickly enough from the VA.

That program said if a veteran couldn’t get care within 30 days or if they didn’t live within 40 miles of a VA medical center, they could receive care from a private medical care facility. While the program was a good start, it lacked flexibility. For instance, some veterans may live near a VA medical center but need treatment in the private sector while some need to be seen sooner than 30 days.

The VA MISSION Act repeals the 40 mile/30 day rule, allowing veterans to see the doctor of their choice when they need to, provided their primary care VA doctor signs off on it.

“So choice is truly the veteran’s choice,” Isakson said. “The VA continues the responsibility of keeping up with the veterans. The veteran has the choice he needs to make or she needs to make to see to it that they get timely, professional, quality care. That is a huge step forward for us.”

Isakson also is proud the bill extends the VA’s caregiver program which presently only gives stipends and benefits to caregivers of injured post-9/11 veterans. The new bill extends those benefits to caregivers of eligible veterans from all eras.

For the first time in history due to medical advances, service members survived horrific injuries in the Vietnam War.

But many of these wounded veterans, now in their late 60s and mid 70s, need help going about their daily routines, from making the bed to getting down the stairs. Isakson is gratified that the caregiver program now extends to them.

The bill builds on previous legislation Isakson’s committee has passed, such as putting in accountability safeguards so that the next time VA leadership screws up as it did in Arizona, they can be terminated.

The VA MISSION Act received overwhelming support in both the House and Senate and is expected to be signed by President Trump soon.

With Washington, D.C., thought to be broken by the polarization of party politics, it begs the question of what lessons can be learned from the passage of this legislation.

Isakson’s response is that when you visit a military base you don’t see Republican soldiers or Democrat soldiers. You see American soldiers.

“You think of them as soldiers and not as partisans and that’s the way we approached the legislation,” he said.

So while Isakson would love to take the credit, he gives it to the veterans since no one wants to be partisan over wounded veterans who have laid down or risked their lives for this nation.

A quote often attributed to the father of our nation, George Washington, states, “The willingness with which our young people are likely to serve in any war, no matter how justified shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their nation.”

Ensuring that our veterans have the very best medical care is one of the ways we express our appreciation for their service.

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2.4 - News Herald: [Dunn tapped to lead VA health subcommittee](#) (2 June, Collin Breaux, 190k uvm; Panama City, FL)

During Congressman Neal Dunn's first term, 40 percent of his constituents' complaints have been about the VA.

The frequency of those health care concerns, paired with Dunn's 11 years as an Army surgeon, have motivated the freshman U.S. Congressman to focus his political goals on veterans' issues.

Dunn recently was appointed by House Veterans' Affairs Committee Chairman Phil Roe to lead the subcommittee on health. He stopped by The News Herald office Thursday to talk about his new role and veteran-friendly legislation he's pushed through while in office.

On that list, Dunn pointed to the VA Mission Act of 2018, which would replace the Choice Program and allow veterans more private care options, as an example of overhaul efforts that have received mixed reaction from Bay County veterans. The Mission Act has been approved by Congress but still has to be signed by President Donald Trump before it officially becomes law.

"I'm trying not to just rush in and make a lot of changes," Dunn said of his role on the health subcommittee. "The first thing to do is take stock of what we've got. There's a lot of numbers. You're talking about the single largest hospital and health care system in the country."

Dunn's seat is up for election this November in a district where the military and veterans are a focal point. He is being challenged by Democrats Bob Rackleff of Tallahassee and Brandon Peters of Williston.

Legislation introduced by Dunn has become part of the Mission Act, including the Veterans Increased Choice for Transplanted Organs and Recovery (VICTOR) Act, which gives veterans in need of an organ or bone marrow transplant through the VA health care system the ability to seek care at a federally certified transplant center near their home.

Currently, veterans who seek care through the VA and are in need of an organ transplant must go to one of only 14 Veterans Affairs Transplant Centers (VATCs) in the country.

"Transplants are highly, highly time-sensitive operations. They have to be done, and they have to be done quickly," Dunn said. "If you have a guy in Florida who needs a liver transplant, he's got to get to Minneapolis to get to the liver. ... We literally have no VA transplant center in Florida."

The Veterans Opioid Abuse Prevention Act, which seeks to prevent opioid abuse by veterans by connecting VA health providers to a national network of state-based prescription drug monitoring programs, also was incorporated into the Mission Act.

In addition to veterans' issues, Dunn has also focused on Tyndall Air Force Base, including pushing for upgrades to a F-22 training unit. Dunn included an amendment to "modernize [an] F-22 training wing" by making it combat-ready to the National Defense Authorization Act (NDAA) for Fiscal Year 2019 passed by the House. The NDAA still has to be passed by the Senate and signed by Trump.

The upgrade would cost \$1.5 billion over several years. Combat and non-combat F-22s differ in electronics, sensors and weapons bay features.

“This is easily the cheapest, quickest, most efficient way to increase America’s air superiority,” Dunn said. “We have had air superiority since World War II, and in order to keep that, we got to take our best air-to-air combat fighters and keep them ready. We’re not changing the mission of the wing from training to combat. We’re just making the plains utterly combat-ready, which is better training.”

Here are three other issues Dunn discussed during his newsroom visit.

1. Economy picking up

Dunn touted the tax reform bill he and other Republicans voted for that lowers tax rates, along with the improving economy. Democratic challenger Bob Ragle said the bill was “a huge giveaway to corporations and the wealthiest 1 percent,” a claim Dunn called “absolutely nuts.”

“We have the lowest unemployment rate in living memory. We have the lowest new unemployment claims rate in 50 years,” Dunn said. “In Panama City we have a foreign company coming in to build car parts. ... You’re getting a chance for people to have jobs, good jobs, manufacturing jobs. People’s wages are raising. Public companies are paying more dividends.”

The News Herald fact-checked some of Dunn’s claims. The national unemployment rate was 3.9 percent in April, a decrease from months and years past, according to the Bureau of Labor Statistics.

Initial unemployment claims fell to 221,000 in the week ending March 26, a decrease of 13,000 from the previous week, a press release from the Department of Labor said Thursday. Unemployment claims are generally at their lowest level since December 1973, the press release stated.

Wages have risen by 2.9 percent across the country, according to news reports.

2. Town halls

Dunn hasn’t held a town hall since March 2017, which has been criticized by some constituents. When asked about this, he said he has a lot of telephone and “subject-oriented” community talks.

“I don’t think the old-fashioned ‘Set Neal up and just scream at him for three hours’ town halls have been productive,” he said. “I don’t think people bring a lot of productive ideas to those. It really wasn’t a format that was popularly used. I think we’ve convinced ourselves that was the norm.”

Constituents can best reach him and his staff through their website, dunn.house.gov. Dunn said his office is responsive and works on individual citizen concerns along with national and state issues. His office also maintains a Facebook page and Twitter account.

3. The blue wave

The national media has reported Democrats have been voted into offices across the country, bucking the trend of President Donald Trump’s election and Republican control of Congress, part of a “blue wave” of progressive activism.

But Dunn doesn't buy that narrative.

"I don't see the blue wave. I know there's a lot of talk about the blue wave in the national media," Dunn said. "I don't see it because the economy is doing so well. I think the blue wave is not as likely as you might believe if you just listen to the national media."

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3. Modernize Our System

3.1 - MobiHealthNews: [In-Depth: Four major telemedicine trends of 2018](#) (1 June, 188k uvm; Cambridge, MA)

Telemedicine continues to move from the peripheries of healthcare into the mainstream. Earlier this week, a national review of 145 telemedicine studies conducted by the Agency for Healthcare Research and Quality concluded that the technology likely improves access to care and has clinical benefits in acute and chronic care. This report also found less robust evidence that telemedicine in these settings likely reduces ICU length of stay, mortality, and costs.

As telemedicine becomes more recognized, its role in healthcare is growing. Uses of the technology are going beyond the four walls of a hospital, delivery is becoming less reliant on payer-based models, and government bodies and policymakers are increasingly stepping up to bat when it comes to telemedicine-friendly regulation and government-funded programs. m

Here is a closer look at a few of the leading telemedicine trends that have emerged so far in 2018.

2. VA's telemedicine push is gaining steam

The Department of Veterans Affairs has shown an active interest in expanding telemedicine services for its patients — in fact, when former VA Secretary Dr. David Shulkin accepted the post, he made allowing agency medical providers to practice telehealth across state lines, regardless of their locations, one of his top priorities.

Although Shulkin is no longer part of the Trump Administration, the initiative has nevertheless moved forward. In mid-May, the VA finalized its federal rule to allow providers to deliver patient care across state lines and outside of a VA facility using telemedicine. The new ruling was supported by several bills passed in Congress and senate over the last year, and kicked off in August of 2017 when Shulkin and President Donald Trump announced the Anywhere-to-Anywhere initiative.

While this ruling is new, the VA has been developing and rolling out telemedicine programs for some time. For example, at last month's American Telemedicine Association conference in Chicago, clinicians came together to continue the discussion of how video-to-home technology can help deliver psychotherapy to veterans.

"We have a huge area we have to cover and we are trying to reduce health disparity," Jan Lindsay, a psychologist at the VA, said at ATA 2018. "Most veterans who need mental health

care don't access it and then those veterans who do access care, we have trouble retaining them — especially in psychotherapy sessions where it is weekly.”

Currently the VA is using these video-to-home services to treat a variety of mental health conditions including addiction and obsessive-compulsive disorder. The department is also using these services to help sexual trauma survivors — many of whom are reluctant to visit a clinic.

But it isn't just veterans that are seeing services through VA telemedicine. The VA has rolled out a telehealth program called teleFOCUS that is a mental health tool designed for veterans' families. The program, which was originally started as an in-person therapy program, broadened to include telehealth sections to expand access.

“The tele-portion of it grew up out of a recognized need to see veterans who are spread out all over the place. Some were in rural communities that didn't have access to care. Even in Southern California where UCLA is, there were a lot of barriers to care,” Tom Babayan, clinical specialist at the UCLA Nathanson Family Resilience Center, told MobiHealthNews. “If you are working with the entire family, mom and dad work and kids go to school. It can be hard to find time.”

The program currently caters to veterans and their families, but this summer the VA will run a pilot with a small number of active duty military personnel and their families as well.

Outside of mental health, the VA has also been piloting its two-text patient-provider text messaging program, which is currently at several sites. For example, a VA provider can enroll a patient with high blood pressure to monitor their status at home via text messaging. The provider will be able to ask about specific blood pressure measurements and remind the veteran about their treatment.

“The important part of the program is that it's a formalized way to collect data,” Chief Officer of the VA's Office of Connected Care Neil Evans explained prior to a HIMSS 2018 session on the subject. “And with case management for our highest risk patients, we're not only monitoring them but providing them closer care.”

“There are certainly compelling use cases for connected technologies to allow us to better take care of patients in rural part of America where distance is a barrier to receiving healthcare,” he continued. “The goal is to have increasingly convenient care, but also fully established with the veteran's care team.”

The home telehealth program services about 147,000 veterans, via interactive voice response, a web app, virtual care, or through a physical hub connected to the network.

2. Telehealth is bringing care beyond traditional settings

While the VA is continuing to expand its services to meet veterans in remote settings, telemedicine services are popping up in unconventional and non-traditional settings as well.

Schools are a key example, as more and more districts are making efforts to extend telehealth services.

“If we are looking for where can I reach kids where they are, and how can we provide access to care where kids are the majority of the time — we go to schools. It just makes more sense to

reach kids where they are instead of [them] coming to us,” Dr. Stormee Williams, medical director of school telemedicine at Children’s Health Dallas, said during a session at ATA 2018 in Chicago.

Currently 18 states have authorized Medicaid reimbursement for school-based telemedicine, and more have required private insurers to cover telemedicine appointments, according to a Pew report citing the ATA. This trend for more school-based telemedicine programs has kickstarted discussions among stakeholders over what exactly those programs should look like.

“We wanted to move beyond the idea that schools are a place for urgent care to be provided,” Dr. Steve North, medical director for Mission Virtual Care and a physician at Mission Center for Telehealth, said at the conference. “We want to shift the model of thinking to creating healthier students with virtual care.”

But schools aren’t the only non-traditional setting for telehealth programs. Increasingly, the technology is being used in disaster zones. In January, for instance, the US Army launched the Army Virtual Medical Center at Brooke Army Medical Center in Texas.

“The concept of the Virtual Medical Center is to take specialists from across the [military health system] and take their knowledge and expertise and put it at the point of need — whether it be in the mountains of Afghanistan or the backyard of Camp Bullis in San Antonio,” Major Daniel Yourk, deputy director of clinical operations at the Army Virtual Medical Center, said at ATA 2018.

Although the Army Virtual Medical Center hadn’t officially launched at the time, the organization had a hand in providing medical services in Puerto Rico after Hurricane Maria. Specially trained “mobile” medics were deployed to the region to help facilitate telemedicine services. But there were obstacles to getting the telemedicine services to the point of need.

“Some of the major challenges we had upfront were connectivity,” Yourk said. “Because all of the cell towers were down in Puerto Rico, we couldn’t use the hotspots. So there was a delay.”

Still, the medics helped facilitate 35 telemedicine visits over the course of six weeks. Yourk noted that there was at least one occasion in which a member of the military was able to stay on duty because he saw a specialist through the program.

Telemedicine has been a key tool for helping treat and diagnose patients where there are physical barriers. In fact, at ATA health professionals discussed how provider-to-provider video consults can be used in a jail setting.

“There are some challenges to getting into a jail. You can’t bring a mobile or wallet. It is highly regulated by the Department of Justice,” Mary Sajdak, COO of integrated care services at Cook County Health and Hospital Systems, said at the ATA conference. “Even though the population at the jail has dropped [recently], the evidence is that the people who are staying are much sicker because of mental health issues and opioid [addiction].”

Things can be tricky when it comes to getting an incarcerated patient to a specialist. Due to the exorbitant expense and hassle of transporting patients from a jail to a clinic, some are turning to e-consults, or a web-based portal that is partnered and connected to a network of physicians. These portals allow a treating onsite clinician to confer with a specialist about a patient and determine whether or not they need off-site care.

Part of the aim of the e-consult program at the Cook County Jail is to reduce the number of off-site visits for incarcerated patients. This can, in turn, lead to lower wait times for patients that do need off-site transport, Sajdak said, and increase access to additional specialists within the jail.

3. Deals, revenue reports indicate a lively sector

Advocates of telemedicine should be happy to see this corner of the digital health industry continuing to receive attention from investors and dealmakers. This year has so far seen sizable funding closure announcements from telemedicine provider Doctor On Demand (\$74 million), connected telehealth product maker Tyto Care (\$25 million), and eye telemedicine company Simple Contacts (\$16 million).

The year has also featured some aggressive dealmaking from InTouch Health, which develops enterprise telehealth technology for providers. Alongside a handful of partnerships — including North Carolina-based Mission Health and Pennsylvania-based Jefferson Health — the company announced the acquisition of two other telemedicine companies: TruClinic and Reach Health. Acquiring the former clearly signaled a portfolio expansion for the enterprise company, as TruClinic's primary business was direct-to-consumer online virtual care. The latter, according to InTouch officials, broadens the company's ability to assist customers with telehealth program rollout.

On the same day as the InTouch-Reach deal was revealed, American Well made its own high-profile acquisition announcement: the purchase of fellow telemedicine company Avizia for an undisclosed sum. This deal is expected to expand American Well's reach in the acute care area, as it would give the company access to Avizia's hospital-based care lineup and custom software workflows in more than 40 clinical telehealth specialties.

"I think, candidly, health systems want to expand telehealth and what we bring for them is a complete solution," Mike Baird, CEO of Avizia, told MobiHealthNews at the time.

While these deals suggest an industry that is preparing to expand its reach, recent revenue numbers from a Teladoc's most recent earnings numbers offer a more concrete example of ballooning telehealth adoption. While the company's Q1 reported net loss of \$23.9 million was a noticeable increase over the previous year's \$15.7 million, CEO Jason Gorevic boasted the 109 percent absolute basis total revenue increase largely driven by subscription access fees, as well as the 606,000 virtual visits conducted by the company during the quarter (compared to 385,000 in Q1 2017).

"We saw a very strong start to 2018 with continued success across the business and another quarter in which we exceeded our expectations for all of our key metrics," he said on the call. "... Both average number of visits per user and the number of users per thousand increases with more products. Said another way, by adding more clinical services, we get both greater depth and breadth of engagement with the population. This bodes very well as we continue to expand the scope of our offering, both in the US and globally."

4. Telemedicine delivery is less reliant on the payer

The incumbent telemedicine business model that initially catapulted companies like Teladoc or Doctor on Demand to success is one where insurers or self-insured employers broker deals with telehealth vendors, giving their members access to 24-7 virtual care. But over the past few

years, at an accelerating pace, hospitals and health systems have started to get into the game on the theory that consumers would rather get virtual care from the same doctor they see for in-person care.

“There is a swinging of the pendulum ... in that the major health systems have come to realize telemedicine is not a medical carve-out service. And, in fact, it is probably a mistake to carve it out,” Dave Skibinski, CEO of SnapMD, said.

Reimbursement for telemedicine is only now starting to come along — under fee for service, even enthusiastic providers were hamstrung by an inability to pay providers for virtual care.

Other telemedicine proponents fed up with the fee-for-service model are saying not to wait around for payers to dish out reimbursements.

“Instead, look for opportunities. There are other [players] in this marketplace that are not waiting for permission, they are not waiting for reimbursement,” Jodi Hubler, managing director at Lemhi Ventures said. “They are figuring out ways to bring in new ways that will have people practicing at their highest licensure level without waiting.”

One key example of this is provider-sourced telemedicine, which is becoming more and more common among healthcare systems and other providers. One question following the growing model is whether it has a strong enough advantage that it will drive patients, even those who are already using telemedicine via their insurer, through the door. Folks like Skibinski and John Pearce, CEO of Zipnosis, think it does, because the two products are actually very different. Employer-based services can offer access to a doctor, but providers can offer a patient access to their doctor.

“You’ve seen these external networks ... kind of come up and meet a market need,” Pearce said. “But now we’re seeing the providers get into that game and a lot of our growth in the future is about helping them connect their services, their local brand, back into the market. And we know the economics are going to be way more favorable for them than anything the external people can do. And you’d rather interact with a local Baylor-White physician than a random Teladoc physician, we know that at our core. We’re all about that provider enablement, it’s a clean business model, and it’s giving us some really good success in that side of the market.”

Others, such as Doctor on Demand CEO Hill Ferguson, whose telemedicine company is continuing to focus on the payer market, feel that this selling point doesn’t always hold up against the larger driver of patient behaviors — convenience.

“If you ask a typical consumer who would they rather see, their primary care doctor that they’ve seen for five years or some doctor they’ve never met before, I’m guessing 99 percent would say they’d rather see the doctor they’ve been seeing for five years,” he said. “But then you actually put it to the test in reality and you say ‘Oh you’re going to have to wait a few days to see your doctor, but you can see a doctor right now at midnight on a Sunday night, now what do you want to do?’, that answer’s probably going to be different. So I think the context is really important.”

It’s likely that these two telemedicine models, as well as the direct-to-patient approach, may grow to coexist and will depend on the situation and priorities of the person in need of care, Ferguson said. On the other hand, Skibinski said that parceling out telemedicine care in this way harms the end-goal of providing best-possible care.

“Why would you carve out telemedicine for this low-acuity stuff and have a different platform for that,” he said, “but now your in-network providers are on another platform to do continuity of care and chronic patient management?”

Regardless, if the current status quo of heterogeneous market models is to be maintained and proliferate, Teladoc CEO Jason Gorevic said that a deeper level of collaboration between stakeholders will need to work on their collaboration.

“Some of our most exciting and progressive discussions are with health plans who are coming to Teladoc for an enterprise-wide virtual care solution. In many of those cases the discussion includes bringing their network providers into the fold to provide care through the Teladoc platform. So I think it’s more convergence and cooperation than competition,” he said.

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4. Focus Resources More Efficiently

4.1 - Bozeman Daily Chronicle: [Tester correct to question Jackson’s nomination](#) (3 June, Col. (Ret.) Peter D. Fox, 191k uvm; Bozeman, MT)

Now that an apparently qualified person, Robert Wilkie, is nominated by the president to be the next secretary of the Department of Veterans Affairs, it’s time to examine the “fake news” promoted by the four men seeking to replace Democrat Jon Tester in the U.S. Senate.

The nomination of Rear Adm. Ronny Jackson, a one-star general in other services, was an impulsive gesture. There was no vetting, no formal interview prior to the announcement that surprised veterans, active and retired military, and virtually all of Capitol Hill.

History repeating, Wilkie’s nomination was a complete surprise to him. We can conclude there were pre-nomination interviews and questionable vetting. Wilkie, 55, made federal service his career.

While Jackson’s medical expertise is exemplary, his experience is not in large-organization leadership. His official Navy biography shows he has led medical staff at platoon level. Being secretary of Veterans Affairs is not a medical practice — it’s a top-level managerial position requiring prior experience.

It was remarkable that the 25 or so enlisted and officers who had served with Jackson took the highly unusual step of going public with their concerns. Sen. Tester, ranking member of the Veterans Committee, correctly recognized the concerns of those who served with Jackson, while at the same time he called for a full investigation into the accusations. After all, there was some history: investigations in 2012 and 2013 found he exhibited “unprofessional behaviors” and recommended the White House consider removing him. Currently, the Pentagon inspector general is vetting Jackson’s military career – something that should have been done before his nomination.

The four opportunistic challengers blindly leapt at the chance to falsely accuse Tester of “scuttling” the admiral. Not so – the nomination had a hole in its hull before it cast off from the dock.

Col. (Ret.) Peter D. Fox

Livingston

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4.2 - WKEF (ABC-22): [Dayton VA's first Cancer Survivors Day helps celebrate life](#) (1 June, Gabi Warwick, 51k uvm; Miamisburg, OH)

DAYTON, Ohio (WKEF/WRGT) - People gathered at the Dayton VA Medical Center's first Cancer Survivors Day to celebrate life Friday.

The event featured live music and food, while speakers addressed topics including exercise, nutrition, stress management and meditation.

FOX 45 News spoke with an Air Force veteran and cancer survivor at the event, who wanted to tell everyone fighting against cancer to be strong and put their trust in the doctors and medicine.

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5. [Improve Timeliness of Service](#)

5.1 - Bennington Banner: [Ask the Doctors: Researchers studying link between TBI, Parkinson's](#) (1 June, Robert Ashley M.D., 69k uvm; Bennington, VT)

Q: I had several concussions when I was younger due to various sports activities, not to mention one singularly bad bike ride. Now I read that a single concussion can raise the risk of Parkinson's disease. Just how serious is this increase in risk, and should I be worried?

A: Your concern is understandable. The association between severe and moderate traumatic brain injury and Parkinson's has been recognized for some time.

Severe traumatic brain injury is an injury that leads to a loss of consciousness or coma that lasts for more than 24 hours and is evident on a brain imaging test. Moderate traumatic brain injury leads to a loss of consciousness for one to 24 hours and is evident via imaging. What you're describing sounds more like mild traumatic brain injury, in which the loss of consciousness lasts from seconds to minutes and brain imaging studies don't reveal brain injury. The majority of people describe this as a concussion. The question posed by the study you reference is whether mild traumatic brain injury can lead to Parkinson's disease.

The study looked at data from the Veterans Health Administration database. Researchers first gathered data on 162,935 veterans with a history of TBI and 162,935 veterans with no such history; they then classified the injury as mild, moderate or severe. The average age of both groups was about 48, and the veterans were followed for 4.64 years on average.

Overall, veterans with traumatic brain injury had a 71 percent relative increase in the risk of Parkinson's disease compared to those without TBI. The veterans with moderate or severe TBI had an 83 percent greater risk of Parkinson's, while those with mild TBI had a 56 percent relative increase in risk. When the authors looked further at those with mild TBI who had no loss of consciousness, they still found a 33 percent risk of Parkinson's. However, this last data point wasn't considered significant due to the low number of people diagnosed with Parkinson's in this group. Of note is that people with TBI had greater rates of psychiatric disorders.

Now let's look at why traumatic brain injury would lead to Parkinson's disease -- and let's start with Lewy bodies. These abnormal accumulations of protein in the brain have been known to contribute to Parkinson's, and a component of these proteins, called alpha-synuclein, is seen in the cerebrospinal fluid of those who have had severe traumatic brain injury. In addition, autopsy studies have found an association between early-life traumatic brain injury and Lewy bodies in the brain.

This is an important study for veterans. Of the 20 million veterans alive today, an estimated 40 percent have some history of TBI and 82 percent of those are considered mild TBI.

That brings us back to you and the concussions you had in sports and the biking accident. Although the study showed a 56 percent relative increased risk of Parkinson's with mild TBI, let us think of this another way. After the age of 60, Parkinson's affects 1 in 100 people, so if we extrapolate the data for those with mild TBI, the rate of Parkinson's would go up only to 1.56 in 100 people.

Still, it's good to understand the association between TBI and Parkinson's because it may lead to earlier recognition and treatment of the disease. But no one should panic just yet over the risk of Parkinson's caused by prior traumatic brain injuries.

Robert Ashley, M.D., is an internist and assistant professor of medicine at the University of California, Los Angeles.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Tribune (The Beacon-News): [Disabled Marine, neighbors crying 'fowl' over backyard chicken controversy](#) (2 June, Denise Crosby, 23.9M uvm; Chicago, IL)

Brittany and Luke Villotti may be young suburbanites with chickens in their backyard. But don't confuse them with egg-loving hipsters who are part of a growing urban farming movement.

Luke Villotti is a disabled Marine with a note from the Veterans Administration stating these birds are "support animals" that help him cope with the depression and pain he faces on a constant basis, the result of injuries from rigorous training exercises while he was in the military.

From childhood experiences with chickens owned by family friends, said the 25-year-old husband and father of two children, he found the birds to be fun, loving and therapeutic. And so, when he had to leave the service after stress fractures on his spine, he turned to these fine feathered friends as a way of coping.

“I take care of them,” added Villotti, who told me he has a degree in criminal justice and had planned a career in law enforcement until his injuries. “And they take care of me.”

Some of his Montgomery neighbors, however, are crying “fowl.”

That’s because, they claim, unlike a growing list of other communities such as Batavia, Naperville and Elburn with backyard chicken ordinances, Montgomery does not have anything on the books that would allow residents to keep poultry on their property.

And even with that letter from his VA counselor that states these chickens can be important “support animals” for the disabled veteran, they question why the Villottis have 20 of them running around their fenced-in coop, which is a large Rubbermaid shed they insist is too close to the next door homeowner’s property.

“Bottom line,” says Travis Klostermann, who can see the coop from his home across the street, “he’s breaking village rules. If you want to have farm animals, then you should live on a farm.”

Klostermann and other neighbors, some of whom showed up at the most recent Village Board meeting to complain, have additional concerns — like odor, noise and disease. According to the Centers for Disease Control, salmonella cases from backyard chicken coops are, indeed, on the rise. And at the board meeting, next door neighbor Chad Davis said he’d already found chicken feathers in his yard.

But the Villottis insist none of the above complaints are valid: Their coop may not be made of wood, but it did pass inspection. And because their flock is so important to the family, including their little children, they insist they take exceptional care of the birds and are especially vigilant about cleanliness.

Indeed, last week when I visited their backyard — which is next to a large farm field — it was a warm and slightly windy afternoon. But even with my birds-eye view of the coop and its active and curious occupants, I could detect no odor. And the only chirping I heard was from the birds flying overhead.

The bark from their dog, or any other neighborhood canine, is louder than their chickens, the Villottis insist, and will produce more waste.

Still, dogs are allowed by the village ... chickens, not so much. Which is why there was such a spirited debate at the board meeting.

While at least one 4-H family showed up in support of the chickens, other Montgomery residents brought up negative claims — much of it garnered from social media — that suggested the family had 50-plus birds and was engaged in an underground egg- and poultry-selling operation.

At one point, Brittany told me, “we were trying to thin out the flock” by selling a few of them for \$4 apiece, a minimal amount to help ensure the male birds were not going to be used for cockfighting, and hardly enough to cover the cost of feed.

The 30 extra chickens, she added, were babies hatched from eggs as part of her son’s preschool project and have been sent back to the farm.

Armed with the letter from the VA, as well as information from the U.S. Department of Housing and Urban Development that spells out rules concerning assistance animals for people with disabilities, Luke Villotti is, himself, crying “fowl.”

“I’ve gone out of my way,” he said, “to provide letters to the village about the laws pertaining to the discrimination going on right now.”

And the village is paying attention. Rich Young, director of community development for Montgomery, said he talked to Villotti on Thursday about culling the flock to the six recommended by the VA counselor. And based on surrounding communities — seven out of the 10 he surveyed allow for these hen houses — Young said village officials are now working to understand what “reasonable accommodations would be under the Fair Housing Act.”

Restrictions, such as number limits, setbacks and other criteria will be worked out and presented next week to the board about this zoning situation that really is a different kind of bird.

While any decision will only be applied to this particular case, Young noted, “maybe in the future” this could lead to a backyard chicken ordinance like so many other municipalities have passed.

Still, Luke Villotti is upset he’s being asked to get rid of most of his beloved birds, all of which have names, he noted, and “distinct personalities.”

“He definitely has benefited since bringing them into his life,” said his wife. “We spend a lot of time taking care of them. I love them as much as he does.”

Brittany claims these complaints “don’t even have to do with chickens at all ” but are the result of neighborly feuds over children encroaching on property and late night noises that have resulted in their calls to police.

Which is why it comes as no surprise the couple says no matter what the village decides, they plan on putting their home on the market in a year and moving out of state, likely to a farm where they can have as many chickens as they want.

“We don’t want to run people off, but the law is there for a reason,” insisted Klostermann.

“If they had come to the neighbors and told us they were getting these support chickens and that it would be regulated, then maybe there would not have been such a big backlash.”

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7.2 - WTVB (ABC-9, Video): [Volunteers remove flags at Chattanooga National Cemetery](#) (2 June, 656k uvm; Chattanooga, TN)

Volunteers are spending part of their Saturday removing flags placed at veteran's headstones for Memorial Day.

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7.3 - The Daily Courier: [PGA HOPE program helps Prescott's disabled military veterans](#) (2 June, 490k uvm; Prescott, AZ)

PGA HOPE (Helping Our Patriots Everywhere) is a program under the umbrella of PGA REACH, a 501(c)(3) Foundation of the PGA of America. In partnership with the U.S. Department of Veteran Affairs, PGA HOPE is the only golf instruction program taught by PGA Professionals and assisted by volunteers as a therapeutic program to aid in the rehabilitation process for veterans.

Prior to PGA HOPE, the Prescott area had a disabled veteran golf program initiated by the members of the Club at Prescott Lakes, one in which more than 100 veterans participated.

PGA HOPE adopted several of the practices used by this local program in developing a national program.

PGA HOPE is a free adaptive golf program geared toward veterans with various disorders, including limb loss, spinal cord injuries, PTSD, traumatic brain injury (TBI), blindness and substance abuse, among others, as well as those engaging in social rehabilitation.

Antelope Hills Golf Course and the Club at Prescott Lakes recently completed the first sessions of their 2018 PGA HOPE Programs. Under the guidance of PGA members John Gunby (Antelope Hills) and Stuart Birch (Prescott Lakes), each session goes for two hours each week for six weeks.

Both local golf courses have more sessions scheduled for 2018 and beyond in conjunction with our Northern Arizona VA Clinic, which is very instrumental in assisting this program with their recreational therapists.

During the program, each veteran receives used golf equipment, bags and balls donated by many local golfers. Golf instruction is focused on how to play the game of golf and enjoy being on the golf course. Putting, chipping, pitch shot, bunker shot and full-swing fundamentals are also taught, but the emphasis is on how to play golf in a fast, safe and courteous manner.

Upon graduation, each veteran earns opportunities to play golf at reduced fees throughout the local community and the state. Participating local courses include Prescott Golf Club and Antelope Hills Golf Course.

With the help and generous donations of equipment and monies from our local community, Prescott will continue to lead the way in honoring our veterans and assisting them in their transition back into civilian life through the great game of golf. One recent PGA HOPE graduate, who has TBI and is blind, said, "I turned Mission Impossible into Mission Completed."

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7.4 - Lima News: [Kennedy touts veterans treatment courts](#) (1 June, Bryan Reynolds, 167k uvm; Lima, OH)

"What do the First Amendment, freedom of religion and the 15th Amendment, the right to vote, have to do with one another?" That is the question Justice Sharon L. Kennedy asked Allen County Republicans during the June Republican meeting Friday.

Kennedy said veterans have fought to protect those amendments since the dawn of our nation. We need to start doing more for our veterans when some of them return home with physical and psychological injuries and some end up in the justice system, she said. Kennedy is traveling Ohio talking to judges about setting up certified veterans treatment courts throughout the state.

"We're in year 17 of a war that I don't know when it ends," she said. "I'm not sure those in Washington know where it ends. But I know this, our troops will be deployed 1.5 million strong across the nation. One in 5, by the Defense Department's own numbers (which is about 300,000 individuals), will return to our shores with traumatic brain injury, traumatic stress disorder, they will be suffering from sexual trauma and depression. They will be self medicating."

The trauma they endured causes some veterans to make bad life choices, which can lead them to be brought before the court for charges of operating a vehicle under the influence, domestic violence and a myriad of other charges, Kennedy said. Instead of approaching all cases the same, she said judges should ask defendants their service record and approach those cases differently.

Veteran Affairs has veterans justice outreach workers who evaluate cases involving veterans to see if that individual is eligible for VA services. If eligible for treatment, the VA can then do an evaluation to see if the veteran is suffering from post traumatic stress disorder, traumatic brain injury or any other traumatic war experience affecting their behavior.

Kennedy said 10 percent of the prison population is made up of veterans. The goal of veterans treatment courts is to catch veterans in need of treatment and get them help.

"If you have a veteran suffering from war trauma, not every system in a community can deal with that," she said. "We have specially designed systems in the VA to treat that, and we should use them."

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7.5 - Clarksville Now: [VA seeks recently separated veterans for focus group](#) (2 June, 161k uvm; Clarksville, TN)

The Tennessee Valley Healthcare System (TVHS) is inviting men and women who have separated from any military service within the last five years to participate in a focus group.

The focus group will meet Tuesday, June 5 from 1:00 p.m. to 2:00 p.m. at its Alvin C. York campus at 3400 Lebanon Pike Murfreesboro, TN 37129.

TVHS leadership will use feedback from this focus group to improve the services offered to newly-separated veterans. Topics of discussion will include enrollment, billing, medical and mental health care, as well as open-ended questions about making the VA better for transitioning Veterans.

“The TVHS vision is to provide the right services at the right time for the right reason,” said Shawn Richardson, TVHS transition and care management program manager. “We want feedback from Veterans to ensure we’re doing that, and to help us tailor our efforts to improve our services.”

All veterans who served on active duty at any time after 9/11/2001 and transitioned to the VA for care are invited to attend the focus group. Refreshments will be provided. The event will be held in Building 1, Floor 1, Room 136 of the York campus.

TVHS is an integrated tertiary health care system comprised of two hospitals, the Alvin C. York Campus in Murfreesboro and the Nashville Campus, as well as more than a dozen community based outpatient clinics located in Tennessee and Kentucky. TVHS provides ambulatory care, primary care, and secondary care in acute medicine and surgery, specialized tertiary care, transplant services, spinal cord injury outpatient care, and a full range of extended care and mental health services.

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7.6 - Cape Cod: [Volunteers Needed to Remove Memorial Day Flags at National Cemetery](#) (1 June, 66k uvm; Hyannis, MA)

BOURNE – Volunteers are needed to help remove the 77,000 American flags that were placed at the Massachusetts National Cemetery for Memorial Day.

The flags were placed last weekend as part of Operation Flags for Vets, an all-volunteer effort to honor the veterans buried at the grounds in Bourne.

The flag removal starts at 10 a.m. on Saturday.

Organizer Paul Monti places the flags every Memorial Day and Veterans Day in memory of his son, SFC Jared Monti, who was killed in action in Afghanistan in 2006 and the recipient of the Medal of Honor.

“I’m on my 12th year of losing him now and it’s just like yesterday,” Monti said.

Jared was killed on his third attempt to rescue a fellow serviceman who was wounded.

Monti went to honor his son on Veterans Day of that year with a flag at his gravestone at the cemetery and was surprised to see no flags were planted at the cemetery.

He talked with an administrator of the facility to find out why, as all veterans graves require flags on Veterans Day under state law.

"I was told that flags were not allowed that I was not in Massachusetts I was standing on federal ground," Monti said. "And their rule was no flags on the graves because they interfered with maintenance of the cemetery."

That did not sit well with Monti, who spent more than four years pursuing a change of legislation to allow flags on Memorial Day and Veterans Day.

After four and a half years Monti received a letter giving permission to flag all the graves provided that his organization buy, place, remove and store all the flags.

Monti said Jared would be proud of the work he has done with Operation Flags for Vets to honor those who have served.

"He's probably looking down at dear old dad saying, 'Dad, you did a good thing,'" Monti said.

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8. [Other](#)

8.1 - Politico: [Trump embraces red-state Dems as GOP tries to knock them down](#) (2 June, Christopher Cadelago and Matthew Nussbaum, 23.9M uvm; Arlington, VA)

President Donald Trump has long alternated between being nice to red-state Senate Democrats and punching them in the nose – and as the midterms approach, his muddled strategy is manifesting itself in tensions between key White House offices.

On the one side is the legislative office, which has in the past two weeks welcomed Sen. Heidi Heitkamp of North Dakota and Sen. Joe Donnelly of Indiana – two of the Republican Party's top targets in the fall – to stand alongside the president at bill-signing ceremonies. On the other is the office of political affairs, which has opposed any move that might help Democrats from states Trump won in 2016.

With a signing event for veterans' health care legislation planned for next week, people in the White House are waiting to see whether an invitation will be extended to Montana Sen. Jon Tester, the ranking Democrat on the Senate Veterans Affairs committee, who made himself an enemy to Trump by tanking the nomination of White House physician Ronny Jackson for secretary of Veterans Affairs.

Trump himself has veered from welcoming Democrats – most notably when he had Senate Minority Leader Chuck Schumer and his House counterpart Nancy Pelosi to the White House last year amid debt negotiations – to threatening them. He derided Donnelly as "a really incredible swamp person" during a rally earlier this month in Elkhart, Indiana, for voting with other Democrats against his top legislative priorities, the tax overhaul and opposing Obamacare repeal.

But he's repeatedly praised Heitkamp, who has crossed the aisle to support Trump's legislative priorities including the recently passed rollback of banking restrictions. Some Republican groups have shown their support: on Friday, the conservative Koch brothers political network announced it would launch a digital ad campaign in support of Heitkamp's re-election bid – a

move some interpreted as a show of support for legislative affairs head Marc Short, who previously worked for the Koch-funded Freedom Partners group.

“On the one hand, it shows bipartisanship and Trump’s ability to work across the aisle in a constructive way,” said Republican strategist Ron Bonjean. “At the same time, the Senate Democratic leadership would like nothing more than these senators to be reelected this year in order to help them with their efforts to implement a left-wing agenda and to undermine the administration’s long-term goals going into the 2020 cycle.”

Moments after Donnelly’s Wednesday visit at the White House, his Senate office pumped out a news release with a video of the event and laudatory quotes from the senator and Trump.

“Senator Donnelly, thank you very much,” Trump said at the event for the bill, which Donnelly introduced with Sen. Ron Johnson (R-Wis.), in January 2017. “Appreciate it. Thank you.”

“I was proud to join President Trump at the White House, as he signed my right-to-try bill into law,” Donnelly added.

It was a far cry from the scene in Elkhart, where Trump pilloried Donnelly as “Sleepin’ Joe” while bestowing his most highly prized moniker on Donnelly’s Republican challenger Mike Braun: “winner.”

Donnelly’s visit to the White House, where the top GOP target mugged for cameras at a bill signing for his “right-to-try” legislation to help terminally ill patients seek drug treatments, came just a week after Heitkamp’s visit for the banking deregulation bill.

As the White House planned to host Heitkamp, her attendance was challenged by Trump’s political advisers. The legislative affairs office stepped in, assuring colleagues she wouldn’t have a major role in the event, according to people familiar with the planning. Instead, Heitkamp ended up standing next to Trump, the only Democrat in the room.

“We knew she would edge her way into the picture,” said one senior administration official. “But why give her that picture?”

Some aides have questioned what the White House is getting from playing nice with Heitkamp or other Democrats, given that there’s no major legislative agenda item anticipated between now and the midterms.

But others in the White House argue there’s nothing controversial about inviting Democrats to bill signings. It’s traditional to have Democrats present for the signing of bills that passed with bipartisan support, said one senior aide, who added that it seems far-fetched that an appearance at a bill signing would have any impact at all on an election months down the line.

“This is much ado about nothing,” the aide said.

Another White House official acknowledged the tension between the legislative and political offices, but downplayed the political risk to Trump or the party.

“At the end of the day, voters are going to judge the quality of the job they do in districts or states that strongly supported the president by their stances on big issues,” the official said,

listing the tax bill, health care votes and stances on key nominees. “These Democratic senators have not been supportive of the president’s agenda, by and large.”

White House press secretary Sarah Sanders said: “This White House is united in scoring victories for the American people and wish the Democrats would stop obstructing President’s Trump’s agenda and start doing more to help their constituents.”

The politics of bill signings have long been strained.

Former President Barack Obama, in the run-up to his 2012 reelection, faced persistent grouching from Congressional Republicans that his administration was purposefully stripping the pageantry from bill signings – when he held them – while he accused them of obstructionism.

Months earlier, Obama appeared considerably more open to holding public signings, even inviting then-Sen. Scott Brown of Massachusetts to the Eisenhower Executive Office Building to watch him sign legislation giving tax credits to help put veterans back to work.

Joel Johnson, who served in the Clinton administration, said that if a Republican was relevant to the legislation, or its passage, they were typically invited and made part of the process.

“We generally took the position when the president signed a bill it was a good thing for America and a good thing for the president,” Johnson said. “And if a Republican member wanted to be there that was a good thing for the president and a good thing for America.”

He added: “I am sure that gave the (Democratic Congressional Campaign Committee) and (Democratic Senatorial Campaign Committee) heartache, but that was our default position.”

Tester is the top Democrat on the Veterans Affairs Committee, and would a natural attendee for the upcoming veterans’ health bill. But his central role in derailing the Jackson nomination would make his appearance even more awkward than those of Donnelly and Heitkamp.

And Trump has fired particularly harsh criticism at Tester, who he said last month “should resign” over his role in revealing allegations of professional misconduct by Jackson.

Trump has a warmer relationship with Heitkamp. His early legislative courtship of the senator from North Dakota, a state the president won by more than 35 points, came as he leaned on Democrats to get behind his tax reform bill following the slim defeat of the healthcare bill. Heitkamp ultimately joined all of her Democratic colleagues in voting against the tax bill.

Her opponent, Republican Rep. Kevin Cramer, has grown impatient, telling a North Dakota radio host that the fight over Heitkamp’s attendance at the banking bill signing “just seems to be an argument between Marc Short and other people in the White House.”

There are, he added, “some people in the White House that think, you know, the president’s too friendly too her.”

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Veterans Affairs Media Summary and News Clips

4 June 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Thief Steals Car of Honor Guard Member During Funeral](#) (3 June, 24M uvm; New York, NY)

A member of a Colorado military Honor Guard says someone stole his personal vehicle during a funeral service at Fort Logan National Cemetery in Denver. Capt. John Moreland tells KUSA-TV in Denver that his 2012 Honda Pilot was stolen late Friday morning. Moreland says he had left his keys in the car while he participated in the service.

[Hyperlink to Above](#)

1.2 - The Oklahoman: [After federal report, OU working with the Oklahoma City VA to repay for residents' time](#) (3 June, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Two months after federal investigators found the Oklahoma City VA Health Care System improperly paid the University of Oklahoma College of Medicine, the university has not yet repaid the VA or determined how much money it owes. On March 28, the VA's Office of Inspector General concluded that at least a dozen OU medical students who were residents at the Oklahoma City VA Medical Center were paid for time when they were working at other, non-VA hospitals.

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2. [Greater Choice for Veterans](#)

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On May 23 the U.S. Senate passed the bill, VA MISSION Act, opening the door to privatization of the country's largest health care system, according to the American Federation of Government Employees, which calls the legislation an "extremely dangerous step" toward the privatization of the Department of Veterans Affairs.

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The U.S. Senate's passage of the VA Mission Act by a huge bipartisan margin is a big step toward providing the greater choice and access to timely health care our veterans richly deserve. One key provision of the bill, which earlier passed the House, would allow more access to private care for veterans experiencing unacceptable wait times in the VA.

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3. [Modernize Our System](#)

3.1 - New Haven Register: [Blumenthal asks VA chief for \\$17 million to upgrade West Haven VA sterilization plant](#) (3 June, Mark Zaretsky, 438k uvm; New Haven, CT)

Sen. Richard Blumenthal has asked the U.S. Department of Veterans Affairs' acting chief to approve \$17 million for a project to build a new sterilization plant at the West Haven VA hospital

— and is likely to tie his confirmation vote to it, he said. Blumenthal, a member of the Senate Committee on Veterans' Affairs, which will approve or disapprove President Donald Trump's appointment of VA Acting Secretary Peter O'Rourke, sent a letter to O'Rourke Thursday.

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3.2 - Kokomo Tribune: [New VA clinic operating as designed despite local veterans' concerns - Program's long-term future to be determined after VA builds new outpatient facility](#) (3 June, Carson Gerber, 77k uvm; Kokomo, IN)

Veterans Affairs officials say Kokomo's new outpatient clinic is operating as it should despite complaints from area veterans that the facility is failing to meet expectations. The VA outpatient facility opened in February inside the current city-county clinic at 620 N. Bell St. and is open two days a week to see area veterans. The clinic is a first-of-its-kind pilot program established by the VA Northern Indiana Health Care System...

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4. [Focus Resources More Efficiently](#)

4.1 - Record Herald: [Motorcyclists ride to benefit veterans](#) (3 June, Ben Destefan, 45k uvm; Waynesboro, PA)

Gloomy skies did not overshadow the spirit of Sunday's Operation God Bless America Motorcycle Ride, which began in Greencastle and ended at the Martinsburg Veterans Affairs Medical Center in West Virginia. An estimated 500 riders participated in the 28th annual event, with roughly \$20,000 being raised for the veterans at the medical center.

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4.2 - KOB (NBC-6, Video): [Rogue Valley powwow honors veterans](#) (3 June, Miles Furuichi, 27k uvm; Medford, OR)

A ceremony steeped in Native American tradition, the Rogue Valley Veterans Powwow was held over the weekend at the VA in White City. Veterans and the public were welcomed to join in the ceremonies to honor all those who have served the country. With an array of vendors and ceremonial tributes, the event set out to ensure those that served were shown the respect and tribute they deserve for laying down their lives.

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4.3 - Johnston County Reporter: [JoCo Marines Visit Veterans At VA Hospital](#) (3 June; Four Oaks, NC)

A group from the Johnston County Marine Corps League Carry-On Detachment 1236 visits the Durham VA once every 3 months to host a bingo game for Veterans from all branches of the Armed Forces. The local group also brings prayer shawls to thank them for their service and most importantly to let them know they are not forgotten.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [This week in Congress: Burn pits back in the spotlight](#) (3 June, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers will take up the issue of burn pits this week with a hearing focused on how much is known about troops health effects after toxic exposure to the waste fires overseas. A series of lawmakers and veterans groups have pushed to revive the issue in recent weeks amid concerns that the problem — well-known to troops who served in Iraq and Afghanistan — has largely fallen out of the consciousness of the public and elected officials.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - FOX News: [Remains of 8 veterans, long unclaimed, buried in San Antonio](#) (3 June, 32.5M uvm; New York, NY)

The remains of eight U.S. military veterans stored for years in the basement of a county courthouse in the Texas Panhandle have been interred as part of a formal ceremony in San Antonio. The servicemen were buried Friday at Fort Sam Houston National Cemetery after their cremated remains had been escorted more than 500 miles (805 kilometers) from the Potter County courthouse in Amarillo.

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7.2 - The Reporter: [Kelli's Heroes: Contact federal officials, condition of cemetery is disgraceful](#) (3 June, Kelli Germeraad, 57k uvm; Vacaville, CA)

The federal government did not provide any funding to restore the cemetery to its honorable condition nor any support for its immense ongoing maintenance. To add to the mix a Public Law passed in June of 1973 mandated jurisdiction over naval cemeteries, including the one at Mare Island must be transferred from the Navy to the US Department of Veterans of Affairs.

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7.3 - Mortgage Professional America: [Ginnie Mae adds news requirements for VA refinance eligibility](#) (3 June, Francis Monfort, 48k uvm; Englewood, CO)

Ginnie Mae has announced changes to the pooling eligibility requirements for Department of Veteran's Affairs (VA)-insured or -guaranteed mortgages. The implementation is pursuant to the Loan Seasoning for Ginnie Mae Mortgage-Backed Securities provision in the Economic Growth, Regulatory Relief, and Consumer Protection Act. Ginnie Mae said it expects the law to help curb abuses related to certain refinance programs utilized by veterans.

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8. [Other](#)

8.1 - KUSA (NBC-9, Video): [Thief steals car of Honor Guard during military funeral](#) (2 June, Nelson Garcia, 3.2M uvm; Denver, CO)

It takes a person of honor to work in the Mile High Honor Guard, according to Captain John Moreland. "Absolutely, you are sealing the last memory that this family will have of their

deceased family member," Moreland said. Moreland and his crew perform funeral detail at military funerals at Fort Logan National Cemetery day after day. Friday morning, however, was much different.

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8.2 - KMGH (ABC-7, Video): [Honor Guard member's car stolen during service at Fort Logan National Cemetery](#) (3 June, Lance Hernandez, 2.1M uvm; Denver, CO)

A National Cemetery is one of the last places where you would expect that a car would be stolen. Colorado Air National Guardsman John Moreland certainly thought that, but not anymore. He was heading up the Honor Guard for a retired Air Force Colonel's burial service on Friday, when a thief stole his 2012 Honda Pilot...

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1. [Top Stories](#)

1.2 - U.S. News & World Report (AP): [Thief Steals Car of Honor Guard Member During Funeral](#) (3 June, 24M uvm; New York, NY)

A member of a Colorado military Honor Guard says someone stole his personal vehicle during a funeral service at Fort Logan National Cemetery in Denver.

Capt. John Moreland tells KUSA-TV in Denver that his 2012 Honda Pilot was stolen late Friday morning.

Moreland says he had left his keys in the car while he participated in the service.

He says he found it appalling that someone would do such a thing at a cemetery, especially a military cemetery.

Moreland, who is a pastor for the Denver Christian Bible Church, says his phone, laptop, 20 years of ministry material and the church debit card were in the vehicle.

He has filed a report with police, but he hopes that the thief will have a change of heart and return his belongings.

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1.3 - The Oklahoman: [After federal report, OU working with the Oklahoma City VA to repay for residents' time](#) (3 June, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

Two months after federal investigators found the Oklahoma City VA Health Care System improperly paid the University of Oklahoma College of Medicine, the university has not yet repaid the VA or determined how much money it owes.

On March 28, the VA's Office of Inspector General concluded that at least a dozen OU medical students who were residents at the Oklahoma City VA Medical Center were paid for time when they were working at other, non-VA hospitals.

Investigators estimated the VA paid the medical school about \$106,600 in the 2015-16 school year for residents who were not treating veterans or working at VA facilities.

OU press secretary Matt Epting said the school continues to work with the VA to fix any mistakes.

"The VA Office of Inspector General approved the Oklahoma City VA's plan to address any overpayments by July 31, 2018," Epting said. "Accordingly, OU is working with the Oklahoma City VA to reconcile the invoices highlighted by the office of inspector general, but the process is not yet completed."

Tyler Duerr, acting chief of education at the Oklahoma City VA, said he and OU officials have been reviewing invoices from the 2015-16 school year to determine how much OU owes. A search of medical records allows them to see if residents were doing work at a VA facility.

"If we can see that they were here, on-site, then obviously it's justifiable," Duerr said.

The March 28 report was the third in a trio of damning inspector general reports released that week. Others found shoddy contracting at Muskogee's VA hospital wasted more than \$13 million and shoddy contracting at the Oklahoma City hospital wasted nearly \$11 million.

Though OU was the benefactor of the overpayments, the VA's inspector general largely blamed the Oklahoma City VA Medical Center and its former leadership for the problem. Audits, which would have uncovered such discrepancies, were never performed.

"Therefore, the health care system's approximately \$6.9 million in reimbursements to the medical school during academic year 2015-2016 are considered improper payments due to a lack of sufficient documentation," the inspector general's office wrote, adding that "there is no assurance the health care system received the resident services that it paid for."

Four neurology students splitting their time between the VA hospital and the OU Children's Hospital were paid full-time salaries by the VA, rather than the part-time salaries they deserved, because the medical school billed the VA for full-time employment, the report found.

Six hematology and oncology residents worked at non-VA facilities for 73 days in early 2016. During that time, OU billed the VA about \$14,600 for the students' time, according to the report.

In response to the overpayment problems, Duerr and the Oklahoma City VA have created a resident monitoring computer system that allows supervisors to track when residents are at the hospital and what work they are doing. In the past, the hospital used a simple spreadsheet that lacked the necessary details, according to Duerr.

Officials from VA hospitals in Colorado and South Dakota will visit the Oklahoma City VA this week to consider whether to install the system in their own computers. Duerr plans to showcase the program to other VA hospital officials in August.

"The national office leaves it up to each VA to decide how they want to track residents. Many of them use a simple Excel spreadsheet. We've really enhanced that," he said.

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2. Greater Choice for Veterans

2.1 - Providence Journal: [Veterans Journal: VA union 'gravely concerned' about passing of VA MISSION Act](#) (3 June, George W. Reilly, 1.2M uvm; Providence, RI)

On May 23 the U.S. Senate passed the bill, VA MISSION Act, opening the door to privatization of the country's largest health care system, according to the American Federation of Government Employees, which calls the legislation an "extremely dangerous step" toward the privatization of the Department of Veterans Affairs.

On May 23 the U.S. Senate passed bill S2372, the VA MISSION Act, opening the door to privatization of the country's largest health care system, according to the American Federation of Government Employees (AFGE), which calls the legislation an "extremely dangerous step" toward the privatization of the Department of Veterans Affairs.

When and if it is signed by President Trump, the VA MISSION Act will allow for the national outsourcing of 36 health-care delivery options (e.g. primary care, mental health care, spinal cord injury care); the use of a Base Realignment and Closure process that has been widely rejected due to its high costs, lack of savings, and harmful outcomes for local communities; and will force veterans into non-VHA care which is fragmented, inferior, and lacks needed oversight, the union contends.

Also, says the union, the VA MISSION Act does nothing to address the 49,000 vacancies at VA facilities nationwide, but, instead, focuses on funneling dollars to the private, for-profit sector.

The union, which represents more than 260,000 workers at the VA, had attempted to amend the VA MISSION Act to ensure that the VA, the only health-care system tailored to the unique needs of veterans, was preserved, but was unable to secure the necessary provisions in the U.S. House and Senate.

"Today is a sad day for the 9.3 million veterans who rely on the VA for their health care and for the more than 120,000 veterans who work there," said AFGE national president J. David Cox Sr. "Thank you to Senators Cory Booker, Jeff Merkley, Mike Rounds, Bernie Sanders, and Brian Schatz for standing up to privatizers by siding with veterans and the working people who serve them every day, and thank you to those in the House who did as well." Cox, who served as a VA nurse for more than 20 years, says that the passing of the VA MISSION Act is "another nail in the coffin" of the VA.

"We are gravely concerned about the passage of the VA MISSION Act due to the creation of a corporate-style, private board that will make decisions about how and when they'd like to dismantle any VA facility in the country," Cox said, adding, "by voting to pass S2372, Congress is punting on their responsibility to care for the men and women who have served our country and are taking an extremely dangerous step toward privatization."

AFGE was joined by 16 other labor organizations who wrote to every member of the Senate asking them to reject the VA MISSION Act because, "Too much is at stake for veterans, their families and everyone who benefits from the VA's extraordinary accomplishments to succumb to political pressures to hurriedly pass potentially damaging changes with many unknown consequences."

Since the 2014 wait-list crisis was first exposed by rank-and-file workers in Phoenix, many of whom are facing firing or the closure of their VA facility now, AFGE has been sounding the alarm on corporate interests seeking to privatize the VA. Now the union says, "privatizers backed by the Koch brothers are closer than ever to achieving the goal of making a buck off the backs of our veterans while forcing them into an inferior system of care."

[...]

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2.2 - Bowling Green Daily News: [Bipartisan legislation would provide better care for our veterans](#) (3 June, Editorial Board, 150k uvm; Bowling Green, KY)

The U.S. Senate's passage of the VA Mission Act by a huge bipartisan margin is a big step toward providing the greater choice and access to timely health care our veterans richly deserve.

One key provision of the bill, which earlier passed the House, would allow more access to private care for veterans experiencing unacceptable wait times in the VA. It also would expand access to private care when VA facilities do not offer needed services.

An existing caregiver program would be expanded to cover families of all veterans, rather than just families of veterans wounded on active duty since Sept. 11, 2003.

The bill also would create a commission appointed by the president to review the closure of underperforming VA facilities.

This provision is important because there have been far too many horror stories in recent years of veterans who waited for too long to receive the care they needed or who received substandard care.

President Donald Trump, in the months leading up to his election, railed against problems in the VA system and promised to address them if elected.

The VA Mission Act was the second phase of an effort to address these problems. Earlier, he signed into law legislation that made it easier for the VA to remove administrators who were unable to perform at a satisfactory level.

Trump deserves credit for keeping this campaign promise along with many others he has made. Majority Leader Mitch McConnell helped make this legislation happen in the Senate.

Now the president has an obligation to demand effective implementation of these two bills from Robert Wilkie, who he plans to nominate to head the Veterans Administration.

The two bills provide the tools for improving a troubled department.

If successful, the biggest winners will be our veterans and their families who have earned and deserve the best health care our nation can provide.

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3. [Modernize Our System](#)

3.1 - New Haven Register: [Blumenthal asks VA chief for \\$17 million to upgrade West Haven VA sterilization plant](#) (3 June, Mark Zaretsky, 438k uvm; New Haven, CT)

Sen. Richard Blumenthal has asked the U.S. Department of Veterans Affairs' acting chief to approve \$17 million for a project to build a new sterilization plant at the West Haven VA hospital — and is likely to tie his confirmation vote to it, he said.

Blumenthal, a member of the Senate Committee on Veterans' Affairs, which will approve or disapprove President Donald Trump's appointment of VA Acting Secretary Peter O'Rourke, sent a letter to O'Rourke Thursday.

Blumenthal told the New Haven Register following a briefing by VA officials that the upgrade is essential in the wake of a February 2018 inspection in which 37 of the 50 inspection team's recommendations for corrective action at the hospital were tied to adequate sterilization.

"What they conveyed on the phone was that many of the recommendations and the problems" that the February inspection team found "related to the scope and the scale of the facilities," and that "the root cause" of the West Haven VA's issues with sterilization "related to the size of the facility used for sterilization," he said.

"The facility there is nowhere near the size and scale that is necessary and that's why I'm pressing for this capital investment — and that's why I will be raising it with the new VA secretary, both privately and publicly," Blumenthal said.

He said he will make it "a likely condition for my vote. I want a commitment from him that he will" provide the resources necessary to upgrade the system.

In his letter to O'Rourke, Blumenthal wrote, "I request that you immediately approve the design and construction of a new Sterile Processing Service (SPS) at the West Haven campus of the VA Connecticut Healthcare System."

"Congress recently provided \$2 billion to the Department of Veterans Affairs under the Bipartisan Budget Agreement Act of 2018 to fix medical facilities in need of repair or replacement," Blumenthal wrote. "The \$17 million required for this project is an urgent priority to ensure that veterans have continued access to the highest quality care."

"A new SPS facility to serve the Connecticut VA Healthcare System will assure adherence to national guidelines to sterilize and properly store medical equipment," Blumenthal wrote. "Veterans should never be put at risk and left without adequate treatment due to a facility's inadequate capacity that impacts SPS standards and procedures that prevent infection."

Pamela Redmond, spokeswoman for the VA Connecticut Healthcare System, responded by saying, "I look forward to any support that the senator can give us to address those ... related to the funding to improve the infrastructure at the hospital."

"Not just the senator, but the entire delegation," she said.

The VA Connecticut Healthcare System hospital in West Haven has had issues with operating room cleanliness in the fairly recent past.

Blumenthal asked for the briefing after being contacted by the New Haven Register in mid-May about what sources said was an inspection team's visit to the hospital in early May.

The VA later confirmed that a VA team specializing in the maintenance of sterile conditions spent four days at the hospital, followed by a six-day visit by the national director of the program.

But the VA's written statement said the inspection was unrelated to issues raised by the VA Inspector General's Office in 2014.

The West Haven VA was cited by the VA Inspector General's office in 2014 for having dirty operating rooms as well as inadequate supervision and a high absentee rate.

The New Haven Register has submitted a request under the Freedom of Information Act for the conclusions of the SPS site team and its recommendations. The VA has acknowledged receipt of the request but has yet to provide any documents.

Blumenthal said he was "very eager to see the reports that were done to determine what could be done to guarantee safe sterile processing while the facility is expanded and improved longer-term."

While the May visits were from the National VA Sterile Processing Services, or SPS, program, Blumenthal said that the May inspection was by a joint commission that assesses both VA and non-VA hospitals every few years.

"These problems apparently were found initially during one of those reviews," he said.

Blumenthal said he is likely to have another, most likely face-to-face, meeting with VA officials either in Washington D.C. or in Connecticut in the near future.

Back in 2014, the VA Inspector General concluded that "terminal cleaning procedures in the (VA operating room) are not performed appropriately and the hospital's Environmental Management Services, or EMS, "has insufficient staff resources assigned to the OR."

That report resulted from at least one unannounced inspection. It came four months after tests at the West Haven VA hospital found "low, but detectable levels" of Legionella bacteria in its water sources. That bacteria was found to have been "confined to one building" and was found "in about five faucets."

The 2014 Inspector General's report found that hospital EMS staff at that time did not "utilize standard operating procedures ... or checklists for cleaning that are consistent with recognized industry standards.

"Patients with infectious diseases who may require special precautions" at that time were "scheduled for surgical procedures throughout the day along with patients who are not infectious," the report said.

"OR staff," meanwhile, were "not always made aware of an infectious patient's precaution status prior to the arrival of the patient," it said.

Inspector General investigators at that time "substantiated that terminal cleaning of the OR is not performed appropriately and that a shortage of trained EMS staff assigned to the OR and an incomplete SOP and checklist inconsistent with recognized industry standards were contributing factors," the report said.

With regard to supervision, the 2014 report found that “during an unannounced evening inspection of the OR, we saw no EMS staff for almost an hour, when two staff members should have been present,” the report stated. “EMS supervisors we spoke to could not explain the absence of employees during this time.”

At the time of the 2014 inspection, the VA’s EMS department had an authorized staffing of 125, with 38 vacancies, the report said, but facility managers reported “that on an average workday, 19 percent of EMS staff did not report to work.”

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3.2 - Kokomo Tribune: [New VA clinic operating as designed despite local veterans' concerns - Program's long-term future to be determined after VA builds new outpatient facility](#) (3 June, Carson Gerber, 77k uvm; Kokomo, IN)

Veterans Affairs officials say Kokomo’s new outpatient clinic is operating as it should despite complaints from area veterans that the facility is failing to meet expectations.

The VA outpatient facility opened in February inside the current city-county clinic at 620 N. Bell St. and is open two days a week to see area veterans.

The clinic is a first-of-its-kind pilot program established by the VA Northern Indiana Health Care System, which also oversees the Peru outpatient clinic.

But the program has been under fire by some local veterans, who say the clinic isn’t providing enough services and veterans are being discouraged from going there when calling to schedule appointments.

Jimmy Shaw, a guide for UAW Local 685, said veterans in his union have reported the nurse practitioners and clinicians there can’t provide the kinds of services they need.

“We’ve got a lot of irate veterans,” he said during last month’s meeting of the Howard County Military Foundation. “I’m hearing that the clinic can’t do anything for them once they get in there.”

John Meeks, a veteran and executive director of the local chapter of the U.S. War Dogs Association, said veterans who call the call center to schedule an appointment at the clinic are being “harassed” by the operators.

“This was a program that was set up to fail, and they’ve done nothing but prove that,” he said at the Military Foundation meeting. “... It’s a joke.”

But officials with VA Northern said the pilot program is operating as intended since it opened.

VA Public Affairs Officer Tom Blackburn said the Kokomo team is being staffed so veterans in the area can seek treatment for minor illnesses and non-emergency urgent care, such as strep throats, bladder infections, pink eye or infections of the ears, nose and throat.

Staff can also treat minor wounds, abrasions, joint sprains and possible skin conditions like poison ivy, ring worm, lice or acne.

The Kokomo team includes one nurse practitioner, one licensed physician's assistant and one administrator. The facility is open Tuesdays and Wednesdays from 8 a.m. to 3:30 p.m.

Blackburn said the intention from the being was to use the clinic to provide acute-care services in the event veterans' primary care providers in Peru or Marion are booked up can't immediately see them.

"We continue to stress that our veterans go through their primary care providers in either Peru or Marion for their care," he said in an email. "If primary care appointments are not available, veterans calling the call center will have an appointment made at Kokomo if the type of healthcare issue fits the scope of care by the acute treatment team."

He said the clinic does not accept walk-in patients and veterans must schedule an appointment by calling 1-800-360-8387.

Blackburn said although the clinic is operating as it was designed, the VA is always looking at ways it could improve services.

"It's a new type of team we've put together, so we're always learning and trying to ensure that what we're doing is positive and will be helpful to veterans," he said. "We can always take a look at what we're doing and see what we can do to make it better."

A new committee through the Howard County Military Foundation aims to do just that.

Gary Loveless, secretary of the nonprofit, said the organization is assembling a team of around seven people to come up with suggestions and ideas to help the new clinic succeed.

"I think there's a lot of confusion about it," he said. "We want to clear that up with people. I think a lot of veterans don't know what this facility is supposed to be doing."

"We want to try to work with the VA to ensure that it's being productive and it's being used and stays here into the future," Loveless continued. "We have the most veterans per capita of any county in the state, and we know there's a need here, so we want to work with the VA to meet those needs."

But the future of the Kokomo clinic is unclear.

Blackburn said the VA will review whether to continue the program after it builds a new community-based outpatient clinic (CBOC) to replace the current facility in Peru. That clinic will double the size and staff of the current facility.

The VA is currently reviewing possible locations to build the clinic, which is set to offer around 20,000 square feet of space and double the amount of vets it can service from approximately 3,000 to around 6,000, according to an earlier announcement about the project.

Blackburn said the new clinic is projected to be open by the summer of 2019, at which time the VA will review the Kokomo pilot clinic.

Howard County Commissioner Paul Wyman, who worked closely with the Military Foundation to bring the new clinic to Kokomo, said he will consider the new pilot program a success if it demonstrates the need for more medical services in or near Kokomo.

“If the CBOC ends up in Kokomo or Howard County, then I think the pilot program worked as it should, because then we’re getting a full service veterans clinic,” he said. “The goal and hope is that we could show them that with the amount of veterans we have here, a closer CBOC would better serve veterans. That was always our goal – to get quality and accessible health care to our veterans.”

The Howard County Military Foundation worked closely with city, county and state officials for about a year to bring the VA pilot program to Kokomo.

The project was first spearheaded by retired Maj. Gen. David Harris, who had pushed VA officials to create the clinic before his unexpected death on Aug. 2. The Military Foundation has since created a scholarship fund in his honor.

VA officials initially projected in 2017 it could take three to five years for a VA facility to come to Kokomo. Wyman said in a previous interview the fact that it opened in less than a year since it was first proposed is a testament to all the organizations and people who worked to make it a reality.

“This project moved along at what I would consider lightning speed, and it took a lot of people for us to get here,” he said. “There’s no doubt, considering our veterans population in Howard County, that we deserve this. This is just another way that we are able to take care of veterans.”

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4. Focus Resources More Efficiently

4.1 - Record Herald: [Motorcyclists ride to benefit veterans](#) (3 June, Ben Destefan, 45k uvm; Waynesboro, PA)

Gloomy skies did not overshadow the spirit of Sunday’s Operation God Bless America Motorcycle Ride, which began in Greencastle and ended at the Martinsburg Veterans Affairs Medical Center in West Virginia.

An estimated 500 riders participated in the 28th annual event, with roughly \$20,000 being raised for the veterans at the medical center.

“This is a way for us to publicly stay connected with our veterans while benefitting the patients any way that we can,” said Mary Anne Davenport, who is one of the ride organizers and has been involved since the inaugural event in 1991. “My family has a lot of military ties, and it’s important that we help our veterans. We have several veterans who ride, and we just try to show our appreciation for their service.”

Admittedly, the weather did have an impact on Sunday’s overall turnout, with Davenport recalling around 2,700 riders last year raising \$60,000. Still, the parade of motorcycles roared

down Baltimore Street in Greencastle en route to the Martinsburg VA Medical Center, which provides health care for veterans from Pennsylvania, Maryland, Virginia and West Virginia.

“The weather definitely hurt, but at least it’s not raining,” said Davenport, of Mercersburg. “Several people still gave donations even if they weren’t riding, and many of the local clubs are really big supporters. There are a lot of people and businesses involved to make this a success.”

The concept behind the ride began in 1991 as a way to benefit troops serving in Operation Desert Storm. Once the conflict ended, it was decided proceeds from the ride would be donated to the Martinsburg VA Medical Center. Nearly three decades later, the Operation God Bless America Motorcycle Ride continues to thrive, with funds now benefitting a patient recreational fund. Some of the numerous projects at the Martinsburg VA supported by funds raised from the ride include purchasing a van for travel, installing wheelchair accessible sidewalks, horseback riding therapy, gym equipment, gaming systems and sending teams to respective competitions.

“We want our funds to go directly to the patients,” Davenport said. “We do this to honor them, and it’s nice to be able to make a difference.”

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4.2 - KOB (NBC-6, Video): [Rogue Valley powwow honors veterans](#) (3 June, Miles Furuichi, 27k uvm; Medford, OR)

A ceremony steeped in Native American tradition, the Rogue Valley Veterans Powwow was held over the weekend at the VA in White City.

Veterans and the public were welcomed to join in the ceremonies to honor all those who have served the country. With an array of vendors and ceremonial tributes, the event set out to ensure those that served were shown the respect and tribute they deserve for laying down their lives.

“We need this to heal ourselves,” said Blanket, a Native American veteran who came for the opening ceremonies. “But it’s not just for natives, its for all races.”

For 21 years, this powwow has been held at the VA Southern Oregon Rehabilitation Center and Clinic’s baseball field to honor not just Native American veterans but all veterans.

While the public was welcomed to watch, the event was mostly meant for the “warriors” who have fought for this country.

“When you’re in combat, bullets and bombs don’t know the color of the skin, they don’t care. They have no compassion and they are meant for destruction,” said David West, the master of ceremonies. “This is meant for life. To bring people back from that destruction.”

West, a representative of the Southern Oregon Indian Coalition, the Rogue Valley Veterans Powwow is one of a kind event. It was the first gathering in the nation to be held on veterans administration grounds and developed into a program meant to help veterans.

“Use of the sweat lodge, talking circles and other treatment modalities from Native American people for the treatment of PTSD, alcoholism and drug abuse,” said West. “Also the issues that’s really very much at the forefront these days, suicide prevention.”

According to VA officials, Native Americans have the highest per capita enlistment of any ethnicity. From the Revolutionary War to the present-day U.S. military, Native Americans have served in all branches of the military. In a data report collected in 2012 by the VA on American Indian and Alaska Native Veterans, Oregon had over 3,000 veterans.

Officials from the VA say being able to hold a powwow at a VA location has special meaning for both sides.

“The high regard that they have for the warriors, for those that go and serve, I think sets a great example,” said Larry Johnson, manager of the American Indian and Alaska Native program. “In that regard, having the powwow here is a powerful representation.”

With people from various tribes coming into the valley for this event, it’s a powerful moment in time.

“You have to be pure at heart,” said Blanket.

Blanket described being able to take part in the Gourd Dance, a sacred ceremony for warriors that have served in combat. As a member of the service and one who received treatment from the White City VA, being a part of the dance is special.

In respect for this tradition, NBC5 News followed the wishes of the coalition to not show any footage of the gourd dancing.

On Sunday, during later portions of the ceremonies, veterans shared where they served, those who didn’t come home were honored and those that did come home were given a chance to find solace where they may not have had it before.

“You can’t give more than your life that’s all you have to give, the deepest you have to give,” said West. “So when they come home and need to begin reliving that life in a different way, that’s what this is all about. Its helping them to find that way and helping to support them and sustain them in that journey.”

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4.3 - Johnston County Reporter: [JoCo Marines Visit Veterans At VA Hospital](#) (3 June; Four Oaks, NC)

Local Veterans made their quarterly trip to Durham on Tuesday to visit the Veterans Affairs Medical Center.

A group from the Johnston County Marine Corps League Carry-On Detachment 1236 visits the Durham VA once every 3 months to host a bingo game for Veterans from all branches of the Armed Forces. The local group also brings prayer shawls to thank them for their service and most importantly to let them know they are not forgotten.

Pictured left to right: Commandant Greg Quinn, Jr., Past Commandant Timothy Daniel, VA resident Mr. Charles James (US Army 1966-1968), Past Commandant Devell “Bull” Durham Jr., Adjutant/Paymaster Ken Parker, and Chaplain Jodie Hislop.

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5. [Improve Timeliness of Service](#)

5.1 - Military Times: [This week in Congress: Burn pits back in the spotlight](#) (3 June, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers will take up the issue of burn pits this week with a hearing focused on how much is known about troops health effects after toxic exposure to the waste fires overseas.

A series of lawmakers and veterans groups have pushed to revive the issue in recent weeks amid concerns that the problem — well-known to troops who served in Iraq and Afghanistan — has largely fallen out of the consciousness of the public and elected officials.

More than 141,000 veterans and current servicemembers have enrolled in Veterans Affairs’ Airborne Hazards and Open Burn Pit Registry, which allows individuals to document their experiences and illnesses with the department.

But advocates say more attention needs to be put on the issue to ensure that veterans suffering from rare cancers and other illnesses don’t face a years-long wait for recognition of their injuries. House Veterans’ Affairs Committee members will look into what other avenues might be available for that type of action.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - FOX News: [Remains of 8 veterans, long unclaimed, buried in San Antonio](#) (3 June, 32.5M uvm; New York, NY)

The remains of eight U.S. military veterans stored for years in the basement of a county courthouse in the Texas Panhandle have been interred as part of a formal ceremony in San Antonio.

The servicemen were buried Friday at Fort Sam Houston National Cemetery after their cremated remains had been escorted more than 500 miles (805 kilometers) from the Potter County courthouse in Amarillo.

No family or friend had claimed any of the eight men when they died so their bodies were stored.

The San Antonio Express-News reports that Navy petty officer Coy Washington Black, who died at 67, had been in the basement the longest — 15 years.

Friday's burial was provided by the Missing in America Project, a group that has given final honors to more than 3,500 veterans across the country.

Navy Reservist Second Class Petty Officer Linda Villalobos presents a folded U.S. Flag to an official as Fort Sam Houston National Cemetery and the Missing In America Project conduct a military burial service for the cremated remains of eight unclaimed veteran in San Antonio. (AP)

"These veterans that we're locating served our country honorably," said Joyce Earnest, Texas coordinator for the project, which has been locating, identifying and interring the unclaimed remains of America's veterans since 2007. "And they deserve to be treated honorably in their deaths."

Little is known about the men other than their names, birth and death dates.

The other seven are:

Tech Sgt. Dana Dean Milton Jr., 85, served in the Army, Navy and Air Force.

Navy Aviation Recruit George Machoul Aswad II, 58.

Army Pfc. Andrew Benson Bramlett, 61.

Army Pvt. Robert Pete Brunner, 71.

Navy Seaman Everett Earl Criss, 71.

Army Pfc. Don Stewart, 83.

Marine Pfc. Floyd Ray White, 65.

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7.2 - The Reporter: [Kelli's Heroes: Contact federal officials, condition of cemetery is disgraceful](#) (3 June, Kelli Germeraad, 57k uvm; Vacaville, CA)

The Mare Island Naval Cemetery (MINC) is the oldest military cemetery on the west coast. It is the final resting place for some 800 of our country's heroes who have served since the War of 1812. It is designated as a National Historic Landmark, where three Congressional Medal of Honor recipients, James Cooney, William Halford, and Alexander Parker are buried. As some of you may remember Mare Island was closed during the 1993 Base Realignment and Closure (BRAC) and the United States Navy relinquished control of the cemetery in 1996 to the City of Vallejo.

The federal government did not provide any funding to restore the cemetery to its honorable condition nor any support for its immense ongoing maintenance. To add to the mix a Public Law passed in June of 1973 mandated jurisdiction over naval cemeteries, including the one at Mare Island must be transferred from the Navy to the US Department of Veterans of Affairs. The transfer did not occur in 1973, nor was this issue addressed in 1996, it was handed over to the City of Vallejo as is with only a small group of dedicated volunteers to try and keep this historic cemetery from complete ruin.

Until now, the City of Vallejo has either been unable financially or unwilling to relinquish control of the cemetery as well as dedicate the time and effort to address this with Congressional members, the US Navy and the US Department of Veterans Affairs. Several area veterans, led by Col. (US Army retired) Nestor Aliga of Vallejo, have joined together to work with Congressman Mike Thompson (CA-05) who recently introduced H.R. 5588 in April 2018 and Senator Diane Feinstein who introduced S2881. Both bills direct the VA to seek an agreement with the City of Vallejo to transfer control of the Mare Island Naval Cemetery to the VA. It would then come under the control and jurisdiction of the VA National Cemetery Administration.

The California State Commanders Veterans Council, along with State Senator Dodd and Assemblymember Tim Grayson are urging support of HR 5588 and S. 2881.

I am dismayed that for 20 some years, the fate of this National Historic cemetery went unnoticed except by group of persistent veterans and volunteers, and that requests to correct the deterioration of this national shrine were not heard. The condition of this cemetery is a shocking disgrace to the service, uncommon valor and selfless service of those buried within its confines. The only way this is going to get resolved is if we all step up to contact our federal officials to support the current bills before the House (HR 5588) and Senate (S.2881).

Let us also be clear that the US Navy, VA, the City of Vallejo and those in elected and leadership positions bear responsibility for not seriously addressing this issue long before now. I salute Nestor Aliga and his fellow veterans who have stayed the course with this issue, and urge local, state and national Veterans Service Organization to get on board.

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7.3 - Mortgage Professional America: [Ginnie Mae adds news requirements for VA refinance eligibility](#) (3 June, Francis Monfort, 48k uvm; Englewood, CO)

Ginnie Mae has announced changes to the pooling eligibility requirements for Department of Veteran's Affairs (VA)-insured or -guaranteed mortgages.

The implementation is pursuant to the Loan Seasoning for Ginnie Mae Mortgage-Backed Securities provision in the Economic Growth, Regulatory Relief, and Consumer Protection Act. Ginnie Mae said it expects the law to help curb abuses related to certain refinance programs utilized by veterans.

Under an All Participants Memorandum, Ginnie Mae said that for a refinance loan insured or guaranteed by the VA to be eligible for Ginnie Mae securities, the loan's note date must be on or after the later of 210 days after the date on which the first monthly payment was made on the mortgage being refinanced and the date on which six full monthly payments have been made on the mortgage being refinanced.

While the new requirements affect security issuances on or after June 1, they do not otherwise affect the guaranty or composition of MBS issued before that date.

Following the implementation, refinances that do not meet the condition defined in the memorandum, including refinances that closed prior to the date of the announcement, are ineligible for inclusion in any new pool or loan package in the Ginnie Mae I or Ginnie Mae II MBS Program. The company said it is engaging with issuers to implement a cure for pools that have been submitted with non-compliant loans.

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8. [Other](#)

8.1 - KUSA (NBC-9, Video): [Thief steals car of Honor Guard during military funeral](#) (2 June, Nelson Garcia, 3.2M uvm; Denver, CO)

It takes a person of honor to work in the Mile High Honor Guard, according to Captain John Moreland.

"Absolutely, you are sealing the last memory that this family will have of their deceased family member," Moreland said.

Moreland and his crew perform funeral detail at military funerals at Fort Logan National Cemetery day after day. Friday morning, however, was much different.

"I left my vehicle probably 10:45, 10:50. We went away. We're talking 100, 150 yards away to perform the detail," Moreland said. "At 11:20, 11:25, we came back and my vehicle was stolen."

His 2012 Honda Pilot was taken amidst the graves during a service.

"First of all, a cemetery and then a national cemetery, people who have fought and died for the freedoms that we enjoy that someone would come there to do this was, it was just appalling," Moreland said.

It takes a person of honor to work as Senior Pastor for the Denver Christian Bible Church.

"I've been a pastor there for five years," Moreland said.

Inside his car, Moreland says 20 years of ministry material is lost. His phone contained church contacts. His laptop contained his sermons. But, the thief also got the debit card for the church. Moreland says it was used multiple times before he shut it down.

"The thought that they would steal from a cemetery and then steal from a church," Moreland said. "I just don't think it gets any lower than that."

Before his SUV was stolen, he started writing a sermon, that ironically fits his situation now.

"My sermon tomorrow actually is about faith," Moreland said. "It's about how all these very bad things happen to people of God who are often times on mission."

He has filed a report with the Denver Police Department. But, he hopes that the thief will have a change of heart and somehow return his belongings.

Moreland admits he did leave his keys in the car.

"I certainly accept responsibility for that and that won't happen again," Moreland said.

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8.2 - KMGH (ABC-7, Video): [Honor Guard member's car stolen during service at Fort Logan National Cemetery](#) (3 June, Lance Hernandez, 2.1M uvm; Denver, CO)

A National Cemetery is one of the last places where you would expect that a car would be stolen.

Colorado Air National Guardsman John Moreland certainly thought that, but not anymore.

He was heading up the Honor Guard for a retired Air Force Colonel's burial service on Friday, when a thief stole his 2012 Honda Pilot, which had been parked 100 to 200 yards away from Shelter C, where the service took place.

"I was just absolutely shocked," Moreland said. "The thought that someone would seek to do harm, at a cemetery first of all, but then at a National Cemetery, the place where we bury our nation's fallen heroes...is just unthinkable."

Moreland, who is also the Senior Pastor at Denver Christian Bible Church, said his cell phone, laptop, brand new uniforms, golf clubs, and a debit card belonging to the church, were in the car when it was stolen.

"Hundreds of sermons were on the laptop," he said. "Thank God I have them backed up on the cloud."

Moreland said he'd left the car running briefly, to keep it cool in the summer sun, and because he was only going to be at the shelter for a few minutes, he would then be off to the next site.

Instead of getting angry, he said he immediately tried to think how he could mitigate the damage.

"I called police, I called the insurance company and I called the bank," he said. "They (thief or thieves) had already gassed up a vehicle several times, had been to a department store and had washed the car."

"They not only came to a place, which is sacred ground for our nation, but they took a debit card that belongs to our church and did whatever they wanted with it," he said. "It's just unbelievable."

Uptick in Auto Thefts

Moreland said police told him there has been an uptick in auto thefts recently and that gang initiation season has begun.

"They said there have been reports of items being stolen from cars at the cemetery, but this was the first actual auto theft," he said.

A Denver Police Department spokeswoman told Denver7 she couldn't access data about this case over the weekend.

Moreland said next time, he will make sure he has his keys with him during a service.

Good Feelings

The pastor said his Honda Pilot, which was off-white in color, was the first car he had good feelings about.

"I liked that car a lot," he said. "I waited a long time to buy it, tried to do my due diligence and saved for it, and it was the first time I felt I made a good car deal."

He said he'd like to get it back.

Message for Thief

When asked if he had a message for the thief, Moreland replied, "I'd tell him, 'look in the mirror and think long and hard about how your actions affect the lives of real people. To you, this was just an opportunity. To us, we are being deprived of something that we've worked for, something that helps to facilitate our life, and that's no small thing.'"

Moreland said he's speaking out about what happened, because he wants to pressure the thief into returning his car and the personal items inside, including the \$400 worth of uniforms.

"And now," he said, "I've got to take precautions about the future. Things I probably should have thought about but hadn't before. Now I've got to think about and guard against those things."

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Veterans Affairs Media Summary and News Clips

5 June 2018

1. [Top Stories](#)

1.1 - Washington Post (AP): [APNewsBreak: Long waits under VA's private health program](#) (4 June, 43.9M uvm; Washington, DC)

A key program being expanded by the Trump administration to give veterans greater access to private doctors has failed to provide care within 30 days as promised due to faulty data and poor record-keeping that could take years to remedy, according to a government investigation released Monday. The Government Accountability Office, Congress' auditing arm, found veterans often had to wait between 51 and 64 days for appointments with private doctors under the Veterans Choice program.

[Hyperlink to Above](#)

1.2 - U.S. News & World Report (AP): [Acting Veterans Secretary Tours Recovering Manchester Clinic](#) (5 June, 24M uvm; Washington, DC)

Just a week into his new job, the acting Secretary of Veterans Affairs will be in New Hampshire checking on progress at a medical center recovering from both flooding and allegations of substandard care. Peter O'Rourke, a veteran of the Navy and Air Force, previously served as head of the VA's accountability office and as the department's chief of staff.

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1.3 - Politico: [Trump campaign moves to quash sexual discrimination suit against VA official](#) (4 June, Arthur Allen, 23.9M uvm; Arlington, VA)

President Donald Trump's presidential campaign on Monday demanded private arbitration of a \$25 million lawsuit brought by a Hispanic outreach worker who alleges she was slandered and harassed by a campaign official who now holds a senior interim position at the Department of Veterans Affairs. In a filing in Manhattan Superior Court, the campaign said that by suing the campaign and making public her allegations against Camilo Sandoval, Jessica Denson violated a campaign non-disclosure agreement.

[Hyperlink to Above](#)

1.4 - Military Times: [Report: Vets still face long waits with VA Choice program](#) (4 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Patients using the Veterans Affairs Choice program to avoid long wait times at department medical centers may still face months-long delays before seeing a doctor, according to a new report from the Government Accountability Office released Monday. And researchers say recently passed reforms to VA's community care programs won't fix those lengthy waits without dramatic improvements in data collection and monitoring of those outside care appointments.

[Hyperlink to Above](#)

1.5 - Roll Call: [VA Faces Scrutiny as It Gears Up for Health Overhaul](#) (4 June, Lauren Clason, 430k uvm; Washington, DC)

The Department of Veterans Affairs will face heavy scrutiny as it implements a major overhaul to its health care programs that President Donald Trump is expected to sign into law this week. The bill, which moved through both chambers by wide bipartisan margins, would combine the

VA's seven programs for private medical care into one to streamline and simplify costs and access for veterans.

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2. Greater Choice for Veterans

2.1 - Washington Times: Veterans in VA's 'Choice' program waiting up to 70 days for care, GAO says (4 June, Dave Boyer, 10.8M uvm; Washington, DC)

Many patients using the Department of Veterans Affairs' "Choice" program to avoid long waits at government medical centers still face delays of two months or longer before seeing a doctor, the Government Accountability Office reported Monday. Veterans in the private-care Choice program can face waits of up to 70 days to receive care, the researchers found after looking at a wide sampling of cases from 2016.

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3. Modernize Our System

3.1 - Herald & Review: Decatur VA clinic moves to larger quarters on city's west side (4 June, Valerie Wells, 202k uvm; Decatur, IL)

Veterans in need of medical care can now visit the new, expanded location of the Veterans Administration's Decatur clinic on the city's far west side. The new location, 792 N. Sunnyside Road, began seeing patients at noon on Monday. The former site, 3035 E. Mound Road, will remain open for administrative functions for the time being, but all patients should visit the new location.

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3.2 - Daily Sentinel: VA doctors consult long-distance experts by video - VA doctors consult long-distance experts by video (5 June, Joe Vaccarelli, 191k uvm; Grand Junction, CO)

The Veterans Affairs Medical Center in Grand Junction will now have some extra help in its intensive care unit, but not in the form of new staff. The hospital officially joined the VA's Tele-Intensive Care Unit system, which brings intensivist doctors into each ICU room over video screens who can diagnose and help treat patients. The Grand Junction VA hospital officially joined the system May 30 and is the 17th facility in the program.

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3.3 - Health Data Management: VA to launch national registry for medical implant devices (4 June, Greg Slabodkin, 143k uvm; 143k uvm; New York, NY)

The Department of Veterans Affairs, the largest integrated healthcare delivery system in the United States, plans to launch a national registry for medical implant devices, enabling the agency to monitor device safety, track quality metrics and ensure optimal care for its patients. The VA, which is one of the largest purchasers of surgical implants, is hosting an all-day summit on Monday in Washington to kick-start the initiative in collaboration with the Centers for Medicare and Medicaid Services...

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3.4 - Sunshine State News: [Jeff Denham, Charlie Crist Back VA Medical Waste Reform](#) (4 June, 64k uvm; Tallahassee, FL)

A congressman from Florida is behind an effort for the U.S. Department of Veterans Affairs (VA) to install on-site medical waste treatment systems in its facilities, insisting it will help save taxpayer dollars and will reduce transporting infectious material. At the end of last month, U.S. Rep. Jeff Denham, R-Calif., unveiled the “Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act...”

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3.5 - KUFM (NPR-89.1): [Truck Gives Montana Veterans Up Close Look At Telehealth Options](#) (4 June, Maxine Speier, 41k uvm; Missoula, MT)

The Montana Veterans health care system is encouraging vets to try out telehealth services. This weekend and early next week it's sending a special truck to three locations to demonstrate what's possible. Telehealth is healthcare provided remotely to patients using technology like computers and phones. Vets in Montana and across the country can and do get care using their home computers and personal phones, but not everyone knows how.

[Hyperlink to Above](#)

3.6 - MeriTalk: [DoD Trying to Finally Achieve Illusive EHR System](#) (4 June, 35k uvm; Alexandria, VA)

With the Department of Veterans Affairs (VA) formally signing on last month to adopt the same electronic health records system as the Department of Defense (DoD), the two agencies are putting a lot of chips on a solution to a problem that history suggests is pretty risky.

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4. [Focus Resources More Efficiently](#)

4.1 - Dayton Daily News: [Dayton VA names new associate director](#) (4 June, Barrie Barber, 1.1M uvm; Dayton, OH)

The Dayton VA Medical Center has a new associate director. Jennifer DeFrancesco, 30, has permanently taken over the \$128,000-a-year post after serving as acting associate director for a year. DeFrancesco, a Pittsburgh, Pa., native, began her career as a biomedical engineer at the Indianapolis VA Medical Center in 2010.

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4.2 - Government Executive: [The Federal Agencies With the Most \(and Least\) Sexual Harassment](#) (4 June, Eric Katz, 870k uvm; Washington, DC)

Overall, the Veterans Affairs Department had the highest rate of employees who reported experiencing sexual harassment, at 22 percent. VA was followed by the Homeland Security Department (18 percent), Environmental Protection Agency (15.9 percent), Office of Personnel Management (15.7 percent) and State Department (15.3 percent). The lowest rate was at the Securities and Exchange Commission (8.2 percent), followed by the General Services

Administration (8.5 percent), the Army (9.3 percent), the Federal Deposit Insurance Corporation (9.3 percent) and NASA (9.5 percent).

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4.3 - WKEF (ABC-22, Video): [Fisher House providing comfort and support](#) (4 June, Adam Aaro, 57k uvm; Miamisburg, OH)

The Fisher House is continuing to make a major impact in the Miami Valley for veterans and their families and soon, a new location will open its doors. Inside the Fisher House at Wright-Patterson Air Force, you'll find a place built on support and driven by love.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Star Tribune: [Everyday activities could yield subtle dementia warning signs - A researcher at the Minneapolis VA Medical Center is studying driving habits, computer usage and medication routines](#) (4 June, Jeremy Olson, 10.8M uvm; Minneapolis, MN)

Subtle changes in driving habits, computer usage and medication routines could yield early clues to the development of Alzheimer's disease. A researcher at the Minneapolis VA Medical Center is studying all three by using sensors to monitor volunteers and changes in their daily activities.

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5.2 - Post-Standard: [VA Caregivers can't be replaced by an app \(Your letters\)](#) (4 June, 3.2M uvm; Syracuse, NY)

No, an "app" cannot replace me. My ears are still burning, as well as my heart and pride from one sentence that was uttered to me back in December, five days before Christmas. I had been in the VA Caregiver Program for about two years when I received "the call" many of us have been dreading, since the program began cutting or downgrading our tier positions this past fall.

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5.3 - KXAN (NBC-36): [Central Texas veteran inspires change in VA organ transplant policy](#) (4 June, Steffi Lee, 1.5M uvm; Austin, TX)

Two years after Army veteran Charles Nelson received his kidney transplant from his son, a change to a policy under the United States Department of Veterans Affairs that could have helped him through the process will be signed into law this week. Nelson had learned his son was a match in 2016. This would be his second kidney transplant.

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5.4 - Temple Daily Telegram: [Veteran's transplant journey highlights VA policies](#) (4 June, Janice Gibbs, 157k uvm; Temple, TX)

Two years ago this week, veteran Charles Nelson received a second kidney transplant in San Antonio. This kidney, from his son Austin, was replacing the kidney Nelson's sister donated to him in 2000. Contemplating an organ transplant comes with its own anxiety, running up against roadblocks with a huge bureaucracy, such as the Veterans Administration, takes that angst to another level.

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5.5 - Healthcare Analytics News: [GAO Report on VA Choice Program: Long Wait Times, Bad Data](#) (4 June, Ryan Black, 17k uvm; Cranbury, NJ)

The Veterans Access, Choice, and Accountability Act of 2014 (Choice Act) was meant to address serious problems with wait times for veterans' access to care by opening a door to the private sector. A report released today by the Government Accountability Office (GAO), however, found that the flawed implementation of the Choice Program led to substantial wait times—and might have once again resulted in US Department of Veterans' Affairs (VA) staffers falsifying dates to minimize the problem.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - National Mortgage News: [U.S. restricts Freedom Mortgage in continued VA loan crackdown](#) (4 June, 136k uvm; New York, NY)

Freedom Mortgage, one of the largest U.S. home lenders, is being punished by a government-owned mortgage guarantor amid concerns that the Mount Laurel, N.J.-based company is helping to enable unnecessary refinances of veterans' loans.

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8. [Other](#)

8.1 - Washington Post: [Pentagon watchdog opens investigation into allegations against Ronny L. Jackson](#) (4 June, Paul Sonne, 43.9M uvm; Washington, DC)

The Pentagon's investigative watchdog has initiated a probe into Navy Rear Adm. Ronny L. Jackson, the White House military physician who withdrew from consideration as President Trump's nominee to lead the Department of Veterans Affairs amid allegations of improper conduct. The Defense Department Office of Inspector General, which investigates possible wrongdoing by the Pentagon and its staff, confirmed in a statement Monday that it recently initiated a probe into Jackson.

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8.2 - Reuters: [Pentagon watchdog opens probe of White House physician Ronny Jackson](#) (4 June, 43.7M uvm; New York, NY)

The U.S. Defense Department's inspector general has opened an investigation into misconduct allegations against White House physician Ronny Jackson, the inspector general's office said in a statement on Monday. President Donald Trump nominated Jackson to be veterans affairs secretary in March, but Jackson withdrew from consideration a month later amid allegations he had overseen a hostile work environment as White House physician, drank on the job and allowed the overprescribing of drugs.

[Hyperlink to Above](#)

8.3 - ABC News (Video): [Pentagon investigating White House doctor who withdrew his nomination as Trump's VA secretary](#) (4 June, Luis Martinez, 24.2M uvm; Washington, DC)

The Pentagon's Office of the Inspector General has begun an investigation into allegations related to Navy Rear Adm. Ronny Jackson, the White House doctor who withdrew his nomination to head the Department of Veterans Affairs amid allegations of unprofessional behavior. "The DoD Office of Inspector General has initiated an investigation into allegations related to Rear Admiral (Lower Half) Ronny L. Jackson," Bruce Anderson, a spokesman for the inspector general of the U.S. Department of Defense, said.

[Hyperlink to Above](#)

8.4 - Politico: [Pentagon investigates White House doctor Ronny Jackson](#) (4 June, Jacqueline Klimas, 23.9M uvm; Arlington, VA)

The Pentagon's inspector general is investigating President Donald Trump's former personal physician, who was accused of unprofessional behavior while being considered to lead the Department of Veterans Affairs. Bruce Anderson, a spokesman for the Defense Department's inspector general, said in a statement Monday the watchdog has "initiated an investigation into allegations" against Rear Adm. Ronny Jackson...

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8.5 - The Hill: [Pentagon watchdog officially launches investigation into White House doctor](#) (4 June, Rebecca Kheel, 11.9M uvm; Washington, DC)

The Pentagon's inspector general has officially launched an investigation into allegations of misconduct by former physician to the president Ronny Jackson, a spokeswoman confirmed Monday. "What I can tell you is that the [Department of Defense] Office of Inspector General has initiated an investigation into allegations related to Rear Admiral (Lower Half) Ronny L. Jackson," inspector general spokeswoman Dwrena Allen said in a one-sentence email.

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8.6 - Snopes: [Did President Trump Donate His First-Quarter 2018 Salary to the Department of Veterans Affairs? In keeping with his campaign promise to forgo a presidential salary, the White House announced in May 2018 that Trump is donating \\$100,000 to Veterans Affairs.](#) (4 June, 10.8M uvm)

In late May 2018, we received a batch of inquiries from readers asking for verification of the claim that United States President Donald Trump had donated his first-quarter 2018 salary to the Department of Veterans Affairs. As a candidate, Trump famously promised to forgo his entire \$400,000-per-year presidential salary if elected, following in the footsteps of Presidents John F. Kennedy and Herbert Hoover, both of whom were independently wealthy and donated the entirety of their salaries to charitable causes.

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8.7 - Military.com: [Ex-VA Nominee Ronny Jackson Now Officially Under DoD Investigation](#) (4 June, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Defense Inspector General's office confirmed Monday that an investigation has begun into the allegations that derailed President Donald Trump's nomination of Rear Adm. Ronny Jackson to become VA Secretary. Allegations of drinking on the job and other

misconduct by Jackson, Trump's personal physician and head of the White House medical unit, have also held up Jackson's promotion to two-star rank.

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8.8 - Military Times: [Defense officials open investigation into drinking, drug allegations against White House doctor](#) (4 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Defense Department officials have opened a formal investigation into the conduct of former White House physician Rear Adm. Ronny Jackson, following allegations of unprofessional behavior during his bid to become Veterans Affairs secretary earlier this year. Jackson, a 23-year naval officer who still works in the White House Medical Office, has kept a low-profile since withdrawing from consideration for the Cabinet-level post in late April.

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8.9 - Spokesman-Review: [Benefits “flip-flopping” by the VA may earn former deputy new fraud trial](#) (4 June, Thomas Clouse, 874k uvm; Spokane, WA)

A former Spokane County sheriff's deputy may get a new trial after one of the federal agencies he was convicted of defrauding somehow didn't keep up on current events and restored his full benefits some four months after he was found guilty at a public trial. A jury last September found Donald B. Henderson guilty of lying to obtain more than \$650,000 in benefits from both the Veterans Benefits and Social Security administrations...

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8.10 - KHQ (NBC-6): [Man arrested for sending threats to Wenatchee VA Clinic doctor](#) (11 May, 319k uvm; Spokane, WA)

A man is accused of sending threatening messages to a doctor at the VA Clinic in Wenatchee. According to iFIBER One News, a Veterans Affairs Administration call center reported a threat from a client against the VA Clinic located in the Olds Station area. The client was identified by Wenatchee Police as 28-year-old Wenatchee resident Paul Taylor.

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1. [Top Stories](#)

1.1 - Washington Post (AP): [APNewsBreak: Long waits under VA's private health program](#) (4 June, 43.9M uvm; Washington, DC)

A key program being expanded by the Trump administration to give veterans greater access to private doctors has failed to provide care within 30 days as promised due to faulty data and poor record-keeping that could take years to remedy, according to a government investigation released Monday.

The Government Accountability Office, Congress' auditing arm, found veterans often had to wait between 51 and 64 days for appointments with private doctors under the Veterans Choice program. It cited a lengthy scheduling process that took as long as 70 days.

The report blamed in part bureaucratic inefficiency and understaffing at the Department of Veterans Affairs, which often took weeks to make a referral to a private doctor. In more than 1 out of 10 cases it reviewed, the GAO also found that the VA had entered incorrect starting dates used to measure the amount of time veterans must wait for medical care; investigators said it was unclear whether the data entries were a mistake or an inappropriate attempt to mask delays in providing care.

The cases of delayed treatment included a veteran who had to wait almost three months for prenatal care after the VA determined she was six-weeks pregnant and said it would refer her to an outside doctor under the Choice program; she ultimately had to schedule the appointment herself. Another veteran waited almost six months for medical results and to discuss treatment options after delays in receiving an MRI of his neck and lower back from an outside doctor, due to poor communication and the VA's limited ability to exchange medical records with outside physicians.

The VA has said a planned overhaul of electronic health records, including seamless exchange of records with private providers, could take at least 10 years to be fully complete.

"We found numerous operational and oversight weaknesses with VHA's management of scheduling veterans' medical appointments through the Choice program," government investigators wrote, cautioning of difficulties ahead as the VA seeks to expand the program.

Congress last month approved a sweeping expansion of the Choice private-sector program as an alternative to the Veterans Affairs health system, which would allow veterans to see private doctors when they do not receive the treatment they expected. President Donald Trump, who often points to an expansion of the Choice program as a cure for long wait times at VA medical centers, is scheduled to sign the legislation on Wednesday.

In its written response, the VA generally agreed with the GAO's findings and noted it was making efforts to improve communication with private providers and revamp the Choice program.

The VA has said that based on its experiences in running the Choice program, "the practical reality" has been that providing appointments within 30 days will not always be achieved.

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1.2 - U.S. News & World Report (AP): [Acting Veterans Secretary Tours Recovering Manchester Clinic](#) (5 June, 24M uvm; Washington, DC)

Just a week into his new job, the acting Secretary of Veterans Affairs will be in New Hampshire checking on progress at a medical center recovering from both flooding and allegations of substandard care.

Peter O'Rourke, a veteran of the Navy and Air Force, previously served as head of the VA's accountability office and as the department's chief of staff. He was named acting secretary last week while President Donald Trump's nominee, Robert Wilkie, awaits confirmation as permanent secretary.

O'Rourke is touring the Manchester VA Medical Center on Tuesday, where a burst pipe caused severe flooding days after the Boston Globe published allegations of substandard care and conditions.

Several top officials have been removed and the facility has been working to restore trust, fix problems and improve care.

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1.3 - Politico: [Trump campaign moves to quash sexual discrimination suit against VA official](#) (4 June, Arthur Allen, 23.9M uvm; Arlington, VA)

President Donald Trump's presidential campaign on Monday demanded private arbitration of a \$25 million lawsuit brought by a Hispanic outreach worker who alleges she was slandered and harassed by a campaign official who now holds a senior interim position at the Department of Veterans Affairs.

In a filing in Manhattan Superior Court, the campaign said that by suing the campaign and making public her allegations against Camilo Sandoval, Jessica Denson violated a campaign non-disclosure agreement. Sandoval is now executive-in-charge for the VA Office of Information and Technology.

The campaign demanded that Denson's suit be dismissed.

Mandatory arbitration and non-disclosure agreements are an increasingly common feature of private employment contracts. According to the left-leaning Economic Policy Institute, fully 55 percent of all workers have forfeited their right to sue their employers as a condition of employment. Last month the Supreme Court affirmed the legality of a common type of mandatory arbitration in which workers forfeit their right to participate in class action lawsuits against their employer.

But NDAs and mandatory arbitration remain a rarity in the fishbowl environment of presidential campaigns, and candidate Trump's insistence that his campaign workers sign extremely strict NDAs was widely noted in 2016. In March the Washington Post reported that President Trump

required senior White House aides to sign NDAs as well, though it's doubtful those would hold up in court.

Denson charged in the November suit that Sandoval, her one-time boss in the campaign office in Trump Tower, slandered, harassed and sexually discriminated against her in violation of New York City's human rights laws.

After campaign CEO Steve Bannon promoted Denson in the summer of 2016, according to the suit, Sandoval threatened to fire her, and began a rumor campaign aimed at discrediting her, including a claim that she had leaked some Trump tax records. The campaign failed to come to her defense, she alleges.

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1.4 - Military Times: [Report: Vets still face long waits with VA Choice program](#) (4 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Patients using the Veterans Affairs Choice program to avoid long wait times at department medical centers may still face months-long delays before seeing a doctor, according to a new report from the Government Accountability Office released Monday.

And researchers say recently passed reforms to VA's community care programs won't fix those lengthy waits without dramatic improvements in data collection and monitoring of those outside care appointments.

"Ignoring these lessons learned and the challenges that have arisen under the Choice Program as (VA officials) design the future consolidated program would only increase VA's risk for not being able to ensure that all veterans will receive timely access to care in the community," their report stated.

The findings come just two days before President Donald Trump is expected to sign into law a \$52 billion veterans policy measure (dubbed the VA Mission Act) which includes a consolidation and overhaul of separate and sometimes competing outside care programs. Work is expected to take another year before the new single program is operational.

The replacement system will mean an end to the VA Choice program, a controversial measure approved by Congress in 2014 with the goal of more quickly getting veterans into physician's offices.

Lawmakers overwhelmingly approved the program in the wake of the department's wait times scandal, where local administrators were found to be manipulating patient records to hide growing wait times for appointments and collect performance bonuses.

Veterans who face a wait of more than 30 days are eligible for the Choice program, but critics have complained that the system is overly bureaucratic and still places limits on veterans' access to private-sector doctors at taxpayers' expense.

But the new GAO research says that Choice participants can face waits of up to 70 days to receive care, due to bureaucratic requirements and deadlines. Officials there said VA's decision

not to put stricter timelines for patient requests lead to an average of 51 days for veterans to receive care in late 2016.

“Timeliness of appointments is an essential component of quality health care,” the report stated. “Delays in care have been shown to negatively affect patients’ morbidity, mortality, and quality of life... VA lacks assurance that veterans are receiving care from community providers in a timely manner.”

VA officials have said they have improved those program delays over the last year, but also insisted that fixing the system will require a complete overhaul of the community care offerings.

The report recommends new wait-time monitoring systems for the outside appointments and including better timeliness requirements in future program guidelines. VA officials in a response letter agreed with most of the findings, and said they will be incorporated in their work over the coming year.

The new legislation Trump is expected to sign into law this week includes \$5.2 billion to keep the Choice program operational into early 2019. Department officials have said the program funds roughly 30,000 appointments a day.

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1.5 - Roll Call: [VA Faces Scrutiny as It Gears Up for Health Overhaul](#) (4 June, Lauren Clason, 430k uvm; Washington, DC)

The Department of Veterans Affairs will face heavy scrutiny as it implements a major overhaul to its health care programs that President Donald Trump is expected to sign into law this week.

The bill, which moved through both chambers by wide bipartisan margins, would combine the VA’s seven programs for private medical care into one to streamline and simplify costs and access for veterans. The legislation would also extend the so-called Veterans Choice Program for one year, allowing veterans to seek care outside the VA under certain circumstances in the meantime.

That gives the VA a lot of work to complete in a short amount of time, and without a permanent leader in place. The troubled department has lacked a permanent secretary since March, when David Shulkin departed amid ethics questions over his taxpayer-paid travel expenses. Trump recently nominated acting Secretary Robert Wilkie to lead the department after Ronny Jackson, the president’s official physician and his first pick to replace Shulkin, withdrew from consideration over allegations of inappropriate conduct. The VA also lacks a permanent undersecretary for health.

The bill was a rare show of bipartisanship thanks to its expansion of access to private care and increase in recruitment funding for VA providers, but disagreements could resurface as the department begins drafting regulations.

“The regulatory fight is going to be an even bigger fight than the legislative fight,” Bob Carey, director of policy and advocacy for veterans service organization The Independence Fund, said at a panel recently. “And it’s not going to be nearly as sexy, but it’s going to be far more important.”

The bill would give the VA 120 days to draft new access and quality standards for the program — which will help determine when a veteran can seek care from a private doctor — and 270 days to give Congress a final report.

The measure would initiate a review of VA infrastructure to modernize, realign and potentially close some of its facilities, which could invite controversy. It would also expand caregiver assistance to veterans who served prior to the 9/11 terrorist attacks.

“All of those insidious unintended incentives that we have set up in the federal government are going to show themselves in the regulatory process,” Carey said at the event. “Those people that write regulations are not going to be writing regulations that get rid of their own jobs. They’re not going to be writing regulations that get rid of their own authority.”

Veterans’ access to private providers is a point of contention among advocacy groups. While Carey hopes the department will strengthen private care access when the VA falls short of its own standards, other advocates worry the department might lift restrictions on private care altogether.

An overhaul of this size is concerning for “even your strongest of institutions,” let alone the VA, said Melissa Bryant, chief policy officer for the Iraq and Afghanistan Veterans of America.

“There’s always opportunity for providers to take advantage of an ailing system,” she said.

Carlos Fuentes, legislative director for Veterans of Foreign Wars, is more optimistic. He’s confident the VA can meet the timeline for drafting access and quality standards to allow more private care, but hopes they will be flexible without rigid barriers for veterans.

“What we want to make sure happens is, one, that veterans who need care are able to receive care when they need it,” Fuentes said.

The expansion of the caregiver program is also cause for concern for some. Rep. Julia Brownley of California, the ranking Democrat on the Veterans’ Affairs Health Subcommittee, said a persistent hiring backlog at the VA could stymie the program as more people are phased in under the expanded eligibility conditions.

“Many VA social workers already manage large caseloads,” Brownley said in a statement. “With more veterans joining the program, the VA will need to move quickly to ensure it has the personnel to provide our veterans and their caregivers with the training and support they need for the program to be successful.”

The bill would also authorize a department center to test new payment and delivery models, just as a division of the Centers for Medicare and Medicaid Services does. The new center would be key to reimagining how the department performs tasks such as collecting payments and paying for care, said Darin Selnick, senior adviser for Concerned Veterans for America.

“This is the mechanism to do that,” he said at the panel.

Veterans’ groups expect to be included in the rule-making process. Louis Celli, director of veterans affairs for the American Legion, said Carolyn Clancy, who is temporarily leading the

Veterans Health Administration within the VA, promised to include the largest veterans groups as the department drafts the regulations.

“That gives us some levels of comfort we need,” Celli said.

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2. Greater Choice for Veterans

2.1 - Washington Times: [Veterans in VA's 'Choice' program waiting up to 70 days for care, GAO says](#) (4 June, Dave Boyer, 10.8M uvm; Washington, DC)

Many patients using the Department of Veterans Affairs’ “Choice” program to avoid long waits at government medical centers still face delays of two months or longer before seeing a doctor, the Government Accountability Office reported Monday.

Veterans in the private-care Choice program can face waits of up to 70 days to receive care, the researchers found after looking at a wide sampling of cases from 2016.

“Timeliness of appointments is an essential component of quality health care,” the report stated. “Delays in care have been shown to negatively affect patients’ morbidity, mortality, and quality of life... VA lacks assurance that veterans are receiving care from community providers in a timely manner.”

The review looked at 196 cases around the nation in which veterans were authorized for appointments with private healthcare providers including 55 for routine care, 53 for urgent care, and 88 that were returned without scheduling appointments.

GAO said the VA “cannot systematically monitor the timeliness of veterans’ access to Choice Program care because it lacks complete, reliable data to do so.”

The findings come as President Trump prepares to sign into law Wednesday a \$52 billion veterans measure that overhauls VA programs and services. The GAO report said fixes to community care programs won’t shorten wait times unless the agency improves its oversight of appointments outside the VA system.

“Ignoring these lessons learned and the challenges that have arisen under the Choice Program as (VA officials) design the future consolidated program would only increase VA’s risk for not being able to ensure that all veterans will receive timely access to care in the community,” their report stated.

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3. Modernize Our System

3.1 - Herald & Review: [Decatur VA clinic moves to larger quarters on city's west side](#) (4 June, Valerie Wells, 202k uvm; Decatur, IL)

Veterans in need of medical care can now visit the new, expanded location of the Veterans Administration's Decatur clinic on the city's far west side.

The new location, 792 N. Sunnyside Road, began seeing patients at noon on Monday. The former site, 3035 E. Mound Road, will remain open for administrative functions for the time being, but all patients should visit the new location.

"The other facility was rather small," said Todd Oliver, spokesman for the VA Illiana Health Care System in Danville. "We look towards health care around a patient-aligned care team and we were just out of space."

At more than 20,000 square feet, he said the new location almost doubles the space taken up by the former site.

The local clinic offers primary care, optometry and mental health services, while veterans in need of more specialized services would visit the VA hospital in Danville.

A ribbon-cutting ceremony to formally open the new location will be 1:30 p.m. Thursday, June 14, and will include tours of the new facility.

To reach the new clinic, take U.S. 36 west to Sunnyside Road and turn left. The clinic is on the left. City bus route 52 provides public transportation to the site.

The clinic's phone number is the same as before: (217) 362-5442.

The VA Illiana Health Care System, of which Decatur is a part, provides services for more than 150,000 veterans living in the 34-county areas of Illinois and Indiana.

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3.2 - Daily Sentinel: [VA doctors consult long-distance experts by video - VA doctors consult long-distance experts by video](#) (5 June, Joe Vaccarelli, 191k uvm; Grand Junction, CO)

The Veterans Affairs Medical Center in Grand Junction will now have some extra help in its intensive care unit, but not in the form of new staff.

The hospital officially joined the VA's Tele-Intensive Care Unit system, which brings intensivist doctors into each ICU room over video screens who can diagnose and help treat patients.

The Grand Junction VA hospital officially joined the system May 30 and is the 17th facility in the program.

"This really allows us to increase the complexity of patients that we see here while bringing in a second set of eyes on our staff," Grand Junction VA Director Michael Kilmer said.

The Tele-ICU system started at the VA in 2011 in Minneapolis and has expanded since that time. The goal is to bring critical care to participating facilities by providing access to intensivists and nurses around the clock.

The benefit is to add expertise to the hospital without the cost of hiring multiple intensivists — who specifically provide care for critically ill patients — while leaning on doctors with more general knowledge to provide bedside care.

"It basically doubles the staff," said Matthew Goede, associate medical director of Tele-ICU for the Midwest. "It helps cover that specialty service where the patients need it."

The Tele-ICU center is based in Minneapolis, with nurses and doctors staffing the center at all times of the day. Doctors can also be based in Chicago or Iowa City. Each ICU room at the VA is equipped with a TV screen, camera and a green button that can let doctors and nurses know their assistance is needed.

Dr. Krishnan Sriram, a VA intensivist in Chicago, said he can evaluate a patient's color, see their charts, check X-rays and zoom in on any detail in the room. He noted when he is not actively helping a patient or doctor, the camera is disabled.

Typically there is some sort of audible noise when the camera is activated to let the patient know that someone is now virtually visiting the room.

Sriram said the intensivists are still dependent on the doctors and nurses who are physically in the room with the patient. Oftentimes, he said, those doctors' instincts are still correct, but it is useful to get another expert opinion.

"We are dependent on the physical exam," Sriram said. "We can never replace a bedside evaluation."

Doctors in the room are typically hospitalists and have more general knowledge. Often, they have less experience dealing with the critically ill patients who would be in the ICU.

"The great thing about Tele-ICU is whatever we see here, they see 1,000 times per day," Grand Junction VA Chief of Staff Dr. Srinivas Ginjupalli said.

The Grand Junction VA is the second in the Rocky Mountain region and the first in Colorado to join the Tele-ICU system. Each of its five ICU rooms is now fully equipped with Tele-ICU technology.

Kilmer believes the program is great for rural facilities — about 55 percent of patients in the 17 Tele-ICU facilities are rural — as it allows them to be cost effective and serve more patients.

This is not the first telehealth service the hospital has been involved with, but it is the first that deals with patients who are admitted to the hospital.

"Being a small rural facility, it's a good opportunity for us to bring in support that we couldn't otherwise afford," Kilmer said. "Now we have 24/7 coverage every day of the year when we wouldn't be able to do that locally."

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3.3 - Health Data Management: [VA to launch national registry for medical implant devices](#)
(4 June, Greg Slabodkin, 143k uvm; 143k uvm; New York, NY)

The Department of Veterans Affairs, the largest integrated healthcare delivery system in the United States, plans to launch a national registry for medical implant devices, enabling the agency to monitor device safety, track quality metrics and ensure optimal care for its patients.

The VA, which is one of the largest purchasers of surgical implants, is hosting an all-day summit on Monday in Washington to kick-start the initiative in collaboration with the Centers for Medicare and Medicaid Services, Department of Defense and the Food and Drug Administration.

According to the VA, the database will be the nation's largest health system medical-implant tracking program, providing a critical platform for the assessment of device performance in a real-world setting through the identification and study of outcomes.

“A medical device registry will allow VA to notify patients about safety recalls, identify devices when patients show up for medical emergencies with complications, and track and compare outcomes of implants,” states the agency’s announcement. “The most common medical devices in the veteran population may include cardiac implants (valves, pacemakers and stents), orthopedic implants (hip and knee) and neurosurgical implants.”

A 2014 audit by the Government Accountability Office found that the VA wasted more than \$3 billion over 10 years on medical implant purchases and lacked the ability to track the implants after they were placed into patients, potentially putting veterans’ health at risk.

For its part, the FDA is tasked with ensuring the safety and efficacy of new medical devices. However, there is a lack of a robust system for assessing the safety and effectiveness of devices after they enter the market.

The hope is that the VA device registry will help provide short- and long-term surveillance, as well as comparative safety and effectiveness assessments, by leveraging data on large numbers of patients—including clinical outcomes over time.

The VA’s national summit on Monday discussing the medical implant device registry—in collaboration with CMS, DoD and FDA—will be webcast live in two parts. A registration link for viewing the morning session is available [here](#), and a separate link for the afternoon session is available [here](#).

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3.4 - Sunshine State News: [Jeff Denham, Charlie Crist Back VA Medical Waste Reform](#)
(4 June, 64k uvm; Tallahassee, FL)

A congressman from Florida is behind an effort for the U.S. Department of Veterans Affairs (VA) to install on-site medical waste treatment systems in its facilities, insisting it will help save taxpayer dollars and will reduce transporting infectious material.

At the end of last month, U.S. Rep. Jeff Denham, R-Calif., unveiled the “Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and

Numerous General Safety Enhancements Act” (VA COST SAVINGS Enhancements Act) with U.S. Rep. Charlie Crist, D-Fla., as the main cosponsor which would have waste treatment systems in VA medical facilities.

The two congressmen showcased the bill on Friday and insisted it could free up millions every year for the VA.

“Those who have worn the cloth of this great nation deserve our utmost care and attention,” said Denham. “This bill will shake loose tangible resources to bring improvements in veterans care across the country.”

“Improving efficiency at the VA means prioritizing resources for where they are needed most – caring for our veterans,” said Crist. “With this bill we are working together to make government work better and to put our heroes first.”

“On-site sterilization machines compact medical ‘red bag’ waste and destroy microbial life, rendering hazardous bio-waste safe,” Crist’s office noted. “Otherwise, this infectious waste is loaded into trucks and driven to regional disposal centers – a process that is dangerous, costly, and inefficient. System wide, this bill will save the VA millions of dollars each year and improve care for our veterans. This technology improves crisis-readiness and is safer, more efficient, more cost-effective, and more environmentally friendly than traditional medical waste disposal. Implementing this technology will align the VA with Centers for Disease Control best practices for infection control, and VA hospitals will no longer need to truck millions of pounds of hazardous waste to far-away disposal centers.”

Two other members of the U.S. House are backing the bill as cosponsors: U.S. Rep. Mike Bost, R-Ill., and U.S. Rep. Ann Kuster, D-NH. The bill was sent to the U.S. House Veterans Affairs Committee. So far, there is no counterpart over in the U.S. Senate.

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3.5 - KUFM (NPR-89.1): [Truck Gives Montana Veterans Up Close Look At Telehealth Options](#) (4 June, Maxine Speier, 41k uvm; Missoula, MT)

The Montana Veterans health care system is encouraging vets to try out telehealth services. This weekend and early next week it’s sending a special truck to three locations to demonstrate what’s possible.

Telehealth is healthcare provided remotely to patients using technology like computers and phones. Vets in Montana and across the country can and do get care using their home computers and personal phones, but not everyone knows how.

Clare Evenson is a registered nurse and a care coordinator for home telehealth with the Montana VA.

"It can be kind of scary for people thinking that some healthcare might be through technology," says Evenson. "But I think once patients come and they see what the technology is about and how it works, it will help with their comfort levels."

So the VA will be parking a Telehealth Education Delivery, or “TED” truck in Missoula June 8th, at Fort Harrison June 11th and Billings on June 12th to show what telehealth looks like in action.

Evenson says Veterans and their families, as well as VA staff, can visit the truck during its scheduled stops.

"And they can see from both ends what it looks like," says Evenson. "And when I say both ends, they can see from the patient's side what it looks like to do telehealth, but then they can also see what the doctor sees from their end."

Evenson says visitors to the truck can learn how to use technology to help them get the healthcare they need right from home. Vets can use telehealth to get services like primary care as well as specialties like mental health, wound care, cardiology and dermatology.

The Montana VA is trying to increase awareness of how telehealth can bring healthcare services to remote and hard to reach places across the state, saving vets an unnecessary commute for a doctor's appointment.

Specialty healthcare in particular can often be difficult to access at existing VA healthcare locations in Montana.

"Montana has a lot of challenges. It's such a vast state, you know, for veterans to travel for care," says Evenson.

Telehealth technology is already being used by nearly 20 percent of Montana's 37,000 VA healthcare users.

The TED truck will be at the VA clinic sites in Missoula June 8th, Fort Harrison June 11th and Billings June 12th from 10am to 2pm . You can view the truck's complete schedule [here](#).

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3.6 - MeriTalk: [DoD Trying to Finally Achieve Illusive EHR System](#) (4 June, 35k uvm; Alexandria, VA)

With the Department of Veterans Affairs (VA) formally signing on last month to adopt the same electronic health records system as the Department of Defense (DoD), the two agencies are putting a lot of chips on a solution to a problem that history suggests is pretty risky.

VA, after a delay resulting from leadership changes in the department, struck a 10-year, \$10 million deal this month last month with Cerner for its electronic healthcare records (EHR) system, which will replace the current Veterans Information Systems and Technology Architecture (VistA). DoD already has begun limited implementations of Cerner's EHR Genesis system under a 10-year, \$4.3 billion contract that is being led by Leidos. Even the Coast Guard, which is part of the Department of Homeland Security, is getting on the Cerner train, announcing in April that it would piggyback on DoD's project.

An interoperable EHR that could stay with service members and their families from enlistment through retirement and post-military life has been a goal of DoD and VA since 1998. But it has proved to be a Sisyphean task, with multiple projects and billions of dollars being invested and

squandered. The Coast Guard has followed the same path, though on a smaller scale, abandoning its own EHR project in 2016 after 7 years and about \$60 million. It's been using a paper-based system since then.

Why are EHRs so hard? One factor is the sheer size of the systems DoD and VA are trying to implement.

DoD's Military Health System (MHS) has nearly 10 million beneficiaries; VA's health care system is just about as large. Those beneficiaries are treated by hundreds of thousands of doctors at hospitals and other facilities around the world, using a mix of software and operating systems, and devices ranging from older legacy hardware to new tools connected to the Internet of Things. A Government Accountability Office report on VA's two most recent attempts at EHRs detailed some of the major challenges facing a project of this size.

Interoperability has been a serious challenge. Although DoD and VA have achieved limited interoperability between their systems, VA said last year that data exchange was far from seamless and that problems would persist as long as the departments remained on separate systems.

Adoption of EHRs themselves have proved to be a challenge in the private sector as well, with some doctors and hospitals resisting implementation, saying they're more time-consuming to use, difficult to manage, and hard to implement. Ideally, an EHR would contain a patient's entire medical history, including past doctor visits, treatments, lab tests, and prescriptions—many of which originated on paper—as well as data from current treatments, including medical tracking devices that exist solely in digital form. Mental health treatments, which involve different terminology, codes, and reporting requirements, can further complicate the process.

Some doctors also have complained that using EHRs also leaves them spending more time on data entry tasks with a computer than quality time with their patients. Dr. Lloyd Minor, dean of Stanford University Medical School, told PBS last year that current EHRs focus on billing and reporting but can interfere with direct doctor-patient care. "You're thinking about the mechanics of the documentation, rather than the implications of the symptoms and findings," Minor said. Something as fundamental as eye contact with the patient "is now being robbed from the medical encounter."

DoD, VA, and the Coast Guard are hoping that this time, their efforts will lead to different results. They are hoping that this latest project will benefit from new technology, better interfaces and some hard lessons learned from trying to manage past efforts. DoD has already encountered some hiccups, putting a temporary hold on deployments early this year after a Director of Operational Test and Evaluation (DOT&E) assessment of initial implementations at four sites in the Pacific Northwest rated the system's usability as "low" and found several cybersecurity vulnerabilities. DoD officials, however, said early problems were expected and that the hiatus was planned in order to address any problems. The department said it still expects to have MHS Genesis fully deployed by 2022. VA has said it wants its implementation to go more smoothly, in part because of the lessons learned from DoD.

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[4. Focus Resources More Efficiently](#)

4.1 - Dayton Daily News: [Dayton VA names new associate director](#) (4 June, Barrie Barber, 1.1M uvm; Dayton, OH)

The Dayton VA Medical Center has a new associate director.

Jennifer DeFrancesco, 30, has permanently taken over the \$128,000-a-year post after serving as acting associate director for a year.

DeFrancesco, a Pittsburgh, Pa., native, began her career as a biomedical engineer at the Indianapolis VA Medical Center in 2010.

In Dayton, she will supervise 11 administrative departments leaders, such as the chiefs of engineering, fiscal services, human resources, pharmacy, prosthetics, and the campus police force, and a workforce of about 800 employees.

Along with a community-based holistic approach to care, she said she has targeted training and educating the workforce as key priorities.

Watching her grandfather, a World War II veteran, receive care at the VA motivated her to join the sprawling health organization, she said.

"I often tell people I've kind of grown up VA," she said. "The VA was always someplace that I wanted to work."

Eventually like to run a hospital, she said.

Prior to her new post, she was the chief biomedical engineer for the Veterans Integrated Service Network 10 covering Indiana, Michigan and Ohio. She also was chief of biomedical engineering at Richmond VA Medical Center in Virginia.

The Dayton VA named Jill Dietrich director in March. Dietrich, 37, who was the associate director of the Long Beach VA Medical Center, is the first woman to lead the Dayton VA in its 150-year history.

Mark Murdock, former associate director, was named the new leader at the Chillicothe VA Medical Center.

The Dayton VA, which has about a \$435 million budget and 2,300 employees, serves 40,000 veterans a year through its main campus and four community clinics in Lima, Springfield and Middletown and Richmond, Ind.

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4.2 - Government Executive: [The Federal Agencies With the Most \(and Least\) Sexual Harassment](#) (4 June, Eric Katz, 870k uvm; Washington, DC)

More than one in five female federal employees said they experienced some form of sexual harassment in the workplace between 2014 and 2016, according to a recent survey, and 14 percent of all federal workers reported the same.

At every major agency in government, more women than men said they had felt sexually harassed at some point in the previous two years, the Merit Systems Protection Board found in the survey. Across government, the gap was 12 percent. MSPB collected the data in 2016 and released the survey earlier this year.

Overall, the Veterans Affairs Department had the highest rate of employees who reported experiencing sexual harassment, at 22 percent. VA was followed by the Homeland Security Department (18 percent), Environmental Protection Agency (15.9 percent), Office of Personnel Management (15.7 percent) and State Department (15.3 percent). The lowest rate was at the Securities and Exchange Commission (8.2 percent), followed by the General Services Administration (8.5 percent), the Army (9.3 percent), the Federal Deposit Insurance Corporation (9.3 percent) and NASA (9.5 percent).

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Employees were considered to have experienced sexual harassment if they checked one of 12 boxes on MSPB's survey, with the boxes divided in three categories: unwelcome behaviors that disparage or objectify others based on their sex or gender, unwelcome behaviors of a sexual nature that are directed toward a person, and pressure or force to engage in sexual behavior.

Here is a chart showing sexual harassment employees reported experiencing at each agency, broken down by gender:

In a summary of its findings issued in May, MSPB found cause for optimism in the absence of a gap between men and women with regard to whether certain behaviors are viewed as sexual harassment. About 95 percent of federal workers said sexual coercion clearly indicated sexual harassment, while at least 90 percent said the same for behaviors related to unwanted sexual attention and sexual teasing or jokes. Just 82 percent, however, said "exposure to sexually oriented conversations" amounted to sexual harassment.

"As federal employees move toward greater consensus regarding which behaviors should be identified as sexual harassment, these behaviors are more likely to be avoided and therefore eliminated from the workplace," MSPB said. "Although some organizations will have further to go to implement the changes needed to accomplish this goal, the end result will be to create a more appropriate and productive work environment for all employees."

While agencies have a long way to go, there has been significant improvement. In 1994, the last time MSPB surveyed the workforce on these issues before the 2016 survey, 44 percent of women said they had experienced sexual harassment in the previous two years (compared to 21 percent in 2016).

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4.3 - WKEF (ABC-22, Video): [Fisher House providing comfort and support](#) (4 June, Adam Aaro, 57k uvm; Miamisburg, OH)

The Fisher House is continuing to make a major impact in the Miami Valley for veterans and their families and soon, a new location will open its doors.

Inside the Fisher House at Wright-Patterson Air Force, you'll find a place built on support and driven by love.

"Fisher Houses are compassionate care homes like a Ronald McDonald House, but the mission of the Fisher House is to support the wounded, injured and ill service men and women and their families," said Chris Stanley, with the Fisher-Nightingale Houses Incorporated. "Here, military people, veterans, it doesn't matter we bond together and support each other and take care of each other. This is a home environment. This is not a hotel."

Stanley said veterans from all over world come to Wright-Patterson Medical Center for inpatient and outpatient medical treatment.

"Your first and only concern is getting to their bedside," Stanley said. "Not where are you going to stay; how you're going to take care of that; how much you're going to pay. You just want to get to their bedside."

That's where the Fisher House comes in, providing a place for veterans and their families to stay at no cost. And it's a place full of all the amenities of home and then some. There are Fisher Houses all around the United States serving more than 30,000 families in 2017. Soon, a second Miami Valley location will open, this time at the Dayton VA Medical Center.

"This new Fisher House will be about 125 yards from the entrance to the medical center," Stanley said. "So families will be able to stay in the comfort and confines of the Fisher House, again free of charge. And they'll be able to walk back and forth between the Fisher House and the medical center to see their veteran that's being treated."

A gift for families and a piece of mind for veterans.

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5. [Improve Timeliness of Service](#)

5.1 - Star Tribune: [Everyday activities could yield subtle dementia warning signs - A researcher at the Minneapolis VA Medical Center is studying driving habits, computer usage and medication routines.](#) (4 June, Jeremy Olson, 10.8M uvm; Minneapolis, MN)

Subtle changes in driving habits, computer usage and medication routines could yield early clues to the development of Alzheimer's disease.

A researcher at the Minneapolis VA Medical Center is studying all three by using sensors to monitor volunteers and changes in their daily activities.

While Alzheimer's is an incurable brain disorder, early detection could allow people to receive support services or therapies to slow its onset, said Adriana Seelye, a VA neuropsychologist leading the research.

"These kind of subtle cues are not picked up early on when interventions could be put in place," she said. "A lot of times, people don't come to our attention until there is a crisis."

Seelye's prior research showed that changes in computer usage and mouse movements could predict mild cognitive impairment (MCI), a precursor to Alzheimer's. Another study found seniors with MCI were more conservative and predictable drivers.

Now she wants to assess which behavior changes are most predictive, or whether combinations of changes offer the most accurate clues. She received money from the VA for one study, and this week won a grant from the National Institutes of Health for a second. She is recruiting 130 senior volunteers who don't have dementia. Volunteers in the NIH study will be tracked for four years.

Wrist-worn fitness trackers will measure sleep and movement. In-car computer data will reveal changes over time in average speed, highway usage and right vs. left turn decisions.

Other researchers have examined changes in speech and voice, among other characteristics. Early detection methods are needed, Seelye said. The number of Minnesotans with Alzheimer's could grow from 91,000 in 2016 to 120,000 in 2025, according to the Alzheimer's Association.

Alzheimer's symptoms "develop very slowly," Seelye said. "This makes it very difficult for us as clinicians."

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5.2 - Post-Standard: [VA Caregivers can't be replaced by an app \(Your letters\)](#) (4 June, 3.2M uvm; Syracuse, NY)

To the Editor:
Dear Syracuse VA Caregiver Program:

No, an "app" cannot replace me.

My ears are still burning, as well as my heart and pride from one sentence that was uttered to me back in December, five days before Christmas.

I had been in the VA Caregiver Program for about two years when I received "the call" many of us have been dreading, since the program began cutting or downgrading our tier positions this past fall. All of a sudden, in the last six to eight months, there were several of us who no longer "qualify" to be in the program.

One fellow caregiver stated, "Apparently they think giving him an iPod is gonna keep him from X and Y." I'll let the reader fill in what an iPod can obviously do for a disabled combat veteran for their physical and mental health and well-being. If you are stumped, to be honest, so are we.

I received the call at work, five days before Christmas, 20 minutes before my next group of students were about to come in. I was informed I was being removed from the Caregiver program since my vet was "healed and doing well." In utter shock and disbelief, I may have even asked if she had the right household, because we can't possibly be talking about the same veteran. I began to discuss the decision with the coordinator, explaining the several things I do for my veteran on a daily basis. When I specifically named a few items and asked who was going to do these things for him, she replied "Oh, he was given an app for that."

Excuse me?

I am a mother, wife and caregiver, with these three life positions I consider myself extremely blessed. There are countless spouses, significant others, loved ones all over the United States who sadly will never have the opportunity to be a caregiver, because their loved one did not return home. You will never hear me say that caregiving is easy, but it is welcomed with open arms in comparison with the other option. Most days we are spouses, partners, children or friends who have taken on this great responsibility. We take on many roles, such as (but not limited to) nurse, psychologist, psychiatrist, pharmacist, chauffeur, shopper, chef, maid, double-duty parent role, cheerleader, technician, accountant, financial adviser, counselor, medical assistant and countless others.

So, you're telling me an "app" is going to help get our veterans to their appointments when they are having an off day and they don't want to go? An "app" is going to provide companionship, empathy and help in the shower? An "app" is going to remind them for the third time to take their medications, help them wash their hair, assist them with toileting, wake them from a nightmare, recognize when their anxiety rears its ugly head and they need to leave somewhere immediately, and take them to get their favorite meal when they've had a particularly hard day or week? An app is a tool that can be used to assist with many things, but it cannot nor will it ever replace human compassion, love, empathy; or provide respect and preserve dignity in the way connection and interaction can with an individual who cares.

For the several of us who have either been removed or demoted to a lower tier in the VA Caregiver Program, because the committee feels the care we give does not "qualify" under your standards, or that there are "apps and tools" our veterans can use for all their needs instead of us -- we will not stand for this injustice. Thankfully, in my case I fought to be reinstated and won. I encourage others to do the same; go through the proper channels as stated through your written dismissal (or changed tier). Sen. Chuck Schumer's office invested time in our case, as well as Rep. John Katko's office and other agencies. I greatly appreciate their time, and thank them for their support.

I applaud every caregiver who provides for their veterans in any way, shape, or form; for their daily care, love, and sacrifice, regardless of your loved one's injuries or disabilities. You are not alone. And, no, an "app" can't do everything you do.

*Margaret Bristol, Ed.D.
Pennellville*

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5.3 - KXAN (NBC-36): [Central Texas veteran inspires change in VA organ transplant policy](#) (4 June, Steffi Lee, 1.5M uvm; Austin, TX)

Two years after Army veteran Charles Nelson received his kidney transplant from his son, a change to a policy under the United States Department of Veterans Affairs that could have helped him through the process will be signed into law this week.

Nelson had learned his son was a match in 2016. This would be his second kidney transplant. The first one happened more than a decade ago and required extensive traveling to a VA facility in Nashville and time away.

"We didn't want to travel and have to go to Nashville, take family and stay there," he said.

He tried to obtain coverage through the Veterans Choice Program to get the transplant from a community provider rather than having to travel to a VA facility or wait, but his family ran into an issue they didn't expect.

"We were denied because our son was not a veteran," wife Tamara Nelson said.

Then came the long battle with the VA.

"We went through about eight to nine months of fighting with the VA to go back and forth for them to cover it or not through the Choice program," she said. "My husband became very sick."

The community they lived in within Central Texas donated around \$10,000 to help with medical expenses, but Nelson ended up using Medicare and paying out of pocket as well.

"We also had to empty our checking, our savings and our hospital – the university hospital donated their facilities instead of us having to pay for the hospital," Tamara said.

The Nelsons inspired Rep. John Carter, R-Round Rock, to come up with a proposal called the "Veterans Transplant Coverage Act" back in 2017. The language was added into a larger bill called the VA Mission Act, which cleared the Senate late May.

"When I heard this story, I thought that was crazy," Carter said. "I don't know a whole lot about transplants, but I know enough to know that if you can get one from somebody that is directly related to you, you will have a whole lot better chance of survival."

This policy change would prevent the VA from denying medical coverage in situations like the one Nelson had. It would cover organ transplants for veterans from non-veterans.

Carter said funding for these medical procedures will come through the appropriations process. "This population that has this issue may be about seven percent of our population, but it's almost impossible to find a match even under that percentage," he said.

VA officials commended the efforts by the Nelson family and Carter's office to change the policy.

"What's important to me is that you all saw this through," Central Texas Veterans Health Care System (CTVHCS) Director Christopher Sandles said.

Sandles encouraged more people to speak up about any concerns they face when trying to administer or receive care.

"What we need are more folks, whether they be staff or veterans, that when something isn't right, even if they themselves aren't going to benefit from the change, that they see these things through to be certain that legislative changes process changes are put into place so that those that come after them don't deal with the same obstacles."

Carter expects President Donald Trump will sign this into law on Wednesday.

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5.4 - Temple Daily Telegram: [Veteran's transplant journey highlights VA policies](#) (4 June, Janice Gibbs, 157k uvm; Temple, TX)

Two years ago this week, veteran Charles Nelson received a second kidney transplant in San Antonio.

This kidney, from his son Austin, was replacing the kidney Nelson's sister donated to him in 2000.

Contemplating an organ transplant comes with its own anxiety, running up against roadblocks with a huge bureaucracy, such as the Veterans Administration, takes that angst to another level.

Nelson's first kidney transplant took place in Nashville, Tenn., one of two locations where the VA performs solid organ transplants.

The second time around the Nelsons wanted to be closer to their home in Leander. They decided to have the transplant done in San Antonio. This was a possibility because of the Veterans Choice Program, which enables veterans to receive medical care closer to home through a community provider.

There was a hitch — the VA decided it wasn't going to cover the transplant because Austin Nelson, the donor, was not a veteran.

After months of delays, mixed messages and a serious medical setback, the Nelsons decided to use Medicare to fund the surgery and the family would pay for what wasn't covered.

"I decided my husband would have the surgery even if it took the rest of our lives to pay for it," Tamara Nelson said.

The Nelsons didn't have to sell their home to pay for the transplant, Mrs. Nelson said, but they emptied out their savings and bank accounts. The community helped the family by raising \$10,000. The San Antonio hospital donated some of its services.

After the surgery, the family's goal was to make sure no other veteran experienced the same frustrations.

U.S. Rep. John Carter, R-Round Rock, representative of Texas' 31st Congressional District, along with Charles and Tamara Nelson, Christopher Sandles, director of the Central Texas Veterans Health Care System, and personnel from the VA Cedar Park Out Patient Clinic held a news conference Monday.

"This week, President Trump will sign the VA Mission Act," Carter said.

The act streamlines veterans' access to non-VA community care, creates a new VA benefit of commercial walk-in clinics, and opens up the VA caregiver program, on a phased schedule, to older generations of veterans.

The Nelson family reached out to Carter's office in 2016 when Charles was denied transplant surgery.

“When I heard that story I thought it was crazy,” Carter said. “I don’t know that much about transplants, but I do know the better the match the more likely survival.”

Nelson’s son was a match and the VA denied coverage, which would have resulted in a longer wait for Nelson, and an extended time on dialysis. The policy disqualifies hundreds of prospective patients.

Carter said his office set out to fix the issue and the Nelson family worked with them the entire time.

Carter’s legislation, which is part of the Mission Act, is about the 84,000 veterans who live in Carter’s district and the 22 million veterans nationwide.

“This legislation was too late for Charles and his family,” he said.

Carter, Tamara Nelson said, was the only politician the family reached out to who reacted to their story.

“He took the ball and ran with it,” she said. “We are very appreciative. He wrote a bill that will change the policy.”

The experience was exhausting and Carter’s efforts got the family through that time, Tamara Nelson said.

The Nelsons went to Washington and shared their story.

Charles Nelson said he is feeling good, and the only problem he had during his second kidney transplant was some slight organ rejection.

“It’s OK now,” he said.

No doubt there were families prior to the Nelsons who ran into similar obstacles and accepted it, Sandles said.

“What we need are more folks, whether they be staff or veterans, that when something isn’t right, even if they won’t benefit from the change, will seek improvements,” he said.

Events like today complete the story, Sandles said.

“It reminds us that we’re all on the same team and we have to recognize that we can’t do it alone,” he said. “We have to work together to come up with effective solutions.”

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5.5 - Healthcare Analytics News: [GAO Report on VA Choice Program: Long Wait Times, Bad Data](#) (4 June, Ryan Black, 17k uvm; Cranbury, NJ)

The Veterans Access, Choice, and Accountability Act of 2014 (Choice Act) was meant to address serious problems with wait times for veterans’ access to care by opening a door to the

private sector. A report released today by the Government Accountability Office (GAO), however, found that the flawed implementation of the Choice Program led to substantial wait times—and might have once again resulted in US Department of Veterans' Affairs (VA) staffers falsifying dates to minimize the problem.

The Choice Program is set to eventually expire, though the massive VA reform bill passed just weeks ago makes its core mission permanent. But the problems unearthed by the new GAO report will need to be addressed for the long-term incarnation of the Choice Program to be successful.

The program would allow a veteran to receive care from an outside provider if the soonest availability for a VA clinician was more than 30 days from a veteran's preferred date. The GAO, however, found that veterans using the program could have waited 70 days or more. And in some examples, an inability to book an outside appointment led to patients being referred back to VA care after lengthy delays.

In one case, it took VA staff nearly 3 weeks to prepare a Choice Program referral for a veteran requiring an MRI, which was followed by a 2-month wait for the veteran to undergo the scan. Their appointment with a VA physician to discuss the results didn't occur for weeks after that. In all, it took 6 months from the time that the need was assessed for the patient to have a follow-up meeting.

In another case, VA staff took nearly 6 weeks to refer a patient for maternity care after the pregnancy was confirmed. The third-party administrator (TPA) hadn't set a prenatal appointment by the time the patient was 18 weeks pregnant, and she ended up scheduling one on her own.

Program design oversight might be partly to blame. The GAO report states that "a key reason" for the excessive wait times could be that "the process VA and [Veterans' Health Administration] designed did not include a limit on the number of days VA medical centers (VAMC) have to complete a key step of the process—compiling relevant clinical information and sending referrals to the TPAs after veterans have agreed to be referred to the Choice Program." It continues that the health system had "no comprehensive policy directive for the Choice Program" and has failed in the past to outline and implement care timeliness goals.

"Timeliness of appointments is an essential component of quality health care," the report states. "Without specifying wait-time goals that are achievable, and without designing appointment scheduling processes that are consistent with those goals, VA lacks assurance that veterans are receiving care from community providers in a timely manner."

There were also critical problems with data surrounding the program. Both VAMCs and third-party administrators (TPAs) did not consistently document referrals correctly, including "urgent" referrals. Cases were supposed to be marked "urgent" if immediate action was needed to ensure a veteran's condition was stable and to avoid "unacceptable morbidity and pain." An appointment was required to be scheduled within 2 days in such scenarios.

But that message sometimes got lost in translation. A sample of 53 urgent care authorizations reviewed by GAO found that more than a quarter of them (28%) had been originally marked for routine care but later changed to urgent by either VA or TPA staff to expedite appointment scheduling.

Further, the report found that VA health system data on care timeliness did not include the time it took VA medical centers to prepare and transmit patient referrals, nor the time it took for the TPAs to then accept them. The report says that there is an interim solution in place that requires staff to “consistently and accurately” enter unique identification numbers on the referral requests, but that the process is prone to error.

And clinically indicated dates used to measure timeliness of care were not always entered accurately. The new report reviewed nearly 200 referrals and found that 23% of the time, VA medical center staff entered dates later than when they actually occurred.

“It is unclear if VAMC staff mistakenly entered incorrect dates manually,” according to the GAO, “or if they inappropriately entered later dates when the VAMC was delayed in contacting the veteran, compiling relevant clinical information, and sending the referral to the TPA.”

The report outlines 10 recommendations designed to avoid similar challenges under the new program outlined in May’s reform bill. They include setting an “achievable” wait time goal, designing a useful and consistent scheduling process that covers the entire referral protocol, preventing staff from manually modifying clinically indicated dates, and separating urgent referrals from those that staff have decided to expedite for other administrative reasons.

According to the GAO, the VA “generally agreed with all but one of GAO’s recommendations, which was to separate clinically urgent referrals from those that are administratively expedited.” The watchdog agency, however, maintains the necessity of this change.

“When implementing a new program, it is important that agencies establish the program’s structure, responsibilities, and authorities at the beginning to help ensure that the new program’s objectives are met,” the report concludes. “Without issuing a comprehensive policy directive and operations manual before the start of the new program, VA risks experiencing untimely communication issues similar to those that affected veterans’ access to care throughout the Choice Program’s implementation.”

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - National Mortgage News: [U.S. restricts Freedom Mortgage in continued VA loan crackdown](#) (4 June, 136k uvm; New York, NY)

Freedom Mortgage, one of the largest U.S. home lenders, is being punished by a government-owned mortgage guarantor amid concerns that the Mount Laurel, N.J.-based company is helping to enable unnecessary refinances of veterans' loans.

Effective July 1, Freedom will be restricted from issuing Ginnie Mae bonds with loans insured by the Department of Veterans Affairs intermingled with loans from other lenders, Ginnie Mae said Friday in a statement on its website. Buena Park, Calif.-based lender Sun West Mortgage Co.

will face the same restriction, the agency said. Ginnie Mae guarantees mortgage-backed securities including loans backed by the Department of Veterans Affairs.

A Freedom spokeswoman didn't immediately respond to an emailed request for comment. A Sun West representative didn't immediately return a phone message.

Some mortgage firms have generated revenue in recent years through rapid, repeated refinances of veterans' loans, a process called churning that can make money for the lender but result in unexpected costs to the borrower, according to Ginnie Mae. Some lenders perform the refinances themselves, while others charge above-market rates, setting the servicemember up for the next refinance, the agency's executives have said.

Ginnie Mae has taken multiple steps to try to slow the refinances. In February, the agency warned nine lenders that they were at risk of being kicked out of its main bond program because the securities they issued refinanced so quickly. In April, Ginnie Mae told two lenders, NewDay USA and Nations Lending, that they could only issue "custom pools" that aren't mixed with loans from other lenders, though Nations was allowed back into the primary program shortly thereafter.

Under the new restrictions, Freedom and Sun West will also only be allowed to issue custom pools. Such securities often get worse prices from bond investors.

Ginnie Mae said that Freedom's and Sun West's restriction could end as soon as next year if the rate at which their bonds refinance slows. NewDay's restriction could end as soon as October, Ginnie said.

Congress has also tried to tackle the issue. Legislation enacted in May included provisions designed to make it harder for lenders to churn veterans through multiple loans.

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8. [Other](#)

8.1 - Washington Post: [Pentagon watchdog opens investigation into allegations against Ronny L. Jackson](#) (4 June, Paul Sonne, 43.9M uvm; Washington, DC)

The Pentagon's investigative watchdog has initiated a probe into Navy Rear Adm. Ronny L. Jackson, the White House military physician who withdrew from consideration as President Trump's nominee to lead the Department of Veterans Affairs amid allegations of improper conduct.

The Defense Department Office of Inspector General, which investigates possible wrongdoing by the Pentagon and its staff, confirmed in a statement Monday that it recently initiated a probe into Jackson. A spokesman declined to go into detail about the scope or character of the probe.

The investigation marks the latest fallout from Trump's attempt to elevate his physician to the Cabinet, a move that ended in Jackson's nomination falling apart and left the military physician's highflying career under scrutiny by Pentagon investigators.

Not long after Trump nominated Jackson to the Cabinet post, the ranking Democrat on the Senate Veterans' Affairs Committee, Sen. Jon Tester of Montana, released a two-page summary of allegations that had surfaced against the White House physician. Those included accusations that he improperly prescribed drugs, created a hostile work environment and drank while on duty.

The White House said it conducted a thorough review of Jackson's record and found three minor incidents but no evidence that the physician was responsible for some of the more extreme allegations in Tester's document, including one accusing him of wrecking a government vehicle after drinking.

Jackson, who served as White House physician under three administrations, denied any wrongdoing. The president came to the doctor's defense, accusing Tester of a smear campaign that devastated Jackson's family. Trump called on the Montana Democrat to resign.

The Defense Department inspector general has the authority to conduct administrative and criminal investigations. A spokesman for the office declined to say whether Jackson was the subject of an administrative or criminal probe.

A spokesman for the White House declined to comment on the investigation.

In early May, White House press secretary Sarah Huckabee Sanders said Jackson was no longer serving as the president's physician but remained on the White House medical staff. The Navy confirmed Monday that Jackson remained detailed to the staff.

Since the collapse of Jackson's nomination, Trump has chosen a top Pentagon official, Robert Wilkie, undersecretary of defense for personnel and readiness, to become his next secretary of veterans affairs.

Wilkie has served as acting secretary since Trump ousted Veterans Affairs Secretary David Shulkin in late March amid a broader shake-up across the administration.

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8.2 - Reuters: [Pentagon watchdog opens probe of White House physician Ronny Jackson](#) (4 June, 43.7M uvm; New York, NY)

The U.S. Defense Department's inspector general has opened an investigation into misconduct allegations against White House physician Ronny Jackson, the inspector general's office said in a statement on Monday.

President Donald Trump nominated Jackson to be veterans affairs secretary in March, but Jackson withdrew from consideration a month later amid allegations he had overseen a hostile work environment as White House physician, drank on the job and allowed the overprescribing of drugs.

Jackson, a U.S. Navy rear admiral, has denied the allegations.

"The DoD Office of Inspector General has initiated an investigation into allegations related to Rear Admiral (Lower Half) Ronny L. Jackson," Bruce Anderson, spokesman for the inspector general's office, said in a statement.

Democrats on the Senate Veterans' Affairs Committee have said more than 20 current and former colleagues had come forward to accuse Jackson of prescribing himself medications, getting drunk at a Secret Service party and wrecking a government vehicle.

Jackson has worked as a presidential physician since 2006. After withdrawing his nomination for the VA post, Jackson stopped serving as Trump's lead physician.

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8.3 - ABC News (Video): [Pentagon investigating White House doctor who withdrew his nomination as Trump's VA secretary](#) (4 June, Luis Martinez, 24.2M uvm; Washington, DC)

The Pentagon's Office of the Inspector General has begun an investigation into allegations related to Navy Rear Adm. Ronny Jackson, the White House doctor who withdrew his nomination to head the Department of Veterans Affairs amid allegations of unprofessional behavior.

"The DoD Office of Inspector General has initiated an investigation into allegations related to Rear Admiral (Lower Half) Ronny L. Jackson," Bruce Anderson, a spokesman for the inspector general of the U.S. Department of Defense, said.

A defense official said the investigation had been initiated recently.

News of the investigation comes more than a month after the Pentagon confirmed that the inspector general's office was reviewing whether an investigation or actions were warranted by the allegations.

Serving in the White House Medical Office for more than a dozen years, Dr. Jackson was President Donald Trump's surprise nominee to head the Department of Veterans Affairs.

Physician to President Donald Trump, Dr. Ronny Jackson speaks during the daily White House press briefing at the James Brady Press Briefing Room of the White House, Jan. 16, 2018, in Washington.[more +](#)

But his nomination ran into immediate trouble as allegations surfaced about his alleged behavior.

Allegations were presented to the Senate Veterans Affairs Committee that accused Jackson of fostering a hostile work environment in the medical office, drinking to excess and improperly dispensing prescription drugs.

U.S. officials confirmed that the Navy initiated a command climate review in 2012 to look at the toxic work environment created in the White House Medical Office between Jackson and another top medical officer. But it found that the other medical officer was more to blame for the tense environment in the office.

Because of the political firestorm created by the allegations, Jackson withdrew his nomination April 26.

In his withdrawal statement, he labeled the allegations made against him as "completely false and fabricated."

"If they had any merit, I would not have been selected, promoted and entrusted to serve in such a sensitive and important role as physician to three presidents over the past 12 years," Jackson, 51, said.

Robert Wilkie, the Defense Department's undersecretary for personnel and readiness, has been nominated to be the next VA secretary.

Since his failed nomination, Jackson has continued serving in the White House Medical Office.

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8.4 - Politico: [Pentagon investigates White House doctor Ronny Jackson](#) (4 June, Jacqueline Klimas, 23.9M uvm; Arlington, VA)

The Pentagon's inspector general is investigating President Donald Trump's former personal physician, who was accused of unprofessional behavior while being considered to lead the Department of Veterans Affairs.

Bruce Anderson, a spokesman for the Defense Department's inspector general, said in a statement Monday the watchdog has "initiated an investigation into allegations" against Rear Adm. Ronny Jackson, who was forced to withdraw his nomination to be the secretary of Veterans Affairs in April amid allegations of drinking on the job and improperly prescribing medication.

Trump tapped Jackson to replace former VA Secretary David Shulkin in a move that surprised many and before the White House had a chance to do the typical vetting for a Cabinet post.

During the confirmation process, Sen. Jon Tester (D-Mont.) brought to light several allegations against Jackson, including crashing a government car after drinking, giving out sleeping pills without a prescription and being drunk on duty during foreign work travel.

Jackson, who previously served as the presidential physician to former Presidents George W. Bush and Barack Obama, has denied the allegations.

"The allegations against me are completely false and fabricated. If they had any merit, I would not have been selected, promoted and entrusted to serve in such a sensitive and important role as physician to three presidents over the past 12 years," he said in an April 26 statement.

Jackson is still working in the White House Medical Unit, but is no longer the president's personal doctor.

The president tapped Robert Wilkie, the undersecretary of Defense for personnel and readiness who had been serving as the acting VA secretary, to be the next permanent leader of the VA.

Peter O'Rourke, the former VA chief of staff, is now serving as the acting secretary while Wilkie moves through the Senate confirmation process.

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8.5 - The Hill: [Pentagon watchdog officially launches investigation into White House doctor](#) (4 June, Rebecca Kheel, 11.9M uvm; Washington, DC)

The Pentagon's inspector general has officially launched an investigation into allegations of misconduct by former physician to the president Ronny Jackson, a spokeswoman confirmed Monday.

"What I can tell you is that the [Department of Defense] Office of Inspector General has initiated an investigation into allegations related to Rear Admiral (Lower Half) Ronny L. Jackson," inspector general spokeswoman Dwrena Allen said in a one-sentence email.

Jackson faces a slew of allegations that he drank on the job, overprescribed medications and created a hostile work environment.

The unconfirmed accusations came to light after President Trump nominated Jackson to become secretary of Veterans Affairs.

Jackson withdrew his nomination in late April amid the allegations, which were detailed in a memo released by Senate Veterans' Affairs Committee ranking member Jon Tester (D-Mont.) that was based on interviews with 20 current and former colleagues of Jackson's. After Jackson withdrew, the Pentagon said documents relating to the allegations were forwarded to the inspector general to decide if further investigation warranted.

Jackson and the White House have denied the accusations, with Trump saying Democrats smeared a "great man."

Trump's ire has fallen particularly hard on Tester, who is facing re-election in a state Trump won. Trump called out Tester over the episode, saying, "I know things about Tester that I can say, too. And if I said them, he'd never be elected again."

Since Jackson's withdrawal, the White House has confirmed he is no longer serving as Trump's personal physician, but that he remains a Navy physician assigned to the White House.

Jackson has served as a White House physician since 2006 and had been promoted by former President Obama in 2013 to become the physician to the president.

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8.6 - Snopes: [Did President Trump Donate His First-Quarter 2018 Salary to the Department of Veterans Affairs? In keeping with his campaign promise to forgo a presidential salary, the White House announced in May 2018 that Trump is donating \\$100,000 to Veterans Affairs.](#) (4 June, 10.8M uvm)

Claim: In May 2018 President Trump donated one-fourth of his \$400,000-per-year salary to the Department of Veterans Affairs.

Rating: True

Origin: In late May 2018, we received a batch of inquiries from readers asking for verification of the claim that United States President Donald Trump had donated his first-quarter 2018 salary to the Department of Veterans Affairs.

As a candidate, Trump famously promised to forgo his entire \$400,000-per-year presidential salary if elected, following in the footsteps of Presidents John F. Kennedy and Herbert Hoover, both of whom were independently wealthy and donated the entirety of their salaries to charitable causes.

Thus far, Trump has made good on that vow, announcing quarterly donations during the first year of his presidency to four federal agencies: the National Park Service, the Department of Education, the Department of Health and Human Services, and the Department of Transportation.

Each announcement has included the presentation of a signed check drawn on the president's personal bank account to the appropriate department secretary, as in this example provided by Secretary of the Interior Ryan Zinke:

On 17 May 2018, White House Press Secretary Sarah Huckabee Sanders announced that the first beneficiary of the president's salary donation for the year would be the beleaguered Department of Veterans Affairs, whose controversial secretary Trump fired in March, and whose replacement nominee, White House physician Ronny Jackson, withdrew from the confirmation process after allegations of improper behavior surfaced.

Acting Veterans Affairs secretary Robert Wilkie, Trump's latest nominee to permanently head the agency, accepted the donation on behalf of the department and thanked the president for his generosity:

The President's gift underscores his promise to do all that he can for veterans, which includes supporting those who care for our veterans — not just those of us at VA, but the husbands, the wives, the families, and the community caregivers who are out there day in and day out making life easier for those who have borne the battle.

President Trump understands the critical role of caregivers in meeting the essential needs of America's veterans.

So we have already earmarked this gift for caregiver support in the form of mental health and peer support programs, financial aid, education training, and research.

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8.7 - Military.com: [Ex-VA Nominee Ronny Jackson Now Officially Under DoD Investigation](#) (4 June, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Defense Inspector General's office confirmed Monday that an investigation has begun into the allegations that derailed President Donald Trump's nomination of Rear Adm. Ronny Jackson to become VA Secretary.

Allegations of drinking on the job and other misconduct by Jackson, Trump's personal physician and head of the White House medical unit, have also held up Jackson's promotion to two-star rank.

A one-line statement from the Defense Department confirmed that "The DoD Office of Inspector General has initiated an investigation into allegations related to Rear Admiral (Lower Half) Ronny L. Jackson."

The allegations against Jackson were first raised by Sen. Jon Tester, D-Montana, ranking member of the Senate Veterans Affairs Committee, who said the concerns about Jackson came from current and former co-workers.

Jackson later withdrew his name from consideration to replace Dr. David Shulkin as head of the Department of Veterans Affairs. He then returned to the White House medical unit.

Trump said at the time that Tester, who is up for re-election in November, would have a "big price to pay" for scuttling the nomination.

The nomination of Jackson came as a surprise. And Trump acted unexpectedly again last month by naming Robert Wilkie, the acting VA Secretary, to take a permanent post as head of the government's second largest organization, after the Defense Department.

Wilkie had been serving as the Pentagon's under secretary for Personnel and Readiness when he was moved over to the VA.

Last week, the VA said that Wilkie was stepping down as acting secretary to get around a section of the U.S. Code barring an acting secretary from taking the permanent post.

VA Chief of Staff Peter O'Rourke is temporarily stepping in as acting secretary pending Wilkie's Senate confirmation hearing. A date for that hearing has yet to be set.

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8.8 - Military Times: [Defense officials open investigation into drinking, drug allegations against White House doctor](#) (4 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Defense Department officials have opened a formal investigation into the conduct of former White House physician Rear Adm. Ronny Jackson, following allegations of unprofessional behavior during his bid to become Veterans Affairs secretary earlier this year.

Jackson, a 23-year naval officer who still works in the White House Medical Office, has kept a low-profile since withdrawing from consideration for the Cabinet-level post in late April.

That move came amid allegations of on-the-job drinking, improper handling of prescription drugs and abusive behavior towards subordinates from whistleblowers who reached out to senators in advance of planned confirmation hearings.

A spokesman for the Department of Defense's Office of Inspector General confirmed Monday that officials have initiated an investigation into those charges, to see whether any punitive actions against Jackson may be warranted.

In a statement on April 26, Jackson insisted that the allegations were "completely false and fabricated" by political opponents.

"If they had any merit, I would not have been selected, promoted and entrusted to serve in such a sensitive and important role as physician to three presidents over the past 12 years," he said.

But the reports drew criticism from both Democrats and Republicans on Capitol Hill over whether Jackson had the right demeanor to serve as the head of the nearly \$200-billion federal department, and whether the White House had properly vetted Jackson for the high-level post.

Jackson was a surprise pick for the VA secretary job following the firing of David Shulkin in March, after months of administration infighting over his policy stances and handling of a travel scandal last summer.

President Donald Trump announced Jackson's nomination over Twitter, praising him as an honorable man who would help reform problems within VA.

But veterans groups and lawmakers questioned Jackson's knowledge of veterans policy issues and VA's complex bureaucracy, noting his lack of experience with either.

White House officials pushed back against those charges, saying Jackson served three presidents and received glowing reviews from each. They also insisted they had no knowledge or proof of whistleblower allegations leveled against Jackson.

Those charges — detailed by Senate Veterans' Affairs Committee Democrats — included accusations that Jackson wrote false prescription orders for himself and others, undermined superiors and subordinates to cover his mistakes, and frequently drank while on duty, one time crashing a government vehicle while intoxicated.

White House officials had no comment on the new inspector general investigation announcement. Jackson returned to the White House Medical Office after his withdrawal from the confirmation process but was not renamed the top White House doctor.

Despite working for three different presidents, Jackson was largely unknown until a press conference earlier this year where he offered a positive assessment of Trump's health, praising the commander-in-chief's "incredible genes" and noting "if he had a healthier diet over the last 20 years he might live to be 200 years old."

Defense officials have not said what penalties Jackson may face if he is found guilty of unprofessional behavior, or what recourse he might have if he is cleared of the charges.

Last month, Trump announced plans to nominate Robert Wilkie, the Pentagon's undersecretary for Personnel and Readiness, to be Jackson's replacement as the next VA secretary. Wilkie served as acting VA secretary during Jackson's controversial nomination.

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8.9 - Spokesman-Review: [Benefits “flip-flopping” by the VA may earn former deputy new fraud trial](#) (4 June, Thomas Clouse, 874k uvm; Spokane, WA)

A former Spokane County sheriff's deputy may get a new trial after one of the federal agencies he was convicted of defrauding somehow didn't keep up on current events and restored his full benefits some four months after he was found guilty at a public trial.

A jury last September found Donald B. Henderson guilty of lying to obtain more than \$650,000 in benefits from both the Veterans Benefits and Social Security administrations, which had been paying him since he signed off on eye exams in 2002 that claimed he was legally blind and could not work.

But prosecutors showed jurors hours of videos showing Henderson driving a riding lawnmower, fixing sprinklers and taking an undercover agent to a shooting range where Henderson both hit his paper target and told the agent where his bullets were striking some 20 paces away. The trial also included a Veterans Administration expert who testified how thoroughly the agency reviews its requests for disability payments.

The jury acquitted Henderson on a charge of committing Social Security fraud but found him guilty of theft of money from Social Security, making false statements to the VA and theft of money from the VA.

Despite the convictions last year, the VA sent Henderson notice in February that he had been deemed “unemployable” and was now eligible for “retroactive reinstatement” back to 2002 for 100-percent disability payments.

Armed with that new document, Henderson's attorneys asked U.S. District Court Judge Rosanna Malouf Peterson in April for a new trial based, in large part, on newly discovered evidence.

Then on May 1, the VA reversed course and again retroactively denied Henderson benefits based on “new evidence,” which apparently refers to the September conviction that someone learned about that same day.

“The logical inference from this whirlwind about-face is simple: (The Office of Inspector General) pressured the VA into changing its decision after receiving Mr. Henderson's motion,” defense attorney Colin Prince wrote in court records. “Moreover, the VA's constant flip-flopping only undermines its own credibility and supports Mr. Henderson's Rule-33 motions. After all, a jury should be entitled to know that the VA's ‘clear and unmistakable opinions’ shift.”

In court Monday, Peterson seemed to agree, saying the changing positions of the VA regarding Henderson's disability status was part of her reasoning to consider a new trial.

“I do have a great deal of respect for the jury system,” Peterson said. “I will tell you I have serious concerns about the government's case” and how the changing VA positions “may have affected the jury's decision.”

Assistant U.S. Attorney Patrick Cashman asked Peterson to allow the conviction to stand, noting that the jurors were able to hear from all of the defense witnesses, testimony about

Henderson's changing sight and experts about the impacts of his keratoconus, which is a thinning of the eye's cornea wall.

"When looking at the evidence as a whole, the jury can look at all these things to assess the weight. The defendant did portray to the VA that he had a permanent condition," Cashman said.

Peterson replied: "There is a difference between permanent blindness and a permanent condition of fluctuating vision. Is the government taking two different stances here?"

Cashman said everyone agreed that Henderson's keratoconus is a permanent condition. The dispute comes in the "subjective" eye exams when doctors relied on Henderson telling them what he could see.

"If he walks in and says he can't see anything but he can see everything, that's untrue," Cashman said. "It was appropriate for the jury to consider."

Peterson asked about the initial diagnosis in 2002 and whether Cashman considered Henderson's initial lie based from a doctor's written opinion.

"I've had problems with this from the beginning," she said.

Cashman said both sides presented different theories. He noted a large disparity in what Henderson told eye doctors he could see versus his actions, such as shooting at the range and calling out where bullets are hitting the target.

"That draws a very large conflict in the evidence," he said. "It is presumed that the jury resolved whatever conflict there is between the two theories. The defendant was afforded a fair trial."

Peterson asked Cashman how the VA's "flip-flopping" on Henderson's benefit status affected the government's case.

"How the VA made that decision (to restore benefits), I'm not aware of," Cashman said. "I can't speak to why the VA didn't access the jury verdict."

VA spokesman Bret Bowers referred questions to his counterpart, Rob Hard in Seattle. Hard did not respond Monday to phone and electronic messages seeking comment from the VA regarding the decision in February to restore Henderson's benefits four months after his conviction.

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8.10 - KHQ (NBC-6): [Man arrested for sending threats to Wenatchee VA Clinic doctor](#) (11 May, 319k uvm; Spokane, WA)

A man is accused of sending threatening messages to a doctor at the VA Clinic in Wenatchee.

According to iFIBER One News, a Veterans Affairs Administration call center reported a threat from a client against the VA Clinic located in the Olds Station area.

The client was identified by Wenatchee Police as 28-year-old Wenatchee resident Paul Taylor.

The suspect reportedly stated “If I have to fight, so be it. If I have to bring war to the VA, so be it,” Wenatchee police said. The man also stated that he would come to the clinic about 4 p.m.

Officers made contact with Taylor who agreed he would not go to the clinic. Taylor told police that he was upset about a medical issue he felt was not being properly treated.

Later that afternoon, a doctor at the VA Clinic began receiving text messages on her personal phone, reportedly from Taylor.

“This time, the threats were more specific,” Capt. Edgar Reinfeld told iFIBER One. “Taylor provided details about names and addresses for extended family members and friends of the doctor. He also noted that he had skills as a former Special Operations Soldier. Taylor went on to tell the doctor that he saw her as a threat to his safety. He also described the view from her home and explained how he could see it. Finally he sent her a picture of himself holding a picture of her husband and child she recognized from her husband’s Facebook profile.”

The texts reportedly read, “You had your chance. You owe Paul...I fully see you as a threat to my safety. I love how well I can see your house up in these hills.”

The VA Clinic was placed into lockdown, along with a daycare area. Both the Chelan County Regional SWAT Team and the Douglas County Special Response Team were activated as police began searching for Taylor.

Wenatchee police say Taylor was found entering East Wenatchee on the George Sellar Bridge and Taylor was arrested following a high-risk traffic stop.

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Veterans Affairs Media Summary and News Clips

7 June 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Trump signs bill to expand private care at troubled VA](#) (6 June, Hope Yen, 24.2M uvm; Washington, DC)

President Donald Trump signed a bill into law Wednesday that will give veterans more freedom to see doctors outside the troubled Veterans Affairs system, a major shift aimed at reducing wait times and improving care by steering more patients to the private sector. At a Rose Garden event at the White House, Trump praised the legislation as fulfilling his pledge to fix the Department of Veterans Affairs by bringing accountability and providing private care to veterans whenever they feel unhappy with government-run health care.

[Hyperlink to Above](#)

1.2 - Washington Post: [Trump signs veterans health bill as White House works against bipartisan plan to fund it](#) (6 June, Erica Werner and Lisa Rein, 43.9M uvm; Washington, DC)

President Trump is fighting a bipartisan plan to fund the much-touted expansion of veterans health care he signed into law on Wednesday, as the White House argues against a boost in federal spending to fund the new initiative. “The VA Mission Act authorizes and expansion of veterans’ access to private health care, but the bill does not reserve federal money to pay for it.

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1.3 - Wall Street Journal: [Trump Launches Revamp of Veterans’ Health Care. Can a Rudderless VA Carry It Out? Law aims to change how veterans get private-sector care but officials who planned it may not be the ones to implement it](#) (6 June, Ben Kesling, 43.6M uvm; New York, NY)

President Donald Trump signed into law Wednesday a sweeping measure to revamp the Department of Veterans Affairs’ health-care system, which will likely change the way veterans get care in the private sector and will empower the VA secretary to make major administrative changes. But the VA secretary who helped craft the bill was recently fired by Mr. Trump, and the president hasn’t formally nominated a successor...

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1.4 - USA Today (Video): [Trump signs VA law to provide veterans more private health care choices](#) (6 June, Donovan Slack, 36.8M uvm; McLean, VA)

President Trump signed legislation Wednesday paving the way for a major overhaul of the Department of Veterans Affairs and expanded access for veterans to VA-funded care in the private sector. The measure, which passed both chambers of Congress last month with overwhelming bipartisan support, delivers on a key campaign promise for Trump, who pledged to provide veterans with more non-VA health care choices.

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1.5 - Politico: [Trump snubs Tester at VA bill signing](#) (6 June, Arthur Allen, 23.9M uvm; Arlington, VA)

President Donald Trump’s vendetta against Sen. Jon Tester took a snippy turn today when the Democratic senator from Montana was left off the invite list for a White House signing of a VA bill that he had co-written. Although the VA Mission Act passed 92-5 in the Senate and 347-70

in the House, there were no Democrats at Trump's side. Tester, the ranking member on the Senate Veterans Affairs committee, wasn't even in the room.

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1.6 - AARP: [More Caregivers for Veterans to Be Eligible for Stipends - President signs bill that provides stipends for relatives and friends who assist those severely injured in line of duty before 9/11](#) (6 June, David Frank, 22M uvm; Washington, DC)

Help is on the way for tens of thousands of veterans who need someone to help care for them because of serious injuries they suffered in the line of duty. A popular Department of Veterans Affairs (VA) program that pays family members or friends to serve as caregivers to severely injured veterans currently applies only to those who joined the military on or after Sept. 11, 2001.

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1.7 - Military.com: [Trump Signs \\$55 Billion Bill to Replace VA Choice Program](#) (6 June, Richard Sisk, 9M uvm; Washington, DC)

President Donald Trump signed a landmark bill Wednesday to replace the troubled Veterans Choice Program and expand private health care options amid a fight between the White House and Congress over how to pay for it. The bill, the VA Mission Act, would also expand caregivers assistance to the families of disabled veterans and order an inventory of the Department of Veterans Affairs' more than 1,100 facilities with a long-term view to trimming excess.

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1.8 - Military Times: [More fights set over sweeping veterans reforms just signed into law](#) (6 June, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed the sweeping \$52 billion VA Mission Act into law on Wednesday. Now the fight starts over what that means. The measure, which drew bipartisan support in Congress and effusive praise from Trump at a White House signing ceremony, lays the groundwork for an overhaul of the Veterans Affairs community care programs, with the promise of easier access to free appointments with private-care doctors for veterans.

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1.9 - Stars and Stripes: [Signing of VA reform bill prompts questions about how to fund it](#) (6 June, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump signed a massive Department of Veterans Affairs reform bill into law Wednesday, marking the start of a long implementation process and a likely fight over how to fund it. Trump, who considered the moment a major political victory, signed the VA Mission Act during a ceremony at the White House, surrounded by some of the lawmakers and veterans groups who brokered the deal to get it through Congress.

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2. [Greater Choice for Veterans](#)

2.1 - FOX News (Video): [Opinion - Rep. Daniel Webster: Trump takes action to improve veterans' health care](#) (6 June, Rep. Daniel Webster (R-Fla.), 32.5M uvm; New York, NY)

In a victory for veterans, President Trump signed a bill into law Wednesday that I co-sponsored to enable more veterans to get medical care from doctors outside the Department of Veterans Affairs (VA) system. The VA Mission Act was designed to address problems of long waiting lists that caused unacceptable delays in veterans receiving needed health care directly from the VA.

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2.2 - CBS News (Video): [Trump signs VA Mission Act](#) (6 June, 26M uvm; New York, NY)
President Trump signed the VA Mission Act Wednesday afternoon, which will facilitate military veterans' access to private-sector health care, should they choose to seek medical care outside of that provided by the Department of Veteran Affairs. "If the VA can't meet the needs of a veteran in a timely manner, that veteran will have the right to go right outside to a private doctor. So simple and yet so complex," he said.

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2.3 - The Hill: [Trump signs VA reform bill without Democratic co-author](#) (6 June, Jordan Fabian, 11.9M uvm; Washington, DC)
President Trump on Wednesday signed a sweeping, bipartisan bill designed to expand veterans' access to private health care, at a ceremony that excluded its Senate Democratic co-author. During the event in the White House Rose Garden, Trump framed the bill as a fulfillment of his campaign promise to overhaul the Department of Veterans Affairs' (VA) scandal-plagued health program.

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2.4 - The Hill: [Opinion - Trump signs VA Mission Act — this is a health care win for vets](#) (6 June, Rory E. Riley-Topping, 11.9M uvm; Washington, DC)
The Department of Veterans Affairs has a mission statement, which reads, "to care for he who has borne the battle, his widow and his orphan" is well-known, even to those who are not directly impacted by the agency. Unfortunately, at times, it seems that VA has taken an intermission from its mission statement. In analyzing the VA's recent drama with choice through a three-act drama structure...

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2.5 - The Hill (Video): [Trump signing veterans bill despite White House attempts to stop funding plan: report](#) (6 June, John Bowden, 11.9M uvm; Washington, DC)
President Trump is scheduled to sign a bill on Wednesday that would expand veterans' access to private health-care services while his aides reportedly work behind the scenes to thwart a Senate plan to fund it. Trump's aides have circulated memos to senators calling a plan from several committee chairmen to fund the VA Mission Act with a separate \$50 billion measure "anathema to responsible spending..."

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2.6 - Washington Times: [Trump signs law to expand health care choices for veterans, reform VA](#) (6 June, Dave Boyer, 10.8M uvm; Washington, DC)
President Trump signed a sweeping new law Wednesday to expand veterans' access to private health care, calling it "one more crucial step in fulfilling our duty" to veterans. On the 74th anniversary of the D-Day invasion of Normandy, Mr. Trump gathered with veterans, lawmakers

and other officials in the White House Rose Garden to sign the \$50 billion VA Mission Act. The president said no veteran who serves their country “should have to fight for their lives when they come home” just to obtain quality medical care.

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2.7 - Arizona Republic: [Trump signs landmark legislation to reshape health care for veterans](#) (6 June, Donovan Slack and Dennis Wagner, 10.8M uvm; Phoenix, AZ)
President Trump signed legislation Wednesday paving the way for a major overhaul of the Department of Veterans Affairs and expanding access for veterans to VA-funded medical care in the private sector. “These are sweeping, historic changes,” Trump said during a Rose Garden ceremony. “There’s never been anything like this in the history of the VA.”

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2.8 - FOX Business: [Trump on giving veterans more access to private care](#) (6 June, 10.8M uvm; New York, NY)
Former Army Special Ops Commander Tyler Merritt on what is needed to reform Veterans Affairs.

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2.9 - Newsmax (Video): [Steve Schwab Hails VA Mission Act in Helping Vets' Caregivers](#) (6 June, Cathy Burke, 10.8M uvm; Boca Raton, FL)
The new veterans healthcare bill signed by President Donald Trump on Wednesday changed the landscape for more than 4 million caregivers of wounded warriors, healthcare advocate Steve Schwab told Newsmax TV. In an interview Wednesday on “Newsmax Now,” Schwab, the executive director of the Elizabeth Dole Foundation, which focuses on relatives and friends who care for wounded or ailing vets, hailed the VA Mission Act as one that “gives more choices inside the system and outside.”

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2.10 - Las Vegas Review-Journal: [\\$52B funding for Veterans Affairs includes sweeping overhaul](#) (6 June, Gary Martin, 8.8M uvm; Las Vegas, NV)
Sweeping legislation to reform the Department of Veterans Affairs, fund improved programs that serve millions of vets nationwide, including roughly 300,000 in Nevada, was signed into law Wednesday by President Donald Trump. The president signed the \$52 billion bipartisan bill during a Rose Garden ceremony attended by lawmakers and representatives of veterans groups that supported the legislation and the overhaul of the veteran health care system.

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2.11 - Washington Examiner: [Trump signs VA Mission Act into law to give veterans more healthcare choices](#) (6 June, Gabby Morrongiello, 4.8M uvm; Washington, DC)
President Trump signed a new veterans bill into law Wednesday that will allow people who have served in the military to seek care at private sector medical facilities, fulfilling a promise he made early on in the 2016 election to provide veterans with greater access to healthcare. “All during the campaign, I would go out and say, ‘Why can’t they just go see a doctor instead of standing in line for weeks and weeks and weeks?’”

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2.12 - Washington Examiner (Video): [Opinion - Real change finally comes to the VA, thanks to Trump](#) (6 June, Tony Shaffer, 4.8M uvm; Washington, DC)

It has been a long slog to fix the Veterans Affairs healthcare system. These problems have spanned multiple administrations and proved vexing. The failure of the VA can be traced to two key points: 1.) Leadership failure; the lack of accountability and lack of interest in helping its customers, and 2.) Failure to adopt, leverage, and employ available healthcare management tools.

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2.13 - UPI: [Trump signs VA Mission Act](#) (6 June, Ed Adamczyk and Danielle Haynes, 4.8M vum; Washington, DC)

President Donald Trump on Wednesday signed into law a new veterans healthcare program -- the VA Mission Act. The law, passed by Congress last month, will replace the Veterans Choice Program, which was disparaged in a report Monday by the Government Accountability Office. The new legislation aims to streamline the VA's duplicating community care programs into a single program.

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2.14 - Hartford Courant: [Sen. Chris Murphy Addresses Veterans In Danielson](#) (6 June, Denise Coffey, 2.1M uvm; Hartford, CT)

It was standing room only at the Veterans' Coffeehouse in Danielson, on May 29. Sen. Chris Murphy came to give updates on the status of three issues of particular concern to veterans. He talked about the VA Choice Program aimed at giving veterans access to community providers, rather than VA providers. He spoke about what Washington politicians are doing to address the high rate of soldier suicide in the country.

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2.15 - KMGH (ABC-7, Newsy, Video): [President Donald Trump Signs Bill Overhauling Parts Of The VA](#) (6 June, Ethan Weston and Caitlin Baldwin, 2.1M uvm; Denver, CO)

President Donald Trump signed legislation Wednesday that overhauls parts of the Department of Veterans Affairs and how veterans access health care. "All during the campaign, I'd go out and say, 'Why can't they just go see a doctor instead of standing in line for weeks and weeks and weeks?' Now they can go see a doctor," the president said before signing.

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2.16 - WFED (AM-1500, Video): [Trump signs VA MISSION Act into law, though funding questions remain](#) (6 June, Nicole Ogrysko, 831k uvm; Washington, DC)

President Donald Trump signed the highly-anticipated VA MISSION Act into law Wednesday afternoon, signaling the end of one community care program at the Veterans Affairs Department (VA) and the beginning of another. "There's never been anything like this in the history of the VA," Trump said from the White House lawn during Wednesday's signing ceremony.

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2.17 - WCBD (NBC-2): [President Trump signing for a new veterans healthcare program](#) (6 June, Jan-Michael Pugh, 274k uvm; Mount Pleasant, SC)

President Donald Trump is expected to sign a new veterans healthcare program, the VA Mission Act of 2018, Wednesday afternoon. The VA Mission Act of 2018 would establish the Veterans Community Care Program to provide care in the community to veterans who are enrolled in the VA healthcare system or otherwise entitled to VA care.

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2.18 - KOTV (ABC-3, Gray DC, Video): [Trump signs law to expand veterans' private health care options](#) (6 June, Alana Austin, 98k uvm; Rapid City, SD)

Supporters call it a sweeping, historic move designed to get veterans the care they need, but as Washington Correspondent Alana Austin reports, some worry more is less. "It's something that has been sorely needed for many many many years," said retired Major John Haynes. Retired Marine John Haynes - a Purple Heart recipient - served in four conflicts.

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2.19 - Atlanta Business Chronicle: [President Trump signs Isakson's VA reform bill](#) (6 June, Dave Williams, 53k uvm; Atlanta, GA)

U.S. Sen. Johnny Isakson, R-Ga., was on hand Wednesday as President Donald Trump signed legislation Isakson authored to improve health care services for veterans while streamlining the U.S. Department of Veterans Affairs' community care programs. The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act is the final piece of a reform package Isakson has been working on for several years in his role as chairman of the Senate Committee on Veterans Affairs.

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3. [Modernize Our System](#)

3.1 - Politico: [Cyber drama on Hill today](#) (6 June, Darius Tahir, 23.9M uvm; Arlington, VA)

With White House support, a Senate Appropriations subcommittee Tuesday moved forward \$1.2 billion in funding for fiscal year 2019 for the transformation of the VA's electronic health record system. The administration was less enthusiastic with other aspects of the VA spending bill, particularly the committee's refusal to merge community care and Veterans Health Administration spending budgets.

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3.2 - Citizen Times: [These are Buncombe County's top building restoration projects of 2018](#) (5 June, Dillon Davis, 318k uvm; Asheville, NC)

Asheville's Charles George VA Medical Center saved its historic Building 9 through a renovation project. The former women's dormitory off Riceville Road previously was slated for demolition — and, by some estimations, was believed to be haunted. However, a renovation of the more than 42,000-square-foot facility saw the building receive new windows, new flooring, new ceilings and a number of other amenities to give it a fresh lease on life.

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3.3 - WLOS (ABC-13): [13 Asheville, Buncombe County preservation projects win Griffin Awards](#) (6 June, 480k uvm; Asheville, NC)

Adaptive Reuse, Charles George VA Medical Center - With holes in the roof and nature taking over, historic Building No. 9 was once slated for demolition. But with community support and encouragement, the Veteran's Administration made the commitment to save Building No. 9 from being lost forever.

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4. [Focus Resources More Efficiently](#)

4.1 - WRIC (ABC-8, Video): [Veterans service centers to remain open after donations pour in](#) (6 June, Kerri O'Brien, 477k uvm; Richmond, VA)

A relief for area veterans who depend on the Military Order Of The Purple Heart to help them with complicated VA claims: MOPH service centers across the country -- including the one in Richmond -- will stay open. In April, 8News uncovered MOPH, which is not funded by the federal government, planned to close all of its 52 service centers around the country due to a lack of donations.

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4.2 - KFVS (CBS-12): [VA granting Vietnam veteran's final wish](#) (6 June, James Long, 445k uvm; Cape Girardeau, MO)

A Vietnam veteran's final wish has been granted by the Marion VA Healthcare System. Veteran Edwin Vega will fly to Washington DC on June 8 to visit the Vietnam Memorial. He will pay his final respects to a friend and fellow soldier. The VA has partnered with the Dream Foundation and Honoring Heroes on Hospice Program to give life to one of our Veteran's final Dream.

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4.3 - Herald-Mail: [Martinsburg VA center to host Veterans Mini-Games](#) (6 June, 158k uvm; Hagerstown, MD)

The Martinsburg Veterans Affairs Medical Center will host the annual VA Capitol Health Care Network Veterans Mini-Games competition Saturday from 9 a.m. to 4 p.m. Veterans from the Martinsburg, Baltimore, Washington and Lebanon, Pa., medical centers will compete in athletic events, including track and field, pickleball, shuffleboard and more.

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4.4 - Providence Business News: [Neuroscience center at Providence V.A. gets \\$4.5M funding renewal](#) (6 June, Chris Bergenheim, 61k uvm; Providence, RI)

The Rehabilitation Research and Development Center for Neuroresotration and Neurotechnology at the Providence V.A. Medical Center, or CfNN, received a five-year, \$4.5 million funding renewal, the hospital announced last week. The center is one of 12 centers in the United States funded through the U.S. Department of Veterans Affairs' Rehabilitation Research and Development Service.

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4.5 - Contagion Live: [Only 4% of VA Hospitals Require Flu Vaccines for Health Care Personnel](#) (6 June, Einav Keet, 20k uvm; Cranbury, NJ)

Influenza vaccination coverage rates among the general public still remain below target, but a new study has found that coverage among health care workers in the United States has gone up since more hospitals have made it a requirement. Among the general population, flu vaccination rates have continued to lag below coverage goals set by public health officials.

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5. [Improve Timeliness of Service](#)

5.1 - KCNC (CBS-4, Video): [What The VA Mission Act Really Means For Veterans](#) (6 June, Michael Abetya, 26.4M uvm; Denver, CO)

Access to medical care for U.S. veterans has been an important issue in Washington since 2014. That's when a TV news investigation found that veterans were waiting so long for care that in some cases they were dying before they ever were seen by a doctor. That spurred the Choice Act, which gave veterans access to VA-certified health care providers outside of the Department of Veterans Affairs.

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5.2 - Men's Health: [Veteran Dies After Catheter Was Inflated in His Penis, According to Lawsuit - Here's what to know about catheters and their risks.](#) (6 June, Melissa Matthews, 10.8M uvm; New York, NY)

Gilbert Harris had multiple sclerosis and a traumatic brain injury; the lawsuit states he was visiting a VA urology clinic in Kansas City for neurogenic bladder, a common complication of MS, the Kansas City Star reported. The condition makes it difficult for patients with brain, spinal cord, or nerve problems to control their bladders.

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5.3 - Houston Chronicle: [Veterans deserve cannabis freedom to combat PTSD](#) (6 June, Nick Etten, 1.2M uvm; Houston, TX)

On average, 22 veterans commit suicide every day. Veterans suffer chronic severe pain at rates disproportionately higher than their civilian counterparts (roughly 40 percent higher according to the National Institutes of Health), helping to explain why the opioid crisis has hit veterans at a rate two times the national average.

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5.4 - KTAR (FM-92.3): [New Phoenix VA report notes concerns about in-hospital complications](#) (6 June, 446k uvm; Phoenix, AZ)

The number of in-hospital complications and adverse events following surgeries remains a concern for the scandal-ridden Phoenix-area veterans health system, according to a new government report. The results of an inspection by the Department of Veterans Affairs' Office of Inspector General were released a day before President Donald Trump signed a bill Wednesday expanding private care for veterans as an alternative to the VA system.

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5.5 - Becker's Hospital Review: [Missouri VA hospital improperly inflated patient's catheter, killed him, lawsuit claims](#) (6 June, Megan Knowles, 441k uvm; Chicago, IL)

A lawsuit filed June 1 claims staff at Kansas City (Mo.) VA Medical Center improperly inflated a catheter in a patient's penis, causing him to contract sepsis and die, The Kansas City Star reports. The patient, 52-year-old Gilbert Harris, visited the VA hospital's urology clinic May 12, 2016, for treatment of neurogenic bladder, according to the lawsuit.

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5.6 - New Hampshire Union Leader: [Acting VA director: Upcoming report could set model for care](#) (5 June, Mark Hayward, 318k uvm; Manchester, NH)

The findings of the Vision 2025 Task Force will be issued in the coming weeks, charting a future for veterans health care in the Granite State and possibly setting a model for the rest of the country, Peter O'Rourke, the acting Veterans Affairs secretary said Tuesday during a visit to Manchester VA Medical Center.

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5.7 - Temple Daily Telegram: [Belton woman heads to D.C. Thursday to discuss burn pit health issues](#) (6 June, David A. Bryant, 157k uvm; Temple, TX)

Life was good for Frederick T. Slape. The 42-year-old had retired in 2012 as a sergeant first class from the Army, had taken a couple years off to relax, and had recently started a job he loved, working as a service manager for a heavy equipment company. He and his wife, Diane, had a house in Kempner and had just sent their youngest daughter, Montana, off to college in August 2015.

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5.8 - KREX (CBS-5, Video): [VA Mission Act: What it Means for Grand Valley Vets](#) (6 June, Chelsea Helms, 34k uvm; Grand Junction, CO)

President Trump signed the VA Mission Act of 2018 on Friday, a bill that expands private health care for veterans by allowing them to make appointments with private doctors with approval from a VA provider. Director of the Grand Junction Veterans Health Care System Michael Kilmer stopped by KREX 5 News to explain how the act will impact local veterans.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Yo! Venice!: [It's a New Day at the WLA VA](#) (6 June, Marcie Polier Swartz, 37k uvm; Los Angeles, CA)

Our year of articles for Yo! Venice is drawing to a close. Next month's issue will be our last article in the series we've been authoring to keep our communities eyes and hearts focused on the amazing changes going on at our VAGLAHS. This month we will focus on our accomplishments these past 11 months. Next month we'll focus on the new programs that we are planning.

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7.2 - Winchester Star: [Mysterious 'Woman in Black' completes final journey - Elizabeth Libby Poles died May 1 at age 60](#) (6 June, Onofrio Castiglia, 154k uvm; Winchester, VA)

Elizabeth Libby Poles, the mysterious "Woman in Black" who was at the center of a social media sensation in 2014, has died. Poles passed away May 1 at age 60, according to the U.S. Department of Veterans Affairs. She is buried in Culpeper National Cemetery, having served as a sergeant in the Army during the Persian Gulf War.

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8. [Other](#)

8.1 - ABC News (AP): [Man gets prison for scamming veterans program post 9/11](#) (6 June, 24.2M uvm; Washington, DC)

A Pennsylvania man involved in a scheme that stole more than \$24 million from a federal education benefits program designed to help veterans post 9/11 is now headed to prison. New Jersey federal prosecutors said David Alvey received a five-year sentence Monday. The 51-year-old Harrisburg man had pleaded guilty in February to conspiracy to commit wire fraud.

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1. [Top Stories](#)

1.1 - ABC News (AP): [Trump signs bill to expand private care at troubled VA](#) (6 June, Hope Yen, 24.2M uvm; Washington, DC)

President Donald Trump signed a bill into law Wednesday that will give veterans more freedom to see doctors outside the troubled Veterans Affairs system, a major shift aimed at reducing wait times and improving care by steering more patients to the private sector.

At a Rose Garden event at the White House, Trump praised the legislation as fulfilling his pledge to fix the Department of Veterans Affairs by bringing accountability and providing private care to veterans whenever they feel unhappy with government-run health care.

"All during the campaign I'd go out and say, 'Why can't they just go see a doctor instead of standing in line for weeks and weeks and weeks?' Now they can go see a doctor," he said.

The sweeping \$51 billion plan, which would also expand a VA caregivers program to cover families of veterans of all eras, cleared the Senate on a 92-5 vote last month. The House approved it on a 347-70 vote.

The legislation will give veterans access to private care when they have endured lengthy wait times or the treatment was not what they had expected. But it could escalate costs, and some lawmakers warn this could put the VA at risk of budget shortfalls next year.

A bipartisan group of senators is seeking to pay for the law by adding new funds to cover the VA private care program, but the White House has been quietly working to block that plan, saying it is "anathema to responsible spending." Warning of "virtually unlimited increases" in veterans care spending, the Trump administration argued in a memo circulated to lawmakers that added costs to the newly expanded private care program should be paid for by cutting spending elsewhere at VA.

"Without subjecting the program to any budgetary constraint, there is no incentive to continue to serve veterans with innovative, streamlined, and efficient quality of care," according to the memo obtained by The Associated Press.

Major veterans groups have cautioned against "cannibalizing" VA programs to pay for Choice, saying more funding is needed.

"We do our veterans no favors by promising care without backing it up with resources," said Sen. Patrick Leahy of Vermont, the top Democrat on the Senate Appropriations Committee. He warned that failing to provide new funding "would jeopardize the health care and well-being of our veterans."

The VA secretary will have wide leeway in implementing the legislation based in part on available money. Trump is nominating acting VA secretary Robert Wilkie to permanently lead the government's second-largest department, which serves 9 million veterans. Democrats say they intend to question Wilkie at his confirmation hearing on whether he plans to "privatize" or

degrade the VA health system, an issue that former VA Secretary David Shulkin says led to his firing in March.

The legislation would create a presidentially appointed commission to review the closure of underperforming VA facilities. House Democrats had sought restrictions on the commission but were rebuffed by House Republicans and the White House.

House Minority Leader Nancy Pelosi, D-Calif., cautioned that the lack of new money for the legislation sets up "another VA crisis and billions in budget cuts to critical veteran initiatives down the road."

The measure builds on legislation passed in 2014 in response to a wait-time scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments.

The legislation would loosen Choice's restrictions that limit outside care to only when a veteran must wait 30 days for an appointment or drive more than 40 miles to a VA facility. Currently, more than 30 percent of VA appointments are in the private sector.

Veterans groups cheered the legislation as major step toward improving veterans care.

"This historic legislation will help our veterans get the care they earned," said Keith Harman, national commander of Veterans of Foreign Wars.

Associated Press writers Jill Colvin, Darlene Superville and Andrew Taylor contributed to this report.

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1.2 - Washington Post: [Trump signs veterans health bill as White House works against bipartisan plan to fund it](#) (6 June, Erica Werner and Lisa Rein, 43.9M uvm; Washington, DC)

President Trump is fighting a bipartisan plan to fund the much-touted expansion of veterans health care he signed into law on Wednesday, as the White House argues against a boost in federal spending to fund the new initiative.

"The VA Mission Act authorizes and expansion of veterans' access to private health care, but the bill does not reserve federal money to pay for it. A group of powerful Senate committee chairmen from both parties aims to remedy that by advancing a separate measure for the new \$50 billion law, saying this is the best way to ensure the new programs give veterans access to medical care.

But the White House has been lobbying Republicans to vote the plan down, instead asking Congress to pay for veterans programs by cutting spending elsewhere.

The opposition to the funding plan is the latest demonstration of Trump's variable approach to the longtime stated Republican goal of fiscal discipline. On some issues, most prominently last year's \$1.5 trillion tax bill or immigration measures such as the border wall, Trump has signed off on legislation projected to massively increase the federal deficit.

On others, such as the veterans bill and emergency legislation to support communities impacted by last year's devastating hurricanes and the California wildfires, he has demanded offsetting spending cuts. Without passage of the veterans funding bill soon, lawmakers and veterans groups warn that the Veterans Affairs will be forced to make difficult trade-offs about which veterans programs should be funded.

"You shouldn't have to ask Congress every year for money to take care of veterans, said John Hoellwarth, communications director for AMVETS, one of the country's major veterans groups.

The current debate could be a preview of spending fights to come, with the next government shutdown deadline looming on Sept. 30, just ahead of the November midterm elections. Trump has already issued demands for more money for his border wall, something likely to meet resistance in the Senate, setting up the possibility of a shutdown showdown weeks before elections that will decide control of Congress.

In a memo circulated privately to Republican senators this week, White House officials slammed the leading veterans funding proposal as "anathema to responsible spending" and that predicts it would lead to ballooning costs and "virtually unlimited increases" in veterans' spending on private health care.

"Without subjecting the program to any budgetary constraint, there is no incentive to continue to serve veterans with innovative, streamlined and efficient quality of care," the administration says in the memo, which was obtained by The Washington Post.

Sen. Richard C. Shelby (R-Ala.), head of the Senate Appropriations Committee, argued that if Congress does not ratify his proposal, the alternative could be to cut \$10 billion a year for five years from existing programs, including initiatives within the Veterans Affairs Department.

"If we don't get on it we're going to have a hole of \$10 billion in our approps," Shelby said Tuesday, predicting "some real trouble."

Shelby is joined in his effort by the top Appropriations Committee Democrat, Patrick J. Leahy (Vt.), as well as the leaders of the Veterans' Affairs Committee, Chairman Johnny Isakson (R-Ga.) and Sen. Jon Tester (D-Mont.).

Their coalition reflects a renewed commitment in the Senate to completing spending bills on a bipartisan basis after years of budget dysfunction.

Their effort has run into stringent opposition from a White House still reeling from conservative backlash to the \$1.3 trillion government-wide spending bill Trump signed in March. The deal broke through previous spending caps with huge increases in domestic spending Democrats demanded in exchange for military spending sought by Republicans.

Conservatives, including close Trump allies, publicly slammed the spending package and criticized Trump for signing it, and the administration has subsequently dug in against new spending and worked to claw existing spending back.

Trump frequently touts his support of veterans and members of the armed services, promising during the campaign to fix VA and give more veterans access to private health care. Aiming to

keep those promises, veterans programs are one of the few areas aside from the military where Trump has encouraged new spending.

But the White House says it won't accept new spending on the veterans bill above the overall domestic spending levels already negotiated with Congress, arguing enough money can be found to fund it within existing budget limits.

"The President's 2019 Budget supports a new, consolidated community care program for veterans and all of VA health care within the discretionary caps already in place. We have a responsibility to provide our Veterans with the care they deserve, while also being good stewards of the taxpayer dollar," the administration said in a statement.

The VA spending fight could come to a head as soon as this week, as lawmakers prepare to take up a military construction and VA appropriations bill that the bipartisan group of chairmen want to use to fund the VA Mission Act's program.

The tension over how to pay for the legislation is part of a larger debate over private care for veterans. The Mission Act revamps a private-care program Congress approved in 2014 after a scandal over fudged patient wait lists for medical appointments. The new, bipartisan measure consolidates numerous private-care programs that were fragmented and inefficient and drew support from disparate veterans groups that often disagree. It also expands stipends for a popular program that pays family caregivers of veterans who served in Vietnam and later wars, for example, a priority for advocates.

Funding questions dogged the bill during its debate in the House, where Democrats had sounded an alarm on what they called the legislation's unsustainable costs. Rep. Tim Walz (Minn.), the House Veterans' Affairs Committee's ranking Democrat, described a "stark picture of a VA forced to cannibalize itself in order to pay for private care," with potential funding cuts to investments in buildings, direct patient care, suicide prevention, medical research and job training.

The legislation's biggest costs, though, will come in new doctor's appointments outside the VA system, which now sends roughly a third of veterans to private doctors. The Congressional Budget Office estimated the increase at 640,000 veterans each year, particularly with new authorization for VA to negotiate a contract for care at private walk-in clinics.

But the shift to greater outsourcing — arguably the top White House priority for veterans — has been controversial. It was a key reason the president fired VA Secretary David Shulkin in March after the White House suspected that he was not pushing "choice" aggressively enough. Many Democrats, traditional veterans service organizations and federal employee unions adamantly oppose the goal of giving veterans unfettered options to choose private doctors, arguing that such a change would starve VA's vast system of government health care, the country's largest.

Another sticking point is cost. There is no reliable estimate and little research to determine how much taxpayers pay for a private medical appointment versus one inside VA's system of 1,300 clinics and hospitals. Conservatives and liberals agree that outsourcing tends to cost more because VA care has economies of scale, but how much more is a question that will affect the spending debate between the senators and the White House.

"The Congressional Budget Office has not done a good job projecting how much private care costs because VA doesn't share its data and often doesn't collect it, so you can't make an

accurate prediction,” acknowledged Dan Caldwell, executive director of Concerned Veterans for America, a White House-allied group backed by the conservative industrialists Charles and David Koch that has led the push for veterans to decide where to get their medical care and from whom.

Caldwell said, however, that the White House is right to oppose lifting the budget caps to cover the Mission Act. He said that consolidating the multiple private care programs that exist now should control the new bill’s costs.

“I think they can pay for this program without raising the caps,” Caldwell said.

Traditional veterans groups such as Hoellwarth’s AMVETS are suspicious of what they see as a White House strategy to privatize VA. Any they were adamant that if the spending caps aren’t raised, the agency could be forced to take money from other valuable veterans’ benefits to ensure that veterans have access to health care.

Phillip Carter, a senior researcher at the Rand Corp., a nonprofit think tank, said the bill creates another unanswered question on cost: It could push up the demand for medical care at VA hospitals as the pressure on them eases with more outside appointments.

“When the agency agrees to fund new programs as it has done here, there is potential for far more veterans to use the system, whether it’s inside VA or outside,” Carter said. “That’s what the White House and Congress have to reconcile themselves to, demand going up overall and costing more.”

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1.3 - Wall Street Journal: [Trump Launches Revamp of Veterans’ Health Care. Can a Rudderless VA Carry It Out? Law aims to change how veterans get private-sector care but officials who planned it may not be the ones to implement it](#) (6 June, Ben Kesling, 43.6M uvm; New York, NY)

President Donald Trump signed into law Wednesday a sweeping measure to revamp the Department of Veterans Affairs’ health-care system, which will likely change the way veterans get care in the private sector and will empower the VA secretary to make major administrative changes.

But the VA secretary who helped craft the bill was recently fired by Mr. Trump, and the president hasn’t formally nominated a successor, prompting some lawmakers and veterans’ advocates to say there are no guarantees about the future course of the department. Some also question how the new law will be interpreted and wonder if the department will move toward privatization.

The VA Mission Act, which Congress passed with bipartisan support before Memorial Day, was designed to overhaul the way veterans get private-sector care, close or consolidate underused facilities and provide new incentives to hire doctors, among other changes.

One of the central purposes of the law is to replace emergency legislation called the Choice Act, which was passed after a VA wait-time scandal sparked demand to change the department and give veterans more choice for their health care.

Congress pushed through the Choice Act in 2014, mandating that the VA implement it within 90 days, which set the program up for failure, said Rep. Phil Roe (R., Tenn.), the chairman of the House Committee on Veterans' Affairs. Earlier this week, a Government Accountability Office report said the VA "cannot determine whether the Choice Program has helped to achieve the goal of alleviating veterans' wait times for care."

"We started this four years ago," Mr. Roe said. "It's one of the most sweeping pieces of legislation we've passed since I've been" in Congress, he said.

The new legislation, while welcomed by most lawmakers and veterans groups, comes at a time of turmoil for the department. The VA has cycled through three secretaries since 2014 and doesn't have an official nominee to succeed David Shulkin, whom Mr. Trump fired in March.

"What this department needs is some long-term stability," Mr. Roe said. He said he is tired of the turnover at the top of the VA, which makes it difficult to have policy continuity.

"This is my fourth secretary. It's not unique to the Trump administration," he said.

After Dr. Shulkin's dismissal, Mr. Trump, a Republican, said he would nominate his personal physician, Rear Adm. Ronny Jackson, to take over the job. His nomination was derailed by misconduct allegations, which led to a Pentagon investigation.

Mr. Trump has said he intends to nominate Robert Wilkie, who was serving as acting secretary following Dr. Shulkin's departure, though he had to step down to be legally nominated for the permanent post. The president hasn't filed nomination paperwork, according to Senate officials.

Mr. Wilkie declined to answer questions about the matter. Acting Secretary Peter O'Rourke also declined to comment.

Some on Capitol Hill said guarantees made by VA administrators about how the law would be implemented come from people who could quit or be fired when a new secretary takes the helm.

"A lot of these promises being made by people currently filling positions are just hollow promises," said a congressional aide familiar with the bill's drafting. "The Senate has a real job ahead of it trying to get assurances from the nominee, moving forward, to define exactly what privatization is and what that is all going to look like."

Other aides said the bill has protections baked in to make sure that the law is implemented as intended, no matter who is in charge of the department.

"This was a very collaborative effort with the VA, veterans service organizations as well as the White House," said a staff member for Sen. Johnny Isakson (R., Ga.) the chairman of the Senate's VA committee. "We are not concerned."

At the signing ceremony, Mr. Trump was surrounded by Republican lawmakers. Only a few Democrats were in attendance, despite the measure's bipartisan support. Two conspicuous absences were the top ranking Democrats from both the Senate and House veterans committees, Sen. Jon Tester of Montana and Rep. Tim Walz of Minnesota.

In a statement Wednesday criticizing the law, Mr. Walz said it doesn't have clear funding, which could require the department to cut corners elsewhere and which will lead to a department "forced to cannibalize itself in order to pay for care in the private sector."

Asked about Mr. Tester's absence, a spokeswoman for the senator said he is "a work horse not a show horse."

The White House didn't respond to a request for comment on the absences.

Representatives of some major veterans organizations said they trust the established process of interaction with the VA as it makes new rules and puts laws into place.

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1.4 - USA Today (Video): [Trump signs VA law to provide veterans more private health care choices](#) (6 June, Donovan Slack, 36.8M uvm; McLean, VA)

President Trump signed legislation Wednesday paving the way for a major overhaul of the Department of Veterans Affairs and expanded access for veterans to VA-funded care in the private sector.

The measure, which passed both chambers of Congress last month with overwhelming bipartisan support, delivers on a key campaign promise for Trump, who pledged to provide veterans with more non-VA health care choices.

"What a beautiful word that is — choice — and freedom to our amazing veterans," Trump said at the signing ceremony. "All during the campaign I'd go out and say, 'why can't they just go see a doctor instead of standing in line for weeks and weeks and weeks?' Now they can go see a doctor."

Working out the details of exactly how and when that will happen is now up to agency officials tasked with drawing up regulations under the law.

If confirmed, Trump's pick to lead the VA, Robert Wilkie, would lead that effort. Criteria to be considered include wait times for VA appointments, quality of VA care and distance from a VA facility.

Known as the VA MISSION Act, the law directs the VA to combine a number of existing private-care programs, including the so-called Choice program, which was created in 2014 after veterans died waiting for appointments at the Phoenix VA.

Two veterans from Texas who traveled to Washington to be at the signing said the Choice program has been extremely helpful for them. Laura Vela, who served in the U.S. Army, and Air Force veteran Antonio Garcia said they previously had to drive nearly four hours each way to reach the nearest VA hospital in San Antonio.

"To me, it's the perfect program," said Garcia, who had his knee replaced last year by a health care provider about a half mile from his home in Brownsville.

"I think it's a step forward," said Vela, who saw a private provider at VA expense for gall bladder surgery. "It is strengthening our health care, and I think it will improve the healthcare and welfare of all of our veterans."

The law also creates a commission to recommend which VA facilities are worth repairing, where new ones should be built, and which ones should be closed and care provided in the private sector instead.

The measure includes some incentives to help the VA hire more health care providers. It allows the agency to provide scholarships to medical students in exchange for their pledging to work at VA. Currently some 33,000 positions are unfilled at the agency.

In addition, the law provides pre-9/11 veterans with benefits to help cover the cost of in-home care-givers. Such benefits previously were provided only to post-9/11 veterans.

The VA also will be allowed to set up pilot programs under the law to test how to deliver better care more efficiently, including with public-private partnerships.

"We're really encouraged about that," said Tony Tersigni, president of Ascension, the largest non-profit health system in the country.

In an interview before attending the signing at the White House, he dismissed concerns that such moves might mark the first step toward privatizing the VA.

"There's certain things that the VA has truly become world specialists in that it would be crazy for us to do away with or try to replicate it somewhere else," Tersigni said. "But there are things that we do extremely well, that we ought to bring to the advantage of a veteran."

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1.5 - Politico: [Trump snubs Tester at VA bill signing](#) (6 June, Arthur Allen, 23.9M uvm; Arlington, VA)

President Donald Trump's vendetta against Sen. Jon Tester took a snippy turn today when the Democratic senator from Montana was left off the invite list for a White House signing of a VA bill that he had co-written.

Although the VA Mission Act passed 92-5 in the Senate and 347-70 in the House, there were no Democrats at Trump's side. Tester, the ranking member on the Senate Veterans Affairs committee, wasn't even in the room.

"He did not get invited to the White House, even though he wrote this bill with Chairman [Johnny] Isakson," Tester spokeswoman Marnee Banks said.

A White House spokesman noted that Democratic Reps. Julia Brownley of California and Ann McLane Kuster of New Hampshire were present at the ceremony.

Trump went on a Twitter rampage against Tester in April, saying he should "have a big price to pay" for releasing employee statements that led Rear Adm. Ronny Jackson to withdraw his

nomination to be VA secretary. Jackson was accused of inappropriately prescribing drugs, drinking on duty and creating a hostile work environment while serving as White House doctor.

The Pentagon says now it had found the allegations, which Jackson denied, credible enough to open an inspector general's investigation.

Trump also snubbed Tester and other Democrats at a signing ceremony May 24 for a banking bill that 16 Democratic senators had supported. But the White House angered some GOP leaders by inviting Sens. Heidi Heitkamp of North Dakota and Sen. Joe Donnelly of Indiana to stand by Trump at other recent ceremonies.

Lorraine Woellert contributed to this alert.

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1.6 - AARP: [More Caregivers for Veterans to Be Eligible for Stipends - President signs bill that provides stipends for relatives and friends who assist those severely injured in line of duty before 9/11](#) (6 June, David Frank, 22M uvm; Washington, DC)

Help is on the way for tens of thousands of veterans who need someone to help care for them because of serious injuries they suffered in the line of duty.

A popular Department of Veterans Affairs (VA) program that pays family members or friends to serve as caregivers to severely injured veterans currently applies only to those who joined the military on or after Sept. 11, 2001. Under the VA Mission Act, which Congress passed in May and President Trump signed Wednesday afternoon, veterans of all eras will be entitled to caregiving assistance. The bill also gives veterans easier access to private doctors.

The measure will benefit veterans of World War II, Korea, Vietnam and the Gulf War who need help with everyday activities, such as bathing, eating and dressing. But the expansion is not expected to be implemented until at least 2019.

Under the current caregiver program, relatives or friends who care for eligible veterans can receive a stipend, training, access to health insurance, counseling and respite care. In 2017, caregivers received between \$7,800 and \$30,000 a year, according to the Congressional Budget Office. The stipends are not considered taxable income.

The new legislation adds legal and financial planning services for both injured veterans and their caregivers.

To be eligible for the program, veterans must need care on a regular basis for at least six months as a result of serious duty-related injuries — either physical (including traumatic brain injury) or psychological trauma and other mental health issues.

Veterans will have to obtain a clinical evaluation to determine how much care per week they are eligible to receive. The maximum stipend is for 40 hours per week, and the amount is determined by the typical hourly wage for home health aides in the geographic area where the veteran lives.

Once the VA has a technology system in place that will support the expansion, the agency plans to phase in the new recipients. First, those who were injured in the line of duty on or before May 7, 1975, would be eligible for the caregiver benefits; next, those injured after May 7, 1975, but before Sept. 11, 2001, would be covered.

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1.7 - Military.com: [Trump Signs \\$55 Billion Bill to Replace VA Choice Program](#) (6 June, Richard Sisk, 9M uvm; Washington, DC)

President Donald Trump signed a landmark bill Wednesday to replace the troubled Veterans Choice Program and expand private health care options amid a fight between the White House and Congress over how to pay for it.

The bill, the VA Mission Act, would also expand caregivers assistance to the families of disabled veterans and order an inventory of the Department of Veterans Affairs' more than 1,100 facilities with a long-term view to trimming excess.

"This is a very big day," said Trump, who made veterans care one of the signature issues of his run for the White House. "All during the campaign, I'd say, 'Why can't they just go out and see a doctor instead of standing on line?'"

"This is truly a historic moment, a historic time for our country," he continued, before signing the bill at a White House Rose Garden ceremony. "We're allowing our veterans to get access to the best medical care available, whether it's at the VA or at a private provider."

In his remarks, Trump did not mention that funds to pay for the bill have yet to be identified, or that the White House and Congress are at odds on funding mechanisms. The bill's projected costs over five years are also in dispute.

At a Senate news conference last month, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee and a key sponsor of the bill, and Sen. Jon Tester, the ranking member of the committee, put the total costs at \$55 billion, although other estimates have it at \$52 billion.

Isakson acknowledged that the bill isn't paid for but said he is working with Sen. Richard Shelby, R-Alabama, chairman of the Senate Appropriations Committee, to add funding for the bill that would likely balloon the deficit. The White House has argued for funding the bill by cutting other programs.

A White House memo obtained by The Washington Post said that simply adding funding is "anathema to responsible spending" and would lead to "virtually unlimited increases" in spending on private health care for veterans.

Shelby said Tuesday that going along with the White House would result in cuts of \$10 billion a year to existing programs, including some at the VA.

"If we don't get on it, we're going to have a hole of \$10 billion in our [appropriations]," said Shelby, who predicted "some real trouble" in reaching agreement, according to a Washington Post report.

Critics of the bill have warned that over-reliance on private-care options could lead to the "privatization" of VA health care, but Trump said, "If the VA can't meet the needs of the veteran in a timely manner, that veteran will have the right to go right outside to a private doctor. It's so simple and yet so complicated."

In his remarks at the ceremony of less than 20 minutes, Trump also noted that it was the 74th anniversary of the D-Day landings in Normandy when U.S. troops "stormed into hell."

"They put everything on the line for us," he said and, like all veterans, "when they come home, we must do everything that we can possibly do for them, and that's what we're doing."

The issue of funding has plagued the existing Veterans Choice Program since it was enacted in response to the wait-times scandals of 2014 in which VA officials were caught doctoring records to show better performance.

The Choice program allowed veterans who lived more than 40 miles from a VA facility or had to wait more than 30 days for an appointment to have access to private care, but the program was time limited and Congress has struggled to come up with money for extensions.

The program was again due to run out of funding May 31, but the VA said there was enough money remaining to keep it in operation until Trump signed the VA Mission Act.

The new bill called for \$5.2 billion in funding to keep the existing Choice program in operation for a year while the VA worked through reforms to consolidate the seven private-care options into one system while eliminating the 30-day, 40-mile restrictions.

However, a Government Accountability Office report on the Veterans Choice Program released Monday cast doubt on the VA's ability to implement the reforms called for under the VA Mission Act.

The GAO said veterans could wait up to 70 days for private-care appointments under the Choice program because of poor communication between the VA and its facilities and "an insufficient number, mix, or geographic distribution of community providers."

TRUMP TOUTS RIDDING VA OF CORRUPTION, POOR PERFORMERS

Ahead of the signing ceremony, the White House put out a statement citing Trump's accomplishments in his first 500 days in office. Veterans programs topped the list.

Trump "worked with Congress to forge an overwhelming bipartisan vote of support" for the VA Mission Act, the statement said. The vote in the House was 347-70; the Senate vote was 92-5.

The VA Mission Act and other veterans legislation will "bring more accountability to the Department of Veterans Affairs and provide our veterans with more choice in the care they receive," the White House statement said.

In his remarks, Trump hailed passage of the VA Accountability Act, which is aimed at getting rid of poor performers, and lashed out at civil service unions for opposing reform.

"Four years ago, our entire nation was shocked and outraged by stories of the VA system plagued by neglect, abuse, fraud and mistreatment of our veterans," he said in a reference to the wait-times scandals.

"And there was nothing they could do about it. Good people that worked there, they couldn't take care of the bad people -- meaning 'You're fired, get the hell out of here,' " Trump said.

More accountability "made so much sense but it was hard," he said. "You have civil service, you have unions. Of course, they'd never do anything to stop anything, but they had a very great deal of power.

"So we passed something that hasn't been that recognized, and yet I would put it almost in the class with Choice. Almost in the class with Choice. VA Accountability -- passed. And now, if people don't do a great job, they can't work with our vets anymore. They're gone," Trump said.

The VA has more than 360,000 employees serving the health care needs of about nine million veterans annually. Most of them are represented by the American Federation of Government Employees, which opposed the VA Mission Act.

The AFGE said that the act amounts to "opening the door to privatization of the country's largest health care system."

The major veterans service organizations (VSOs) also initially feared privatization but came round to backing the VA Mission Act as a catalyst for improving care while preserving the VA's role as the main provider of health care.

In a statement after the signing ceremony, Keith Harman, national commander of the 1.7 million-member Veterans of Foreign Wars, said, "The VFW and other veterans service organizations worked closely with Congress and the White House to help create a carefully negotiated bipartisan deal with the fingerprints of veterans who rely on the VA all over it."

BILL ALSO ADDRESSES CAREGIVERS, EXCESS VA FACILITIES

In addition to expanding private-care options, the bill would also address long-time concerns of the VSOs on the restrictions in the current program to provide small stipends to family members who care for severely disabled veterans.

The program has been limited to post-9/11 veterans, but the bill was aimed at expanding caregivers assistance over two years to veterans of all eras.

Advocates had argued that caregivers assistance saves the VA money by allowing disabled veterans to remain at home rather than relying on more expensive in-patient treatment.

"The more veterans and their caregivers who are eligible for support, the closer we are to fulfilling our promise to care for those who've sacrificed so much on our behalf," Sen. Patty Murray, D-Washington, a chief sponsor, said in a statement.

The Congressional Budget Office has estimated that more than 41,000 caregivers could be added to the rolls under the new bill over the next five years at a cost of nearly \$7 billion.

In reference to the caregivers section of the bill, Trump said, "If you wore that uniform, if at some point you work that uniform, you deserve the absolute best and that's what we're doing."

In a statement, Delphine Metcalf-Foster, national commander of the Disabled American Veterans and herself a former caregiver to her late husband, said in a statement:

"This new law will not only extend support to thousands more deserving family caregivers that severely injured veterans rely on, but also make a number of reforms and improvements to strengthen the VA health care system and improve veterans' access to care."

The bill also ordered up a VA asset review in which the president would set up a nine-member Asset and Infrastructure Review (AIR) Commission, with representatives from VSOs, the health care industry, and federal facility managers.

Opponents have likened the commission to the Base Realignment and Closure Commission (BRAC) at the Pentagon on the hot-button issue of base closings.

The panel would meet in 2022 and 2023 to issue recommendations on "the modernization or realignment of Veterans Health Administration facilities."

At a Senate news conference last month, Carlos Fuentes, the VFW's National Legislative Services director, said comparing AIR to BRAC is misleading.

"Under BRAC, DoD moves its assets, including service members and their families. VA can't force veterans to move," Fuentes said.

At a panel discussion last month in the House, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said that the average age of a building at the VA is more than 50 years.

He said the VA has more than 6,000 buildings in its inventory, and about 1,100 "are not even utilized. So we're paying millions of dollars to keep up empty buildings -- makes no sense."

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1.8 - Military Times: [More fights set over sweeping veterans reforms just signed into law](#) (6 June, Leo Shane III, 2.1M uvm; Springfield, VA)

President Donald Trump signed the sweeping \$52 billion VA Mission Act into law on Wednesday. Now the fight starts over what that means.

The measure, which drew bipartisan support in Congress and effusive praise from Trump at a White House signing ceremony, lays the groundwork for an overhaul of the Veterans Affairs community care programs, with the promise of easier access to free appointments with private-care doctors for veterans.

But major questions remain over how the new provisions will be funded and exactly who will benefit from the overhaul of Veterans Affairs health care offerings.

In his remarks before the signing, Trump insisted the measure gives veterans “real choice” in their health care decisions, adding that “we’ve been looking for choice for a long time.”

Specifics of who will be eligible for the new community care offerings won’t be settled for another year. Veterans groups are gearing up for months of negotiations behind the scenes on rules regarding when patients can seek outside care and what role department medical officials will have in continued oversight of their medical treatments.

“We have faith this administration will properly execute on the regulatory process,” said Dan Caldwell, executive director at Concerned Veterans for America.

“We’re going to be monitoring the rule-making process, and we’re hopeful we’ll get a good set of regulations that come out and ultimately increase choice for veterans in ways that are difficult to undermine by the bureaucracy.”

The bill also includes an expansion of caregiver benefits to veterans of all eras and plans for a review of all VA facilities in coming years, with an eye towards dramatic changes in the department’s national footprint.

But the health care aspects were the most controversial and most challenging for lawmakers. Although the legislation received bipartisan support in Congress and among veterans groups, critics of Trump have warned that the reforms could open the door to widespread outsourcing of veterans medical care to private-sector doctors.

That makes the upcoming rule making for the VA Mission Act a potential battlefield for both advocates and lawmakers. Numerous Democrats have accused Trump of working to privatize VA responsibilities, and major veterans groups have expressed concerns with funding being sent from within the department to outside doctors.

Officials from Vietnam Veterans of America noted that deadlines mandating certain decisions on the new regulations be completed within 120 days have the potential to produce rushed, problematic new guidelines.

“Will Congress still retain authority over this proposed shadow healthcare delivery system?” asked John Rowan, executive director at VVA. “Oversight with accountability is not spelled out to our satisfaction in this legislation.”

“Expanding the scope of the programs and services of Choice without a firm foundation is a recipe for disaster which will ultimately cheat veterans out of the health care they have earned and deserve.”

Also complicating the issue further is a memo to Hill staffers from White House officials opposing a Senate plan to raise non-defense spending caps to cover the costs of the new VA reforms. Administration officials say that money should come from cuts elsewhere in the federal bureaucracy.

The looming fights come after more than a year of intense debate on the issue of VA health care. More than one-third of all VA-funded medical appointments are handled outside the VA medical system, but Trump has repeatedly lamented that too many veterans are trapped using the federal system as their only health care option.

“If the VA can’t meet the needs of a veteran in a timely manner, that veteran will have the right to go right outside to a private doctor,” the president said. “So simple and yet so complex.”

Trump praised Republican congressional leaders for passage of the measure, but did not invite Senate Veterans’ Affairs Committee ranking member Jon Tester, D-Mont. and a co-author of the measure, to the event.

Rule-making responsibilities for now fall to acting VA Secretary Peter O’Rourke to oversee, although he is expected to return to his role as chief of staff after the confirmation of Robert Wilkie as the new permanent VA secretary. No timeline has been set for that process.

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1.9 - Stars and Stripes: [Signing of VA reform bill prompts questions about how to fund it](#) (6 June, Nikki Wentling, 1.5M uvm; Washington, DC)

President Donald Trump signed a massive Department of Veterans Affairs reform bill into law Wednesday, marking the start of a long implementation process and a likely fight over how to fund it.

Trump, who considered the moment a major political victory, signed the VA Mission Act during a ceremony at the White House, surrounded by some of the lawmakers and veterans groups who brokered the deal to get it through Congress. During his presidential campaign, Trump described the VA as the most corrupt federal agency and promised veterans increased access to private doctors.

“In the campaign, I also promised that we would fight for Veterans Choice. And before I knew that much about it, it just seemed to be common sense,” Trump said prior to signing the bill. “I’ll be signing landmark legislation to provide health care choice – what a beautiful word that is, “choice,” – and freedom to our amazing veterans.”

The signing ceremony finalized the end of a contentious legislative fight. Now, VA officials will initiate a rulemaking process, getting down to the nitty-gritty of deciding when veterans will be eligible to go outside the department for medical treatment.

More urgently, Congress must find a way to fund it.

Approximately one-third of all medical appointments made through the VA were outsourced last year to the private sector. Changes in the Mission Act would increase that, resulting in 640,000 more veterans being referred to outside doctors each year at an average cost of \$8,600 per patient, according to the nonpartisan Congressional Budget Office.

The budget office estimated the Mission Act will cost \$52 billion over the next five years, but lawmakers didn’t include a dedicated source of funding.

Funding questions

Questions arose Wednesday about whether money for the Mission Act could be stripped from existing VA services or other parts of the federal budget.

House Democrats predicted the funding issues. Rep. Tim Walz, D-Minn., the ranking Democrat on the House Committee on Veterans' Affairs, helped draft the bill but voted against it because he worried that increased spending for the bill could trigger potential cuts to other VA programs.

When asked about funding concerns before the Senate vote on the Mission Act, key lawmakers who helped pass the bill claimed it wouldn't be a challenge.

"We can work through this...There's nobody up here who wants to short change any other program on behalf of veterans," Sen. Jon Tester, D-Mont., said in a news conference the day before Congress passed the bill.

But on Wednesday, there were signs of a brewing fight. The White House distributed a memorandum to some House and Senate offices, attempting to stymie an effort in Congress to increase spending caps each year in order to pay for Mission Act. Sens. Richard Shelby, R-Ala., and Patrick Leahy, D-Vt., the chairman and ranking Democrat of the Senate Appropriations Committee, are behind the push to get new funding approved for the bill.

Instead, Trump's administration wants the money to come from somewhere in the existing federal budget. The memo, a copy of which was obtained by Stars and Stripes, warned that allowing the VA to break through spending caps could lead to unlimited spending on private doctors.

"Without subjecting the program to any budgetary constraint, there is no incentive to continue to serve veterans with innovative, streamlined and efficient quality of care," the memo reads. "In addition, because this amendment would allow for virtually unlimited increases for community care, it could have the unintended effect of making community care more attractive than care provided in VA facilities and could eventually erode VA's ability to provide care in its facilities."

Administration officials wrote the situation would put the VA "one step closer" to privatization, which the White House said it "adamantly opposes."

Walz, who predicted the debate over funding, said if Congress doesn't approve new money for the Mission Act, the VA could "cannibalize itself."

"Time and again, House Democrats have raised the alarm on the VA Mission Act's lack of a sustainable funding source," Walz said in a prepared statement. "This means current programs investing in VA infrastructure, direct patient care, suicide prevention, medical research, job training, and many more vital veterans programs could face cuts in funding in order to pay for care in the community under this new plan."

The funding fight could culminate in Congress as early as this week, as lawmakers consider a nearly \$196 billion VA spending bill for the 2019 fiscal year.

New rules for private care

The VA Mission Act upends the Veterans Access, Choice and Accountability Act, which was approved by Congress in response to the 2014 VA wait-time scandal. Four years ago, the bill created the Veterans Choice Program, allowing veterans to receive private-sector health care in an effort to ease demand on VA services.

The Choice program was implemented hastily, and many veterans thought the rules were too rigid. The program allows veterans to seek private-sector care only when they live more than 40 miles driving distance from a VA facility or it is estimated their wait for a VA appointment is more than 30 days.

The program was expected to decrease wait times, but a government watchdog released findings Monday revealing that veterans often had to wait between 51 and 64 days for appointments with private doctors. Some of them waited as long as 70 days.

The Government Accountability Office reviewed a sample of appointments from 2016 to determine the average wait times. Auditors blamed inefficiency, unreliable data and understaffing for problems with the program. Multiple changes in policies and procedures within the program created a “tremendous amount of confusion” among VA and private providers, said Sharon Silas, who helped lead the GAO study.

“What we found was that, contrary to the Choice Act’s 30-day, wait-time requirement, VA had designed a process that could actually take up to 70 days for a veteran to receive care from a Choice provider,” Silas said. “The Choice program referral and appointment scheduling processes were quite complex.”

In a written statement Tuesday, the VA didn’t dispute the GAO’s findings. VA Press Secretary Curt Cashour said the Mission Act would “streamline and make many improvements” to the agency’s private-sector care programs.

Under the Mission Act, the VA secretary now has broad authority to wipe out rules under the Choice program and implement new regulations for when veterans can go to private doctors.

With funding from the VA Mission Act, the Choice program will operate as usual for another full year before it expires. The new law mandates the VA draft new access and quality standards for its private-sector care programs within 120 days. The agency is required to send a final report to Congress after 270 days.

It’s the intention of Congress that once the new rules are put into effect, veterans will be able to decide with their VA doctors whether they should seek private medical care. A host of issues could be taken into consideration, including whether a veteran faces an “unusual or excessive burden to accessing a VA facility.”

Some major veterans organizations plan to oversee the rulemaking process closely. Melissa Bryant, chief policy officer for Iraq and Afghanistan Veterans of America, said she maintains a “healthy skepticism.” IAVA, along with other groups, has voiced concerns in the past that an aggressive expansion of veterans’ care into the private sector could erode VA resources and eventually dismantle the agency.

“We’re obviously skeptical of any type of overhaul of this scale,” Bryant said. “We’ll be part of regular talks at the VA and ensure the VA has all it needs. That’s been our main concern – ensuring that investment goes into the VA and into community care.”

IAVA founder Paul Rieckhoff said the group wasn’t invited to the signing ceremony, though they supported the bill.

Concerned Veterans of America, part of the Koch brothers' conservative political network, had a spot on the stage Wednesday. CVA Director Dan Caldwell said he intends to work closely with the VA and White House on implementing the bill.

"We have faith this administration will properly execute on the regulatory process," Caldwell said. "We're going to be monitoring that process, and hopefully we can get a good set of regulations that will ultimately increase choice for veterans and are going to be difficult to undermine by bureaucracy."

It's expected that Robert Wilkie will lead implementation of the Mission Act. Wilkie works as the undersecretary of personnel and readiness for the Defense Department and was acting VA secretary for two months after former VA Secretary David Shulkin was fired in March.

Trump announced plans last month to nominate Wilkie as VA secretary on a permanent basis, but Wilkie hadn't officially been nominated as of Wednesday. The Senate was still waiting on paperwork from the White House before continuing the confirmation process.

Rep. Cathy McMorris Rodgers, R-Wash., chairwoman of the House Republican Conference, called on the Senate to quickly confirm Wilkie.

"This law will certainly help rebuild the trust that's been broken by a bureaucratic system that has failed our veterans, but there's more work that must be done. We need a permanent Veterans Affairs secretary," McMorris Rodgers said. "We need to have the right people in place so that this work can continue."

In addition to overhauling the agency's private-sector care programs, the Mission Act extends benefits such as monthly stipends, health insurance, medical training and access to home health aides to more veteran caregivers.

Through a VA caregiver program implemented in 2010, those benefits are available only to caregivers of veterans injured after the 9/11 terrorist attacks. The legislation extends them to veterans injured before May 7, 1975. Two years after the law is enacted, veterans injured between 1975 and 2001 will be eligible.

The new law also has the potential to change where VA facilities are located. The Mission Act creates an asset-review commission tasked with inspecting VA buildings and recommending which facilities to close and where the VA should invest. Under the terms of the law, the commission will conduct its work in 2022 and 2023.

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2. Greater Choice for Veterans

2.1 - FOX News (Video): [Opinion - Rep. Daniel Webster: Trump takes action to improve veterans' health care](#) (6 June, Rep. Daniel Webster (R-Fla.), 32.5M uvm; New York, NY)

In a victory for veterans, President Trump signed a bill into law Wednesday that I co-sponsored to enable more veterans to get medical care from doctors outside the Department of Veterans Affairs (VA) system.

The VA Mission Act was designed to address problems of long waiting lists that caused unacceptable delays in veterans receiving needed health care directly from the VA.

The new law empowers veterans to have more control over their health care and provides more quality choices within their own communities.

The VA Mission Act takes the first step in delivering what our veterans desperately need: faster and better-quality health care for all who have honorably served our country.

The new law expands health-care options by removing the barriers in the current Choice Program that requires veterans to have waited 30 days or to live more than 40 miles from a VA health-care facility to qualify for government-funded health-care outside the VA system.

In addition, the VA Mission Act streamlines the burdensome bureaucracy of the VA health-care system by consolidating seven duplicative programs into one cohesive health-care program.

An additional \$5.2 billion in funding is authorized to maintain the current Choice Program while the new system is implemented, ensuring that veterans currently making use of the program continue to receive their health care without any interruptions or lapses in service.

The law also creates equity between seriously injured pre-9/11 and post-9/11 veterans by allowing pre-9/11 veteran caregivers to receive the same monthly stipend.

Finally, a fair, transparent and nonpartisan process is established for a comprehensive audit of the VA. This is designed to transform the VA from reliance on outdated and inefficient facilities to a more modern infrastructure based on current health-care delivery models, incentivizing the agency to move towards electronic record keeping and swifter communication between the agency and veterans.

The new law also establishes more accountability over the VA so Congress can better ensure every taxpayer dollar is spent judiciously to serve our veterans.

I thank President Trump for making serving veterans a priority and working with Congress to enact needed new laws and accountability. I will continue to work to provide veterans with the quality, efficient and timely services they need and have earned.

President Trump and congressional Republicans have made bringing serious reform to the VA a priority. From expanding the educational and economic opportunities for our veterans through the Forever G.I. Bill, to increasing accountability at the VA through the Whistleblowers Act, we are acting on our commitment to provide our veterans the care and attention they deserve.

Veterans fought for the freedoms of complete strangers, they fought for individuals they never met. They fought for the oppressed, for their parents, for friends and neighbors, for their own children and grandchildren to come, for you and me. We owe our veterans a debt we can never repay.

Serving our veterans is one of my top priorities, from engaging with the VA on their behalf to ensure continuity of benefits and care, to advocating and supporting legislation to improve and modernize our VA system. In 2017, my staff worked with VA liaisons and County Veteran

Services offices to recoup over \$1 million in compensation, pension or retroactive payments for veterans in my congressional district.

My office has received countless inquiry requests from local veterans due to the failure and ineffectiveness of the Choice Program in providing quality care to our veterans.

Larry Fowler, my constituent from Citrus County, Florida, was denied participation in the Choice Program because he lived within 40 miles of a VA clinic. Yet this local VA clinic did not offer the medical services he needed.

The nearest VA facility offering these services was more than a 90-minute ride from Mr. Fowler's home. Despite multiple inquiries sent by my office on his behalf, the VA remained steadfast in its denial of this veteran receiving the care he needed because their bureaucratic application of the law gave no regard for the fact that the 40-mile requirement did not serve Mr. Fowler's medical needs. This is just one story of many and this is unacceptable.

President Trump and Congress are working together and now we have improved conditions for Larry Fowler and veterans like him around the nation with the VA Mission Act.

Rep. Daniel Webster is a Republican representing Florida District 11 in the U.S. House of Representatives.

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2.2 - CBS News (Video): [Trump signs VA Mission Act](#) (6 June, 26M uvm; New York, NY)

President Trump signed the VA Mission Act Wednesday afternoon, which will facilitate military veterans' access to private-sector health care, should they choose to seek medical care outside of that provided by the Department of Veteran Affairs.

"If the VA can't meet the needs of a veteran in a timely manner, that veteran will have the right to go right outside to a private doctor. So simple and yet so complex," he said.

Mr. Trump announced to the veterans and members of Congress present at the Rose Garden event that vets fulfilled their duty with courage and "with this signing we take one more crucial step in fulfilling our duty to you." He emphasized how crucial it was for veterans to have choice within their medical care.

"If they're waiting on line for nine days, and they can't see a doctor, why aren't they going outside to see a doctor and take care of themselves and we pay the bill? It's less expensive for us, it works out much better, and it's immediate care," he said.

The president was joined by Mike Pence, his nominee to lead the VA Robert Wilkie, and acting VA Secretary Peter O'Rourke.

Following his remarks, Mr. Trump signed the bill and ignored questions about the commutation of Alice Marie Johnson shouted at him by reporters.

"Nobody deserves it more than our veterans," Mr. Trump said.

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2.3 - The Hill: [Trump signs VA reform bill without Democratic co-author](#) (6 June, Jordan Fabian, 11.9M uvm; Washington, DC)

President Trump on Wednesday signed a sweeping, bipartisan bill designed to expand veterans' access to private health care, at a ceremony that excluded its Senate Democratic co-author.

During the event in the White House Rose Garden, Trump framed the bill as a fulfillment of his campaign promise to overhaul the Department of Veterans Affairs' (VA) scandal-plagued health program.

"You've fulfilled your duty to our nation with tremendous loyalty and courage, and with the signing of this veterans' choice legislation, we take one more crucial step in fulfilling our duty to you," he said.

The bill allows veterans to see private physicians if they do not receive needed treatment from VA medical facilities, as long as it is approved by a health provider. It is designed to replace the existing private provider program, known as VA Choice.

The VA has come under fire for long wait times at its hospital facilities and, in some cases, lack of proper care.

The president was flanked on stage by more than a dozen GOP lawmakers, administration officials and veterans advocates. No Democrats were on stage, though one was in the audience.

Sen. Jon Tester (Mont.), the ranking Democrat on the Senate Veterans' Affairs Committee, who helped write the bill, was not in attendance. Tester's office said the senator was not invited.

"Jon Tester is a work horse, not a show horse. What's most important to Jon is fighting for Montana veterans and holding the VA accountable," said spokeswoman Marnee Banks.

Republicans are targeting Tester for defeat in the 2018 midterm elections and the Montana senator came under criticism from the White House after his office released a list of allegations against Trump's VA nominee Ronny Jackson that helped lead to Jackson's withdrawal from the nomination.

In an April tweet, Trump called for Tester's resignation while claiming the allegations against Jackson were "proving false."

Tester also was not invited to a bill signing last week for legislation rolling back parts of the Dodd-Frank banking law, which he also helped write.

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2.4 - The Hill: [Opinion - Trump signs VA Mission Act — this is a health care win for vets](#) (6 June, Rory E. Riley-Topping, 11.9M uvm; Washington, DC)

The Department of Veterans Affairs has a mission statement, which reads, “to care for he who has borne the battle, his widow and his orphan” is well-known, even to those who are not directly impacted by the agency.

Unfortunately, at times, it seems that VA has taken an intermission from its mission statement. In analyzing the VA’s recent drama with choice through a three-act drama structure, it appears that the first act will draw to a close later today when President Trump signs the MISSION Act.

Act one

It seems that the VA has had a reputation for favoring the rights of bureaucrats over the rights of veterans, and for favoring performance bonuses over favorable health-care outcomes. Such behaviors do not inherently nurture President Lincoln’s vision for the agency when he made the above-statement in his second inaugural address.

VA’s tendency to forget its mission was recently highlighted by a June 4, 2018, GAO report entitled “Veterans Choice Program — Improvements Needed to Address Access-Related Challenges as VA Plans Consolidation of its Community Care Programs.”

The main findings of the report highlight that the VA is taking an intermission from its mission. Whereas VA’s mission is to care for veterans, the GAO report highlights that VA is simply unable to provide veterans with timely medical appointments, even with the billions of taxpayer resources poured into the Choice Program over the last four years.

Notably, the report found that veterans must wait up to 70 days for medical appointments through the Choice Program, because VA relied on inaccurate and unreliable data, and VA staff often internally changed appointment dates to alter the appearance of wait times. Ironically, this behavior — and the veterans that died waiting for care — is what lead to the passage of the Choice Act in the first place.

Specifically, the report states:

VHA cannot systematically monitor the timeliness of veterans’ access to Choice Program care because it lacks complete, reliable data to do so. Without complete reliable data, VHA cannot determine whether the Choice Program has helped to achieve the goal of alleviating veterans’ wait times for care.

Timeliness of appointments is an essential component of quality healthcare; delays in care have been shown to negatively impact patients’ morbidity and quality of life.

The events leading up to the GAO report certainly highlight VA’s current intermission.

Act two

Today, President Trump prepares to sign the long awaited VA MISSION Act. The plot leading up to this legislation reminds us not just of the need to improve VA’s ability to coordinate healthcare for veterans outside of its own facilities, but also that in order to do so successfully, VA must re-focus on its mission.

In other words, the MISSION Act is the protagonist in act two of how to care for our veterans.

The act, aptly named by House Veterans' Affairs Committee Chairman, Phil Roe (R-Tenn.), is an important reminder that, although Lincoln's words have stood the test of time, the government's ability to care for veterans through a separately run healthcare system has not.

In order to embrace Lincoln's vision, and VA's mission, we must be willing to fundamentally alter how we approach veterans' healthcare with new ideas rather than continuously trying to prop up the old ones.

As noted in a recent OpEd by Sherman Gillums, Chief Strategy Officer at AMVETS, hyper-partisan conversations regarding privatization have "inadvertently stifled the one thing the VA needs most: innovation." Gillums is correct that VA has been plagued by stagnation and lack of progress. Thankfully, this too is being remedied by the MISSION Act.

Tucked away in Section 152 of the act is language that has helped to successfully reform the nation's two largest government healthcare programs, Medicare and Medicaid — language that creates a center for health-care innovations.

According to the Centers for Medicare and Medicaid Services website, a statutorily created Innovation Center allows for "programs to test models that improve care, lower costs, and better align payment systems to support patient-centered practices." The Innovations Center solicits and selects organizations to test new ideas through a transparent, competitive process, and then evaluates those organizations' performance to implement best practices and improve healthcare delivery.

One of the early innovations that has proven successful in the context of Medicare and Medicaid is the concept of managed care. Authorized by the Balanced Budget Act of 1997, CMS piloted the concept that became Medicare Advantage, the single most popular and cost effective healthcare program in our nation's history.

Seniors no longer have to navigate a massive bureaucracy to access their care. They simply choose their health plan, choose their provider, and the government benefits from the lower costs that result from that competition. Based on that success, managed care has quickly expanded to Medicaid, where more than 3/4 of all enrollees can now choose their plan and their providers.

Act three

Ideas piloted through a VA innovations center, like managed care, have the ability to truly transform VA's ability to provide timely care to veterans and allow VA to refocus on its mission. They also provide a long-overdue opportunity for taxpayers to see a return on the investment they have made in caring for those "who have borne the battle."

The MISSION Act provides VA with a chance to write its own third act and to define its own legacy. Either VA can continue along its current path of a Shakespearean tragedy, or it can become the dramatic hero.

Rory E. Riley-Topping served as a litigation staff attorney for the National Veterans Legal Services Program (NVLSP), where she represented veterans and their survivors before the U.S. Court of Appeals for Veterans Claims. She also served as the staff director and counsel for the

House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs for former Chairman Jeff Miller (R-Fla.).

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2.5 - The Hill (Video): [Trump signing veterans bill despite White House attempts to stop funding plan: report](#) (6 June, John Bowden, 11.9M uvm; Washington, DC)

President Trump is scheduled to sign a bill on Wednesday that would expand veterans' access to private health-care services while his aides reportedly work behind the scenes to thwart a Senate plan to fund it.

Trump's aides have circulated memos to senators calling a plan from several committee chairmen to fund the VA Mission Act with a separate \$50 billion measure "anathema to responsible spending" and predicting it would lead to "virtually unlimited increases" in health-care spending, The Washington Post reports.

"Without subjecting the program to any budgetary constraint, there is no incentive to continue to serve veterans with innovative, streamlined and efficient quality of care," the memo reads, according to the Post.

White House aides reportedly want senators instead to find the funding for the plan by cutting spending in other areas of government. Senators told the Post that the only alternative is cutting \$10 billion per year from other services, including some Department of Veterans Affairs initiatives.

"If we don't get on it we're going to have a hole of \$10 billion in our [appropriations]," Sen. Richard Shelby (R-Ala.) told the newspaper, predicting "some real trouble" if the White House continued to oppose the spending measure.

The Trump administration fired back in a statement to the Post, however, countering that the Senate must be "good stewards of the taxpayer dollar."

"We have a responsibility to provide our Veterans with the care they deserve, while also being good stewards of the taxpayer dollar," the administration said.

The funding fight could take place as soon as this week, the Post noted.

The measure to fund the VA Mission Act has been tacked on to the VA appropriations bill, which Congress is preparing to take up in the coming days as it reels from conservative rebellions over the 2018 farm bill and \$1.3 trillion spending bill the president signed in March.

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2.6 - Washington Times: [Trump signs law to expand health care choices for veterans, reform VA](#) (6 June, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump signed a sweeping new law Wednesday to expand veterans' access to private health care, calling it "one more crucial step in fulfilling our duty" to veterans.

On the 74th anniversary of the D-Day invasion of Normandy, Mr. Trump gathered with veterans, lawmakers and other officials in the White House Rose Garden to sign the \$50 billion VA Mission Act. The president said no veteran who serves their country “should have to fight for their lives when they come home” just to obtain quality medical care.

“They must never be denied the access they need,” he said.

The law authorizes new health care programs for veterans, including a consolidation and overhaul of separate and sometimes competing outside care programs. The measure had overwhelming bipartisan support, approved by votes of 92-5 in the Senate and 340-70 in the House.

The law directs the VA to combine several private-care programs, including the so-called Choice program, which was created in 2014 after a scandal involving veterans who died waiting for appointments at the Phoenix, Arizona, VA facility.

It’s expected to take another year before a new single program is up and running.

Appropriations are not settled for the legislation, with the White House seeking funds from cuts elsewhere in the budget.

In a statement issued eight hours after he signed the bill, Mr. Trump asserted some executive authority over the new law. He objected to a provision requiring the VA to obtain congressional approval before spending more than \$50 million on certain pilot programs, saying he would treat the requirement as “advisory.” But he said he would still heed a congressional directive requiring the VA secretary to notify Congress before exceeding the spending cap.

The president also said he won’t treat as mandatory a requirement to consult Congress on the appointment of members to an asset and infrastructure review commission. He said he will likely consult with Congress on the commission, but requiring him to do so would violate the separation of powers because it’s an executive decision.

Senate Appropriations Committee Vice Chairman Patrick J. Leahy, Vermont Democrat, criticized the president for opposing new funding for the measure.

“We do our veterans no favors by promising care without backing it up with resources, and the administration saying that providing new funding to care for our veterans is ‘anathema to responsible spending’ is shameful,” Mr. Leahy said. “Signing a bill and then opposing the resources to fund it is no different than writing a rubber check. If the bill the president is signing is important to veterans ... then it needs to be funded to make it real.”

House Veterans Affairs Committee Chairman Phil Roe, Tennessee Republican, said the legislation is “moving toward a veteran-centric health care system that marries the best of VA with the best of the private sector so veterans can finally have timely access to the quality care they have earned.”

“Implementing these major reforms will require vigorous oversight to ensure VA has the tools it needs to continue working to change the way the department cares for the men and women who have borne the battle,” Mr. Roe said.

Among those attending the ceremony in the Rose Garden were Robert Wilkie, the president's new nominee for secretary of the VA, and Elizabeth Dole, a former Transportation Secretary and wife of retired Sen. Bob Dole, a World War II veteran who is a relentless advocate for veterans.

Noting the D-Day anniversary, the president said the veterans who stormed the beaches of Normandy against Nazi forces in World War II sacrificed everything "to strike a lasting victory for freedom."

"They put everything on the line for us," he said. "When they come home, we must do everything we can possibly do for them."

Mr. Trump said the measure fulfills a campaign promise to get veterans speedier care with private doctors.

During the campaign, the president said, he would ask, "Why can't they just go see a doctor?"

"Now they can go see a doctor," he said. "This is truly a historic moment, a historic time for our country."

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2.7 - Arizona Republic: [Trump signs landmark legislation to reshape health care for veterans](#) (6 June, Donovan Slack and Dennis Wagner, 10.8M uvm; Phoenix, AZ)

President Trump signed legislation Wednesday paving the way for a major overhaul of the Department of Veterans Affairs and expanding access for veterans to VA-funded medical care in the private sector.

"These are sweeping, historic changes," Trump said during a Rose Garden ceremony. "There's never been anything like this in the history of the VA."

The measure, which passed both chambers of Congress last month with overwhelming bipartisan support, delivers on a key campaign promise for Trump, who pledged to provide veterans with more non-VA health care choices.

Working out the details of exactly how and when that will happen is now up to agency officials tasked with drawing up regulations under the law.

If confirmed, Trump's pick to become the VA secretary, Robert Wilkie, would lead that effort. Criteria to be considered include wait times for VA appointments, quality of VA care and distance from a VA facility.

Known as the VA MISSION Act, the law directs the VA to combine a number of existing private-care programs, including the so-called Choice program, which was created in 2014 after veterans died awaiting appointments at the Phoenix VA medical center.

Before signing the legislation, Trump singled out Steve Cooper, a Vietnam veteran from Arizona who was standing by the president's side along with Laura Vela, a veteran from Texas.

"No one should suffer what you suffered," he told the two. "We pledge to act in your name and in the name of every other veteran ... You must never be denied care, access or treatment."

Cooper won a \$2.5 million judgment against the VA after the Phoenix hospital failed to diagnose and treat his prostate cancer until the disease had reached a terminal stage. Cooper, whose Stage 4 cancer has been kept at bay by doctors in the Choice program, was exuberant during a phone call immediately after the signing.

"I feel like the commander in chief understands our concerns and is fully committed to keeping his promise," he said.

Several other Arizona veterans and advocates also joined the ceremony, including Rima Nelson, current director of the Phoenix VA Healthcare System, and U.S. Rep. Martha McSally, R-Ariz.

Although Trump spoke as if the legislation would give veterans a private-care alternative for the first time, that option has been in place for three years. However, the new legislation makes the Choice program permanent

"It's taken far too long. There is a promise and covenant we've made to our veterans ... This is turning the bureaucracy around."

McSally said the MISSION Act is landmark legislation. "It's taken far too long," she added. "There is a promise and covenant we've made to our veterans ... This is turning the bureaucracy around."

Vela, who saw a private provider at VA expense for gall bladder surgery, also described the legislation as a step forward during an interview prior to the event. "It is strengthening our health care, and I think it will improve the health care and welfare of all of our veterans," she said.

The law also creates a commission to recommend which VA facilities are worth repairing, where new ones should be built, and which ones should be closed and care provided in the private sector instead.

The measure includes some incentives to help the VA hire more health care providers. It allows the agency to provide scholarships to medical students in exchange for their pledging to work at VA. Currently some 33,000 positions are unfilled at the agency.

In addition, the law provides pre-9/11 veterans with benefits to help cover the cost of in-home caregivers. Such benefits previously were provided only to post-9/11 veterans.

The VA also will be allowed to set up pilot programs under the law to test how to deliver better care more efficiently, including with public-private partnerships.

"We're really encouraged about that," Tony Tersigni, president of Ascension, the largest non-profit health system in the country, said before attending the signing ceremony Wednesday.

He dismissed concerns that such moves might mark the first step toward privatizing the VA.

"There's certain things that the VA has truly become world specialists in that it would be crazy for us to do away with or try to replicate it somewhere else," Tersigni said. "But there are things that we do extremely well, that we ought to bring to the advantage of a veteran."

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2.8 - FOX Business: [Trump on giving veterans more access to private care](#) (6 June, 10.8M uvm; New York, NY)

Former Army Special Ops Commander Tyler Merritt on what is needed to reform Veterans Affairs.

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2.9 - Newsmax (Video): [Steve Schwab Hails VA Mission Act in Helping Vets' Caregivers](#) (6 June, Cathy Burke, 10.8M uvm; Boca Raton, FL)

The new veterans healthcare bill signed by President Donald Trump on Wednesday changed the landscape for more than 4 million caregivers of wounded warriors, healthcare advocate Steve Schwab told Newsmax TV.

In an interview Wednesday on "Newsmax Now," Schwab, the executive director of the Elizabeth Dole Foundation, which focuses on relatives and friends who care for wounded or ailing vets, hailed the VA Mission Act as one that "gives more choices inside the system and outside."

He noted the historic component of the bill that offers support, for the first time, for caregivers of veterans wounded before 9/11.

"Right now 4.4 million veteran caregivers — these are the spouses, mothers and dads, brothers and sisters, and loved ones who are caring for wounded warriors at home — who served prior to 9/11 weren't eligible for service or support" from the Veterans Administration, he said.

"[Wednesday], all of that changed."

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The Elizabeth Dole Foundation played a crucial role in the process, as well, funding a Rand Corp. study in 2014 that focused on the caregivers of wounded, ill, and injured military service members and veterans. The study found 5.5 million caregivers of veterans were in need of support.

"So many more veterans are coming home with disabilities," he said. "And so many family members are inheriting care for those veterans."

"The VA system was quick to move for the post-9/11 veteran cohort, but we ignored the largest cadre of caregivers — the 4.4 million pre-9/11 caregivers."

"They're in desperate situations to find care for their loved one," he added, "and until [Wednesday], many of them weren't eligible for that care and support."

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2.10 - Las Vegas Review-Journal: [\\$52B funding for Veterans Affairs includes sweeping overhaul](#) (6 June, Gary Martin, 8.8M uvm; Las Vegas, NV)

Sweeping legislation to reform the Department of Veterans Affairs, fund improved programs that serve millions of vets nationwide, including roughly 300,000 in Nevada, was signed into law Wednesday by President Donald Trump.

The president signed the \$52 billion bipartisan bill during a Rose Garden ceremony attended by lawmakers and representatives of veterans groups that supported the legislation and the overhaul of the veteran health care system.

"You fulfilled your duty to our nation with tremendous loyalty and courage," Trump said.

By signing the legislation, Trump said, "we take one more crucial step in fulfilling our duty to you."

Trump signed the bill on the 74th anniversary of D-Day and he acknowledged the veterans who invaded Europe in World War II at great cost.

The bill, the VA MISSION ACT, passed with overwhelming support in the Senate, 92-5, and in the House, 347-70. Both Nevada's senators and most of the congressional delegation voted for the bill

Only Rep. Dina Titus, D-Nev., voted against the bill. She said the reforms put "the VA on a path to privatization that hurts our veterans and their families."

But Sen. Jon Tester, D-Mont, who helped write the bill, called the current VA Choice system "a wreck." Tester said reforms called for in the new law would be the best defense against privatization.

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans' Affairs Committee, said the bill streamlines community care programs, improves health care delivery and expands caregiver programs.

Sen. Dean Heller, R-Nev., agreed with Tester that that Choice Program failed to serve veterans. He said the new VA MISSION law provides changes to better serve veterans, particularly those in rural areas.

Nevada chapters of the American Legion and Veterans of Foreign Wars supported the bill.

The bill also expands caregiver programs to serve those injured while in service before Sept. 11, 2001, the current cutoff date for existing programs due to budgetary restraints.

Heller, a member of the Senate Veterans' Affairs Committee, was part of a bipartisan coalition that included Sens. Patty Murray, D-Wash., Susan Collins, R-Maine, Sidney Blumenthal, D-Conn., Isakson, Tester and others who wrote the legislation.

Provisions on liver transplants, VA performance reviews and a pilot program to free up doctors from data entry were tucked into the bill by Heller, who attended the White House signing ceremony with other lawmakers who helped write the law.

"Our veterans deserve to know that our nation will support them when they return from the frontlines, and that's what this bill is all about," Heller said.

In the House, Titus said she was concerned with a provision in the bill to create a commission to recommend closing and consolidating clinics and facilities in underserved communities. She said any closures would be bad for Las Vegas, which faces a shortage of doctors and nurses.

Other critics of the bill scoffed at the whopping \$52 billion price tag.

Tester and Isakson dismissed criticism of the cost of the bill.

"Taking care of veterans is the price of war," Tester said.

Contact Gary Martin at gmartin@reviewjournal.com or 202-662-7390. Follow @garymartindc on Twitter.

The VA MISSION Act of 2018

Streamlines VA community care programs

- Consolidates seven community care programs into one
- Allows access to walk-in clinics for enrolled veterans
- Removes the 30-day/40-mile rule that allowed outside care depending upon appointment time or distance to a facility
- Creates standards for timely payments to community care providers

Improves VA health care delivery

- Allows VA professionals to practice telemedicine
- Provides resources to hire and retain VA professionals
- Establishes mobile deployment teams for underserved rural facilities to provide specialized care

Expands caregivers program

- Extends eligibility for the VA caregiver program to veterans of all generations, not just those after Sept. 11, 2001
- Requires VA to implement a technology system to support, assess and monitor the program

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2.11 - Washington Examiner: [Trump signs VA Mission Act into law to give veterans more healthcare choices](#) (6 June, Gabby Morrongiello, 4.8M uvm; Washington, DC)

President Trump signed a new veterans bill into law Wednesday that will allow people who have served in the military to seek care at private sector medical facilities, fulfilling a promise he made early on in the 2016 election to provide veterans with greater access to healthcare.

“All during the campaign, I would go out and say, ‘Why can’t they just go see a doctor instead of standing in line for weeks and weeks and weeks?’” Trump recalled during a signing ceremony in the White House Rose Garden on Wednesday.

Under the law, if a Veterans Affairs hospital is unable to “meet the needs of a veteran in a timely manner, that veteran will have the right to go right outside to a private doctor,” the president declared, describing the legislation as “so simple and yet so complex.”

The so-called VA Mission Act passed Congress last month with broad support among lawmakers from both parties, and will now be implemented by the leadership team at the Department of Veterans Affairs. In addition to allowing veterans to receive care from private sector providers, the law expands access to the VA’s caregiver program, which until Wednesday was exclusively available to post-9/11 veterans.

“No matter when you served or where you fought, if at some point you were in that uniform, then you deserve our absolute best,” Trump said.

The law also includes new guidelines for identifying and addressing VA facilities that are in need of repair, and an initiative that aims to prevent opioid addiction among veterans by closely monitoring controlled substance prescriptions by VA providers.

“This is truly a historic moment,” Trump told attendees before signing the bill on Wednesday.

The president was joined by several lawmakers who played a key role in advancing the legislation, including Reps. Martha McSally, R-Ariz., the first female fighter pilot to fly in combat, Peter King, R-N.Y., and Sens. Johnny Isakson, R-Ga., Bill Cassidy, R-La., and Jerry Moran, R-Kan.

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2.12 - Washington Examiner (Video): [Opinion - Real change finally comes to the VA, thanks to Trump](#) (6 June, Tony Shaffer, 4.8M uvm; Washington, DC)

It has been a long slog to fix the Veterans Affairs healthcare system. These problems have spanned multiple administrations and proved vexing. The failure of the VA can be traced to two key points: 1.) Leadership failure; the lack of accountability and lack of interest in helping its customers, and 2.) Failure to adopt, leverage, and employ available healthcare management tools.

Why has it taken so long? Answer: The incentives were wrong. The VA would fail, Congress would throw money at the VA — funding the very failure and incentivizing failure, creating a cycle of ever worsening failure. This will now stop.

Why are we seeing progress now? A key to effective leadership is creating conditions for success. A leader can't be everywhere, but he can give the tools and guidance to his deputies to push forward his guidance and obtain success. That is what we now see here – President Trump has over the past 18 months created conditions for real change and real success. The right people with the right tools and the freedom to make changes. Effective leadership makes all the difference.

The focus of the VA healthcare effort must be the point of healthcare delivery – that moment in time a veteran needs the care. Delay and failure to provide timely access to care has resulted in death. Death due to delay is not acceptable. We have technology that can help the VA effectively provide choice, access, and timely, effective care.

VA leadership in the past failed to focus on its customer's needs – the veterans and their well-being. And the VA system has resisted adopting current technology to increase capacity and give veterans more choice and more timely care – the VA Mission Act is designed to create effective fixes for these past areas of failure.

President Trump has now signed the VA Mission Act into law – and here's what it does:

- It strengthens the VA's ability to provide timely and quality care to VA patients and gives veterans real choice over their healthcare.
- It overhauls and enhances the Choice Program which was created in 2014. It consolidates community care programs to cut down on waste and provide expanded, timely access to care.
- The bill provides funding for the Choice Program which is expected to run out by the end of this month. The Mission Act ensures there is no disruption in care for veterans.
- A critical feature of the Mission Act allows for the VA and Congress to review the department's assets and ensure resources are not duplicative or wasted on underutilized facilities – therefore maximizing capacity and access for veterans.

In real terms, this bill does real good. House Veterans Affairs Committee Chairman Rep. Phil Roe, R-Tenn., said, "This is a once in a lifetime, transformational bill." Long overdue effective oversight and the ability to quickly identify points of failure will result in effective management of the enterprise.

Further, and of critical importance, this bill will help transform the VA into the modern, high performance healthcare system that our veterans deserve. It will allow for the adoption of critical technologies that will enhance access and allow for effective management of point of access care and ensure quality of care to be equal or superior to that of the open healthcare market.

The system will be focused on "the point of delivery" for each veteran, to empower veterans and improve their quality of life. We also expect dramatic positive change with the tools to properly oversee and hold accountable VA leadership.

We are finally on the path of positive change for veterans – another promise made and kept by President Trump.

Lt. Col. Tony Shaffer is a retired Defense Department Senior Intelligence Operations Officer; Vice President for Operations of the London Center for Policy Research, a New York City-based

national security think tank; and is the author of the New York Times bestselling memoir Operation DARK HEART: Spycraft and Special Operations on the Frontlines of Afghanistan. He is an adviser to President Trump's 2020 campaign.

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2.13 - UPI: [Trump signs VA Mission Act](#) (6 June, Ed Adamczyk and Danielle Haynes, 4.8M vum; Washington, DC)

President Donald Trump on Wednesday signed into law a new veterans healthcare program -- the VA Mission Act.

The law, passed by Congress last month, will replace the Veterans Choice Program, which was disparaged in a report Monday by the Government Accountability Office.

The new legislation aims to streamline the VA's duplicating community care programs into a single program. It also will create a process for reviewing VA assets to ensure care to veterans and expand the department's Post-9/11 Caregiver Program.

"Because no matter where you served or when you fought, if you were in uniform, at some point if you wore that uniform then you deserve our absolute best, and that is what we are doing," Trump said at the signing ceremony.

The GAO report was critical of the Choice Program it says was hurriedly installed as a response to a scandal involving long wait times VA facilities. It allows patients to receive non-VA healthcare in some cases.

The GAO cited complex referral and appointment scheduling, communications issues between hospitals and Veterans Affairs and "an insufficient number, mix, or geographic distribution of community providers."

The new law will replace the Choice Program after a one-year conversion.

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2.14 - Hartford Courant: [Sen. Chris Murphy Addresses Veterans In Danielson](#) (6 June, Denise Coffey, 2.1M uvm; Hartford, CT)

It was standing room only at the Veterans' Coffeehouse in Danielson, on May 29.

Sen. Chris Murphy came to give updates on the status of three issues of particular concern to veterans.

He talked about the VA Choice Program aimed at giving veterans access to community providers, rather than VA providers. He spoke about what Washington politicians are doing to address the high rate of soldier suicide in the country. And he spoke briefly about measures to give VA benefits to Blue Water servicemen and women suffering from Agent Orange related medical conditions.

Murphy called a bill passed in the senate recently one of the biggest reforms in the Veterans' Administration Choice Program. The bill would simplify the process for veterans to get authorization to see community providers, rather than travel long distances to VA facilities.

Murphy said it would make a big difference for veterans in eastern Connecticut who have to travel to West Haven or Rocky Point for service. The bill is on its way to the House of Representatives.

A second issue was the suicide rate among some veteran groups. According to a 2017 US Department of Veteran Affairs report, 20 veterans a day die by suicide.

"That's unacceptable," Murphy said.

Studies found that veterans with diagnoses of Post Traumatic Stress Disorder or Traumatic Brain Injury who were released on less than honorable discharges were the most at risk of suicide. But because of the "bad paper" releases, those veterans were denied VA benefits.

"We've fixed that," Murphy said.

A House Veteran Affairs Committee recently passed a bill that would cover 90,000 "Blue Water" sailors for conditions related to exposure to Agent Orange. Previously, servicemen and women serving on aircraft carriers and ships off the coast of Vietnam have not been presumed to have been affected by AO exposure.

"We're working on it," he said.

The Department of Defense claims there isn't enough evidence to support links between the Blue Water sailors and AO-related illnesses, something Murphy doesn't buy. The bill may open the eligibility for veterans. Murphy said he wasn't thrilled with the bill because of how it would fund the estimated \$1.1 billion cost of the benefits. Veterans would pay a fee on VA home loans.

"Vets shouldn't be the only ones who have to pay for it," Murphy said. "All of us should pay for it."

Murphy fielded questions on several issues. The AO issue did little to satisfy veterans who have been waiting decades for their health complaints to be legitimized. One vet wanted information on the status of benefits for those impacted by contaminated water at Camp Lejeune. Vets shared their concerns and asked questions about connecting private healthcare provider systems with the VA system, transportation improvements, and drug prices.

Murphy admitted there were some of issues he didn't understand fully.

"I'm at the end of my first term," he said. "I'm totally willing to learn."

"Why isn't the government doing more about Agent Orange?" asked John Kirschner.

The Vietnam veteran was diagnosed with cancer 41 years after his deployment. He has fought cancer five times. His son died from what he believes were Agent Orange related conditions.

"It's not just the vets, it's our families," he said. "There's something totally wrong with saying, 'We're working on it.'"

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2.15 - KMGH (ABC-7, Newsy, Video): [President Donald Trump Signs Bill Overhauling Parts Of The VA](#) (6 June, Ethan Weston and Caitlin Baldwin, 2.1M uvm; Denver, CO)

President Donald Trump signed legislation Wednesday that overhauls parts of the Department of Veterans Affairs and how veterans access health care.

"All during the campaign, I'd go out and say, 'Why can't they just go see a doctor instead of standing in line for weeks and weeks and weeks?' Now they can go see a doctor," the president said before signing.

The law, known as the VA MISSION Act, requires VA leadership to come up with new rules for when veterans can go see a private doctor. It also mandates \$5.2 billion in funding for Veterans Choice — a program allowing some veterans to see doctors outside the VA.

The signing of the bill fulfills one of the president's major campaign promises to help expand veterans' access to the private health care market instead of having to go to the VA.

The new law also creates a commission for reviewing VA facilities and making improvements Congress hopes will make it easier to recruit health care professionals to the VA.

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2.16 - WFED (AM-1500, Video): [Trump signs VA MISSION Act into law, though funding questions remain](#) (6 June, Nicole Ogrysko, 831k uvm; Washington, DC)

President Donald Trump signed the highly-anticipated VA MISSION Act into law Wednesday afternoon, signaling the end of one community care program at the Veterans Affairs Department (VA) and the beginning of another.

"There's never been anything like this in the history of the VA," Trump said from the White House lawn during Wednesday's signing ceremony.

The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act builds off previous law, the Veterans Access, Choice and Accountability (Choice) Act, which Congress passed in 2014. Lawmakers have wanted to make significant changes to the Choice Program practically since the early days of its passage four years ago.

The new legislation overwhelmingly passed in the House and Senate last month, though a few lawmakers on both sides of the aisle expressed concerns with the costs of the new community care program.

As senators this week finalize the details of VA appropriations for 2019, they're already pointing to potential funding shortfalls for the MISSION Act.

The new law gives VA an additional \$5.2 billion to continue Choice through May 2019 while the department implements the new, consolidated community care program. But the MISSION Act doesn't authorize additional resources to pay for the new program past May 2019 and into 2020.

Congress did authorize higher spending caps for domestic agencies in 2018 and 2019 with the Bipartisan Budget Act, but it didn't assume taking on these mandatory costs for VA health care. Congress will have to find another funding mechanism to fully pay for the program for the remainder of fiscal 2019, which could total up to \$1.5 billion, according to Senate Democrats. The new community care program may cost as much as \$8.7 billion in fiscal 2020.

Senate Republicans have also acknowledged the MISSION Act's funding shortfall.

For now, congressional leaders behind the bill's passage are in celebratory mode.

"Today, we're delivering again on those promises by moving toward a veteran-centric health care system that marries the best of VA with the best of the private sector, so veterans can finally have timely access to the quality care they have earned," House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.) said in a statement. Roe also thanked Senate VA Committee leadership Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.) for their collaboration on the new law.

Veterans service organizations (VSOs), who had worked together with House and Senate VA committee leadership for more than a year on the new legislation, also praised the signing of the new law. VSOs in particular have championed an expansion of the VA Caregiver Program, which will now extend benefits to veterans of all eras. The program only previously applied to post-9/11 veterans.

In addition, the MISSION ACT:

- Streamlines VA's seven disparate community care programs into one,
- Moves the VA health care program from mandatory funding to discretionary funding,
- Creates a new process for reviewing VA's assets and disposing of under-utilized, outdated or vacant facilities,
- Creates an education program for veterans about their health care options and a training program for VA employees and contractors to better understand how to administer non-VA health programs,
- Establishes a scholarship program and a specialty education loan repayment program to better recruit VA doctors, dentists and other health professionals, and
- Requires VA make information public about its vacancies, separation actions, new hires and other personnel actions.

Recommendations for VA

The signing of the MISSION Act came just a few days after the Government Accountability Office offered its own recommendations for VA and its future community care program.

The Veterans Choice Program, which Congress created in reaction to reports of long wait times at VA facilities across the country, let veterans visit a doctor in the private sector if they waited more than 30 days for care or lived more than 40 miles away from a VA hospital.

But GAO said it's unclear if the program actually improved veterans' wait times for care, because VA lacks complete and accurate data on the subject.

By GAO's count, veterans could have been waiting up to 70 days for treatment, if VA and its third party administrators took the maximum amount of time the department allowed to complete the appointment scheduling process.

GAO's timeline for VA Choice care also differed from VA's assessment.

GAO made 10 recommendations for the department as it begins to implement new programs under the MISSION Act. Setting an achievable wait time goal for the community care program and redesigning the appointment scheduling process were among GAO's recommendations.

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2.17 - WCBD (NBC-2): [President Trump signing for a new veterans healthcare program](#) (6 June, Jan-Michael Pugh, 274k uvm; Mount Pleasant, SC)

President Donald Trump is expected to sign a new veterans healthcare program, the VA Mission Act of 2018, Wednesday afternoon.

The VA Mission Act of 2018 would establish the Veterans Community Care Program to provide care in the community to veterans who are enrolled in the VA healthcare system or otherwise entitled to VA care.

The VA would also be required to:

- Ensure the scheduling of medical appointments in a timely manner.
- Ensure continuity of care and services.
- Coordinate coverage for veterans who utilize care outside of a region from where they reside.
- Ensure veterans do not experience a lapse in health care services.
-

\$5.2 billion would be authorized to the Veterans Choice Fund, according to the House Committee on Veterans Affairs.

The new legislation is expected to be signed by the president this afternoon.

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2.18 - KOTV (ABC-3, Gray DC, Video): [Trump signs law to expand veterans' private health care options](#) (6 June, Alana Austin, 98k uvm; Rapid City, SD)

Supporters call it a sweeping, historic move designed to get veterans the care they need, but as Washington Correspondent Alana Austin reports, some worry more is less.

"It's something that has been sorely needed for many many many years," said retired Major John Haynes.

Retired Marine John Haynes - a Purple Heart recipient - served in four conflicts. The Tallahassee hero says with the stroke of a pen, President Donald Trump better equipped the country to serve soldiers like him when they need care.

"To those who serve our nation, who risk life and limb for country, we must never be denied care access or treatment that they need," said Trump before signing the VA Mission Act in the Rose Garden of the White House Wednesday.

The new law makes it easier for veterans to get treatment covered outside of VA centers. Supporters of the change, like Haynes, say for many that will mean less travel to get their care.

"Many, many veterans and their families as a result of this bill will certainly live a much, much better life," said Haynes.

While the bill is now law – Congress hasn't paid for it yet. Even if lawmakers do pony up the cash, not everyone's convinced more options will help vets.

"I think the move towards privatization of VA health services would mean...less substantial care for veterans," said Corey Lanham, the Mid Atlantic collective bargaining director for the National Nurses United union.

Lanham, an Army veteran, says frequently the unique health needs of veterans can only be properly addressed at a VA facility. He worries opening up other options could force current VA facilities to close, compounding problems for those without another choice.

"We don't think the private sector has the ability to do it," said Lanham.

If all goes according to the Trump administration's plan, new options for seriously injured veterans, walk-in clinic access, and opioid addiction treatment would all be available in a year.

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2.19 - Atlanta Business Chronicle: [President Trump signs Isakson's VA reform bill](#) (6 June, Dave Williams, 53k uvm; Atlanta, GA)

U.S. Sen. Johnny Isakson, R-Ga., was on hand Wednesday as President Donald Trump signed legislation Isakson authored to improve health care services for veterans while streamlining the U.S. Department of Veterans Affairs' community care programs.

The Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act is the final piece of a reform package Isakson has been working on for several years in his role as chairman of the Senate Committee on Veterans Affairs.

The measure consolidates VA community care programs, which will allow veterans to receive health care services from private-sector doctors and hospitals. It also improves the VA's ability to hire high-quality health-care professionals, expands VA caregiver benefits to veterans of all eras and sets up a process to evaluate and reform the VA's existing facilities.

"We owe our veterans the best possible care and support that they have earned," Isakson said. "This is a truly meaningful victory for our nation's veterans, who will benefit from more choice and fewer barriers to care."

The Washington Post reports that although Trump signed Isakson's health bill, behind the scenes, his administration is working against a bipartisan plan to fund it.

The president signed the bill on the 74th anniversary of the D-Day invasion of German-held Normandy by the U.S. and its allies, striking a huge blow to the Nazis that eventually led to victory in World War II the following year.

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3. [Modernize Our System](#)

3.1 - Politico: [Cyber drama on Hill today](#) (6 June, Darius Tahir, 23.9M uvm; Arlington, VA)

[...]

CERNER DEAL FUNDING MOVES FORWARD: With White House support, a Senate Appropriations subcommittee Tuesday moved forward \$1.2 billion in funding for fiscal year 2019 for the transformation of the VA's electronic health record system. The administration was less enthusiastic with other aspects of the VA spending bill, particularly the committee's refusal to merge community care and Veterans Health Administration spending budgets. The administration says merging the two would give more flexibility to local VA operations, but some members of Congress worried that such a move could end up diverting funds away from VA facilities. Here's the White House statement on the funding bill.

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3.2 - Citizen Times: [These are Buncombe County's top building restoration projects of 2018](#) (5 June, Dillon Davis, 318k uvm; Asheville, NC)

Renovation projects at Asheville's Charles George VA Medical Center, White Labs Asheville and Trinity Episcopal Church have been honored for a commitment to historic preservation.

Thirteen projects were honored with Griffin Awards this year by the Preservation Society of Asheville and Buncombe County. The awards are given annually by the organization to projects and people advancing the goals of historic preservation, the preservation society said this week.

Awards fall into four primary categories: rehabilitation, adaptive reuse, restoration and education.

Jack Thomson, executive director of the preservation society, said Tuesday the Griffin Awards are an important program for the organization. The nomination process, which opens each year

in January, provides the organization the opportunity to recognize projects that extend the lives of some of the area's most historic properties, he said.

"We're honored to have the opportunity to highlight the efforts of private individuals and companies in various types of preservation initiatives," Thomson said, "whether it's a business taking a century-old downtown building and adapting it for a new use or private homeowners that are ensuring a historic house will be sustainable for the future while continuing to tell the story of the past."

Among this year's winners are:

[...]

Adaptive reuse: Charles George VA Medical Center Building 9

Asheville's Charles George VA Medical Center saved its historic Building 9 through a renovation project. The former women's dormitory off Riceville Road previously was slated for demolition — and, by some estimations, was believed to be haunted.

However, a renovation of the more than 42,000-square-foot facility saw the building receive new windows, new flooring, new ceilings and a number of other amenities to give it a fresh lease on life. It is expected to be renamed as Liberty Hall and will act as a mental health facility for veterans.

"Modernized while still maintaining the historic integrity worthy of the Oteen Veterans Administration Hospital National Historic District, historic building number 9 is truly a place that matters," the preservation society said.

The total cost of the project was expected to be \$9.2 million, a VA spokesperson told the Citizen Times in 2014.

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3.3 - WLOS (ABC-13): [13 Asheville, Buncombe County preservation projects win Griffin Awards](#) (6 June, 480k uvm; Asheville, NC)

Thirteen projects, along with the owners and craftspeople who worked on them, were honored with Griffin Awards from the Preservation Society of Asheville and Buncombe County.

The Griffin Awards recognize outstanding projects and individuals that further the goals of historic preservation in Asheville and Buncombe County.

Awards were made in the categories of rehabilitation, adaptive reuse, restoration and education. Here are the winners:

[...]

Adaptive Reuse, Charles George VA Medical Center - With holes in the roof and nature taking over, historic Building No. 9 was once slated for demolition. But with community support and encouragement, the Veteran's Administration made the commitment to save Building No. 9 from being lost forever.

[...]

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4. Focus Resources More Efficiently

4.1 - WRIC (ABC-8, Video): [Veterans service centers to remain open after donations pour in](#) (6 June, Kerri O'Brien, 477k uvm; Richmond, VA)

A relief for area veterans who depend on the Military Order Of The Purple Heart to help them with complicated VA claims: MOPH service centers across the country -- including the one in Richmond -- will stay open.

In April, 8News uncovered MOPH, which is not funded by the federal government, planned to close all of its 52 service centers around the country due to a lack of donations.

After that report, donations began to pour in.

In a statement, MOPH said, in part:

"Today, the MOPH is pleased to announce that the Purple Heart Foundation has made it possible for the National Service Program to be continued through Fiscal Year 2019, and hopefully thereafter, thereby averting immediate closure as previously announced. This positive development has resulted from increases in donations and revenues, and by building new efficiencies in the Foundation's business practices."

Veterans who use the Richmond MOPH office, which is located on the campus of McGuire VA Hospital, were worried about veterans getting the assistance they need had the office closed.

"The paperwork is tremendous, we call them a POA and if you don't have a Power of Attorney to help you do your paperwork, it's a lost situation," veteran Beverly Hatcher told 8News back in April.

Service offices across the nation have now been told to restart their work.

A statement released by MOPH reads:

"Effective immediately, all MOPH Service Offices have been advised to restart the process of advising and assisting Veterans and their families with the processing of their VA claims and appeals. As we move forward, we will continue to look at our locations, functions and resources, and adjustments will be made where it is economically beneficial to do so."

"MOPH is committed and dedicated to providing the best possible assistance to its Veteran-clients, and looks forward to rebuilding their trust and confidence as we strive to be the premiere

VSO for all Veterans, their spouses and families," MOPH National Commander Neil Van Ess also wrote.

The Richmond MOPH office told 8News they are back at work and have actually been able to take on new clients.

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4.2 - KFVS (CBS-12): [VA granting Vietnam veteran's final wish](#) (6 June, James Long, 445k uvm; Cape Girardeau, MO)

A Vietnam veteran's final wish has been granted by the Marion VA Healthcare System.

Veteran Edwin Vega will fly to Washington DC on June 8 to visit the Vietnam Memorial. He will pay his final respects to a friend and fellow soldier.

The VA has partnered with the Dream Foundation and Honoring Heroes on Hospice Program to give life to one of our Veteran's final Dream.

"This is one example of successful community partnerships taking place within VA, and further illustrates VA's ICARE values," says Jo-Ann Ginsberg, Director, Marion VA Healthcare System.

Vega will be escorted from Marion by the Fire and Iron Motorcycle Club on Friday, June 8, at 7:30 a.m., en route to the St. Louis Lambert International Airport. There will be a brief ceremony at 7 a.m. prior to his departure. The public is invited to attend.

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4.3 - Herald-Mail: [Martinsburg VA center to host Veterans Mini-Games](#) (6 June, 158k uvm; Hagerstown, MD)

The Martinsburg Veterans Affairs Medical Center will host the annual VA Capitol Health Care Network Veterans Mini-Games competition Saturday from 9 a.m. to 4 p.m.

Veterans from the Martinsburg, Baltimore, Washington and Lebanon, Pa., medical centers will compete in athletic events, including track and field, pickleball, shuffleboard and more.

The competition is designed to prepare local and regional veterans for the 2018 National Veterans Golden Age Games, one of the largest senior sports events in the country.

Training for and participation in the mini-games help veterans work on their year-round fitness plans and build a bond with other veterans. All fitness levels are encouraged to participate, and no one is excluded at the mini-games due to his or her physical condition.

The Golden Age Games is the premier senior adaptive rehabilitation program for military veterans who are 55 years of age and older and is the only national multi-event sports and recreational seniors' competition program designed to improve the quality of life for all older veterans, including those with a wide range of abilities and disabilities.

This year's Golden Age Games will be Aug. 3 to 8 at the New Mexico VA Health Care System in Albuquerque, N.M.

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4.4 - Providence Business News: [Neuroscience center at Providence V.A. gets \\$4.5M funding renewal](#) (6 June, Chris Bergenheim, 61k uvm; Providence, RI)

The Rehabilitation Research and Development Center for Neurorestoration and Neurotechnology at the Providence V.A. Medical Center, or CfNN, received a five-year, \$4.5 million funding renewal, the hospital announced last week.

The center is one of 12 centers in the United States funded through the U.S. Department of Veterans Affairs' Rehabilitation Research and Development Service.

The CfNN is directed by neurologist and Brown University engineering professor Leigh Hochberg.

"We're honored to have the opportunity to continue developing, testing and implementing neurotechnologies and other restorative therapies for veterans with disorders affecting mobility, limb function or mental health," stated Hochberg. "Together with our academic partners, we look forward to creating a new generation of extraordinary rehabilitation therapies for veterans."

The center is part of the BrainGate consortium, a group of scientists, researchers, engineers, mathematicians and medical professionals dedicated to restoring the communication, mobility and independence of people with neurologic disease, injury or limb loss.

Since the center's launch in 2012, its researchers have led the development of advanced neural interfaces for veterans and others with amyotrophic lateral sclerosis, spinal cord injury and other forms of paralysis. The center noted that it had also expanded its research in using brain imaging and new brain stimulation methods to develop and improve treatments for other conditions important to veterans, such as post-traumatic stress disorder, major depression and chronic pain.

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4.5 - Contagion Live: [Only 4% of VA Hospitals Require Flu Vaccines for Health Care Personnel](#) (6 June, Einav Keet, 20k uvm; Cranbury, NJ)

Influenza vaccination coverage rates among the general public still remain below target, but a new study has found that coverage among health care workers in the United States has gone up since more hospitals have made it a requirement.

Among the general population, flu vaccination rates have continued to lag below coverage goals set by public health officials. Based on early estimates on the 2017-2018 flu season released by the Centers for Disease Control and Prevention (CDC) in November 2017, fewer than 40% of both children and adults in the United States had received the seasonal flu vaccine. In addition, flu vaccination coverage among adults ages 18 to 49 years decreased by 3.7 percentage points compared with the same time the previous season. At the same time, early season flu

vaccination coverage among health care personnel (HCP) was 67.6%, the rate rose by 10 to 12 percentage points over the course of each of the previous 2 flu seasons. Coverage was highest overall in hospital workers, followed by pharmacists, physicians, nurses, nurse practitioners, and other clinical personnel.

The CDC notes that HCP are particularly at risk of occupationally acquired flu, and passing the virus along to patients. Influenza infections can cause a serious health threat to adults aged 65 and older, especially those receiving long-term care for chronic medical conditions; preventing influenza among health care personnel can help reduce the spread of influenza in hospitals and care facilities. It's recommended that caregivers with direct or indirect contact with older adults, individuals with disabilities, and those with chronic medical conditions receiving care receive a seasonal flu shot early in the season. A new study by researchers from the University of Michigan Medical School and Veterans Affairs (VA) Ann Arbor Healthcare System, recently published in JAMA Network Open, has found that while almost 70% of non-VA hospitals now require that caregivers receive the flu vaccine or wear a mask during flu season, only 4% of VA hospitals have the same requirements.

According to national surveys conducted from 2013 to 2017 for the study, the overall percentage of hospitals requiring flu vaccination rose from 37.1% to 61.4% and was driven largely by non-VA hospitals. While flu vaccination requirement policies for non-VA hospitals rose from 44.3% to 69.4% during the study period, VA hospitals only saw the rate increase from 1.3% to 4.1%. Of hospitals with mandatory flu vaccination policies, 96.2% allowed HCP to decline vaccination for medical contraindications, 78% allowed HCP to decline vaccination for religious reasons, and 12.8% did not require a reason. Unvaccinated HCP in hospitals with mandatory flu vaccination policies were required to wear a mask in more than 80% of those while caring for patients during flu season.

"In just four years, the non-VA hospitals have really stepped up on requiring the vaccine, rather than just encouraging it," said lead author Todd Greene, PhD, MPH, in a recent statement. "Studies have shown that vaccination mandates, coupled with an option of declining vaccination in favor of wearing a mask, are most effective in reaching high percentages of vaccination." The authors of an editorial comment to the study noted that the surveys conducted in 2013 and 2017 were worded differently and that the hospitals responding in 2017 were not the same as those that responded to the initial survey.

For the 2016-2017 flu season, the CDC notes that 78.6% of HCP responding to a survey reported receiving the flu vaccine. The CDC's Healthy People 2020 initiative has set a goal of 90% or greater flu vaccination rates among HCP.

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5. Improve Timeliness of Service

5.1 - KCNC (CBS-4, Video): [What The VA Mission Act Really Means For Veterans](#) (6 June, Michael Abetya, 26.4M uvm; Denver, CO)

Access to medical care for U.S. veterans has been an important issue in Washington since 2014. That's when a TV news investigation found that veterans were waiting so long for care that in some cases they were dying before they ever were seen by a doctor.

That spurred the Choice Act, which gave veterans access to VA-certified health care providers outside of the Department of Veterans Affairs.

Jennifer Burch, an Air Force veteran, says the Choice Act was a great first step, but it wasn't enough.

"I compared it to putting a Band-Aid on a gunshot wound," said Burch.

Since it was enacted, the Choice Act has proved to be problematic and today, even though vets can see VA approved private sector doctors, they are still waiting a long time to get access to the healthcare they need.

Burch echoes the sentiment of many veterans across the nation, "It's frustrating! It's completely frustrating and it's unacceptable."

Wednesday President Trump signed the Mission Act which will replace 2014's Choice Act. It will expand veterans' access to private-sector health care, and it paves the way for an overhaul of the VA.

Burch says bringing in more options for veteran healthcare will reduce wait times and increase the number of veterans that use their VA benefits.

"It's community over competition. Let's all work together as a community and bring it together," said Burch. "I think this is a step in the right direction of fixing that and today we're seeing more veterans using the VA."

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5.2 - Men's Health: [Veteran Dies After Catheter Was Inflated in His Penis, According to Lawsuit - Here's what to know about catheters and their risks.](#) (6 June, Melissa Matthews, 10.8M uvm; New York, NY)

A 52-year-old United States veteran died from blood poisoning due to an incorrectly inserted catheter, according to a lawsuit filed by his family.

Gilbert Harris had multiple sclerosis and a traumatic brain injury; the lawsuit states he was visiting a VA urology clinic in Kansas City for neurogenic bladder, a common complication of MS, the Kansas City Star reported. The condition makes it difficult for patients with brain, spinal cord, or nerve problems to control their bladders.

VA staff changed Harris catheter at the facility, according to the lawsuit — but by evening, when he returned to the nursing home where he lived, he was "noted to have a fever and large amounts of blood and clotting at the end of his penis." He was taken to the hospital, where he was diagnosed with a urinary tract infection and sepsis, a complication from the infection.

According to the lawsuit, a CT scan "revealed that the Foley catheter with balloon inflated within the penile urethra" — not in Harris' bladder, where it was supposed to be. Harris died of septic shock on May 16.

Roughly one-third of Americans have urinary incontinence, and men with prostate problems are particularly at risk. Though not all people with bladder issues require catheters, here's what you need to know if you end up needing one.

What is a catheter?

Catheters are used to provide or remove fluids from your body. If you have trouble peeing, a urinary catheter would remove urine for you through a thin tube. They can be used in guys who have prostate issues, surgical patients, men who can't control their bladders, or those who aren't able to pee for other reasons.

What are the different types of catheters?

There are two main types of catheters: urinary and intravenous. The first removes urine in those with bladder problems. The latter, also known as an IV, delivers fluids and medicine into your bloodstream.

Within urinary catheters, like Harris', there are a several used:

- Intermittent catheters: these are placed through your urethra and need to be changed several times a day to drain the bladder.
- Indwelling catheters (or Foley catheter): These catheters last longer and are replaced ever few months. A small balloon with water helps keep one end inside your bladder while the other drains into a bag.
- Suprapubic catheters: More comfortable for the patient, these are less likely to get an infection, but have to be inserted through a cut in the abdomen.
- Condom catheter: Like the name suggests, these fit around the penis similar to a condom. The sheath then directs urine into a tube, which is collected in a drainage bag.
- Urinary Catheters Complications

What are the risks and side effects of catheters?

Urinary tract infections are common among patients with catheters, especially in people with Foley catheters. However, infections caused by incorrectly placed catheters are more rare, and can be prevented if medical staff monitors urine output before and after placing the catheter.

If you ever find yourself in need of a catheter and are worried about potential infection, you can do one thing to reduce risk: drink plenty of water.

As you may have guessed, wearing a catheter isn't the most comfortable experience. Some people may experience bladder spasms — which feel like stomach cramping — caused by the bladder attempting to squeeze the balloon out of your body. As a result of these spasms, the catheter may leak.

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5.3 - Houston Chronicle: [Veterans deserve cannabis freedom to combat PTSD](#) (6 June, Nick Etten, 1.2M uvm; Houston, TX)

America's veterans are in crisis.

On average, 22 veterans commit suicide every day. Veterans suffer chronic severe pain at rates disproportionately higher than their civilian counterparts (roughly 40 percent higher according to the National Institutes of Health), helping to explain why the opioid crisis has hit veterans at a rate two times the national average. And, according to the U.S. Department of Veterans Affairs, upwards of 20 percent of the 2.7 million Iraq and Afghanistan veterans will experience post-traumatic stress or depression.

As a former Navy SEAL officer turned veterans advocate, I hope our lawmakers who professed their gratitude and condolences during last week's Memorial Day ceremonies to those who made the ultimate sacrifice in defense of our nation will be inspired to redouble their support of those who have been fortunate to come home.

While VA physicians are quick to prescribe powerful drug cocktails (opiates and benzodiazepines) in response to these and other service-related conditions, the federal government continues to deny veterans legal access to a demonstrably safer alternative treatment option — medical cannabis.

Even in states where medical and adult cannabis use are legal, veterans are stuck in a Catch-22. The VA is a federal health care system that does not recognize state cannabis laws, leaving veterans unable to pursue or openly discuss this treatment option with their VA primary care providers and placing them at risk of losing hard-earned benefits because of the Schedule I classification of cannabis under the federal Controlled Substances Act.

In Washington, D.C., political posturing unfortunately still prevails despite a growing body of scientific evidence and countless first-hand patient accounts of the life-saving potential cannabis offers. Never mind that medical cannabis is now legal in 30 states, or that its medicinal value is recognized by health experts such as the American College of Physicians, the American Public Health Association, and the American Nurses Association as a safer alternative to many legal treatments.

Some key members of Congress, including Rep. John Culberson, R-Texas, just can't stop perpetuating debunked "Reefer Madness" propaganda to delay federal action and deny veterans legal access to medical cannabis. Do they think their position represents the views of their constituents? I can't imagine they do.

In October, an American Legion survey of veteran households found that 82 percent want to have cannabis as a federally legal treatment, and 83 percent believe the federal government should legalize medical cannabis. How many other policy positions garner that level of support? I can't think of any.

With more than 26,000 veterans living in the 7th Congressional District of Texas, it's almost as surprising as it is disappointing to see that Culberson has repeatedly voted the wrong way on this issue. He voted against the Veterans Equal Access Amendment to permit VA-affiliated physicians to recommend cannabis therapy to veterans in states that allow for its therapeutic use. He voted against the Rohrabacher/Farr Amendment that prohibits the Department of Justice from interfering with state medical cannabis programs and the patients who rely on them. And he voted against the McClintock/Polis Amendment to prevent Justice Department interference among individuals and businesses engaged in state-compliant medical or recreational cannabis transactions.

There are some encouraging signs, however, that even staunch cannabis opponents are coming around on the issue. Just last month, former Republican House Speaker John Boehner announced his evolution from being “unalterably opposed” to cannabis legalization to saying “I’m convinced de-scheduling the drug is needed so we can do research, help our veterans and reverse the opioid epidemic ravaging our communities.”

And, two weeks ago, the House Veterans Affairs Committee voted unanimously to pass the VA Medicinal Cannabis Research Act and send the bill to floor. The bill makes clear that the VA can study medical cannabis and requires the agency to report back to Congress about its progress. That’s a step in the right direction for sure, but far short of where we need to be.

Despite this recent progress, the veteran community is still left with a number of questions and concerns, the most pressing being: When the VA research bill comes up for a vote on the House floor, will Culberson support Texas veterans by voting yes, or will he turn his back and leave them behind? And if Culberson can’t vote for veterans by supporting medical cannabis research, how can veterans vote for him?

Etten is a graduate of the United States Naval Academy, a former Navy SEAL officer, and the founder of Veterans Cannabis Project.

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5.4 - KTAR (FM-92.3): [New Phoenix VA report notes concerns about in-hospital complications](#) (6 June, 446k uvm; Phoenix, AZ)

The number of in-hospital complications and adverse events following surgeries remains a concern for the scandal-ridden Phoenix-area veterans health system, according to a new government report.

The results of an inspection by the Department of Veterans Affairs’ Office of Inspector General were released a day before President Donald Trump signed a bill Wednesday expanding private care for veterans as an alternative to the VA system.

Wanda Wright, director of Arizona Department of Veterans Services, was in Washington for the signing of the Mission Act.

“It is, for me, a huge and significant act in that it will give veterans additional access to medical assistance,” Wright told KTAR News 92.3 FM.

The \$51 billion measure, which had bipartisan support, built on legislation passed in 2014 in response to a scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments.

It allows veterans to see private doctors when they do not receive the treatment they expect, with the approval of a VA provider.

The legislation also expands a caregivers program to cover families of veterans of all eras, not just those injured in the line of duty since 2001.

On Tuesday, the VA released the findings of an inspection of the Phoenix VA system done in February. These types of inspections are done approximately every three years, evaluating different areas of focus on a rotating basis.

The report was generally positive in regards to the system's leadership, which has stabilized since a period of flux following the scandal.

"Upon review of selected employee and patient survey results, the OIG noted generally satisfied employees while facility leaders face a challenging task of rebuilding patient and public trust while improving organizational performance," the report summary said.

However, 13 recommendations for improvement were issued.

"Although it is difficult to quantify the risk of patient harm, the findings in this report may help facilities identify areas of vulnerability or conditions that, if properly addressed, could improve patient safety and health care quality," the report said.

KTAR News 92.3 FM's Jim Cross and the Associated Press contributed to this report.

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5.5 - Becker's Hospital Review: [Missouri VA hospital improperly inflated patient's catheter, killed him, lawsuit claims](#) (6 June, Megan Knowles, 441k uvm; Chicago, IL)

A lawsuit filed June 1 claims staff at Kansas City (Mo.) VA Medical Center improperly inflated a catheter in a patient's penis, causing him to contract sepsis and die, The Kansas City Star reports.

The patient, 52-year-old Gilbert Harris, visited the VA hospital's urology clinic May 12, 2016, for treatment of neurogenic bladder, according to the lawsuit.

An unnamed medical provider removed Mr. Harris' catheter and inserted a new one, according to the lawsuit. That night, when Mr. Harris returned to the nursing home where he lived, he was "noted to have a fever and large amounts of blood and clotting at the end of his penis."

Mr. Harris was taken to Nevada (Mo.) Regional Medical Center, where he was diagnosed with an acute urinary tract infection and sepsis. He was then taken back to the VA hospital.

A CT scan at the VA facility "revealed that the Foley catheter with balloon inflated within the penile urethra" rather than in Mr. Harris' bladder, the lawsuit claims. The catheter was replaced in the emergency room, but Mr. Harris went into septic shock and died May 16, 2016.

Patient privacy rules do not allow the facility to discuss the care Mr. Harris received, a spokesperson for the Kansas City VA Medical Center told The Kansas City Star. The spokesperson referred questions to the U.S. Attorney's Office, which defends the VA in civil litigation.

A spokesperson for the U.S. Attorney's Office told The Kansas City Star it was not in a position to comment.

Mr. Harris' widow filed the suit, which seeks unspecified damages for the "great conscious physical pain and mental anguish" Mr. Harris suffered before his death.

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5.6 - New Hampshire Union Leader: [Acting VA director: Upcoming report could set model for care](#) (5 June, Mark Hayward, 318k uvm; Manchester, NH)

The findings of the Vision 2025 Task Force will be issued in the coming weeks, charting a future for veterans health care in the Granite State and possibly setting a model for the rest of the country, Peter O'Rourke, the acting Veterans Affairs secretary said Tuesday during a visit to Manchester VA Medical Center.

The task force report — written by a panel that includes VA whistleblower doctors, VA officials and health care providers outside the VA — is expected to emphasize specialty care at the Manchester VA campus, with overnight hospital care provided at local hospitals and VA hospitals in nearby states.

It is expected to reject long-standing calls for a full-service hospital in New Hampshire.

O'Rourke credited medical center Director Al Montoya with transforming the Manchester VA, which lost its top management last summer after the Boston Globe reported about "third world" outcomes in its spinal clinic, rusty surgery equipment, fly infestation in an operating room and problems with the Veterans Choice program.

O'Rourke said the Manchester VA is now a "fully functioning, great facility."

"We want to take those lessons learned and spread that across the rest of the VA and make sure we're all performing at the level we see here," O'Rourke said.

But he came under criticism from a veterans activist, who faulted the VA for keeping the final report from the Vision 2025 Task Force under wraps.

"It's improper that the veterans of New Hampshire don't even know what's proposed to take care of them," said Howie Howe, coordinator of Veterans Help on the Homefront.

O'Rourke said the findings of the task force will be made public in the coming weeks. "They're not finished yet," he said.

Montoya will travel to Washington to meet with Congress about the task force's findings, and then the VA's responses to the findings will be released, he said.

O'Rourke avoided words such as recommendations and approvals. He said the task force reported findings, and his office will issue responses to the findings.

O'Rourke spent the day in New Hampshire visiting with Gov. Chris Sununu to speak about veterans issues and then tour the Manchester VA, with an emphasis on repairs made after a pipe burst in July and flooded several floors of the facility.

Montoya said 61,000-square-feet of space has been restored, and the final portion — operating rooms and a post-anesthesia area — should open in mid-June.

Montoya said the operating rooms were not damaged in the flood, but the VA took the opportunity to replace wall panels and insulation with the hope of addressing the fly problem.

“They’ve rebuilt this place both physically and emotionally and it’s been great to see what’s transpired for the past 10 months,” O’Rourke said.

In response to a reporter’s question, O’Rourke said Dr. Muhammad Huq was “not just moved to another job.”

The VA has reported that Huq, the former head of the Manchester VA spinal cord clinic, had been reprimanded for years when it came to patient records. He was eventually moved to a primary-care position. Last January, he was working at a VA medical center in Baltimore.

“This is something we carefully consider anytime that we have issues with personnel,” O’Rourke said. “We take care of our veterans and if we see an issue we address it.”

O’Rourke, a longtime VA executive, became acting secretary last week while President Trump’s nominee for the top spot, Robert Wilkie, awaits Senate confirmation.

O’Rourke became the VA’s chief of staff in February. Prior to that, he was the first executive director of the VA’s Office of Accountability and Whistleblower Protection.

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5.7 - Temple Daily Telegram: [Belton woman heads to D.C. Thursday to discuss burn pit health issues](#) (6 June, David A. Bryant, 157k uvm; Temple, TX)

Life was good for Frederick T. Slape.

The 42-year-old had retired in 2012 as a sergeant first class from the Army, had taken a couple years off to relax, and had recently started a job he loved, working as a service manager for a heavy equipment company.

He and his wife, Diane, had a house in Kempner and had just sent their youngest daughter, Montana, off to college in August 2015.

Frederick “Fred” Slape, 6-foot, 4-inches tall and weighing 275 pounds, appeared healthy.

On Aug. 25, 2015, he got a severe headache that temporarily took his sight. He landed in Scott & White Medical Center-Temple, where blood tests revealed indicators for cancers normally reserved for the female anatomy.

Nine weeks later, on Oct. 22, he was dead from two separate cancers, Stage 4 metastatic adenocarcinoma — lymph node cancer — on his trachea and a glioblastoma — a type of tumor — in his brain.

At the time of his diagnosis, Fred and Diane Slape believed the cancers were the result of his having worked next to an open burn pit during both his tours to Afghanistan as a mechanic. Doctors told them the cancers were normally seen in patients in their 70s or 80s.

Today, Diane, now a Belton resident, will join members of Burn Pits 360, a non-profit organization, in Washington, D.C., to speak with members of Congress about the situation these veterans and their families face. They will highlight the hardships veterans endure when the VA will not connect their illnesses to their military deployments, forcing many to lose everything trying to pay for medical bills.

Nationally, approximately 3.7 million veterans have been exposed to burn pits, oil well fires and sandstorms during deployments to places that include Iraq, Afghanistan, Kuwait and Djibouti in the Horn of Africa, said a spokeswoman for the Department of Veterans Affairs. This includes current conflicts as well as Operations Desert Shield and Desert Storm.

The goal of Burn Pits 360 is to establish an alliance of veteran service organizations, health care providers, legislators and government organizations to develop a specialized health care model specific to toxic environmental exposures to provide lifetime care, according to the nonprofit's website, www.burnpits360.org.

"He (Fred Slape) was retired three years to the day that he was diagnosed," she said. "What's sad is the cancer markers he had were for ovarian cancer and other cancers men can't have. That's what these toxins do to the body — they just spew stuff all over the place. Most of our people (tracked by Burn Pits 360) who have gotten cancer have not survived longer than two years."

Non-profit's registry

Burn Pits 360 maintains its own burn pit registry on its website, completely separate from the official Airborne Hazards and Open Burn Pits Registry maintained by the U.S. Department of Veterans Affairs. The main difference between the two registries is that Burn Pits 360 offers a way for family members to update the system to track those diagnosed with cancer or in the event of their veteran's death. Nearly 8,000 veterans have signed up for the Burn Pits 360 registry. Exposed veterans still need to sign up for the VA registry, however.

As part of Burn Pits 360, Diane advocates on behalf of soldiers, veterans and their families to get them the specialized treatment needed to care for diseases caused by exposure to toxins from burn pits and other hazards.

"They are struggling. There have been so many different diseases that have developed because of this, yet so many soldiers — like Fred and his buddies — just thought it was the 'Army beat down.'" Diane Slape said, referring to the normal wear and tear the body goes through in the Army. "We're advocating to get these veterans the specialized care they need, whether it is from the VA, military medical if they are near a military installation or care from nearby specialists if they are too far from either."

Increasing awareness

As more attention is brought to the issue of open burn pit exposure through the media, members of Congress are beginning to take notice.

“It’s my responsibility to make sure that the Department of Veterans Affairs has the resources they need to adequately address the needs of our veterans through care, data gathering and research,” said U.S. Rep. John Carter, R-Round Rock, a member of the VA subcommittee on appropriations. “The impacts of open burn pits are currently being looked into, and I am following next week’s hearing to listen to more firsthand accounts on this issue.”

For families such as the Slapes, illnesses often end in tragedy.

“He first started off with chemotherapy to the trachea, and after a while he was starting to feel fine,” Diane said. “He went home after three days of chemo and had his first seizure on the porch, so they put him right back into the hospital.”

Medical care

Doctors had been focusing the chemo on the lungs instead of the brain, and it was the brain tumor — which looked like a partially-inflated balloon filled with water — that caused the seizure. At the end of September 2015, Fred had surgery to remove the brain tumor.

A few weeks later, in mid-October, Fred underwent radiation on his trachea again. The radiation on the trachea went well, so doctors took out the stitches in his head and did another brain scan.

Four tumors had come back in the place of the one removed. One was in the exact same space as the one removed and spidered through his brain jaggedly, Diane said. Another had been a known, tiny spot that had grown to 3 centimeters. And two new ones on his cerebellum had popped up, each about 3 centimeters in length.

By Oct. 21, doctors suggested Fred be put in hospice — there was nothing further they could do. Later that day, the doctors told Diane he was too far gone to send to hospice, so they would have to wait it out there at the hospital, she recalled.

He died at 11:30 a.m. the next day.

“I have known one family so far where the husband died of appendiceal cancer at age 27 — a cancer so rare there are only six known cases of appendiceal cancer in the world right now,” she said. “Another family, he died at the age of 35. These cancers are taking them at 20, 30, 40 years old. We should be giving them the specialized care they need beforehand, not paying their widows after they’re dead.”

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5.8 - KREX (CBS-5, Video): [VA Mission Act: What it Means for Grand Valley Vets](#) (6 June, Chelsea Helms, 34k uvm; Grand Junction, CO)

President Trump signed the VA Mission Act of 2018 on Friday, a bill that expands private health care for veterans by allowing them to make appointments with private doctors with approval from a VA provider.

Director of the Grand Junction Veterans Health Care System Michael Kilmer stopped by KREX 5 News to explain how the act will impact local veterans.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Yo! Venice! [It's a New Day at the WLA VA](#) (6 June, Marcie Polier Swartz, 37k uvm; Los Angeles, CA)

Our year of articles for Yo! Venice is drawing to a close. Next month's issue will be our last article in the series we've been authoring to keep our communities eyes and hearts focused on the amazing changes going on at our VAGLAHS. This month we will focus on our accomplishments these past 11 months. Next month we'll focus on the new programs that we are planning.

From that first phone call I received from the VA in early 2016 asking for food for homeless Vets we now provide over 300 meals a week to the VA. Meals on Wheels of West Los Angeles and the Westside Food Bank are our partners. This program is not free. It costs money for Meals on Wheels to supply sandwiches, milk, water, and the most expensive portions are the shelf stable meats and snacks supplied to the Safe Parking, L.A. program on campus where refrigeration is not an option. Pat Cohen, one of the founders of Safe Parking, L.A., reminds us how important this food is. For some of the program's participants, this is the only food that they look forward to each day. Donors and Volunteers welcome. Contact us at info@villageforvets.org.

This year we are Co-Chairs of the Homeless to Housed Stand Down. We've learned a lot along the way like how rewarding it is to extend a hand to homeless veterans; how they appreciate the new clothing, medical and legal assistance and delicious food. In fact, they ask for the 'breakfast burritos' supplied by Maria's Italian Kitchen which has become a draw like Grandma's biscuits on Sunday. That breakfast helps to identify our Stand Down. Make sure to volunteer this year when the flyers come into your email folders. Sign up for our newsletters, we don't send too many! <https://villageforvets.org/contact.html>

Our Paint'nSip art program was so popular with the women Vets that the men have asked for their own event which we will be mounting for Father's Day. We now sponsor four Paint'nSip events during the year. Our Income Stipend program awarded a deserving Veteran with a car, two car seats for his young boys, and car insurance for one year. Approximately ten Veterans who have worked hard enough to gain independence lose it every month due to an inability to earn enough to get by. Village for Vets mission is to help these Vets. It is quite understandable, allowable and supportable to prop up Veterans who have a hard time. We need more words in the English language for citizens who uplift the community and who might not earn enough by working. Want to suggest some at info@villageforvets.org? Just put "new words" in the subject line.

Our mission: Village for Vets provides community-based volunteer and financial support to the VA Greater Los Angeles Healthcare System (VAGLAHS) for the most vulnerable Veterans they serve.

Take pride in helping the VA. We look forward to your support.

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7.2 - Winchester Star: [Mysterious 'Woman in Black' completes final journey - Elizabeth Libby Poles died May 1 at age 60](#) (6 June, Onofrio Castiglia, 154k uvm; Winchester, VA)

Elizabeth Libby Poles, the mysterious “Woman in Black” who was at the center of a social media sensation in 2014, has died.

Poles passed away May 1 at age 60, according to the U.S. Department of Veterans Affairs. She is buried in Culpeper National Cemetery, having served as a sergeant in the Army during the Persian Gulf War.

The cemetery declined to release any information on Poles. No one from the VA immediately responded to calls seeking comment on Wednesday.

In 2014, Reuters reported that Poles was a widowed mother of two children from Motts, Ala., who had been receiving treatment at VA hospitals following the deaths of her husband and father. She gained a social media following when she set out on foot, clad in a flowing black robe and burka, and walked across several states to reach Virginia. Though she didn't say much along the way, she told law enforcement officials that she was originally from Winchester.

Her mysterious nature and meandering journey prompted people to take pictures of her and post them on social media. She was seen walking in the pouring rain and sweltering heat .

When Poles arrived in Winchester one evening in July 2014, she was met by a crush of people who had been following her trek. Police quickly whisked her away from a bank parking lot on Valley Avenue, with officers asking the public to leave Poles alone because she intended to stay in the area.

“I think she's just come back to a place that she considers home,” city police Capt. Doug Watson told The Star at the time. “She believes that this is where she needs to be right now.”

Watson said at the time that Poles had indicated to him that she did not appreciate the attention and did not fully understand social media. Police helped her settle into the community by making her aware of local nonprofit services.

Poles was later seen walking in areas between Culpeper and Manassas.

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8. [Other](#)

8.1 - ABC News (AP): [Man gets prison for scamming veterans program post 9/11](#) (6 June, 24.2M uvm; Washington, DC)

A Pennsylvania man involved in a scheme that stole more than \$24 million from a federal education benefits program designed to help veterans post 9/11 is now headed to prison.

New Jersey federal prosecutors said David Alvey received a five-year sentence Monday. The 51-year-old Harrisburg man had pleaded guilty in February to conspiracy to commit wire fraud.

Prosecutors said Alvey and two other conspirators aggressively marketed online courses to thousands of veterans who thought they were enrolling in accredited courses taught by faculty from Caldwell University in New Jersey. But they ended up in online correspondence courses administered by an unaccredited company the firm subcontracted.

The conspirators will have to pay restitution.

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Veterans Affairs Media Summary and News Clips

9 June 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [House Passes \\$145B Spending Package](#) (8 June, Andrew Taylor, 23.9M uvm; Washington, DC)

The GOP-controlled House on Friday passed a \$145 billion spending bill funding Energy Department and veterans' programs for the upcoming budget year. Approval of the measure came over the opposition of Democrats on a 235-179 vote that sent the three-bill bundle to the Senate, where action is expected to be more bipartisan.

[Hyperlink to Above](#)

1.2 - Forbes: [Veterans Sustain Two Serious Defeats From Trump And The House To VA Health Care](#) (8 June, Charles Tiefer, 29.7M uvm; New York, NY)

Veterans face two separate challenges to the VA that have come to a boil this week – one from Trump, one from the Republican House. Both have to do with the continuing effort by conservative causes to cut back on VA facilities.

[Hyperlink to Above](#)

1.3 - CNN: [Immigrant doctors in rural America are sick of waiting for green cards](#) (8 June, Parija Kavilanz, 29.7M uvm; Atlanta, GA)

Dr. Raghuvver Kura is the only kidney specialist that the town of Poplar Bluff, Missouri, has had at its hospital for the past nine years. He sees nearly 3,000 patients, including 80 who need life-saving dialysis treatments. "Some of my patients drive from an hour away to see me," said Kura, who is also chief of medicine at Poplar Bluff Regional Medical Center. "There is no other big hospital in town. This is it."

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1.4 - Politico: [House passes funding for energy, VA, military projects](#) (8 June, Kaitlyn Burton, 23.9M uvm; Arlington, VA)

The House passed a fiscal 2019 spending package Friday that may actually make it to President Donald Trump's desk and become the first spending bill signed into law on time since 2016. The three-bill bundle funding energy programs, the VA and military projects passed on a bipartisan 235-179 vote. It now heads to the Senate, where it stands a chance of passing as well.

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1.5 - Military.com: [Vet With 2 Double-Lung Transplants Pushes Congress to Act on Burn Pits](#) (8 June, Richard Sisk, 9M uvm; San Francisco, CA)

"You smelled it every day, and then you'd get these dust storms that just pushed it all around," former Army Staff Sgt. William Thompson said of the fumes and clouds of muck that came off the big burn pit at Camp Victory and other U.S. bases in Iraq.

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1.6 - WJXT (TV-4, Video): [How VA helps veterans battling depression. 20 veterans commit suicide each day](#) (8 June, Ashley Spicer, 2.1M uvm; Jacksonville, FL)

The deaths of chef Anthony Bourdain and fashion designer Kade Spade are shining a light on a topic that is approaching a crisis. The two celebrities died days apart this week amid a new Centers for Disease Control and Prevention report showing an uptick in suicides rates in nearly every state since 1999.

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1.7 - KTVU (FOX-2, Video): [Alameda nonprofit provides yoga for veterans with PTSD](#) (8 June, Anne Onate and Andre Torrez, 2.1M uvm; Oakland, CA)

As we've been discussing this, week in several of our stories related to suicide, mental health issues do not discriminate. Veterans fight for our country and often are plagued with mental health issues when they return home.

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1.8 - Stars and Stripes: [Congresswoman calls for VA investigation after survey reveals high rates of sexual harassment](#) (8 June, Nikki Wentling, 1.5M uvm; Washington, DC)

One congresswoman is calling for more oversight of the Department of Veterans Affairs after a government survey revealed the VA had the most reported instances of sexual harassment of any federal agency. The Merit Systems Protection Board found 26 percent of women and 14 percent of men who worked at the VA reported experiencing sexual harassment between 2014 and 2016.

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1.9 - Nextgov: [How the VA is Personalizing Veteran Services With a Single Website](#) (8 June, Jack Corrigan, 193k uvm; Washington, DC)

The VA Digital Service thinks veterans shouldn't have to know the agency's bureaucracy to find the benefits they're looking for. President Lincoln once said a house divided against itself could not stand, and Marcy Jacobs knows the same principle applies to online citizen services.

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2. [Greater Choice for Veterans](#)

2.1 - Stars and Stripes: [Must implement VA reform law effectively](#) (8 June, Dan Caldwell, 1.5M uvm; Washington, DC)

It's been four years since the Phoenix VA scandal exposed extensive wait lists at Department of Veterans Affairs facilities nationwide. Not enough has changed. In the wake of the scandal, Congress passed the Veterans Choice Program, which gave veterans more access to community care but used mileage and wait time standards to decide who had access to choice.

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2.2 - Washington Free Beacon: [Trump, Congressional Leadership Agree VA Expansion Will Be Paid For](#) (8 June, Elizabeth Harrington, 1.2M uvm; Washington, DC)

The Trump administration is seeking to pay for recent expansion of Veterans Affairs to private health care through recently increased budgetary caps, according to an administration official. The VA Mission Act, signed into law by the president on Wednesday, creates a new program

that allows veterans to seek private care. The law calls for billions for new programs to provide private care, but does not outline how they will be funded.

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2.3 - WFED (AM-1500): [After signing, Trump has concerns about the VA MISSION Act](#) (8 June, Nicole Ogrysko, 831k uvm; Washington, DC)

House and Senate lawmakers are wrapping up the appropriations process for the Veterans Affairs Department, which is set to receive another record-high budget in fiscal 2019. The House cleared a \$5 billion boost for VA, part of a package of appropriations bills members voted on Friday.

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2.4 - News Herald: [Local vets cautiously optimistic about VA overhaul](#) (8 June, Collin Breaux, 190k uvm; Panama City, FL)

Bay County veterans tentatively applauded an overhaul of VA health care signed into law by President Donald Trump this week. On Wednesday, Trump officially approved the VA MISSION Act of 2018, which expands private care options for veterans. The MISSION Act removes the 30-day and 40-mile barrier under the Choice Program, allowing veterans enrolled in VA care to get local treatment at an eligible non-VA facility if they deal with long wait times or live far from a VA facility.

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2.5 - The Greeneville Sun: [Roe: New Legislation Could Transform VA](#) (8 June, Eugenia Estes, 71k uvm; Greeneville, TN)

Recent legislation designed to improve Veterans Affairs services has the potential to transform the system, according to Congressman Phil Roe. The Veterans Affairs Mission Act was signed into law Wednesday by President Donald Trump. It will allow veterans to receive services from private providers, creates a stipend program for caregivers of disabled veterans from any conflict, puts a process in motion to streamline the VA itself and encourages doctor and other medical professionals to join the VA system.

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3. [Modernize Our System](#)

3.1 - Waco Tribune-Herald: [LETTERS: Thoughts on state shell game, VA bureaucrats and real men](#) (8 June, Dan Dayton, 193k uvm; Waco, TX)

McLennan County Veterans Service Officer Steve Hernandez has done it again: written an articulate, fact-based article addressing the proposed move of a PTSD program from Doris Miller Veterans Affairs Medical Center to that overbooked nightmare that is Olin E. Teague VA Medical Center in Temple.

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3.2 - Health Data Management: [HIT Think: Why recent fed moves are crucial for advancing telehealth](#) (8 June, Liz Johnson, 143k uvm; Chicago, IL)

On June 11, veterans will be eligible to receive virtual healthcare from Veterans Affairs providers no matter where they live or where the provider practices in the U.S. This is a sign that we finally are breaking down a bricks-and-mortar mindset that has dominated our healthcare system—the insistence that patients must come to us, the providers, in our workplace to get care.

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4. Focus Resources More Efficiently

4.1 - The Plain Dealer: [VA and Lorain County sheriff team up to help veterans with drug problems](#) (8 June, Michael Sangiacomo, 11.5M uvm; Cleveland, OH)

The Veterans Administration and the Lorain County Sheriff's Office have a new program to help veterans suffering from "invisible wounds" such as drug problems or mental distress. When the sheriff's deputies answer a call of a drug overdose or a person in distress, as soon as practical, deputies and outreach specialists from the Veteran's Administration and the Lorain County Drug and Alcohol Abuse office talk to the victim and his family and give them a bag designed to help lighten their load.

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4.2 - Hartford Courant: [Veterans Care Program Opens In Manchester](#) (8 June, Jesse Leavenworth, 1.6M uvm; Hartford, CT)

A veterans care program formally opened Friday at a local skilled nursing facility. A ceremony marking the opening of the program at Touchpoints at Manchester was combined with an American flag retirement. Part of iCare, Touchpoints on Bidwell Street was awarded a Veterans Administration contract for short- and long-term care of veterans who use their service-connected benefits, iCare spokesman Dave Skoczulek said.

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4.3 - KXAN (NBC-36, Video): [New golf carts needed to help transport veterans at VA clinic](#) (8 June, Candy Rodriguez, 1.5M uvm; Austin, TX)

It's an initiative by local Austinites to bring some comfort to veterans. Volunteers at Austin's VA Outpatient Clinic have created a GoFundMe account to raise money for a new golf cart. So far, they've raised \$11,720. The clinic currently has two golf carts but they've seen better days. One golf cart has issues maintaining its charge and the other was just recently fixed after being out of commission for months due to a brake issue.

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4.4 - The Frederick News-Post: [More charges filed against man accused of impersonating a police officer](#) (7 June, Jeremy Arias, 440k uvm; Frederick, MD)

More charges filed this week against a Frederick man accused of impersonating a police officer last month indicate he may have been trying to impress a woman. Miguel Angel Ralda, 39, was initially charged with impersonating a police officer and three counts of transporting a handgun in a vehicle at 9 p.m. May 23 when a deputy pulled Ralda over for driving with flashing blue LED lights in his car near the Hanover development.

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4.5 - The Enterprise (Video): [Hive five! New Brockton VA venture targets vets well bee-ing](#) (8 June, Marc Larocque, 303k uvm; Brockton, MA)

Behind Building 5 on the Brockton VA, a new hive is contributing to the well-bee-ing of local veterans. In partnership with the nonprofit Vet Center in Brockton, the Brockton Campus of the VA Boston Healthcare System unveiled its first on-site beehive on Friday. Several veterans put on beekeeping suits and cracked open the hive, causing the bees to swarm around, demonstrating how it works for the VA workers and local elected officials who gathered for a ribbon cutting.

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4.6 - Cincinnati Business Courier: [Suit involving worker overtime at Cincinnati VA hospital gains traction](#) (8 June, Barrett J. Brunsmann, 28k uvm; Cincinnati, OH)

A federal judge has certified a class action lawsuit involving a nurse practitioner at the Cincinnati VA Medical Center that accuses the U.S. Department of Veterans Affairs of failing to pay overtime related to electronic medical records since 2006.

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5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

6.1 - Townhall: [Female Veterans Face Higher Risk of Suicide](#) (8 June, Brianna Heldt, 8.9M uvm; Arlington, VA)

It would appear that female veterans in America aren't faring so well. According to a recent NPR article, women who've served in combat are 250 times more likely than female civilians to commit suicide. Male veterans, on the other hand, are only 18 times more likely to kill themselves than their male civilian counterparts. What, exactly, is going on?

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KALB (NBC-5/CBS-2, Video): [VA Medical Center celebrates "Diversity Day"](#) (8 June, Wesley Boone, 67k uvm; Alexandria, LA)

The Alexandria Veterans Association celebrated their second annual "Diversity Day" at the VA Medical Center. Information booths were set up, each with their own special emphasis program presentation where members of the VA community were given a chance to discover and learn about a variety of different programs offered by the hospital.

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7.2 - American Military News: [PA man gets five years in prison for GI Bill scam that cost taxpayers \\$24 million](#) (8 June, Cheryl Hinneburg, 34k uvd; New York, NY)

A Pennsylvania man who plotted with a former college assistant dean and ended up stealing more than \$24 million of taxpayer dollars from the Post-9/11 GI Bill was sentenced to five years

in prison this week. The Post-9/11 GI Bill is a federal education benefits program designed to help veterans who served in the armed forces following the terrorist attacks on Sept. 11, 2001.

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7.3 - KETR (NPR-88.9, Audio): [A Look at Female Combat PTSD, from One of ‘the Fewer and the Prouder’](#) (8 June, Scott Morgan, 600 uvd; Commerce, TX)

Melissa Lawless spent 10 and a half years in the U.S. Marine Corps. Much of it was on the front lines in the Middle East. Lawless was part of the first group of women in the Marines to be attached to ground combat troops in 2005. Her specialty? Chemical, biological, and nuclear weapons. Anti-terrorism, in other words.

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8. [Other](#)

8.1 - Rapid City Journal: [Rapid City VA clinic ceiling collapses causing minor injuries](#) (8 June, Chris Huber, 316k uvm; Rapid City, SD)

A section of ceiling collapsed Friday morning and resulted in some minor injuries at the VA Black Hills Health Care System clinic on Fifth Street in Rapid City. Rapid City Fire Department spokesperson Jim Bussell said that just before 9 a.m. Friday, emergency crews were dispatched to the VA Clinic at 3625 Fifth Street for a report of a ceiling collapse.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [House Passes \\$145B Spending Package](#) (8 June, Andrew Taylor, 23.9M uvm; Washington, DC)

The GOP-controlled House on Friday passed a \$145 billion spending bill funding Energy Department and veterans' programs for the upcoming budget year.

Approval of the measure came over the opposition of Democrats on a 235-179 vote that sent the three-bill bundle to the Senate, where action is expected to be more bipartisan.

The legislation includes a \$5 billion increase for the Department of Veterans Affairs, including \$1.1 billion to pay for legislation signed on Wednesday by President Donald Trump give veterans more freedom to see doctors outside the troubled VA system.

At issue is the annual process of annually funding the day-to-day operations of the federal government, one of the chief duties of lawmakers. The overall amount of funding — \$1.3 trillion for the budget year beginning Oct. 1 — was set earlier this year in a budget deal between Democrats and Republicans controlling Washington.

Some GOP conservatives only reluctantly voted for Friday's measure, which they felt was too generous. But even the most spending-averse lawmakers are reluctant to vote against funding veterans' programs. Democrats, however, mostly opposed the bill because on unrelated conservative policy "riders" attached by Republicans such as language killing clean water rules and permitting firearms to be carried on federal property controlled by the Army Corps of Engineers.

"This bill is full of poison pill riders that will ultimately make our time here a total waste," said Rep. Norma Torres, D-Calif.

Democrats also said that the measure sets up cuts in future legislation to programs they support. Future packages of poison pill-laden spending bills, they promise, will be more difficult to pass as GOP support ebbs. It's not clear how many further appropriations packages will be able to pass the chamber.

Republicans narrowly controlling the Senate, meanwhile, are taking a different approach, seeking bipartisanship at every opportunity in hopes of reviving the process of handling the appropriations bills — which once dominated floor debates during the summer and early fall — and averting another take-it-or-leave-it omnibus spending bill like the two that have passed so far during Trump's tenure. The president promises he won't sign another catchall measure.

The bill also contains \$3.8 billion to fund the annual operations of Congress. It includes a provision to again deny lawmakers the annual cost-of-living pay raise that they are supposed to receive. Salaries for members of Congress have been frozen at \$174,000 per year for a decade.

The legislation came the day after the House narrowly passed Trump-sought legislation to cut almost \$15 billion in unused government money in a mostly symbolic move designed to demonstrate fiscal discipline.

The measure includes \$267 million to revive the mothballed nuclear waste dump at Nevada's Yucca Mountain.

Supporters say the site would help solve a nuclear-waste storage problem that has festered for more than three decades while opponents — including Nevada's entire congressional delegation — say it would turn the state into a "toxic waste dump."

Rep. John Shimkus, R-Ill., said it is long past time for Congress to move forward with the Yucca project, which the Obama administration halted in 2010 at the urging of former Senate Majority Leader Harry Reid, D-Nevada.

"To gain the public's confidence in nuclear energy, we must have a functioning nuclear waste management program," Shimkus said. "It is time to move forward and finish the project."

More than 80,000 metric tons of spent fuel from commercial nuclear power plants sit idle in 121 communities across 39 states.

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1.2 - Forbes: [Veterans Sustain Two Serious Defeats From Trump And The House To VA Health Care](#) (8 June, Charles Tiefer, 29.7M uvm; New York, NY)

Veterans face two separate challenges to the VA that have come to a boil this week – one from Trump, one from the Republican House. Both have to do with the continuing effort by conservative causes to cut back on VA facilities.

On Wednesday, Trump signed a law with a provision to establish a commission charged with conducting a nationwide "asset review" of VA infrastructure. If the commission is stacked with advocates of dismantling the VA and privatizing most care, the results could be disastrous. Congress remembers the great power of the base-closing commissions in shutting down military facilities, but at least they were able to vote the recommendations up or down. Not so with this commission; it will be empowered to make final decisions. There are likely to be regional winners and losers, and some decisions may be made to accommodate real estate developers, not veterans.

The make-up of the commission had been a sticking point with veterans groups and lawmakers concerned about the facilities-closing review. In the statute written by Congress, it was required that several members come from traditional veterans service organizations, as well as a private-sector health care administrator, a senior government official with medical management experience, and an asset management expert. No representative of the VA's own workforce will be included.

The composition of the commission is crucial for Congress because they are handing over tremendous responsibility and authority. In a statement by Trump just hours after signing the bill into law, he limited what he would do to consult with lawmakers in appointing members of an asset review commission. Just consult. He said he will "welcome their input" but says final

decisions on who will be on the panel will remain with him. Say hello to the Koch-created Concerned Veterans for America, the major organization demanding privatization no matter what the cost, financial or otherwise.

This is worrisome. If Congress trusted Trump to make sound choices, it would not have written the law the way it did. This is not like appointing officials with executive powers. A facilities closing commission reports to Congress for action. Trump should not be free to make it the Koch Commission.

The second challenge came in a House appropriation bill. The House voted on Thursday to approve the rule for floor debate of an appropriation (the Military Construction – VA bill) to be adopted Friday. That rule for the debate dealt with the problem that Veterans Choice Program, to the vehicle for privatizing veterans health care, continues to burn through billions of dollars. It dealt with the problem by tossing in an extra \$1.1 billion.

The money going into privatized care is not free. Quite clearly, the conservative forces in Congress want to switch priority for veterans' care funding from VA facilities to private facilities. When more is lavished on private care, less is available for maintaining the quality of VA facilities. It facilitates a vicious circle of underfunding VA and using the resulting problems and shortfalls as a rationale for privatization.

It is not a coincidence that both of these challenges to VA care occurred the same week. There is a conservative agenda on this subject. Stacking a facilities-closing commission with enthusiasts for shutting down veterans care in areas like the North and East is part of that agenda. Putting appropriations to use on private health care, not VA facilities, is part of the same agenda. What is happening now is materially advancing that agenda.

A third development warrants noting. This week, administration official circulated a memo to Hill staffers opposing a Senate plan which would raise non-defense spending caps in coming years to cover the cost of new VA activity. The White House argues, instead, that money should come from cuts elsewhere in the federal bureaucracy, and the caps should stay in place. But, this is part of the same agenda. Important and valuable government programs, like the VA, would be cut, so that the money can be diverted to private health care institutions.

For people concerned about maintaining viable public veterans' health care, it has been a disheartening week.

One challenge concerns Trump and the makeup of a commission focused on closing VA facilities. The other challenge concerns shoveling veteran's funds out to expensive private facilities, again, in the end, part of closing VA facilities for veterans.

Trump just [...]

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1.3 - CNN: [Immigrant doctors in rural America are sick of waiting for green cards](#) (8 June, Parija Kavilanz, 29.7M uvm; Atlanta, GA)

Dr. Raghuveer Kura is the only kidney specialist that the town of Poplar Bluff, Missouri, has had at its hospital for the past nine years. He sees nearly 3,000 patients, including 80 who need life-saving dialysis treatments.

"Some of my patients drive from an hour away to see me," said Kura, who is also chief of medicine at Poplar Bluff Regional Medical Center. "There is no other big hospital in town. This is it."

But now, a possible decades long wait for his green card has forced him to consider leaving Poplar Bluff and the United States behind.

"I have roots in this community. My children are growing up here. I'm paying my taxes and I've built long-lasting relationships with my patients," said Kura, who has also helped set up a dialysis treatment center in town. "But my time spent waiting for a green card seems to be never ending."

'I can't wait another 10 years'

Originally from India, Kura has been in the United States for 17 years, and has temporary worker status through an H-1B visa.

The government approved Kura's application for a green card back in 2014, but he still must wait in line behind hundreds of thousands of other applicants to actually get it. That's because Kura must first transition from his non-immigrant H-1B visa to an immigrant visa before he can receive his permanent resident status.

The United States issues 140,000 employment-based immigrant visas each year. And it limits how many of these visas it doles out to people from individual countries or with certain skills.

Often demand for these visas far outpaces supply, creating a wait list that can extend for years.

Greg Siskind, an immigration attorney and partner at Memphis-based firm Siskind Susser PC, says Kura is looking at a minimum of 15 to 20 years before he can get his permanent resident status. That's because the government is just getting around to processing work-based immigrant visa applications for Indian nationals who received their approvals nearly 10 years ago, he said.

"I can't wait another 10 years, not knowing what my future will be in the US," said Kura. He said he's thinking about moving to Canada or New Zealand.

If Kura leaves, Poplar Bluff, a town located about 150 miles from St. Louis, will likely struggle to find a doctor to replace him.

International medical graduates -- who account for a quarter of the 800,000 practicing doctors in the United States -- have stepped up to fill physician shortages throughout rural America. In exchange, they've been granted work visas and have been allowed to stay in the country after graduation. Typically, foreign medical graduates are required to leave the country after completing their medical residency and wait two years before applying for a US work visa.

But with immigration backlogs growing ever longer, it may become harder to keep some of these foreign doctors in the country.

Doctor shortages are expected to get worse

That's especially troubling considering physician shortages in these areas are expected to only get worse. According to the Association of American Medical Colleges, the nation could see a shortfall of up to 120,000 physicians by 2030.

Dr. Deepu Sudhakaran is a bariatric surgeon at St. Mary's Hospital in the small, blue collar town of Centralia, Illinois.

An Indian citizen, Sudhakaran has performed more than 200 bariatric surgeries over the past three years and was instrumental in establishing a nationally accredited bariatric surgery center in the town.

"Weight-related medical problems are very common here," he said. "We also see a high incidence of sleep apnea and diabetes in the population."

Sudhakaran's green card application was approved in 2012, "but I have no idea when I will get it," he said.

He wants to permanently settle in Illinois or nearby with his wife and two young children, who were born in America.

"I want to feel included and not like an outsider," said Sudhakaran, who has lived in the country for 17 years.

But he, too, is reaching a breaking point and he's now considering moving to Canada.

Losing Sudhakaran would be a terrible loss for the town.

"He has great passion and wants to make a difference in his patients' lives," said Damon Harbison, the interim president at SSM Health, which operates St. Mary's Hospital. "He doesn't only treat them. He educates them about wellness so they break the cycle of unhealthy living."

In Marion, Illinois, physician turnover is so high that Dr. Ram Sanjeev Alur went from being the most junior physician on staff at the small town's VA hospital to the most senior in just two years.

Originally from India, Alur treats mostly patients who are 60 years of age or older at the Marion VA Medical Center

"We're perpetually looking to hire physicians here," he said, noting that the challenges of living in a rural setting aren't always appealing to most doctors.

Alur applied for his green card in 2016. Until he gets it, he has to renew his visa every three years.

He worries about providing stability for his three young children. "If they are not happy, I will leave," he said. "I can take the hardship and uncertainty but I can't put them through years of it."

Otherwise, he says, he'll wait for his green card to be approved. But he won't do so quietly, he says.

"I want to advocate for us doctors who are living and working in America's underserved areas," he said. "We are serving a critical role. Without us, so many people wouldn't have access to any doctor."

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1.4 - Politico: [House passes funding for energy, VA, military projects](#) (8 June, Kaitlyn Burton, 23.9M uvm; Arlington, VA)

The House passed a fiscal 2019 spending package Friday that may actually make it to President Donald Trump's desk and become the first spending bill signed into law on time since 2016.

The three-bill bundle funding energy programs, the VA and military projects passed on a bipartisan 235-179 vote. It now heads to the Senate, where it stands a chance of passing as well.

The vote kicked off a mad dash on Capitol Hill to get all 12 spending bills through Congress and across Trump's desk before Oct. 1, the start of fiscal 2019.

GOP leaders are anxious to avoid another massive omnibus this fall — just before the midterm elections — by combining their funding measures into smaller, easier-to-digest bundles. Trump also made clear his disgust with massive spending bills when he signed another into law earlier this year.

Most House Republicans backed Friday's legislation while Democrats were fairly united in their opposition. The split was 212 Republicans in favor as well as 23 Democrats, with 163 Democrats and 16 Republicans opposed.

The package includes some of the usually least contentious and most popular appropriations bills: Energy-Water, Military Construction-VA and Legislative Branch.

Both the Energy Department and Army Corps of Engineers would get big spending hikes under the measure. It contains \$13.4 billion for DOE, more than \$500 million above current spending, and \$7.28 billion for the Army Corps of Engineers, nearly \$500 million higher than fiscal 2018 levels.

The Department of Veterans Affairs would also see its largest allocation in history, according to House Appropriations Chairman Rodney Frelinghuysen (R-N.J.). The veterans agency would receive a \$3.9 billion boost over current levels.

Despite the funding increases for popular programs like veterans' health care, Democratic leaders whipped their rank-and-file members against the bill, arguing that the boosts for security-related programs would shortchange other domestic programs.

"It's so close to doing a better job for the American people," House Minority Leader Nancy Pelosi said on the floor Friday. "Those poison pills take it in a bad direction. The process under which it was put forth is harmful to other priorities."

Frelinghuysen, however, countered that “these are the three bills that have historically received both Republican and Democratic support.” He added that the bill “begins the 2019 appropriations process on a strong footing.”

The legislation passed despite protests from a key conservative group.

Americans for Prosperity urged lawmakers to oppose the minibuss in a statement issued Thursday. However, the group didn’t issue a formal “key vote” alert, which would mean any votes in favor of the package would leave a mark on lawmakers’ conservative records.

“This bill shows the same disregard for taxpayers we saw in the omnibus with none of the typical Washington excuses. Taxpayers deserve much better,” the group’s senior policy fellow, Alison Acosta Winters, said in a statement.

Members debated dozens of amendments to the package, working until midnight Thursday. The House rejected attempts to both plus up and zero out funding for a contentious Department of Energy agency that promotes advanced energy technologies, called ARPA-E. The measure would provide \$325 million for the controversial agency the Trump administration wants to kill.

The federal government is “poorly positioned to move research from concept to market, and ARPA-E provides even further demonstration of that,” Rep. Paul Gosar (R-Ariz.) argued.

More than 100 GOP lawmakers opposed Gosar’s amendment to nix all funding for the program, despite Trump calling in his latest budget request for the Obama-era agency to be shuttered.

The House narrowly adopted a controversial amendment that would seek to force the GAO to do semiannual audits of money that special counsel Robert Mueller spends on the investigation of Russian meddling in the 2016 election. That amendment, offered by Freedom Caucus Chairman Mark Meadows (R-N.C.), was approved 207-201.

“Trying to muddy the waters by going after the integrity of the investigators is a classic tactic used by the people who feel threatened by an investigation because they know they’ve been caught,” Rep. Tim Ryan (D-Ohio) said on the floor, accusing Meadows of trying to “imply that there’s some sort of impropriety” on the part of the special counsel.

The House also adopted a series of uncontroversial amendments, like one intended to develop a standard of hospice care tailored to the needs of combat veterans.

The package includes three of the seven funding bills that have already been approved by the House Appropriations Committee. Senate appropriators have advanced four of their own measures.

But the typically more controversial bills, like Labor-HHS-Education and Homeland Security, have yet to be taken up by either spending panel.

The House’s three-bill package could see a vote in the Senate this month.

Senate Majority Leader Mitch McConnell and House Speaker Paul Ryan have already coordinated at least part of this summer’s spending bill schedule, and about “the need to package some of these bills into minibusses to get them across the floor,” McConnell said at an appropriations markup earlier this month.

McConnell told reporters earlier this week there's a "good chance of passing a number of appropriations bills."

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1.5 - Military.com: [Vet With 2 Double-Lung Transplants Pushes Congress to Act on Burn Pits](#) (8 June, Richard Sisk, 9M uvm; San Francisco, CA)

"You smelled it every day, and then you'd get these dust storms that just pushed it all around," former Army Staff Sgt. William Thompson said of the fumes and clouds of muck that came off the big burn pit at Camp Victory and other U.S. bases in Iraq.

Thompson has had two double-lung transplants since returning from two tours in Iraq. He attributes them to his exposure to the toxic brew of medical waste, human waste, plastics, tires, electronics, paint cans, routine garbage and the occasional entire Humvee that would be laced with jet fuel and set ablaze at hundreds of sites in Iraq and Afghanistan.

Thompson said he was having coughing fits before he left Camp Stryker for the last time. At Fort Stewart in Georgia, they said he had pneumonia, then it was pulmonary fibrosis. In June 2012, he had his first lung transplant, but there were signs of rejection.

"Had to do the whole thing all over again," said Thompson, 47, of Princeton, West Virginia. In March 2016, he had his second double-lung transplant, but there are again signs of rejection.

He has to go in for more tests, he said Thursday in front of the U.S. Capitol, where he joined other vets from the Burn Pits 360 advocacy group.

The group has pressed for burn pit exposure to be recognized as a "presumptive" illness, much like Agent Orange, to give veterans access to care and benefits, but the Department of Veterans Affairs and the Department of Defense maintain that there is no proof of correlation or causality.

Thompson asked if it was OK to take a break to get into the shade. It's not good for him to be out in the sun. Sitting on a curb, he said, "We just need them to help. If you're going to send us, take care of us when we get back. I'm here because I want to help the next person."

'NO EVIDENCE' LINKING BURN PIT EXPOSURE TO ILLNESS, VA SAYS

There's not enough evidence right now to name burn pit exposure as a presumptive illness, said Dr. Ralph Erickson, the chief consultant for post-deployment Health Services at the Veterans Health Administration.

Erickson was testifying Thursday at the first congressional hearing ever held on assessing the "Potential Effects of Burn Pit Exposure Among Veterans" before the House Veterans Affairs Committee's subcommittee on health.

Despite the lack of correlation by VA's standards, Erickson said the department had received "a little over 9,000" claims for disability benefits from burn pit exposure. He said he didn't know offhand how many had been accepted or rejected and would have to get back to the subcommittee.

Rep. Neal Dunn, R-Florida, the subcommittee's chairman and a former Army surgeon, said veterans can get care, "but the thing that is in limbo is the disability."

"There's a lot we still need to learn" about the effect of burn pit exposure on veterans, Erickson said, adding that several government studies are underway on a possible link between burn pits and a range of illnesses. But he had no estimate on when they might be completed.

Rep. Gus Bilirakis, R-Florida, said veterans can't wait.

"I don't see why we can't have any outside research" to speed up a determination on burn pit causality, he said.

In his prepared testimony, Erickson said that exposure to burn pits "and airborne hazards during deployment may be associated with adverse health consequences."

He said the VA is working with the DoD and academic partners "to identify veterans who may be at risk and to investigate and quantify potential short-term or long-term adverse health effects that may be associated with their exposure to contaminants or toxic substances from open-air burn pits and other airborne hazards."

Any evidence turned up by the studies will come too late for Stacy Pennington, whose brother, Army Staff Sgt. Steven Ochs, a member of the 82nd Airborne Division, died at age 32.

Ochs served two tours in Iraq and one in Afghanistan. He became ill in April 2008 and went to the Womack Medical Center at Fort Bragg, North Carolina.

Pennington said doctors thought it was a lung infection at first, later diagnosing him with acute myeloid leukemia. She said doctors told him it appeared to be "chemically induced leukemia."

Ochs believed it was from the burn pits, she said.

"Sis, you just don't know how bad it was," she said he told her.

"Ten months from diagnosis, and he was gone," leaving a wife and a three-year-old child, Pennington said.

The VA's website states that "burn pits were a common way to get rid of waste at military sites in Iraq and Afghanistan. At this time, research does not show evidence of long-term health problems from exposure to burn pits. VA continues to study the health of deployed veterans."

The VA also maintains an Airborne Hazards and Open Burn Pit Registry. Veterans and service members can go online to fill out a questionnaire for the registry on their military service, potential exposures and health history to aid in research.

The registry "can give us ideas of what we should be looking at, and what we need to prioritize," Erickson said.

More than 143,000 veterans have filed with the registry but only about three percent have signed up for a free follow-up medical evaluation by a local VA or DoD provider, according to

the VA. It noted that the "registries are not used for disability compensation or pension purposes."

Information on the registry is available [here](#).

DOD RESPONSE

Rep. Joaquin Castro, D-Texas, cited DoD officials as stating there were 63 major burn pits in Iraq and 167 in Afghanistan at the height of the conflicts.

Burn Pits 360 said the one at Balad in Iraq was a massive 22-acre site that burned up to 200 tons of waste daily.

The burn pits mostly went out of use when "incinerators or other alternate waste disposal processes became available," according to Terry Rauch, acting deputy assistant secretary for Health Readiness Policy and Oversight at the Pentagon.

"In addition to emissions from open-air burn pit operations, other deployment-associated environmental hazards could include indigenous ambient particulate matter; exhaust from military vehicles, machinery and generators; and pollutants from local industry," he said.

Rauch cited a 2011 Institute of Medicine report on the "Long-Term Health Consequences of Exposure to Burn Pits In Iraq and Afghanistan."

He said the report "concluded there was insufficient evidence of long-term health risks associated with burn pit exposure," but the report also found that "negative health effects [particularly respiratory] were plausible due to the particulate matter, albeit burn pits were likely one of many factors."

Rauch said the report also concluded there was "insufficient evidence of an association between exposure to combustion products and cancer, respiratory disease, circulatory disease, neurological disease or adverse reproductive and developmental outcomes in the populations studied."

He submitted a written statement to the hearing and did not appear to take questions, drawing criticism from both sides of the aisle.

"I'm disheartened that DoD declined to participate" at the hearing, said Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee.

He said the committee is attempting to gather all input possible on the burn pits, but currently "we cannot determine one way or the other" whether burn pit exposure should be listed as a presumptive.

Rep. Clay Higgins, R-Louisiana, said it was "quite disturbing" that the DoD was a no-show. He charged that the use of burn pits in Iraq and Afghanistan amounted to "essentially deploying chemical and biological weapons against our own troops."

Rep. Brian Mast, R-Florida, who lost both legs in Afghanistan as an Army staff sergeant, said, "The chemical attacks we really had to fear were the ones coming from inside our own camps."

Mast engaged in a colloquy with Tom Porter, legislative director of Iraq and Afghanistan Veterans of America, on the various materials that went into the burn pits, from hazardous waste to the possibility that dioxins -- the destructive compound in Agent Orange -- were present.

"Year after year, we have seen an upward trend in the number of our members reporting symptoms associated with burn pit exposure," Porter said.

Another veteran, Rep. Tulsi Gabbard, D-Hawaii, who served with the Hawaii Army National Guard in Iraq, said, "These burn pits are the Agent Orange of the post-9/11 generation."

Around the burn pits in Iraq, "people got sick with what we knew as 'the crud.' You'd be hacking every day."

Much of the back and forth between the House members and the witnesses focused on the need to take action now, without waiting for more studies.

Rep. Raul Ruiz, D-California, said he was "outraged by the inaction of DoD and the VA" thus far.

"We already have a high enough suspicion, and we have high enough [evidence] of severe outcomes" to act before the studies are complete to "give our veterans the treatments and benefits they have earned and deserve, Ruiz, a doctor and former public health physician, said.

Former Army Capt. LeRoy Torres, founder of the Burn Pits 360 organization, did not testify at the hearing but submitted a thick statement that included photos and dates of death for 13 troops that group attributes to burn pit exposure.

The causes of death listed included colon cancer, acute myeloid leukemia, esophageal adenocarcinoma, appendiceal cancer, lymphoblastic leukemia, lung cancer, squamous cell carcinoma, glioblastoma cancer, and spindle cell sarcoma.

Torres, a former Texas state trooper who was medically retired from the Army after 23 years, said he served near the big burn pit in Balad in 2007 and 2008.

In 2010, Torres said, he was diagnosed with a lung condition called constrictive bronchiolitis. "My medical doctors determined last month that I have toxic brain injury due to exposure to toxins, likely resulting from my burn pits exposure in Iraq."

At a news conference with the Burn Pits 360 group earlier, Carlos Fuentes, legislative director for the Veterans of Foreign Wars, told of his own experiences with burn pits as a Marine lance corporal in Iraq.

"My sergeant said go up to that post [in a guard tower] and you're going to stay there for five hours, and that's exactly what I did," Fuentes said.

"Well, there's a burn pit right in front of me and I wasn't able to just get off when the fumes came over or, you know, tell my sergeant, 'No, I can't go up there because there's a burn pit there.' No, I had to do my job," he said.

When he returned from Iraq, he went to see a doctor about chest pains. "She told me, 'Well, you're too young to have any type of chest complications,' " he said.

"We can't wait decades like our Vietnam vets waited when it comes to Agent Orange conditions. Congress and VA and DoD must improve research," Fuentes said.

"This is not about, you know, how much is this going to cost," he said. "Veterans have paid it forward with blood, sweat and tears. We need to make sure that if there's a link, we document it and act on it."

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1.6 - WJXT (TV-4, Video): [How VA helps veterans battling depression. 20 veterans commit suicide each day](#) (8 June, Ashley Spicer, 2.1M uvm; Jacksonville, FL)

JACKSONVILLE, Fla. - The deaths of chef Anthony Bourdain and fashion designer Kade Spade are shining a light on a topic that is approaching a crisis.

The two celebrities died days apart this week amid a new Centers for Disease Control and Prevention report showing an uptick in suicides rates in nearly every state since 1999.

Although the suicides that often make headlines are about celebrities, there is a group dealing with a staggering number of deaths by suicide: veterans.

According to the U.S. Department of Veterans Affairs, about 20 veterans die by suicide each day, and veterans' suicides account for 18 to 20 percent of all suicides in the country.

On Friday, News4Jax spoke with Katherine Eicher, the lead suicide prevention coordinator at the VA Clinic in downtown Jacksonville, about how the VA helps veterans battling depression.

"We have same-day access to care, walk-in crisis intervention, services that are available at all of our clinics," Eicher said. "Veterans can walk in at any time and be seen by a mental health provider. We have our veterans crisis line, national hotline specific to veterans."

Eicher said to be aware of the No. 1 warning sign: isolation.

Other signs include changes in behavior, loss of appetite, sleeplessness, sleeping too much, change in appearance and poor work performance.

Eicher explained what to do if veterans' loved ones observe any of those signs.

"You talk about it and you say, 'I've noticed that things are a little bit different. How are things going?'" she said. "We have to break the stigma around suicide. We have to break the stigma around mental health."

Eicher said veterans who had frequent deployments or deployments in hostile environments, experienced physical or sexual assault in the military, or suffered service-related injuries are more likely to die by suicide.

The VA will also help those dishonorably discharged with emergency mental health needs.

To get help now, call the Veterans Crisis Line, available 24/7, at 1-800-273-8255. Veterans, press “1” after calling.

Visit the Veterans Crisis Line website to chat live online with a crisis counselor 24/7.

Veterans can also visit the VA website for more information on mental health services.

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1.7 - KTVU (FOX-2, Video): [Alameda nonprofit provides yoga for veterans with PTSD](#) (8 June, Anne Onate and Andre Torrez, 2.1M uvm; Oakland, CA)

ALAMEDA, Calif. (KTVU) - As we've been discussing this, week in several of our stories related to suicide, mental health issues do not discriminate. Veterans fight for our country and often are plagued with mental health issues when they return home.

The Veterans Administration reports 22 veterans commit suicide daily. In a photojournalist segment, KTVU's Ann Onate shows us how Alameda-based 'Veterans Yoga Project' coordinates yoga and meditation classes across the country. For veterans and their families, the nonprofit is working to change those statistics one veteran at a time, one breath at a time.

The nonprofit works in concert with the VA to offer yoga and mindful resilience training as a pathway to healing.

Founded by Dr. Daniel J. Libby, a former VA clinical psychologist, Veterans Yoga Project has 21 yoga classes being taught by VYP-trained teachers at Vet Centers around the country in addition to 50 more at VA and military treatment facilities.

Using breath control and mindful movement to helps reprogram the nervous system to alleviate trigger symptoms and everyday life stressors.

Yoga And Mindful Resilience Training Is Moving Into Mainstream Mental Health Treatment Programs At The Veteran's Administration. The VA is Rolling out a national 'whole health' program for veterans, offering them acupuncture, tai chi, yoga and other alternative mental health therapies.

Gabe Iturbe, an Iraq War Veteran, describes a time when he was driving with his ex-wife in the passenger seat and his kids in the back. They came to a four-way intersection.

“I stopped and my wife tapped me on the shoulder and said, ‘I don’t know what you’re looking for. I don’t know if you’re looking for snipers, I don’t know if you’re looking for bombs. I don’t know if you’re looking for people, but there’s nothing out there.’”

Iturbe said he knew there was no threat, but that was just the way he operated. He was constantly scanning the area.

“War is not a pretty picture and there are a lot of men and women who are dealing with horrific symptoms and not being able to sleep and not being able to feel comfortable in their own body,

not being able to control their own mind and thoughts," said Dr. Libby. "Post traumatic stress is a dis-empowering disorder."

"I wouldn't call it sissy. I just didn't see how that was a stress relief," Iturbe said. "I didn't see how that would help me physically or emotionally."

"During my 2011-2012 deployment, I was actually sexually assaulted during the last month we were deployed" said Aubrey Cubilo, an electronic warfare officer and Iraq War Veteran. "So that threw me off. I hid it. I thought, 'Hey, if I can push through, get through, finish my qualifications, I'll be fine. When the straw that broke the camel's back—I can't describe it any other way, I ended up going to the hospital with an anxiety attack."

Sean Silvera is a Veteran Yoga Studio owner. At first he was resistant. The kind of stress relief he was accustomed to was whisky and his background was in guns. It was his wife who convinced him to go. He even had a few beers before his first session thinking it would limber him up since he thought it was "group stretching."

"Yoga can be weird for guys from middle America. It was literally the hardest thing mentally and physically I had done since Marine Corp boot camp," Silvera said.

"These are tools to help us recover from our symptoms and to get stronger. It's not about yoga. It's not about my mind and body and how I become a master in my own life," said Dr. Libby. "The VA has seen that these practices are effective. They're hearing it from the veterans that they want these kinds of treatments available and now they're making them more available."

Dr. Libby says most of the people he works with don't want to be on meds. "Nobody I know wants to take a pill to fall asleep, to feel better."

"Yoga as a tool is saving lives," Silvera said. "And I've got countless stories of veterans that were at their last edge, like literally pistol to mouth and they reached out beforehand and got help, went to a yoga class, went to a medication class and it's working."

If you need help or know of someone in need, the National Suicide Hotline is there for you: 800-273-8255 or suicide and crisis hotline (855) 278-4204.

And for more information on Veterans Yoga Project click [here](#)

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1.8 - Stars and Stripes: [Congresswoman calls for VA investigation after survey reveals high rates of sexual harassment](#) (8 June, Nikki Wentling, 1.5M uvm; Washington, DC)

WASHINGTON — One congresswoman is calling for more oversight of the Department of Veterans Affairs after a government survey revealed the VA had the most reported instances of sexual harassment of any federal agency.

The Merit Systems Protection Board found 26 percent of women and 14 percent of men who worked at the VA reported experiencing sexual harassment between 2014 and 2016. The board, an independent group within the executive branch of the federal government, is tasked with safeguarding the rights of government employees.

Rep. Annie Kuster, D-N.H., urged Rep. Jack Bergman, R-Mich., the chairman of the House Committee on Veterans' Affairs subcommittee on oversight and investigations, to hold a hearing immediately on the issue. Kuster is the ranking Democrat on that subcommittee.

"I was disturbed to learn of the high rates of sexual harassment for both men and women employed by the Department of Veterans Affairs," Kuster said in a prepared statement. "Our veterans deserve a VA that is functioning effectively and efficiently, and employees who are impacted by sexual harassment aren't able to live up to that mission."

The MSPB gathered the data from the survey of federal employees and released their findings in March. The survey asked employees about 12 different types of behaviors, from unwelcome teasing and the use of derogatory language to stalking and sexual assault. The board cited the recent #MeToo and Time's Up movements, saying they've facilitated more open discussions about sexual harassment in the workplace.

"As a result, many people, including federal employees, are asking how frequently sexual harassment occurs in work settings like theirs," MSPB wrote in a summary of the report issued in May.

Overall, across the federal government, 21 percent of women and 9 percent of men experienced sexual harassment, MPSB found. Ten percent reported gender harassment, 9 percent unwanted sexual attention and 3 percent sexual coercion.

The board also found there's been progress since the last sexual harassment survey in 1994. At that time, 44 percent of women reported experiencing sexual harassment and 19 percent of men.

The survey also asked employees about their understanding of sexual harassment. Results showed there's no longer a gap between men and women in terms of what behaviors they view as harassment, the report states.

"These changes indicate that most federal employees, regardless of sex, now understand that certain behaviors are inappropriate in the workplace," MSPB wrote in its report. "Nevertheless, such understanding does not necessarily mean that all employees will refrain from inappropriate behavior, or recognize it in themselves."

Behind the VA, the Department of Homeland Security had the second-highest rate of sexual harassment. The Securities and Exchange Commission, General Services Administration and NASA had some of the lowest rates.

The VA is the second-largest federal agency, with more than 360,000 employees. The Defense Department, with more than 740,000 civilian personnel, is the largest. According to the MSPB report, 16 percent of women and 8 percent of men who worked at DOD from 2014 to 2016 reported experiencing sexual harassment.

In a letter to Bergman on Thursday, Kuster called the VA numbers staggering, outrageous and shameful. She asked the subcommittee to investigate whether high instances of sexual harassment continue to exist in the agency.

Kuster criticized VA officials for “failing to address reports of sexual harassment and creating an environment where employees do not feel comfortable reporting harassment or intervening when harassment is witnessed.” She wants to use a congressional oversight hearing as a chance to hold officials accountable, she wrote.

“Sexual harassment has no place in any workplace, and we must get to the bottom of what is taking place at the VA immediately,” Kuster said.

Bergman’s office and the VA did not immediately respond Friday to a request for comment.

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1.9 - Nextgov: [How the VA is Personalizing Veteran Services With a Single Website](#) (8 June, Jack Corrigan, 193k uvm; Washington, DC)

The VA Digital Service thinks veterans shouldn’t have to know the agency’s bureaucracy to find the benefits they’re looking for.

President Lincoln once said a house divided against itself could not stand, and Marcy Jacobs knows the same principle applies to online citizen services.

As executive director of the Digital Service at the Veterans Affairs Department, it’s Jacobs’ mission to make interactions with the agency as easy and transparent as possible.

VA is responsible for managing the benefits, medical care and burial services of some 9 million veterans across the country. Many of those transactions occur online, and as it stands, veterans must navigate a tangled mess of outdated agency websites to access the services available to them.

But Jacobs and her team are working to put all those portals under one roof and help veterans better understand the opaque machinations of the VA. Under her watch, the office has revamped online applications, connected portals to vast troves of patient data and given a thorough makeover to Vets.gov, a portal where vets can apply for benefits and track claims.

In April, the Partnership for Public Service announced Jacobs and her team as finalists for the 2018 Service to America Medal in Management Excellence.

“What we hear consistently from veterans is ‘I’m confused and I don’t understand why the VA doesn’t act like one organization,’” Jacobs said in a conversation with Nextgov. “[We’re] really trying to change the conversation with the veteran and make it easier for them to interact with the VA.”

Today, the agency’s online presence is organized in a similar way to the VA itself—veterans need to seek out different websites for benefits, health care, cemetery services and other products. Navigating this digital maze requires veterans to understand the makeup of the VA bureaucracy, but few people actually do, said Jacobs.

To begin consolidating those services, the agency launched Vets.gov with the U.S. Digital Service in 2015, and when Jacobs joined the project in 2017, she put heavy emphasis on using information the agency already had to further streamline services. Her team went on to build a

tool that automatically fills in veterans' documents with previously reported data, and it's currently working on an application that recommends personalized benefits and services.

For instance, the VA would know when veterans add a dependent, and after 18 years the agency could remind them their children are eligible for the GI bill, Jacobs said.

In March, her team and USDS also launched a tool that lets veterans track the progress of claims and appeals through the system. This process could often take years from start to finish, and increasing transparency lets veterans know when they can expect an answer.

But technology isn't the solution to every problem, she said.

Her team also rewrote agency websites in plain language so veterans can better understand what services are available to them and reconfigured login systems so people don't need to remember multiple accounts for different sites.

While federal techies sometimes have a desire to adopt innovative technologies like blockchain and artificial intelligence before thinking about what problems they want them to solve, Jacobs is more concerned with the ends than the means.

"I'm not at all driven by a desire to get the next shiny thing into the agency," Jacobs said. "The digital service really starts with what is the problem we're trying to solve. Sometimes that leads to a technology solution and a lot of times it [does] not."

In the coming months, Jacobs' team is building personalized portals on Vets.gov where individuals can log in and see all their data on a single dashboard—benefits eligibility, claims statuses, medical information and more. A beta version of the platform launched in May and Jacobs expects to relaunch with updates and added features in July or August.

Eventually, the agency plans to integrate Vets.gov within its primary website, VA.gov, bringing a personalized experience to even more people.

"We're really trying to make sure the most people find the best thing—that the products that we're building are used by the people who need them," Jacobs said.

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2. Greater Choice for Veterans

2.1 - Stars and Stripes: [Must implement VA reform law effectively](#) (8 June, Dan Caldwell, 1.5M uvm; Washington, DC)

It's been four years since the Phoenix VA scandal exposed extensive wait lists at Department of Veterans Affairs facilities nationwide. Not enough has changed.

In the wake of the scandal, Congress passed the Veterans Choice Program, which gave veterans more access to community care but used mileage and wait time standards to decide who had access to choice. Though well-intentioned, the Choice Program failed veterans because of arbitrary criteria by which vets could access the program and mismanaged

implementation. As a result, veterans still face extensive wait times, long drives to VA facilities and inadequate care.

Fortunately, the VA Mission Act, signed into law by President Donald Trump on Wednesday, will go a long way toward ensuring our veterans finally receive the care they deserve.

The bill garnered support from the VA, lawmakers of both parties, the White House and veterans groups like Concerned Veterans for America. The VA Mission Act ensures more veterans have access to community care options and begins modernizing the VA for future generations of veterans. It's a common-sense piece of legislation that will streamline processes, strengthen the VA and empower veterans with choice over their health care.

But getting the bill signed into law is only the first step on the road to lasting reform.

The department must clearly define eligibility and access standards for veterans seeking community care. We don't need a repeat of what happened with the Veterans Choice Program, so the VA must take special care to clearly expand access beyond the original criteria and lay out a detailed plan for how it plans to implement all changes.

Merging the multiple community care efforts into one program will streamline access and reduce confusion. Community care is popular among veterans. They want the ability to see a doctor two miles away rather than driving an hour to a VA facility. For those from areas like Phoenix; Tomah, Wis.; Memphis, Tenn.; or Manchester, N.H., they want to escape facilities with repeated low-quality ratings or gross mismanagement of patient care.

The VA must also continue to innovate on both delivery of care and processing claims.

The veteran population is quickly changing, but VA care options aren't adapting to fit those changes. Its record systems don't communicate with the Department of Defense's, reimbursements to outside providers are slow, and facilities are quickly aging. The VA Mission Act creates a new Center for Innovation for Care and Payment that should be prioritized to reduce costs while enhancing quality.

The law also mandates a much-needed infrastructure review. VA buildings are 60 years old on average, and as of last year at least 1,100 were vacant or underused, costing the department \$25 million a year.

The law creates a commission that will take stock of the VA's buildings and provide recommendations on how to modernize or dispense with the facilities. With about 70 VA buildings dating from the 1800s, such a review is long overdue. The department must ensure the commission is formed and its recommendations are acted on as soon as possible.

For the good of veterans, these reforms must be done on time and on budget — two metrics with which the VA has chronically struggled. The department will need to work with Congress, the White House, veterans organizations and industry experts to ensure timely compliance with the law's objectives. Congress and other partners will need to act as watchdogs, tracking important milestones while allowing the best experts to lead the way.

Every day that goes by without these structural reforms is another day veterans have to wait to receive the care they've earned. By passing the VA Mission Act, our nation has promised veterans a health care system that allows them to get the care they need, when and where they

need it. Now it's time for committed individuals and organizations to partner with the VA and make good on that promise.

Dan Caldwell is executive director of Concerned Veterans for America.

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2.2 - Washington Free Beacon: [Trump, Congressional Leadership Agree VA Expansion Will Be Paid For](#) (8 June, Elizabeth Harrington, 1.2M uvm; Washington, DC)

The Trump administration is seeking to pay for recent expansion of Veterans Affairs to private health care through recently increased budgetary caps, according to an administration official.

The VA Mission Act, signed into law by the president on Wednesday, creates a new program that allows veterans to seek private care. The law calls for billions for new programs to provide private care, but does not outline how they will be funded.

The Washington Post reported the White House is working against funding the new law. However, the White House and the Republican congressional leadership both support securing funding for the VA expansion.

"The committee will continue to work with the White House in finding the path forward to secure and fund the best care for our veterans," said David Popp, a spokesman for Senate majority leader Mitch McConnell (R., Ky.). "It's not a question of whether this important priority will get funded. It will be resolved during the upcoming appropriations process."

An administration official told the Washington Free Beacon the White House is committed to funding health care for current and future heroes and said the expansion can be paid for under existing spending caps.

Speaker of the House Paul Ryan's office confirmed Ryan (R., Wis.) agrees with the White House that the new veterans programs should be paid for with existing funds, rather than increasing spending.

A proposal introduced by Sen. Richard Shelby (R., Ala.) and Patrick Leahy (D., Vt.) would create \$50 billion in new spending to address the health care expansion.

However, the administration says the creation of new funding is unnecessary and can be taken elsewhere from existing appropriations, after Congress recently approved a \$67 billion increase in spending for nondefense programs in fiscal year 2019.

The official added that the White House strongly supports creating a new, consolidated community care program for veterans' health care. President Trump's budget for FY 2019 funded the program under the nondefense discretionary cap, while providing \$83.1 billion for the VA, an 11.7 percent increase from 2017. Of that, \$73.1 billion would go toward health care services for veterans.

The Community Care Program, which was created by the Mission Act, accounts for \$14.2 billion of the president's VA budget.

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2.3 - WFED (AM-1500): [After signing, Trump has concerns about the VA MISSION Act](#) (8 June, Nicole Ogrysko, 831k uvm; Washington, DC)

House and Senate lawmakers are wrapping up the appropriations process for the Veterans Affairs Department, which is set to receive another record-high budget in fiscal 2019.

The House cleared a \$5 billion boost for VA, part of a package of appropriations bills members voted on Friday. The deal also included \$1.1 billion for the Veterans Choice Program, which the recently-signed VA MISSION Act authorized. The MISSION Act authorized a total of \$5.2 billion for VA to continue the Choice program for another year while the department implements new community care initiatives.

The Senate Appropriations Committee also sent its VA spending package to the floor this week.

But there's still a few unresolved matters.

Members of Congress still haven't fully figured out how they'll pay for the new, consolidated community care program that the VA MISSION Act, which the president signed earlier this week, authorizes.

Unlike the previous Veterans Choice Program, the new community care program uses discretionary instead of mandatory funding, which means congressional appropriations committees will need to provide designated resources for veterans health care every year.

"The current budget agreement does not account for this expense, which is estimated to cost approximately \$50 billion over the next five years," Senate Appropriations Committee Chairman Richard Shelby (R-Ala.) said during Thursday's markup. "Even more troubling is the return to sequestration levels in 2020 and the committee's ability to fund the new programs under fiscal constraints."

Both Shelby and Ranking Member Patrick Leahy (D-Vt.) said they were committed to finding a solution and were working with Senate VA Committee leaders Johnny Isakson (R-Ga.) and Jon Tester (D-Mont.).

Meanwhile, President Donald Trump, who touted the MISSION Act during Wednesday's signing ceremony, has a few objections to some of the finer points of the new law.

The White House detailed them in a statement released hours after the MISSION Act signing. Oversight of VA's implementation of the MISSION Act was never destined be simple, but Trump's concerns indicate those tasks may be even more difficult.

First, the president is concerned by a specific direction in the MISSION Act, which said VA must get permission from House and Senate VA committee leadership before spending more than \$50 million on certain pilot programs. VA is supposed to use these pilots to test new and innovative payment and service delivery programs.

But Trump directed the VA secretary to treat those provisions as "advisory and non-binding" — not a prerequisite for spending more than \$50 million at a time on a pilot program.

Second, the president took issue with some of the details governing the board members who will sit on the Asset and Infrastructure Review (AIR) Commission. According to the MISSION Act, the president will consult with members of Congress to appoint members to serve on this commission.

These members will review VA's assets and make recommendations for disposing of the agency's under-utilized, outdated or vacant facilities — a practice that mirrors the controversial base-realignment and closure process.

Veterans service organizations had argued early on in the legislation's drafting process that they have a seat at the table during the asset review, and they expressed some concern that the president — in early versions of the bill — would appoint the commission's members.

House VA Committee Chairman Phil Roe (R-Tenn.), who originally championed the asset review process, worked with veterans service organizations to resolve their concerns and settled on the bill's final language.

But Trump's recent statement indicates there may be some unaddressed disagreements over the commission and its oversight.

"I anticipate that I will be able to consult with members of Congress on these appointments and will welcome their input, but a requirement to consult with the Congress in executive decision making violates the separation of powers," Trump said in the statement.

Record budget

Despite the uncertainty over the MISSION Act's funding source, VA is still on track to receive a record-high budget next year — at least \$5 billion over 2018 levels.

As it stands now, the Senate appropriations would fund the VA at more than \$1 billion more than what the president had originally requested. The Bipartisan Budget Agreement, which Congress passed in March, gave appropriators more room to spend on VA infrastructure, claims processing and medical research.

The Senate version, for example, includes \$87 million boost to the Veterans Benefits Administration for more staff.

The House-passed appropriations bill would set aside \$1.2 billion for VA's new electronic health record contract with Cerner. The bill also requires VA report regularly to Congress about the project's timelines, performance milestones, costs and change management initiatives.

Rep. Gerry Connolly (D-Va.) also secured an additional \$1 million for the VA inspector general in the House appropriations bill.

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2.4 - News Herald: [Local vets cautiously optimistic about VA overhaul](#) (8 June, Collin Breaux, 190k uvm; Panama City, FL)

PANAMA CITY — Bay County veterans tentatively applauded an overhaul of VA health care signed into law by President Donald Trump this week.

On Wednesday, Trump officially approved the VA MISSION Act of 2018, which expands private care options for veterans. The MISSION Act removes the 30-day and 40-mile barrier under the Choice Program, allowing veterans enrolled in VA care to get local treatment at an eligible non-VA facility if they deal with long wait times or live far from a VA facility.

The Choice Program itself was intended to alleviate long wait times and other problems with VA care, but it has received mixed reaction from veterans, some of whom say they still weren't able to get adequate care. The MISSION Act will replace the Choice Program.

Kent Hansen, who served in the Marine Corps from 1977 to 2005, said removing the 30-day and 40-mile barrier should “significantly” decrease wait times. However, he’s still a bit skeptical of the full overhaul of the often criticized VA system.

“I’ll believe it when I see it,” Hansen said, though adding he thinks the idea is great. “Trump is saying the VA is streamlined. I hope it happens, but I’m skeptical. Removing the 30-day barrier is outstanding. The veterans deserve to have good medical care.”

Hansen doesn’t go to the VA but knows veterans who do and has heard them complain about long wait times. However, those same vets also have said the VA clinic in Panama City Beach, which opened in December 2016 and replaced a previous clinic at Naval Support Activity Panama City, is a “great improvement in service.”

Trump is looking out for veterans and “shaking up” the VA, Hansen said.

Shannon Daub, who served in the Navy from 1986 to 2006, has never used the Choice Program but receives care from the VA and agreed the local system works well. He said the MISSION Act will “probably be a good thing” and is curious to see how its effects will play out in Bay County and the Florida Panhandle. Having more health care options and shortening wait times is better for veterans, Daub said.

Congressman Neal Dunn, who represents Florida’s 2nd Congressional District that includes Bay County, attended Wednesday’s signing. Dunn, recently named chairman of the VA health subcommittee, is a vocal supporter of the MISSION Act, which also incorporated legislation he introduced that helps veterans seek life-saving transplant care closer to their home and aims to prevent opioid abuse by allowing the VA to access prescribing data through a nationwide sharing network of prescription drug monitoring systems.

“I feel good about both of those,” Dunn, who served as an Army surgeon, said in a phone interview. “This is great news for veterans. ... It was a great and moving ceremony.”

He said increasing health care options for veterans is important because they sometimes need to see medical specialists they couldn’t access under previous VA guidelines. Plus, some towns don’t have specialists, which meant a long drive to the VA facility in Biloxi, Miss., instead of to a nearby neighboring area.

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2.5 - The Greeneville Sun: [Roe: New Legislation Could Transform VA](#) (8 June, Eugenia Estes, 71k uvm; Greeneville, TN)

Recent legislation designed to improve Veterans Affairs services has the potential to transform the system, according to Congressman Phil Roe.

The Veterans Affairs Mission Act was signed into law Wednesday by President Donald Trump. It will allow veterans to receive services from private providers, creates a stipend program for caregivers of disabled veterans from any conflict, puts a process in motion to streamline the VA itself and encourages doctor and other medical professionals to join the VA system.

“If we implement this bill as Congress has written it, this legislation will be transformational to the VA,” Roe, R-1st, of Johnson City, said. “If not, it will be just another piece of paper Congress has written.”

Roe, chairman of the House Committee on Veterans’ Affairs, has high hopes for the bill and noted the broad support base involved in drafting the new law during a media conference call Thursday.

The bill was a bipartisan proposal that garnered the support of the White House and 38 veterans service organizations, he added.

The bill has five component parts, Roe explained.

One is the community care aspect; another is \$2.5 billion to provide funding for services as the legislation is implemented. The third involves caregiver benefit expansion. AIR, or Asset Infrastructure Review, of the entire VA system is the fourth part. The fifth element outlines provisions to encourage physicians and other medical professionals to join the VA system through financial incentives.

While residents in East Tennessee have the Mountain Home Veterans Affairs Hospital in Johnson City and community clinics in places such as Morristown and Knoxville, veterans in other parts of the country have to drive hours to obtain health care services from the VA, Roe said.

The community care portion of the bill will provide veterans the option to use providers in their hometowns. “The decision of where you get your care will be, as it should be, between you, your doctor and the VA,” he said.

The challenge going forward is to regain the trust of many private health care providers who have had past difficulties in getting payment from the VA for care provided to veterans, Roe said.

To address the issue, the Mission Act includes a prompt pay provision. The government will have to pay interest if its bill is not paid in an allotted time period, the congressman said.

The caregiver portion of the legislation will expand an existing program for those who take care of disabled veterans from post-9/11 conflicts. Roe said that caregivers of disabled veterans from other conflicts will now be eligible to receive a stipend — something particularly beneficial for those who have quit work to provide care for a loved one. Caregivers will be eligible for medical care from the VA as well.

The VA estimates it will take two to four years to implement the technology infrastructure needed for the program to begin, Roe said, adding that he will work to see the process takes less time than estimated.

The goal of AIR is to help the VA become more nimble and better able to provide care for veterans, the congressman said.

The VA system structure is currently based on the way medical services were provided from the 1960s to the 1980s, he said. Now, medical procedures are more precise and are often done on an outpatient basis.

Of the 6,000 buildings in the VA system, 1,100 are not used at all or have little use, Roe said.

Many veterans have moved from the Northeast to other parts of the country. Roe cited an example of a large VA campus in Pittsburgh that serves few people but costs \$3 million to keep open.

Using President Barack Obama's Commission on Care as a model, a committee will be created with representatives from the House, Senate, medical experts and veterans organizations to direct the review and help the VA streamline, he added.

Mountain Home in Johnson City, like other VA campuses, will undergo the review of its current services and have its future needs evaluated, Roe said. He has told other congressmen that the reviews may mean some VA campuses will get larger rather than reducing.

To encourage physicians and other medical professionals to join the VA, the bill includes some financial incentives including college loan repayment or forgiveness, Roe explained.

However, he said, the VA is not just facing a shortage of medical providers. Like private providers, it can also struggle to fill openings left by retiring doctors from the baby boomer generation.

"The VA is a good place to work," he said. "I worked at the VA for a time and found it rewarding."

The Mission Act was rooted in Congressional efforts to improve veterans' services prompted more than four years ago when a whistleblower revealed a common practice of falsely reporting dates to make it appear as if services were provided in a much shorter period than what actually occurred, Roe recalled.

Congress approved the CHOICE act as an emergency measure to begin the process of improving the services to veterans, including allowing veterans to use medical providers outside of the VA. Veterans have been able to use providers outside the VA since World War II, but the act provided an additional avenue for these services, Roe said, adding that 38 percent of health care services provided through veterans' benefits are outside the VA system.

As the term for that act neared its end, the Veterans Affairs Committee began work on taking the improvement process further. Representatives from both parties had input, he said. Roe thanked Sens. John Isakson and Jon Tester for their efforts to get the legislation passed in that chamber.

A few hiccups were encountered in the process, he said. “Politics reared its ugly head in November and the bill was shut down. But we stood back up, dusted ourselves off and went back to work.”

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3. [Modernize Our System](#)

3.1 - Waco Tribune-Herald: [LETTERS: Thoughts on state shell game, VA bureaucrats and real men](#) (8 June, Dan Dayton, 193k uvm; Waco, TX)

[...]

Taxpayer outrage II

McLennan County Veterans Service Officer Steve Hernandez has done it again: written an articulate, fact-based article addressing the proposed move of a PTSD program from Doris Miller Veterans Affairs Medical Center to that overbooked nightmare that is Olin E. Teague VA Medical Center in Temple.

Funny thing, Steve mentioned cost as a motivating factor for this heinous move — a disservice to all negatively impacted veterans. Not too long ago, millions of U.S. taxpayer dollars were spent at the Waco VA Medical Center to implement the PTSD program. This program is state-of-the-art and copied by other facilities nationwide.

No expense was spared in the planning, building and staffing of this program. If American taxpayers knew the amount of money expended on this worthy, Waco-based program and that VA bureaucrats are now set on peeling pieces of it away, they would be up in arms at the proposed move!

Dan Dayton, West

[...]

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3.2 - Health Data Management: [HIT Think: Why recent fed moves are crucial for advancing telehealth](#) (8 June, Liz Johnson, 143k uvm; Chicago, IL)

On June 11, veterans will be eligible to receive virtual healthcare from Veterans Affairs providers no matter where they live or where the provider practices in the U.S. This is a sign that we finally are breaking down a bricks-and-mortar mindset that has dominated our healthcare system—the insistence that patients must come to us, the providers, in our workplace to get care.

When this rule goes into effect on June 11, American veterans anywhere—even those in remote, rural and underserved areas, and those who can’t travel for health, financial or logistical reasons—should have access to care.

This is a positive step forward, and one that makes those of us in the healthcare IT industry optimistic that telehealth has a real chance to grow and succeed in this country.

The Department of Veterans Affairs made this happen through a proposed rule entitled, “Authority of Health Care Providers to Practice Telehealth,” which it unveiled last year. The proposed rule called for an amendment to allow the VA to exercise “federal pre-emption” and override state-specific telehealth laws, medical licensing restrictions and other requirements that conflicted with the VA’s need to provide telehealth services across its entire system. Removing those barriers now frees VA healthcare providers to treat beneficiaries using telehealth, irrespective of the state or location of the provider or the beneficiary.

The College of Healthcare Information Management Executives (CHIME) and our members strongly supported the proposal. In a letter submitted to Veterans Affairs Secretary David Shulkin during the comment period, we pointed out some of the potential benefits of telehealth—better access, better outcomes, increased convenience for patients and their families, the ability to “touch” patients whose location or condition impedes in-person care, and an efficient and cost-effective use of the VA’s limited resources.

As the chief information officers and senior IT leaders in our nation’s healthcare organizations, we understand the great potential technology has to improve delivery of care, including remotely.

Our letter also cited a joint 2017 telehealth report by CHIME and KLAS Research based on a survey of our members. The discord between state laws and state restrictions, and the benefits of interstate telehealth services, were common themes among respondents.

Another frequent concern was reimbursement. On this front, state laws were driving reimbursement for some services, “but national legislation is still missing,” according to the report. More than half of respondents said lack of reimbursement was limiting the adoption of telehealth.

We’ve seen progress in federal reimbursement in recent months, too. The Bipartisan Budget Act of 2018 that was signed into law in February included elements of the Creating High Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act. The legislation will expand reimbursement for some telestroke and end-stage renal disease services for Medicare beneficiaries, both beginning Jan. 1, 2019. It will allow Medicare Advantage to add clinically beneficial services through telehealth to basic plans, and it will let Accountable Care Organizations expand the use of telehealth services, both beginning in 2020.

Why does this matter? Medicare beneficiaries totaled an estimated 58.5 million people in 2017, according to the Centers for Medicare and Medicaid Services. The Department of Veterans Affairs placed its veteran population at nearly 20 million people in 2017, with about half enrolled in the VA healthcare system.

The increasing acceptance for telemedicine by two prominent national healthcare programs that serve a significant proportion of citizens in the U.S. is paving the way for more opportunities to build off our telehealth capabilities. Their willingness to adequately reimburse telehealth services is a signal to providers and their healthcare organizations that they can incorporate telehealth into the delivery of care without taking a financial blow.

Most importantly, the growing use of telehealth now and in the future gives more patients access to timely and affordable care wherever they live.

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4. Focus Resources More Efficiently

4.1 - The Plain Dealer: [VA and Lorain County sheriff team up to help veterans with drug problems](#) (8 June, Michael Sangiacomo, 11.5M uvm; Cleveland, OH)

LORAIN, Ohio - The Veterans Administration and the Lorain County Sheriff's Office have a new program to help veterans suffering from "invisible wounds" such as drug problems or mental distress.

When the sheriff's deputies answer a call of a drug overdose or a person in distress, as soon as practical, deputies and outreach specialists from the Veteran's Administration and the Lorain County Drug and Alcohol Abuse office talk to the victim and his family and give them a bag designed to help lighten their load.

The bag contains a "Lorain County Street Card," which has contact phone numbers for just about anything a veteran in crisis would need, including who to call for help with homelessness, shelters, housing, employment, financial assistance, clothing, substance abuse services and other information.

Each bag also contains a lock for their handguns with a veterans crisis line contact card; a brochure that outlines an online, interactive resource for veterans and a postage-paid, pre-addressed bag for medications veterans may wish to dispose of to avoid temptation.

Veterans face an increased risk of substance abuse, suicide and other problems that could be caused by post traumatic stress or brain injuries, Northeast Ohio VA Healthcare System Police Chief Todd Mitchell said in a news release.

"These are not as easy to see, but can reveal themselves to deputies during emergency calls," he continued. "A lot of veterans have invisible wounds."

Veterans are no more likely to have drug problems than their age-range counterparts who were not in the service, but many leave the service with mental issues.

"There is a strong relationship between PTSD (Post Traumatic Stress Disorder), mental health diagnoses and substance abuse disorders," said Cindy Yamokoski, the VA's PTSD program manager in Cleveland. "Veterans or service members are naturally pre-disposed to more trauma than the average American given the nature of their jobs...One in four service members demonstrate signs of a mental health condition."

Kristen Parker, spokeswoman for the Veteran's Administration, said the Lorain County Sheriff's Office is their pilot program, about a month old. She said by the end of the year they hope to bring 1,000 police officers in Northeast Ohio into the program and equip them with bags to give to veterans in distress.

Lt. Daniel Ashdown, of the Lorain County Sheriff's office, said police officers learn someone is in crisis after 911 calls or contacts from ambulance and rescue workers.

"As quickly as possible we determine if the person is a veteran and we send out an officer and a counselor," he said. "The idea here is to help the person recover from their problems, that includes a 24-hour assessment where they can be referred for longer-term treatment."

He noted that the program is "in its infancy" so he could not gauge its success but feels the first step in helping veterans with drug problems or mental health issues is that first contact.

There is some positive news on the opioid and death by drug abuse front, the number of drug overdose deaths in Lorain County dropped to 27 through May 31 of this year, with opioid deaths counting as 25 of them. Through the same time period last year there were 57 deaths, though county coroner officials could not say how many involved opioids.

In Cuyahoga County, the number of opioid deaths dropped to 137 the first four months of this year, compared with 192 the first four months of 2017.

Summit County reported 21 opioid deaths in the first three months of this year compared with 58 during the same time period of 2017.

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4.2 - Hartford Courant: [Veterans Care Program Opens In Manchester](#) (8 June, Jesse Leavenworth, 1.6M uvm; Hartford, CT)

A veterans care program formally opened Friday at a local skilled nursing facility.

A ceremony marking the opening of the program at Touchpoints at Manchester was combined with an American flag retirement.

Part of iCare, Touchpoints on Bidwell Street was awarded a Veterans Administration contract for short- and long-term care of veterans who use their service-connected benefits, iCare spokesman Dave Skoczulek said. Another iCare facility in Meriden has had a similar contract for several years.

The 20-bed program in Manchester provides post traumatic stress treatment, supportive clinical programming and veterans' benefits coordination, among other services, Skoczulek said. Residents tend to be Vietnam veterans and most are enlisted men and women from all walks of life, he said.

Touchpoints at Manchester is the only VA contract facility in the region, Skoczulek said.

"The closest is in West Hartford and everything else east of the Connecticut River is on the shoreline," he said. "So we are a key access point."

State Veterans Affairs Commissioner Thomas J. Saadi was among several speakers at the ceremony. Citing those who served in the Vietnam War, Saadi said the nation has not always supported veterans as they deserve. He told the small audience gathered under a tent that there must be no more forgotten wars or forgotten veterans.

Veterans and first responders then formally retired an American flag, which had been cut into separate stripes and the field of stars. They deposited the flag, piece by piece, in a metal container to be burned.

The audience then sang "God Bless America," and a playing of "Taps" by Manchester High School Band Director Keith Berry closed the program.

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4.3 - KXAN (NBC-36, Video): [New golf carts needed to help transport veterans at VA clinic](#)
(8 June, Candy Rodriguez, 1.5M uvm; Austin, TX)

It's an initiative by local Austinites to bring some comfort to veterans.

Volunteers at Austin's VA Outpatient Clinic have created a GoFundMe account to raise money for a new golf cart. So far, they've raised \$11,720.

The clinic currently has two golf carts but they've seen better days. One golf cart has issues maintaining its charge and the other was just recently fixed after being out of commission for months due to a brake issue.

"The golf carts wouldn't be working and the veterans would be stuck walking which is difficult in the cold and even more in the summer months so it's disappointing, to say the least," said Kate Greene, a volunteer at the clinic.

There are more than 1,500 parking spaces on site and around 250 of those spaces are reserved for accessible parking. With the carts frequently in and out of service for maintenance, they're not always available to transport veterans.

"We have a lot of veterans with medical mobility issues and they just absolutely appreciate it," said Rich Connell, a veteran, and volunteer at the clinic.

Some veterans say a simple ride on the golf cart can make all the difference.

"Every time we come and the cart's available, we take it," said Nadyne Gartman, who accompanies her husband on his visits to the clinic.

"I looked for it this morning and [asked] 'Where's the buggy?' I don't see nothing but cars up through there," said Thurman Gartman, a Korean War veteran who visits the clinic at least once a month.

Every year, the clinic serves 50,000 veterans and that number is growing says Reggie Hardy, chief of volunteer services.

"It gets kind of hectic because there's a lot of us going back-and-forth and we do need the cart a lot," said Beatrice Valdez who accompanies her husband, Army veteran, Santiago Valdez, to his appointments.

They're hopeful they'll get to ride in a new golf cart soon.

"That would be good if we could get a good brand new one," said Valdez.

Currently, the golf carts must be taken to Temple for any repairs.

If the volunteers reach their goal and raise enough money to buy a brand new one, they say they will buy the golf cart in Austin to ensure it stays here in case it needs to be repaired.

VA officials say they were looking into allocating funds for a new golf cart in next year's budget, but volunteers say the veterans need it now.

The clinic is also in search of driving volunteers.

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4.4 - The Frederick News-Post: [More charges filed against man accused of impersonating a police officer](#) (7 June, Jeremy Arias, 440k uvm; Frederick, MD)

More charges filed this week against a Frederick man accused of impersonating a police officer last month indicate he may have been trying to impress a woman.

Miguel Angel Ralda, 39, was initially charged with impersonating a police officer and three counts of transporting a handgun in a vehicle at 9 p.m. May 23 when a deputy pulled Ralda over for driving with flashing blue LED lights in his car near the Hanover development. Deputies found four guns in Ralda's trunk, along with fake badges and police paraphernalia, according to previous stories by The Frederick News-Post.

While deputies were warned about a potential police impersonator in the area before Ralda's arrest, charges were not filed until after investigators looked into Ralda's activities leading up to his arrest.

The first deputies heard about Ralda was from a special agent with the Bureau of Alcohol, Tobacco, Firearms and Explosives who indicated that Ralda had been presenting himself as an ATF investigator at a gym in the 5800 block of Ballenger Creek Pike, according to charges served Monday in county district court.

Ralda first visited the gym May 14 wearing what gym staff originally took to be a real law enforcement badge on his belt, according to the documents.

Ralda asked about a membership and, during a tour of the gym with a female employee, he repeatedly referred to serving tours overseas with the Army as well as his current job as "an officer for the ATF." Ralda also paid frequent "personal compliments" to the employee, the documents state.

After his arrest, Ralda told detectives that he had first seen the gym employee while walking his dog sometime before he entered the gym May 14. Ralda said he wore the fake badge to impress the woman.

"She's the reason I signed up [to the gym]," Ralda said, according to court documents detailing his interviews with deputies. "Because I saw her through the window."

Based on two of Ralda's visits to the gym on May 14 and 16, sheriff's deputies charged Ralda with two more counts of impersonating a police officer. A summons served on Ralda earlier this week cited surveillance footage of both visits that show Ralda clearly wearing belt-clip badges and displaying other police items.

Frederick County sheriff's deputies also received several phone calls about Ralda after media reports were published May 24 regarding his arrest.

Tips from the phone calls led investigators to the Spartan Tactical & Police Supply store in Frederick, according to another summons issued Wednesday with even more charges.

When contacted by sheriff's deputies, store employees identified Ralda as a frequent customer, confirming that he had visited the store at least eight times to make purchases between late April and the day of his arrest, according to the summons.

Because Ralda wore a badge and presented himself as a police officer, he benefited from the store's 10 percent discount for law enforcement officers during his visits, the employees told deputies.

The summons, which had not been served as of Thursday, included eight more counts of impersonating a police officer against Ralda based on his purchases from the supply store.

Receipts kept at the store revealed Ralda spent between \$650 and \$700 on clothing, patches, handcuffs and an extendable baton. Ralda received a total of \$71.99 in discounts for his various purchases, the summons states.

In interviews with sheriff's deputies, Ralda claimed he was a top secret-cleared cyber intelligence analyst for the U.S. Department of Veterans Affairs, a "special police officer" at a retirement community and a former infantryman in the Army, according to the court documents.

A background check with Army officials revealed that, while Ralda did serve in the infantry in the early 2000s, he had been medically discharged and had never served as a law enforcement officer for the Army.

Ralda is employed by the Department of Veterans Affairs, according to James Hutton, a deputy assistant secretary in the department's Office of Public and Intergovernmental Affairs.

"Mr. Ralda is employed by the Department of Veterans Affairs as a management analyst for our Office of Information and Technology," Hutton wrote in an email response to The Frederick News-Post's questions Thursday. "[Ralda] is not a cyber analyst and VA does not have a 'cyber command.'"

In total, Ralda was charged with 11 counts of impersonating a police officer and three handgun offenses, according to online court records. He remained held without bail in the Frederick County Adult Detention Center on Thursday.

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4.5 - The Enterprise (Video): [Hive five! New Brockton VA venture targets vets well bee-ing](#)
(8 June, Marc Larocque, 303k uvm; Brockton, MA)

Behind Building 5 on the Brockton VA, a new hive is contributing to the well-bee-ing of local veterans.

In partnership with the nonprofit Vet Center in Brockton, the Brockton Campus of the VA Boston Healthcare System unveiled its first on-site beehive on Friday. Several veterans put on beekeeping suits and cracked open the hive, causing the bees to swarm around, demonstrating how it works for the VA workers and local elected officials who gathered for a ribbon cutting. The hive, located in a wooded area behind Building 5 on the Brockton Campus of VA Boston Healthcare System, is meant to offer a therapeutic new hobby for veterans living with post-traumatic stress disorder, anxiety and stress.

“It’s incredibly therapeutic,” said Jeff Munsell, a Brockton resident and Dighton native, who served in the Navy during the Vietnam War. “It’s mesmerizing. You can sit there and watch them for a while and just watch them work. These guys here are what make nature work.”

Munsell said the bees will help the 1 1/2 acres of vegetables and flowers that need pollinating at the nearby Brockton VA greenhouse, which he manages. And the veterans who maintain the beehive will be able to harvest the honey made from the beehive starting next year.

“It’s a wonderful thing,” Munsell said. “It’s mutually beneficial. The vegetables and flowers need the pollination. ... Now we can get some veterans involved with beekeeping. The beautiful thing is that they make a lot more honey than they need. So once or twice a year, once they’re established, we can go in and collect the honey. It’s just such a wonderful treat from nature.”

The first-ever Brockton VA beehive came to fruition after it was pushed by Curtis Armitage, a social worker from the Vet Center in Brockton, who is a beekeeper in his spare time. The Vet Center, which formed in 1979, is located on Pearl Street in Brockton, providing counseling and readjustment services for veterans and their family members after they return from combat to civilian life. After Armitage requested the beehive project, he eventually got permission, and The Vet Center purchased the materials for the bees and hive, while the VA offered the use of their land.

Armitage said beekeeping can help reduce stress, provide solace, form accountability and create a sense of purpose for veterans after coming home from overseas service.

“The idea is that veterans are coming home, they’re getting more involved in the community, getting more involved in the environment, and getting reconnected into society,” said Armitage, who is also a veteran himself. “I think some veterans aren’t ready to sit in an office and reflect and think about their military experiences. I think for some the first step is really getting connected to the community and reconnected to society and caring for an organism. That’s the essential thing about the beekeepers. You’re caring for something other than you. And that, I think, is a really good first step for some veterans.”

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4.6 - Cincinnati Business Courier: [Suit involving worker overtime at Cincinnati VA hospital gains traction](#)
(8 June, Barrett J. Brunsmann, 28k uvm; Cincinnati, OH)

A federal judge has certified a class action lawsuit involving a nurse practitioner at the Cincinnati VA Medical Center that accuses the U.S. Department of Veterans Affairs of failing to pay overtime related to electronic medical records since 2006.

Judge Elaine Kaplan of the U.S. Court of Federal Claims in Washington granted certification June 7 in an action brought by class representative Audricia Brooks, a nurse practitioner at the Cincinnati VA, and others on behalf of nurse practitioners and physicians assistants at 85 different facilities.

David Cook and Clement Tsao of the Cincinnati law firm Cook & Logothetis are among attorneys working on the lawsuit, which was filed in 2012 by David Cook.

Cook, who was named counsel for the class by the judge, estimated that as many as 10,000 VA employees could be represented in the class action lawsuit.

"It is wrong for any employer to expect people to work for free," said Cook, founder and managing principal of Cook & Logothetis.

The Cincinnati VA didn't immediately provide a comment on the ruling to the Business Courier.

The suit seeks compensation for employees who worked overtime processing electronic and computer patient records using VA facility computers, VA laptops and sometimes personal computers. Nurse practitioners and physician assistants say the work is considered mandatory, according to their attorneys. Those who failed to complete the assignments reportedly were subject to disciplinary measures for poor time management.

I previously reported that some nurses at the Cincinnati VA claimed they weren't granted overtime but worked extra hours regardless out of concern for patients.

Other attorneys working on the case are Douglas Richards of Lexington, Robert Stroop of Mooney Green in Washington, Michael Hamilton of the Nashville office of Provost Umphrey and Guy Fisher of the Provost Umphrey office in Beaumont, Texas.

"These health care professionals dedicate their time for the well-being of our veterans, and by law, are entitled to overtime when they are required to work beyond their work schedules," Hamilton said.

"We believe this lawsuit to be critical for veteran patient safety and health," Hamilton added. "To expect these employees to work extended hours without overtime pay is wrong. With the class certification, we can now proceed onto the next step in this lawsuit."

With total expenses of nearly \$444 million, the Cincinnati VA is the seventh-largest hospital in the region.

The hospital in Corryville has a staff of 2,300 and treats about 43,000 veterans who live in 17 counties in Southwest Ohio, Northern Kentucky and Southeast Indiana. It operates a medical center in Fort Thomas as well outpatient clinics in Bellevue, Florence, Lawrenceburg, the city of Hamilton, Clermont County's Union Township and the Brown County village of Georgetown.

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5. Improve Timeliness of Service

6. Suicide Prevention

6.1 - Townhall: Female Veterans Face Higher Risk of Suicide (8 June, Brianna Heldt, 8.9M uvm; Arlington, VA)

It would appear that female veterans in America aren't faring so well.

According to a recent NPR article, women who've served in combat are 250 times more likely than female civilians to commit suicide.

Male veterans, on the other hand, are only 18 times more likely to kill themselves than their male civilian counterparts.

What, exactly, is going on?

So far, it's not exactly clear what the reason is for the disparity.

The US Department of Veterans Affairs remains a convenient and expedient scapegoat, certainly, and not entirely without good reason. Just this past May, Forbes published a piece titled 3 Ways to Fix the VA Among Ongoing Scandals. The article describes woefully inadequate facilities and cites the 2014 scandal in particular, which erupted under the Obama administration, and where government officials allegedly falsified data showing just how long desperate veterans were waiting for appointments.

But the ongoing problems and corruption in the VA can't fully explain the problem.

Nor can the VA be wholly responsible for the suicide rate among female veterans having increased by 85%--not an insignificant number, surely--in recent years. Why are women in combat doing so much worse, comparatively, than men? And what is the reason for the sudden, sharp increase?

If nothing else, the latest polls and research seem to validate something conservatives have been saying for a long time: men and women are indeed different.

Researchers with the Service Women's Action Network (SWAN) just released a series of mental wellness recommendations for servicewomen and female veterans. One of those recommendations is the establishment of stronger social support networks. There is concern among researchers that women who've served in combat zones, in contrast to men, have no real community with which to share their experiences.

But while that may be true to some degree, it doesn't necessarily speak to why women in particular are struggling so much. Surely men, too, have a difficult time finding positive ways of processing what they've seen.

One wonders if this latest research will ignite the age-old debate over women serving in combat positions, in general. It's certainly possible. As recently as 2016, PBS was reporting a Marine general's predictions that "the Defense Department's vows to maintain the same standards for women and men in combat jobs won't last," and that "the military will eventually be pressured to lower the qualifications so more women can serve in jobs like the Marine infantry."

At the time, the Marine Corps was opposed to opening certain infantry and combat positions to women, claiming that evidence showed male-only units were more effective than combined-gender units. They also worried about the potential for sexual harassment, and for the general well-being of women serving in such positions.

Two years later, it appears that the sharp decline in women's mental health may support the Marine Corps' position.

It was in 2013 when then-Secretary of Defense Leon Panetta granted women the previously unavailable right to serve in combat. Three years later, and against the Marine Corps' recommendations, all military occupational specialties (such as ground units) were made available to women.

Liberals have long insisted that true gender equality demands women be afforded access to the same opportunities as men. But what this position fails to take into account is now being borne out in the extremely troubling suicide statistics: for all the talk of equality, servicemen and servicewomen are not faring the same. Women, who now have equal access to combat positions, are suffering disproportionately. Even if they make it back to their families alive, they may still not survive.

Controversial or not, perhaps it's time to reconsider whether serving in combat is truly what's best for women.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KALB (NBC-5/CBS-2, Video): [VA Medical Center celebrates "Diversity Day"](#) (8 June, Wesley Boone, 67k uvm; Alexandria, LA)

PINEVILLE, La. (KALB) - The Alexandria Veterans Association celebrated their second annual "Diversity Day" at the VA Medical Center.

Information booths were set up, each with their own special emphasis program presentation where members of the VA community were given a chance to discover and learn about a variety of different programs offered by the hospital. The booths also provided an opportunity for employees to learn about the VA communities' varying cultures and ethnicities.

"Diversity day is about the different cultures here in our community, here at the VA, working, even for the veterans. We have different cultures so we want to let the VA know that, well, the community know and our employees know about the different cultures we hire," said Patricia Wilson, a details clerk at the VA Hospital.

Different booths touched on different programs, from the hospital's involvement in American-Indian and African-American employment initiatives, to groups for members of the LGBT community and those with disabilities.

The event was capped off with a cultural cook-off, where employees with culinary talent showcased their skills by preparing culturally diverse dishes. Entertainment was provided by Zion Hill Dance Ministries and Desert Sky Belly Dancing.

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7.2 - American Military News: [PA man gets five years in prison for GI Bill scam that cost taxpayers \\$24 million](#) (8 June, Cheryl Hinneburg, 34k uvd; New York, NY)

A Pennsylvania man who plotted with a former college assistant dean and ended up stealing more than \$24 million of taxpayer dollars from the Post-9/11 GI Bill was sentenced to five years in prison this week.

The Post-9/11 GI Bill is a federal education benefits program designed to help veterans who served in the armed forces following the terrorist attacks on Sept. 11, 2001.

The bill pays for veterans' tuition, housing costs and other educational expenses as long as their courses meet certain criteria.

U.S. Attorney Craig Carpenito said that David Alvey, 51, previously pleaded guilty in February before U.S. District Judge Katharine Hayden to one count of conspiracy to commit wire fraud, a local Patch site reported. Hayden also sentenced Alvey to three years of supervised release and ordered restitution in the amount of \$24,024,465.65.

Alvey, who was founder and president of Ed4Mil, colluded with Lisa DiBisceglie and Helen Sechrist from 2009 through August 2013 to run the scam.

Both women also pleaded guilty to a similar wire fraud conspiracy count.

DiBisceglie, who was an associate dean at Caldwell University, assisted Alvey in getting approval from Caldwell's administration to develop and administer a series of non-credit online courses for veterans in Caldwell's name.

To ensure that the courses met the eligibility requirements for education benefits under the Post-9/11 GI Bill, DiBisceglie and Alvey falsified the applications sent to the Veterans Administration, stating that the courses were developed, taught and administered by Caldwell faculty and met Caldwell's rigid educational standards.

After the courses were approved, Alvey, Sechrist and others aggressively marketed the courses to veterans who were eligible to receive the benefits.

The veterans were then enrolled in online correspondence courses developed and administered by a sub-contractor of Ed4Mil.

Neither Ed4Mil nor its sub-contractor were disclosed to the government, and neither was eligible to receive Post-9/11 GI Bill benefits.

Thousands of veterans enrolled trusting they were taking Caldwell courses.

As a result, the U.S. paid in excess of \$24 million in tuition benefits under the Post-9/11 GI Bill.

DiBisceglie and Secrist are scheduled to be sentenced Tuesday.

“Today’s sentence is an appropriate punishment for a man who spent years cheating our veterans by stealing millions in taxpayer funds reserved for their education. Instead of receiving the quality instruction they were promised, thousands of service men and women recruited by Ed4Mil were enrolled in unapproved online courses without their knowledge. No veteran should be treated this way,” Carpenito said.

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7.3 - KETR (NPR-88.9, Audio): [A Look at Female Combat PTSD, from One of ‘the Fewer and the Prouder’](#) (8 June, Scott Morgan, 600 uvd; Commerce, TX)

Melissa Lawless spent 10 and a half years in the U.S. Marine Corps. Much of it was on the front lines in the Middle East. Lawless was part of the first group of women in the Marines to be attached to ground combat troops in 2005.

Her specialty? Chemical, biological, and nuclear weapons. Anti-terrorism, in other words.

She’s proud to be among the first women to have gone out on foot patrol in Fallujah.

“They call the Marines the few and the proud,” she says. “But they call the women the fewer and the prouder.”

The price for her pride has been a costly one, though. Sleeping in tents directly next to where her colleagues traded shells and bombs with Iraqi fighters, being trained to drive as fast as possible to outrun snipers, and living with the reality that she might at any point walk into a building and get trapped in there left her with a lingering case of post-traumatic stress disorder.

PTSD has been identified long enough to have gone through its share of monikers – shell shock; delayed stress syndrome.

But PTSD in female, frontline combat vets is still a new and emerging science. Women simply have not been assigned to combat roles for very long.

“There’s just not that much of a history with female combat PTSD,” says Stanford endocrinologist Robert Sapolsky. “We need more research.”

What therapists and psychologists do know is that while the symptoms of PTSD are generally the same for men and women, the different sexes tend to present differently. One gender-neutral symptom is Lawless’ nagging stress with being in a room where she can’t see all the doors.

“You think of a way to subdue everybody in that room as soon as you walk in,” she says. “That’s a PTSD thing.”

So is driving too fast and too aggressively in everyday traffic, which Lawless has also done. In the Marine Corps, she was trained to run to the problem and address it, with as much force as the situation required. When there’s something to get away from, though, you’re taught to get away fast.

It’s been hard to unplug that from her psyche, she says.

Lucy Underwood, a licensed professional counselor based in McKinney, says Lawless’ symptoms are pretty textbook. She’s worked with numerous women coping with military-related PTSD, which she describes as an alarm that doesn’t shut off.

Also gender-neutral, Underwood says, is that PTSD patients tend to try to address the issue through obsessive behaviors, like exercising too much or overeating. Anything to stay ahead of the panic attack that could strike anywhere, anytime, without warning.

There are, however, some notable differences between men and women when it comes to PTSD. According to the Department of Veterans Affairs’ National Center for PTSD, women in the military are more than twice as likely as men to develop post-traumatic stress disorder. Once they have it, women are also a lot more likely to turn their pain inward. Anger in men becomes depression in women. Aggression in men often becomes self-cutting in women.

And while men suffering through PTSD tend to turn to hard chemicals, women, if they seek solace in substances, overwhelmingly opt for alcohol.

Lawless says she drank a lot for about two years before she realized it was getting the better of her. She went to the VA for treatment, eventually landing in Bonham, where she’s taken advantage of programs at the Sam Rayburn Memorial Veteran’s Center.

She’s also found a support group outside the VA, a group of fellow PTSD-survivor vets connected with Bunker House (see story at KETR.org), a privately owned haven for military vets with PTSD and substance abuse issues.

This group support model is part of something especially important for women surviving PTSD, says Linda Denke, director of nursing research at the University of Texas-Southwestern.

“It’s most important for women vets, and women in particular, to have a network and be able to share,” Denke says.

Interestingly, says Underwood, the Marine Corps offers a particular oddity when it comes to PTSD in men versus women. Women who have had a prior traumatic experience going into the Marine Corps, she says, are far more likely to develop PTSD based on their experiences in-service. That prior trauma is often sexual in nature, from ceaseless unwanted attention to actual physical assault.

Lawless entered the Marine Corps in 2003 having survived a traumatic home life. She didn’t elaborate beyond saying she had “a rough childhood.”

Men, however, are very much the opposite. Men going into the Marine Corps having survived a prior trauma “seem to have found their ... support system as a Marine,” Underwood says.

The discipline and the Marine Corps code of toughness in the face of danger, in other words, tends to be something men respond to and actually can find helpful, she says. But that’s not how it is for women. Even tough ones like Melissa Lawless.

Half a decade removed from the theater of combat, Lawless is effectively homeless, but is trying to secure a place to live that’s not a VA treatment center. She might have it sooner than later, if Bunker House founder Jon Hager gets his women-only home set up in Bonham, like he wants to.

He has a waiting list of women who could use the supportive quiet.

While she recovers, or at least learns to manage her twin burdens – alcoholism and PTSD share the unfortunate fact that neither is ever fully cured, Sapolsky says – Lawless is pursuing a master’s in disaster management through American Military University. She already has one in criminal justice, but thinks learning about emergency management is her path.

In general, she’s pretty optimistic.

“I don’t see why I couldn’t do anything I wanted to do,” she says. “Right now, my thinking is, the sky’s the limit.”

Her advice to anyone who might need help?

“Don’t be too tough or too proud to say ‘I need help,’” she says.

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8. [Other](#)

8.1 - Rapid City Journal: [Rapid City VA clinic ceiling collapses causing minor injuries](#) (8 June, Chris Huber, 316k uvm; Rapid City, SD)

A section of ceiling collapsed Friday morning and resulted in some minor injuries at the VA Black Hills Health Care System clinic on Fifth Street in Rapid City.

Rapid City Fire Department spokesperson Jim Bussell said that just before 9 a.m. Friday, emergency crews were dispatched to the VA Clinic at 3625 Fifth Street for a report of a ceiling collapse.

When they arrived, emergency crews found a small section of the lobby area at the clinic had fallen and there were "a couple of individuals" under it.

Bussell said the injured individuals were evaluated by nurses and doctors at the clinic and were determined to have minor injuries. They were not transferred to the hospital.

"It's not a full roof collapse like you may be thinking," Bussell said. "It was some ceiling tiles and some duct work."

It's unclear why the ceiling collapsed, but Bussell said it will be investigated by the VA clinic, construction contractors currently on scene and likely the insurance company.

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Veterans Affairs Media Summary and News Clips

10 June 2018

1. [Top Stories](#)

1.1 - CBS Dallas/Fort Worth (Video): [Nonprofit Looks To Help Veterans Struggling With Suicidal Thoughts](#) (9 June, 26.9M uvm; Dallas, TX)

Suicide can affect all walks of life, but the U.S. Department of Veterans Affairs has statistics that show it affects veterans in particular. Jacob Schick knows this firsthand. The third-generation combat Marine had his own struggle with suicide.

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1.2 - Houston Chronicle: [Women veterans share brutal struggle in Houston march](#) (9 June, Mark Collette, 16.3M uvm; Houston, TX)

Army veteran BreAnn McLaughlin, 31, marched to Houston City Hall on Saturday morning carrying a poster with a blunt declaration. "I was raped. I survived. I have PTSD." Despite diagnosing her with post-traumatic stress disorder, the Department of Veterans Affairs denied her benefits claim, she said. The VA attributes her struggles not to the assault while on active duty, but instead to being an overwhelmed mother.

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1.3 - Killeen Daily Herald: [Congressional hearing on burn pits exposure: Problems, possible solutions discussed](#) (9 June, David A. Bryant, 156k uvm; Killeen, TX)

For 10 years, nonprofit Burn Pits 360 attempted to get the ear of Congress to air concerns about the treatment and care of veterans and military service members exposed to toxic airborne hazards and open burn pits while deployed to Southwest Asia.

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1.4 - The Exponent Telegram: ['Any of us ... could be at risk': Suicides increase in state and county](#) (9 June, JoAnn Snoderly, 57k uvm; Clarksburg, WV)

The recent suicides of Anthony Bourdain and Kate Spade, while shocking, are part of a national trend of increasing rates of death by suicide. The suicide rate in the United States increased over 25 percent from 1999 to 2016, according to a U.S. Centers for Disease Control and Prevention report released Thursday. West Virginia is not immune to this public health crisis.

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1.5 - U.S. News & World Report (AP): [NH Democrat Hassan to Speak to Vets About Strengthening VA](#) (9 June, 23.9M uvm; Washington, DC)

Democratic Sen. Maggie Hassan is scheduled to speak about the U.S. Department of Veterans Affairs at a veterans' convention in New Hampshire. Hassan is set to speak at the New Hampshire Veterans of Foreign Wars State Convention on Saturday. The event is taking place at the Town and Country Inn in Shelburne. She is also scheduled to visit Wildcat Mountain later in the day.

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2. [Greater Choice for Veterans](#)

2.1 - Albuquerque Journal: [Editorial: Mission Act should work with, not in lieu of, VA](#) (10 June, Editorial Board, 461k uvm; Albuquerque, NM)

President Donald Trump signed the \$51 billion VA Mission Act into law this week, a move that not only keeps the VA's troubled Choice private-sector program alive for a year, but in theory replaces it with a more responsive program that allows veterans to get care outside of the VA when faced with lengthy wait times or a lack of services they need.

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2.2 - Times-News: [How will the VA MISSION Act work for veterans?](#) (8 June, Hank Hayes, 223k uvm; Kingsport, TN)

The VA MISSION Act will be “transformational” for veterans care if implemented the right way, U.S. Rep. Phil Roe said in a Thursday conference call with reporters. If it doesn't go well, Roe said it will only be a piece of paper. President Donald Trump signed the bill on Wednesday with Roe, chairman of the House Committee on Veterans Affairs, in attendance.

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2.3 - Santa Maria Times: [Roses & Raspberries: Choosing the right path for you](#) (9 June, 196k uvm; Santa Maria, CA)

U.S. military veterans may be catching a break. President Trump this week signed legislation clearing the way for a big-time renovation of the Department of Veterans Affairs. For that accomplishment, the president and his staff of advisors deserve today's first batch of roses.

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2.4 - Sidney Herald: [Delivering VA that listens to veterans](#) (9 June, Sen. Jon Tester (D-Mont.), 46k uvm; Sidney, MT)

For generations Montanans have signed up to serve our nation with pride, answering the call of duty during times of peace and times of war. In fact, there are more veterans per capita in Montana than almost any other state in the nation.

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2.5 - Booneville Democrat: [Time, bipartisanship, good faith: The recipe for government funding](#) (9 June, Sen. John Boozman (R-Ark.), 12k uvm; Booneville, AR)

I've been calling for Congress to break the cycle of continuing resolutions and omnibus spending deals for quite some time. For too long, we've relied on these short-sighted solutions to fund the government rather than approving the 12 individual appropriations bills. I'm pleased to see that there is a renewed commitment to return to this regular process.

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3. [Modernize Our System](#)

3.1 - WCTV (CBS-6): [U.S. Congress approves renaming of Tallahassee VA clinic](#) (8 June, Fletcher Keel, 1.4M uvm; Tallahassee, FL)

Late Thursday, the United States Congress approved legislation to rename the U.S. Department of Veterans Affairs Health Care Center in Tallahassee in honor of Marine Corps Sgt. Ernest "Boots" Thomas. The center is located at 2181 Orange Avenue.

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3.2 - The Missoulian: [WWII hero's name to grace Missoula veterans facility](#) (9 June, Kim Briggeman, 839k uvm; Missoula, MT)
Missoula's Veterans Affairs building will be renamed after one of Montana's most renowned war heroes. The Montana congressional delegation introduced, and on Tuesday President Donald Trump signed, a bill that will christen the VA's Community-Based Outpatient Clinic on Palmer Street in honor of David Thatcher, one of the nation's last survivors of the 1942 Doolittle Raid of Japan.

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3.3 - KULR (NBC-8, Video): [Montana VA Clinics to be renamed for Montana heroes](#) (9 June, Melissa Scavelli, 71k uvm; Billings, MT)
President Donald Trump signed legislation recognizing the commitment to duty and personal courage of 3 Montanans by naming VA facilities in Missoula and Billings in their honor. One of those Montanans is Ben Steele.

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3.4 - Parsippany Focus: [Morris County Opens New Veterans Services Office and VA Clinic](#) (9 June, Frank Cahill, 13k uvm; Parsippany, NJ)
A new Morris County Veterans Services Office and Veterans Administration Clinic located in Morris Township officially opened today in a ceremony that included the unveiling and dedication of a POW/MIA Chair of Honor for the county.

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4. [Focus Resources More Efficiently](#)

4.1 - WLOS (ABC-13): [After serving their country, veteran volunteers find ways to serve their community](#) (9 June, John Le, 480k uvm; Asheville, NC)
Our Persons of the Week collaborated on a source of healing. Volunteers from Kairos West, Master Gardeners, and Soul & Soil were joined recently by 30 veterans who desperately want to give back. The healing garden is outside the Kairos West Community Center. Ironically, this place intended to help people find peace was primarily cultivated by those impacted by the reality of war.

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4.2 - Quincy Herald-Whig: [Help needed to take veterans to Iowa City VA](#) (8 June, Steve Eighinger, 186k uvm; Quincy, IL)
The local chapter of the Disabled American Veterans is looking for people who can assist in taking local veterans to medical appointments at the Iowa City VA Medical Center in Iowa City, Iowa. "We are in need of two volunteers to drive on every other Tuesday of the month," said Linda Bassett, the travel coordinator for the local chapter of the DAV.

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4.3 - Traverse City Record-Eagle: [Golf scramble to help veterans](#) (9 June, Mark Johnson, 78k uvm; Traverse City, MI)

An afternoon on the back nine helped members of a local veterans group formulate an idea they hope will drive money toward veterans in need. Members of Veterans in Crisis attended a Traverse City Vet Center golf outing, and realized a similar event could raise money toward the group's key objective — to ease the financial worries of struggling local veterans, said Vince Fochtman, a Veterans in Crisis board member.

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4.4 - Mining Journal: [Vet town halls set for this week](#) (10 June, 66k uvm; Marquette, MI)
Veterans, their families and friends, and the public are invited to upcoming veteran town hall meetings in Munising, Marquette and Ishpeming Tuesday and Wednesday. The Oscar G. Johnson VA Medical Center will be hosting town halls at 3 p.m. Tuesday in Munising at American Legion Post 131...

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5. [Improve Timeliness of Service](#)

5.1 - WIBW (CBS-13): [Topeka VA operating room to be closed for nearly a year](#) (8 June, Nick Viviani, 484k uvm; Topeka, KS)

Colmery O'Neil VA Medical Center is closing the hospital's operating room immediately because of issues with its heating, ventilation, and air conditioning (HVAC) system. VA officials say the closure is expected to continue until early 2019.

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5.2 - The Daily News: [PTSD Clinic's annual memorial walkway additions speak to depth of issues and care](#) (9 June, Jim Krencik, 196k uvm; Batavia, NY)

Reading the names of dozens of veterans, linked by their participation in the Batavia VA's residential PTSD clinics and life journeys now complete, triggered many emotions. For the peer support and medical staff standing alongside veterans now in Batavia to gain skills and treatment for their own lives, the hope was that the memorial ceremony and cookout engendered another reminder that they are not alone, and always loved.

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6. [Suicide Prevention](#)

6.1 - Akron Beacon Journal: [Veterans struggling with PTSD find peace, support at retreats at The Wilds](#) (9 June, Alissa Widman Neese, 858k uvm; Akron, OH)

Fifteen years and five psychologists later, Jeff Robinson still couldn't overcome the crippling aftereffects of combat. He isolated himself as he struggled with depression and stress. His relationships with his wife and children suffered. The Veterans Affairs doctors only prescribed him drugs that he said he didn't want, leaving him feeling helpless.

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6.2 - WLOX (ABC-13, Video): [Coast group 'crusades' to bring awareness to suicide, veterans with PTSD](#) (9 June, Lindsay Knowles and Doug Walker, 445k uvm; Biloxi, MS)

On average, 20 veterans die by suicide each day, many of them suffering from post-traumatic stress disorder. One Gulf Coast organization is reaching out to our military-filled community, hoping to bring those numbers down.

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6.3 - Bartlesville Examiner-Enterprise: [Mental Health: Proposal connects vets, services](#) (9 June, Hannah Nelson, 66k uvm; Bartlesville, OK)

Combat veteran John Carter had returned home from serving in Iraq in 2009 when he started having thoughts of harming himself. Carter had just moved back to Houston and was having trouble adjusting to civilian life. After telling a veteran friend about the thoughts he had of harming himself, Carter's friend took him to the vet center.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Tulsa World: [Huge selection of specialty items makes store 'like candy' for veterans proud of their service](#) (9 June, John Klein, 3.8M uvm; Tulsa, OK)

Sam Armstrong volunteers to work at a shop geared toward U.S. military veterans because he likes the company. "There are some good guys here," said Armstrong. "You know, veterans usually enjoy talking to other veterans. The next thing you know everyone has a story."

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7.2 - Florida Today (Video): [Unclaimed veteran remains to be laid to rest at national cemetery](#) (9 June, John McCarthy, 880k uvm; Melbourne, FL)

Twenty-one veterans and one military spouse will be laid to rest at the Cape Canaveral National Cemetery on June 23 with full military honors. Their path to their final resting place has been an unusual one: Their cremated remains had been left unclaimed — in some cases for years — at a Vero Beach funeral home.

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7.3 - The Journal Gazette: [Military retirees like state: Study gives Indiana low marks despite experiences of 2 men](#) (10 June, Lisa Green, 803k uvm; Fort Wayne, IN)

Twenty-six years in the Army. Four years in the Navy. That represents Bennie Edwards' military career. The Alabama native, now 72, said he had no qualms about returning to Fort Wayne, where he spent his pre-teen and high school years, to eventually retire.

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7.4 - Journal-News: [Golden Age: Veterans get a chance to train at VA mini games](#) (10 June, Megan Hughart, 448k uvm; Lebanon, OH)

The Martinsburg Veterans Affairs Center held their fifth annual mini games Saturday, giving those who served a chance to show their athletic skills. The Veterans Integrated Service Network 5 Veterans Mini Games helped prepare teams from Martinsburg, Baltimore, D.C. and Lebanon, PA for the Veterans Golden Age Games.

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7.5 - The Intelligencer (Video): [Gold Star Families monument dedicated at Washington Crossing National Cemetery](#) (10 June, Christopher Ruvo, 154k uvm; Doylestown, PA)
For Mitchell and Julie Schultz, the emotions are still raw. Just two months ago, the Huntingdon Valley couple lost their 28-year-old son in a military training accident. Capt. Samuel A. Schultz was one of four Marines killed when their helicopter crashed in Southern California.

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7.6 - WDVM (TV-25, Video): [National Golden Age Games prepares veterans for national competition in Albuquerque](#) (9 June, Thao Ta, 13k uvm; Hagerstown, MD)
The Martinsburg VA Medical Center hosted the fifth annual veterans mini competition on campus on Saturday. Veterans from all over Martinsburg, Baltimore, D.C. and Lebanon, Pennsylvania gathered at the VA Medical Center to compete head to head in a series of physical activities.

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1. [Top Stories](#)

1.1 - CBS Dallas/Fort Worth (Video): [Nonprofit Looks To Help Veterans Struggling With Suicidal Thoughts](#) (9 June, 26.9M uvm; Dallas, TX)

PLANO (CBSDFW.COM) – Suicide can affect all walks of life, but the U.S. Department of Veterans Affairs has statistics that show it affects veterans in particular.

Jacob Schick knows this firsthand. The third-generation combat Marine had his own struggle with suicide.

It happened after Schick was badly injured in Iraq in 2004. He was driving a Humvee when he hit by an IED. His right leg had to be amputated below the knee, his left pinky was blown off and his arm was injured.

“I was in the hospital for 18 months,” Schick said. “I had 46 operations and 23 blood transfusions and when I got out of the hospital I was a full fledged addict.”

Schick said he was self-medicating and thoughts of suicide started to creep in. At the time, he felt like he couldn’t talk about it.

“Society has conditioned us to think that we’re different and we don’t belong if we’re struggling mentally,” he said.

Schick said when you remove the stigma from suicide, change happens.

“Until I was willing to put myself way out there and just open up my chest and spill my soul in front of everybody nothing changed,” Schick said.

The VA has reported on average 22 veterans die by suicide every day. It was this staggering statistic that led to 22KILL’s creation. Schick, the nonprofit organization’s CEO, said they offer resources to help suffering veterans.

“We have to change the stigma of this whole thing,” Schick said.

Their latest endeavor is partnering with Plano fitness studio Body Machine Fitness for a fundraising campaign. The #BMFx22KILL Challenge runs through June 22. It features classes that incorporate military workouts. BMF will donate \$22 per member participant in each 22KILL Challenge Day class.

“You can tell they love it,” Body Machine Fitness Founder and CEO Jeremy Soder said. “They literally come out like different people. They’re energetic, they’re bright, they’re happy.”

“We do believe wholeheartedly that fitness and being active is 100 percent a way to help,” Schick said.

Schick said he doesn’t know the answer to ending veteran suicides but believes a balance of spirit, mind and body helps.

To learn more about the #BMFx22KILL Challenge, click here:
<https://bodymachinefitness.com/22KILL>

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1.2 - Houston Chronicle: [Women veterans share brutal struggle in Houston march](#) (9 June, Mark Collette, 16.3M uvm; Houston, TX)

Army veteran BreAnn McLaughlin, 31, marched to Houston City Hall on Saturday morning carrying a poster with a blunt declaration.

“I was raped. I survived. I have PTSD.”

Despite diagnosing her with post-traumatic stress disorder, the Department of Veterans Affairs denied her benefits claim, she said. The VA attributes her struggles not to the assault while on active duty, but instead to being an overwhelmed mother.

“When have men ever had to prove they suffer with their trauma?” her sign questioned.

Army veteran Claudiah Billiot marched too. Her sister, who also was in the Army, died from an explosion while serving in Iraq. Billiot, 33, suffered post-traumatic stress after witnessing her sister’s horrific burns, and from sexual harassment she endured while serving. She avoided seeking health services from the VA for 11 years, having heard horror stories about its male-dominated culture.

When she finally did seek help, she got a referral to a support group. It was all male.

Army veteran Heather Poole, 30, helped organize Saturday’s march. She served surreptitiously as a combat medic in Afghanistan, before women were allowed in combat roles in 2016. She comes from a military family, including her mother, who went through the Army’s grueling air assault school. Yet at the VA, she’s often asked about her husband’s service. She doesn’t have a husband.

Tuesday is Women Veterans Day in Texas, a designation established only one year ago. There is no national equivalent. It has been 70 years since President Harry Truman signed the law enabling women to serve as permanent, regular members of the armed services.

The rally on Saturday - thought by its organizers to be the first of its kind in Houston and Texas - grew out of the Houston Women’s March and the #MeToo movement. It attracted only a few dozen marchers, but they represent a growing contingent that is tired of feeling invisible.

Like all veterans, they face obstacles accessing housing, employment, health care and counseling. But they do so in a system that originally was designed for men, and that is ill-equipped to deal with problems such as rape, which military women encounter at far higher rates than men.

Thousands of servicewomen experienced a sexual assault in one year studied by the Rand Corporation, and their risk of such assaults is five times higher than men, the study found. Reports of rape in the military reached record highs in 2017, just as the nation began a

reckoning with the pervasiveness of sexual assault and harassment of women in virtually every facet of society.

Even in a state as important to the military as Texas, which has the largest population of women veterans, they are often overlooked, underserved and misunderstood, even by the VA that promises to do as much, the Houston marchers said.

Women are the fastest growing demographic of U.S. veterans. There are nearly 1.6 million, a figure expected to nearly double by 2035. Yet the VA has been slow to change, advocates say, even as problems such as suicide among female veterans are increasing faster than among men.

Nearly a third of VA medical centers and health systems lack an on-site gynecologist, according to a report by the agency's inspector general published last year. The VA doesn't monitor performance measures specifically for women's services, such as timely appointment scheduling, a problem that has plagued the VA for all veterans. The Government Accountability Office found cases where maternity care was significantly delayed. In one instance, it took a woman nearly three months to get her initial prenatal appointment; she was already 18 weeks pregnant.

No on-site obstetrical care is provided, so women have to see non-VA providers.

That's why, McLaughlin says, she was rebuffed at a VA clinic outside of Houston. She'd begun have symptoms of a miscarriage at work, and her sister drove her to the clinic. She waited the better part of an hour and was finally told the clinic didn't have the means to respond to a miscarriage; she'd have to drive downtown, a 45-minute trip, in pain. She finally went to a nearby non-VA clinic. She's still negotiating that claim.

McLaughlin received the denial of benefits for PTSD treatment, she said, on the anniversary of her assault. The VA did not immediately respond to the Houston Chronicle's inquiries on Saturday.

McLaughlin is dealing with all of this while taking care of three children on her own. Sometimes, when they come in for a hug, she recoils. She doesn't do well with physical contact anymore.

She has nightmares that her rapist is coming back for her kids.

"These are children who deserve to have a mother who is not a broken person," she said at the steps of City Hall.

Fellow marchers surrounded her in an embrace.

"I have done nothing but speak out," McLaughlin said. "I have never been validated."

As she spoke of her children, she choked up, but no tears came.

"I'm done crying," she said. "I'm mad."

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1.3 - Killeen Daily Herald: [Congressional hearing on burn pits exposure: Problems, possible solutions discussed](#) (9 June, David A. Bryant, 156k uvm; Killeen, TX)

For 10 years, nonprofit Burn Pits 360 attempted to get the ear of Congress to air concerns about the treatment and care of veterans and military service members exposed to toxic airborne hazards and open burn pits while deployed to Southwest Asia.

On Thursday, for the first time, representatives of the Iraq/Afghanistan Veterans Association and the Veterans of Foreign Wars were able to bring those concerns — along with their own — to the Congressional VA Subcommittee on Health.

And those members of Congress — some of whom are veterans themselves — spoke with one voice, regardless of political party, on the need to expedite care for veterans without waiting years for the Department of Veterans Affairs and the Department of Defense to complete a study on the health effects of exposure to those toxins.

Deployments, including the Middle East, have continued since the beginning of Operation Desert Shield in August 1990.

Millions of service members fighting in Iraq and Afghanistan were ordered to burn everything so it would not fall into enemy hands or impact the environment. They used burn pits for things that included human waste and batteries.

Burn pits toxins were not the only airborne hazards, heavy black smoke from burning oil fields and the brown-out conditions of frequent sandstorms carried hazards capable of bringing long-term health problems to those exposed.

Here are some of the key problems discussed at the two-hour hearing, with some potential solutions.

ILLNESS, EXPOSURE

The problem: Sick veterans have difficulty getting treatment and disability pay because research that could prove the link between airborne toxin exposure and their disease will take years. Some of those illnesses include rare cancers and constrictive bronchiolitis.

Subcommittee chairman U.S. Rep. Neal Dunn, a Florida Republican and U.S. Army veteran, said that timeliness was the issue.

“All of us military people are afraid this will turn into another Agent Orange, that they will slow-walk treatment,” Dunn said, referring to the nearly four decades it took for DoD and the VA to connect Vietnam veterans’ health problems to a defoliant chemical the United States used in Vietnam.

“We need (care) now. We need useful guidelines, and we need to prioritize research. It was a sad situation taking so long to recognize Agent Orange. It might take Congress to fix this.”

Suggested solution: Tom Porter, the legislative director for the Iraq/Afghanistan Veterans Association, suggested listing exposure in a service member’s record before he or she leaves the military so a connection is established and can be tracked. Also, he suggested medical

exams before and after deployments to look at body systems, such as lungs and measure any changes, such as in the respiratory system.

Moving forward: Unfortunately, the VA does not have the authority to automatically presume a sick veteran's illness could be linked to exposure, said Dr. Ralph Erickson, the VA's chief consultant on post-deployment health. Only Congress or the Secretary of the VA can make that decision.

Dunn said, "My sense is that this committee will certainly produce guidelines (for DoD and VA), possibly legislation."

U.S. Rep. Beto O'Rourke, D-El Paso, a committee member, said Congress should immediately pass legislation to ensure all health assessments for service members and veterans include an evaluation of burn-pit exposure.

"It took our country decades to finally acknowledge our responsibility to care for veterans who were exposed to Agent Orange — we can't repeat that history with burn pits or other toxic exposure," he said.

O'Rourke said efforts should be accelerated to determine the scientific connection between burn pit exposure and related health problems and improve education for VA physicians to help better identify the symptoms and health care needs of veterans who were exposed.

COMMUNICATIONS ISSUES

The problem: Post 9-11 veterans who had deployed to combat zones where burn pits were in use are not getting information from the VA about possible health effects. Some don't know about the Airborne Hazards and Open Burn Pits Registry and many more don't know why they should sign up because they currently don't have any medical issues.

The problem is communication — the VA uses newsletters and visits with veteran service organizations to get the word out about the registry and ongoing research.

Suggested solution: Get online and use social media, Porter said. "The current generation doesn't read newsletters. The VA needs to be out there on Twitter, Instagram, Facebook and other programs this generation uses."

Moving forward: Erickson acknowledged that the VA was behind the times on pushing information and has agreed to push for more social media use to reach veterans.

REGISTRY PROBLEMS

The problems: Only 141,000 of the 3.5 million eligible veterans have signed up for the registry. The sign-up process is difficult and requires a DoD self-service secure login. The registry form is long, and only veterans can access it — families can't update it if the veteran dies or becomes seriously ill.

The majority of those who are signing up are the ones who are already ill, which causes a biased study because there is no other focus group to use as a balance, Erickson said. It is also self-reported, meaning someone who signs up several years after serving overseas may not have a solid recollection of what they were exposed to and how often.

Ken Wiseman, the VFW's associate director of the national legislative service, emphasized that the VA needed to institute better options for their Airborne Hazards and Open Burn Pits Registry and run it similar to the registry maintained by Burn Pits 360.

"While the VFW is happy to see 141,000 veterans have signed up for the VA registry, a similar registry by Burn Pits 360 allows family members to update health concerns for their veterans," Wiseman said. "The VA needs to do the same."

The current number of veterans signed up for the VA registry represents only 1.7 percent of all post-9/11 veterans who are eligible, Porter said. "The result of this is that data is not being collected."

Moving forward: After the meeting Thursday, U.S. Rep. Joaquin Castro, D-San Antonio — who attended the meeting — introduced the bipartisan Family Member Access to Burn Pit Registry Act, which would allow a family member to participate in the Airborne Hazards and Open Burn Pit Registry on behalf of a deceased veteran or service member.

"This would help the VA analyze the long-term health effects of exposure while also helping family document the experience of their family. It's our responsibility to ensure we provide service members and veterans with the care they need and this includes fully analyzing the long-term health effects that took their loved ones away," he said.

WOMEN'S HEALTH

The problem: Many women don't identify themselves as veterans when they leave the service, making it more difficult for researchers to identify women's health issues.

Some are concerned women's health issues will reach the next generation.

Wiseman brought up the fact that DoD and the VA need to have dedicated studies on the effects of burn pits on women's health — in particular, reproductive issues.

"We have a woman veteran (within the VFW) who told us about how her children were all born with birth defects and high levels of heavy metals in their systems," he said. "She was forced to get a hysterectomy in her late 20s."

That testimony disturbed U.S. Rep. Julia Brownley, a California Democrat and ranking member of the subcommittee, who said she knows well that women seldom identify themselves as veterans after their service and wanted to know if the VA and Congress should focus on the issue.

Moving forward: Erickson, who is a third-generation Army officer himself and whose daughter is an Army lieutenant colonel serving overseas, said women may have very different health issues from exposure.

"We have two ongoing studies to give us a road map on how to launch a proper study to look at those effects and how they may be inheritable," he said.

RESEARCH NEEDED

The problem: There is inadequate research on the various illnesses that could be tied to exposure, and it could take decades before determining a positive link between those illnesses and exposure. Research is currently shared between DoD and the VA, Erickson said.

DoD, however, declined to send any representatives to speak on what the department is doing to be proactive about research on the short- and long-term effects of exposure. DoD's lack of representation was noted by each member of the subcommittee.

The solution: Include agencies outside of DoD and the VA to speed up the research process linking illnesses to exposure, according to U.S. Rep. Gus Bilirakis, a Florida Republican.

"We must get in front of the issue," he said.

Regardless of the issue, it will most likely require Congress to enact legislation to get the ball rolling, said Dunn, who was an Army surgeon and also served as a physician with the VA. And caring for veterans is something all members of Congress could agree on.

"The issue of burn pits has not only hit a nerve with the subcommittee members, but also many other members of Congress with large populations of military installations and veterans in their districts," he said.

And the time to do it is now, Brownley said.

"We send our service members abroad, and now the DoD and VA have an obligation to take care of them," she said. "Exposure of post-9/11 veterans because of open burn pits has affected an untold number of service members and veterans — we need to take care of our veterans now."

MORE INFORMATION

Who is eligible

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1.4 - The Exponent Telegram: ['Any of us ... could be at risk': Suicides increase in state and county](#) (9 June, JoAnn Snoderly, 57k uvm; Clarksburg, WV)

The recent suicides of Anthony Bourdain and Kate Spade, while shocking, are part of a national trend of increasing rates of death by suicide.

The suicide rate in the United States increased over 25 percent from 1999 to 2016, according to a U.S. Centers for Disease Control and Prevention report released Thursday.

West Virginia is not immune to this public health crisis.

In Harrison County, the suicide death rate more than doubled in 2017 compared to the year before — from 10 deaths in 2016 to 22 deaths in 2017, according to preliminary figures from the West Virginia Department of Health and Human Resources.

These numbers are preliminary and could change, according to Allison Adler, DHHR director of communications.

Suicide rates in the state increased by over 37 percent from the 1999-2001 reporting period to the 2014-2016 reporting period, according to the CDC data.

West Virginia's suicide rate from 2014-2016 was 21.4 per 100,000, well above the national average of 13.

The rate was even higher for men in the state — 33.8 per 100,000 in the 2014-2016 reporting period.

"I think that it's a problem for people that have mental health issues, but it's also a problem for folks who are facing acute stress. I think it's hard to predict, based on people's coping ability, how much stress is going to overwhelm them. Any of us, I think, under the right circumstances could be at risk or consider suicide as an option," said Dr. Heather Brown, recovery coordinator for the Louis A. Johnson VA Medical Center.

The CDC report indicates that most suicides are caused by a combination of factors.

"Researchers found that more than half of people who died by suicide did not have a known diagnosed mental health condition at the time of death. Relationship problems or loss, substance misuse; physical health problems; and job, money, legal or housing stress often contributed to risk for suicide," according to the report. "It is possible that mental health conditions or other circumstances could have been present and not diagnosed, known or reported."

According to the DHHR, 40 percent of West Virginians who called into the National Suicide Prevention Hotline in 2016 were veterans.

"We know that veterans have higher suicide rates than the general population. I think they certainly face additional stressors that other members of the population do not face," Brown said.

To help prevent suicide, the CDC urges people to check on individuals who may be having a problem and ask if they are contemplating suicide. Help the person contact the National Suicide Prevention Lifeline.

If a person is at risk, reduce access to lethal means, the CDC recommends.

Continue to follow up to see how the person is doing.

"I think often convincing people to go and get help is the hardest part, especially if you're a family member," Brown said.

Often, people do not realize they are in a crisis until they are already overwhelmed, according to Brown.

"We want people to reach out as soon as possible," she said.

People who are considering suicide, or those who believe someone they know may be contemplating suicide, can get help by calling the Lifeline at 1-800-273-TALK (8255).

“It is a federal helpline with calls rerouted from the national number to trained West Virginians who answer the phones at First Choice Health Services, a (West Virginia)-based company,” Adler said.

Pressing 1 after dialing the crisis line will connect the caller to VA staff, according to Brown.

Hospital emergency departments can also be an option for a person considering suicide, Brown said.

For veterans, the Louis A. Johnson VA Medical Center has a mental health clinic offering same-day access, as well as an emergency department.

“We also have our onsite suicide prevention coordinators during working hours,” she said.

The VA also offers a service called Coaching into Care, which can provide pointers on how to convince a loved one to seek treatment.

Coaching into Care can be reached at 1-888-823-7458. This is not a crisis line, but rather an informational line that can provide education and resources.

“It’s more preventative,” Brown said. “If we’re in a crisis and we’re worried about somebody’s safety, the crisis number or 911 is the way to go in an imminent danger situation.”

More information on suicide, how to help and resources for those who may be considering suicide are available at preventsuicidewv.org, Adler said.

“There’s hope and there’s help. No one has to deal with a crisis alone,” Brown said. “One suicide is one too many. It’s incumbent upon all of us to step up and support our fellow veterans and our fellow community members.”

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1.5 - U.S. News & World Report (AP): [NH Democrat Hassan to Speak to Vets About Strengthening VA](#) (9 June, 23.9M uvm; Washington, DC)

SHELBURNE, N.H. (AP) — Democratic Sen. Maggie Hassan is scheduled to speak about the U.S. Department of Veterans Affairs at a veterans' convention in New Hampshire.

Hassan is set to speak at the New Hampshire Veterans of Foreign Wars State Convention on Saturday. The event is taking place at the Town and Country Inn in Shelburne. She is also scheduled to visit Wildcat Mountain later in the day.

Hassan voted in favor of the VA Mission Act which has since been signed into law. She says strengthening the VA system is one of her priorities as a legislator. She and Republican Sen. Marco Rubio of Florida have introduced a bill to prioritize employment and education for veterans.

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2. Greater Choice for Veterans

2.1 - Albuquerque Journal: [Editorial: Mission Act should work with, not in lieu of, VA](#) (10 June, Editorial Board, 461k uvm; Albuquerque, NM)

President Donald Trump signed the \$51 billion VA Mission Act into law this week, a move that not only keeps the VA's troubled Choice private-sector program alive for a year, but in theory replaces it with a more responsive program that allows veterans to get care outside of the VA when faced with lengthy wait times or a lack of services they need.

Given the VA scandals of recent years, with scheduling cover-ups and patients dying before they could be seen by a provider, it is far past the time to get the men and women who have served our country the medical treatment they deserve. The key will be ensuring this system actually works better than those that have preceded it, and in concert with the VA system, not in lieu of it.

Critics say the bill moves the VA too far in the direction of privatization. And it's true that as the VA Mission Act becomes law, the VA system is being starved of resources – more than 30,000 positions are vacant. But it's also true the VA Choice private-sector option hasn't turned out to be much of an alternative. Wait times under the program – the purported 2014 fix to those wait-time scandals that actually includes competing outside care programs – aren't much better than the traditional VA. According to a Government Accountability Office report cited in the Military Times this week, “patients using the Veterans Affairs Choice program to avoid long wait times at department medical centers may still face monthslong delays before seeing a doctor.”

The GAO report says Choice participants can wait up to 70 days to get care because of bureaucratic red tape. The average wait in 2016 for Choice participants was 51 days – almost two months. That begs the question, was the cure worse than the disease? And why would we believe this second prescription will be any better?

The GAO report recommends setting achievable wait-time goals and implementing a mechanism so time frames can be modified only by a clinician – sounds like the recommendations that got us VA Choice.

America's veterans deserve better. All five members of New Mexico's Congressional delegation voted for the VA Mission Act and New Mexico, with three Air Force bases, an Army missile range, three national labs and numerous military retirees, is relying on them to ensure accountability mechanisms are in place so the VA, as well as the VA Mission Act, deliver better options for our veterans, not just more of the bad ones they already have.

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2.2 - Times-News: [How will the VA MISSION Act work for veterans?](#) (8 June, Hank Hayes, 223k uvm; Kingsport, TN)

The VA MISSION Act will be “transformational” for veterans care if implemented the right way, U.S. Rep. Phil Roe said in a Thursday conference call with reporters.

If it doesn’t go well, Roe said it will only be a piece of paper.

President Donald Trump signed the bill on Wednesday with Roe, chairman of the House Committee on Veterans Affairs, in attendance.

The bill requires the Veterans Administration to coordinate veterans care and requires veterans to get access to community care if the VA does not offer the care or services the veteran requires.

The bill also includes funding for the Choice Program, which gives veterans access to health care outside the VA, until the new program authorized under the VA MISSION Act is put in place.

How did the bill get started?

Congress began considering new ways to get veterans care after it was reported about four years ago that hundreds of veterans died waiting to get health care at a Phoenix, Arizona, VA facility.

“We found there were secret lists of veterans kept on a piece of paper ... then they would be put in the electronic health record, so it looked like they were getting timely care, but they were not,” Roe, R-Tenn., noted. “People were gaming the system.”

The Choice Program was passed by Congress afterward to provide veterans a network of physicians outside the VA.

“Now, about 36 percent of all veteran health care is provided outside the VA,” said Roe, who added Congress put more money into the program until a more comprehensive solution could be found.

What else is in the VA Mission Act?

Roe started on the bill in January 2017 after he was sworn in as chairman of the House Committee on Veterans Affairs.

The bill includes more than \$5 billion in funding for the Choice Program until it can sunset. There is also a provision to give financial incentives to caregivers and providers to work for the VA. The bill also has a “prompt pay” measure to make sure outside providers are paid.

Another section of the bill calls for a VA Asset and Infrastructure Committee to be established, as well as a provision to allow the VA to share veterans’ medical records with outside entities and fund pilot programs to help innovation within the system.

The bill would also give caregivers, like a spouse, a stipend for taking care of veterans at home. “Staying at home is less expensive than institutionalized care,” Roe stressed.

What’s going to happen if outside providers don’t want to see VA patients because they haven’t been paid?

“We’ve got to rebuild that trust with the medical community,” Roe insisted. “I hope the VA doesn’t embarrass me. I’m going to be the one out front around the country asking these doctors to come back into the VA system and help our veterans.”

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2.3 - Santa Maria Times: [Roses & Raspberries: Choosing the right path for you](#) (9 June, 196k uvm; Santa Maria, CA)

U.S. military veterans may be catching a break. President Trump this week signed legislation clearing the way for a big-time renovation of the Department of Veterans Affairs.

For that accomplishment, the president and his staff of advisors deserve today’s first batch of roses.

There remain details to be ironed out, but the basic idea is to expand veterans’ access to more health-care options, including going outside the VA hospital network for specialized care.

It is a little worrisome that the task of ironing out those details is now in the hands of VA administrators who may have been part of the health-care foul-ups in recent years. But this is most definitely a step in the right direction for the men and women who served their nation, and now may need their nation’s help.

Lingering on the military theme for a moment, roses to 17 graduating Righetti High School seniors who have chosen to start their post-high school life in a military uniform.

Knowing this nation’s history of overseas conflict, and understanding that most of the planet seems to be teetering on the edge of war at this very moment, it takes a special young person to opt for military service.

It was all part of the Righetti’s Military Signing Day. Roses to school officials for promoting this event, and roses to the young men and women committing to serve in one of the branches of the U.S. military.

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2.4 - Sidney Herald: [Delivering VA that listens to veterans](#) (9 June, Sen. Jon Tester (D-Mont.), 46k uvm; Sidney, MT)

For generations Montanans have signed up to serve our nation with pride, answering the call of duty during times of peace and times of war. In fact, there are more veterans per capita in Montana than almost any other state in the nation.

When America needs them, Richland County's men and women have always been there to serve.

Our veterans have made great sacrifices to keep our nation safe, and when they return home they deserve the health care and benefits they earned.

But as our country goes on nearly 17 years of war in the Middle East, combined with aging Vietnam, Korean and WWII veterans, the VA can't keep up with the growing demand for health care. And our heroes are paying the price. I've heard too many unacceptable stories from Montanans during my in-person town hall meetings – long wait times, long drives to see a doctor, being sent to the wrong doctor, or getting a medical bill that you shouldn't have to pay for.

It's no secret that the VA Choice Program didn't work, which is why for the past year I've worked with military and veterans groups to find a better solution.

Since I became the Ranking Member of the Senate Veterans' Affairs Committee, I've been working with Republicans and Democrats and anyone else who had input to guarantee our veterans get a VA that listens to them. So I partnered with Chairman Johnny Isakson, a Republican from Georgia, to write the VA MISSION Act. Our bill eliminates the Choice Program and replaces it with a system that puts Montana's veterans back in charge of their own health care. This month, President Trump signed our reform bill into law.

Our bill cuts red-tape to allow veterans and their doctors to make medical decisions without being forced to jump through bureaucratic hoops. It expands capacity within the VA to reduce wait times and it uses local health care providers like Sidney Health Center to fill in the gaps where the VA falls short. Richland County's veterans will now be able to get quicker, more reliable health care closer to home. To help eliminate VA staffing shortages, the VA MISSION Act also takes steps to incentivize more doctors to work at rural and underserved VA facilities, and it expands the VA Caregivers Program to veterans of all eras.

Our veterans did their duty to keep us safe, protecting our freedom, our way of life, and our strength as a country. The VA MISSION Act will help ensure our nation delivers on its promise to all who have served, because we owe it to them.

I will be relentless for those who have served. I will always defend them from harmful decisions in Washington, D.C., and I will do my part to build a better, stronger VA.

Veterans deserve no less.

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2.5 - Booneville Democrat: [Time, bipartisanship, good faith: The recipe for government funding](#) (9 June, Sen. John Boozman (R-Ark.), 12k uvm; Booneville, AR)

I've been calling for Congress to break the cycle of continuing resolutions and omnibus spending deals for quite some time. For too long, we've relied on these short-sighted solutions to fund the government rather than approving the 12 individual appropriations bills. I'm pleased to see that there is a renewed commitment to return to this regular process.

In his announcement canceling the August in-state work period, Majority Leader Mitch McConnell expressed his “goal of passing appropriations bills prior to the end of the fiscal year.” As a member of the Senate Appropriations Committee, I believe this is a worthwhile and attainable goal.

Continuing resolutions prevent Congress from reining in spending and wasting taxpayer dollars, because they maintain current funding levels for outdated and inefficient programs and restrict agencies from launching new initiatives since they are required to operate under last year’s priorities.

For months, the Senate Appropriations Committee has held hearings with agency officials about the funding needs for the next fiscal year which starts in October. My colleagues and I have spent countless hours crafting appropriations bills that reflect today’s priorities and return predictability to agency leaders.

In early June, committee members advanced funding bills for transportation infrastructure development, housing assistance and community development as well as military construction and veterans’ programs.

As chairman of the Senate Military Construction, Veterans Affairs, and Related Agencies (MilCon-VA) Appropriations Subcommittee, I am proud of the bill we crafted that supports critical housing, infrastructure and facilities for U.S. military forces and their families and provides increased funding for veterans’ health care and benefits.

Keeping the promise we made to our veterans is an important responsibility of the federal government. Just as essential is that we ensure our military has the infrastructure it needs to defend our nation and its allies. This bill reflects these priorities by increasing resources to prevent veteran suicide, increasing rural access to healthcare, supporting critical mental health programs, preventing veterans homelessness and providing robust funding for innovative medical research.

This is particularly important as it also initiates funding to support reforms to the VA’s healthcare delivery system that was signed into law by President Trump this month. This will provide our veterans with more choices and fewer barriers to care.

Four appropriations bills, including those that support federal agriculture and nutrition programs and our energy and water infrastructure, have been approved by the committee and are ready to be considered on the Senate floor. I am pleased that Leader McConnell intends to put the appropriations bills at the top of the Senate’s to-do list for the summer. I look forward to debating the MilCon-VA bill and other appropriations bills in the coming weeks.

Debating and passing these funding bills is a basic responsibility of the federal government that provides accountability and transparency. Having the ability to amend these bills before the full chamber allows all senators a voice in the spending process, regardless of whether or not they serve on the Appropriations Committee.

Before signing the Fiscal Year 2018 spending bill in March, President Trump made it clear that he would not approve another last-minute funding package. Having more time this summer to advance appropriations bills will ease that concern.

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3. Modernize Our System

3.1 - WCTV (CBS-6): [U.S. Congress approves renaming of Tallahassee VA clinic](#) (8 June, Fletcher Keel, 1.4M uvm; Tallahassee, FL)

WASHINGTON, D.C. (WCTV) -- Late Thursday, the United States Congress approved legislation to rename the U.S. Department of Veterans Affairs Health Care Center in Tallahassee in honor of Marine Corps Sgt. Enrest "Boots" Thomas.

The center is located at 2181 Orange Avenue.

The legislation was introduced by Senator Bill Nelson (D-FL) and Representative Al Lawson (D-FL) and was approved unanimously by the U.S. House of Representatives.

The bill now heads to the president's desk to be signed into law. It gained Senate approval in February.

"Sergeant Thomas is an American hero," Sen. Nelson said when he introduced the bill. "I can think of no more fitting tribute to his extraordinary service to our country than the renaming of this VA clinic in his honor."

"Sgt. Ernest 'Boots' Thomas exemplified selflessness and courage throughout his service, and I am proud to honor his legacy with the renaming of the VA clinic," Rep. Lawson said.

Thomas, a Florida native, was posthumously presented the Navy Cross for his extraordinary heroism during action in World War II and was part of the original American flag raising atop Iwo Jima's Mount Suribachi in 1945. He first joined the Marines in 1942 shortly after the U.S. was attacked at Pearl Harbor.

He was killed in action on March 3, 1945, just days after the now-famous flag raising on Iwo Jima.

A copy of the bill is available [here](#).

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3.2 - The Missoulian: [WWII hero's name to grace Missoula veterans facility](#) (9 June, Kim Briggeman, 839k uvm; Missoula, MT)

Missoula's Veterans Affairs building will be renamed after one of Montana's most renowned war heroes.

The Montana congressional delegation introduced, and on Tuesday President Donald Trump signed, a bill that will christen the VA's Community-Based Outpatient Clinic on Palmer Street in honor of David Thatcher, one of the nation's last survivors of the 1942 Doolittle Raid of Japan.

A similar outpatient VA facility in Billings will be redesignated in honor of Dr. Joseph Medicine Crow (Dakaak Baako), and a specialty clinic in Billings will bear the name of Benjamin Steele.

All three men were honored World War II warriors who passed away in 2016. Medicine Crow, the last Crow war chief and an Army scout who fought the Germans, died in Billings in April at age 102. Thatcher was 94 when he died in Missoula on June 22. Steele, a prisoner of the Japanese in the South Pacific and survivor of the Bataan Death March, passed away the following September at age 98.

U.S. Sen. Steve Daines sponsored the bill and presented it along with Sen. Jon Tester and Rep. Greg Gianforte. The Senate gave it unanimous approval last August and the House passed it on May 21.

“Our family is extremely honored and very grateful for this action on the part of President Trump, Sen. Daines, Sen. Tester and Rep. Gianforte,” said Jeff Thatcher, the son of David Thatcher and president of the Children of the Doolittle Raiders Inc., a nonprofit group dedicated to keeping the legacy of the Doolittle Raiders alive.

“My father would be humbled by this,” added Thatcher, whose brother Gary died in an Army Medevac helicopter crash in Vietnam in 1970, and lies next to their father at Missoula's Sunset Memorial Gardens. “He never considered himself a hero. He often told me that the real heroes were the Raiders who did not come back.”

Tester, ranking member of the Senate Veterans' Affairs Committee, called Thatcher, Medicine Crow and Steele “Montana's heroes and America's heroes.”

“These three represent the greatest generation and what is best about Montana, and now future generations will forever remember their brave service,” Tester said in a statement released Thursday.

“The sacrifices of David Thatcher, Dr. Joe Medicine Crow and Ben Steele will now be remembered by Montanans for generations to come,” Daines said in the release. “It is important to tell the stories of these great WWII veterans and the price that must be paid for freedom.”

Gianforte added the three “represent the heroism and selflessness of the greatest generation and the very spirit of Montana.”

With Montana facilities named to honor them, “future Montanans will recognize their names and the contributions they made in defense of our freedoms and liberties,” Gianforte said.

According to the release, the new designations have the full support of the Department of Montana Veterans of Foreign Wars, the American Legion of Montana and the Disabled Veterans of America, Montana.

Thatcher was the 79th of 80 Doolittle Raiders to pass away. His death left only Richard Cole of Texas, who at 102 helped lay a wreath during a Memorial Day ceremony at the Intrepid Sea, Air and Space Museum in New York on May 28.

Thatcher grew up in Rapelje in rural eastern Montana and enlisted in the Army Air Corps in 1940. After the Japanese attack on Pearl Harbor in Hawaii in December 1941, he volunteered to

serve as tail gunner one of 16 B-25 bombers for a high-risk retaliatory mission over Tokyo led by Capt. Jimmy Doolittle.

His bomber, nicknamed the Ruptured Duck, made a successful bomb drop but ran out of fuel and was forced to make an emergency landing off the China coast. Thatcher was the lone crew member to avoid serious injury. He pulled other crew members out of the wreckage and led them to safety while avoiding several Japanese patrols. Seven Americans from other crews lost their lives during the mission.

Actor Robert Walker portrayed Thatcher in the film "Thirty Seconds Over Tokyo," released in 1944. After the Doolittle Raid, David Thatcher took part in the first bombing of Rome and 25 other missions. He and Dawn raised their family in Missoula, where he was a carrier for the U.S. Post Office for 30 years.

Medicine Crow was born on the Crow Reservation near Lodge Grass and joined the U.S. Army in 1943 after graduating from the University of Southern California. He was the first member of the Crow tribe to attain a master's degree and was in the midst of his doctoral thesis when he was called up.

As an Army scout in Europe, Medicine Crow fulfilled the four requirements to becoming a war chief. At age 34, he led a war party against German forces, counted coup on a German soldier, disarmed an enemy and captured 50 horses, singing a Crow victory song as he rode away.

Medicine Crow received the prestigious French Legion of Honor for his services in 1948. He was a revered leader, historian and lifelong ambassador for the Crow tribe. Medicine Crow was presented the Presidential Medal of Freedom from President Barack Obama in 2009.

Steele grew up on the family ranch in the Bull Mountains east of Roundup. Like Thatcher, he joined the Army Air Corps in 1940, prior to the U.S. military involvement in the war. Upon his capture by the Japanese, and even as Thatcher was evading enemy forces in China after the Doolittle Raid in April 1942, Steele was enduring the 66-mile Bataan Death March in the Philippines. He later survived a prisoner ship and a forced labor camp during nearly 3 ½ years of captivity.

Steele narrowly avoided death while imprisoned, but he withstood the harsh treatment and honed his artistic talents, capturing his expressions with charcoal on contraband paper. They were lost during the war, but Steele re-created them while recuperating in a Spokane hospital.

Before his death he donated 11 paintings and 78 drawings to the University of Montana's Montana Museum of Art and Culture. Steele, who went on to become a beloved artist and educator, retired as chairman of the art department at Eastern Montana College in Billings.

The VA clinic is the second building to be named for Steele. A middle school that opened last August on the west end of Billings also bears his name.

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3.3 - KULR (NBC-8, Video): [Montana VA Clinics to be renamed for Montana heroes](#) (9 June, Melissa Scavelli, 71k uvm; Billings, MT)

President Donald Trump signed legislation recognizing the commitment to duty and personal courage of 3 Montanans by naming VA facilities in Missoula and Billings in their honor.

One of those Montanans is Ben Steele.

Steele's family said having a school named after him continued his education legacy but now his medical and military legacy gets to live on with the renaming of the VA Clinic.

Steele's grandson, Jeremy Jorgenson, said "Having a VA Clinic named after my grandfather, Ben, pays tribute to his military service. It's just another way to tell his story and for his story to live on which is a huge deal for our family."

His grandfather, Ben Steele, was a Bataan Death March survivor and a POW for 42 months.

Those heroic actions have led Steele to be remembered in a different capacity.

His name will now be placed on the VA Clinic in Billings.

Steele already has a Billings middle school named after him which his daughter Julie said is a huge honor.

"He would be very honored to have this done. When they named the school he said well I just feel like I need to celebrate and go have a Wendy's cheeseburger so maybe he would have another Wendy's cheeseburger." Julie laughed.

Senator Jon Tester said Steele was and is well known in Yellowstone County and is a national hero who deserves to be honored.

Tester said that Steele is one of his personal heroes so the dedication of the clinic is something that needed to be done.

He said, "He's one of my personal heroes. One of the men that really showed what serving our country was all about and it couldn't be a more well deserved honor naming the clinic here in Billings after Ben Steele."

Ben Steele is not alone in the great honor.

The Missoula VA Clinic will be dedicated to David J Thatcher and the Billings VA Clinic on Spring Creek Lane will be dedicated to Dr. Joseph Medicine Crow.

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3.4 - Parsippany Focus: [Morris County Opens New Veterans Services Office and VA Clinic](#) (9 June, Frank Cahill, 13k uvm; Parsippany, NJ)

MORRIS COUNTY — A new Morris County Veterans Services Office and Veterans Administration Clinic located in Morris Township officially opened today in a ceremony that included the unveiling and dedication of a POW/MIA Chair of Honor for the county.

The Morris County Board of Freeholders and representatives of the Veterans Administration and officials of the veterans' group Rolling Thunder Inc., and other military veterans participated in the opening ceremony held this afternoon.

"This is all about making sure we provide quality services for our veterans here in Morris County, to ensure they have a place to get the services they need and the medical care they deserve," said Freeholder Director Doug Cabana.

"My wish is that all of our heroes come through the doors of this center and feel the respect and gratitude we have for their service, and know there always will be a cup of coffee and a warm smile for them from someone who is there to help."

The new Morris County Veterans Services Center/VA Clinic is located in a dedicated section of the Morris View Healthcare Center. It is three times larger than the county's former Veterans Services/VA Clinic quarters in the nearby county's Human Services building, where the veterans' clinic shared space with other county agencies.

The new center has a meeting room for use by veterans or staff, and provides a space where veterans can congregate and socialize while waiting for their appointments. There also much more room for enhanced programs, and allows for the addition of two staff members with bi-lingual capabilities.

Plans call for improved building access for clients, especially those who are disabled, and additional handicapped parking.

The larger space will allow the county to increase partnerships with community organizations who serve veterans and offer easy links to a wide array of services in one location.

As part of the event, Rolling Thunder Inc. held a "Missing Man Ceremony" and unveiling, and dedication of a Chair of Honor, which calls attention to soldiers who have been killed in action, held as prisoners of war, or whose remains have not been recovered.

Representing Rolling Thunder were Gus Dante, a Vietnam-era U.S. Army veteran, who is the organization's government affairs representative; Joseph Kotch, U.S. Navy Vietnam War veteran, who served on the group's governing board; and Elaine Martin, national secretary of the group's POW/MIA Chair of Honor Committee.

The moving ceremony centered around a simple round table, with an empty glass and plate, white tablecloth, burning candle, red rose in a vase with a red ribbon, all set for a returning serviceman or servicewoman who has not come home. For more details about the Missing Man Ceremony [click here](#).

Formed in 1995, Rolling Thunder is a non-profit organization with more than 90 chapters throughout the nation. Their mission is to bring full accountability for prisoners of war/mission in action (POW/MIA) of all wars, and to remind the nation about these veterans, through their actions and watchwords: "We Will Not Forget."

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4. Focus Resources More Efficiently

4.1 - WLOS (ABC-13): After serving their country, veteran volunteers find ways to serve their community (9 June, John Le, 480k uvm; Asheville, NC)

Our Persons of the Week collaborated on a source of healing. Volunteers from Kairos West, Master Gardeners, and Soul & Soil were joined recently by 30 veterans who desperately want to give back.

The healing garden is outside the Kairos West Community Center. Ironically, this place intended to help people find peace was primarily cultivated by those impacted by the reality of war.

"I have a service-related traumatic brain injury -- PTSD," said John Mazur, one of the original members of Veteran X.

It is a group of volunteers who served our country who now want to serve the community.

"We're all about giving back now," Mazur said. "We're all about learning to integrate with people. Last thing we want is veterans sitting home on the couch."

Together, they planted the garden at 604 Haywood Road that's open to the public.

"We kind of built this fence to build a sanctuary space off this busy intersection," said Alina Mockingbird of Soul and Soil, which is a local non-profit. They rolled up their sleeves for a grassroots effort.

"It's a food garden. There's herbs, flowers, a great place to hang out and build community," she said.

This Gratitude Day Project put vets alongside civilian volunteers.

"All of this was grass," said Mike Dumaine, who's a peer specialist at the Charles George VA Medical Center. "They've moved plants. It's been a just great effort today. "

"They had a vision for this side yard, and we believed the Veteran X group could come in and help them achieve that vision," he said.

"Many hands make light work. This was all transformed in a day! I'm super thrilled by that," Mockingbird said.

Often, when you dig deeper, there's more to the story just beneath the surface.

"It's very emotional what's going on here," Dumaine explained. "These folks are taking a step that many of them have never taken before in figuring out what it feels like to being part of the community again."

"A byproduct for me and a lot of veterans is giving back, and it makes you feel good inside," Mazur added.

Working together, they can all be proud of a mission accomplished.

"I don't think there's anyone better at being selfless than veterans," Dumaine said.

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4.2 - Quincy Herald-Whig: [Help needed to take veterans to Iowa City VA](#) (8 June, Steve Eighinger, 186k uvm; Quincy, IL)

The local chapter of the Disabled American Veterans is looking for people who can assist in taking local veterans to medical appointments at the Iowa City VA Medical Center in Iowa City, Iowa.

"We are in need of two volunteers to drive on every other Tuesday of the month," said Linda Bassett, the travel coordinator for the local chapter of the DAV.

Each of those round trips normally entails eight to 10 hours, Bassett said.

A regular driver's license, proof of insurance and compliance with Veterans Administration health requirements are required to be a driver.

"And to have a desire to help our veterans," Bassett said.

Vans are supplied for the trips.

Bassett estimates "80 to 100" veterans are taken to Iowa City and back each month from Quincy.

Bassett said that at one time, there was a backlog of drivers, but in recent months that list has dwindled to the point that there are volunteers needed to fulfill weekly schedules.

Transportation is available free to veterans on Tuesdays, Wednesdays and Thursdays. The van is not handicapped-accessible.

Potential drivers will receive an orientation, plus training. There also will be a security check to meet VA requirements.

"Drivers receive two meals a day -- breakfast and lunch," Bassett said. "It's a good program."

She said once a volunteer comes forward, he or she receives clearance normally in three to six weeks.

Anyone interested in being a driver should call 217-228-0695 for more information.

Veterans in need of assistance should call the same number.

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4.3 - Traverse City Record-Eagle: [Golf scramble to help veterans](#) (9 June, Mark Johnson, 78k uvm; Traverse City, MI)

An afternoon on the back nine helped members of a local veterans group formulate an idea they hope will drive money toward veterans in need.

Members of Veterans in Crisis attended a Traverse City Vet Center golf outing, and realized a similar event could raise money toward the group's key objective — to ease the financial worries of struggling local veterans, said Vince Fochtman, a Veterans in Crisis board member.

That thought culminated in the first annual Golfing For Vets event, a June 13 golf scramble at Elmbrook Golf Course, said David Mikowski, Veterans in Crisis founder and chairman.

“It’s going to be an unprecedented opportunity for the public to see the money go directly to the veterans,” he said.

Fochtman said Veterans in Crisis officials hope to raise at least \$30,000 through the golf outing, and it appears they are near that goal.

A compliance committee consisting of Veterans in Crisis members, Traverse City Vet Center personnel and U.S. Department of Veterans Affairs officials will determine how the money is distributed, Mikowski said. The organization plans to host annual golf outings to continue securing funding for local veterans.

To receive assistance, Mikowski said veterans need to work with Traverse City Vet Center officials who will then bring a recommendation to the compliance committee.

Mikowski hopes the money can help veterans finding it difficult to pay for things from groceries and housing, to legal expenses and house payments.

A growing number of veterans in northern Michigan find themselves in need of assistance, Mikowski said. Fochtman estimated 70,000 veterans reside north of U.S. 10 and 10 percent of that population find themselves experiencing some form of a crisis, like homelessness or mounting medical costs.

He hopes the money raised by the golf scramble can ease some of those financial burdens.

“I feel very dedicated to those heroes that have given up a part of their life to keep our freedom,” Fochtman said.

Mikowski, a retired combat Marine who served in the Vietnam War, began helping fellow veterans by building Project Cherry Tree — an organization formed to help veterans and their families. That work expanded to encompass Veterans in Crisis. The community initiative “puts money in the bucket” that goes toward assisting veterans, he said.

The golf outing is the latest effort to continue that work.

“It’s a bridge,” Mikowski said. “It’s a gap between hopelessness, despair and opportunity that exists on the other side.”

The golf outing begins at 11 a.m. Go to www.golfingforvets.com to register.

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4.4 - Mining Journal: [Vet town halls set for this week](#) (10 June, 66k uvm; Marquette, MI)

MARQUETTE — Veterans, their families and friends, and the public are invited to upcoming veteran town hall meetings in Munising, Marquette and Ishpeming Tuesday and Wednesday.

The Oscar G. Johnson VA Medical Center will be hosting town halls at 3 p.m. Tuesday in Munising at American Legion Post 131, located at 610 W. Munising Ave. At 6 p.m. Tuesday, a town hall will be held in Marquette at American Legion Post 44, located at 700 Bluff St.

On Wednesday, a veteran town hall will be in Ishpeming at 10 a.m. at VFW Post 4573, located at 310 Bank St.

The VA Medical center will also be streaming the Marquette town hall live on its Facebook page, which will also be available for later viewing.

“We welcome any veterans who may not be enrolled in VA health care to come and learn about its services and benefits,” said Brad Nelson, public affairs officer at the Iron Mountain-based VA Medical Center, in a news release.

Leaders from the VA Medical Center, Escanaba Vet Center, Michigan Veterans Affairs Agency and area county veteran service officers will be on hand to provide a presentation on VA services, discuss new initiatives and programs, answer questions, and listen to Veterans’ comments and concerns.

“We find these town halls to be very beneficial in providing our veterans and their families with updates on new initiatives and programs, such as VA’s new Whole Health Program,” said Nelson.

The VA medical will also be holding town halls in Escanaba on Tuesday and Florence, Wisconsin, on Wednesday.

Any questions can be directed to Nelson by calling 800-215-8262, ext. 32001, or the Marquette County Veteran Service Office at 906-485-1996.

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5. [Improve Timeliness of Service](#)

5.1 - WIBW (CBS-13): [Topeka VA operating room to be closed for nearly a year](#) (8 June, Nick Viviani, 484k uvm; Topeka, KS)

Colmery O’Neil VA Medical Center is closing the hospital’s operating room immediately because of issues with its heating, ventilation, and air conditioning (HVAC) system.

VA officials say the closure is expected to continue until early 2019.

Officials say their OR procedures will still go on, however veterans will be redirected to other locations and rescheduled. Most of them are expected to go to VA Eastern Kansas Health Care

System's second hospital in Leavenworth, while other patients may be sent to Irwin Army Community Hospital at Fort Riley, or community hospitals.

VAEKHCS spokesperson Joseph Burks says he doesn't expect the downtime to have a huge impact, noting the OR did fewer than 60 procedures in the first three months of this year.

The VA expects the operating room to remain closed until February or March of next year when a planned replacement of the HVAC system for the entire campus is expected to be completed. The new system promises to offer better control of the internal environment.

"Temporary repairs were not in the best interest of all involved," Burks told 13 NEWS.

During the closure, surgery staff will be reassigned, with some going to other critical patient care centers in Topeka or to Leavenworth, because many of Colmery's surgeries will be handled there.

Officials say they are going to take advantage of the lull to conduct a review to see what kind of surgeries and procedures should be the focus of their hospital.

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5.2 - The Daily News: [PTSD Clinic's annual memorial walkway additions speak to depth of issues and care](#) (9 June, Jim Krencik, 196k uvm; Batavia, NY)

BATAVIA — Reading the names of dozens of veterans, linked by their participation in the Batavia VA's residential PTSD clinics and life journeys now complete, triggered many emotions.

For the peer support and medical staff standing alongside veterans now in Batavia to gain skills and treatment for their own lives, the hope was that the memorial ceremony and cookout engendered another reminder that they are not alone, and always loved.

"To me, it means the world, and to these guys that have been through so much, it means the world to them, because we're remembering them and their legacy continues," said Ronald Gonzalez, a peer support volunteer who helped to lay a wreath on the memorial walkway whose brick pavers carry the names recited Friday.

"By remembering their names and what they've come through, their struggles, and everything they've been through, not just an overseas deployment, but also their own personal struggles as well."

Many of the volunteers in Batavia have been in the same position, and want to serve as an emotional buffer. Gonzalez said that even a helpful gesture like carrying up the bags of a newly arrived clinic resident can be meaningful.

"We try to help them with any kind of anxiety, any questions they have about the program, and to help out as best we can to make them feel welcome here ... if you need help, you are going to get it here."

Two additional names — Jerome Chatmon, Sr. and Christopher Matthew Berry — were added to the walkway this year, fitting into a community that includes those from our nation's most recent wars to those who fought fascism 70 years ago.

Caryn Di Landro, oversees the Richmond Avenue medical center's 20-bed men's treatment program, it's 12-bed women's treatment program and outpatient services around western New York. She said the diversity of names, eras and branches of the service speak to both the history of post-traumatic stress disorders and the progress that has been made in helping those facing PTSD.

"The message to take away is that PTSD has been around as a problem for a very long time, and now the VA has services that are very effective at helping people recover and get better," Di Landro said.

That includes evidenced-based treatments like cognitive processing therapy, symptom management programs and off-campus activities to push veterans to work through their struggles and re-integrate into the community.

"Speaking without current residents, and those in previous years, the focus (today) is on remembering the people that they've served with and the memory of the people that have been in our program," Di Landro said. "We take care to check in with them after the ceremony, that they are okay and have the support that they need."

The memories continue on for Chatmon, 71, of Amherst, who served as an Army Medical Specialist in Vietnam; and Berry, 48, of Auburn, who served in the Army during missions in Somalia.

Obituaries for both veterans speak of their warm character. Chatmon, who died in November, "truly had a love for socializing with people and conversing." Berry, who died in May 2017, carried a "magnetic personality and positive willpower (that) has and will always be an inspiration" to those who knew him.

Di Landro said the Western New York VA Health System's inpatient PTSD clinic participants primarily have come from across the northeastern U.S., but they cover the entire country if called upon. Preference is given to meet the immediate local needs.

"Our programs run generally very close to capacity, and we serve as many veterans as we can," Di Landro said. "I encourage anyone who may be struggling to come to the VA and get the services that will help them move through their lives."

It's a personal decision to seek help, said Gonzalez, an Iraq War veteran who volunteers because he feels strong enough in his own life-long recovery.

After hearing "Taps" and carrying a wreath the length of the walkway, he was comforted knowing he was among peers. Working with those just entering treatment, he said a thought that dates back to ancient Chinese philosopher Lao Tzu — that a journey of 1,000 miles starts with a single step — comes to his mind.

"And this is their first step."

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6. Suicide Prevention

6.1 - Akron Beacon Journal: [Veterans struggling with PTSD find peace, support at retreats at The Wilds](#) (9 June, Alissa Widman Neese, 858k uvm; Akron, OH)

Fifteen years and five psychologists later, Jeff Robinson still couldn't overcome the crippling aftereffects of combat.

He isolated himself as he struggled with depression and stress. His relationships with his wife and children suffered. The Veterans Affairs doctors only prescribed him drugs that he said he didn't want, leaving him feeling helpless.

This year, a friend and fellow veteran suggested a religious retreat.

It changed everything, he said.

In one week, Robinson, 49, of Uniontown near Akron, finally shattered the walls he couldn't break through all those years. Supported by more than a dozen other veterans with post-traumatic stress disorder, the Marine Corps veteran says the experience at The Wilds, near Cumberland in Guernsey County, culminated with a baptism in a lake. The spiritual moment helped him reclaim control of his life and his relationship with God, he said.

"I never dreamed of something like that happening," he said. "I felt like I dropped 100 pounds of excess baggage I didn't need to be carrying around anymore."

For six months of the year, Mighty Oaks Warrior Programs, a Temecula, California-based nonprofit group, is helping veterans like Robinson overcome post-combat stress by hosting monthly retreats at The Wilds, a 10,000-acre wildlife conservation center about 70 miles southeast of Columbus.

This is the group's first Midwest location. It also hosts retreats in California, Texas and Virginia, and has outposts that offer support in those states and Arkansas, Montana, Oklahoma and Washington.

Robinson was prepared to fly as far as necessary to get help with the Mighty Oaks Warrior Programs. But he was surprised and happy to learn he had instead been assigned to a retreat within driving distance.

He graduated as part of the first Mighty Oaks class in Ohio on May 25. Another retreat takes place this week, with a graduation ceremony Friday.

The retreats at The Wilds are possible because of a \$2 million gift from Bill Straker, a World War II veteran and oil and gas industry executive from Zanesville. The gift built seven cabins and a large lodge surrounding one of the many lakes at The Wilds, which opened this year for public rentals.

One week each month, Mighty Oaks uses all the cabins at what is now called Straker Lake for its faith-based, Christian programming.

Each retreat will host a different group of veterans from across the United States. They'll participate in classes, group work and recreational activities. An added perk of the location at The Wilds is an up-close encounter with exotic animals, including southern white rhinoceroses.

Since 2011, Mighty Oaks has graduated about 2,000 people.

All of the program's associated costs, including travel, are covered, but it has a waiting list.

Long after the retreat ends, most participants stay in touch, creating a long-lasting support system — something struggling veterans really need, said Jeremy Stalnecker, Mighty Oaks' executive director.

Nationwide, an average of 20 veterans commit suicide every day, according to the most recent data from the U.S. Department of Veterans Affairs.

In 2014, more than 7,400 veterans took their lives, accounting for 18 percent of all suicides in the nation, according to a 2016 department report. Veterans make up less than 9 percent of the U.S. population.

No Mighty Oaks graduate has committed suicide, Stalnecker said.

He credits much of the program's success to its "team leaders" who coordinate retreat activities. They're all veterans and Mighty Oaks graduates themselves, which helps foster understanding and personal connections, he said.

Mighty Oaks also offers programs for first responders, law enforcement and women veterans and military spouses.

Aaron Siegel, 32, a Delaware County Sheriff's deputy from Bucyrus who helped lead the May retreat, said he graduated three years ago. The Navy veteran entered the program a skeptic, arms crossed, he said.

That didn't last long.

"Within the first hour, they were helping me learn how to deal with things I had never dealt with before, because it was too difficult," Siegel said.

Now he wants to have the same impact on others.

Robinson said he too felt nervous and doubtful the first day but is now recommending the program to others. He's also coming back to The Wilds in July to support other veterans on graduation day.

"As graduates now, I feel like it's our responsibility to pay it forward, to get other people the help they need that helped us," Robinson said. "You learn to be thankful for what you have, instead of a victim of what you went through."

People can apply to participate in the Mighty Oaks Warrior Programs at mightyoaksprograms.org.

Veterans and their loved ones can contact the Veterans Crisis Line for confidential help 24/7 by calling 1-800-273-8255, ext. 1, sending a text message to 838255 or visiting the online chat at veteranscrisisline.net.

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6.2 - WLOX (ABC-13, Video): [Coast group 'crusades' to bring awareness to suicide, veterans with PTSD](#) (9 June, Lindsay Knowles and Doug Walker, 445k uvm; Biloxi, MS)

On average, 20 veterans die by suicide each day, many of them suffering from post-traumatic stress disorder. One Gulf Coast organization is reaching out to our military-filled community, hoping to bring those numbers down.

Crusaders for Veterans hosted a walk Saturday morning to raise awareness for PTSD, a disorder that leads to a higher suicide rate in veterans.

"It's severe," said Kevin Cuttill, a member of the Crusaders organization. "We have so many people coming back from multiple tours. We've got people here that have 100 percent disability just from PTSD. Multiple tours, going over and seeing things that people just aren't supposed to ever see."

Crusaders for Veterans work with honorably discharged veterans in emergency situations, assisting them with things of all nature, ranging from big to small. The group helps former servicemen and women keep an open line of communication with a Veteran Service Officer. They also provide resources as veterans return home from deployments or are transitioning to civilian life.

"It's getting out of control," said Cuttill. "Guys are coming back, they're reaching out for help. They don't know where to go to, they don't know who to talk to. Some places kind of shrug and push them off and that frustrates them even more. So we're out here trying to stop suicides, let them know there are groups out there that are here to help. Don't be alone. Don't isolate. Isolating is the biggest problem."

Saturday's walk was one of many efforts the Crusaders do throughout the year to bring more attention to veterans and their needs. The PTSD awareness walk over the Biloxi-Ocean Springs bridge brought out dozens of people, eager to lace up their shoes and walk or run to help shine more light on a growing problem.

"Everybody says 22 (suicides) a day," said Cuttill. "Statistics show it's not going down and that's what we're trying to stop. If we can stop one, it's well worth it."

Suicides committed by veterans account for 18 percent of all suicide deaths. That's according to the U.S. Department of Veteran Affairs, who conducted a large study in 2014 on the issue. In Mississippi, the numbers are consistent with those across the country. The majority of veterans who commit suicide are men with PTSD ranging in age from 55 to 74. Firearms are used significantly more than any other means.

It's numbers like these that Crusaders for Veterans want to help lower. And they can use all the help they can get achieving that goal. Cuttill says they need volunteers for every event the Crusaders do. Anyone who wants to help is welcome to volunteer.

June is PTSD Awareness Month. For more information on PTSD for everyone, including those who are not veterans, visit the National Center for PTSD online.

Veterans who are in crisis or having thoughts of suicide, and those who know a veteran in crisis, can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year. Call 800-273-8255 and press 1; chat online with the Veterans Crisis Line; or, send a text to 838255.

Read more statistics from the VA on veteran suicides below:

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6.3 - Bartlesville Examiner-Enterprise: [Mental Health: Proposal connects vets, services](#) (9 June, Hannah Nelson, 66k uvm; Bartlesville, OK)

Combat veteran John Carter had returned home from serving in Iraq in 2009 when he started having thoughts of harming himself.

Carter had just moved back to Houston and was having trouble adjusting to civilian life. After telling a veteran friend about the thoughts he had of harming himself, Carter's friend took him to the vet center.

"Until I was physically taken to the vet center in Houston, I had never even heard about it," Carter said.

Once Carter realized the services offered, he started attending counseling.

"I was encouraged — by what I saw my counselor had done for me — to go to college," Carter said.

After being inspired to pursue higher education, Carter completed his master's degree in social work in six years. He currently works as a counselor for the Tulsa Vet Center.

It's important to get the word out to veterans, said Carter, so they understand the resources available to them.

"It's a service that is available, but if you don't know about it, it might as well not exist," he said.

Oklahoma has one the highest rates of veteran suicide in the nation, according to a report released by the U.S. Department of Veterans Affairs in 2016.

The rate of veteran suicide in Oklahoma is 53.8 per 100,000 veterans, according to the report. Nationwide, the rate for veteran suicide is 38.4 per 100,000 veterans. Additionally, the state's suicide rate for veterans ages 18-34 is the highest in nation.

In its June Vital Signs report, the Centers for Disease Control and Prevention said suicide was the leading cause of death in the United States. Suicide rates rose across the U.S. from 1999 to 2016. In Oklahoma, the suicide rate increased 37.6 percent in that time frame.

A new statewide initiative to help people connect with resources available to veterans is in its finalizing stages, said John Wilson, the Veterans Mental Health Programs administrator who works in collaboration with the Oklahoma Department of Veterans Affairs and the Oklahoma Department of Mental Health and Substance Abuse Services.

“We’re in the final stages of producing an initiative we call ‘Ask the Question – ‘Did you serve?’ — Oklahoma’s Plan for Veteran Behavioral Health,” he said.

A work group of 40 people, including the executive directors for the Muskogee and Oklahoma City VA medical centers, state regents, state representatives and representatives from some Native American tribes, finalized the 34 action steps of the initiative. The plan needs approval from the top officials in both state departments before it is put into action.

The work group also is planning to create and “Ask the Question ‘Did you serve?’” website, with drop down menus containing information on veterans education, behavioral health, medical health and more.

“We are hopeful that the steps we are attempting to take with the collaborative initiative of these two agencies will help,” said Wilson.

Tele-mental health services help to spread resources in rural areas, Wilson said.

“A good thing that is going on is the federal VA, veterans VA medical centers particularly, are really working on the idea of tele-mental health,” Wilson said. “So that providers in more rural areas and providers in cities as well, without a behavioral health background, can talk to someone with a clinical psychology or psychiatric background to help people who deal with depression, anxiety, or suicidal ideation and make proper assessments and referrals.”

Mental health care for veterans in the Bartlesville area

Grand Lakes Mental Health Center uses technology to make it easier for veterans in northeast Oklahoma to get in touch with resources.

“A lot of times veterans won’t want to come into the office or be in public,” said Amy Hogan, Clinical Director of Adult Services for Grand Lakes Mental Health Center.

“So we issue them an iPad and we can provide services and they are considered face-to-face by the state.”

Grand Lakes Mental Health Center serves 13 counties in northeast Oklahoma.

“All the police in our areas have iPads and they can hand them (veterans) an iPad if they go out on a crisis call,” said Hogan. “They can talk directly to a live mental health professional.”

“Washington County is one of the first areas that we really targeted and we saw there was a need a couple of years ago,” Hogan said. “Veterans were not getting served and its because they were more than 40 miles away from any type of VA service.”

Now the health care center is able to serve veterans remotely.

"We're able to provide those services to them in their home or wherever they need them," Hogan said.

The closest VA outpatient clinics to Bartlesville are in Vinita and Tulsa, but the Eastern Oklahoma VA Health Care System has been approved to open an outpatient clinic in Bartlesville during fiscal year 2020.

"We also have Veterans Choice programs, which is for veterans that reside at least 40 miles from the VA or any VA services," Hogan said. "Or if they are on the waiting list at the VA for services. We can get them in faster for mental health issues they may have."

The Tulsa Vet Center offers free and confidential counseling services and sends counselors to cities so veterans will not have to drive as far. Counselors come out to multiple places in the northeast and southeast portions of Oklahoma, including Bartlesville, Claremore and Vinita.

"While people who live in the Dewey/Bartlesville area are certainly welcome to drive to Tulsa, I would imagine that most won't," said Carter, the Tulsa Vet Center counselor. "Especially if you are in crisis or having a hard time, to be motivated to drive in is a challenge."

Carter comes to Bartlesville every Wednesday and encourages people to reach out to the vet center for services.

"Even those who think 'Well, I might not be 100 percent sure that I need help,' coming in and seeing us is not going to hurt," said Carter.

Support from friends and family

On top of support from programs, counselors and clinics, veterans benefit from support from friends and family, said Charles Yundt, veteran services representative for Bartlesville. Yundt served in the army from 2006 to 2012 and spent 15 months in Iraq.

"Just being there for them is the biggest thing," said Yundt.

When the people around him are attentive to his needs, it helps with his anxiety, Yundt said.

"Personally, I don't like doing Walmart because there's just way too many people there," he said. "So typically if I go in and my wife is with me, she kinda keeps a hand on me to make sure that I'm staying calm and that anxiety kinda rolls off a little more."

Some veterans have difficulty about what happened, said Joe Todd, a veteran from Bartlesville. Todd served in the Gulf War, the Vietnam War, and in Haiti and has interviewed over 1,000 veterans across the U.S. about their experiences.

"A lot of people (veterans) don't reach out," said Todd. "They just want to be left alone."

"Sometimes it's a sad situation that these veterans are coping with. And other people don't know how to deal with it," said Todd.

Todd suggests people just need to be there for the veterans in their life.

“Sometimes with PTSD you have nightmares and they’ll never go away. They’ll be there for the rest of your life,” he said. “You just have to be there for them and support them in any way you can.”

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Tulsa World: [Huge selection of specialty items makes store 'like candy' for veterans proud of their service](#) (9 June, John Klein, 3.8M uvm; Tulsa, OK)

Sam Armstrong volunteers to work at a shop geared toward U.S. military veterans because he likes the company.

“There are some good guys here,” said Armstrong. “You know, veterans usually enjoy talking to other veterans. The next thing you know everyone has a story.

“Plus, if I wasn’t here, I’d be at home sitting in the lounge chair watching television. In fact, that’s what I was doing before I came over here.”

Armstrong is among four guys, three of them veterans, who work at Shadow Box Military Gear, 5635 S. Mingo Road.

The store, which caters to the interests of veterans from all branches of the U.S. military, has become sort of “a home away from home” for a small circle of friends.

Chip Keeley, the owner, is the only non-veteran in the group; however, he’s the one who came up with the idea.

Keeley said he’s been “a vendor my entire life. I’ve always sold things. About eight years ago I started being a vendor at some VA (Veterans Administration) clinics around the area.

“That’s how I came up with the idea for the shop. We needed more space. Every veteran has things they want.”

Keeley got with J.R. Becker, a man he met at one of the VA clinics, to open a store.

“This is like candy for most of us veterans,” said Mike Roberts, an Air Force veteran. “Veterans love the hats and patches and pins. They are proud of their service.”

Becker is at the store most of the time as Keeley travels around doing pop-up shops at clinics, reunions or other places where veterans gather.

The place is packed with hats, patches, shirts and other goods for various branches of the military, multiple wars and even overseas assignments. For instance, there is a wall of hats for various stations used by the U.S. military in Vietnam.

Becker estimated there are more than 250 styles of hats and 500-plus designs for patches and decals.

If someone comes in with a specific patch or location they want, Becker will research to see if the patch can be found and is available.

“Sometimes we get it for them; sometimes we tell them where they can get it,” said Becker. “We want to help them, but sometimes it is easier to let them go to the source and get it.”

The four guys have a hard time describing Shadow Box Military Gear.

“We aren’t an Army surplus store,” said Keeley. “There are Army surplus stores, and they have a lot of stuff. But we do different stuff. Our products, like hats and patches and shirts, are new. We’ve gone through the proper channels to make sure everything is as authentic as we can get.

“Honestly, the veterans that come in here are usually looking for specific items. So we try to carry a pretty wide range of products. But if we don’t have it, we’ll try to help you find it.”

Keeley spends most of his time on the road traveling to clinics, reunions and other gatherings. He spends about three weeks each month on the road in Kansas, Arkansas and Oklahoma.

So Becker, Armstrong and Roberts work in the store.

“And we take turns picking up the doughnuts in the morning,” said Armstrong.

Roberts said the store has been set up “with all of the stuff we liked and the stuff we would buy. We know it is sort of a niche, but there are a lot of veterans who want the custom hats. They are proud of their service and want a hat.”

The newest line will be hats of U.S. Navy ships for veterans who were sailors on those vessels.

“We have a lot of repeat customers,” said Roberts. “We enjoy meeting the vets and talking.”

Keeley said it is not unusual for veterans to come in the shop and end up drinking coffee with the four shopkeepers.

“It is a pretty cool unity all of these veterans have with each other,” said Keeley. “It really is like a brotherhood with all of these guys. I’m not a veteran, but I enjoy listening to their stories.”

Becker, considered a partner in the business, said the store is a great place to spend some time.

“Most of the places you find veterans will be among the most friendly places you could go,” said Becker. “All four of us enjoy being here. If we didn’t like it, we wouldn’t do it. But it is a good place to come every morning, and you never know who you’re going to meet that day. It is interesting.”

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7.2 - Florida Today (Video): [Unclaimed veteran remains to be laid to rest at national cemetery](#) (9 June, John McCarthy, 880k uvm; Melbourne, FL)

Twenty-one veterans and one military spouse will be laid to rest at the Cape Canaveral National Cemetery on June 23 with full military honors.

Their path to their final resting place has been an unusual one: Their cremated remains had been left unclaimed — in some cases for years — at a Vero Beach funeral home.

Their interment at the national cemetery in Scottsmeer comes through the efforts of the volunteers at the Missing in America Project.

"The purpose of the Missing in America project is to locate, identify and inter the unclaimed cremated remains of American veterans," said Paul Markonni, an Army veteran of the Vietnam War, who serves as a volunteer team leader in Florida.

The group works with funeral homes throughout the country to see which of the unclaimed remains they have are eligible for interment at a national cemetery.

The 22 to be laid to rest at Cape Canaveral National Cemetery are coming from the Cox-Gifford Seawinds Funeral Home & Crematory in Vero Beach.

They include veterans of World War II, the Korean War and the Vietnam War, as well as veterans that served in peacetime. They served in the Army, Marines, Navy, Coast Guard and Merchant Marines. One is an eligible spouse of a veteran.

The remains of one had remained unclaimed since 1997.

Similar ceremonies have been held at other national cemeteries around the state, but this will be the first at Cape Canaveral, which opened in 2016.

Cape Canaveral VA cemetery holds first burials

The program started in 2006 when the cremains of 21 forgotten veterans were interred at the Idaho State Veterans Cemetery. Since then, the group has interred more than 3,500 veterans remains that had been recovered from funeral homes around the country.

The cremains to be interred at Cape Canaveral will be given a motorcycle escort to the cemetery from American Legion Post 1 in Titusville. More than 100 bikers are expected for the escort.

Markonni, who lives in Jupiter, began working with Missing in America Project in 2015 after hearing a news report about the group.

"It has become very personally satisfying to me," he said.

About the ceremony

When: Sat., June 23 at 10 a.m.

Where: Cape Canaveral National Cemetery, 5525 N. U.S Highway 1 in Scottsmeer.

Escorts: Those who wish to participate in the escort should meet at American Legion Post 1 1281 N. U.S. Highway 1 in Titusville at 8:30 a.m. for a safety briefing, The escort will depart at 9:10 a.m.

To learn more

Missing in America Project: www.miap.us

Cape Canaveral National Cemetery: www.cem.va.gov/cems/nchp/capecanaveral.asp

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7.3 - The Journal Gazette: [Military retirees like state: Study gives Indiana low marks despite experiences of 2 men](#) (10 June, Lisa Green, 803k uvm; Fort Wayne, IN)

Twenty-six years in the Army. Four years in the Navy. That represents Bennie Edwards' military career.

The Alabama native, now 72, said he had no qualms about returning to Fort Wayne, where he spent his pre-teen and high school years, to eventually retire.

But future military retirees might opt to spend their golden years someplace other than the Hoosier State if they pay attention to what personal finance website WalletHub said it found in a recent study.

Indiana didn't fare well when WalletHub compared with the 50 states and the District of Columbia using 27 key indicators of "retirement-friendliness toward veterans." The indicators included job opportunities, housing affordability and quality of VA hospitals, according to a news release the website issued just before Memorial Day.

Based on the number of VA health facilities per veteran, Indiana ranked 28th and for the number of VA benefits-administration facilities, 49th.

For the percentage of veteran-owned businesses, Indiana was 33rd, and was 30th for percentage of homeless veterans.

Based on the number of veterans per capita, Indiana ranked 38th.

Florida, Virginia, New Hampshire, Alabama and South Carolina, in that order, were the best states for military retirees. Oregon and the District of Columbia were last on the list.

Overall, Indiana ranked 42nd. But a couple of indicators were more positive. For housing affordability, Indiana was seventh and for veteran job opportunities, eighth.

Ranking first was considered best and 25th in a category suggests average. WalletHub assigned weighted scores on various criteria in retirement categories, using data from sources ranging from the U.S. Department of Veteran Affairs and Census Bureau to the National Conference of State Legislatures and its own research.

"Retirement is typically viewed as the end of the line – a time for rest, relaxation and the pursuit of interests long ago put on the back burner," WalletHub said in a news release on the study.

“But the story is far different for military retirees who must deal with the trials of reassimilation into civilian life.”

Considering state tax policies and military benefits, retirement can be complicated, WalletHub said.

When Edwards considers Indiana, he rattles off numerous support systems and amenities for veterans such as a National Guard base in Fort Wayne and veterans hospitals including in Marion and Indianapolis. Among others, Edwards also mentioned Fort Harrison near Lawrence and numerous American Legion Posts – roughly five in Fort Wayne, he said, along with a couple of homeless shelters.

“There's opportunities for veterans locally,” said Edwards, leader of the local Martin Luther King Jr. Club.

“I've been lucky and been blessed. ... I haven't had any problems in terms of receiving services.”

The primary mission of the Allen County Council of Veterans Organizations is to help Allen County veterans in need. Council Commander Jim Olds said that is sometimes done through finding money or taking on projects that will help keep veterans in their homes.

Unemployment, underemployment and homelessness among veterans are concerns, and some have voiced concerns about the VA, but “actually we've got a nice VA here,” Olds said.

“Overall, Fort Wayne is a good place for everyone,” he said. “Indiana is a bad place for military retirements as far as state benefits and jobs.”

Tibor Bierbaum was born in Hungary and emigrated to the U.S., retiring in 1980 from the Army after 21 years of service. His last military assignment was in Massachusetts. Bierbaum initially planned to go back to Colorado, where he had land and a house design already in mind. A teaching opportunity at Concordia Lutheran High School lured him to Indiana.

“I wanted to teach where students wanted to learn. I didn't want to waste my time and my effort,” Bierbaum said, noting he traded the mountains for cornfields and soybeans and says “Indiana had the perfect four seasons.”

He doesn't regret it. Bierbaum, 78, is content with a health insurance plan he qualified for with his military service. He also noted the VA facilities in Indiana.

Retirees have to be flexible, Bierbaum said. For him and his wife, who died in 2003, employment opportunities and schools were priorities. “All the other things were available,” he said.

Recently, Bierbaum said he told someone that his roots in Indiana are so deep “that not even a tornado can pull them out.”

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7.4 - Journal-News: [Golden Age: Veterans get a chance to train at VA mini games](#) (10 June, Megan Hughart, 448k uvm; Lebanon, OH)

KEARNEYSVILLE — The Martinsburg Veterans Affairs Center held their fifth annual mini games Saturday, giving those who served a chance to show their athletic skills.

The Veterans Integrated Service Network 5 Veterans Mini Games helped prepare teams from Martinsburg, Baltimore, D.C. and Lebanon, PA for the Veterans Golden Age Games.

The Golden Age Games are for veterans aged 55 and older and promote fitness, according to Matthew Bell, the public affairs specialist for the VA hospital. This year the Golden Age Games will take place in Albuquerque, New Mexico. Last year's games hosted over 800 veterans and took place in Biloxi, Mississippi.

Norman Marriott, a veteran that served in Vietnam with the Marine Corps and a member of the Martinsburg team, has participated in the Golden Age Games for 18 years. "I joined because it helps us stay healthy," Marriott said. "It stops us from taking medicine and there's comradeship with the other veterans."

The veterans practice all year round for the games, but the mini games are only held once a year.

"The VA hospital organizes veterans as a team and helps them train for the games," Bell said. "Fifty-two veterans from the four facilities take part in the mini games."

Veterans trained for power walking, horseshoe, discus, shotput, javelin, boccia, basketball free throw, shuffleboard and pickleball.

Darren Yowell created the mini games five years ago. The program is set up for year-round wellness and the games are a bonus, according to Yowell.

"They get competitive practice and learn the events," he said. "Our teams are always prepared."

Linda Guzman, an army veteran and member of the Lebanon team, joined the games for the first time this year. She said it seemed like fun and she wanted to try something new. Guzman doesn't let the fact that she's in a wheelchair stop her from competing.

"The games are the same for people in wheelchairs," Guzman said. "The only difference is that we sit and they stand. It's really inclusive."

However, for wheelchair-bound veterans that want to compete in different games, there is a main game members can join.

The Martinsburg Grey Wolves, the team that formed in Martinsburg's VA center, will be attending the National Wheelchair Games in Orlando, FL. in July.

Harvery Guary, an air force veteran and member of the D.C. team, joined the mini games for the first time this year.

"It's a way to be active and I really enjoy the teamwork and competition," Guary said. "Plus I'm looking forward to meeting new people and having fun in New Mexico."

To attend the Golden Age Games, veterans fundraiser all year round to raise money for plane tickets and hotels, according to Bell. This year, Operation God Bless America donated \$16,000 to the Martinsburg team for plane tickets.

“Not a lot of VA centers have outside events like the mini games,” Bell said. “We’re really lucky.”

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7.5 - The Intelligencer (Video): [Gold Star Families monument dedicated at Washington Crossing National Cemetery](#) (10 June, Christopher Ruvo, 154k uvm; Doylestown, PA)

For Mitchell and Julie Schultz, the emotions are still raw.

Just two months ago, the Huntingdon Valley couple lost their 28-year-old son in a military training accident. Capt. Samuel A. Schultz was one of four Marines killed when their helicopter crashed in Southern California.

“There’s grief. There’s loss. It’s still very new to us,” said Mitchell Schultz. “People who haven’t experienced it can never understand. I hope they never have to.”

Schultz shared his feelings during an interview Saturday at the dedication of the Gold Star Families Memorial Monument at Washington Crossing National Cemetery in Upper Makefield.

The monument honors and pays tribute to Gold Star families — those, like the Schultzes, whose loved ones died in military service. It’s the 36th such monument in the United States, but the first ever in a national cemetery, organizers said.

“It’s much more than just chunks of granite. It symbolizes our hug to these families, our prayers for them,” said John C. Heenan, a Marine Corps veteran from Ivyland who was instrumental in getting the monument erected. “It shows that Americans care about the sacrifice made by them and their loved one.”

Gold Star families attending Saturday’s event expressed gratitude for the monument, the effort that went into building it, and the sentiment behind it.

“This memorial reflects our history,” said Rhonda Worthington, president of the North Penn Chapter of Gold Star Mothers of America. “It’s a place of healing. “It’s a place to gather and share — to ponder thoughts not to be shared.”

As flags rose and fell gently in the warm breeze above the monument Saturday, some Gold Star family members were teary-eyed and reflective.

“I’ll look at the monument and I’ll remember the good times — I’ll remember my son,” said Hilda Balot-Ennis. The Philadelphia woman’s son, Lt. Cmdr. Louis Balot, formerly of Warminster, died while in the Navy, shortly before his retirement after 30 years of service. “He was an officer and a gentleman. I’m the proudest mom you could ever find.”

John and Bernadette Heenan, two longtime members of the nonprofit Guardians of the Cemetery, spent much of the past year working with the Hershel “Woody” Williams Medal of

Honor Foundation to secure federal permission to build the monument at the 205-acre cemetery off Highland and Washington Crossing roads.

Williams, a World War II Marine Corps veteran and Medal of Honor recipient who fought at the Battle of Iwo Jima, helped create the foundation. Its key mission includes establishing Gold Star Family Memorial Monuments in all 50 states.

"These monuments happen because of the people in the community," Williams said. "It says great things about the communities — about your community."

The monument is imbued with symbolism. The silhouette of a saluting service member represents a missing or fallen serviceperson who made the ultimate sacrifice for the United States.

A panel with the word "FAMILY" inscribed upon it shows Molly Pitcher, who bravely joined the combat when her soldier husband was seriously wounded in battle during the Revolutionary War. Another panel reading "SACRIFICE" shows the flag raising on Iwo Jima — a reminder that victories in war are achieved only after great sacrifice.

The "HOMELAND" panel depicts Bowman's Tower, built as a monument in Washington Crossing Historic Park to Revolutionary War soldiers who operated in the area. Meanwhile, the "PATRIOT" panel shows George Washington kneeling in prayer at Valley Forge — a reminder of the "need for and power of prayer," a description said.

During a masterful speech, Williams spoke in a soft, soothing voice, sharing stories of military families' sacrifices. At times, he directly addressed Gold Star families, causing emotions to rise. And, of course, he had poignant words for the military members who never came home, saying their sacrifice is the foundation upon which the freedoms and privileges of the United States are built.

"They must never be forgotten," said Williams.

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7.6 - WDVM (TV-25, Video): [National Golden Age Games prepares veterans for national competition in Albuquerque](#) (9 June, Thao Ta, 13k uvm; Hagerstown, MD)

MARTINSBURG, W.Va. - The Martinsburg VA Medical Center hosted the fifth annual veterans mini competition on campus on Saturday.

Veterans from all over Martinsburg, Baltimore, D.C. and Lebanon, Pennsylvania gathered at the VA Medical Center to compete head to head in a series of physical activities. They are preparing for the 2018 National Veterans Golden Age Games (NVGAG) in Albuquerque, New Mexico, one of the largest senior sports events in the nation.

"I was a paratrooper so you'd run all the time when you're a paratrooper and then I just got used to doing it. And so no matter where I was, I'd travel all over the world doing television production, television news and I'd run," said Hank Montez.

Montez won the half mile speed walk. He said he's been running since he was 17. Montez was joined by other veterans who are doing their part to stay in good shape.

"I'm doing air rifle, bocce ball, bowling, swimming and hand cycling. I love my hand cycling," said Bill Czyzewski.

In 2012, Czyzewski was able to go across the country 3,800 miles on a hand cycle. He said it was an experience of a lifetime.

"Where we ended up, I was the only Vietnam veteran on the ride. I was the oldest on the ride and I was the only hand cycle that came in on Virginia Beach on the ride," he said.

This year, he's competing in the wheelchair games in Orlando, Florida. Others like Zachary Johnson traveled all the way to Martinsburg from Clearwater, Florida to be among fellow veterans.

"I drove 10 hours straight, rested up and drove the last 3 hours. I also get a chance to see all my friends, my former teammates. I have two grown daughters in this area, so it's all one great trip," said Johnson.

For these veterans, the games help keep them in shape and build a bond with other veterans.

"I'm looking forward most to wining, to bring back some medals to show these veterans that you can do this and it's fun do it," said Paul Potter.

The National Veterans Golden Age Games is for military veterans age 55 or older. This year's games will be hosted by New Mexico VA Health Care System from Aug. 3 through Aug. 8.

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8. [Other](#)



VA Secretary's Stand-Up Brief

11 June 2018

Executive Summary

A decline in social media references to the Mission Act followed a similar decline in traditional coverage over the weekend. While there were several notable storylines, no single storyline gained a prominent role in coverage.

Storyline	Outlets	Analysis	Trend	Priority
VA funding	AP , Washington Free Beacon , Politico	National outlets followed the passage of a \$145B spending package that will fund Veteran and other programs for the coming year. Several Democrats cited the inclusion of several “poison pill” riders into the legislation as the reason for their opposition. Coverage made limited mention of VA.	Sustained	Choice
Sexual harassment and assault	Stars and Stripes , Houston Chronicle	<i>Stars and Stripes</i> followed a call from Rep. Annie Kuster (D-N.H.) for the HVAC subcommittee on oversight and investigations to hold a hearing on a government survey that found VA had the most reported instances of sexual harassment of any federal agency. The article noted VA did not immediately respond to a Friday request for comment. <i>Military.com</i> reprinted the article. <i>Houston Chronicle</i> followed the story of a female Veteran seeking VA care for a history of service-related sexual assault and PTSD.	Emerged	Resources Service
Facilities named for Veterans	WCTV (CBS) , Missoulian , KULR (NBC)	Supportive local coverage followed the renaming of VA facilities for local heroes in Montana and Florida.	Sustained	System Resources
Other notable storylines	Forbes , Military.com , Nextgov	<i>Forbes</i> examined how a law that establishes a commission to conduct a nationwide asset review of VA infrastructure and a recent appropriation for the Choice program constitute two “serious defeats” for Department healthcare. <i>Military.com</i> sustained coverage of increasing lawmaker pressure for VA and DoD to act to help Veterans and service members adversely affected by exposure to “burn pits.” <i>Nextgov</i> profiled the VA digital service’s effort to personalize Veteran services through a single web portal.	Emerged / Sustained	Choice System Resources Service
VA Mission Act	News Herald , Greenville Sun	Coverage of the Mission Act declined over the weekend, and largely focused on Veteran reaction to the passage and signing of the law. Remarks from HVAC chairman Rep Phil Roe (R-Tenn.) about the potential of the law to be “transformational to the VA” generated some new reporting.	Declined	Choice

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VA Secretary's Stand-Up Brief

11 June 2018

Social Media Takeaway

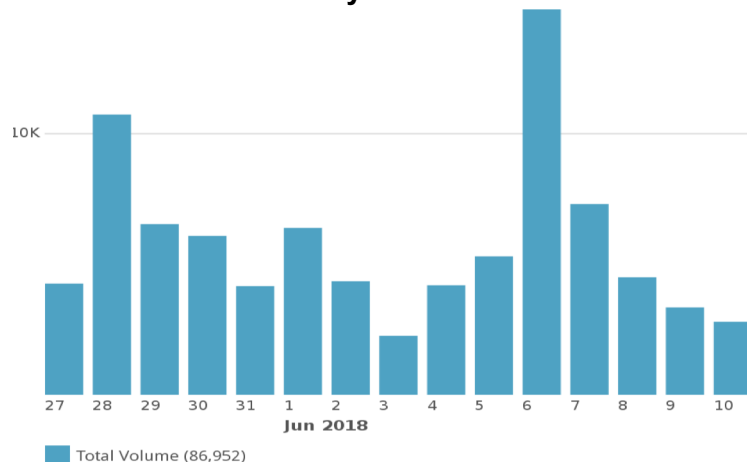
Throughout the weekend, social media sustained the decline in volume began after the 6 June surge. The downward trend of activity that referenced the Mission Act also sustained.

Key Points

- Despite the decline in references, several of the weekend posts discussed the Mission Act, including the [most-retweeted](#) (670+ retweets). From @GOP, this post included a quote from President Trump and linked to [Washington Examiner](#) coverage of the signing ceremony for the new law. Other users tweeted supportive messages about the law, such as the [fourth most-retweeted](#) post (280+ retweets), which called the act a “big big victory” for Veterans.
- Not all activity was supportive of the Mission Act, Senator Bernie Sanders (I-Vt.) sustained his skepticism of any moves that could be construed as increasing privatization ([third most-retweeted](#) post, 450+ retweets) and called such a move an “insult” to Veterans. This post included an embedded video that highlighted the roll VA plays in Veterans healthcare – it gained 84.3k views.
- The VA pages on Facebook experienced lower than typical activity for a weekend. The Veteran of the Day feature was an example of this lower activity. Despite garnering over 1k total reactions, the posts averaged just 430+ reactions for each entry.
- The [VBA page](#) did gain elevated levels of engagement with a post that shared an [Army Times](#) article about the new pizza MRE. Other notable engagement followed two posts that linked a [Vantage Point](#) blog about a Veteran who used VA programs to rebuild his life. The main VA page version garnered 410+ reactions and the [VHA](#) item gained an additional 160+ reactions.

Twitter and Facebook Volume:

27 May – 10 June



Notable Social Media Items

Platform	Item	Relevance
Twitter	#CodeOfVets	280+ Mentions
Facebook	Veteran of the Day posts	1.3k Reactions combines
Facebook	VBA: Army Times - After years of anticipation, the pizza MRE is finally coming to the field	1.2k Reactions, 530+ Shares

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Veterans Affairs Media Summary and News Clips

17 June 2018

1. [Top Stories](#)

1.1 - New York Post: [Veterans fear Brooklyn VA hospital may soon shut down](#) (16 June, Melissa Klein and Shant Shahrigian, 23.9M uvm; New York, NY)

Shuttered clinics and transferred doctors have veterans fearful the Brooklyn VA hospital is on its way to closing. The Bay Ridge facility's ear, nose and throat clinic – which treats vets exposed to everything from Agent Orange in the Vietnam War to new toxins in America's Mideast conflicts – is losing its contingent of doctors from SUNY Downstate Medical Center.

[Hyperlink to Above](#)

1.2 - Newsday: [Doctors advised to look for links between illness, military service](#) (16 June, Martin C. Evans, 3.2M uvm; Melville, NY)

Doctors and other clinicians who treat veterans often miss links between certain maladies and a patient's prior military service — oversights that can hamper medical care and even cost patients money in the form of missed medical benefits.

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1.3 - Killeen Daily Herald: [2010 VA letter had urged health claims processors to list burn pits exposure](#) (16 June, David A. Bryant, 156k uvm; Killeen, TX)

Thomas J. Kenney III's deployment to Afghanistan in 2012 was the last before he retired from the U.S. Army. The job was important — leading the Provincial Reconstruction Team out of Forward Operating Base Gardez, in the Paktya province of Afghanistan. From Kenney's first day there, an open burn pit a few hundred yards from his team's living quarters incinerated the base's trash, its smoke permeating the atmosphere.

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1.4 - KBIA (NPR-91.3): [Expanded Peer Specialist Program Helps Veterans Struggling With The Transition To Civilian Life](#) (16 June, Aviva Okeson, 57k uvm; Columbia, MO)

Sept. 3, 2009, was a date that was 14 years in the making for Air Force veteran Kevin Cook. He first entered a Department of Veterans Affairs medical center for help treating his depression and alcohol and drug use in 1995.

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2. [Greater Choice for Veterans](#)

2.1 - Modern Healthcare: [Commentary: Congress must put the VA Mission Act into action by funding its provisions](#) (16 June, David Blom and Martin Steele, 460k uvm; Chicago, IL)

In 1865, President Abraham Lincoln wrote what would become the motto and mission of the Veterans Affairs Department: "To care for him who shall have borne the battle, and for his widow, and his orphan." More than 150 years later, over 9 million of our veterans rely on the VA for their healthcare.

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2.2 - Valley Courier: [Health care is key topic with veterans](#) (16 June, Kristin Hicks, 48k uvm; Alamosa, CO)

Eastern CO Health Care System Director Sallie A. Houser- Hanfelder and her leadership team from Veterans Affairs spoke at the Veterans Coalition of the San Luis Valley annual event on Friday in Alamosa. Houser-Hanfelder addressed many topics including President Donald Trump passing the Mission Act.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Press-Enterprise: [Data breach of 1,000 patients lands former Long Beach VA worker in prison](#) (16 June, Megan Barnes, 1.1M uvm; Riverside, CA)

The personal information of more than 1,000 patients of the Veterans Affairs Medical Center in Long Beach was stolen by an employee who now has been sentenced to prison, the facility said.

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4.2 - The Herald-Dispatch: [Providing a light in the darkness](#) (17 June, Josephine Mendez, 192k uvm; Huntington, WV)

As a man in his 90s, Bernie McMellon has seen some pretty dark times. From losing all his fortune in 2006 following the death of his wife to contemplating suicide, McMellon said it has not been an easy road. But more than a decade later, McMellon has seen the light, quite literally, by making and distributing homemade flashlights that he fashions out of prescription pill bottles.

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4.3 - Salisbury Post: [Biker group thanks veterans with a barbecue](#) (17 June, Shavonne Walker, 159k uvm; Salisbury, NC)

Dean, a disabled U.S. Navy veteran, isn't homebound or tied to a hospital bed, but is ever grateful to have served and for others who have served. It was without question that he would volunteer to help serve other veterans at the Hefner VA Medical Center for a "backyard" barbecue.

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4.4 - The Sheridan Press: [Veterans center of chapman's efforts](#) (16 June, 37k uvm; Sheridan, WY)

Name: Billie Chapman Age: 35 Where you work: Sheridan VA Medical Center What you do: Licensed clinical social worker for the VA Community Living Center and program manager for the Community Nursing Home Program

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5. [Improve Timeliness of Service](#)

5.1 - The Topeka Capital-Journal: [Veteran dies outside emergency room at Leavenworth VA hospital](#) (16 June, Sherman Smith, 853k uvm; Topeka, KS)

A Veterans Affairs official says a Vietnam-era veteran died Wednesday outside the emergency room of the Leavenworth VA medical center. Joseph Burks, a regional spokesman for the VA, said Michael Douglas, 69, died from a self-inflicted gunshot wound at 4 p.m. in the parking lot outside the ER.

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5.2 - The Grand Island Independent: [Business Reports for Sunday: Grand Island VA facility receives top performance rating](#) (17 June, 191k uvm; Grand Island, NE)

The VA Nebraska-Western Iowa Health Care System Veterans Affairs Medical Center has announced its Grand Island nursing facility received five stars as part of its annual performance rating. The announcement comes after the Department of Veterans Affairs made public for the first time its annual nursing home ratings for every facility in the country.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Hill: [Higher ed law fails its mission to protect deserving military-connected students](#) (16 June, Tanya Ang, Lauren Augustine, and Barrett Y. Bogue, 11.8M uvm; Washington, DC)

This past week, nearly a dozen national veterans and military service organizations assembled on Capitol Hill in a united front to voice their concerns about the House of Representatives' Higher Education Act reauthorization, known as the PROSPER Act.

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7.2 - Lincoln Journal Star: ['I'm not anywhere close to the same person': Veterans Court helping Lancaster County vets turn their lives around](#) (16 June, Lori Pilger, 2M uvm; Lincoln, NE)

It started slowly, and not without hiccups. "Mr. Starks, congratulations," Lancaster County District Judge John Colborn said. "You're now a member of the Lancaster County Veterans Treatment Court." "Thank you, sir," Corry Starks said.

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7.3 - The Free Lance-Star: [New court program would help veterans transition from warriors to civilians](#) (16 June, Cathy Dyson, 824k uvm; Fredericksburg, VA)

Those involved with the judicial system, from probation officers to public defenders, were seeing the same trend: Young men who had never been in trouble before suddenly were appearing in court. Ricardo Rigual, a Spotsylvania County Circuit judge who was in General District Court at the time, was mystified.

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7.4 - KRGV (ABC-5, Video): [Veteran Receives ID Card with Another Man's Photo](#) (16 June, Angelo Vargas, 277k uvm; Weslaco, TX)

A Rio Grande Valley veteran says his identity is in question. Army Veteran David Rodriguez says despite years of going to his local VA to get his medication, there are always issues with them finding his Social Security number. He says he was recently mailed a new Veterans Affairs ID card. But when he opened the correspondence, he realized it wasn't him in the photo.

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7.5 - Monterey Herald: [Multi-story permanent veterans housing project coming together for VTC in Marina](#) (16 June, James Herrera, 270k uvm; Monterey, CA)

With a vision for a community of rehabilitated former Army housing, new multi-story, higher-density living quarters and tiny houses interspersed between the two on land near its facilities, the Veterans Transition Center will begin to move above and beyond providing transitional housing to veterans and their families by creating permanent housing for eligible veterans.

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7.6 - Northwest Arkansas Democrat-Gazette: [Coroner wants honorable burial for unclaimed Washington County veterans](#) (16 June, Scarlet Sims, 162k uvm; Fayetteville, AR)

Washington County Coroner Roger Morris wants unclaimed veterans' bodies to be buried with military honors. "We just want to do what's right," Morris said. His office cremates the remains of bodies never claimed by family or friends.

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7.7 - The Marietta Times: [Mobile service office to help vets](#) (16 June, Michael Kelly, 74k uvm; Marietta, OH)

A group of professional problem solvers for veterans is coming to Marietta near the end of the month. The Disabled American Veterans Mobile Service Office will spend the entire day at the local DAV post on June 26.

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7.8 - KULR (NBC-8, Video): [First annual Food Truck Battles held at MetraPark](#) (17 June, Diane Casanova, 71k uvm; Billings, MT)

The food truck competition is raising funds for Veterans Affairs Supportive Housing, otherwise known as V.A.S.H. 10 percent of the proceeds from all sales will go to the Housing Authority program to help homeless veterans get into housing.

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8. [Other](#)

8.1 - IndieWire: [Tom Hanks Saves 'Henry IV' After Medical Emergency in the Crowd: 'No Intermission Brew for You!' — Watch](#) (16 June, Michael Nordine, 9.4M uvm; New York, NY)

The show must go on, and few are better at keeping it going than Tom Hanks. The two-time Oscar winner proved as much during a performance of Shakespeare's "Henry IV" on Wednesday, which he saved from potential walkouts by keeping the crowd engaged — in character — after an audience member fainted.

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8.2 - TheWrap (Video): [Watch Tom Hanks Ad-Lib in Character as Falstaff During Medical Emergency That Stopped LA Play](#) (16 June, Ross A. Lincoln, 3.2M uvm; Los Angeles, CA)

When an audience member had a medical emergency Wednesday night during a performance of Shakespeare's "Henry IV" in Los Angeles, Tom Hanks saved the show by entertaining the crowd with an in-character ad lib session while medics tended to the patient.

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1. [Top Stories](#)

1.1 - New York Post: [Veterans fear Brooklyn VA hospital may soon shut down](#) (16 June, Melissa Klein and Shant Shahrigian, 23.9M uvm; New York, NY)

Shuttered clinics and transferred doctors have veterans fearful the Brooklyn VA hospital is on its way to closing.

The Bay Ridge facility's ear, nose and throat clinic – which treats vets exposed to everything from Agent Orange in the Vietnam War to new toxins in America's Mideast conflicts – is losing its contingent of doctors from SUNY Downstate Medical Center. A sign on the clinic door alerted patients that it was closing for good on June 27.

After a rally by veterans groups and ongoing pressure from Rep. Dan Donovan, the head of the city's VA hospital system told The Post the clinic will, in fact, remain open. Martina Parauda said two to three part-time staff doctors will be hired to replace the SUNY physicians by the end of the month.

But vets suspect the VA ultimately wants to shut down the Brooklyn hospital, which sits on valuable oceanview property, or at least ax the last of its inpatient care.

Shutting down the Brooklyn campus would force thousands of Brooklyn and Staten Island patients to trek to VA sites in Manhattan or the Bronx, or seek private care.

"They want to move all the inpatients to Manhattan," said Peter Marsala, a vet and occupational health and safety specialist at the Brooklyn VA.

Parauda insisted inpatient service will stay for good at the Brooklyn campus. "The Brooklyn VA is alive and well, remaining open," she said.

The flux at the ENT clinic comes after the Brooklyn VA got rid of 25 inpatient beds in 2015. The hospital is also reducing its labwork capacity.

Kristen Rouse, president of the NYC Veterans Alliance, a nonprofit advocacy group, rejected claims that demand is declining.

"There is no shortage of demand. Veterans are coming home from wars that are going on right now," she said.

"It's unacceptable for any past or present service member to lose access or go through increased hurdles to get the medical services they rely on," said Donovan, a Staten Island and Brooklyn Republican who's in a reelection battle.

Parauda's claim that the ENT clinic will stay open came as news to Rouse, who voiced skepticism of the new plan.

“This is changing day by day as the VA is feeling pressure,” said Rouse, who did three tours of duty for the Army in Afghanistan. “Can veterans rely on the VA to be fully open for business, ready to provide quality care to the veterans who need it?”

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1.2 - Newsday: [Doctors advised to look for links between illness, military service](#) (16 June, Martin C. Evans, 3.2M uvm; Melville, NY)

Doctors and other clinicians who treat veterans often miss links between certain maladies and a patient’s prior military service — oversights that can hamper medical care and even cost patients money in the form of missed medical benefits.

That was the conclusion of veterans advocates who pointed to a host of medical maladies found to have possible links to military service, including cancers, Type 2 diabetes, Parkinson’s disease and heart conditions.

The advocates, who spoke at a Friday symposium at Nassau University Medical Center, urged clinicians to take steps to identify veterans among their patients, and to learn about medical and psychological conditions linked to military service.

Because doctors often fail to determine a patient’s status, veterans often go without cash benefits and medical supplies offered by the Department of Veterans Affairs, they said at the symposium organized by the Nassau Queens Performing Provider System, an alliance of Long Island’s largest hospital groups.

“How many of you ask if your patient is a veteran?” asked Rick Gales, a veterans service counselor for the Town of Hempstead who addressed the symposium’s audience of about two dozen medical professionals. None raised a hand.

One of the attendees was Dr. Samia Qazi, who is chief of primary care at Nassau University Medical Center.

“It makes me realize we need to ask more questions, and to link their service to problems they may be having,” Qazi said.

Organizers produced the symposium in response to a Rand Corporation study, which concluded that few of New York State’s health care providers — less than 3 percent — are fully equipped to address veterans’ needs.

The study’s authors said health providers often fell short because of unfamiliarity with military culture, a lack of knowledge concerning military-related injuries, a lack of screening for health problems common to veterans, or other deficiencies.

“These findings reveal significant gaps and variations in the readiness of community-based health care providers to provide high-quality care to veterans,” Terri Tanielian, a Rand senior behavioral scientist and the study’s lead author, said shortly after the report was released.

“It appears that more work needs to be done to prepare the civilian health care workforce to care for the unique needs of veterans,” Tanielian said.

Veterans advocates say these shortcomings are especially alarming now because federal officials are considering whether to encourage more veterans to use private health facilities rather than medical services offered by the Department of Veterans Affairs.

About one in three veterans now see outside doctors through the so-called Choice program, which Congress enacted after learning in 2014 that sick veterans often waited for more than a month to be seen at a VA health facility.

And the Congressional Budget Office has estimated that legislation approved two weeks ago could persuade an additional 640,000 veterans nationwide to seek private care — a 75 percent expansion over the Choice program's current levels.

On June 6, President Donald Trump signed the \$55 billion Veterans Affairs' Mission Act, which further expands the ability of veterans to bypass VA facilities by using taxpayer dollars to see private doctors.

Long Island has one of the nation's largest concentrations of former military personnel, with an estimated 122,000 veterans living in Nassau and Suffolk counties, according to census data. About one in four Long Island veterans were treated through the region's VA medical facilities in 2017.

Military service exposes individuals to multiple hazards that often lead to chronic health problems, said Dr. Elizabeth Werns, a physician at the Department of Veterans Affairs Medical Center in Northport.

During the Vietnam War, more than 2 million U.S. GIs were exposed to the toxic herbicide known as Agent Orange, which has been associated with elevated rates of diabetes and heart problems. Soldiers who participated in the 1990-1991 Gulf War were exposed to ammunition containing depleted uranium, and acrid smoke spewing from out-of-control oil fires. And all war veterans display high rates of hearing loss, as well as chronic knee, back, neck and shoulder pain associated with carrying heavy packs of ammunition and other gear.

David Cockerel, who is the 1st vice commander of American Legion Post 342 in Freeport, was among veterans advocates who said private sector doctors must ask patients if they once served in the military because veterans often do not volunteer this information.

"A lot of these guys end up in the regular medical system," Cockerel said. "They end up feeling alienated and misunderstood."

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1.3 - Killeen Daily Herald: [2010 VA letter had urged health claims processors to list burn pits exposure](#) (16 June, David A. Bryant, 156k uvm; Killeen, TX)

Thomas J. Kenney III's deployment to Afghanistan in 2012 was the last before he retired from the U.S. Army.

The job was important — leading the Provincial Reconstruction Team out of Forward Operating Base Gardez, in the Paktya province of Afghanistan. From Kenney's first day there, an open

burn pit a few hundred yards from his team's living quarters incinerated the base's trash, its smoke permeating the atmosphere.

Now, more than five years after closing down the base — which was in the mountains and could be reached safely only by helicopter — the retired 69th Air Defense Artillery Brigade operations sergeant major is fighting the Department of Veterans Affairs. He is seeking care for follicular lymphoma grade 3b cancer (non-Hodgkin lymphoma), a condition he believes is directly related to his exposure to the toxic smoke emanating from the open burn pit.

"It was so caustic; the smoke, you would wake up in the morning, and it would just choke you," said Kenney, who is now 53 and lives in the Killeen area.

Yet the VA refuses to admit his cancer could be related to exposure, consistently stating in his exams that his illness is "not related to a specific exposure event/environmental hazard experienced during active (sic) service in Southwest Asia." While he was still in the Army, Kenney had suspicious masses on his lymph nodes removed. Biopsies on the masses led the VA later to link their type to the cancer that was detected two years after he retired.

VA POSITION

The VA does not have the authority to automatically presume a sick veteran's illness could be linked to exposure, said Dr. Ralph Erickson, the VA's chief consultant on post-deployment health. He spoke during a hearing by the Congressional VA Subcommittee on Health on June 7 in Washington, D.C.

Another VA official, however, gave authority for claims examiners to consider exposure, in a training letter accompanied by an environmental report of hazards provided to the Herald by Kenney.

"Veteran's lay statement of burn pit exposure generally will be sufficient to establish the occurrence of such exposure if the Veteran served in Iraq, Afghanistan or Djibouti," according to VA Training Letter 10-03 dated April 26, 2010.

VA claims examiners are supposed to include a statement of exposure when requesting additional exams or opinions and they must actively review cases for potential exposure during the claims process, according to the 2010 letter that was addressed to all VA regional offices.

The training letter was rescinded in 2016, said a VA spokeswoman Friday.

Some of the information contained in the letter was incorporated into Veterans Benefits Administration's Compensation Service Procedures Manual, according to Grace S. Lee, VA spokeswoman, who researched answers to Herald questions. At the time, the letter was intended for claims processors, not disability medical examiners.

The VA originally issued the training letter to inform claims processors about specific environmental hazard incidents the VA had learned about primarily from the U.S. Army Center for Health Promotion and Preventive Medicine. The letter provided guidance on how to handle the increasing number of claims related to environmental hazard exposures being received in VA Regional Benefits Offices.

KENNEY'S DOCUMENTATION

Kenney had that documentation, however, and said he sought treatment for respiratory ailments before he left FOB Gardez and mentioned exposure when he was later diagnosed with cancer.

“When I was over there, I went to the (Military Treatment Facility) because I was just having a hard time sleeping. I was given a CPAP for my cough, sinus issues and inability to sleep,” Kenney said. “I was coughing up black stuff, and that continued for me throughout the whole deployment with respiratory issues.”

Kenney said the VA should have followed the guidelines from that training letter in his case, he said. In addition to being treated for respiratory ailments while deployed, he listed burn pit exposure as a major health concern for him during his post-deployment health assessment when he returned in April 2013 to Fort Hood.

“The VA is supposed to do certain things when a veteran says they were exposed to certain things like burn pits while they were in Afghanistan or Iraq; they have certain steps they are supposed to follow,” Kenney said. “Those steps, in my case, they didn’t even try to follow. In fact, it’s so grievous how they treated (my case), it seems they went out of their way to not associate my cancer or any of my respiratory issues with burn pits.”

The Herald asked the VA why examiners don’t follow the letter’s recommendations regarding exposure.

A VA spokeswoman said examiners neither “err on the side of caution” nor “err on the side of the veteran.” They simply report their findings and provide an opinion when requested.

“In claims for disability and death compensation benefits, there are three necessary elements for a successful claim. There must be evidence of a disability or disease; evidence of an event such as an injury, disease or exposure to a potentially harmful substance in service; and a medical connection between the event in service and the disability or disease,” said Jessica Jacobsen, VA Dallas Office of Public Affairs, in response to a Herald request. “Examiners review all available medical and scientific evidence with respect to a claim; examine the veteran when requested; and provide an informed opinion based on their review.”

U.S. Rep. Neal Dunn of Florida, chairman of the congressional subcommittee and a physician, shared that opinion:

“Per Department guidelines, while the training letter states a veteran’s lay statement will be sufficient to establish the veteran was exposed to burn pits, the letter does not explicitly state this would qualify the veteran for a presumption as the event is only one of the three criteria that is required to establish entitlement to service connection for the purposes of disability compensation. Those criteria are: 1) incident or event in service; 2) a current diagnosis for the claimed condition; and 3) a nexus between the first two criteria.”

Lee, who collected responses from VA officials, said there is no presumption of service connection for conditions related to burn pit exposures at this time. A “presumption” is a legal term intended to relieve a veteran or claimant of a higher evidentiary burden in a claim for disability compensation. Although a claim may be made that a particular disability may be due to burn pit exposure, there must be medical and scientific evidence linking the current disability to that exposure, VA officials said through her.

That evidence likely won't come in time to help affected veterans.

During the congressional hearing, Erickson said the research linking medical/scientific evidence to disabilities from exposure could take decades.

Kenney said that along with his medical records showing visits for treatment while in Afghanistan, he sent in a sworn statement to the VA documenting his exposure and a copy of the environmental report of FOB Gardez conducted by the Department of Defense from 2003 to 2010.

"When I signed this sworn statement that I was in Afghanistan on these dates and told them there was an open burn pit, and I had symptoms related to the exposure, that I have lymphoma I believe is associated with burn pits, then that meets this requirement for the VA to assume exposure," he said. "This should be more than sufficient for the veteran. But the VA didn't do it. I don't know if the VA doctors even look at these letters and reports."

The environmental report, called the Military Deployment Periodic Occupational and Environmental Monitoring Summary, is conducted for every military installation, including temporary posts in combat zones, and covers all environmental hazards and possible health risks. The FOB Gardez report listed possible health effects from the burn pit as eye, nose, throat and lung irritation and stated personnel who experienced unique exposures and sought medical care needed to have that specific exposure documented in a Standard Form 600 — a chronological record of medical care.

Kenney retired from the Army in 2014. Two years later, he saw his primary care physician at Carl R. Darnall Army Medical Center for severe pain. After a few tests, his doctor urgently requested he get more tests done at Darnall's emergency center, fearing he was in imminent danger of a heart attack.

The scans came back showing an 8-by-5-by-2-inch mass next to his heart — cancer.

"The type of cancer I have doesn't run in families. They really don't know how I got it — it's something where just a strange cancer popped up," Kenney said.

His days now are consumed with periodic chemotherapy treatments, exams and fighting the VA for continued disability compensation.

"Oct. 5 will be my last maintenance treatment. Six months after that, the VA will examine me, and if I have no active cancer at the time, they will reduce my 100 percent disability rating down to residuals," Kenney said, referring to a small percentage the VA pays for residual effects from associated treatments, such as painful scars.

According to his rating, Kenney would receive no compensation at all because his scars are rated at 0 percent.

"My life expectancy is 15 to 20 years," he said. "When the cancer does come back, I have to go through the claim process all over again; they have to re-examine me to see that the cancer has come back and then I wait however long it takes the VA to approve the claim and reinstate my benefits."

Kenney currently receives disability pay for his cancer because it is linked to the masses removed from his lymph nodes before he retired. However, if his health problems had been linked to burn pit exposure, his benefits would be permanent and could include the respiratory issues that keep him from mowing his lawn and golfing with his wife.

Kenney suggests other veterans with suspected burn pit exposure health problems make sure all required documents are readily available.

“Know what the regulations say, and do your research. I wish that I had started my VA claims that way,” he said. “But even after doing a claim and getting it adjudicated, you have to do even more research to find out how to get that nexus to get everything service-connected.”

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1.4 - KBIA (NPR-91.3): [Expanded Peer Specialist Program Helps Veterans Struggling With The Transition To Civilian Life](#) (16 June, Aviva Okeson, 57k uvm; Columbia, MO)

Sept. 3, 2009, was a date that was 14 years in the making for Air Force veteran Kevin Cook.

He first entered a Department of Veterans Affairs medical center for help treating his depression and alcohol and drug use in 1995.

“I would come into treatment, I would get all of this help and everything and then I would leave back out the door thinking that I can do this on my own,” Cook says. “And it never dawned on me that this is ... a lifetime change and this is something that you have to stay engaged in.”

Eventually, Cook was able to recover. He hasn’t used drugs or alcohol since Sept. 3, 2009. Now he helps other veterans struggling with the transition back to civilian life.

“There was a doctor that was in charge of my mental health care at the time and he saw something in me that I didn’t see in myself, and he asked me if I was interested in becoming a peer specialist,” Cook says.

The VA defines a peer specialist as a trained veteran who has recovered or is recovering from a mental health condition. They’re meant to serve as examples of how recovery is possible, even as they teach veterans how to navigate the VA and access community resources.

Cook started working as a peer specialist with the VA St. Louis Health Care System five years ago. He currently supervises other peer specialists there.

A bill signed into law by President Trump earlier this month, the VA Mission Act, expands the peer specialist program. The expansion calls for at least two peer specialists in primary care settings at 30 or more VA medical centers around the country.

The move was championed by Sen. Roy Blunt, R-Missouri, who last year co-sponsored a bill with Sen. Richard Blumenthal, D-Connecticut, that’s the basis for the new requirement. Blunt’s bill would have required 50 VA medical centers to have peer specialists in primary care settings.

"Well, honestly, 50 is just scratching the surface of what's needed and so, you know, less than that is unfortunate, but 30 is more than zero," says Allen Doederlein, executive vice president of external affairs for the Depression and Bipolar Support Alliance.

Doederlein says he's encouraged that the VA Mission Act will require the VA to deliver reports to Congress on the effectiveness of peer specialists. If Congress finds the program to be effective, he says, it could expand it further.

Living examples

Peer specialists are not a new idea. The VA St. Louis Health Care System adopted peer support programs 10 years ago, according to Dr. Fredric Metzger, its associate chief of staff for mental health services.

VA research health scientist Matthew Chinman says the programs took off nationwide after President Obama issued an executive order in 2012 requiring the VA to hire 800 peer specialists. Now, the VA employs 1,090 peer specialists at inpatient mental health units and intensive mental health programs for veterans with serious mental illnesses, including substance use disorder and PTSD. The Kansas City VA Medical Center has four peer support specialists, says spokesman Dwayne Rider.

Chinman says peer specialists are especially effective because they have struggled with mental health issues themselves and are living examples to other veterans that things can get better.

"People with serious mental illnesses and substance abuse disorders are often demoralized by their illness and see no hope for getting better," Chinman says. "Having peer specialists around just first and foremost shows that people can recover. And so that provides hope and that is one of the main ingredients that sets the stage for recovery."

Cook says if peer programs had been in place when he started seeking treatment, it would have taken less time for him to get sober.

"It would've given me someone to look at and want to pattern myself after," Cook says. "When I was struggling with my issues, I really never had anyone that I could look at and say, 'Well, man, if he did it, maybe I can try,'" Cook says.

Initial skepticism

Mark Salzer, a professor of rehabilitation sciences at Temple University, says the idea of peer specialists was met with "overt hostility" 30 years ago. When he was training to be a psychologist, he says his professor dismissed the idea.

"He would laugh at it and say, 'How could you expect somebody who can't even figure out their own life or can't even get their own act together -- how could they possibly help somebody else?'" Salzer says.

Chinman says the same skepticism existed at the VA when it first rolled out the program.

"There was hesitancy around, oh my god, these people are, you know, they're mental patients. Why are we having mental patients come into our system and become providers?" Chinman says.

He says the VA did a lot of work to address that concern.

"It's night and day in terms of the leadership in mental health, their understanding of what peer specialists are and their acceptance of them, and that took a bunch of work," Chinman says.

Cook says there was some resistance when he started, too.

"I had to somewhat, I guess you could say, prove what I was capable of doing and also what I was not capable of doing as well," he says.

Now, Cook says, the staff at the VA St. Louis Health Care System sees the value of peer specialists.

It's been almost a decade since Cook has been in recovery. He's now able to provide the support to veterans he wishes he received.

"I'm learning new things about recovery. I'm learning new things about myself," Cook says. "But having someone that can look at me and say, 'Hey, I want to get what you have. I want to try to model myself after you.' I mean that's powerful for me."

Aviva Okeson is an intern at KCUR.

If you are a veteran in crisis or know someone who is a veteran in crisis, you can call 1-800-273-8255 to reach The Veterans Crisis Line. This is available 24/7. You can also chat confidentiality at www.VeteransCrisisLine.net/chat.

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2. Greater Choice for Veterans

2.1 - Modern Healthcare: [Commentary: Congress must put the VA Mission Act into action by funding its provisions](#) (16 June, David Blom and Martin Steele, 460k uvm; Chicago, IL)

In 1865, President Abraham Lincoln wrote what would become the motto and mission of the Veterans Affairs Department: "To care for him who shall have borne the battle, and for his widow, and his orphan."

More than 150 years later, over 9 million of our veterans rely on the VA for their healthcare. Thousands of talented and passionate VA healthcare professionals serve our massive veteran population every day. And the quality of VA care is on par with most civilian health systems. Unfortunately, that quality is not distributed evenly.

In 2014, reports revealed that the VA was unable to live up to its mission. Veterans were trapped on long waitlists. Facilities were in disrepair. Leaders faced accusations of mismanagement. Bureaucracy created bottlenecks. Our veterans health system was in need of significant reform.

A good first step toward fixing the problem was the Veterans Access, Choice, and Accountability Act of 2014, which gave veterans facing limited access to timely care the ability to choose a community hospital or local doctor.

But what was needed most was a major, top-to-bottom overhaul of the entire system to improve care and guarantee access for our veterans.

In 2015, Congress created the Commission on Care and appointed 15 men and women to take a deep dive into how to improve the care being provided to our veterans and their families.

We were honored and grateful to serve on this commission with fellow medical experts, hospital administrators, veterans and advocates. We were tasked with evaluating current access to VA healthcare services; determining how to best deliver care to veterans over the next two decades; and make recommendations for systemic improvements throughout the VA.

During our 10-month examination, the commission reviewed the 4,000-page Independent Assessment Report chartered by Congress, conducted 26 days of public hearings, and received input and testimony from every stakeholder in the VA system. We also visited Veterans Health Administration facilities to see the conditions firsthand.

Our report detailed 18 specific reforms for the VA and Congress, many of which were ultimately included in the VA Mission Act of 2018, which President Donald Trump signed this month.

The act gives veterans the ability to choose convenient community healthcare providers, ensures timely access to care, aligns rates with Medicare and expedites payments, and supports education programs to help veterans understand their benefits and care options.

The VA is also making progress toward our other suggested improvements that were not included in the Mission Act, such as including online appointment scheduling, wait time transparency, action to bolster underperforming facilities, and plans to shift the VA's convoluted electronic health record system to a sophisticated solution used by most modern healthcare providers.

We were pleased to see the VA Mission Act pass through both houses of Congress with overwhelming support, and thankful to the president for signing it.

But the job is not done. We urge Congress to fund the provisions in this new law and make these positive steps a reality for veterans who have waited far too long for the care they deserve.

And we urge the VA to embrace the development of robust leadership programs and internal leadership succession planning. Doing this will ensure that improvements made today will not be undone tomorrow.

The two VA committees in Congress—the House Veterans' Affairs Committee and the Senate Veterans' Affairs Committee—worked in a deliberate, thoughtful and remarkably bipartisan way to help ensure that every veteran can get the right care at the right time from the right provider.

These investments will provide lasting benefits and long-term cost savings to the VA system, keep veterans in control of their care experience, and honor our promise—and President Lincoln's promise—to those who have served their country so honorably.

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2.2 - Valley Courier: [Health care is key topic with veterans](#) (16 June, Kristin Hicks, 48k uvm; Alamosa, CO)

Eastern CO Health Care System Director Sallie A. Houser- Hanfelder and her leadership team from Veterans Affairs spoke at the Veterans Coalition of the San Luis Valley annual event on Friday in Alamosa.

Houser-Hanfelder addressed many topics including President Donald Trump passing the Mission Act. The Mission Act was passed to improve veterans' healthcare. More specifically, the issues this act will help to solve are in-network and other health problems, homes, appointments, prescriptions and more.

Houser-Hanfelder announced the ribbon cutting celebration of Rocky Mountain Regional VA Medical Center in Aurora on July 21st. The hospital will be approximately 1.2 million square feet and include a spinal coordination center, making it the fifth stand up center in the nation.

"We will serve all of the veterans we already do," Houser-Hanfelder said. "Plus, veterans from five surrounding states."

Locally, The VA's office has paired up with health providers in the San Luis Valley to allow more programs for veterans who live here so they have more resources available. A webinar will be set up for providers in the area with a step-by-step on how to sign up with the VA and be counted as a provider for them.

Houser-Hanfelder said this is not to make the VA privatized but to help more where it is needed.

"The goal is wrapping our communities along with the VA around the veterans and getting them the care where they need it, when they need it and how they need it," Houser- Hanfelder said.

One of the changes made for those who are receiving help from the VA is Healthnet is ending so veterans will have a direct choice of over 130 medical providers they may need.

Along with a speaker, booths were set up around the room providing information about the different services they provided. They ranged from fly fishing trips to homelessness resources.

A big focus on one of the booths was the Rocky Mountain MIRECC for suicide prevention. Within the local area, MIRECC has been a big project for the veterans coalition to help as many people as they can. This focuses on the veterans and gives the help that is needed, but also sheds light on families and friends with lists and pamphlets showing the signs and symptoms.

"It takes the whole village to make this works," stated Houser- Hanfelder.

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3. [Modernize Our System](#)

4. Focus Resources More Efficiently

4.1 - The Press-Enterprise: Data breach of 1,000 patients lands former Long Beach VA worker in prison (16 June, Megan Barnes, 1.1M uvm; Riverside, CA)

The personal information of more than 1,000 patients of the Veterans Affairs Medical Center in Long Beach was stolen by an employee who now has been sentenced to prison, the facility said.

Albert Torres was arrested April 12 after VA police officers noticed he was driving a personal vehicle on the campus that had license plates with a sequence of numbers usually seen on commercial plates, said Richard Beam, a spokesman for the VA Long Beach Health Care System.

The officers ran his plates' number through a database, and after confirming they did not match the vehicle, they pulled Torres over.

One of the officers noticed a pillbox in his open glove compartment with various medications Torres did not have prescriptions for, Beam said. Then they found patient data for 14 people, including names, dates of birth and full Social Security numbers.

A search of Torres' apartment found hard drives and flash drives containing even more patient data, as well as \$1,000 in cleaning supplies stolen from the hospital, Beam said. Torres had worked there as a clerk for less than a year.

He was charged with various crimes and pleaded guilty to identity theft and grand theft in Long Beach court on May 14, Beam said. Torres was sentenced June 4 to three years in state prison.

Torres, now 51, was fired from his job at the VA.

"It's disappointing that somebody would take advantage of those we are entrusted to care for," Beam said.

He said the breach involved patients of Long Beach's VA Medical Center only, and that letters are being sent to those affected.

"While there is no indication of any veteran identification information being used fraudulently, VA will send letters to all 1,030 potentially impacted veterans and provide 12 months of free credit-monitoring services," the facility said in a press release.

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4.2 - The Herald-Dispatch: Providing a light in the darkness (17 June, Josephine Mendez, 192k uvm; Huntington, WV)

HUNTINGTON - As a man in his 90s, Bernie McMellon has seen some pretty dark times.

From losing all his fortune in 2006 following the death of his wife to contemplating suicide, McMellon said it has not been an easy road.

But more than a decade later, McMellon has seen the light, quite literally, by making and distributing homemade flashlights that he fashions out of prescription pill bottles.

"After everything I went through, I became really interested in thanking people for what they do for me," he said. "But I wanted to say thank you with something better than words."

Originally from Barboursville, McMellon said his interest in electronics began in high school as a ham radio operator.

After high school, McMellon enlisted in the Army where he was trained as a combat engineer and later became an electronics communicator.

In 1952, a few years after returning to West Virginia and marrying his wife, McMellon left the military behind and became a technician installing X-ray equipment.

Though the company he worked for was based in Maryland, McMellon said the job took him all over the country.

Hoping to be stationary for a while, McMellon said he and his wife moved to Tennessee where he started his own business as a consultant for electronic manufacturers.

During that time, McMellon said he consulted with companies like General Electric International and Panasonic.

McMellon said this job also took him to places all over the world, although this time he tried to bring home with him and travel with his wife when he could.

"Life was very exciting for me," he said. "The places that I worked and the things I did. I was involved in the manufacturing of everything you can think of, from aircrafts to microwave ovens."

McMellon said he was very much loving life, but everything changed when his wife died just before Christmas in 2006. The hardship led to unimaginable family complications, which McMellon said left him homeless and nearly penniless.

As a result of these trying times, McMellon said he came very close to ending his life in the years that followed.

However, after moving back to West Virginia to live with his sister in Cabell County, McMellon said there were two things that saved his life - turning to God and going to the Huntington VA Medical Center.

"Because of my desire to end my life I really turned to God for the first time in all my years of being a Christian," he said. "I turned to God and the change in my life was so intense."

He added the people he encountered at the VA were also instrumental in turning his life around.

"I would have to say that in all the years that I've been going to VA hospitals, I've never found one as thorough and compassionate as Huntington," he said.

McMellon said the staff at the VA was not only able to meet his physical needs, but his psychological ones as well.

"Words were not enough to thank them for what they had done for me and that's why I started making the flashlights," he said.

Though he's not sure how the idea came about to turn a pill bottle into a flashlight, McMellon said it was an X-ray technician at the VA who gave him the first 100 pill bottles that turned into his first 100 flashlights.

The flashlight pill bottle consists of three AA batteries, which are connected by tiny wires to a small switch on the side of the bottle to control the three-LED light on the top.

Each bottle also contains a spiritual message as well as McMellon's contact information.

While several of the parts are purchased online, McMellon said he relies on Goodwill to provide him with one of the most essential part of the mechanism: the wires.

"One of the major problems I encountered was that I can't buy the small size of wire that I need" he said.

McMellon said that's where Alissa Stewart Sparks, executive director of Goodwill Industries of KYOWVA Area, stepped in.

After receiving a tip from a computer store in Barboursville that the Goodwill may be able to help him scrounge up the needed supplies for this flashlight, McMellon made his way to the Goodwill where he encountered Sparks and her helpful team of employees.

"He personifies what Goodwill is," she said. "He spreads goodwill."

Due to his kindness and giving spirit, Sparks recognized McMellon at a recent Goodwill gathering.

McMellon said it has been about six years since he started making his unique gadget and in that time he has made over 500.

"This is my testimony," McMellon said. "(The VA) brought light to me and now I give it to others. God's good to me and I'm the happiest man you'll ever run into. I am truly, truly blessed."

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4.3 - Salisbury Post: [Biker group thanks veterans with a barbecue](#) (17 June, Shavonne Walker, 159k uvm; Salisbury, NC)

Dean, a disabled U.S. Navy veteran, isn't homebound or tied to a hospital bed, but is ever grateful to have served and for others who have served. It was without question that he would volunteer to help serve other veterans at the Hefner VA Medical Center for a "backyard" barbecue.

Dean, who asked that his last name not be used, is also a member of Sober Bikers United, the nonprofit group whose members organized and sponsored Saturday's barbecue event. The event was merely a way to say thank you. The event was held at a picnic shelter behind the State Veterans Home.

"I owe a lot to veterans. I ride motorcycles. I'm really blessed. They've given pretty much everything there is to give. This is the least we could do. We're doing it for the love of our country, the love of veterans and the love of God," Dean said.

He said it warmed his heart that so many people contributed money and their time," he said.

The idea for the event came from Dennis Moore, a veteran, who'd received knee replacement surgery and subsequent rehab at the VA Medical Center. He said he began to see that some of the veterans don't have a lot of family who visit and he wanted to do something to show his appreciation for the care he received and to say thank you to all veterans.

"I got to thinking, I can't just walk away," Moore said.

He connected with a friend, Joe Padgett, a retired State Highway Patrol trooper, three months ago and the two got to work on getting volunteers and other groups to donate or serve.

Moore estimates they had about 50 to 60 motorcycles and 250 to 300 veterans and volunteers at the event.

"It's all about the veterans," Moore said simply.

Rodney McNair is one of those veterans.

He served in the U.S. Marine Corps and has been in treatment for substance abuse. He said he felt as though it was an issue that needed to be addressed just as PTSD would.

McNair said he thought it was wonderful that the volunteers would plan a barbecue for him and the other veterans.

He said the veterans need more of this kind of support and thanks.

"I appreciate it," he said.

"It's amazing," said U.S. Air Force veteran Leroy Clay of the event.

The sounds of a guitar twang and the tap of a snare drum could be heard from the parking lot at the Hefner VA Medical Center while the smell of hamburgers and hot dogs permeated the air.

Music was provided by Big Bump and the Stun Gunz whose members include Bubba "Big Bump" Klinefelter, Shiela Klinefelter and Andy Squint. The blues musicians were asked by organizer Donnie Morris to perform.

"It's really impressive that they care about these guys," Shiela said.

Kyle “Skeeter” Blackwell, a member of Steel Rain Motorcycle Club based in Winston-Salem, said the club has a number of members active in the military and they support many military groups with motorcycle rides and fundraisers.

About five members of the club joined to help serve the veterans.

Mooresville Soup Kitchen provided 400 hamburgers and 400 hot dogs and other trimmings for the veterans. Chef Jim Myers said he and Moore have been friends for about 17 or 18 years. When Moore mentioned what he was trying to do for the veterans, Myers immediately agreed to help.

“It’s something you have to do. God gave us this gift; to use our talents to help others especially with veterans,” Myers said.

U.S. Navy veteran Sandra Jones volunteered during the event, but said it was a great event.

“In a time of peace, we sometimes forget about our veterans,” Jones said.

She’s been retired from the military for 25 years and now volunteers and works with service dogs.

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4.4 - The Sheridan Press: [Veterans center of chapman's efforts](#) (16 June, 37k uvm; Sheridan, WY)

Name: Billie Chapman

Age: 35

Where you work:

Sheridan VA Medical Center

What you do: Licensed clinical social worker for the VA Community Living Center and program manager for the Community Nursing Home Program

Where did you grow up?

I lived in Edgerton, Wyoming until I was 9 years old and then moved to Sheridan where I spent the remainder of my childhood.

If you attended college, where and what did you study?

I graduated from the University of Wyoming in 2005 with a Bachelor of Arts in psychology and minor in religious studies; I obtained a Master of Social Work degree from the University of Wyoming in 2008.

You get to work with our nation’s veterans. What is that like? What does your day-to-day usually look like?

Working with our nation's veterans is an honor and privilege. Many of them have endured experiences that I can't even imagine and it is rewarding to be able to give back to them. My day to day significantly varies depending on the needs of the veterans on my case load at any given time and my program management responsibilities. I coordinate the admissions to the Community Living Center and Community Nursing Home programs and participate in team meetings to coordinate veteran care. Sometimes I am meeting with veterans and/or their families to discuss what services are needed for them to return home, steps needed to transition to a long term care facility, or end of life planning. Some days I am on the road visiting veterans placed on contract in our Community Nursing Home facilities. Then there are days when I bunker down in my office to catch up on documentation, complete reports, and return phone call from people who are seeking information about the long term care services available through the VA. There are a variety of other responsibilities that I address as they arise as well.

You've done some work with Dementia Friendly Wyoming and suicide prevention, too, right? Why are those causes for which you've decided to advocate?

I have worked with some of the staff from Dementia Friendly Wyoming in collaboration with the VA Caregiver Support Program and Family Caregiver Services at The Hub to plan caregiver support events. I also completed the Train the Trainer course through Dementia Friendly Wyoming. With the arrival of the Baby Boomer generation at the age of 65+ we have seen a significant increase in the presentation of dementia symptoms and need for intervention and support. The availability of services does not match the need and I work to help increase awareness and support.

As a Licensed Clinical Social Worker, suicide awareness and prevention is part of my job. Wyoming as a whole has one of the highest suicide death rates in the nation. Wyoming has ranked at number one more than once in that area. Like dementia, the need for services significantly outweighs the availability among the general population. In my role as 2018 State President for the Wyoming Jaycees, I designated Suicide Awareness and Prevention as a State Priority Project, challenging each of the four chapters in the State to hold at least one project this year focused on this topic. That could range from holding a training to educate members about suicide or participating in a walk or fundraiser to support suicide prevention.

You're also heavily involved in the local and statewide Jaycees. What does that organization do and why is it important?

The Jaycees provide personal and professional development opportunities to empower young people between the ages of 18 and 40 to be active citizens and create positive change. We hold trainings, social events, fundraisers and community projects to support various causes. The Jaycees provide a support system for young members that is often lacking in rural communities and provide streamlined information, training, and opportunities to apply knowledge and skill toward making a positive difference in whatever areas are of most need or about which members are most passionate. For example, the Sheridan, Johnson County, and Riverton either have participated or will participate in Relay for Life in June, the Platte Valley chapter held a highway clean up event. The Johnson County chapter will be participating in the suicide prevention Hike for Hope in Buffalo on June 24; the Riverton Jaycees organize the Fremont County Fair Parade every year; the Platte Valley Chapter will be hosting their second annual Duathlon on August 11th; and the Sheridan Jaycees just hosted the "Stars of Yesterday" event.

What's your favorite thing to do when you're not involved in any of the above activities?

I love going on weekend road trips with my husband and our border collie and playing with our four ferrets.

What's your favorite '90s song? What memories does it bring back?

I was a big Christian Music fan in the 90s and I LOVED "In the Light" sang by DC Talk. That song brings back memories of attending my first concert (it was a DC Talk concert), St. Peter's Episcopal Church youth group road trips to music festivals that including days-long van rides in an old church van with no air conditioning.

What advice would you give people who are unsure of how or where to get involved in the community?

Ask the Jaycees! Even if you aren't between the ages of 18 and 40, the Jaycees have volunteer opportunities for all ages and are well-connected with other community agencies that have volunteer opportunities as well.

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5. Improve Timeliness of Service

5.1 - The Topeka Capital-Journal: [Veteran dies outside emergency room at Leavenworth VA hospital](#) (16 June, Sherman Smith, 853k uvm; Topeka, KS)

A Veterans Affairs official says a Vietnam-era veteran died Wednesday outside the emergency room of the Leavenworth VA medical center.

Joseph Burks, a regional spokesman for the VA, said Michael Douglas, 69, died from a self-inflicted gunshot wound at 4 p.m. in the parking lot outside the ER.

"Executive leaders at VA Eastern Kansas share their deepest appreciation for those staff members involved in the incident and offer their sincere gratitude to the entire organization for their quick, appropriate, and honorable work throughout the situation," Burks said.

Veterans in crisis or considering suicide are given immediate care, Burks said. They may call the Veterans Crisis Line at (800) 273-8255 and press 1, or text 838255. Trained professionals are available to chat online at www.veteranscrisisline.net.

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5.2 - The Grand Island Independent: [Business Reports for Sunday: Grand Island VA facility receives top performance rating](#) (17 June, 191k uvm; Grand Island, NE)

[...]

The VA Nebraska-Western Iowa Health Care System Veterans Affairs Medical Center has announced its Grand Island nursing facility received five stars as part of its annual performance rating.

The announcement comes after the Department of Veterans Affairs made public for the first time its annual nursing home ratings for every facility in the country.

“Our health care teams are committed to taking care of the veterans with the utmost respect and service that is due to each of them,” B. Don Burman, director of the Nebraska-Western Iowa system, said after notification of the rating.

“It is our intent to keep on this track of premier service by going that extra step in ensuring their comfort while veterans reside in any of our facilities. We make this happen by having dedicated, compassionate employees who come alongside the veteran to take care for their needs.”

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Hill: [Higher ed law fails its mission to protect deserving military-connected students](#) (16 June, Tanya Ang, Lauren Augustine, and Barrett Y. Bogue, 11.8M uvm; Washington, DC)

This past week, nearly a dozen national veterans and military service organizations assembled on Capitol Hill in a united front to voice their concerns about the House of Representatives’ Higher Education Act reauthorization, known as the PROSPER Act.

The PROSPER Act — which could head to the House floor on June 18 — would roll back major progress made protecting our nation’s warriors and their family members. These are vital protections and, if ended, will make higher education more expensive for service members, veterans and their family members. That’s why 35 veterans and military service organizations representing millions of veterans, their families and survivors oppose the PROSPER Act.

The proposed legislation fails to protect military-connected students harmed by predatory and fraudulent practices by bad actors in higher education. The PROSPER Act would enable colleges to use deceptive recruitment practices that emphasize enrollment numbers rather than positive student outcomes.

The PROSPER Act would eliminate the 90/10 rule — a requirement that proprietary schools receive no more than 90 percent of revenue from federal student financial aid. For almost two decades, this rule has curbed abuse by proprietary schools receiving Title IV funds, such as the Pell Grant and federal student loans, ensuring no more than 10 percent of their revenue came from the federal government. The PROSPER Act would eliminate this protection altogether.

With no more revenue restrictions, proprietary schools would be free to receive 100 percent of their revenue from the federal government, inadvertently federalizing private corporate entities, as neither state nor private nonprofit institutions receive 100 percent of their funds from federal money. Eliminating the 90/10 rule, with nothing to replace it, allows predatory institutions to fill their coffers on nothing but the backs of military-connected students using their hard-earned education benefits.

Not only would this bill fail to curtail predatory, targeted recruitment of military-connected students, and the federal education benefits earned by these students, it also would eliminate safeguards intended to protect them and their families from long-term financial distress. It would repeal the gainful employment rule — a critical provision that protects students from the lowest quality educational programs that are overpriced and lead to low-paying jobs or no jobs at all.

Additionally, it would eliminate the existing protections for students who have been legally defrauded, known as borrower defense, and put in place new rules that make it more difficult for defrauded students to have their loans discharged.

Military-connected students should have access to an education that is valuable throughout their lives, and one that does not place them on a trajectory to financial ruin. But the PROSPER Act would reduce access to education by increasing the cost of college for all students, including military-connected students. Specifically, it would eliminate the subsidized Stafford Loan, which does not accumulate interest while a borrower is in school. With approximately 200,000 service members collectively owing more than \$2.9 billion in student debt, elimination of this subsidized funding directly impacts service members and veterans and makes higher education thousands of dollars more expensive.

The PROSPER Act also would eliminate Public Service Loan Forgiveness (PSLF) program, which encourages borrowers to enter public service careers and give back to communities. The Department of Defense has issued position papers opposing the PROSPER Act because PSLF is essential to military recruitment and retention. The Department of Veterans Affairs similarly relies on this recruitment and retention tool to staff VA medical centers. Finally, veteran service organizations and nonprofits that support military families and survivors of the fallen rely on PSLF to aid recruitment and retention.

The investment our country makes in educating veterans and their loved ones has a substantial impact on the United States. Military-connected students are among the most successful students in higher education, and they are some of our most deserving. Any reauthorization of the Higher Education Act should protect students, while investing in the future of our country's heroes. The PROSPER Act fails that fundamental obligation. The bill is a good bill for bad schools, not for service members, veterans and their families.

Tanya Ang is policy director of Veterans Education Success, which offers free legal services, advice, and college and career counseling to veterans, service members and their families who faced college fraud or abuse in using the GI Bill.

Lauren Augustine is vice president of government affairs at Student Veterans of America (SVA), a nonprofit organization with more than 1,500 chapter affiliates that offers programs and services to veterans.

Barrett Y. Bogue is vice president for public relations and chapter engagement at SVA.

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7.2 - Lincoln Journal Star: ['I'm not anywhere close to the same person': Veterans Court helping Lancaster County vets turn their lives around](#) (16 June, Lori Pilger, 2M uvm; Lincoln, NE)

It started slowly, and not without hiccups.

"Mr. Starks, congratulations," Lancaster County District Judge John Colborn said. "You're now a member of the Lancaster County Veterans Treatment Court."

"Thank you, sir," Corry Starks said.

With that quiet start a year ago, the county's newest problem-solving court had moved from the planning stage to reality with the judge asking Starks about his week, about treatment, about what else was going on in his life.

Starks, who was facing two felony drug charges that each carried sentences of 20 years to life, admitted that treatment was a little overwhelming. But he said he looked forward to going. So far so good. He'd gone to Holmes Lake that weekend with people from his support group. All sober.

"It's a huge life change," he said then. "A swing in the right direction."

That day, and several times since, Colborn told Starks everyone in the courtroom was there supporting him, wanting to see him succeed. But it wouldn't be easy. They would hold him accountable, too.

And, so, the county's veterans treatment court was off and running.

Since then, a group of team members, mentors and others have come together on Tuesday afternoons in Courtroom 31, working to get veterans who have struggled and ended up facing felony charges back on their feet and out of prison.

So far, six men have been accepted into the program: first Corry and Bill, then Michael, Ryan and Nick and, most recently, Aaron. Combat veterans of the U.S. Army and Marine Corps who served in Iraq and Afghanistan.

At the start, it was just Starks.

On June 13, 2017, two weeks after that first meeting, he missed his weekly court date.

"He's not out in the hall?" the judge asked.

After 15 minutes passed, the prosecutor, a member of the veterans court team, asked for a bench warrant. Three weeks later, Starks was back in front of the judge, this time in jail clothes.

Colborn told Starks he was pretty upset to learn he'd absconded and asked if he wanted to go to inpatient treatment in Grand Island. Starks said he did.

"Don't get me wrong, I understand the problems with addiction," the judge told him.

But, he warned Starks, if he absconded again, he may not get to stay in the program.

"You gotta let the people around you who want to help you, help you," Colborn said.

When treatment in Grand Island didn't take, Starks went to inpatient treatment in Kansas, but ended up leaving against medical advice. On Sept. 5, Colborn issued another warrant for his arrest.

That same day, the veterans court got its second member, a 42-year-old former Army Ranger who drunkenly assaulted a police officer at the VA hospital on a March day in 2016.

Colborn told William Furnas it sounded like things were going good, that he was making progress even if he wasn't seeing it himself.

"I'm just trying to follow the veterans court outline," Furnas told the judge. "It's not beneficial in any form or fashion if I don't."

Two weeks later, Starks was back. In December, a third veteran started, Michael Sanders; followed by a fourth in January, Ryan Sharp; and a fifth in April, Nicholas Hogan. The sixth, Aaron Sherman, started June 5.

* * *

"I think we're progressing. I really do," Tony Conell, the coordinator, said in May. "We took it slowly and we're starting to see more applicants now."

Word is spreading among defense attorneys, he said. And they're looking at opening the program to combat veterans who came home with mental health disorders beyond traumatic brain injuries or post-traumatic stress disorder.

They're able to keep the cost of the program low because all treatment is service-funded through the Veterans Administration, rather than through private providers.

And there are other savings, too, he said.

"The public defender, the prosecutor, the judge, everybody is all basically donating their time as part of their normal duties, which is a great benefit, because it is reducing the amount of taxpayer dollars that are being spent," Conell said.

Then there are the veteran mentors who volunteer their time, get matched up with participants and play a huge role in their lives, he said. They have about a half-dozen and always are looking for more.

The goal is to treat any issues the participants might be dealing with, whether it be substance-abuse issues or depression or PTSD.

"In this kind of court, you know there are going to be struggles. Because relapse is going to happen. Issues are going to come up, because you're dealing with people's lives every day," Conell said.

But, he said, it's how participants deal with the setbacks and move forward that's most telling.

One relapsed the weekend before he was set to celebrate six months of sobriety. Conell went to his house after he missed drug testing, found him drunk and took him to court. Then he was sent to jail.

Conell said it ended up being the best thing for the veteran. It was like a light bulb had turned on, and he knew he just couldn't drink anymore. Not even one sip. He told the judge as much the next week.

A year in, Conell said he's glad he's a part of the program.

"I think it's a huge need in our society," he said. "I think we owe (veterans) a lot and I feel that our whole team feels that way and wants to be of assistance to them as they come back and have issues."

* * *

Starks had setbacks early on, too.

On an April morning at a Lincoln coffee shop, he was quick to answer when asked where he was a little more than a year ago.

"In jail, for, like, the 15th time probably. Homeless. Still on substances. Meth, you know. A completely different life," he said.

The 35-year-old from Los Angeles said he absolutely would not be where he is now if it weren't for veterans court. He'd probably be in prison — and not getting out anytime soon.

Starks said he joined the military in 2000, in peacetime, after college and baseball didn't work. But wartime and 12 years of active duty followed, including four deployments to Iraq. He spent 49 months in the thick of it, on a quick-reaction force in daily firefights, tasked with putting out hotspots in Baghdad, Basra, Baqubah, Mosul, Fallujah and Sadr City.

"I was an infantryman, too, so it was a pretty rough go of things," he said.

Starks said he should've been dead 100 times and knew lots of people who did die there.

But he stayed in because of the other guys.

He had planned to retire in the military but got out early for medical reasons. He landed in Nebraska, not sure where else to go and following a friend who had come here for school.

After all he'd seen in the service, it all felt like "extra time," Starks said.

"I just kinda didn't know what to do with life, which direction to go, and got in with kind of a bad crowd. And that was the start of the rabbit hole," he said.

Starks started using drugs when he was 31. He'd gotten involved in a motorcycle club in town, drawn in by a brotherhood that was a little like the military. And he started using meth. It was just what they did, he said. But it also was a form of self-medication.

"I didn't know that going into it. But that's what it turned into. You don't have to sleep. You don't have to deal with stuff that hasn't been treated, hasn't even been addressed," he said.

Starks had been having nightmares since 2004.

"But that's just a day in the life. That's just normal living. You don't know any better. And when you're in (combat), everybody's dealing with it," he said. "You kinda just rely on each other without speaking about it."

Starks said he was 17 when he joined the military and wasn't ready for what came next when he got out at age 29.

Treatment was available through the VA, he said, he just didn't take advantage of it for the first five years he was out.

Starks said he didn't realize the extent of his issues.

Relationships with his family and the friend he'd followed to Nebraska broke down. He started growing more and more anti-social, he said.

First, he got caught by police for carrying a concealed gun.

Then, on Oct. 29, 2015, he landed in jail and in the paper, his name in a story under the headline: "Five cited after meth found in a hotel room."

That was the big eye-opener, Starks said. He'd never been arrested before that. He'd just been cited on the gun charge.

When the court still was in the planning stages, Starks had people pulling for him — his court-appointed attorney, Matt Kosmicki, and Sandra Miller, a Veterans Justice Outreach social worker at the VA — trying to get him in.

Miller, who visited Starks weekly at the jail, told him she wanted him to be the first veterans court participant.

"And it all kinda came true," Starks said.

It was new to everybody, he said. At the start, some team members weren't sure where to sit in the courtroom, given that the legal system usually has two sides: prosecution and defense. Now, at veterans court, they all sit in a row.

He said it's been interesting seeing how everything's developed and being a part of it. But it's not easy.

"It's a full-time job and then some," Starks said. "But it's good, though."

To get in, participants must be combat vets with little or no record before their service ended, who were honorably discharged and have been diagnosed with PTSD or a traumatic brain injury. Starks has both.

In the beginning, he said, he wasn't ready for inpatient treatment for PTSD. But that changed. He later did intensive outpatient treatment, on top of at least seven 12-step meetings a week. He started out living in a group home, doing volunteer work and outreach.

He said he and Conell, the coordinator, are trying to set the bar with him. And he's working to reach the sixth phase and finish.

Starks said he's the guinea pig. The expected time frame is 18 months to two years.

But, it's working, he said.

"I'm not anywhere close to the same person as I was a year ago," Starks said. "I think it's all about transitioning back into society."

* * *

John Arias, one of the mentors, said when he came back from the Gulf War he was angry and having dreams.

His marriage fell apart, and he ended up in prison. There, he benefited from counseling through the Lincoln Vet Center, then started helping other veterans like him, something he kept doing when he got out.

Now, he drives 100 miles from his home in Wood River to meet with his veteran and go to court with him on Tuesdays.

He's a Marine vet. His match is an Army vet.

Arias said he's gotten a lot out of being part of the veterans court and would like to see it reach a point where they don't have enough veteran mentors to match up with participants.

"Because that means more veterans are being helped back on their feet. And we've all had problems getting back from war," he said. "I didn't have anyone to help me. That's why I'm here."

He said he's had a hard life and doesn't like to see veterans struggle like he did.

"It bothers me to see veterans in chains or to know that veterans are in prison. But if I can help veterans not end up in jail or prison, then I guess I'm doing my job as a veteran," Arias said.

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7.3 - The Free Lance-Star: [New court program would help veterans transition from warriors to civilians](#) (16 June, Cathy Dyson, 824k uvm; Fredericksburg, VA)

Those involved with the judicial system, from probation officers to public defenders, were seeing the same trend: Young men who had never been in trouble before suddenly were appearing in court.

Ricardo Rigual, a Spotsylvania County Circuit judge who was in General District Court at the time, was mystified.

“I went, ‘Wow, what happened here?’ This guy lived the first 25 years of his life with no problems whatsoever. What’s changed?” he wondered.

Then, he looked at the defendant’s report, which spelled out the problem in all caps. It listed service in Iraq or Afghanistan, and that the young veteran had PTSD, Post Traumatic Stress Disorder, or TBI, Traumatic Brain Injury.

“That’s what changed,” the judge realized.

Rigual and Wendy Harris, Spotsylvania’s deputy public defender, weren’t necessarily seeing the same soldiers and sailors, Marines and Coast Guard members over and over.

But they were seeing a lot of them, starting about 2013. Each morning, when Rigual reviewed video arraignments for the day, at least one of the five to 15 men and women in trouble had once been in uniform.

“It was enough to get my attention, let me put it that way,” he said.

“Everyone who was involved in the system started to notice it,” Harris added.

A NEW PROGRAM

The two, along with commonwealth’s attorneys and police officers who saw the same pattern in Spotsylvania and beyond, put their heads together for solutions. They created the Rappahannock Veterans Docket.

It’s not a separate court, such as the Rappahannock Regional Drug Treatment Court. Known as drug court, its participants undergo an intensive program that offers them the chance to have their charges dismissed or reduced, if they get the required services and treatment to overcome their addiction.

The new veterans program, or RVD, is called a docket instead, but it’s clearly patterned after the drug-court model. Veterans who have been charged with domestic abuse or driving under the influence, assault and battery or eluding arrest, will enter a plea agreement before Rigual.

If they complete the program’s five phases, expected to take about 18 months, and meet the treatment and behavioral requirements of their contract, they may have their charges reduced, as specified in the agreement.

But like drug court, if the participants don’t toe the line, they face the full punishment of their crime.

State Sen. Bryce Reeves, R–Spotsylvania County, who serves on Virginia’s Board of Veterans Services and Military Advisory Council, started talking with Rigual more than three years ago about the program. Both share a military background—Reeves was in the Army, Rigual in the Marines—and coach their sons’ lacrosse team.

The senator knew Rigual “would be the guy to get it done.” Reeves said he considers the program a safety net for veterans, not a break for people who have committed crimes.

“We create Marines, we design them to go overseas, break things, blow up things and kill people, and then we bring them home and we say, ‘Play well while you’re at home,’” Reeves said. “And so we don’t always fix them or they haven’t gotten the help they need ... and that’s where these crimes start.”

A MILITARY HUB

Almost 50,000 veterans live in the Fredericksburg region, according to the Virginia Department of Veterans Service. Reeves said it the fastest growing service area in the commonwealth for those who’ve worn “the cloth of our country.”

Installations include Marine Corps Base Quantico north of Fredericksburg, Fort A.P. Hill to the south and Naval Support Facility Dahlgren to the east.

“This is kind of a hub for a lot of military and ex-military people,” said Capt. Kevin Hudson, program director at the Rappahannock Regional Jail. He will coordinate the new veterans’ docket, which currently is open to Spotsylvania residents only.

The organizers have formed the program on a shoestring budget, Rigual said, using current manpower. They hope to get grants and local funding to eventually include veterans in Fredericksburg, Caroline, King George and Stafford.

It’s difficult to determine how many local crimes involve veterans because they haven’t always been identified as former military members, Harris said. That will change with the new program; those charged with crimes will be asked about military service early in the process, and the word VETERAN will be stamped in big red letters on their case files.

Nationwide, 181,500 veterans are in jail, according to Justice for Vets, a national group based in Alexandria that works to provide veterans with the support they need. In 2015, there were 335 veteran treatment courts in the country, serving 15,000 veterans.

The Rappahannock court is the fourth in Virginia, after Fairfax, Norfolk and Prince William.

The court treatment programs are just scratching the surface of those who need help. A 2008 report called “Invisible Wounds of War” estimated that 460,000 veterans who served in Iraq and Afghanistan suffer from depression or PTSD, a disorder triggered after a life-threatening event such as combat.

Another 345,000 veterans involved in the global war on terror have self-medicated to get through the problems and suffer from substance abuse, the report stated.

In addition, troops face multiple deployments, suicide bombers and lethal explosive devices that damage mind and body.

“If we don’t interject and get them the services they need, then they continue to spiral down,” Reeves said, adding that veterans may need help returning to life outside the military. “That’s a reprogramming, from being warriors to being civilians.”

MENTORS NEEDED

Treatment will be a big component of the program, and Rappahannock Area Community Services Board clinicians will provide counseling for mental-health problems or substance-abuse issues—both which seem to be prevalent in the area, organizers said.

The veterans court board also includes an outreach specialist with the McGuire VA Medical Center. Those who've been honorably discharged and qualify for free services can get them at VA clinics; those who haven't can get treatment on a sliding scale through RACSB.

Each participant also will be assigned a mentor, a fellow veteran who's been trained and will act as a sponsor throughout the five-phase program.

"They need someone who will stand with them," Harris said.

"Or just talk to them," Rigual added. "When they're in court, people don't exactly pour their hearts out. It can be a little intimidating."

The program needs more mentors, Harris said. Those who'd like to volunteer as mentors, as well as offer veterans jobs or housing, can contact her at 540/899-4814 or wharris@fre.idc.virginia.gov. Mention "Veterans Docket" in the call or subject line.

Reeves said people often ask him what makes veterans so special when lots of people have drug problems. He believes they're more likely to have success because the military gave them the structure and foundation for it.

"They just need to be reminded of it again," Reeves said.

"I think we owe it to them," Harris said, "to give them some help if they need it."

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7.4 - KRGV (ABC-5, Video): [Veteran Receives ID Card with Another Man's Photo](#) (16 June, Angelo Vargas, 277k uvm; Weslaco, TX)

A Rio Grande Valley veteran says his identity is in question.

Army Veteran David Rodriguez says despite years of going to his local VA to get his medication, there are always issues with them finding his Social Security number.

He says he was recently mailed a new Veterans Affairs ID card. But when he opened the correspondence, he realized it wasn't him in the photo.

KRGV's Angelo Vargas reached out to the local Veteran Affairs Office in Harlingen to find a solution.

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7.5 - Monterey Herald: [Multi-story permanent veterans housing project coming together for VTC in Marina](#) (16 June, James Herrera, 270k uvm; Monterey, CA)

Marina - With a vision for a community of rehabilitated former Army housing, new multi-story, higher-density living quarters and tiny houses interspersed between the two on land near its facilities, the Veterans Transition Center will begin to move above and beyond providing transitional housing to veterans and their families by creating permanent housing for eligible veterans.

“The project is being called ‘Lightfighter Village’ as an homage to the 7th Infantry Division of the U.S. Army — the light fighters — that was primarily based at Fort Ord,” said Ethan Daniels, EAH Housing’s senior project manager in an email.

The proposed \$30 million development is planned for a 2.38-acre parcel of land and would be a three-story, 71-unit housing structure enabling homeless veterans to reside in perpetuity with no transitional requirements and continue to receive case management and access to supportive services.

Of the total number of units, 64 would be studio apartments at roughly 415 square feet, and seven two-bedroom units of about 850 square feet, including one manager’s unit. The structure would include a community room, manager’s office, computer lab, a pet wash station, laundry facility, meditation room and a fitness room.

The Lightfighter Village site is located on Hayes Circle in Marina and is within a half mile of transit, employment and shopping options for the tenants as well as the main VTC headquarters. The project would seek a LEED designation and employ a photovoltaic system on the roof.

The village project is part of about 10 acres of land that includes rehabilitated former Army housing used by the VTC for its transitional housing program, and structures that will come down to make way for the higher-density buildings, as well as under-utilized land that could be home to a proposed tiny house village.

“The project is a joint effort between the Veterans Transition Center, EAH Housing, Inc., and the National Equity Fund, Inc. that started in 2014 with the goal of developing permanent supportive housing for homeless veterans,” said Daniels. “In 2007, VTC was granted three parcels on the former Fort Ord military base through Title V of the McKinney-Vento Homeless Assistance Act and has been operating dozens of transitional housing units since.”

The VTC’s existing housing programs include transitional housing for homeless male and female veterans and veterans with families made up of six female beds, 48 male beds, and four family units; emergency shelter housing for homeless male veterans which consists of six beds with up to 10 more coming online July 1; permanent supportive housing with 12 beds with additional beds currently in planned rehabilitation, for a mix of shelter, transitional and permanent supportive housing.

Lightfighter Village will be open to all veterans who meet program guidelines established by the U.S. Department of Veterans Affairs, Housing and Urban Development, and Department of Health and Human Services.

The guidelines include income limits for low- and extremely-low-income housing, homeless status and prioritization of need as determined by the VA. Additionally the California Department of Housing and Community Development’s Veteran Housing and Homelessness Prevention

Program specifies that “a minimum of 10 percent of assisted units shall be prioritized for occupancy by veterans who are eligible for VA health care and/or HUD VA supportive housing.”

The developers are applying to the programs so the VTC can accept veterans in good standing with the VA as well as those ineligible for VA coverage, but all veterans/families will need to income qualify.

The project requires a successful allocation of project-based vouchers from the Housing Authority of the County of Monterey along with funding from federal tax credits and equity partners. The project is already supported by \$5.9 million in Proposition 41 funding from California and there is hope additional Proposition 41 funding will be awarded based on the positive recommendations from the state’s Department of Housing and Community Development.

Obtaining water rights for the 71-unit project was a critical hurdle that held up the project for nearly two years. Without the water, the city of Marina would not approve the California Environmental Quality Act review.

With assistance from the Fort Ord Reuse Authority and the U.S. Army Garrison Presidio of Monterey, the Secretary of the Army authorized the transfer of sufficient water rights from its local reserve to the city of Marina for the express use of entitling the project.

Marina is now in the process of finalizing the California Environmental Quality Act review and recently published the initial study – mitigated negative declaration for public comment. Upon completion of the public comment period, the project developers would work to obtain approvals from the Marina Planning Commission, the City Council and the Fort Ord Reuse Authority.

Financing for the project will be primarily through a loan from the Housing and Community Development Veterans Housing and Homelessness Prevention Program, equity raised through the sale of low-income housing tax credits from the California Tax Credit Allocation Committee, tax-exempt bonds through the California Debt Limit Allocation Committee and hopefully rental subsidies from the project based vouchers through the Housing Authority of the County of Monterey.

If all the pieces come together as planned, construction could start in the fall of 2019 and take about 18 months to complete.

“Lightfighter Village will provide permanent, ocean-view forever homes to male and female veterans and veterans with families,” said J. Alan Fagan, Mattox Group CEO and a consultant to the VTC.

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7.6 - Northwest Arkansas Democrat-Gazette: [Coroner wants honorable burial for unclaimed Washington County veterans](#) (16 June, Scarlet Sims, 162k uvm; Fayetteville, AR)

Washington County Coroner Roger Morris wants unclaimed veterans' bodies to be buried with military honors.

"We just want to do what's right," Morris said. His office cremates the remains of bodies never claimed by family or friends.

Morris and other Washington County officials are considering how best to use a Department of Veterans Affairs benefit program to reimburse the county for buying a casket to bury qualifying veterans at the Fayetteville National Cemetery.

Of the 20 indigent deaths the Coroner's Office handled last year, five were veterans, Morris said. So far this year, eight have been veterans, Morris said.

Unclaimed bodies become wards of the coroner, so the county must pay for cremation and burial when no one claims the body. Morris said Washington County has spent about \$2,000 so far this year on cremations.

As the area's population increases in Washington County, so too does the number of indigent remains the county will handle, Morris said.

The Veterans Affairs unclaimed remains program would allow Washington County to be reimbursed \$300 for burial costs and might pay for a plot and transportation of the body, according to the agency's website.

A spokeswoman for the agency didn't return messages left Wednesday and Friday.

County Attorney Brian Lester said County Judge Joseph Wood is working with Morris and supports using the program, which isn't expected to be a cost burden, Lester said in email.

"The casket reimbursement will be budget neutral with no impact on the judge's budget, the Veteran's Office budget or the coroner's budget -- it is simply a reimbursement," Lester said.

Washington County is paving the way for other coroners who are watching to see if it is successful, said Kevin Cleghorn, president of the Arkansas Coroners' Association and Saline County coroner in Benton, Ark. No other county uses the benefit to bury veterans, yet, he said.

"(Morris) is kind of breaking ground in the state, working toward taking care of our veterans," Cleghorn said. "These guys (veterans) sacrificed everything for us, we should be taking care of them."

Counties statewide are concerned about paying for and handling the remains of paupers and people whose families refuse to claim them, Cleghorn said.

No statewide numbers exist for how many bodies of indigent people, including veterans, coroners handle each year but that may change soon, Cleghorn said. A new database, including coroner information, started this past April, he said.

Discussions with coroners statewide show they're concerned about the growing number of indigent remains, Cleghorn said.

In Washington County, for example, Morris and some funeral home directors have called the county Veterans Service office asking how best to deal with the remains of unclaimed veterans, said Josh Medina, service officer. Morris' program will mean those veterans will have someone at their funerals, he said.

Veterans have earned that respect, he said.

"We are all brothers and sisters," Medina said. "They are going to have somebody there at their funeral to give them respect that they earned. Nobody should die and feel like there's going to be nobody there for them. Every life matters."

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7.7 - The Marietta Times: [Mobile service office to help vets](#) (16 June, Michael Kelly, 74k uvm; Marietta, OH)

A group of professional problem solvers for veterans is coming to Marietta near the end of the month.

The Disabled American Veterans Mobile Service Office will spend the entire day at the local DAV post on June 26.

"It's literally an office on wheels, a big truck that contains everything from internet hookup, fax and phones, a place where veterans can meet in private with highly trained national service officers," state veterans service officer Bruce Haas said.

Filing for benefits can be a complex and frustrating process for veterans, and it often requires professional help and advice, Haas said.

He knows first hand, having gone through the system to seek medical benefits after leaving the Air Force.

"There's a series of things I've dealt with since I was in the Air Force in the early 1980s," he said. "The latest was kidney failure. I was on dialysis for nine months while trying get through to the VA to get a 100-percent disability rating.

"It turned out, I wasn't requesting it on proper form. Once I requested help from DAV advocate, they had to request forms from a couple of different offices, and within three months it was all solved."

He ended up with a kidney transplant, he said.

"They are experts, they know the regulations very, very well," he said. "They have access to VA records and are very adept at finding documents vets may have lost track of, medical records, service records, they can request private documents and records to start the process of putting together a claim."

The people who process VA claims are form-focused, he said, following regulations known as the Standard Forms Act. The VA website shows more than 500 forms, ranging from applications for nursing home care to one called "information for pre-complaint processing."

"You just literally need to know which i to dot and which t to cross," Haas said.

The DAV Mobile Service Office will be at DAV Post 52, just outside Marietta toward Whipple, for the entire day, from 9 a.m. to 5 p.m., on June 26. Haas said no appointment is necessary, and at 5 p.m. if there are veterans remaining, they all will be seen by the mobile service officers.

All veterans are welcome, and it is not necessary to be a DAV member, he said.

Craig Hendrickson is commander of DAV Post 52. He said the mobile service office helped him get benefits he didn't know existed.

"I got my veterans pension, which is different than the military pension," he said. "It's something the VA offers that I wasn't aware of."

Hendrickson, who left the service in 1984 after 10 years in the Army, said he'll be there during the Mobile Service Office visit.

"I'll be out there, starting at 8 a.m.," he said.

By the numbers

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7.8 - KULR (NBC-8, Video): [First annual Food Truck Battles held at MetraPark](#) (17 June, Diane Casanova, 71k uvm; Billings, MT)

The food truck competition is raising funds for Veterans Affairs Supportive Housing, otherwise known as V.A.S.H. 10 percent of the proceeds from all sales will go to the Housing Authority program to help homeless veterans get into housing.

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8. [Other](#)

8.1 - IndieWire: [Tom Hanks Saves 'Henry IV' After Medical Emergency in the Crowd: 'No Intermission Brew for You!' — Watch](#) (16 June, Michael Nordine, 9.4M uvm; New York, NY)

The show must go on, and few are better at keeping it going than Tom Hanks. The two-time Oscar winner proved as much during a performance of Shakespeare's "Henry IV" on Wednesday, which he saved from potential walkouts by keeping the crowd engaged — in character — after an audience member fainted.

Hanks played the rotund monarch Falstaff in the production, which was held at the Veterans Affairs' West Los Angeles campus, when the medical emergency occurred. That led to a 15-minute interruption, which the actor kept from becoming a curtain call with a little improvisation.

“No intermission brew for you!” Hanks yelled to any “scurvy rogues” who may have been considering leaving the play early. “An insult to all actors and to Shakespeare himself,” he added.

Hanks’ wife Rita Wilson is also in “Henry IV,” marking the first time they’ve appeared onstage together; they’ve participated in Shakespeare Center of Los Angeles’ Simply Shakespeare readings for 26 years. The play’s run continues until July 1.

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8.2 - TheWrap (Video): [Watch Tom Hanks Ad-Lib in Character as Falstaff During Medical Emergency That Stopped LA Play](#) (16 June, Ross A. Lincoln, 3.2M uvm; Los Angeles, CA)

When an audience member had a medical emergency Wednesday night during a performance of Shakespeare’s “Henry IV” in Los Angeles, Tom Hanks saved the show by entertaining the crowd with an in-character ad lib session while medics tended to the patient.

According to the OC Register, the performance was halted for nearly half an hour after the audience member fell unconscious during the second act. Crew members with medical training attempted first aid until paramedics arrived. It was then that Hanks, who plays the plus-size Falstaff in the Shakespeare Center of Los Angeles production, came back out on stage to keep the crowd from leaving.

“Come back here!” Hanks told the crowd as he re-appeared on stage. “God has decided this play needed a second intermission.”

“But the scurvy rogues that stood up from their seats, tore apart their tickets” gave “an insult to all actors and to Shakespeare himself,” Hanks shouted. “Get back here! Or find this sword, and many a dagger, placed deeply in your carrots. No intermission brew for you!” Hanks added.

The crowd, by the way, loved the improvised routine.

The Oscar winner kept going for almost five minutes, roasting audience members, including one he said stole his costume, offering to use his sword to cut people’s hair, and even bringing audience members up on stage.

The play resumed after the fallen audience member was taken to a nearby hospital, but per the OC Register, the unidentified patient was fine.

The performance, held at the Japanese Garden on the West Los Angeles Veterans Administration campus, runs Tuesday through Sunday at 8 p.m. until July 1.

Watch the whole clip above.

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Veterans Affairs Media Summary and News Clips

19 June 2018

1. [Top Stories](#)

1.1 - Washington Post (AP): [VA launches investigation into impaired Arkansas pathologist](#) (18 June, Hannah Grabenstein, 43.9M uvm; Washington, DC)

Federal officials said Monday a pathologist fired from an Arkansas veterans hospital for being “impaired on duty” misdiagnosed seven cases and that more than 30,000 additional cases are being reviewed. The Veterans Health Care System of the Ozarks in Fayetteville said one error may have led to a death. Spokeswoman Wanda Shull said the seven errors were found among 911 cases already reviewed by the Department of Veterans Affairs and Office of the Inspector General.

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1.2 - U.S. News & World Report (AP): [Funds Sought in Arkansas for Veterans' Funerals](#) (18 June, 24M uvm; Washington, DC)

Officials in a northwestern Arkansas are hoping a federal benefits program can help them bury the unclaimed remains of qualifying veterans at the Fayetteville National Cemetery. The Northwest Arkansas Democrat-Gazette reports that the Department of Veterans Affairs unclaimed remains program would allow Washington County to be reimbursed \$300 for burial costs. The program also may pay for a plot and transportation of the body.

[Hyperlink to Above](#)

1.3 - U.S. News & World Report (AP): [Report: VA Nursing Home in Arizona Ranks Among Worst in US](#) (18 June, 24M uvm; Washington, DC)

A nursing home for veterans in Prescott, Arizona, ranks among the worst in the nation, according to data from the U.S. Department of Veterans Affairs. The agency's Community Living Center in Prescott got a one-star rating from the department — the lowest possible score in the five-star system, The Arizona Republic reported. The nursing home provides short-term rehabilitation and stabilization for veterans, including medical care, nursing and multiple therapies.

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1.4 - NBC News: [Veterans more likely than civilians to die by suicide, VA study finds, While the trend hasn't changed since 2014, deaths by suicide are increasing among veterans just as they are in the general population.](#) (18 June, Maggie Fox, 9.6M uvm; New York, NY)

Veterans are twice as likely as civilians to die by suicide, the Department of Veterans Affairs said Monday in its latest report on suicide. Veterans make up more than 14 percent of all suicides, although they account for only 8 percent of the total population, the VA report said.

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1.5 - KDFW (FOX-4, Video): [Veterans Administration secretary says Dallas hospital improving](#) (18 June, 1.2M uvm; Dallas, TX)

The new acting Secretary of the Veterans Administration is saying that the Dallas V.A. hospital is changing for the better. Peter O'Rourke has been visiting V.A. hospitals all across the country. On Monday, his message of change came to Dallas. He says that there is still work to

be done at the Dallas V.A. facility, but it is changing for the better. In fact, the most recent Office of Inspector General's report says Dallas is one of the most improved hospitals in healthcare quality.

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1.6 - Arkansas Democrat-Gazette: [Officials: Doctor worked at Arkansas VA hospital while impaired; misdiagnoses found, including in case in which patient died](#) (18 June, Doug Thompson, 871k uvm; Little Rock, AR)

At least one death appears to have resulted from a missed diagnosis by a veterans hospital pathologist who worked while impaired, according to the first findings in a review of almost 20,000 cases that will take months, Veterans Department administrators and members of the Arkansas congressional delegation said Monday.

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1.7 - Topeka Capital-Journal: [Inspectors find problems with shortage of specialists at Topeka VA hospital](#) (18 June, Sherman Smith, 868k uvm; Topeka, KS)

A federal review of Topeka's hospital for veterans underscores problems with the medical center's shortage of specialists but clears the clinic of alleged misconduct. Staffing levels and limited hours for specialty care providers at Colmery-O'Neil VA Medical Center resulted in delays, increased lengths of stay and patient transfers, according to a report released Monday by the Veteran Affairs Office of Inspector General.

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1.8 - San Diego Union-Tribune: [Prosecutor: Doc hired by VA sexually assaulted four female patients](#) (18 June, Carl Prine, 493k uvm; San Diego, CA)

Four female patients from the U.S. Department of Veterans Affairs were sexually assaulted by an Oceanside physician who was arrested on Wednesday, authorities say. Out on a \$150,000 bond, Dr. Edgar Manzanera is slated to be arraigned on Wednesday afternoon in California Superior Court's North County Regional Center in Vista on four separate felony counts of sexually penetrating the women with a foreign object.

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2. [Greater Choice for Veterans](#)

2.1 - KJZZ (NPR-91.5, Audio): [VA Releases Nursing Home Ratings After Watchdogs Push For Transparency](#) (18 June, Steve Goldstein, 168k uvm; Tempe, AZ)

The Department of Veterans Affairs runs a nursing home network of 130 community living centers throughout the nation. Although the VA has tracked detailed patient data for years, consumers looking to place family in these facilities didn't have access to statistics on patient health outcomes in areas like pain management care, until last week.

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2.2 - McKnight's Long-Term Care: [Nursing home rankings, once hidden from public, reveal poor picture of VA care](#) (19 June, Marty Stempniak, 55k uvm; Northfield, IL)

The federal government has hidden poor quality ratings at Veterans Affairs nursing homes from the public, according to a high-profile report, issued Monday. VA officials have tracked detailed quality and safety measures at its nursing homes for years, yet they have kept the information private, USA Today and the Boston Globe reported. Roughly half of the VA facilities, about 60, received the agency's lowest ranking out of five stars as of the end of last year, the newspapers reported.

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3. Modernize Our System

3.1 - Tampa Bay Times: Column - Where's the new VA clinic going? Not in the city of New Port Richey (18 June, C.T. Bowen, 4.8M uvm; Saint Petersburg, FL)

The federal government's search for a home for its new Veterans Administration community outpatient clinic is focusing on the Little Road corridor in west Pasco. Three locations in the running for the VA clinic are identified in the just-released draft environmental assessment that found "no significant adverse environmental impact" from the planned construction of a 114,000-square-foot complex to serve veterans and their families.

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3.2 - Bay News 9: Proposed Veterans Alternative clinic proves signs of no negative impact (18 June, Sarah Blazonis, 1.5M uvm; Saint Petersburg, FL)

A Department of Veterans Affairs environmental assessment of sites that could one day be home to the proposed VA Community Based Outpatient Clinic found there would be "no significant adverse impact" to any of them from construction of the facility.

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3.3 - Federal Computer Week: VA 'anywhere-to-anywhere' telehealth goes live (18 June, Adam Mazmanian, 189k uvm; Vienna, VA)

June 11 marked a major milestone for clinicians delivering telehealth services at the Department of Veterans Affairs. It was the go-live date for a policy shift dubbed "anywhere-to-anywhere," which allows qualified practitioners to log in to VA's telehealth system and see patients without regard to state rules and regulations.

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3.4 - MetroNews: Huntington VA facility renamed after Williams (18 June, 276k uvm; Charleston, WV)

The Huntington VA Medical Center has a new name. President Donald Trump signed legislation last week to rename the facility as the Hershel "Woody" Williams VA Medical Center, after the World War II veteran and Medal of Honor recipient. The U.S. House of Representatives and Senate passed a resolution last month approving the name change.

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3.5 - Herald-Dispatch: Trump signs legislation to rename Huntington VA in honor of Williams (18 June, 192k uvm; Huntington, WV)

The Huntington VA Medical Center has been officially renamed in honor of Medal of Honor recipient and longtime Ona resident Hershel “Woody” Williams. Legislation renaming the facility the “Hershel ‘Woody’ Williams VA Medical Center” was signed by President Donald Trump on Friday, said U.S. Rep Evan Jenkins, R-W.Va., in a release.

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3.6 - WTAP (NBC-15, Video): [V.A. Medical Center in Huntington renamed to honor WWII veteran](#) (18 June, Loyd Price, 190k uvm; Parkersburg, WV)

The Veterans Affairs Medical Center in Huntington, W.Va. is now named after U.S Medal of Honor recipient and WWII veteran Herschel “Woody” Williams. President Trump signed legislation on Friday, officially renaming the center the Herschel “Woody” Williams V.A. Medical Center. Williams is scheduled to speak in Marietta at the dedication ceremony for the new Marietta Gold Star Memorial at 11:00 A.M. on Saturday, June 23.

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3.7 - Chico Enterprise-Record: [Construction on schedule for Chico veterans outpatient clinic](#) (18 June, Laura Urseny, 57k uvm; Chico, CA)

Roughly a year after the groundbreaking ceremony, the walls of the Department of Veterans Affairs outpatient clinic are going up in southeast Chico. After months of foundation, underground and street work, the clinic is moving toward its opening in 2019. It is located on about seven acres, west of Bruce Road, just north of the North Butte County Courthouse in the area of Meriam Park.

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3.8 - Patient EngagementHIT: [VA Patient Appointment Schedule Tool Receives GAO Approval - The patient appointment scheduling system at VA fulfilled mandates included in recent patient care access legislation, GAO found.](#) (18 June, Sara Heath, 21k uvm; Danvers, MA)

The VA’s patient appointment scheduling system meets all of the standards outlined in the Faster Care for Veterans Act of 2016, according to an analysis from the Government Accountability Office (GAO). The analysis reviewed a pilot project for patient self-scheduling systems at VA. That pilot was mandated by the Faster Care for Veterans Act of 2016, a piece of legislation penned to address the patient access to care issues that have long plagued the department.

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3.9 - WVNews: [Trump signs legislation to name Huntington VA Medical Center after WWII hero](#) (18 June, Christopher Dowell, 15k uvm; Clarksburg, WV)

President Donald Trump has signed legislation to rename the Huntington VA Medical Center for West Virginia World War II Medal of Honor recipient Woody Williams, according to the office of U.S. Rep. Evan Jenkins, R-W.Va. The full name of the hospital is now the Hershel “Woody” Williams VA Medical Center. The bill was signed into law Friday.

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4. [Focus Resources More Efficiently](#)

4.1 - KTVT (CBS-11, Video): [Acting VA Secretary Calls For Changes During Dallas Visit](#) (18 Jun, Jason Allen, 27M uvm; Dallas, TX)

The current head of the Department of Veterans Affairs said mental health, and women's health, are two areas where the agency still needs to change. Acting Secretary Peter O'Rourke made the comments Monday during a visit to the Dallas VA Medical Center. Just a few weeks into the job, O'Rourke met with local VA leadership including U.S. Rep. Pete Sessions (R-Texas).

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4.2 - Chicago Tribune (Franklin Park Herald-Journal): ['They'll always be my family': Hines Fisher House celebrates eight years serving families of veterans](#) (18 June, 23.9M uvm; Chicago, IL)

Mary Rundle, a Bradley area resident, remembers the first time she heard about Fisher House. In 2016, her husband, Charles Robert "Bob" Rundle, who served during the Vietnam War, was to receive treatment at the Hines Veterans Administration hospital for a heart ailment. During his stay, social workers and other hospital personnel told Mary Rundle about Fisher House, located on the Hines campus, where military and veterans' families can stay for no cost while a loved one is receiving treatment.

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4.3 - KYTV (NBC-3): [Congressional leaders respond to misconduct at Fayetteville, Ark. VA Medical Center](#) (18 June, 818k uvm; Springfield, MO)

Leadership at the Veterans Health Care System of the Ozarks received reports of possible impairment of a staff pathologist in October of 2017. The pathologist was assessed through Employee Health and found unable to work and was immediately removed from clinical practice, and has since been terminated.

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4.4 - WLOS (ABC-13, Video): [Fairview Elementary kids bring Vietnam Vets to tears after touching performance](#) (15 June, John Le, 480k uvm; Asheville, NC)

It can be hard to put war into words. Some local vets find it therapeutic to share mixed emotions about the Vietnam War experience. Generations later, Fairview Elementary students play a role in helping veterans feel appreciated. "It's so important that younger people know the things that made our country strong," said Melissa Spruill, who heads the school's Destination Imagination group.

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4.5 - KATV (ABC-7): [Fayetteville VA medical center says 'impaired' pathologist misdiagnosed patients](#) (19 June, 445k uvm; Little Rock, AR)

The Veterans Health Care System of the Ozarks in Fayetteville and U.S. Department of Veterans Affairs are reaching out to patients after at least one person died when a pathologist, who was found to be "impaired," misdiagnosed patients, according to news partner KFSM.

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4.6 - KFSM (CBS-5, Video): [Fayetteville VA Medical Center Pathologist Fired, Nearly 20,000 Local Veterans At Risk](#) (18 June, Melissa Jones, 439k uvm; Fort Smith, AR)

Officials with the VA Medical Center in Fayetteville and the U.S. Department of Veterans Affairs announced an investigation Monday after a pathologist was found to be "impaired" and misdiagnosed patients, resulting in at least one death. Dr. Skye McDougall, the Network Director and CEO of the U.S. Department of Veterans Affairs, began the announcement on Monday.

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4.7 - KLRT (FOX-16, Video): [Fayetteville VA Fires Pathologist after Patient Death](#) (18 June, 300k uvm; Little Rock, AR)

The Fayetteville Veterans Medical Center says at least seven patients have been misdiagnosed by what they describe as an impaired pathologist. One of those veterans possible died from the misdiagnosis. At a Monday morning news conference, VA officials stated that the pathologist had been an employee at the VA center since 2005 -- and had seen close to 20-thousand cases.

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4.8 - KOLR (CBS-10, Video): [Fayetteville VA Fires Pathologist After Alleged Misdiagnoses](#) (18 June, 274k uvm; Springfield, MO)

A doctor employed at the Veterans Administration's clinic in Fayetteville has been fired after allegedly misdiagnosing multiple cases, at least one of which may have resulted in the patient's death. The clinic, which treats veterans from southwest Missouri as well as Arkansas patients, said at a news conference today (6/18/18) that the doctor was found to be impaired, but did not release the nature of the impairment.

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4.9 - KNWA (NBC-51): [Veterans React to Fayetteville VA Firing Pathologist After Misdiagnoses](#) (18 June, Wendy Echeverria, 191k uvm; Fayetteville, AR)

The Fayetteville Veterans Health Care System of the Ozarks confirmed a patient has possibly died as of result of a misdiagnosis of an impaired doctor. The U.S Department of Veterans Affairs and the VA Medical Center in Fayetteville announced Monday morning that they are investigating "all cases read by the pathologist by an external review team," after reports came out about the possible impairment of a staff pathologist last year.

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4.10 - KODE (ABC-12): [Arkansas VA fires pathologist after misdiagnoses](#) (18 June, Wendy Echeverria, 56k uvm; Joplin, MO)

The Fayetteville Veterans Health Care System of the Ozarks confirmed a patient has possibly died as of result of a misdiagnosis of an impaired doctor. The U.S Department of Veterans Affairs and the VA Medical Center in Fayetteville announced Monday morning that they are investigating "all cases read by the pathologist by an external review team," after reports came out about the possible impairment of a staff pathologist last year.

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4.11 - StateScoop: [Veterans affairs clerk stole personal information of more than 1,000 patients - A medical center in Long Beach, California, which has since fired a clerk who was found with hard drives and flash drives filled with private information, originally](#)

[claimed he had the data "so that he could work from home."](#) (18 June, Ryan Johnson, 34k uvm; Washington, DC)

A former employee of the Long Beach Veterans Affairs Medical Center in Southern California has been sentenced to three years in prison for stealing the personal information of more than 1,000 patients, according to the facility.

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5. Improve Timeliness of Service

5.1 - Orlando Sentinel: [VA makes nursing home ratings public](#) (18 June, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The nursing home at Orlando VA Medical Center fell behind the national average on its overall rating and another for quality, receiving two stars with no significant change from last year, according to new information released by the Department of Veterans Affairs. This is the first time the department is making its nursing home ratings public. It made a similar move in late 2016 by making the ratings of its medical centers public for the first time.

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5.2 - WTSP (CBS-10): [Tampa Bay lawmaker drafts bill to help vets exposed to burn pits. A U.S. lawmaker from Tampa Bay has filed legislation to help vets receive immediate health care and coverage for burn pit exposure.](#) (18 June, Liz Crawford, 1.5M uvm; Saint Petersburg, FL)

After 10News revealed a possible treatment for veterans exposed to burn pits, there's finally some action for tens of thousands of suffering vets. Burn pit exposure is an epidemic with many consequences that veterans deal with years after returning from Iraq and Afghanistan. Following a 10News story in January, U.S. Rep. Gus Bilirakis (R - New Port Richey) drafted legislation to help get veterans the health care and coverage they need right away.

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5.3 - Dayton Daily News: [Dayton VA nursing home scores low in quality survey](#) (18 June, Barrie Barber, 1.1M uvm; Dayton, OH)

The Dayton VA Medical Center nursing home earned two stars out of five in a quality rating system, according to the agency. Cleveland and Cincinnati also received two stars while Chillicothe received one, the Cincinnati Enquirer reported. Nearly half, or 60 of the VA's 133 nursing homes received a one-star rating, the newspaper reported.

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5.4 - Argus Leader (Video): [Sioux Falls VA nursing home ranks near bottom in the United States](#) (18 June, Patrick Anderson, 442k uvm; Sioux Falls, SD)

Federal officials handed over internal ratings for VA-run nursing homes across the country in response to pressure from reporters. Each nursing home is graded on a five-star scale. Sioux Falls and two other South Dakota nursing homes, located in Hot Springs and Fort Meade, received one-star ratings, according to documents obtained by USA TODAY's Donovan Slack.

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5.5 - KRGV (ABC-5, Video): [Local Veteran with PTSD Says VA Assistance Not Enough](#) (18 June, Frank McCaffery, 275k uvm; Weslaco, TX)

A Rio Grande Valley veteran suffering from post-traumatic stress disorder says he's still in need of assistance. The McAllen resident, whom we'll call John, says he controls his symptoms with medication provided by the VA. When he turns to his nearest VA location in McAllen, it's understaffed and he cannot get help. He says his medication can also take weeks to arrive.

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5.6 - Daily Local News: [Coatesville Veterans Affairs nursing home receives 4-Star rating](#) (18 June, 190k uvm; West Chester, PA)

The Coatesville Veterans Affairs Medical Center announced that its nursing home received 4-stars as part of its annual performance rating. Coatesville VAMC's announcement comes after VA extended its unprecedented 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.

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5.7 - American Press: [Long wait times at VA clinic](#) (16 June, John Guidroz, 60k uvm; Lake Charles, LA)

New patients at the Veterans Affairs clinic in Lake Charles have to wait an average of 46 days from the time they schedule an appointment to the actual appointment date, the longest of any clinic statewide, according to data posted on the VA website earlier this week. One area VA official and a local veteran both attributed the lengthy wait times to a lack of adequate medical staff.

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5.8 - Minnesota Public Radio (NewsCut): [Report: VA ratings hide poor quality care from public](#) (18 June, Bob Collins, 37k uvm; Saint Paul, MN)

Over the years, the Veterans Administration has worked out a plan to erase the public reports of terrible treatment and conditions in VA homes, including a 2009 Pittsburgh Tribune-Review story about a home in Philadelphia where a veteran's leg had to be amputated after an infection in his foot went untreated for so long his toes turned black and attracted maggots.

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5.9 - The Enterprise: [Ratings give Brockton VA nursing home 1 out of 5 stars for quality](#) (18 June, Marc Larocque, 20k uvm; Brockton, MA)

Nursing home ratings posted for the first time by the federal government gave facilities at the Brockton VA campus just one star out of five for quality. But doctors for the VA Boston Healthcare System, which operates the Brockton campus and the nursing home services provided there, said there's more to the story behind the quality ratings.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Home HQ): [Feds restrict 2 more lenders in fight against VA 'loan churn'](#) (18 June, Karen Jowers, 2.1M uvm; Springfield, VA)

Regulators have taken action against two more lenders in their efforts to curb alleged "loan churning" practices of VA home loans that harm military and veteran borrowers. Ginnie Mae, a government corporation that oversees the process for ensuring the success of the government's mortgage-backed securities guarantee, has restricted Freedom Mortgage Corporation and SunWest Mortgage Company, Inc. from Ginnie Mae's main securities programs, according to a Ginnie Mae announcement.

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7.2 - WJHL (CBS-11, Video): [Andrew Johnson National Cemetery could be full by the end of the year](#) (18 June, Allie Hinds, 623k uvm; Johnson City, TN)

For many veterans, Andrew Johnson National Cemetery is a place of reflection, of honor, and a tangible tribute to sacrifice. "As I walk on this hill all the time it just it just overwhelms me I guess to see that this is what freedom is really all about," Greene County veteran Guy Davis said. Greene County has been home to Davis for 72 years, with the exception of his 20 years serving in the Army.

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7.3 - Tucson News Now (Video): [Tucson VA starting new project with therapeutic benefits for vets](#) (18 June, Emily Biehl, 560k uvm; Tucson, AZ)

Six years ago the U.S. Department of Veterans Affairs started the Whole Health system. Locally, the program began at the Tucson VA about a year ago. Whole Health is a three prong initiative centered around community and establishing a personal health plan for veterans. It aims to empower veterans to explore what matters most to them, to equip veterans with self care and integrative health methods, and to treat veterans with clinical care.

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7.4 - KRGV (ABC-5, Video): [VA Creates New Policy to Protect Veterans from Predatory Loans](#) (18 June, 275k uvm; Weslaco, TX)

The U.S. Department of Veterans Affairs issued a new policy to protect veterans from predatory lenders. The agency says it's enforcing requirements for its VA guaranteed refinance loans. In doing so, they say it's keeping veterans away from repeatedly refinancing their home loans.

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8. [Other](#)

8.1 - Military.com: [Veterans Groups Are Now Pledging to Serve Community With New Creed](#) (18 June, Richard Sisk, 9M uvm; San Francisco, CA)

Eleven veterans organizations have adopted a "Veteran's Creed" that acknowledges pride of service and a continuing shared commitment to values that strengthen the nation. The fourth tenet of the creed states that "I continue to serve my community, my country and my fellow veterans."

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WHO (NBC-13): [Free DART Rides Begin for Veterans](#) (18 June, 445k uvm; Des Moines, IA)
Starting Monday, veterans can use Des Moines' public transit system DART for free. DART says a successful pilot program last month showed veterans boarded the buses nearly 8,500 times in the month of May. Polk County supervisor Angela Connolly says this shows how important public transportation is for veterans living in the metro.

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1. [Top Stories](#)

1.1 - Washington Post (AP): [VA launches investigation into impaired Arkansas pathologist](#) (18 June, Hannah Grabenstein, 43.9M uvm; Washington, DC)

Federal officials said Monday a pathologist fired from an Arkansas veterans hospital for being “impaired on duty” misdiagnosed seven cases and that more than 30,000 additional cases are being reviewed.

The Veterans Health Care System of the Ozarks in Fayetteville said one error may have led to a death. Spokeswoman Wanda Shull said the seven errors were found among 911 cases already reviewed by the Department of Veterans Affairs and Office of the Inspector General.

According to Shull, the medical center removed the pathologist from clinical care in March 2016 after a colleague reported the pathologist was impaired. The unidentified pathologist returned to work that October after completing a state licensure board-run support program, but was removed from the clinic again last fall. The pathologist was eventually fired in April.

Shull said the pathologist handled about 33,000 cases for nearly 19,800 veterans since being hired in 2005. Inspector General Michael Missal said the earliest identified misdiagnosed case is from 2013. The medical center largely serves veterans in Arkansas, Missouri and Oklahoma but it has analyzed tissue samples for patients across the country.

Because the investigations are ongoing, Shull could not say what impairment was reported. Shull also didn’t say whether criminal charges were being pursued.

The medical center had already identified some missed diagnoses through a constant random sampling the hospital conducts. However, in October 2017, when the pathologist was reported a second time, the medical center began a deeper review of the cases. The VA will continue reviewing the cases, although at least 50 percent of the pathologists helping with the reviews will be outside of the VA, Shull said.

The OIG began investigating the pathologist in mid-May and Missal briefed the Arkansas congressional delegation Thursday.

Missal said the OIG is “taking a comprehensive look” at the situation to determine exactly what happened, why, who knew, and what controls are in place to keep it from happening again.

The medical center has sent out letters to all the patients who had tests reviewed by the physician notifying them of the situation and the VA has opened a call center for concerned veterans.

“We all expect better and our veterans certainly deserve better,” said Rep. Bruce Westerman, who represents the district where the deceased veteran lived. “If there are some who need another diagnosis or need specific care, the first priority is to make that happen.”

The investigations are expected to take months, Missal said.

The VA has been mired in controversy recently after an OIG investigation found “critical deficiencies” at the Washington, D.C. medical center, including taxpayer waste, unsecured patient data and patient safety issues.

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1.2 - U.S. News & World Report (AP): [Funds Sought in Arkansas for Veterans' Funerals](#)
(18 June, 24M uvm; Washington, DC)

Officials in a northwestern Arkansas are hoping a federal benefits program can help them bury the unclaimed remains of qualifying veterans at the Fayetteville National Cemetery.

The Northwest Arkansas Democrat-Gazette reports that the Department of Veterans Affairs unclaimed remains program would allow Washington County to be reimbursed \$300 for burial costs. The program also may pay for a plot and transportation of the body.

Unclaimed bodies become wards of the coroner, so the county must pay for the remains' cremation and burial. Coroner Roger Morris says Washington County has spent about \$2,000 this year on cremations.

Morris says eight of the unclaimed bodies he's handled so far this year have been veterans. He says veterans whose bodies are unclaimed have earned the respect to be buried with military honors.

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1.3 - U.S. News & World Report (AP): [Report: VA Nursing Home in Arizona Ranks Among Worst in US](#)
(18 June, 24M uvm; Washington, DC)

A nursing home for veterans in Prescott, Arizona, ranks among the worst in the nation, according to data from the U.S. Department of Veterans Affairs.

The agency's Community Living Center in Prescott got a one-star rating from the department — the lowest possible score in the five-star system, The Arizona Republic reported .

The nursing home provides short-term rehabilitation and stabilization for veterans, including medical care, nursing and multiple therapies. It has 85 beds, but the most recently available records indicate only 45 are typically in use.

Patients reported a lower ratio of falls, bedsores and ulcers than the VA average at nursing homes But some 45 percent of patients report frequent severe or moderate pain, or horrible pain within the previous five days, VA data showed.

By comparison, 33 percent of patients in other VA living centers and only 6 percent in private care facilities report that level of discomfort,

A spokeswoman for the Northern Arizona VA Healthcare System did not respond to questions about care.

The VA center in Phoenix, with 104 beds, received four stars overall involving care and patient satisfaction. It scored above the VA average in all 11 quality measurements and was listed eighth among the 133 veterans living centers nationwide.

The veterans nursing home in Tucson, with 90 beds, got two stars.

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1.4 - NBC News: [Veterans more likely than civilians to die by suicide, VA study finds, While the trend hasn't changed since 2014, deaths by suicide are increasing among veterans just as they are in the general population.](#) (18 June, Maggie Fox, 9.6M uvm; New York, NY)

Veterans are twice as likely as civilians to die by suicide, the Department of Veterans Affairs said Monday in its latest report on suicide.

Veterans make up more than 14 percent of all suicides, although they account for only 8 percent of the total population, the VA report said.

While the trend hasn't changed since 2014, deaths by suicide are increasing among veterans just as they are in the general population, the VA found. Data for the study was obtained from the Centers for Disease Control and Prevention's National Death Index.

"After adjusting for differences in age, the rate of suicide in 2015 was 2.1 times higher among veterans compared with non-veteran adults," the report reads. Data for 2015 was the latest complete set of numbers available.

New urgency to regulate ride-share services as multiple New York taxi drivers die by suicide
"In 2015, an average of 20.6 active-duty service members, non-activated Guard or Reserve members, and other veterans died by suicide each day," it said.

Suicides are up across the country. Report after report finds that they are becoming more common among men, women and children. It's not clear why, but psychiatrists and suicide experts say it's probably a combination of factors — a lack of access to mental health care, a growing sense of disconnection in society, economic woes and relationship problems.

At least one study showed that quick turnarounds between deployments, or deploying military personnel too early, raised the risk of suicide.

Guns were used in two-thirds of suicides by veterans in 2015. Having access to firearms raises the risk of completed suicide, experts have found.

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1.5 - KDFW (FOX-4, Video): [Veterans Administration secretary says Dallas hospital improving](#) (18 June, 1.2M uvm; Dallas, TX)

The new acting Secretary of the Veterans Administration is saying that the Dallas V.A. hospital is changing for the better.

Peter O'Rourke has been visiting V.A. hospitals all across the country. On Monday, his message of change came to Dallas. He says that there is still work to be done at the Dallas V.A. facility, but it is changing for the better. In fact, the most recent Office of Inspector General's report says Dallas is one of the most improved hospitals in healthcare quality.

The improvement is coming at a time where hospitals across the country are changing the way they operate.

Still, he's telling the hospital's leaders that their work is not yet over, and that they should continue to take action to improve quality of care metrics and patient satisfaction.

"It's one of the issues that we are always looking at from an improvement standpoint and also [an] accountability standpoint," O'Rourke said. "It's a great measure for us to be able to say how well are we serving veterans today."

At the Dallas hospital, the two phases of providing care are changing. The hospital is looking to improve its mental health care and its women's services division, and they are looking to keep on the new course, no matter the circumstances.

"The mission doesn't change," Medical Director Dr. Stephen Holt said. "[It has] stayed the same throughout. It's to care for veterans and to provide the services we legally can for their families as well."

The V.A. said it has improved its technology to better track healthcare of veterans. It is also planning on opening a new emergency wing in the next few months.

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1.6 - Arkansas Democrat-Gazette: [Officials: Doctor worked at Arkansas VA hospital while impaired; misdiagnoses found, including in case in which patient died](#) (18 June, Doug Thompson, 871k uvm; Little Rock, AR)

At least one death appears to have resulted from a missed diagnosis by a veterans hospital pathologist who worked while impaired, according to the first findings in a review of almost 20,000 cases that will take months, Veterans Department administrators and members of the Arkansas congressional delegation said Monday.

"We are treating this like a national disaster," Kelvin L. Parks, interim medical director at the Veterans Health Care System of the Ozarks, said during a Monday morning news conference.

The pathologist, whose name was withheld, was dismissed because of his impairment, Parks said. The doctor began work at the hospital in 2005 and was one of two pathologists at the center.

Thirty pathologists from around the state and region volunteered to review the impaired doctor's cases, he said. Pathologists who are not from the Veterans Department will review at least half the cases. The 30 pathologists will review the highest-risk cases first.

Letters to 19,794 veterans or family members whose tissue samples were reviewed by the pathologist are going out in the mail, Parks and other administrators said.

Initial results showed seven missed diagnoses out of 900 checked, according to Parks and Dr. Margie Scott of the Central Arkansas Veterans Healthcare System, a pathologist who is overseeing the review.

"A family in my district lost a loved one because of a missed diagnosis," said Rep. Bruce Westerman of Hot Springs, who represents south Arkansas' 4th Congressional District. The state's congressional delegation was briefed in Washington, D.C., in Sen. John Boozman's office Thursday.

This was the second time the pathologist was discovered being impaired while diagnosing cases, according to hospital administrators. The first time was in 2016.

He was suspended, put through a recovery program and monitored upon resuming his duties. Meanwhile, his records for the previous year were checked and no problems were found, administrators said. The doctor had worked there since 2005 with no previous record of problems, his supervisors said. After the second instance in October of 2017, he was suspended again and later fired.

Cases all over the country are involved, said Rep. Steve Womack, R-Ark. Veterans treated at the regional hospital since 2005 have since moved or were treated as they were passing through Northwest Arkansas.

The hospital sees about 53,000 patients each year.

Monday's news conference was held at the veterans hospital in Fayetteville at the urging of Womack, who represents Northwest Arkansas' 3rd District, according to other delegation members. Boozman, Womack and Westerman attended Monday, and the other three members of the state's congressional delegation who could not attend sent staff members.

In a statement, the delegation said the doctor's actions "put the health of our veterans at risk and will not be tolerated.

"Unfortunately, at this time, we don't know the extent of this doctor's misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.

The nature of the impairment was not disclosed at the news conference because it is a personnel matter, Parks said. U.S. Attorney Duane Kees of the Western District of Arkansas was present and confirmed his office has the matter under investigation but would not speculate on what, if any, charges might be involved.

Spokesmen for veterans groups present, including the American Legion and the Veterans of Foreign Wars, said they will use their social media networks to get out as much information as they can as soon as they can.

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1.7 - Topeka Capital-Journal: [Inspectors find problems with shortage of specialists at Topeka VA hospital](#) (18 June, Sherman Smith, 868k uvm; Topeka, KS)

A federal review of Topeka's hospital for veterans underscores problems with the medical center's shortage of specialists but clears the clinic of alleged misconduct.

Staffing levels and limited hours for specialty care providers at Colmery-O'Neil VA Medical Center resulted in delays, increased lengths of stay and patient transfers, according to a report released Monday by the Veteran Affairs Office of Inspector General. The OIG reviewed patient records from April 2016 to March 2017 in response to anonymous complaints and found no evidence of wrongdoing.

But chronic staffing shortages within the VA system could be a contributing factor to deaths like the suicide last week of a Vietnam-era veteran at the Leavenworth VA hospital, said Melissa Jarboe, an advocate for service members and founder of Military Veteran Project.

"Veterans not receiving timely, adequate or immediate medical care when they seek help could continue the downward spiral if proper staffing needs are not met as well as availability of specialists are not available," Jarboe said.

Joseph Burks, a regional spokesman for the VA, said the report was favorable to the Topeka facility. Following the OIG visit, Burks said, the clinic addressed staffing shortages by securing an agreement to transfer patients to other hospitals. The medical center also has initiated a cardiology service agreement.

"We are pleased of the results of this inspection," Burks said. "We will continue working with our taxpayers, our elected officials, our community partners and our veteran stakeholders in upholding the highest standards for the customers we serve, our nation's finest."

OIG inspected the Topeka VA based on allegations that physicians were practicing beyond their scope of expertise and failing to seek assistance from specialists. The oversight agency also looked into an allegation that inpatient medical service was covered by a nurse practitioner without assistance.

Inspectors didn't substantiate either of those claims. A surgeon and another staff member were granted privileges for procedures that exceeded the facility's complexity levels, the report said, but those procedures hadn't been performed. Nurses usually worked with a physician or acted within their scope of practice when a physician wasn't required.

OIG looked at medical records for 100 patients who were transferred to another facility and found that specialty services were ordered when necessary. Additionally, inspectors reviewed health records for 47 patients who died and determined their deaths were caused by terminal end-stage disease rather than delays in service.

However, OIG made six recommendations, including requirements for after-hours surgeon staffing and the timeliness of specialty care consultants. Burks said leadership has addressed those recommendations.

"We are confident in sharing that our organization remains as one our veterans can choose and trust," Burks said.

Topeka and Leavenworth hospitals operate under the VA Eastern Kansas Health Care System. Last week, Michael Douglas shot and killed himself in the parking lot outside the Leavenworth emergency room.

A day after Douglas died, OIG reported 140 of the 141 VA medical centers are understaffed. The system is challenged by a lack of qualified applicants, noncompetitive salaries and high staff turnover, the report found.

Jarboe's Topeka-based organization supports mental health research in an effort to combat the staggering suicide rate of 22 veterans per day.

"The burden is far too great for our veterans to bear, and I believe as a nation we need to unite around our military community to ensure the men and women who have served our country are cared for properly," Jarboe said.

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1.8 - San Diego Union-Tribune: [Prosecutor: Doc hired by VA sexually assaulted four female patients](#) (18 June, Carl Prine, 493k uvm; San Diego, CA)

Four female patients from the U.S. Department of Veterans Affairs were sexually assaulted by an Oceanside physician who was arrested on Wednesday, authorities say.

Out on a \$150,000 bond, Dr. Edgar Manzanera is slated to be arraigned on Wednesday afternoon in California Superior Court's North County Regional Center in Vista on four separate felony counts of sexually penetrating the women with a foreign object.

A physician contracted by VA to review pension disability claims, Manzanera also is accused of violating the state's professional code for health providers by allegedly making sexual contact with his patients.

"If there are any other potential victims, please contact the San Diego County District Attorney's Office," said deputy prosecutor Dan Owens during a telephone interview on Monday.

Manzanera did not return a Union-Tribune message left with a woman at his home on Monday.

The case was investigated by VA's Office of Inspector General and the Medical Board of California following a sexual assault report made to the Oceanside Police Department nearly two years ago by a former service woman who had gone to VA to seek disability pension benefits.

Manzanera's arrest came two days before one of his former patients filed a series of lawsuits in state and federal courts against the doctor, the VA and his former employer, QTC Medical Services.

The San Diego Union-Tribune does not name alleged victims of sexual assault. They're identified in the criminal complaint as Jane Does 1, 2, 3 and 4.

The lawsuits filed in Vista and Arizona claim that Manzanera committed sexual battery against the plaintiff and falsely imprisoned her inside the QTC clinic at 2204 S. El Camino Real in Oceanside on June 15, 2016 while he was alone with her in his examination room.

Although there was no medical reason for her to get naked, Manzanera allegedly told the military veteran to take off her clothes and don a medical gown and lift it over her head for an examination, according to the complaint filed in California Superior Court.

“He then told her to hold her gown up higher; and then higher again until she was holding it so high that it was over her head, and she could not see what he was doing,” the complaint states.

The doctor’s actions allegedly scratched and bruised her, leading to severe physical and mental injuries that left her in pain, humiliated, sad, fearful and distressed, according to the lawsuit.

Assigned to Judge Jacqueline M. Stern, the lawsuit seeks unspecified monetary and punitive damages against both Manzanera and QTC. The Arizona case targets the Veterans Benefits Administration, part of the larger VA system.

Acquired in 2016 by defense contractor Leidos, QTC was awarded a \$6.8 billion nationwide contract by the VA last August to handle disability exams for separating and retiring military members.

Citing the pending litigation and ongoing criminal investigation, Leidos officials declined comment.

It’s unclear whether Manzanera continues to see patients.

Although QTC employees in Oceanside said he no longer is employed there, the state’s Medical Board has yet to rule on his case.

His medical license issued in 2013 remains valid through Aug. 31, 2019, according to the state.

The board lists his address as a post office box in San Luis Rey and indicates the physician and surgeon graduated from Guatemala’s Francisco Marroquin University Faculty of Medicine in 2008.

Neither California Medical Board nor VA officials returned messages from the Union-Tribune on Monday.

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2. Greater Choice for Veterans

2.1 - KJZZ (NPR-91.5, Audio): [VA Releases Nursing Home Ratings After Watchdogs Push For Transparency](#) (18 June, Steve Goldstein, 168k uvm; Tempe, AZ)

The Department of Veterans Affairs runs a nursing home network of 130 community living centers throughout the nation. Although the VA has tracked detailed patient data for years,

consumers looking to place family in these facilities didn't have access to statistics on patient health outcomes in areas like pain management care, until last week.

The VA announced in a statement on June 12 that they made annual nursing home ratings public for the first time, and blamed the Obama administration for the lag, saying they "had resisted making certain VA quality data public. But under President Trump's leadership, transparency and accountability have become hallmarks of VA."

What the VA didn't acknowledge was the investigation by USA Today and the Boston Globe that prompted the release — and the fact that watchdogs say there is still a long road ahead before real transparency is achieved.

Donovan Slack, Veterans Affairs and Homeland Security correspondent with USA Today, joined The Show to explain.

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2.2 - McKnight's Long-Term Care: [Nursing home rankings, once hidden from public, reveal poor picture of VA care](#) (19 June, Marty Stempniak, 55k uvm; Northfield, IL)

The federal government has hidden poor quality ratings at Veterans Affairs nursing homes from the public, according to a high-profile report, issued Monday.

VA officials have tracked detailed quality and safety measures at its nursing homes for years, yet they have kept the information private, USA Today and the Boston Globe reported. Roughly half of the VA facilities, about 60, received the agency's lowest ranking out of five stars as of the end of last year, the newspapers reported.

The VA released the first rankings of its homes last week, which the report says came to light after reporters questioned the secrecy. USA Today and the Globe point out that VA homes fared worse on nine of 11 key indicators when compared to their private sector counterparts, including antipsychotic drug prescribing and resident deterioration. VA homes performed particularly worse than their counterparts on relieving resident pain.

VA spokesman Curt Cashour told reporters that it is "misleading" to compare pain between the private sector and its homes, which deal with much more complex patients, who generally suffer from much more challenging conditions. He also said VA homes have improved quality in the past year.

"We are committed to continuous improvement efforts in all of the (VA nursing homes) and demonstrating performance that is as good (as) or better than private sector facilities," he said.

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3. [Modernize Our System](#)

3.1 - Tampa Bay Times: [Column - Where's the new VA clinic going? Not in the city of New Port Richey](#) (18 June, C.T. Bowen, 4.8M uvm; Saint Petersburg, FL)

The federal government's search for a home for its new Veterans Administration community outpatient clinic is focusing on the Little Road corridor in west Pasco.

Three locations in the running for the VA clinic are identified in the just-released draft environmental assessment that found "no significant adverse environmental impact" from the planned construction of a 114,000-square-foot complex to serve veterans and their families.

The three sites are less than a mile apart and all border Little Road. They are:

- 24.4 acres at the northwest corner of Little Road and Massachusetts Avenue. The land, a former pine tree farm, is owned by the three limited liability corporations controlled by the Harvey family of Tampa.
- 17 acres at the southeast corner of Ross Lane and Little Road, owned by Ross Lane LLC of Tampa. It is part of a 26-acre parcel that had been for sale with a listing price of \$4.9 million.
- 27 acres on the north side of Ross Lane, directly across the street from the other site. It is south of a Wendy's restaurant and east of the gated community of Crescent Forest. A one-time citrus grove, it is owned by Citrico Alliance LLC of Fort Myers.

In 2014, Congress approved and President Obama signed a legislative package to improve access to health care for the nation's veterans, included funding for 27 new or expanded clinics. The supporters included U.S. Rep. Gus Bilirakis, R-Palm Harbor. Pasco, the only Florida site in the legislation, received \$11 million.

The new outpatient clinic is intended to consolidate health care services now dispersed among five locations, including an outpatient clinic at 9912 Little Road, north of the proposed sites. That leased location includes a 46,000-square-foot building on eight acres. Built in 2000, it sold for \$8.59 million seven years ago.

The owners of 15 properties pitched their locations to the VA in 2017, including the city of New Port Richey and E2L Real Estate Solutions of Winter Park. They had hoped to redevelop the HCA-owned Community Hospital site on Marine Parkway into the clinic. The VA rejected that submittal 10 months ago because it failed to meet the \$100,000 bid bond requirement.

"Unfortunately," said Mayor Rob Marlowe, "because I thought it was the obvious site for a consolidated VA center. It was easily accessible to U.S. 19."

Five potential sites did meet the VA's advertised criteria, but the list dwindled to three after the backer of two sites, both south of State Road 54 in the Trinity area, withdrew from consideration. Both of those properties, one adjacent to Trinity Medical Center and the other near the intersection of Starkey Boulevard, are owned by companies controlled by Dewey Mitchell.

Realtor Mark Swartsel, who has the listing on the property owned by Ross Lane LLC, said C&SD Construction Co. of San Diego has a purchase contract on the land. The company, he said, is well-versed in doing construction with lease-back options for government entities — the VA's preferred development method for the proposed clinic.

"In this case, they (C&SD) looked all over the west Pasco County area and zeroed in on this for what they felt was best site for this use," said Swartsel, "and we agree with them.

The VA is accepting public comment on the draft environmental analysis until July 10. It can be viewed at the New Port Richey Library, 5939 Main St. The document did not specify when a final decision will be made, but said the VA expects construction to begin in 2019 and the clinic to be operational by 2021.

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3.2 - Bay News 9: [Proposed Veterans Alternative clinic proves signs of no negative impact](#) (18 June, Sarah Blazonis, 1.5M uvm; Saint Petersburg, FL)

A Department of Veterans Affairs environmental assessment of sites that could one day be home to the proposed VA Community Based Outpatient Clinic found there would be "no significant adverse impact" to any of them from construction of the facility.

- Assessment shows no signs of negative impact
- Clinic to treat veterans with illnesses
- Production on clinic could start in 2019

"With a clinic this size, we're going to have a lot more opportunities to engage the community in our warriors' health care, and that's the important part that I think we sometimes forget – the VA can't do it alone," said Brian Anderson, founder and CEO of Veterans Alternative. The group offers services for former servicemen and women struggling with PTSD, anxiety, and other issues.

The three sites addressed in the report are all along Little Road in the Trinity area. Two are at the southeast and northeast corners of Little Road and Ross Lane, and the third is at the northwest corner of Little Road and Massachusetts Avenue.

According to the assessment, a number of factors were evaluated to determine if establishing the CBOC there would negatively impact the environment or quality of life. It looked at how aesthetics, air quality, cultural resources, and a number of other areas would be affected.

New Port Richey Economic Development Director Mario Iezzoni said he's been a supporter of the project since federal funding for it was announced about five years ago.

"My father is a Korean War veteran," Iezzoni said. "I grew up on Army bases most of my life. I have absolute passion for these veterans."

Still, Iezzoni said he's not happy with the direction the project has taken.

"I think that the VA's missing a real opportunity where the veterans actually live and where the services are badly needed," he said.

The site Iezzoni referred to is that of the old Community Hospital on Marine Parkway in the city. He said the site already has some infrastructure in place and is close to other medical facilities, including one with a helicopter pad.

"This is in a community that was challenged when the hospital left there. I don't know how you ignore a site that's got a helicopter pad," lezzoni said.

According to lezzoni, the site is also the most centrally located to West Pasco's homeless veteran population and those who use VA services most. He said it was cut from consideration a number of times, most recently because a developer didn't respond to a bid bond fast enough.

Anderson said the Community Hospital site is a good one but does believe there are other options.

"If I find it in a place that's between Little Road and 19, I know it's going to provide really good service for our warriors," Anderson said. "The reality is that at some point, they just need to start digging and put in the foundation to make that possible and available to the men and women who need it."

The VA's environmental assessment states that construction could begin in 2019, and the first patients could be cared for in 2021.

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3.3 - Federal Computer Week: [VA 'anywhere-to-anywhere' telehealth goes live](#) (18 June, Adam Mazmanian, 189k uvm; Vienna, VA)

June 11 marked a major milestone for clinicians delivering telehealth services at the Department of Veterans Affairs. It was the go-live date for a policy shift dubbed "anywhere-to-anywhere," which allows qualified practitioners to log in to VA's telehealth system and see patients without regard to state rules and regulations.

VA has been leading the medical profession in telehealth services for more than a decade, but lately the agency has been looking to regulatory updates rather than technological breakthroughs to advance the delivery of services to its 20 million-strong patient population.

"The most important part of this is that it lets us increasingly -- when it's the right thing to do clinically -- move care closer to patients, deliver care in the home, or in their preferred location," Dr. Neil Evans, who heads the Office of Connected Care at VA, told FCW in an interview at VA headquarters in downtown Washington.

Evans, who sees patients two days a week at the VA's DC medical center, has been with the agency for 17 years and is the point person on telehealth policy and delivery. He helped former VA chief David Shulkin demonstrate telehealth to President Donald Trump at a White House event last year.

The VA delivers telehealth in clinical settings and in the home. In VA clinics, patients and local caregivers and technicians can connect with remote physicians and specialists. This "point-to-point" telehealth allows VA clinics to give patients access to providers across the VA system.

Additionally, the VA Video Connect application that launched last June allows in-home users to connect with doctors, mental health specialists, nurses and even family members and health care proxies to conduct medical visits, follow-up care and psychotherapy. Since launching, VA

Video Connect, available to Android and desktop users via the VA's website and to iOS users via Apple app stores, has logged 48,000 "ad hoc" patient visits involving 22,700 veterans and 4,500 unique VA providers, Evans told FCW.

VA has implemented "point-to-point" telehealth at 900 sites of care in more than 50 specialties. Evans said that so far, clinical video telehealth has generated a 92 percent satisfaction rate with patients.

The proliferation of telehealth services means that for VA, a video visit with a patient is part of the everyday work of clinicians.

"By 2020 it will be a routine experience that for all of our clinicians -- [that] telehealth is part of the job," the acting head of the Veterans Health Administration Carolyn Clancy told a panel of senators in May. "This is not a unique, boutique activity."

VA's budget for telehealth backs that up. In 2018, the agency has a \$1.3 billion telehealth budget, and VA officials are expecting to spend \$1.2 billion in 2019 and \$955 million on building out and supporting telehealth services and technology.

For Evans, the video chat is just the latest tool clinicians need to do their jobs. Every physician delivering outpatient care uses the telephone to communicate with patients, and telehealth is just the next technology.

"This is going to become health care," Evans said. "It's going to become what we do in health care. We've been targeting, essentially, helping build out the technology infrastructure necessary, so that every primary care provider and every mental health provider can offer a video visit, can integrate that into how they deliver care."

The emphasis on telehealth also allows VA to reduce the stress on its nationwide system, which has more than 30,000 clinical vacancies. Patients in rural settings often bear the brunt of vacancies, and this is true for patients seeking VA care and those looking for care outside the VA system under the new Choice program.

The VA has established 11 tele-hubs for mental health care and nine for primary care around the country, where practitioners can be directed to deliver care to underserved locations for the duration of a clinical vacancy.

"We can start to leverage telehealth, which lets us overcome distances and geography, to connect, to allow the system to run more efficiently where we can match where we have a demand for services but we don't have the supply of providers to meet that," Evans said. "We can now match that demand for services with a supply of providers located elsewhere."

VA's Video Connect app for home use is a simple, streamlined interface, with an intuitive set of commands and buttons that doesn't look much different from video conferencing software such as Skype and FaceTime. The Video Connect app can be used for mental health sessions, but also for quick follow-up visits to check on whether a new medication is effective, or to see how a patient is recovering from a procedure. Providers initiate visits and invite patients and other providers, generating a unique and temporary URL for each visit to ensure that only invitees can attend.

Evans said VA is working on integrating patient data into Video Connect. One enhancement in the works would allow Bluetooth-connected devices to transmit vital signs and data to VA providers in real time. The VA is looking to provide a digital stethoscope to patients, "so that we can actually auscultate heart and lung sounds, run through VA Video Connect," he said.

The recently passed VA Mission Act extends the new regulatory protections to VA telehealth providers. The law now blocks states from imposing sanctions on providers that are recognized by VA as eligible to deliver telemedicine care even if they are out of compliance with state licensing provisions.

The VA also is looking to make technology and connectivity available to veterans where infrastructure is lacking. For patients without home broadband, VA can make available tablets that operate over cellular connections -- including customized models that can support plug-in peripherals that collect and send data from blood pressure monitors as well as Apple iPads that support Video Connect visits.

The department also is looking to shore up delivery of telehealth services via partnership with the Veterans Services Organizations, with a pilot program looking to put telehealth tablets in, for instance, a Veterans of Foreign Wars outpost, so a patient could set up a telehealth visit closer to home rather than travel to a clinic for a point-to-point appointment. VA's also exploring partnership with other agencies including the Post Office as possible telehealth sites.

"There are other potential partners that we can think of where we could essentially create endpoints for veterans to receive care if they couldn't receive it at the home because of a technology barrier," Evans said.

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3.4 - MetroNews: [Huntington VA facility renamed after Williams](#) (18 June, 276k uvm; Charleston, WV)

The Huntington VA Medical Center has a new name.

President Donald Trump signed legislation last week to rename the facility as the Hershel "Woody" Williams VA Medical Center, after the World War II veteran and Medal of Honor recipient.

The U.S. House of Representatives and Senate passed a resolution last month approving the name change.

Williams retired from the Marine Corps as a chief warrant officer. He received the Medal of Honor for his efforts during the Battle of Iwo Jima. He worked for the Department of Military Affairs for 33 years, and now advocates for the creation of memorials honoring Gold Star Families.

Rep. Evan Jenkins, R-W.Va., said Williams was deserving of the recognition.

"Renaming the Huntington VA Medical Center to honor his service is a fitting tribute for all he has done for our veterans and their families. I would like to thank President Trump for signing this important bill into law and joining us in recognizing a true American hero," Jenkins said.

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3.5 - Herald-Dispatch: [Trump signs legislation to rename Huntington VA in honor of Williams](#) (18 June, 192k uvm; Huntington, WV)

The Huntington VA Medical Center has been officially renamed in honor of Medal of Honor recipient and longtime Ona resident Hershel "Woody" Williams.

Legislation renaming the facility the "Hershel 'Woody' Williams VA Medical Center" was signed by President Donald Trump on Friday, said U.S. Rep Evan Jenkins, R-W.Va., in a release.

"Woody Williams has dedicated his life to protecting our nation, serving our veterans, and honoring the families of those who made the ultimate sacrifice for our freedom," Jenkins said. "Renaming the Huntington VA Medical Center to honor his service is a fitting tribute for all he has done for our veterans and their families.

"I would like to thank President Trump for signing this important bill into law and joining us in recognizing a true American hero."

Sen. Joe Manchin, D-W.Va., tweeted Monday that he was "thrilled" Trump had signed the legislation, stating "Nobody is more deserving than Woody!"

Williams, 94, received the Medal of Honor for his actions during the Battle of Iwo Jima during World War II. He is the last surviving Medal of Honor recipient to have served in the war's Pacific Theater.

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3.6 - WTAP (NBC-15, Video): [V.A. Medical Center in Huntington renamed to honor WWII veteran](#) (18 June, Loyd Price, 190k uvm; Parkersburg, WV)

The Veterans Affairs Medical Center in Huntington, W.Va. is now named after U.S Medal of Honor recipient and WWII veteran Herschel "Woody" Williams.

President Trump signed legislation on Friday, officially renaming the center the Herschel "Woody" Williams V.A. Medical Center.

Williams is scheduled to speak in Marietta at the dedication ceremony for the new Marietta Gold Star Memorial at 11:00 A.M. on Saturday, June 23.

The Gold Star Memorial is located at Lookout Park at 801 Lancaster Street in Marietta.

The 94-year-old Williams is from Harrison County, West Virginia.

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3.7 - Chico Enterprise-Record: [Construction on schedule for Chico veterans outpatient clinic](#) (18 June, Laura Urseny, 57k uvm; Chico, CA)

Roughly a year after the groundbreaking ceremony, the walls of the Department of Veterans Affairs outpatient clinic are going up in southeast Chico.

After months of foundation, underground and street work, the clinic is moving toward its opening in 2019. It is located on about seven acres, west of Bruce Road, just north of the North Butte County Courthouse in the area of Meriam Park.

The project is on schedule, according to Will Martin, public affairs officer for the VA Northern California Health Care System in Sacramento.

“The construction is scheduled to finish in February 2019, with activation to occur in April 2019,” Martin wrote in an email to this publication on Monday.

Concrete walls bordering the 42,000-square-foot structure started going up earlier this month under the supervision of general contractor Hamstra Group of Indiana. Nichols, Melburg and Rossetto engineers and architects, which has offices in Chico and Redding, handled the design work for the building.

In a 2017 article, the project was estimated to cost around \$43 million.

The new clinic will replace the VA’s current three-building facility at 280 Cohasset Road, nearly doubling the space. Opened in 2001, according to the VA, the current Chico center serves about 8,500 veterans, a number that the Department of Veterans Affairs expects to grow by about 500 over the next few years

Among the departments and services at the new clinic will be Agent Orange treatment; audiology/hearing aid fitting; behavioral health, PTSD and substance abuse; compensation and pension; chiropractic care; dental; dermatology; ear, nose and throat; eligibility and enrollment; home-based primary care and home telehealth; homeless program support; laboratory; nutrition; outpatient sleep; pharmacy; physical and occupational therapy; primary care; optometry and optical shop; radiology; social work; women’s health; and wound care.

Veterans and their families are anticipating the new facility, which means some won’t have to seek care from private physicians here or travel outside the area to find VA-authorized care in certain specialties.

Speakers at the groundbreaking, which was at the end of June 2017, noted the clinic would bring more services to veterans and their families in this area, along with serving the veterans still to come.

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3.8 - Patient EngagementHIT: [VA Patient Appointment Schedule Tool Receives GAO Approval - The patient appointment scheduling system at VA fulfilled mandates included in recent patient care access legislation, GAO found.](#) (18 June, Sara Heath, 21k uvm; Danvers, MA)

The VA's patient appointment scheduling system meets all of the standards outlined in the Faster Care for Veterans Act of 2016, according to an analysis from the Government Accountability Office (GAO).

The analysis reviewed a pilot project for patient self-scheduling systems at VA. That pilot was mandated by the Faster Care for Veterans Act of 2016, a piece of legislation penned to address the patient access to care issues that have long plagued the department.

Among other things, the Act established standards for VA to implement an online patient self-scheduling system. VA was to enlist the expertise of a non-governmental, non-profit company that specialized in health IT to create a tool for patient appointment scheduling.

The Act also called on VA and its chosen partner company, in this case MITRE Corporation, to fulfill a minimum of seven core requirements:

- Schedule, modify, and cancel appointments for primary care, specialty care, and mental health
- Support appointments for the provision of health care regardless of whether such care is provided in person or through telehealth services
- View appointment availability in real time
- Make available, in real time, appointments that were previously filled, but later canceled, by other patients
- Provide prompts or reminders to veterans to schedule follow-up appointments
- Be available for use 24 hours per day, 7 days per week
- Integrate with the Veterans Health Information Systems and Technology Architecture (VistA), or such successor information technology system.

The GAO assessment, which reviewed the pilot program, found that VA had met each of the requirements outlined in the Faster Care for Veterans Act of 2016.

"GAO's specific objective was to determine if the (independent verification & validation) included an evaluation of whether the systems provided the seven minimum capabilities specified in the act and was performed consistent with practices identified in IEEE's Standard for System and Software Verification and Validation," GAO said of its investigation.

The partnership with MITRE Corporation, the acknowledgement of the seven core requirements, and other elements of the pilot project proved VA had addressed the entire piece of legislation.

Specifically, VA and MITRE ensured MITRE staff had full independence when developing in the patient self-scheduling tool. Additionally, MITRE and VA took appropriate steps to address recommendations for scheduling software.

GAO did not make recommendations to VA because the office found that VA had accomplished all of the goals set forth in the Faster Care for Veterans Act, GAO said.

"We determined that VA and MITRE took appropriate steps to ensure independence of the contractor's staff who conducted the IV&V," the agency concluded. "Specifically, VA assigned the task order for the IV&V to an office in the department that was separate from the organization that managed other work MITRE was performing. Additionally, the MITRE staff that

worked on the IV&V were fully dedicated to the effort and did not work on other task orders that the organization held with VA.”

These results may come as a win for VA, as it has continuously grappled with issues related to patient access to care. As it stands, patients usually face extraordinary wait times to receive their care.

VA officially unveiled the patient appointment scheduling system in November 2017 at selected veterans healthcare organizations. The tool required users to register for a premium MyHealtheVet patient portal, although that registration was free.

Via the online appointment scheduling tool, VA patients could self-schedule appointments, request help scheduling appointments, view or cancel appointments, track the status of an appointment request, send messages about appointment requests, and receive notifications about appointments.

This was a step up from the traditional method of calling a veteran health facility to make an appointment, according to Army Veteran G. Paul Moffett, who helped test the system in a Tennessee-based VA facility.

“Rather than making a phone call and playing go fish, now I can [go online and] pick the date that best fits my schedule,” Moffett said following the system’s launch. “You can use it anytime, anywhere — on whatever Internet-access device you have. I’m excited about it. It’s great stuff.”

As of the system’s launch in 2017, VA had not implemented the appointment self-scheduling tool in all of its facilities. However, the agency did state that it had plans to scale the system nationwide.

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3.9 - WVNews: [Trump signs legislation to name Huntington VA Medical Center after WWII hero](#) (18 June, Christopher Dowell, 15k uvm; Clarksburg, WV)

President Donald Trump has signed legislation to rename the Huntington VA Medical Center for West Virginia World War II Medal of Honor recipient Woody Williams, according to the office of U.S. Rep. Evan Jenkins, R-W.Va.

The full name of the hospital is now the Hershel “Woody” Williams VA Medical Center. The bill was signed into law Friday.

“Woody Williams has dedicated his life to protecting our nation, serving our veterans, and honoring the families of those who made the ultimate sacrifice for our freedom. Renaming the Huntington VA Medical Center to honor his service is a fitting tribute for all he has done for our veterans and their families. I would like to thank President Trump for signing this important bill into law and joining us in recognizing a true American hero,” Jenkins said.

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4. Focus Resources More Efficiently

4.1 - KTVT (CBS-11, Video): Acting VA Secretary Calls For Changes During Dallas Visit (18 Jun, Jason Allen, 27M uvm; Dallas, TX)

The current head of the Department of Veterans Affairs said mental health, and women's health, are two areas where the agency still needs to change. Acting Secretary Peter O'Rourke made the comments Monday during a visit to the Dallas VA Medical Center.

Just a few weeks into the job, O'Rourke met with local VA leadership including U.S. Rep. Pete Sessions (R-Texas).

O'Rourke is familiarizing himself with facilities after leading the VA's Office on Accountability and Transparency.

Under his watch, the VA just released its ratings of its nursing home facilities for the first time.

In Texas, VA nursing homes earned three, four and even five-star overall ratings.

Quality of care ratings, however dipped to just one or two stars and O'Rourke would not commit yet to releasing the data behind those ratings.

"We're evaluating exactly what is the most appropriate for us to put out there and that will support continuous improvement and that also will provide good decision making information for veterans."

He did say the VA needs to extend outreach to veterans who need mental health help and provide a safe and secure environment for women.

And even as the second consecutive acting secretary, he is confident continued leadership changes won't affect veterans' care.

"That doesn't change based on who's the secretary, or the deputy secretary of any of those kind of things. That is a consistent communication up and down that shows that were really improving the VA from a communication standpoint."

O'Rourke is only expected to be in this role for a short time as Robert Wilkie waits for confirmation as the next VA Secretary.

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4.2 - Chicago Tribune (Franklin Park Herald-Journal): 'They'll always be my family': Hines Fisher House celebrates eight years serving families of veterans (18 June, 23.9M uvm; Chicago, IL)

Mary Rundle, a Bradley area resident, remembers the first time she heard about Fisher House.

In 2016, her husband, Charles Robert "Bob" Rundle, who served during the Vietnam War, was to receive treatment at the Hines Veterans Administration hospital for a heart ailment.

During his stay, social workers and other hospital personnel told Mary Rundle about Fisher House, located on the Hines campus, where military and veterans' families can stay for no cost while a loved one is receiving treatment.

Different people later told her they thought the facility would be more like a "barracks," she recalled, the austere housing built at military installations.

"It definitely was not barracks," she said. "It was a five-star hotel — I think it was above that. I can't even explain it. It touches your heart."

Rundle was among the many guests June 13, responding to an invitation to help the Hines Fisher House celebrate its eighth anniversary.

Hines Fisher House opened its doors in March 2010, said Holly Wright, its manager. In 1990, Zachary and Elizabeth Fisher established the Fisher House program. They opened their first Fisher House in 1991.

"Their personal business was in real estate development," Wright explained, "so when they learned there was a need for someplace for families to stay while the wounded soldier was in the hospital, they stepped up to the plate and started building these homes."

Fisher Houses are now located around the world at military and VA medical centers. The houses operate as a public-private partnership with private donations an important source of support. To learn more, visit the Friends of Fisher House Illinois page at www.fofhill.org.

The Fisher House at Hines has 20 suites, with private bedrooms and bedrooms, and the rest of the area common living space, including a kitchen and large dining room.

"Essentially we are set up like a really big house," Wright said.

Since opening, the Hines Fisher House has provided accommodations to more than 7,500 families, all free of charge, Wright said.

At the open house, Rundle's own table included a number of other Fisher House residents, whose stays overlapped with her own. That is one of the features of the program, she said.

"So many people, so many situations," she said. "You think yours is worse, then you hear somebody else's situation."

Sandy Canaday, from Rensselaer, Ind., came to Fisher House in October 2017 with her husband Ronald, a Vietnam veteran and retired maintenance mechanic. He was at the hospital to receive treatment at Hines for skin cancer, she said.

She stayed at Fisher, accompanying her husband to his treatment sessions. He received 39 treatments of radiation and six rounds of chemotherapy over a two-month period, she said. The two would then return to Fisher House, resting before the next day's treatment. Living 70 miles away, driving back and forth would have been too much, she said.

She said sharing stories with other residents was an important component.

"Sometimes I couldn't sleep; I would walk down to the dining room. There would be somebody else there. You became a big family," she said.

Wright, whose background is in social work, said "what a lot of people don't realize is it's a very tough job being a caregiver for a veteran. A lot of our families leave out early in the morning, they don't come back until after dinner time. They're exhausted — they're physically, emotionally, mentally exhausted so to able to come back to a safe, secure environment where they receive support from our staff, the volunteers and other families, it allows them to let go of some of that stress and maybe get a good night's sleep."

Ronald Canaday fought valiantly to beat his skin cancer, she said, and seemed to have turned the corner when the couple returned to Indiana at the end of December.

"Then when we went home he caught a cold that ending up being pneumonia," Sandy related. "On Feb 2, we were told he had not only pneumonia but also a fungal infections. Then that's when they told us he had stage 4 lung cancer, with only weeks to live."

Ron Canaday died on March 9 at age 68, she said. Sandy Canaday has since made a donation to the Fisher House in her late husband's name. She also made it a point to attend the open house.

"It's just amazing what they do," she said. "The love and support they give is just above and beyond."

The first time she walked in the house, "they told me we have a room for you if you want to spend the night. They were so excited."

"I still consider them my family," she said. "They'll always be my family."

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4.3 - KYTV (NBC-3): [Congressional leaders respond to misconduct at Fayetteville, Ark. VA Medical Center](#) (18 June, 818k uvm; Springfield, MO)

Leadership at the Veterans Health Care System of the Ozarks received reports of possible impairment of a staff pathologist in October of 2017. The pathologist was assessed through Employee Health and found unable to work and was immediately removed from clinical practice, and has since been terminated.

As a result, the decision has been made to conduct a thorough review of all cases read by the pathologist by an external review team. These independent reviews are being done to ensure the safety of all patients who may be impacted. This team is also charged with developing clear procedures for addressing this matter, including establishing a methodology for tracking second reviews of tests and protocols to notify affected patients.

"As a Veteran and patient of this facility, quality and safety are very important to me," said Kelvin L. Parks, Interim Medical Center Director. "The pathologist was immediately removed from clinical care when evidence of impairment was found. Actions affecting the care and safety of our patients will not be tolerated at Veterans Health Care System of the Ozarks. I am confident

that the external review team's methodology will help us identify affected patients and improve our processes and systems moving forward."

Due to the high volume of cases being reviewed, this process will take several months to complete. The VA will be reaching out directly to any patient found to be impacted, and has arranged a fully staffed call center and toll free number to answer questions regarding this serious matter. Patients with questions can call (866) 388-5428 or (479) 582-7995. This call center will be staffed Monday-Friday from 8 a.m. to 7 p.m.; and Saturday from 8:00 a.m. to noon to ensure anyone who has questions will be able to speak to someone in person.

Southwest Missouri Congressman Billy Long released this statement:

"Our veterans and their care receive huge bipartisan support in Washington," said Rep. Long. "We are committed to working together to ensure our veterans get the best care possible. What happened at the VA Medical Center in Fayetteville is appalling and inexcusable. I am working with my colleagues in Arkansas, Kansas and Oklahoma to rectify the situation and to make sure this type of egregious situation never happens again. I encourage my constituents who have received care at this facility to reach out if they have any questions, concerns or are worried their care may have been compromised. I promise to push for answers and hold those responsible accountable for their actions."

Missouri U.S. Senator Roy Blunt released this statement:

"No veteran, or their family, should ever have to question whether they're receiving the care they need from the VA. The VA must move quickly to notify every veteran who has been affected. There is no excuse for this kind of failure, and any employees involved must be held accountable. I will continue working with the VA to make sure they are addressing this situation, and will support any legislation necessary to help prevent similar incidents in the future." –

U.S. Senators John Boozman and Tom Cotton, along with U.S. Representatives Rick Crawford, French Hill, Steve Womack and Bruce Westerman, released the following statement after the Department of Veterans Affairs (VA) announced misconduct by a former VA pathologist at the Fayetteville Veterans Affairs Medical Center.

They released this statement:

"This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs mission to the men and women who served our nation in uniform. The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated.

Unfortunately, at this time, we don't know the extent of this doctor's misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.

Congress has provided the VA with the tools to remove bad actors. Failing to dismiss physicians and any other employees whose work is unsatisfactory does a disservice to

our veterans. We are committed to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable."

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4.4 - WLOS (ABC-13, Video): [Fairview Elementary kids bring Vietnam Vets to tears after touching performance](#) (15 June, John Le, 480k uvm; Asheville, NC)

It can be hard to put war into words.

Some local vets find it therapeutic to share mixed emotions about the Vietnam War experience. Generations later, Fairview Elementary students play a role in helping veterans feel appreciated.

"It's so important that younger people know the things that made our country strong," said Melissa Spruill, who heads the school's Destination Imagination group.

They embraced the poetry of school bus driver Stephen Henderson, whom they know as "Mr. Steve." In his writings, he described a war beyond description.

"My mind raced. I had just lost my best friend two months earlier in Vietnam," he said, reading an excerpt from "The Day Before I Left Home."

After hearing about how poorly Vietnam vets were treated when they returned home, the children took his poem and ran with it. The kids adapted a play about his service and a nation in turmoil.

"They got it right away," Henderson said. "The stress and the problems Vietnam veterans had, and we hadn't been able to talk about 45 to 50-something years."

The group recently performed at the state Destination Imagination competition, as well as the global finals.

Earlier this month, they performed for an audience of Vietnam vets, including Mr. Steve. Their rendition drew an outpouring from an audience of heroes.

"Today, you raised a tear," a vet told the group. "Thank you very much for that. Thank you!"

"I mean, it feels really good," said student Thomas Klepper, who plays Henderson. "Because I love the fact that we're making older generations happy about something they did in their earlier life to help what America is today."

The Fairview Elementary team is partnering with the VA Hospital, hoping to gain non-profit status for a group of writers called "Brothers Like These." The idea is to share their Vietnam War experiences at schools and other VA hospitals.

Savanna Reimels plays Henderson's sister.

"We got the torchbearer award, which means we've made the biggest impact in our community," Reimels said.

The group includes Savanna Reimels, Thomas Klepper, Trapper Alonso, Sara Barlowe, Graham Carter, and Caleb Cole.

"It's emotional because we were never welcomed home," Henderson explained. "We were told to take our uniforms off and not tell anyone we went to Vietnam. Nobody of my generation wanted to even acknowledge we were even there."

"I mean, it's awesome," Reimels said of the chance to perform for the veterans. "Just to know that they're out there and watching us."

There's no better way to honor forgotten veterans than to take time and remember.

"The first time I saw this, I cried like a baby. I was so honored," Henderson said.

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4.5 - KATV (ABC-7): [Fayetteville VA medical center says 'impaired' pathologist misdiagnosed patients](#) (19 June, 445k uvm; Little Rock, AR)

The Veterans Health Care System of the Ozarks in Fayetteville and U.S. Department of Veterans Affairs are reaching out to patients after at least one person died when a pathologist, who was found to be "impaired," misdiagnosed patients, according to news partner KFSM.

The news outlet says Dr. Kelvin L. Parks, the interim director for the medical center, explained in an announcement Monday that the pathologist was found to be "impaired" in March 2016 and removed from clinical care. However, the pathologist was reinstated in October 2016 after successfully completing an "impaired physician program" and a monitoring program was also put in place.

Then, in October 2017, reports were made to medical clinic leaders about the possible impairment of the pathologist, who was found unable to work following an Employee Health assessment, was removed from clinical practice and later terminated.

At least seven cases of misdiagnosis have been found based on internal reviews and five of those patients have been notified, KFSM reports.

The VA says an external review team is also going over all the pathologist's cases and will develop procedures for notifying those who were affected.

Due to the amount of cases, the VA says it could take several months for all the cases to be reviewed.

U.S. Senators John Boozman and Tom Cotton released a statement with U.S. Representatives Rick Crawford, French Hill, Steve Womack and Bruce Westerman regarding the misconduct:

This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs

mission to the men and women who served our nation in uniform. The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated.

Unfortunately, at this time, we don't know the extent of this doctor's misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.

Congress has provided the VA with the tools to remove bad actors. Failing to dismiss physicians and any other employees whose work is unsatisfactory does a disservice to our veterans. We are committed to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable.

A call center has been set up to answer patients' questions and can be reached at (866) 388-5428 or (479) 582-7995 Monday through Friday from 8 a.m. to 7 p.m. and Saturday from 8 a.m. to noon.

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4.6 - KFSM (CBS-5, Video): [Fayetteville VA Medical Center Pathologist Fired, Nearly 20,000 Local Veterans At Risk](#) (18 June, Melissa Jones, 439k uvm; Fort Smith, AR)

Officials with the VA Medical Center in Fayetteville and the U.S. Department of Veterans Affairs announced an investigation Monday after a pathologist was found to be "impaired" and misdiagnosed patients, resulting in at least one death.

Dr. Skye McDougall, the Network Director and CEO of the U.S. Department of Veterans Affairs, began the announcement on Monday.

"I want to apologize to all veterans for what we're going to disclose today," said McDougall. "What we're going to talk about today is a very serious and, I believe, very tragic situation with tragic outcomes for our veterans,"

She then introduced Dr. Kelvin L. Parks, the interim director for the VA Medical Center in Fayetteville, to explain what happened.

According to Parks, a Veterans Health Care System of the Ozarks pathologist was found to be "impaired" on March 22, 2016. The pathologist was immediately removed from clinical care. The pathologist had no previous disciplinary actions and was "deemed an excellent candidate of the impaired physician program."

Parks said he could not comment on the nature of the impairment, because it was still under investigation. He also said he couldn't comment on whether the pathologist had been arrested or would face criminal charges.

After what Parks called "successful completion of the program" and implementation of a monitoring program, the pathologist was reinstated on Oct. 12, 2016, Parks said.

One year later, on Oct. 13, 2017, he was suspended again on reports of possible impairment. Another investigation determined the pathologist was deemed "unsafe to work" and was removed and subsequently fired, Parks said.

Parks said the pathologist saw 19,794 patients. Letters are being sent out to all of them, or to their family members. The hospital is responsible for 53,000 patients each year, he said. Of the more than 19,000 patients involved, 5,250 have died since 2005, and those deaths are under review. He said they did not know if any of the deaths was related to the pathologist's review.

Parks said they had seven cases of misdiagnosis by the pathologist so far based on internal reviews. One of those cases may have resulted in the recent death of a local veteran, according to Parks.

"We have already notified five of those that have been affected, and the remaining two will be notified by tomorrow," Parks said.

The VA is now reviewing all cases related to the pathologist, he said. The reviews are being conducted by independent reviewers, Parks said.

He said letters are being sent out to all patients and/or family members whose cases were read by the pathologist to let them know about the process. The VA would then follow up by phone or by letter once the second review is complete.

A procedure was already in place to address any issues that arise with patients impacted, including ways to track second reviews and tests and protocols to notify affected patients.

"If errors are found that affect the patient's current treatment plan, the VA will reach out immediately to those affected," Parks said.

He said the VA has already strengthened internal controls to ensure any errors are more quickly notified and addressed.

"Patient safety is a top priority," Parks said, adding that he was also a patient at the hospital.

"This is my hospital," he said, becoming emotional. "And I'm truly sorry, and saddened, and disgusted...and to our veterans, and to our family members, we will continue this investigation and ensure that those who are involved be held accountable."

Parks said the process would take several months to complete.

Parks then introduced Dr. Margie Scott, medical center director of the Central Arkansas Veterans Healthcare System and chairwoman of the review team, who explained the review process.

"We will be doing a complete 100 percent review of all cases that were interpreted and diagnosed by this impaired provider," she said. "We will be going from October of 2018 back to October of 2005. This will take a significant amount of time -- several months."

She said more than 900 cases had already been reviewed, with the seven misdiagnosed cases being found. Of those, one of the patients had died, and an investigation was under way to determine how much of an impact that misdiagnosis had on the patient's condition and death.

She said there were up to 30 pathologists who are "willing, ready and able to assist" in the review. She said it's the goal for at least half of the case reviews to be performed by pathologists outside of the VA.

She said cases will be prioritized by level of risk, and every veteran who is affected should have a letter from the VA within the next several days.

"As soon as any additional misdiagnosis is identified, the patient, the veteran or the veteran's family will be immediately notified," Scott said.

Westerman said a veteran in his district died as a result of the pathologist's actions.

Several federal officials were on-hand for the announcement, including U.S. Sen. John Boozman and U.S. Rep. Steve Womack, Congressman Bruce Westerman, representatives from U.S. Rep. French Hill's office and U.S. Attorney Duane Kees of the Western District of Arkansas. Steven Young, deputy undersecretary for Health for Operations and management at the U.S. Department of Veterans Affairs, Dr. John Areno, acting chief medical officer for Veterans Integrated Surface Network 16 also attended, as well as McDougall and Parks.

Boozeman praised the hospital and its volunteers before addressing today's announcement.

"Sadly, today, we have a tragic situation, and it truly is a tragedy, in the sense that we have failed," Boozman said. "The congressional delegation is united in this, we're going to do all that we can, certainly any service that we can provide to take care of the veterans that potentially have been impaired."

"I appreciate the forthrightness of the VA in coming forth," Boozman said.

He said they would not only help veterans, but also hold accountable "those who need to be held accountable." He said they would work to ensure problems like this don't happen again in the future.

Westerman said the delegation was briefed by the Inspector General and the Veterans Administration last Thursday in Washington, D.C.

"This is a colossal failure of the system, not necessarily because the system in itself is flawed," Westerman said. "Even with proper procedures in place, systems fail and can lead to the most undesirable results."

"Unfortunately, according to our briefing, we already know a family in my district lost a loved one because of an improper diagnosis, and there are many more cases yet to be evaluated," Westerman said.

Womack said the larger issue is that proper information is given to the affected veterans, and he said there were thousands of veterans who could be affected dating back to 2005, when the pathologist came to work for the VHO.

"We are not going to rest and we are not going to relent until we see each and every case reviewed and the proper actions taken," Womack said.

Parks said the hospital is currently working to recruit a new pathologist, and they have hired a fee-basis provider to work in the interim and maintain care for the veterans.

Boozman, Womack, Westerman and U.S. Sen. Tom Cotton and U.S. Rep. Rick Crawford later released a joint written statement Monday regarding the pathologist.

“This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs mission to the men and women who served our nation in uniform. The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated.

“Unfortunately, at this time, we don’t know the extent of this doctor’s misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.

“Congress has provided the VA with the tools to remove bad actors. Failing to dismiss physicians and any other employees whose work is unsatisfactory does a disservice to our veterans. We are committed to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable.”

Parks provided two phone numbers for those with or wanting more information. Those numbers were 1 (866) 388-5428 and locally (479) 582-7995 locally. The hours for the call center are Monday-Friday, 8 a.m. to 7 p.m. and Saturday from 8 a.m.-noon.

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4.7 - KLRT (FOX-16, Video): [Fayetteville VA Fires Pathologist after Patient Death](#) (18 June, 300k uvm; Little Rock, AR)

The Fayetteville Veterans Medical Center says at least seven patients have been misdiagnosed by what they describe as an impaired pathologist. One of those veterans possible died from the misdiagnosis.

At a Monday morning news conference, VA officials stated that the pathologist had been an employee at the VA center since 2005 -- and had seen close to 20-thousand cases.

Every single patient the doctor read has received a letter about the investigation.

The VA says the first time the pathologist was found to be impaired was in March 2016. Since the doctor had no previous issues, they were deemed a candidate for the impaired physician program and passed.

Once that program was completed, the pathologist was allowed to continue working at the VA. But in October 2017 the employee was found impaired again. The VA would not comment on how the pathologist was impaired.

Kelvin Parks, Interim Medical Center Director, says he's extremely disappointed this happened and is doing all they can keep it an isolated incident.

"I'm truly sorry, and saddened and disgusted. And to our veterans, and our family members we will continue this investigation and assure that those who are involved be held accountable," Parks continues.

Parks says 30 pathologists from an outside group will be conducting a thorough review of all the cases read by the pathologist.

Original story:

FAYETTEVILLE, Ark. - The Veterans Health Care System of the Ozarks (VHSO) has announced the firing of a staff pathologist after also confirming the death of a patient possibly due to a misdiagnosis.

"On October 13, 2017, leadership at the Veterans Health Care System of the Ozarks received reports of possible impairment of a staff pathologist. The pathologist was assessed through Employee Health and found unable to work and was immediately removed from clinical practice, and has since been terminated," reads a news release issued Monday morning by the U.S. Department of Veterans Affairs and the VHSO.

Officials say an investigation is underway into "all cases read by the pathologist by an external review team," and adds that the review is being done "to ensure the safety of all patients who may be impacted."

"Due to the high volume of cases being reviewed, this process will take several months to complete. The VA will be reaching out directly to any patient found to be impacted, and has arranged a fully staffed call center and toll free number to answer questions regarding this serious matter," the news release continued.

The VHSO says patients with questions can call (866) 388-5428 or (479) 582-7995. This call center will be staffed Monday-Friday from 8 a.m. to 7 p.m.; and Saturday from 8 a.m. to noon to ensure anyone who has questions will be able to speak to someone in person.

"Any compromise to patient safety is unethical, unprofessional, and uncharacteristic of the values that we hold so dear and it has no place in VHSO nor within healthcare... period!," said Kelvin L. Parks, Interim Medical Center Director in an email to staff which included a fact sheet (click here to read) with details on the case.

U.S. Senators John Boozman and Tom Cotton along with U.S. Representatives Rick Crawford, French Hill, Steve Womack and Bruce Westerman released the following statement after the Department of Veterans Affairs (VA) announced the pathologist's firing.

"This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs mission to the men and women who served our nation in uniform. The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated.

"Unfortunately, at this time, we don't know the extent of this doctor's misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to

thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.

“Congress has provided the VA with the tools to remove bad actors. Failing to dismiss physicians and any other employees whose work is unsatisfactory does a disservice to our veterans. We are committed to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable.”

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4.8 - KOLR (CBS-10, Video): [Fayetteville VA Fires Pathologist After Alleged Misdiagnoses](#) (18 June, 274k uvm; Springfield, MO)

A doctor employed at the Veterans Administration’s clinic in Fayetteville has been fired after allegedly misdiagnosing multiple cases, at least one of which may have resulted in the patient’s death.

The clinic, which treats veterans from southwest Missouri as well as Arkansas patients, said at a news conference today (6/18/18) that the doctor was found to be impaired, but did not release the nature of the impairment.

Wanda Shull, public affairs officer with the VA, confirmed seven misdiagnosis. The male doctor began working at the VA in October of 2005.

Kelvin Parks, interim director of the medical center, said the pathologist “was immediately removed from clinical care when evidence of impairment was found.”

The doctor had earlier been identified as being impaired and was removed from clinical care in 2016, but was put back to work later that year after completing an “impaired physician program.”

He was deemed unsafe to work after further reports of impairment in October of 2017 and has since been terminated, a clinic spokeswoman said today.

Shull said the agency will be contacting directly any patient found to be affected by the doctor’s work and has staffed a call center to take toll-free calls from veterans with questions about the matter.

The line is staffed from 8 a.m.-7 p.m. weekends and 8 a.m. to noon on Saturdays. Call (866) 388-5428 or (479) 582-7995.

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4.9 - KNWA (NBC-51): [Veterans React to Fayetteville VA Firing Pathologist After Misdiagnoses](#) (18 June, Wendy Echeverria, 191k uvm; Fayetteville, AR)

The Fayetteville Veterans Health Care System of the Ozarks confirmed a patient has possibly died as of result of a misdiagnosis of an impaired doctor.

The U.S Department of Veterans Affairs and the VA Medical Center in Fayetteville announced Monday morning that they are investigating "all cases read by the pathologist by an external review team," after reports came out about the possible impairment of a staff pathologist last year.

KNWA spoke with two veterans who said they are directly impacted by this pathologists misdiagnosis's.

One thought he was cancer free, and the other is still waiting to find out his fate.

"How am I feeling? I really don't know. I'm numb," said Lonnie Young, Misdiagnosed by Impaired Pathologist

Young spent many years over sea protecting our country in Vietnam.

But now, he said he feels betrayed by a place he thought he could trust.

Young is one of at least seven patients who the VA for sure know were misdiagnosed.

"They once told me I'm cancer free, then they called me back a week later and said no I still have cancer," said Young.

Young said he was upset at first, but channeled that anger towards working with the veterans community.

Other vets who said they get their care at the VA Medical Center in Fayetteville said their health status is in limbo.

"I'm thinking, am I one of those people?" said Derl Horn.

Horn also served in Vietnam, and said he's waiting to see if he's one of the nearly 20,000 patients that have possibly been wrongly disanogised.

"To go through all that, and then find out that you may have been misdiagnosed and have problems that you're not aware of is disturbing," said Horn.

The Veterans Health Care System of the Ozarks will investigate 19,794 cases the pathologist read at the center since 2005, and all of those patients will receive a letter about this investigation.

On October 13, 2017, the Veterans Health Care System of the Ozarks received reports of "possible impairment of a staff pathologist," according to a news release.

The pathologist was assessed through Employee Health and was found unable to work. The pathologist was then "immediately removed from clinical practice, and has since been terminated," according to a news release.

"As a result, the decision has been made to conduct a thorough review of all cases read by the pathologist by an external review team. These independent reviews are being done to ensure the safety of all patients who may be impacted. This team is also charged with developing clear

procedures for addressing this matter, including establishing a methodology for tracking second reviews of tests and protocols to notify affected patients," according to a news release.

Kelvin L. Parks, Interim Medical Center Director, said the quality and safety are very important to him and actions affecting the care and safety of its patients will not be tolerated at the Veterans Health Care System of the Ozarks.

If you have been treated by a pathologist since 2005 at the VA Medical Center in Fayetteville and have questions call (866)-388-5428 or (479)-582-7995.

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4.10 - KODE (ABC-12): [Arkansas VA fires pathologist after misdiagnoses](#) (18 June, Wendy Echeverria, 56k uvm; Joplin, MO)

The Fayetteville Veterans Health Care System of the Ozarks confirmed a patient has possibly died as of result of a misdiagnosis of an impaired doctor.

The U.S Department of Veterans Affairs and the VA Medical Center in Fayetteville announced Monday morning that they are investigating "all cases read by the pathologist by an external review team," after reports came out about the possible impairment of a staff pathologist last year.

On October 13, 2017, the Veterans Health Care System of the Ozarks received reports of "possible impairment of a staff pathologist," according to a news release.

The pathologist was assessed through Employee Health and was found unable to work. The pathologist was then "immediately removed from clinical practice, and has since been terminated," according to a news release.

"As a result, the decision has been made to conduct a thorough review of all cases read by the pathologist by an external review team. These independent reviews are being done to ensure the safety of all patients who may be impacted. This team is also charged with developing clear procedures for addressing this matter, including establishing a methodology for tracking second reviews of tests and protocols to notify affected patients," according to a news release.

Kelvin L. Parks, Interim Medical Center Director, said the quality and safety are very important to him and actions affecting the care and safety of its patients will not be tolerated at the Veterans Health Care System of the Ozarks.

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4.11 - StateScoop: [Veterans affairs clerk stole personal information of more than 1,000 patients - A medical center in Long Beach, California, which has since fired a clerk who was found with hard drives and flash drives filled with private information, originally claimed he had the data "so that he could work from home."](#) (18 June, Ryan Johnson, 34k uvm; Washington, DC)

A former employee of the Long Beach Veterans Affairs Medical Center in Southern California has been sentenced to three years in prison for stealing the personal information of more than 1,000 patients, according to the facility.

In April, a police search of the vehicle of Albert Torres, then a clerk at the VA, revealed patient data — including names, dates of birth and full Social Security numbers.

Torres was initially pulled over after a records search indicated that the license plates on his vehicle did not match the VIN number of the car, according to a press release from the VA Long Beach Healthcare System. The facility reported that police spotted a pill bottle in his car for which he did not have a prescription — it was later found to contain Gabapentin, a medication sometimes used to treat anxiety, epilepsy or pain associated with shingles.

After obtaining a search warrant for Torres's apartment, police found hard drives and flash drives containing the personal information of an additional 1,014 patients, as well as cleaning supplies, worth \$1,031.

VA Long Beach Healthcare System spokesperson Richard Beam said that Torres initially said he was in possession of the information "so that he could work from home," but that VA workers very rarely, if ever, take home hard copies of patient information.

"It's disappointing that somebody would take advantage of those we are entrusted to care for," Beam told the Daily Breeze.

Beam added that the VA conducts annual employee training on patient privacy, HIPPA and cybersecurity, but incidents like this are very difficult to prevent completely — access to the same type of information that was stolen is required to schedule and care for veterans, he said.

In a statement, the VA said it has no reason to believe any of the data was used for fraudulent purposes, and that all potentially affected patients will receive notification letters and 12 months of free credit monitoring services.

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5. Improve Timeliness of Service

5.1 - Orlando Sentinel: [VA makes nursing home ratings public](#) (18 June, Naseem S. Miller, 4.8M uvm; Orlando, FL)

The nursing home at Orlando VA Medical Center fell behind the national average on its overall rating and another for quality, receiving two stars with no significant change from last year, according to new information released by the Department of Veterans Affairs.

This is the first time the department is making its nursing home ratings public. It made a similar move in late 2016 by making the ratings of its medical centers public for the first time.

Similar to nursing home ratings for the private sector, the Department of Veterans Affairs gives nursing homes an overall five-star rating, followed by ratings for on-site surveys, staffing and quality.

The Orlando VA Medical Center's nursing home received one star for on-site survey, two stars for quality and five stars for staffing.

In response, Orlando VA officials said that the one-star ratings in health inspection and survey were based on surveys until July 2017.

"On June 12 -13, 2018 the Long-Term Care Institute returned to the Orlando VA Medical Center's CLC for an unannounced survey. The official survey report should be available sometime next month and should reflect the hard work and dedication of the Orlando VA Medical Center's staff to continue to improve the quality of care," an Orlando VA Medical Center spokeswoman said in a statement.

She added that the nursing home in Lake Nona has restructured the internal processes to be in line with the new scoring methodology.

"This change coupled with staffing and process changes have had a positive impact on further improving the quality of care and ratings," an Orlando VA spokeswoman said in a statement. "It is important to note that the quality measures are adapted from Centers for Medicare and Medicaid Services criteria and do not always apply to Veterans receiving hospice and spinal cord care."

VA officials said that the department's nursing homes compare well with private sector's more than 15,000 nursing homes because its patients tend to be sicker. The VA nursing homes also had a lower percentage of one-star facilities compared with the private sector, officials said.

"Further, we will release this data annually and use it to drive improvements across the VA nursing home system, including aggressive efforts to improve our 11 one-star facilities by sharing best practices," said Peter O'Rourke, acting VA Secretary, in a news release.

Thirty-four VA nursing homes received five stars and the average rating for VA's 133 nursing homes was 3.4. Sixty facilities improved their quality scores from last year. More than 70 showed no change.

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5.2 - WTSP (CBS-10): [Tampa Bay lawmaker drafts bill to help vets exposed to burn pits, A U.S. lawmaker from Tampa Bay has filed legislation to help vets receive immediate health care and coverage for burn pit exposure.](#) (18 June, Liz Crawford, 1.5M uvm; Saint Petersburg, FL)

After 10News revealed a possible treatment for veterans exposed to burn pits, there's finally some action for tens of thousands of suffering vets.

Burn pit exposure is an epidemic with many consequences that veterans deal with years after returning from Iraq and Afghanistan.

Following a 10News story in January, U.S. Rep. Gus Bilirakis (R - New Port Richey) drafted legislation to help get veterans the health care and coverage they need right away.

A Veteran's Story

Joe Hernandez was exposed to toxic burn pits in Iraq and Afghanistan when the military burned waste like chemicals, ammunition, oil and other items they had to get rid of.

Years after coming home, Hernandez noticed he was feeling weak.

"If I can't breathe or I don't feel well because I can't breathe, then what was the point of coming back alive," he said.

Hernandez is among thousands of veterans who have signed the VA's burn pit registry.

Action From Congress

Bilirakis calls burn pit exposure the 'Agent Orange' of our time.

"I mean some of the stories are so very sad," he said. "These are our heroes we're talking about. They need health care immediately and they need to get their disability payments approved immediately."

Bilirakis drafted legislation that would give veterans presumptive status, making them eligible for health care and coverage right away.

Veterans otherwise could be forced to wait for comprehensive research linking burn pit exposure to various respiratory illnesses - and by then it could be too late.

"They're getting sick and some have passed away," added Bilirakis.

Although there's no public pushback, Bilirakis believes the Veterans Administration is delaying the process.

Earlier this month, he and other lawmakers learned more about burn pit exposure at a hearing in Washington D.C. Now he hopes Congress will pass his measure by the end of the year.

Possible Treatment

Since our original story in January about Dr. Randall Harrell, who invented a possible treatment for burn pit exposure, Harrell has received numerous calls from vets and other physicians looking to learn more about the treatment.

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5.3 - Dayton Daily News: [Dayton VA nursing home scores low in quality survey](#) (18 June, Barrie Barber, 1.1M uvm; Dayton, OH)

The Dayton VA Medical Center nursing home earned two stars out of five in a quality rating system, according to the agency.

Cleveland and Cincinnati also received two stars while Chillicothe received one, the Cincinnati Enquirer reported.

Nearly half, or 60 of the VA's 133 nursing homes received a one-star rating, the newspaper reported.

The results were disclosed after USA Today and Boston Globe obtained the internal VA reports, officials said. On average, VA nursing homes scored worse last year than their private sector counterparts on nine of 11 key indicators, including rates of anti-psychotic drug prescription and residents' deterioration, officials said.

The VA nursing home system overall compares "closely" with private nursing homes despite caring for typically sicker patients,

VA officials reportedly told USA Today.

Sixty VA nursing homes saw improvements in their ratings over last year, and only one had a "meaningful decline" VA spokesman Curt Cashour told the newspaper.

A request for comment was left with a Dayton VA spokesman Monday.

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5.4 - Argus Leader (Video): [Sioux Falls VA nursing home ranks near bottom in the United States](#) (18 June, Patrick Anderson, 442k uvm; Sioux Falls, SD)

The Sioux Falls nursing home run by the Department of Veterans Affairs is one of the worst in the United States, according to ratings published Sunday by USA TODAY and the Boston Globe.

Federal officials handed over internal ratings for VA-run nursing homes across the country in response to pressure from reporters.

Each nursing home is graded on a five-star scale. Sioux Falls and two other South Dakota nursing homes, located in Hot Springs and Fort Meade, received one-star ratings, according to documents obtained by USA TODAY's Donovan Slack.

Quality of care is something providers at the VA are always working to improve, said Heather Herlyn, chief of quality, safety and value for the Sioux Falls system.

"There are no rating systems that can address all the important considerations that go into a decision about choosing a nursing home," Herlyn said. "We certainly acknowledge that we are trying to maintain a culture of continuous improvement."

She said the federal report made public over the weekend only looks at nursing home quality and not other factors used to rate the VA's system of nursing homes, called Community Living Centers. The Sioux Falls facility's combined score is actually two out of five stars, lifted by a five-star rating for its staffing levels, Herlyn said.

The hospital-side of the VA has one of the highest quality scores in the the nation, she said, even though it was struggling with lengthy wait times for outpatient treatment as recently as 2014.

The VA's nursing homes are scored based on comparisons to privately owned nursing homes.

Stars are granted to each, based on a 1,100-point quality score.

The nursing home in Sioux Falls scored 385, losing points because of a number of problems, including higher rates of patients with bed sores and urinary tract infections.

Residents of the Sioux Falls VA were much more likely to have catheters left inside their bladders — 14 percent compared to 1.8 percent in private nursing homes. They were also far more likely to be prescribed anti-psychotic meds, linked to increased risk death for older patients with dementia — 25 percent compared to 15.5 percent in private centers.

The most drastic difference was the rate of patients who reported feeling frequent pain in the past five days. In the Sioux Falls VA nursing home, nearly 47 percent reported "almost constant or frequent moderate to severe pain or very severe horrible pain." At private nursing homes, the national average is 5.6 percent.

Frequent pain was problem for the entire VA system, which as a whole averaged higher reporting rates. In the Hot Springs nursing home, nearly 90 percent of long-term residents reported pain.

A national spokesman told USA TODAY that VA residents are more likely to report pain and have more challenging medical conditions than residents of private nursing homes.

The VA hospital in Sioux Falls had some of the worst delays in the country in 2014. USA TODAY published scores for VA medical centers in 2014 after patients across the country expressed concerns about long wait times for treatment.

More than 2,000 veterans were waiting more than 30 days for an appointment at the Sioux Falls hospital.

Center Director Darwin Goodspeed said at the time that the local facility was adding both staff and facilities to improve the situation.

-USA TODAY reporter Donovan Slack contributed to this story.

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5.5 - KRGV (ABC-5, Video): [Local Veteran with PTSD Says VA Assistance Not Enough](#) (18 June, Frank McCaffery, 275k uvm; Weslaco, TX)

A Rio Grande Valley veteran suffering from post-traumatic stress disorder says he's still in need of assistance.

The McAllen resident, whom we'll call John, says he controls his symptoms with medication provided by the VA.

When he turns to his nearest VA location in McAllen, it's understaffed and he cannot get help. He says his medication can also take weeks to arrive.

When asked about John's situation, the VA sent CHANNEL 5 NEWS the following statement, which reads in part:

"The VA is addressing the problem of mental illness in veterans with a series of new free courses it is running on the internet to help veterans and their families learn about the signs of mental illness. The courses are available on psycharmor.org."

However, the Hidalgo County Veterans service officer tells us there are other options for John.

He says if you are the family member, friend or fellow veteran of someone who is showing signs of mental illness, you should call his number right away at 956-318-2436.

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5.6 - Daily Local News: [Coatesville Veterans Affairs nursing home receives 4-Star rating](#)
(18 June, 190k uvm; West Chester, PA)

The Coatesville Veterans Affairs Medical Center announced that its nursing home received 4-stars as part of its annual performance rating.

Coatesville VAMC's announcement comes after VA extended its unprecedented 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.

The data show that, overall, VA's nursing home system, composed of more than 130 community living centers, compares closely with private sector nursing homes, even though the department on average cares for sicker patients in its nursing homes than do private facilities.

In fact, the overall star rating for VA's nursing homes compared to the 15,487 private sector nursing homes rated by the Centers for Medicare and Medicaid Services (CMS) shows that VA has a significantly lower percentage (34.1 percent lower) of 1-star, or lowest rated, facilities than the rest of the nation.

Of note, 60 of VA's nursing homes improved their quality score from last year to this year (second Quarter FY17 to second Quarter FY18). Only one facility had a meaningful decline in that metric, and that facility was already rated with four stars.

The Coatesville VA announced the following:

The VA noted it has become the first hospital system in the nation to post its: hospital wait times; opioid prescription rates; employee settlements and accountability actions; and chief executive travel.

The best comparison of VA nursing homes to the private sector is in the overall star rating. Using that overarching and most important metric, VA's performance compares very closely with that of the private sector.

VA nursing homes often serve residents with more numerous and challenging medical conditions than do private sector facilities.

Specifically, VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness, and other conditions rarely seen in private nursing homes.

Also, private sector nursing homes admit patients selectively, whereas – unlike the private sector – VA will not refuse service to any eligible veteran, no matter how challenging the veteran's conditions are to treat.

In other words, VA nursing homes often house residents with more complex medical needs that private sector facilities will not accept, which makes achieving good quality ratings more challenging.

As a result, VA nursing homes at times rate lower than private sector facilities on specific metrics such as pain and type of treatment. Despite that fact, VA nursing homes compare well with private sector facilities in overall facility rankings.

Additionally, VA nursing homes have a higher staff-to-resident ratio than private sector facilities, meaning residents in VA facilities get more direct attention from nursing home staff than do residents in the private sector.

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5.7 - American Press: [Long wait times at VA clinic](#) (16 June, John Guidroz, 60k uvm; Lake Charles, LA)

New patients at the Veterans Affairs clinic in Lake Charles have to wait an average of 46 days from the time they schedule an appointment to the actual appointment date, the longest of any clinic statewide, according to data posted on the VA website earlier this week.

One area VA official and a local veteran both attributed the lengthy wait times to a lack of adequate medical staff. But a VA official from Alexandria mentioned a major difference in the wait times for new patients who have a preferred clinic date, compared with those who don't.

Jim Jackson, member of the Mayor's Armed Forces Commission, said Friday that the 24,000-square-foot clinic, at 3601 Gerstner Memorial Drive, doesn't have enough medical and mental health staff. He added that it lacks two-thirds of the required mental health staff.

"It's been a real problem for us," Jackson said.

Tom Green, Louisiana VA Southwest Louisiana commissioner, said clinics that exceed a 30-day average wait time for new patients are "in violation of their own protocols."

"The wait time obviously needs an immediate look to be able to provide all of the services that were suggested or mentioned initially in the planning for the facility," he said. "Our biggest concern is why did that happen at all?"

The Lake Charles clinic has three primary care teams that include a primary care provider, a registered nurse, a licensed practical nurse and a clerk. Tammie Arnold, public affairs officer for the Alexandria VA Health Care System, said the VA is recruiting a fourth primary care team, and officials are reviewing the credentials of a physician who was recently interviewed.

Jackson said the clinic needs two more primary care teams “to handle just the patients we have now.”

“If you’re serious in hiring doctors and nurses, they’re out there,” he said. “They’ve been trying since they opened to hire a fourth doctor.”

A June 14 VA inspector general report said facilities blamed staff challenges on a “lack of qualified applicants,” “non-competitive salary” and “high staff turnover.” Of the 114 facilities surveyed, 98 mentioned shortages in psychiatry staff, 92 mentioned human resources management, and 66 mentioned primary care.

Patient volume

Another issue, Arnold said, is the growing number of patients visiting the clinic since it opened in August. She said 5,862 veterans received care during the 2017 fiscal year, which lasted from Oct. 1, 2016, to Sept. 30, 2017. That included patients who visited the interim clinic on West McNeese Street and those who went to the permanent clinic during its first month of operation.

From last October to April, Arnold said, 5,894 veterans visited the clinic. She said 334 new veterans have enrolled for care at the clinic since last September.

Wait times

Arnold said the wait times for patients whose doctors schedule an appointment are much shorter than those who don’t have a preferred date, either because their need isn’t critical, or they have a schedule conflict.

As of June 14, she said the average wait time for new patients who don’t have a preferred appointment date at the clinic is 60.6 days. Patients with a preferred date wait an average of 15 days.

The average wait time for an established patient at the clinic is 3.7 days.

New patients whose wait time exceeds the 30-day benchmark are offered primary care in the community, Arnold said.

Other clinics

The data, posted weekly on the VA website, also show that new patients at the Fort Polk VA clinic wait an average of 38 days for primary care. The Jennings clinic has a 10-day average wait, while the clinic in Lafayette has an 18-day wait. The information, according to the site, is “based on a rolling 30-day average.”

Arnold said the Fort Polk clinic is “actively recruiting” for “three vacant primary care provider positions.” It now has one primary care provider on site. A telehealth team from the VA in Little Rock, Ark., is covering one primary care team, and a contract physician is covering the third team. Arnold said there are plans to add a second telehealth team from Little Rock.

The VA website also shows weekly data on average wait times for established patients. The Lake Charles clinic has an average of six days, while the Fort Polk clinic averages seven days. The wait at the Jennings clinic is one day; in Lafayette it's five days.

Services

The clinic provides a variety of services, including nutrition, pharmacy, dental, eye care, hearing aid services, X-ray imaging, physical therapy and prosthetics.

But Jackson said there are lengthy waits for eye care because the doctor “comes in once every two weeks” for only a few hours. Arnold said the problem lies in finding a full-time medical professional. She said the clinic is equipped to handle that amount of care.

Jackson said he has suggested keeping the interim clinic open and moving the mental health treatment there. He said that would have allowed the permanent clinic to better handle its care from the start.

Green said psychiatrists are only available “one half-day per month.”

“You tell me if that’s sufficient,” he said.

Opening the clinic was a “great step forward” for local veterans, but Jackson said the delays in care are leaving them frustrated.

“Why do we to continually stub our toe to do these things?” he said.

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5.8 - Minnesota Public Radio (NewsCut): [Report: VA ratings hide poor quality care from public](#) (18 June, Bob Collins, 37k uvm; Saint Paul, MN)

Over the years, the Veterans Administration has worked out a plan to erase the public reports of terrible treatment and conditions in VA homes, including a 2009 Pittsburgh Tribune-Review story about a home in Philadelphia where a veteran’s leg had to be amputated after an infection in his foot went untreated for so long his toes turned black and attracted maggots.

The VA now bans the release of reports documenting the problems.

The VA relies on a Wisconsin company to inspect the homes and report back to the agency. But unlike similar inspections of private facilities, federal law now prohibits the release of long-term care ratings.

Last week, under pressure from journalists, the Veterans Administration revealed “star ratings” of nearly half of its homes. The Boston Globe and USA Today report they show the rankings in 9 of 11 measures are worse than private nursing homes.

The VA’s hospitals have drawn intense criticism for repeated scandals with veterans’ health care in recent years, including preventable deaths, but the agency has largely operated its nursing homes with scant public scrutiny.

The Minneapolis facility got four stars, St. Cloud's and Fargo's got three. Sioux Falls was awarded just two.

But Minneapolis got just one star for quality, St. Cloud two, and Fargo three.

The VA has “got this whole sort of parallel world out there that’s hidden,” said Robyn Grant, director of public policy and advocacy at the National Consumer Voice for Quality Long-Term Care, tells the Boston Globe/USA Today team. “I still can’t get over that this information is not available to people who are looking for a veteran’s home; that’s just unacceptable.”

In its release of data, the VA said the health of its home residents reflects that they’re often sicker than those in private nursing homes.

The agency did not release the more detailed information that underlies the star ratings, such as rates of infection and injury, the USA Today/Boston Globe report said.

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5.9 - The Enterprise: [Ratings give Brockton VA nursing home 1 out of 5 stars for quality](#) (18 June, Marc Larocque, 20k uvm; Brockton, MA)

The U.S. Department of Veterans Affairs recently made its annual nursing home ratings public for the first time. The ratings gives the nursing home facilities at the Brockton campus of the VA Boston Healthcare System just one out of five stars for quality.

BROCKTON – Nursing home ratings posted for the first time by the federal government gave facilities at the Brockton VA campus just one star out of five for quality.

But doctors for the VA Boston Healthcare System, which operates the Brockton campus and the nursing home services provided there, said there’s more to the story behind the quality ratings.

The Brockton VA was one of 58 around the country to receive one out of five stars for nursing home quality, out of 133 VA nursing home care centers operated by the agency. Out of the six located in New England, the one at the Brockton VA and another at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford were the only one-star quality nursing homes.

However, while the Brockton VA nursing home facilities received just one star for quality, it received five stars for staffing. The Brockton VA nursing home also received two out of five stars for its results on a surprise survey conducted by the Long Term Care Institute.

Lastly, based on a complicated calculus involving the other categories, the Brockton VA nursing home services received two “overall stars.” Of the 133 VA nursing homes around the country, there were 40 VA that received two overall stars or less.

Acting VA Secretary Peter O’Rourke said it would be a priority to improve scores at the 11 facilities that received one out of five “overall stars,” calling it the best comparison point between VA nursing homes and those in the private sector, using the Nursing Home Compare service.

O’Rourke’s agency said the “unique patient base” served by VA, with a higher proportion of clients with conditions such as post-traumatic stress disorder and prostate obstructions, makes

it “more challenging” to match the quality star ratings of nursing homes in the private sector that can selectively admit patients based on clinical matters. VA will not refuse to service any eligible veteran, the agency said.

Steven Simon, the chief of geriatrics and extended care for the VA Boston Healthcare System, said the issue of a “complex patient population” is even more pronounced at the nursing home facilities at the Brockton VA campus, which is one of six VA facilities with nursing homes connected to spinal cord injury units. There are roughly 30 patients being cared for at the spinal cord injury unit in Building 8 at the Brockton campus, who are categorized as part of nursing home patients along with about 90 others in the “community living center” in Building 4.

Simon said since a large number of patients in the spinal cord unit need to use indwelling urinary catheters, “by virtue of having these patients,” it results in lower scores on a quality rating category for patients that have catheters left in their bladders.

Another indicator for quality stars is the percentage of patients who within the last five days experienced pain. For spinal cord injury patients, chronic pain is “a hallmark of their condition,” Simon said.

Furthermore, Simon said there is no such nursing home in the community that is attached to a spinal cord injury unit.

Still, Simon said he and others on the VA Brockton team use the quality ratings to motivate themselves to improve the care available at the nursing home facilities.

“In this center, we strive everyday with all of our processes, with all of our employees, to help improve our care,” Simon said. “We’re very proud of the care we deliver and our mission to serve all veterans. The community living center in Brockton is a really unique place. Roughly a quarter of the patients are in the spinal cord injury center. Many are paralyzed from the neck or waist down.”

Simon said the population at the Brockton VA nursing home is also complex because of the amount of patients with simultaneous chronic illnesses, with veterans suffering from mental illness and substance abuse. Another indicator for quality stars is the percentage of patients at a nursing home that received anti-psychotic medication.

“This is similar across the country,” Simon said. “We are unable to select our patients. We take all eligible veterans, resulting in a care population here and across the country that has a lot of comorbid conditions.”

The quality measurements for the recent star ratings have been taken regularly since 2016, ending with the second quarter of fiscal 2018.

“We welcome the opportunity to have transparency and to have our care examined by the public,” Simon said. “We are honored and grateful to have the opportunity to serve our vets in this community. For many of them, it’s the only place they are able to go, unlike community nursing homes, which can select their patients and choose them on the basis of clinical matters. We accept all veterans. We are very proud of that and the quality of care we deliver to them.”

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7.1 - Military Times (Home HQ): [Feds restrict 2 more lenders in fight against VA 'loan churn'](#) (18 June, Karen Jowers, 2.1M uvm; Springfield, VA)

Regulators have taken action against two more lenders in their efforts to curb alleged “loan churning” practices of VA home loans that harm military and veteran borrowers.

Ginnie Mae, a government corporation that oversees the process for ensuring the success of the government’s mortgage-backed securities guarantee, has restricted Freedom Mortgage Corporation and SunWest Mortgage Company, Inc. from Ginnie Mae’s main securities programs, according to a Ginnie Mae announcement.

The companies still can sell their VA-backed loans into Ginnie Mae custom pools, but they won’t be able to place them into pools with other lenders. That likely means terms on their loans won’t be as good for borrowers.

Their restriction is effective July 1 and concludes in January, assuming they demonstrate that pre-payment speeds of loans are “substantially more in-line” with others in the industry, and that they can sustain the improved performance, according to the Ginnie Mae announcement.

Freedom Mortgage “stands firmly against the practice of loan churning and is committed to acting in the best interests of our nation’s veterans,” said Stanley Middleman, CEO of Freedom Mortgage, in a statement. He noted the company welcomes the increased transparency and has been “working closely and cooperatively with [Ginnie Mae] to make sure that Freedom’s prepay speeds are in line with other market participants.”

Officials at SunWest did not immediately respond to requests for comment.

Regulators, veteran advocates and many in the lending industry have expressed concern about the practice of “loan churning,” where veteran borrowers are pushed to refinance their VA loans. These borrowers are targeted with an onslaught of mortgage-refinance solicitations, often shortly after they’ve closed on a home loan. Some borrowers have been convinced to refinance their loan multiple times in a year, often with little or no financial benefit. Fees attached to the deals increase the overall loan amount each time it’s refinanced.

In May, President Donald Trump signed a law that includes provisions to help make sure veterans are getting a tangible financial benefit when they refinance their VA loans. VA has implemented the rules for all applications for VA loan refinance applications on or after May 25.

About 99 percent of VA loans are secured into a Ginnie Mae mortgage-backed security and then sold in the secondary mortgage market with a full faith and credit guaranty from Ginnie Mae, which is also responsible for policing their program to protect against loss.

Ginnie Mae has placed similar restrictions on two other lenders this year. NewDay USA has had a restriction since April 1, and that will end in October if NewDay demonstrates to Ginnie Mae that they have met the requirements.

Nation's Lending's previous restriction has been removed.

According to a statement from NewDay USA's retired Navy Rear Adm. Tom Lynch, co-chairman of the NewDay USA Foundation, NewDay is continuing to make VA loans to the veteran community as well as active-duty members. "The veteran community is typically underserved by the nation's largest banks and financial institutions. Many of our customers tell us they have been turned away by those very same lenders," Lynch stated.

NewDay has "made it very clear to Ginnie Mae we do not churn loans and their leadership agreed that NewDay USA does not churn loans," Lynch stated. He also cited the low delinquency rates of loans in their Ginnie Mae portfolio — recently 0.75 percent.

NewDay supports stronger measures to end loan churning, similar to its current practices, according to Lynch. They don't charge loan origination fees on VA loans being refinanced to new VA loans, according to Lynch, and they will only refinance these loans once a year, while making sure borrowers get a tangible benefit from refinancing.

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7.2 - WJHL (CBS-11, Video): [Andrew Johnson National Cemetery could be full by the end of the year](#) (18 June, Allie Hinds, 623k uvm; Johnson City, TN)

For many veterans, Andrew Johnson National Cemetery is a place of reflection, of honor, and a tangible tribute to sacrifice.

"As I walk on this hill all the time it just it just overwhelms me I guess to see that this is what freedom is really all about," Greene County veteran Guy Davis said.

Greene County has been home to Davis for 72 years, with the exception of his 20 years serving in the Army.

"My desire was to come home and be buried here with fellow soldiers," Davis said.

But now, that dream may be in jeopardy.

Andrew Johnson purchased the 15 acres of land in 1852. Since then more than 2,000 people have been buried at the cemetery. But now it is just about out of room.

"By the end of the year it could be completely no sites left," Greene County veteran Grady Barefield said.

Right now Andrew Johnson National Cemetery has 38 spots left for new burials, according to Stephanie Steinhorst with Andrew Johnson National Historic Site. Steinhorst said the cemetery does an average of 62 funerals a year. With nearly 6,000 veterans living in Greene County, those spaces are quickly disappearing.

"This is my home and I don't wanna have to leave my home to be buried in a military burial place," Davis said.

So these veterans are calling for action from their government officials.

"The government tells us that we want to take care of our veterans and I think a place to rest when the time comes should be part of that package as well," Davis said.

So we took the concerns to representatives at the state and federal level.

Rep. David Hawk (R- Greeneville) said people he has talked with in Greene County hope to see the former Greene Valley Developmental Center property used as some type of veterans medical and mental health services. He said there's also the idea that a future veterans' national cemetery could be located on the undeveloped property on the Greene Valley campus.

Hawk said in part:

"In my capacity as our state representative, I have presented these ideas to our federal legislators about our community's desires. I'm hopeful that folks on a federal level will listen, and look closely into utilizing the properties we have available in Greene County for both veterans services, as well as a new cemetery."

We also reached out to U.S. Congressman Phil Roe (R- 1st District) he said he wishes it were possible for the cemetery to continue offering burials well in to the future.

He said in part:

"Since we first learned the cemetery was running out of space, my staff and I have examined additional options for a possible path forward, and unfortunately, there does not appear to be any possible solutions given the lack of contiguous property available."

He went on to say that there is still available space at Mountain Home National Cemetery for eligible veterans who wish to be buried in East Tennessee.

For people with spouses already buried at Andrew Johnson National Cemetery, there are still about 200 spaces reserved for them, according to Steinhorst.

Andrew Johnson National Cemetery isn't the only one in this predicament. According to a CBS News, even Arlington National Cemetery is running out of room.

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7.3 - Tucson News Now (Video): [Tucson VA starting new project with therapeutic benefits for vets](#) (18 June, Emily Biehl, 560k uvm; Tucson, AZ)

Six years ago the U.S. Department of Veterans Affairs started the Whole Health system. Locally, the program began at the Tucson VA about a year ago.

Whole Health is a three prong initiative centered around community and establishing a personal health plan for veterans. It aims to empower veterans to explore what matters most to them, to

equip veterans with self care and integrative health methods, and to treat veterans with clinical care.

The push for the program comes from the U.S. ranking at 37 in terms of life expectancy along with the VA's mission to help veterans take charge of their health and well-being.

One of the ways the Tucson VA is aiming to do all of that for local vets is through gardening. The project to build a new garden and a ramada to go with it started on Monday.

"Having a garden, which seems like such an old fashioned thing to do, is actually documented to have healthy responses," said Roberta Lee, the Whole Health Medical Director.

Gardening is part of the integrative health aspect of Whole Health.

While the garden itself won't be too large, Dr. Lee says the benefits of it will be huge. It's a skill that Dr. Lee says is much like yoga or tai chi, that can help to heal and provide veterans with a greater sense of peace.

Lee notes, "As a physician I'd like people to be aware that there's all sorts of medical research that supports that this event of having a garden."

The garden will allow veterans to grow vegetables and flowers while also learning skills that can help to improve their health. Learning those skills and habits to live a healthier lifestyle is of the utmost importance to the Tucson VA.

According to Lee, the goal of the garden is about, "Doing things in your lifestyle that are healthy. Like learning how to prepare food that's healthy instead of running to get the nearest fast food."

Learning will continue beyond the garden though.

The new ramada that the Tucson VA is building near the garden will be the spot where Tucson VA will teach the veterans how to cook the food they grow and what they need to grow a garden of their own. Dr. Lee says she hopes the veterans are encouraged to grow their own urban gardens.

The Tucson VA says the garden won't be opening until fall, but once is ready for use they anticipate it having very positive benefits for veterans health and well being.

"You can learn how to grow plants. You can notice how you feel different when you're around plants. You can enjoy the fruits of your labor and the benefits of it as the person participating," said Dr. Lee.

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7.4 - KRGV (ABC-5, Video): [VA Creates New Policy to Protect Veterans from Predatory Loans](#) (18 June, 275k uvm; Weslaco, TX)

The U.S. Department of Veterans Affairs issued a new policy to protect veterans from predatory lenders.

The agency says it's enforcing requirements for its VA guaranteed refinance loans.

In doing so, they say it's keeping veterans away from repeatedly refinancing their home loans.

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8. [Other](#)

8.1 - Military.com: [Veterans Groups Are Now Pledging to Serve Community With New Creed](#) (18 June, Richard Sisk, 9M uvm; San Francisco, CA)

Eleven veterans organizations have adopted a "Veteran's Creed" that acknowledges pride of service and a continuing shared commitment to values that strengthen the nation.

The fourth tenet of the creed states that "I continue to serve my community, my country and my fellow veterans."

The creed, which was adopted on Flag Day last week at an event at the Reserve Officers Association, was the result of extensive discussions among veterans groups that began last fall at Georgetown University.

"The creed will help prepare veterans for their productive civilian lives," said Dr. Joel Kupersmith, Director of Veterans' Initiatives at Georgetown University.

Retired Army Gen. George W. Case, Jr., the former Army chief of staff and commander of Multi-National Force Iraq, said the creed may motivate veterans to continue to give back.

"I believe the Veteran's Creed could remind veterans of what they miss about their service and encourage them to continue to make a difference in their communities and across our country," he said. "We need their talents."

The Veteran's Creed, similar to the Army's Soldier's Creed, was intended to underline the "altruistic ethos of veterans themselves."

It also purports to "remind Americans that the principles and values veterans learned in the military -- integrity, leadership, teamwork, selfless service -- can greatly benefit our country," according to the veterans groups.

"In the Army I lived both the Soldier's Creed and the NCO Creed," said John Towles, Director of National Security & Foreign Affairs for the Veterans of Foreign Wars.

"As veterans, we must realize that our service does not stop simply because we take off the uniform," he added. "Many of us struggle to find our place once we leave the military, but now we have a new set of watchwords to guide and remind our brothers and our sisters in arms that our mission is far from over."

The Creed is backed by AMVETS, Disabled American Veterans, HillVets, Iraq and Afghanistan Veterans of America, Military Order of the Purple Heart, Paralyzed Veterans of America,

Reserve Officers Association, Student Veterans of America, Team Rubicon Global, Veterans of Foreign Wars and Wounded Warrior Project.

The Creed states:

1. I am an American veteran
2. I proudly served my country
3. I live the values I learned in the military
4. I continue to serve my community, my country and my fellow veterans
5. I maintain my physical and mental discipline
6. I continue to lead and improve
7. I make a difference
8. I honor and remember my fallen comrades

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8.2 - WHO (NBC-13): [Free DART Rides Begin for Veterans](#) (18 June, 445k uvm; Des Moines, IA)

Starting Monday, veterans can use Des Moines' public transit system DART for free.

DART says a successful pilot program last month showed veterans boarded the buses nearly 8,500 times in the month of May.

Polk County supervisor Angela Connolly says this shows how important public transportation is for veterans living in the metro.

All that's needed to take advantage of program is a valid ID proving service. Veterans can use one of these: Veterans Affairs (VA) hospital card, retired military service ID, Iowa license with veteran status, or Veterans Affairs (VA) photo ID.

If a veteran doesn't already have a VA hospital card, retired military service ID, or Iowa license with veteran status the staff at the VA office at the Polk County River Place can create a photo ID for them.

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Veterans Affairs Media Summary and News Clips

20 June 2018

1. [Top Stories](#)

1.1 - USA Today, Boston Globe (Video): [Lawmakers demand secret VA nursing home data be released after USA TODAY, Boston Globe report](#) (19 June, Donovan Slack, 36.8M uvm; McLean, VA)

Several members of Congress demanded Tuesday that the Department of Veterans Affairs release a full complement of nursing home data that the agency has kept hidden from the public for years, citing a recent USA TODAY and Boston Globe investigation into the state of care at VA facilities. The VA pushed back Tuesday on the report, which was based on the agency's own internal documents and facility ratings, by downplaying the findings and calling the story "fake news."

[Hyperlink to Above](#)

1.2 - Military Times: [VA watchdog accuses leadership of withholding access to employee complaints](#) (19 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs' independent watchdog office is accusing department leaders of improperly withholding records dealing with employee complaints, saying the action could be covering up potential criminal misbehavior. Veterans Affairs leaders have responded by accusing the inspector general of overstepping its authority and improperly issuing reports that "recklessly cast the VA and its employees in an unfavorable light."

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1.3 - Stars and Stripes (AP): [West Virginia VA hospital being renamed in Williams' honor](#) (19 June, 1.5M uvm; Washington, DC)

The Huntington VA Medical Center is being renamed for World War II veteran Woody Williams. Congressman Evan Jenkins says in a news release that President Donald Trump has signed Jenkins' legislation to rename the hospital the Hershel "Woody" Williams VA Medical Center. Jenkins says the bill was signed Friday.

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1.4 - Stars and Stripes: [Democrats call for investigation after VA fails to share information on new disciplinary law](#) (19 June, Nikki Wentling, 1.5M uvm; Washington, DC)

Democrats are calling for an investigation into a one-year-old law that gave Department of Veterans Affairs leaders more power to discipline employees, citing a lack of transparency from the agency about how it's being put to use. Congress passed the bipartisan VA Accountability and Whistleblower Protection Act last June, creating more repercussions and a quicker firing process for poor-performing VA employees.

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1.5 - Staten Island Advance: [Veterans say Brooklyn VA lacks transparency; Donovan bill would require communication](#) (19 June, Kristin F. Dalton, 1.5M uvm; Staten Island, NY)

For years, rumors have been circulating that the VA Medical Center in Brooklyn, which many Staten Island veterans depend on for critical care and services, would be closing or services would be cut. Concerned veterans say the hospital offers little, if any, communication about the

hospital's future, periodically leaving them panicked. "It amounts to a breach of trust," said Kristen Rouse...

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1.6 - Arkansas Democrat-Gazette: [Death linked to work of impaired VA pathologist at Arkansas hospital](#) (19 June, Doug Thompson, 871k uvm; Little Rock, AR)

At least one death resulted from a missed diagnosis by a veterans hospital pathologist who worked while impaired, according to the first findings in a review of almost 20,000 cases, announced Monday by U.S. Department of Veterans Affairs administrators and members of the Arkansas congressional delegation. "We are treating this like a national disaster," Kelvin L. Parks, interim medical director at the Veterans Health Care System of the Ozarks...

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1.7 - Waco Tribune-Herald: [VA leader acknowledges lack of communication on PTSD center move](#) (19 June, Phillip Ericksen, 193k uvm; Waco, TX)

Waco city leaders were caught off guard by a plan to move a Department of Veterans Affairs post-traumatic stress disorder program from Waco to Temple, Waco Mayor Kyle Deaver said Tuesday during a city council meeting with Christopher Sandles, director of the Central Texas Veterans Health Care System. Sandles said the health system has fallen short in keeping local officials updated and that his primary reason for going to the council's work session Tuesday...

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2. [Greater Choice for Veterans](#)

2.1 - Newsmax: [VA Nursing Home Ratings That Hid Poor Care Were Kept Secret](#) (19 June, 10.8M uvm; Boca Raton, FL)

Nearly half of the VA's nursing homes received the agency's lowest ratings, according to quality data that the agency tried to keep secret until recently, USA Today and the Boston Globe reported. Some 60 nursing homes connected with the Department of Veterans Affairs had received only one of five possible stars as of Dec. 31, 2017, the two newspapers said after reviewing the documents they received.

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2.2 - Salem News: [VA Mission Act: Another step toward a better VA](#) (19 June, Sen. Roy Blunt (R-Mo.), 17k uvm; Salem, MO)

This month, President Trump signed into law legislation that makes some of the most transformative improvements at the Department of Veterans Affairs in a generation. The bill marks the latest step the administration and Congress have taken to fulfill the promises we have made to those who have served.

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3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [VA telemedicine program slashed interhospital ICU transfers](#) (19 June, Anuja Vaidya, 441k uvm; Chicago, IL)

A study, published in CHEST, examined the effects of a Veterans Affairs' intensive care unit telemedicine program on interhospital transfers. Researchers studied data from 553,523 admissions to 306 Veterans Affairs ICUs between 2011 and 2015. Of the total number of admitted patients, 97,256 were admitted to ICUs with telemedicine services and 456,267 to ICUs without the services.

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3.2 - Healthcare IT News: [VA tackles interoperability, massive data stores with open FHIR API project - Veterans Health Affairs' director of standards and interoperability warns that FHIR is not a cure all, just one valuable asset in a tech toolbox.](#) (19 June, Jessica Davis, 438k uvm; Portland, ME)

The U.S. Department of Veterans Affairs over the last year has made a pointed shift to modernize the agency: First with the announcement to replace its legacy EHR with Cerner in June 2017 and next with several platforms to boost transparency and telemedicine efforts. But the launch of its open API project in March – once dubbed Lighthouse and now called the VA API Developer Sandbox...

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3.3 - HealthLeaders: [VA Telemedicine Cut Hospital Transfers For ICU Patients](#) (19 June, Salynn Boyles, 162k uvm; Brentwood, TN)

A Veterans Affairs program using telemedicine to improve care of critically ill patients in regional VA hospitals appeared to reduce transfers to intensive care units (ICUs) at larger facilities without compromising patient survival, researchers said. From 2011 to 2014, the VA implemented the program in 52 ICUs in 23 regional acute care hospitals in nine states, explained Spyridon Fortis, MD, of the Iowa City VA Health Care System, and colleagues writing in the journal CHEST.

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4. [Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report: [Veterans Affairs to Hold Town Hall on Health Care Plans](#) (19 June, 24M uvm; Washington, DC)

The Department of Veterans Affairs has scheduled a town hall in southern Illinois to discuss the agency's health care system. Spokesman Kevin Davis says Wednesday's town hall in Harrisburg is designed to solicit feedback from veterans, their families and other beneficiaries of the health care system.

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4.2 - KNSD (NBC-7, Video): [North County Doctor Contracted by VA Faces Sex Assault Charges](#) (19 June, Omari Fleming, 2.1M uvm; San Diego, CA)

A North County doctor contracted to evaluate patients for the Department of Veterans Affairs is facing sex assault charges from multiple female patients. At least one of the alleged assaults occurred at the QTC Medical Group in Oceanside where Dr. Edgar Manzanera worked.

According to a complaint filed last Friday, Dr. Manzanera was alone with one woman when she was asked to strip to her underwear and put on a loose-fitting gown.

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4.3 - Government Executive: [Lawmakers Call for an Investigation Into Discipline at VA](#) (19 June, Eric Katz, 870k uvm; Washington, DC)

A group of lawmakers is calling on the Veterans Affairs Department's watchdog to investigate the implementation of a new law that makes it easier for the agency to discipline and fire its employees, saying it has been carried out "inappropriately and inconsistently." VA has not submitted information required by the law to Congress and employees have reported the department is unfairly interpreting its new authorities...

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4.4 - WIBW (CBS-13): [IG Report: No mismanagement at Topeka VA, but improvements are needed](#) (19 June, Shawn Wheat, 484k uvm; Topeka, KS)

A recent report from the Department of Veterans Affairs Office of the Inspector General did not substantiate claims of mismanagement at Topeka's VA Hospital, but did find room for improvement. The VA says it has already addressed many of the issues found by the Inspector General. But one woman who has dedicated her life to helping veterans says more needs to be done.

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4.5 - WBAY (ABC-2): [State, VA focus on fighting opioid abuse among veterans](#) (19 June, Sarah Thomsen, 443k uvm; Green Bay, WI)

The VA and Department of Justice are working together to help veterans who are addicted to opioids and prevent others from getting hooked. It's the newest phase of Wisconsin's Dose of Reality campaign. Leaders gathered at the VA Clinic in Green Bay to discuss their goals.

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4.6 - WTKR (CBS-3, Tribune Media Wire, Video): [VA pathologist fired for being 'impaired', nearly 20,000 veterans may be at risk](#) (19 June, 441k uvm; Norfolk, VA)

Officials with the VA Medical Center in Fayetteville and the U.S. Department of Veterans Affairs announced an investigation Monday after a pathologist was found to be "impaired" and misdiagnosed patients, resulting in at least one death. Dr. Skye McDougall, the Network Director and CEO of the U.S. Department of Veterans Affairs, made the announcement on Monday.

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4.7 - KJRH (NBC-2): [VA pathologist accused of being impaired on job](#) (19 June, 274k uvm; Tulsa, OK)

Thousands of veterans in danger tonight - after a pathologist at a VA clinic is accused of being impaired on the job at the Veterans Health Care System of the Ozarks in Fayetteville, Arkansas. The VA is withholding the name of the physician - but it wasn't his first time impaired on the job. The doctor was reprimanded back in March 2016 and sent to an impaired physician program which he successfully completed.

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4.8 - Times Record: [VA reviews cases after firing Arkansas pathologist found to be 'impaired'](#) (19 June, John Lovett, 272k uvm; Fort Smith, AR)

The Veterans Health Care System of the Ozarks will review about 33,000 cases after firing a staff pathologist found to be "impaired." Leadership at the VA in Fayetteville announced Monday a pathologist who had been hired in 2005 was fired in October. The cases to be reviewed only involve those with tissue taken from a biopsy, not blood work, said Wanda Shull at the VA Public Affairs Office in Fayetteville.

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4.9 - WSAW (CBS-7, Video): ['Dose of Reality' campaign focusing on opioid abuse by veterans](#) (19 June, Jerel Ballard, 196k uvm; Wausau, WI)

On Tuesday, Wisconsin Attorney General Brad Schimel along with several other lawmakers announced the next phase of the "Dose of Reality" campaign at the Wausau Community Outpatient Clinic. Since 2015, the campaign has targeted families and young people on the dangers of opioid and drug abuse. The next phase will target veterans and their families.

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4.10 - Salisbury Post: [Miss North Carolina USA visits Hefner VA](#) (19 June, Margaret Young, 159k uvm; Salisbury, NC)

Miss North Carolina USA Caelynn Miller-Keyes used to be very shy. When she started competing in pageants her senior year of high school, she found her voice. Jai-Leah Miller Kamenicky, Miller-Keys' mother, said pageants helped her daughter find herself and figure out who she is as a person.

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4.11 - FEDweek: [Incentives Not Making Up for Inadequate Pay at VA, Says Report](#) (19 June, 51k uvm; Glen Allen, VA)

VA medical facilities say that non-competitive salaries, high staff turnover and a lack of qualified applicants are the primary reasons behind the department's difficulties in recruiting and retaining employees, particularly in the medical fields, according to an IG report.

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4.12 - WSAU (CMN-550): [Tomah VA Holding Town Hall Meetings on Wednesday](#) (19 June, Logan Wenger, 33k uvm; Wausau, WI)

Matthew Gowen is the Public Affairs Officer with the Tomah VA. He says while they do have topics lined up for the meetings, they're going to let veterans themselves drive the conversation. "Primarily, this is for us to be out there in the community to put us closer to these veterans out here in Wisconsin Rapids, in Wausau, and in Clark County, to where we get their ideas, their issues, and to hear their comments and to be able to respond directly to them," he said.

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4.13 - KUAR (NPR-89.1, Audio): [Probe Of Arkansas VA Doctor Shows Thousands Of Patients At Risk](#) (19 June, Jacqueline Froelich, 16k uvm; Little Rock, AR)

The details surrounding the discovery of an impaired doctor at the Veterans Health Care System of the Ozarks were made public Monday at a press conference. At least one death appears to have resulted from the physician's behavior and thousands of patients might be at risk. Three members of Arkansas's congressional delegation stood beside regional and federal officials from the U.S. Department of Veterans Affairs.

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5. Improve Timeliness of Service

5.1 - Arizona Republic (Updated, Video): [VA nursing home in Arizona ranks among worst nationally, data show](#) (18 June, Dennis Wagner, 10.8M uvm; Phoenix, AZ)

Correction: The Community Living Center in Prescott did respond to The Republic's request for comment. The story has been updated to reflect those comments. The Department of Veterans' Affairs Community Living Center in Prescott is ranked near the bottom among VA nursing homes nationwide, according to federal data and evaluations obtained by the USA TODAY Network.

[Hyperlink to Above](#)

5.2 - Sacramento Bee (Correction, AP): [Correction: Arizona-VA Nursing Home story](#) (19 June, 4.8M uvm; Sacramento, CA)

In a story June 18 about ranking of the VA nursing home in Prescott, The Associated Press reported erroneously that a spokeswoman for the Northern Arizona VA Healthcare System did not respond to questions about care. A spokeswoman, Mary Dillinger, later told The Arizona Republic that improvements have been made since the evaluation was conducted and the ranking is being used to improve services.

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5.3 - WDRB (FOX-41, Video): [Louisville to host annual National Veterans Wheelchair Games in 2019, It's the largest annual sporting event dedicated to rehabilitation in the world](#) (13 June, 1.2M uvm; Louisville, KY)

The largest annual competitive wheelchair event in the world is coming to Louisville. Louisville will host the National Veterans Wheelchair Games in July of 2019. Hundreds of veterans will compete in 19 different sports, including swimming, basketball, weightlifting, archery, bowling and more. This will be the 39th year for the event that's organized by the Kentucky-Indiana Chapter of the Paralyzed Veterans of America.

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5.4 - WLKY (CBS-31, Video): [National Veterans Wheelchair Games coming to Louisville in 2019](#) (13 June, Caray Grace, 834k uvm; Louisville, KY)

The National Veterans Wheelchair Games are coming to Louisville for the first time in 2019. It's the biggest competitive sporting event for veterans. Officials are expecting nearly 1,000 veteran athletes and approximately 1,500 caretakers to travel with them for the 39th annual games.

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5.5 - WAMC (NPR-90.3, Video): [The Healing Power Of Animals](#) (13 June, Joe Donahue, 165k uvm; Albany, NY)

Dr. Lorin Lindner is the Clinical Psychologist for Clinica Sierra Vista Behavioral Health. She initiated the use of animals to treat trauma in Veterans at the VA Hospital in Los Angeles; the first program of its kind. She is the President of the Board of the Association for Parrot C.A.R.E. and of the Lockwood Animal Rescue Center.

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5.6 - KEZI (ABC-9, Video): [Roseburg VA Using Alternative Therapies](#) (19 June, Tyler Jones, 164k uvm; Eugene, OR)

The Roseburg VA Healthcare System has a new way to help veterans with healthcare, including battling chronic pain. The National Veterans Affairs Office has been working with its campuses around the country to use alternative therapies to heal the mind and body. The Whole Health and Wellness program has been in the works for the better part of a decade.

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5.7 - Salisbury Post: [Hefner VA Medical Center has one-star rating in nursing home care; director says improvements already underway](#) (19 June, Mark Wineka, 159k uvm; Salisbury, NC)

Across the VA nursing home system, the W.G. (Bill) Hefner VA Medical Center in Salisbury has a one-star rating, putting it among the lowest rated in the country. "Does it mean we have areas to improve? Absolutely," said Joseph P. Vaughn, who has been director of the Hefner center for less than three months. "(But) I don't want people to see that and think veterans are getting horrible care here because it's just not the case."

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5.8 - Chillicothe Gazette (Video): [Stivers, Wenstrup ask VA for more details about living center's one-star rating](#) (19 June, 154k uvm; Chillicothe, OH)

Two local members of Congress want more details about an internal rating system for VA Community Living Centers and sent a letter this week as a formal request. U.S. Rep. Steve Stivers, R-Upper Arlington, and U.S. Rep. Brad Wenstrup, R-Columbia-Tusculum, signed a letter asking the Department of Veterans Affairs for more details that saw the Chillicothe VA's CLC receive just one star.

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5.9 - Kokomo Tribune: [Sen. Donnelly asks VA to investigate new Kokomo clinic, Senator asking for information about program following complaints from local veterans](#) (19 June, Carson Gerber, 77k uvm; Kokomo, IN)

U.S. Sen. Joe Donnelly is asking Veterans Affairs officials to investigate the new outpatient clinic in Kokomo after local veterans expressed concerns about access to care and problems scheduling appointments. Donnelly recently sent a letter to VA Northern Indiana Health Care System Director Michael Hershman, whose office runs the Kokomo clinic...

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5.10 - WXPB (NPR-91.7, Audio): [Iron Mountain VA Nursing Care Gets High Grades](#) (19 June, Ken Krall, 15k uvm; Rhinelander, WI)

A report finds the Oscar G. Johnson VA Medical Center in Iron Mountain revealed that its nursing home received 5-stars as part of its annual performance rating. The Iron Mountain-based VAMC's announcement came after VA extended its unprecedented 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.

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6. Suicide Prevention

6.1 - Newsy (Video): [A New VA Report Examines The Suicide Rate Among Veterans - A new report from the Department of Veterans Affairs found veterans are two times more likely to die by suicide than non-veterans.](#) (19 June, Cristina Mutchler, 433k uvm; Cincinnati, OH)

According to a Department of Veterans Affairs report released Monday, veterans are twice as likely as non-veterans to die by suicide. The agency examined data from 2005 through 2015 across the U.S., aiming to improve its suicide prevention program. It found an increase in rates of suicide among veterans, aligning with recent Centers for Disease Control and Prevention statistics on the rise in suicide rates for the general population.

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6.2 - Summerville Journal Scene: [Trident Health to launch suicide awareness initiative on Wednesday](#) (19 June, 55k uvm; Summerville, SC)

Of the nearly 20 million veterans living throughout the United States, an average of 20 per day continue to take their own lives, according to new data published Monday by the U.S. Department of Veterans Affairs. But the VA reported how veterans and non-veterans are at the heart of the national crisis – with suicides spiking among both populations.

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6.3 - Leavenworth Times: [Veteran found shot in VA parking lot](#) (19 June, 49k uvm; Leavenworth, KS)

A Vietnam War era veteran died from an apparent suicide last week on the grounds of Department of Veterans Affairs hospital in Leavenworth, according to a statement released by a hospital spokesman. A Vietnam War era veteran died from an apparent suicide last week on the grounds of Department of Veterans Affairs hospital in Leavenworth, according to a statement released by a hospital spokesman.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military.com (Paycheck Chronicles): [New VA Policy to Protect Veterans from Predatory Lending](#) (19 June, Jim Absher, 9M uvm; San Francisco, CA)

VA has issued a new policy implementing the May 2018 Economic Growth, Regulatory Relief, and Consumer Protection Act, to protect veterans who apply for a VA-guaranteed refinance loan. The act helps protect veterans and service members from the dangers associated with repeatedly refinancing their home loans.

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7.2 - Military Times (Home HQ): [Not just VA: More state-run programs that could help you land your dream home](#) (19 June, Kevin Lilley, 2.1M uvm; Springfield, VA)

Even if troops and veterans have mastered the VA-backed loan process, that doesn't mean they know every bit of housing benefit they've earned from their service. Many states offer some sort of home-buying help for those who've worn the uniform, though the assistance takes many forms: Lower interest rates, zero-interest loans for down payments, and other benefits. Most of these come with restrictions, eligibility requirements and other fine print that can exclude some veterans or properties.

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8. [Other](#)

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1. [Top Stories](#)

1.1 - USA Today, Boston Globe (Video): [Lawmakers demand secret VA nursing home data be released after USA TODAY, Boston Globe report](#) (19 June, Donovan Slack, 36.8M uvm; McLean, VA)

Several members of Congress demanded Tuesday that the Department of Veterans Affairs release a full complement of nursing home data that the agency has kept hidden from the public for years, citing a recent USA TODAY and Boston Globe investigation into the state of care at VA facilities.

The VA pushed back Tuesday on the report, which was based on the agency's own internal documents and facility ratings, by downplaying the findings and calling the story "fake news."

The internal documents show that care at the VA's 133 nursing homes scored worse on average than private sector homes on key quality indicators, including rates of anti-psychotic drug prescription and residents' deterioration.

Following inquiries from USA TODAY and the Globe, the VA last week released some of its nursing home ratings, but not the underlying quality data, such as rates of infection and injury. The agency has tracked this information for years, but kept it from public view.

"Widespread underperformance at VA nursing homes is a betrayal of veterans' trust and wellbeing," said Minnesota Rep. Tim Walz, the highest ranking Democrat on the House Veterans Affairs Committee. "VA concealing this data from the public until news stories were about to be filed makes matters infinitely worse and is nothing more than fake transparency.

"Veterans and their loved ones deserve real accountability and transparency at VA, and that is why I am calling on VA to make all nursing home data, especially key quality indicators such as rates of injury and infection, available to the public immediately."

Both the Republican-led House and Senate VA committees requested briefings from VA officials following the report. Those meetings are scheduled later this week, spokespeople for the committees said.

VA press secretary Curt Cashour, meanwhile, took to Twitter to claim that prior to Trump's presidency, "you haven't seen this much VA transparency or accountability," and call the story about the secret nursing home data "the definition of fake news."

Cashour on Tuesday claimed the story painted "a misleading picture of how our facilities actually compare with the private sector."

The ratings showed that as of March 31, nearly half of VA nursing homes – 58 – received the lowest rating for quality in the agency's rankings of one out of five stars.

Cashour declined to answer questions about why the VA hasn't released the underlying nursing home quality data, inspection reports, or staffing data.

He asserted that “overall,” the VA nursing home system “compares closely” with the private sector. But he said VA nursing homes score lower on key quality indicators because veterans are typically sicker than residents of private facilities.

“Also, private sector nursing homes admit patients selectively, whereas – unlike the private sector – VA will not refuse service to any eligible veteran, no matter how challenging the veteran’s conditions are to treat,” Cashour said.

Lawmakers demanding the VA release all its nursing home data include Massachusetts Democratic Sens. Elizabeth Warren and Ed Markey, Alabama Sen. Doug Jones, and Massachusetts Rep. Seth Moulton, also Democrats.

The VA nursing home in Bedford, Massachusetts, was one of the worst in the country in the agency’s quality ratings last year receiving one out of five stars, in part for giving so many residents anti-psychotic drugs, according to internal VA documents.

“Veterans deserve the best healthcare in the world. Period. That means having more transparency than private providers, not less,” said Moulton, an Iraq veteran who receives healthcare at the Bedford VA. “The VA is doing many things well, but this is a clear example of where they are failing.”

The VA nursing home in Tuskegee, Alabama, also was among the worst in the country in the agency’s quality ratings last year, according to internal documents. Staff there lost track of Earl James Zook, 72, a dementia patient and known wander risk, who walked out a broken door on a secure ward in January 2017 and hasn’t been seen since. His wife of 38 years, Leslie Roe, had him declared dead earlier this year.

“This information is shocking,” Jones said. “And even more than that, it’s so sad that we continue to let down those men and women who have served us so well, and that we have made promises to take care of them, and we just continue to fail, and that is both sad and shocking.”

A bipartisan group of House members from Florida penned a letter to the VA Monday urging that care be improved at VA nursing homes in Tampa and Bay Pines, Fla., both one-star facilities in agency rankings. The lawmakers called the VA’s claim that veteran’s are sicker than private nursing home residents “simply insufficient.”

“We cannot tolerate sub-par quality of care for Veterans who have sacrificed so much,” wrote Republican Rep. Gus Bilirakis and Democratic Reps. Kathy Castor and Charlie Crist. “They have earned the best we can offer.”

Cashour, the VA spokesman, said “VA appreciates the lawmakers’ concerns and will respond to them directly.”

Conservative advocacy group Concerned Veterans for America, which has generally been supportive of VA leadership under Trump, echoed lawmakers who said VA needs to open the books on its nursing homes.

“The more data that the VA can share, the better, because ultimately, at the end of the day, it helps veterans,” Dan Caldwell, executive director of the group, said in an interview. “It helps veterans determine whether or not they are getting the quality of care that they deserve.”

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5.2 - Military Times: [VA watchdog accuses leadership of withholding access to employee complaints](#) (19 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs' independent watchdog office is accusing department leaders of improperly withholding records dealing with employee complaints, saying the action could be covering up potential criminal misbehavior.

Veterans Affairs leaders have responded by accusing the inspector general of overstepping its authority and improperly issuing reports that "recklessly cast the VA and its employees in an unfavorable light."

Lawmakers pulled into the fight this week call the conflict concerning.

"The total lack of cooperation from the VA is alarming and a disservice to American veterans and taxpayers," said Sen. Jon Tester, D-Mont., and ranking member of the Senate Veterans' Affairs Committee.

"I'm demanding the VA immediately comply with the IG's request for access to information. The VA leadership that prides itself on transparency is not above the law or exempt from independent oversight."

At issue is an ongoing request from VA Inspector General Michael Missal to review all complaints filed with the department's new Office of Accountability and Whistleblower Protection, stood up in summer 2017 in an effort to help root out misbehavior within the department.

In a series of letters to VA leadership, Missal said he was promised access to those records in his role as an independent overseer for the federal agency. Earlier this month, he accused acting Veterans Affairs Secretary Peter O'Rourke of violating the law by refusing to open those files to the IG staff.

In response last week, O'Rourke (who previously served as the head of the whistleblower office) denied unfettered access to the documents, calling the request too broad and impractical.

He also blasted Missal's office for repeated failure to "demonstrate due professional care" and "not performing its responsibilities in a fair and objective manner" in a series of reports in recent months.

"You also appear to misunderstand the independent nature of your role and operate as a completely unfettered autonomous agency," O'Rourke's letter stated. "You are reminded that (the IG) is loosely tethered to VA and in your specific case as the VA inspector general, I am your immediate supervisor. You are directed to act accordingly."

Conflicts between the inspector general and VA leadership are common, given the inherently confrontational role of the oversight office.

Department investigators during President Barack Obama's administration were accused both of being too close to VA leadership and too hostile towards them, and multiple recent VA secretaries have complained about disagreements with their findings.

But the IG has also enjoyed strong support from lawmakers despite those criticisms. Tester said the current fight indicates that "the department must be held accountable to veterans and must stop this reckless behavior."

Missal said his staff needs access to the accountability office complaints to ensure that work isn't being duplicated and that criminal accusations are being properly pursued.

"Denying the IG access, or selectively providing access to certain records, is also antithetical to the fundamental purpose of (the whistleblower office) and its stated commitment to transparency," he wrote in a letter to O'Rourke.

"It deprives veterans and the public of the ability to ensure that (the whistleblower office) is in fact holding department officials accountable consistent with its mandate."

O'Rourke said in his response that unrestricted access to those files is neither realistic nor required. He argued that the impetus behind setting up the new office was because IG officials failed to do enough to protect whistleblowers, and that officials are sharing complaints when appropriate.

He called the latest fight between the offices more evidence that the IG "has significantly deviated from (professional) standards in ways that have materially harmed the VA and its employees."

O'Rourke was named acting VA secretary on May 30 after then-acting secretary Robert Wilkie was named the permanent nominee for the top department post. His paperwork has not yet been delivered to the Senate for consideration, so no timeline has been set for confirmation hearings or a full chamber vote.

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5.3 - Stars and Stripes (AP): [West Virginia VA hospital being renamed in Williams' honor](#) (19 June, 1.5M uvm; Washington, DC)

The Huntington VA Medical Center is being renamed for World War II veteran Woody Williams.

Congressman Evan Jenkins says in a news release that President Donald Trump has signed Jenkins' legislation to rename the hospital the Hershel "Woody" Williams VA Medical Center. Jenkins says the bill was signed Friday.

Williams served in the Marine Corps. He received a Purple Heart after being wounded at Iwo Jima on March 6, 1945. He was awarded the Congressional Medal of Honor by President Harry S. Truman in October of that year. Williams is the state's last surviving Medal of Honor recipient.

Jenkins calls Williams a "true American hero" and says renaming the hospital "is a fitting tribute" for what Williams has done for veterans and families.

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5.4 - Stars and Stripes: [Democrats call for investigation after VA fails to share information on new disciplinary law](#) (19 June, Nikki Wentling, 1.5M uvm; Washington, DC

Democrats are calling for an investigation into a one-year-old law that gave Department of Veterans Affairs leaders more power to discipline employees, citing a lack of transparency from the agency about how it's being put to use.

Congress passed the bipartisan VA Accountability and Whistleblower Protection Act last June, creating more repercussions and a quicker firing process for poor-performing VA employees. Advocates saw it as a way to root out a perceived culture of corruption at the VA, but four senators said they're worried it's been used to punish staff inappropriately for minor offenses or whistleblowing.

In a letter Monday, Sens. Jon Tester, D-Mont., Richard Blumenthal, D-Conn., Tammy Baldwin, D-Wisc., and Sherrod Brown, D-Ohio, asked VA Inspector General Michael Missal to investigate.

"We request that the Office of Inspector General conduct a thorough review to ensure implementation is being carried out consistent with law and congressional intent," the senators wrote. "We have had numerous VA employees and their representatives contact our offices about the law's implementation, indicating that the authorities provided by the law are being used in an inconsistent and inappropriate manner."

The law passed last year mandated the VA to submit a report by Dec. 31, 2017, about VA disciplinary actions and procedures under the new act. The VA submitted some information, but senators told Missal that it was incomplete and "unacceptable."

According to the law, the VA was required to report the average time that it took to discipline an employee, the number of steps involved in the process and the number of times employees appealed disciplinary actions, as well as how often the new rules were being used compared to old processes. The law also called for an analysis from the VA and suggestions about how to improve disciplinary procedures.

The VA told lawmakers that they didn't have the necessary computer software to track most of the information requested. In a report to Congress, the VA said it would establish a tracking system that would be in place near the end of 2018.

In the senators' letter to Missal, they said they have since learned the software was already acquired and implemented "yet Congress still lacks this information."

VA Press Secretary Curt Cashour insisted Tuesday the VA had not yet developed the ability to track all accountability actions. The agency also can't pinpoint the length of time it takes to discipline employees. He said the VA was working on it but doesn't have clear timeline to implement those capabilities, nor a cost estimate for the new software.

As part of the required report, Congress was supposed to receive data about disciplinary decisions from the three-year period before the accountability act became law. In a letter to

Tester on June 1, acting VA Secretary Peter O'Rourke said he estimated it would take at least 7,000 staff hours to gather that data.

O'Rourke used to lead the VA Office of Accountability and Whistleblower Protection before he was named VA chief of staff in February, and then acting secretary in May.

The VA publicizes some information on its website, though it's limited. Last July, the VA began posting a list of employee terminations, demotions and suspensions. It includes employee titles and the type of action taken against them.

The VA fired 1,484 employees in 2017, according to the publicly posted data. Between the start of 2018 and the end of April, the VA had fired 912 workers. Data about VA firings before 2017 are not publicly available.

The feud over access to information about the VA's new disciplinary rules comes as President Donald Trump looks to expand the rules government-wide.

Trump has repeatedly touted the new law as a major victory for veterans. Using it as a blueprint, he signed three executive orders in May that aim to limit union activity at all federal agencies, shorten the amount of time that it takes to fire federal workers and encourage agencies to fire employees, instead of merely disciplining them.

The effort has received some pushback.

The American Federation of Government Employees, a federal union, filed for an injunction to prevent the White House from implementing and enforcing one of the executive orders. The union argued it would deny workers their legal right to representation.

AFGE, which represents more than 220,000 VA workers, also fought against the VA Accountability and Whistleblower Protection Act last year. The union now contends the law has been misused, arguing VA leaders are using it to target low-level employees, rather than poor-performing supervisors.

"VA makes absolutely no apology for holding employees accountable when circumstances warrant," Cashour said in response to the allegations.

The senators asked Monday that Missal work with them in coming weeks to discuss the scope of an investigation.

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5.5 - Staten Island Advance: [Veterans say Brooklyn VA lacks transparency; Donovan bill would require communication](#) (19 June, Kristin F. Dalton, 1.5M uvm; Staten Island, NY)

For years, rumors have been circulating that the VA Medical Center in Brooklyn, which many Staten Island veterans depend on for critical care and services, would be closing or services would be cut.

Concerned veterans say the hospital offers little, if any, communication about the hospital's future, periodically leaving them panicked.

"It amounts to a breach of trust," said Kristen Rouse, an Army veteran and president and founding director of the NYC Veterans Alliance.

A closure would force Staten Island and Brooklyn veterans to trek to the Manhattan VA Medical Center. According to the U.S. Census Bureau, there are 17,000 veterans living on the Island.

Rouse said she has heard veterans say they would not seek medical care if forced to travel to Manhattan.

"It's been really frustrating," she said.

LEGISLATION REQUIRES TRANSPARENCY

New legislation being introduced by Rep. Daniel Donovan would require the Department of Veterans Affairs to notify veterans of any planned closures or service changes at VA medical centers across the country.

The Veterans Awareness Act would require the administration to notify veterans and the local congressional representative of planned service changes or terminations 60 days before the proposal can be implemented.

Additionally, the VA would have to host a forum where veterans and other stakeholders can testify about the changes and how they would impact their lives.

"We really appreciate that it will at least mandate that the VA would have to tell us [about a change]. It's finally something we could hold them accountable for," Rouse said.

Donovan (R-Staten Island/Brooklyn) said that veterans deserve better than the lack of transparency they're receiving from the VA. The idea for the legislation came after numerous roundtable conversations with veterans.

"A doctor's office would never just cease service and not proactively contact their patients -- it shouldn't be any different at a VA facility. My bill will increase transparency regarding decisions being made at the VA to better support veterans and ensure their concerns are heard," Donovan said.

DONOVAN QUESTIONS HOSPITAL'S PLANS

Donovan penned a letter to Martina Parauda, the director of the VA NY Harbor Health Care System, emphasizing the importance of accessibility, services and communication that the hospital provides to his veteran constituents and their families.

"Veterans from my district rely on the facility to easily access the quality care, rehabilitation programs, and medical support they not only earned, but deserve. Unfortunately, constant closure threats and termination of certain services has caused hardships for many Staten Island and Brooklyn veterans. Year to year, they worry about having services dwindle or even worse, seeing the facility close completely," Donovan said in the letter dated Monday.

"Let me be clear, any modification to the Brooklyn facility that limits or changes the services offered to thousands of local veterans will be extremely harmful," he went on to say.

Additionally, Donovan asked how the hospital plans to prevent staffing vacancies in the future, how they plan to alert patients about service changes and closures, and what the future of the hospital is.

ENT CLINIC TO REMAIN OPEN

Most recently, the VA posted a sign on the facility's ear, nose and throat (ENT) clinic stating it would be shuttering its doors on June 27 because of staffing issues.

The ENT clinic is staffed by doctors from SUNY Downstate Medical Center.

The clinic's closure would have forced veterans to travel to the VA medical centers in Manhattan or the Bronx.

"[The clinic] is a major thing for veterans. There are few veterans I know that suffer from tinnitus, snoring and sleep apnea issues -- especially from 9/11 and from inhaling burn pit smoke. The ENT Clinic deals directly with service connected issues," Rouse said.

Following a rally with local veterans groups, leaders from the NYC Veterans Alliance, Donovan and others, the Brooklyn VA reversed its decision to close the clinic.

Parauda told The Post that the clinic will hire two to three part-time staff doctors to replace the physicians from SUNY by the end of June.

The VA NY Harbor Health Care System did not immediately return a request for comment.

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5.6 - Arkansas Democrat-Gazette: [Death linked to work of impaired VA pathologist at Arkansas hospital](#) (19 June, Doug Thompson, 871k uvm; Little Rock, AR)

At least one death resulted from a missed diagnosis by a veterans hospital pathologist who worked while impaired, according to the first findings in a review of almost 20,000 cases, announced Monday by U.S. Department of Veterans Affairs administrators and members of the Arkansas congressional delegation.

"We are treating this like a national disaster," Kelvin L. Parks, interim medical director at the Veterans Health Care System of the Ozarks, said at a Monday morning news conference in Fayetteville. The pathologist worked there from 2005 to October 2017.

He was taken off clinical work in October and dismissed in April after a review of his cases.

The pathologist, whose name was withheld, was dismissed because of his impairment, Parks said. The doctor was one of two pathologists at the center. He analyzed tissue samples.

He had been suspended in March 2016 for working while impaired, but he successfully completed a recovery program and was monitored upon resuming his duties the following October, Parks said.

The pathologist's records for the previous year also were checked, and no problems were found, administrators said.

The doctor had no record of problems before 2016, his supervisors said.

Administrators conducted a review of 900 recent cases after the second instance of working while impaired in October 2017. The review found seven missed diagnoses, including one that was fatal.

Thirty pathologists from around the state and region have volunteered to review the doctor's cases, Parks said.

Pathologists who are not from the Veterans Affairs Department will review at least half the cases. The 30 pathologists will review the highest-risk cases first.

Tissue samples from tests are routinely sealed and preserved, allowing an effective re-examination, said Dr. Margie Scott of the Central Arkansas Veterans Health Care System, a pathologist who is overseeing the review.

Letters to 19,794 veterans or family members whose cases were handled by the pathologist in question are going out in the mail, Parks and other administrators said.

All his cases will be examined again, even those as far back as 2005 and in the 5,250 cases in which the patient is no longer alive.

Phone banks were up and running Monday morning to take calls from concerned patients.

The Northwest Arkansas veterans system sees an average of 53,000 patients a year. The system also operates community-based outpatient clinics in Fort Smith, Harrison, Ozark in Arkansas; Branson and Mount Vernon in Missouri; and Jay, Okla.

"A family in my district lost a loved one because of a missed diagnosis," said Rep. Bruce Westerman, R-Ark., who represents the 4th Congressional District.

Administrators said they could not disclose details of an individual patient's case.

At least two victims of missed diagnoses were at the news conference.

"I came in three years ago with a growth on my nose and was told it was benign," said Darrell Darner of Gentry.

"When it didn't go away, I went to a private dermatologist. She took one look at it and told me it was probably cancer. She took a biopsy and it was. Now it will take reconstructive surgery on my nose."

Darner, who is a member of the Veterans of Foreign Wars, said his group will do all it can to inform veterans of developments.

Other veterans groups such as the Military Order of the Purple Heart, the American Legion and the Marine Corps League also sent representatives.

Charles W. Adkins Jr., commander of the Fayetteville chapter of the Order of the Purple Heart, said his and other groups will use their social media networks to share information.

Adkins pressed administrators at the news conference to replace the pathologist with someone qualified as soon as possible and to not let a backlog of new cases develop while the review is underway.

Parks assured the groups that the hospital would keep up with incoming cases.

Monday's news conference was held at the veterans hospital in Fayetteville at the insistence of Rep. Steve Womack, R-Ark., who represents the 3rd District, according to other delegation members.

The state's congressional delegation was first briefed in Sen. John Boozman's Washington office Thursday, and they made the decision that a public announcement was needed to provide an opportunity for veterans and the press to ask questions, Westerman said.

Boozman, Womack and Westerman attended Monday; the other three members of the state's congressional delegation could not attend but sent staff members.

Thousands of veterans treated at the hospital either have since moved away, had traveled to the area to get care or were passing through Northwest Arkansas when they needed care, Womack said.

He said he expects the review will involve cases nationwide.

"This is chilling news to the thousands who used this facility," Womack said. Boozman agreed, and he was one of several at the event who called the situation "tragic."

"We have failed," Boozman said. "I appreciated the forthrightness with which that failure has been admitted and assure you that those responsible will be held accountable."

The Veterans Affairs Department will host town hall-style meetings to share more information as it becomes available, Parks said.

Those meeting places and times are not finalized yet, he said.

Veterans will also be told of their legal options and be given new medical information, Parks said when asked whether veterans would be entitled to compensation for the stress involved and for possible health problems that a correct diagnosis could have prevented.

There is no good estimate yet on how long the review of the cases will take, but it will certainly take months, Parks and Scott said.

The nature of the dismissed pathologist's impairment was not disclosed at the news conference because it is a personnel matter, Parks said. U.S. Attorney Duane Kees of the Western District

of Arkansas was present and confirmed his office has the matter under investigation, but would not speculate on what, if any, charges might be involved.

"I am truly sorry and sad and disgusted," Parks said during the news conference, his voice quivering.

"I apologize to all our veterans and their family members."

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5.7 - Waco Tribune-Herald: [VA leader acknowledges lack of communication on PTSD center move](#) (19 June, Phillip Ericksen, 193k uvm; Waco, TX)

Waco city leaders were caught off guard by a plan to move a Department of Veterans Affairs post-traumatic stress disorder program from Waco to Temple, Waco Mayor Kyle Deaver said Tuesday during a city council meeting with Christopher Sandles, director of the Central Texas Veterans Health Care System.

Sandles said the health system has fallen short in keeping local officials updated and that his primary reason for going to the council's work session Tuesday was to open up lines of communication. He also assured city officials the move will not place the VA hospital in Waco in any jeopardy.

"The more I engaged with the community, the more I realized that perhaps over at the health care system, we'd fallen short in updating people over why we do what we do and how the pieces all come together to ensure we're able to serve our nation's heroes more comprehensively," Sandles said.

Local veterans' advocates and Waco representatives have spoken out against moving the PTSD center at the Doris Miller Department of Veterans Affairs Medical Center in Waco to Temple's VA hospital. They have said the decision was not made in a transparent manner and does not accommodate veterans struggling with the after-effects of combat.

Deaver was the only council member to confront Sandles about the move, which is scheduled to happen within the year.

"That's obviously been a confounding and contentious issue," Deaver said. "I can tell you that leadership here was completely caught off guard by that move without any contact with us to begin with."

Deaver opposes the move alongside several local leaders, including state Rep. Charles "Doc" Anderson, R-Waco, and McLennan County Veterans Service Officer Steve Hernandez.

Council members said they share Sandles' goal of improving communication between the two groups.

Sandles has said the move is intended to position the inpatient PTSD program on the same campus as a substance abuse program at the Temple site. He also said a women's sexual trauma unit is set to move from Temple to Waco.

More than 2,100 veterans received PTSD treatment in Waco in 2017, and 151 veterans participated in the program, according to the health care system. Local veterans and others against the move, including U.S. Rep. Bill Flores, R-Bryan, have said the Waco campus can hold both the PTSD program and the women's trauma unit.

Sandles said the movement of the PTSD center will not lead to the closure of the Waco campus. He also encouraged local veterans to not form opinions based on the "rumor mill."

"I've been a little surprised about how little folks have known about what we've invested in the Waco campus," he said.

Sandles pointed to the opening of a call center at the Waco VA that added 356 jobs in 2012, a \$30 million co-gen and energy center in 2014, an \$8 million laundry in 2016 and other renovations. More than \$63 million in projects and renovations have been completed in Waco and 518 employees have been added since 2012, he said.

From 2003 to 2006, Waco community leaders waged a campaign to keep the local hospital open amid nationwide closures of expensive, older VA facilities in smaller population areas. Chet Edwards, Waco's congressman at the time, led the charge alongside then-Mayor Virginia DuPuy and former Mayor Linda Ethridge.

Opponents of the move, including Flores have said they feared the PTSD program's departure would place the entire Waco hospital at risk.

"Once the decision was made not to close the Waco campus, I personally sensed that the Waco community has maybe itself suffered from a bit of PTSD as a result of that," Sandles said. "So every time we talk about doing anything on the Waco campus here at VA, I'll get a lot of conspiracy discussions, people thinking this is just one more step and one more covert attempt to close the Waco campus. I can't tell you how far away from the truth that is."

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2. Greater Choice for Veterans

2.1 - Newsmax: [VA Nursing Home Ratings That Hid Poor Care Were Kept Secret](#) (19 June, 10.8M uvm; Boca Raton, FL)

Nearly half of the VA's nursing homes received the agency's lowest ratings, according to quality data that the agency tried to keep secret until recently, USA Today and the Boston Globe reported.

Some 60 nursing homes connected with the Department of Veterans Affairs had received only one of five possible stars as of Dec. 31, 2017, the two newspapers said after reviewing the documents they received.

The Trump administration has blamed the Obama administration for not making the statistics public earlier, USA Today said.

The undisclosed statistics showed that the government-run nursing homes scored worse on average than those in the private sector on nine of 11 indicators, ranging from rates of anti-psychotic drug prescription to residents' deterioration.

The newspapers said in some cases, the VA nursing homes scored much worse in indicators such as the number of residents who are in pain.

The VA checks up on care at nursing homes with quality indicators and unannounced inspections. The agency has used its star rankings based on the indicators since 2016. All of that information, though, has been kept from the public, the newspapers said.

Pennsylvania had five one-star VA nursing home facilities, while Texas and California had four each. The worst performers spanned 32 states, the newspapers said.

In an effort to push back on some statistics he called "misleading," VA spokesman Curtis Cashour told the Globe that VA quality tracking found that its nursing home residents were five times more likely to report being in pain than private nursing home residents.

Cashour said that 60 VA nursing homes had improved their ratings over the last year, while only one had a "meaningful" decline.

"We are committed to continuous improvement efforts in all of the [VA nursing homes] and demonstrating performance that is as good [as] or better than private sector facilities," Cashour said.

Alex Howard, the former deputy director of the Sunlight Foundation, told the Globe that the VA should release all the data immediately on the nursing homes and make new information public on a routine basis.

"There shouldn't be a gap between the reality of how we're treating people under the government's care and public understanding of it," Howard said. "This is not a situation where we're concerned about some matter of national security, this is simply being honest about how well things are going."

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2.2 - Salem News: [VA Mission Act: Another step toward a better VA](#) (19 June, Sen. Roy Blunt (R-Mo.), 17k uvm; Salem, MO)

This month, President Trump signed into law legislation that makes some of the most transformative improvements at the Department of Veterans Affairs in a generation. The bill marks the latest step the administration and Congress have taken to fulfill the promises we have made to those who have served.

Honoring our commitment to our nation's veterans starts with making sure they receive the care and benefits they've earned. The legislation President Trump signed into law - the VA MISSION Act - strengthens and makes permanent the Veterans Choice Program (VCP). The program was put into place after the Phoenix VA scandal brought to light the completely unacceptable, and even fatal, wait times veterans were facing in the VA health system. Prior to the creation of this program, veterans in Southwest Missouri who sought treatment through the VA for serious

medical conditions were often required to drive more than two hours to the VA facility in Fayetteville, Arkansas.

Thanks to the VCP, veterans have more flexibility to receive care at the hospital or clinic of their choice if they have to drive more than 40 miles to the nearest VA facility, are unable to receive care within 30 days or need health care treatment the VA can't provide. That's particularly important for veterans living in rural areas in our state, who might otherwise have to drive hours for the same treatment they could receive at a local hospital. Veterans can still choose to go to a VA hospital or clinic if that's best for them, but this program gives them more options when seeking care. More than two million veterans, including a little over 32,000 Missourians, have already benefitted from the VCP.

I'm also pleased the VA Mission Act included legislation I introduced to improve mental and behavioral health treatment for our nation's veterans. The stigma associated with veterans seeking care for mental health or substance abuse can sometimes result in them not getting the help they need. The VA employs peer specialists to provide fellow veterans the support they need in their care and recovery. With my bipartisan Veteran Peer Act, the VA will now allow peer specialists to operate as part of the primary care team - the main entry point into the VA for most veterans.

Congress and the administration are also working together to modernize the VA. In May, the Trump administration signed a contract with Cerner, headquartered in Kansas City, that will require the VA and Department of Defense to adopt the same electronic health record system. This will help ensure continuity of care as service members transition from the military to the VA system. The Senate Appropriations Committee, of which I'm a member, recently passed a funding bill that provides resources to move that effort forward.

Easing the transition to civilian life also means making sure veterans have access to opportunities once their active duty service has ended. As a member of the bipartisan Congressional Veterans Job Caucus, one of the measures I was proud to introduce and get signed into law was the Honoring Investments in Recruiting and Employing Veterans (Hire Vets) Act. The Hire Vets Act established a national standard to help veterans narrow down their employment options and focus their job-search efforts on the companies that recognize the value their military service will bring to the job and will provide a long-term career path. The Department of Labor launched the Hire Vets Medallion Program demonstration in January and 300 employers signed up to participate this year. The data gained through the demonstration will pave the way for full implementation of the program next year.

In less than two years under the Trump administration, we've made important progress to increase accountability at the VA and ensure our nation's heroes have the benefits and support they deserve, but our work continues. Making sure we have the right policies and necessary resources in place to fulfill our obligations to those who have served will remain one of my top priorities.

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3. Modernize Our System

3.1 - Becker's Hospital Review: [VA telemedicine program slashed interhospital ICU transfers](#) (19 June, Anuja Vaidya, 441k uvm; Chicago, IL)

A study, published in CHEST, examined the effects of a Veterans Affairs' intensive care unit telemedicine program on interhospital transfers.

Researchers studied data from 553,523 admissions to 306 Veterans Affairs ICUs between 2011 and 2015. Of the total number of admitted patients, 97,256 were admitted to ICUs with telemedicine services and 456,267 to ICUs without the services.

The study shows in the ICUs with telemedicine interhospital transfers decreased from 3.46 percent in the pre-telemedicine implementation period to 1.99 percent in the post-telemedicine implementation period. Transfers decreased from 2.03 percent to 1.68 percent in the ICUs without telemedicine.

Additionally, ICU telemedicine was associated with overall reduced transfers with a relative risk of 0.79. And, researchers found, ICU telemedicine was not associated with an increase in 30-day mortality.

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3.2 - Healthcare IT News: [VA tackles interoperability, massive data stores with open FHIR API project - Veterans Health Affairs' director of standards and interoperability warns that FHIR is not a cure all, just one valuable asset in a tech toolbox](#) (19 June, Jessica Davis, 438k uvm; Portland, ME)

The U.S. Department of Veterans Affairs over the last year has made a pointed shift to modernize the agency: First with the announcement to replace its legacy EHR with Cerner in June 2017 and next with several platforms to boost transparency and telemedicine efforts.

But the launch of its open API project in March – once dubbed Lighthouse and now called the VA API Developer Sandbox – is zeroed in on interoperability and modernization. Led by University of Pittsburgh Medical Center Chief Innovation Officer Rasu Shrestha, the project has grown with dozens of other hospitals joining the effort.

To Ken Rubin, director of standards and interoperability for the Veterans Health Affairs Office of Knowledge Based Systems, the VA has some pretty tremendous data challenges that it hopes the API project and FHIR can tackle.

For each patient, the VA can have up to 150 years of data, Rubin explained. But another issue is the increase of consumer-based and direct care and the expansion of care for veterans into the private sector.

“About 50 percent of veterans’ care happens within the VA. Those numbers vary, but the bottom line is that there’s a huge amount of care happening outside the VA,” Rubin said at HL7’s DevDays on Tuesday.

“So even if we solve interoperability within the VA, we’ve only solved half of the problem,” he added.

The VA also is working to be self-organizing when it comes to data, as it automates and transitions its workflows. Especially as there's "a huge spectrum of data that comes back to the VA" from the private sector, the agency needs to do a better job of orchestrating that data transfer and ensuring the next step of care "can pick up and carry that ball forward."

Rubin also expressed concern about the idea that FHIR is a cure-all for interoperability. While it's great for getting data on an individual patient, it's limited when it comes to aggregating data from the system to determine a set of behaviors.

"FHIR is a great tool, but it's not the only tool," Rubin said. "Don't use FHIR as a hammer to pound screws. Use FHIR in areas where it needs to grow."

"It's not about picking a version: The VA will always have to support other systems until there's ubiquity across the sector," Rubin added. "Bear that in mind: We're only addressing a piece of the puzzle."

IT is often seen as a drag to productivity, which is a problem the VA is trying to solve by leaning on private sector developers and providers to share data and develop apps to make that data usable, Rubin explained.

"We can't do it alone. We want to engage the ecosystem, that's why we're here. We believe in where FHIR is going and it's an essential tool in the toolbox," Rubin said. "Availability of data is critically important, but the body of medical data grows every month – you won't be able to keep pace. Knowledge is critically important to data and processing interoperability."

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3.3 - HealthLeaders: [VA Telemedicine Cut Hospital Transfers For ICU Patients](#) (19 June, Salynn Boyles, 162k uvm; Brentwood, TN)

A Veterans Affairs program using telemedicine to improve care of critically ill patients in regional VA hospitals appeared to reduce transfers to intensive care units (ICUs) at larger facilities without compromising patient survival, researchers said.

From 2011 to 2014, the VA implemented the program in 52 ICUs in 23 regional acute care hospitals in nine states, explained Spyridon Fortis, MD, of the Iowa City VA Health Care System, and colleagues writing in the journal CHEST.

Under the program, clinicians at these regional hospitals were connected with ICU staff at VA centers in Cincinnati and Minneapolis who were available around the clock to provide guidance on patient management.

Using data collected during the implementation period through 2015 on these 23 regional telemedicine hospitals, as well as 94 others not included in the program, Fortis and colleagues found the following:

- Transfers decreased from 3.46% to 1.99% in the telemedicine hospitals and from 2.03% to 1.68% in the non-telemedicine facilities between pre- and post-telemedicine implementation periods ($P < 0.001$).

- After adjusting for demographics, illness severity, admission diagnosis and facility, ICU telemedicine was associated with overall reduced transfers with a relative risk of 0.79 (95% CI 0.71-0.87, $P<0.001$).
- This reduction occurred in patients with moderate (RR 0.77; 95% CI 0.61-0.98, $P=0.034$), moderate to high (RR 0.79; 95% CI 0.63-0.98, $P=0.035$) and high illness severity (RR 0.73; 95% CI 0.60-0.90, $P=0.003$) and in non-surgical patients (RR 0.82; 95% CI 0.73-0.92, $P=0.001$).
- Transfers decreased most dramatically in patients admitted with gastrointestinal (RR 0.55; 95% CI 0.41-0.74, $P<0.001$) and respiratory diagnoses (RR 0.52; 95% CI 0.38-0.71, $P<0.001$).

Moreover, the telemedicine program was not associated with an increase in 30-day mortality.

The study tracked more than half a million patient admissions overall to VA ICUs, including just over 97,000 with access to telemedicine services. Once intubation was performed, a teleintensivist, in collaboration with the bedside respiratory therapist, helped manage these patients remotely by using cameras to watch the patients and review the vital signs and mechanical ventilator settings and wave forms."

Telemedicine has been shown in previous studies to improve mortality and reduce hospital length of stay, but our study is among the first to formally examine the effect of telemedicine on hospital transfers," Fortis told MedPage Today. Fortis and colleagues noted that while one estimate suggested that telemedicine might reduce hospital transfers by 25% to 75%, another study involving a single tertiary center found the practice to be associated with an increase in transfers."

That report was limited by small sample size, the close proximity of the community hospital ICUs to the reference tertiary center, and the single tertiary center to which all patients were transferred was the ICU telemedicine hub," the researchers wrote. "The effect of ICU telemedicine on inter-hospital transfers of critically ill patients still remains unclear."

"The transfer decline occurred mainly in patients with respiratory and gastrointestinal admission diagnoses," Fortis and colleagues wrote. "Although it is unclear why transfers decreased in patients with gastrointestinal admission diagnoses, transfer reduction in respiratory patients may occur due to remote availability of critical care expertise through telemedicine. Care of patients with respiratory diseases, in particular those requiring mechanical ventilation, can be challenging and transferring patients requiring mechanical ventilation is common."

Study limitations cited by the researchers included the exclusion of critically ill patients transferred prior to ICU admission and lack of information on diverted patients, bedside staffing levels at various VA facility ICUs or the level of care in the hospitals that received transferred patients.

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[4. Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report: [Veterans Affairs to Hold Town Hall on Health Care Plans](#)
(19 June, 24M uvm; Washington, DC)

The Department of Veterans Affairs has scheduled a town hall in southern Illinois to discuss the agency's health care system.

Spokesman Kevin Davis says Wednesday's town hall in Harrisburg is designed to solicit feedback from veterans, their families and other beneficiaries of the health care system.

President Donald Trump earlier this month signed a bill into law that will expand private care for veterans as an alternative to the VA health system.

The \$51 billion measure builds on legislation passed in 2014 in response to a scandal at the Phoenix VA medical center, where some veterans died while waiting months for appointments.

Harris says over the next year the VA will develop regulations to implement the new law while also developing policies, training staff and awarding contracts to furnish care.

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4.2 - KNSD (NBC-7, Video): [North County Doctor Contracted by VA Faces Sex Assault Charges](#) (19 June, Omari Fleming, 2.1M uvm; San Diego, CA)

A North County doctor contracted to evaluate patients for the Department of Veterans Affairs is facing sex assault charges from multiple female patients.

At least one of the alleged assaults occurred at the QTC Medical Group in Oceanside where Dr. Edgar Manzanera worked.

According to a complaint filed last Friday, Dr. Manzanera was alone with one woman when she was asked to strip to her underwear and put on a loose-fitting gown. The accuser's attorney says "there was no medical reason" for her to disrobe given the evaluation she was getting.

The claim also notes the doctor told her to hold her gown higher until it was over her head and "maliciously and offensively" touched her, leaving "scratches and bruises" on her body.

Manzanera also faces assault accusations from three other female patients.

At last check, the Medical Board of California has not taken any disciplinary actions against Manzanera and his license is still in effect until August next year. The District Attorney's office said his license will be addressed at his arraignment Wednesday afternoon in Vista.

Because the charges relate to veteran patients, they're also being investigated by the VA's Office of Inspector General and the Medical Board of California.

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4.3 - Government Executive: [Lawmakers Call for an Investigation Into Discipline at VA](#) (19 June, Eric Katz, 870k uvm; Washington, DC)

A group of lawmakers is calling on the Veterans Affairs Department's watchdog to investigate the implementation of a new law that makes it easier for the agency to discipline and fire its employees, saying it has been carried out "inappropriately and inconsistently."

VA has not submitted information required by the law to Congress and employees have reported the department is unfairly interpreting its new authorities, according to the four Democratic members of the Senate Veterans Affairs Committee who sent the letter to the agency's inspector general. When presented with those accusations, the lawmakers said, the department failed to provide any information to "alleviate our concerns or demonstrate in any way that application of these authorities has been consistent, fair or appropriate." The Senators calling for the investigation are Jon Tester, D-Mont.; Richard Blumenthal, D-Conn.; Tammy Baldwin, D-Wis.; and Sherrod Brown, D-Ohio.

The 2017 VA Accountability and Whistleblower Protection Act made it easier to discipline employees by shortening the timeframe for due process protections and lessening the burden of proof required to prove a termination was warranted. VA's implementation of the law has previously drawn the ire of Congress, when six Democratic senators complained the department was carrying it out in a manner "counter to congressional intent."

Initial reports on the uses of the new authority showed VA has disproportionately focused on lower-level employees, which lawmakers have also criticized. VA fired just 10 employees in medical records positions in 2017, 48 physicians or physician assistants and 308 nurses or nursing assistants. By comparison, it fired 177 employees in housekeeping and 82 in food services. To put that in perspective, VA fired one doctor for every 1,000 it employs, while it removed three nurses for every 1,000; four medical record technicians for every 1,000; and 10 food service workers for every 1,000. VA employed just 227 employees in housekeeping management as of September. The department fired one SES employee in fiscal 2016, compared to five (of the 138 it now employs) in fiscal 2017.

Curt Cashour, a VA spokesman, defended the law's implementation.

"VA makes absolutely no apology for holding employees accountable when circumstances warrant," Cashour said. "If former employees feel their removal from federal employment is improper, they have a number of appeal options under federal law."

While no Republicans signed onto either of the letters, Amanda Maddox, a spokeswoman for Sen. Johnny Isakson, R-Ga., the Republican VA Committee chairman who helped shepherd the compromise legislation through the Senate, said earlier this year the majority party also has concerns with how VA is carrying out the law.

"We have heard some concerns about the accountability law's implementation, and we are actively working with the VA to monitor implementation to ensure the department has the best workforce possible," Maddox said.

VA has provided some information to Congress, the senators said in their letter to the IG, but it fell short of what they requested. The department pointed to a lack of tracking software that would have made the information available, but the lawmakers said VA subsequently acquired and implemented such a program without giving the committee the data it was required to provide.

Peter O'Rourke, VA's acting secretary, sent a letter to senators on the committee earlier this month saying that meeting all the data reporting provisions would require 7,000 staff hours. He also said VA's guidance on the accountability law meets the language prescribed by the bill and defended a decision to no longer require the use of a table of penalties and progressive discipline. Cashour added that VA is still working to develop a mechanism for tracking all of its disciplinary actions.

A spokesman for the IG's office declined to say whether it would take up the case, saying only it received the letter and would "respond accordingly."

Last week, Rep. Brian Fitzpatrick, a Pennsylvania Republican who voted for the firing reform law last year, introduced a measure to repeal the accountability provisions.

Trump, meanwhile, has repeatedly praised the law, including earlier this month when signing a bill to overhaul VA health care.

"Last year, I signed the historic VA Accountability legislation, meaning you now can immediately get rid of people that don't treat our veterans right; that rob us, or cheat us, or aren't good to our great vets," Trump said at the signing ceremony for the health care law. "You can get them out. You couldn't do it."

He added that when malfeasance was uncovered at VA, "They couldn't do anything about it. Good people that worked there, they couldn't take care of the bad people. Meaning, you're fired; get the hell out of here."

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4.4 - WIBW (CBS-13): [IG Report: No mismanagement at Topeka VA, but improvements are needed](#) (19 June, Shawn Wheat, 484k uvm; Topeka, KS)

A recent report from the Department of Veterans Affairs Office of the Inspector General did not substantiate claims of mismanagement at Topeka's VA Hospital, but did find room for improvement.

The VA says it has already addressed many of the issues found by the Inspector General.

But one woman who has dedicated her life to helping veterans says more needs to be done.

"What we're still seeing is still there's an issue of still not enough employees," said Melissa Jarboe.

Jarboe, who is an advocate for veterans, has read the 33-page report on Topeka's Colmery O'Neil VA Hospital.

Based on a 2017 inspection, it did not find mismanagement at the facility, but it did state employees were working outside their scope of expertise. Jarboe says the report also shows veterans aren't finding enough help.

"Those employees are not being hired and that is an unfortunate series of circumstances because you have veterans lining the doors that are waiting to get in," she explained.

Topeka VA spokesperson Joseph Burks said in many cases the VA has trouble recruiting doctors to Kansas.

In a written statement, Burks told 13 NEWS:

“OIG staff did find that specialty care provider staffing levels and the specialists’ limited hours of availability resulted in some delays and patient transfers but since the OIG onsite visit, this situation has been resolved and a Memorandum of Understanding with non-VA hospitals has been signed by the System Director and provided to the OIG.”

Burks says the HR department works as quickly as it can to fill positions, but Jarboe says the hiring process is too long.

"You're looking at an initial 6 to 8 week process to get a call back. Then you're looking at another 4 month process to maybe get an interview. Then you have another 2 month process to even be hired," Jarboe detailed.

She has taken her message to Capitol Hill, working with Senator Jerry Moran, who after reading the report said, “Congress has continued to provide funding for the VA to address these shortfalls, but the VA Central Office has not properly resourced VA Medical Centers, particularly ones like Topeka that serve rural areas.”

While some of the findings are not favorable, Jarboe says it's not the fault of local staffers.

“I do know that there are a lot of good people that work for the Veterans Administration that are trying so hard. That are trying to answer the call for the veterans, but there's also a lot of policy and procedures and bureaucracy that's stopping them,” she said.

Senator Moran says he inserted provisions into the recently signed VA MISSION Act to improve veterans' access to care.

Burks also said all the recommendations in the OIG report are being addressed.

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4.5 - WBAY (ABC-2): [State, VA focus on fighting opioid abuse among veterans](#) (19 June, Sarah Thomsen, 443k uvm; Green Bay, WI)

The VA and Department of Justice are working together to help veterans who are addicted to opioids and prevent others from getting hooked.

It's the newest phase of Wisconsin's Dose of Reality campaign. Leaders gathered at the VA Clinic in Green Bay to discuss their goals.

The DOJ says veterans are twice as likely as non-vets of dying from a drug overdose. This is attributed to Post Traumatic Stress Disorder and other issues tied to their service.

Marine Ryan Shogren was badly injured by an enemy mortar in Iraq 14 years ago.

"I had eight surgeries to my leg and four to my face," said Shogren, eastern field operations director, WI DOJ, DCI. "All these teeth are implants through the side."

He refused to take opioids.

"Being a police officer for a local jurisdiction in southeast Wisconsin prior to my deployment, I saw the impact that opioid abuse can have," Shogren says. "I didn't want to bring that issue home to my family."

Shogren now works for the Department of Justice. His background and experience make him the right person to encourage other veterans to seek help and get educated.

He joined lawmakers, doctors, VA officials and the state attorney general in announcing veteran-focused resources.

"This is a critical expansion of our campaign, to address directly our members of the service and help eliminate the stigma," said Brad Schimel, Wisconsin Attorney General.

Signs will go up around the community and in VA clinics.

Online resources will encourage veterans to stay informed and seek help.

VA Justice Outreach Coordinator Michelle Watts will use the resources when she visits vets in jail or treatment courts.

"We have an image of what a drug user looks like, so sometimes people feel like they can't get help or they shouldn't get help, so this will help us on every level," Watts said.

The VA is pushing alternative treatments like acupuncture, yoga or physical therapy. The agency says comparing 2018 to 2013, 2300 fewer patients have been prescribed opioids at the Milwaukee VA.

"What this will do, we hope, is that we'll get more veterans to come seek the care," says Dr. Michael Erdmann, Milwaukee VAMC Chief of Staff.

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4.6 - WTKR (CBS-3, Tribune Media Wire, Video): [VA pathologist fired for being 'impaired', nearly 20,000 veterans may be at risk](#) (19 June, 441k uvm; Norfolk, VA)

Officials with the VA Medical Center in Fayetteville and the U.S. Department of Veterans Affairs announced an investigation Monday after a pathologist was found to be "impaired" and misdiagnosed patients, resulting in at least one death.

Dr. Skye McDougall, the Network Director and CEO of the U.S. Department of Veterans Affairs, made the announcement on Monday.

"I want to apologize to all veterans for what we're going to disclose today," said McDougall. "What we're going to talk about today is a very serious and, I believe, very tragic situation with tragic outcomes for our veterans."

She then introduced Dr. Kelvin L. Parks, the interim director for the VA Medical Center in Fayetteville, to explain what happened.

According to Parks, a Veterans Health Care System of the Ozarks pathologist was found to be "impaired" on March 22, 2016. The pathologist was immediately removed from clinical care. The pathologist had no previous disciplinary actions and was "deemed an excellent candidate of the impaired physician program."

Parks said he could not comment on the nature of the impairment, because it was still under investigation. He also said he couldn't comment on whether the pathologist had been arrested or would face criminal charges.

After what Parks called "successful completion of the program" and implementation of a monitoring program, the pathologist was reinstated on Oct. 12, 2016, Parks said.

One year later, on Oct. 13, 2017, he was suspended again on reports of possible impairment. Another investigation determined the pathologist was deemed "unsafe to work" and was removed and subsequently fired, Parks said.

Parks said the pathologist saw 19,794 patients. Letters are being sent out to all of them, or to their family members. The hospital is responsible for 53,000 patients each year, he said. Of the more than 19,000 patients involved, 5,250 have died since 2005, and those deaths are under review. He said they did not know if any of the deaths were related to the pathologist's review.

Parks said they had seven cases of misdiagnosis by the pathologist so far based on internal reviews. One of those cases may have resulted in the recent death of a local veteran, according to Parks.

"We have already notified five of those that have been affected, and the remaining two will be notified by tomorrow," Parks said.

The VA is now reviewing all cases related to the pathologist, he said. The reviews are being conducted by independent reviewers, Parks said.

He said letters are being sent out to all patients and/or family members whose cases were read by the pathologist to let them know about the process. The VA would then follow up by phone or by letter once the second review is complete.

A procedure was already in place to address any issues that arise with patients impacted, including ways to track second reviews and tests and protocols to notify affected patients.

"If errors are found that affect the patient's current treatment plan, the VA will reach out immediately to those affected," Parks said.

He said the VA has already strengthened internal controls to ensure any errors are more quickly notified and addressed.

"Patient safety is a top priority," Parks said, adding that he was also a patient at the hospital.

"This is my hospital," he said, becoming emotional. "And I'm truly sorry, and saddened, and disgusted... and to our veterans, and to our family members, we will continue this investigation and ensure that those who are involved be held accountable."

Parks said the process would take several months to complete.

Parks then introduced Dr. Margie Scott, medical center director of the Central Arkansas Veterans Healthcare System and chairwoman of the review team, who explained the review process.

"We will be doing a complete 100 percent review of all cases that were interpreted and diagnosed by this impaired provider," she said. "We will be going from October of 2018 back to October of 2005. This will take a significant amount of time -- several months."

She said more than 900 cases had already been reviewed, with the seven misdiagnosed cases being found. Of those, one of the patients had died, and an investigation was underway to determine how much of an impact that misdiagnosis had on the patient's condition and death.

She said there were up to 30 pathologists who are "willing, ready and able to assist" in the review. She said it's the goal for at least half of the case reviews to be performed by pathologists outside of the VA.

She said cases will be prioritized by level of risk, and every veteran who is affected should have a letter from the VA within the next several days.

"As soon as any additional misdiagnosis is identified, the patient, the veteran or the veteran's family will be immediately notified," Scott said.

Westerman said a veteran in his district died as a result of the pathologist's actions.

Several federal officials were on-hand for the announcement, including U.S. Sen. John Boozman and U.S. Rep. Steve Womack, Congressman Bruce Westerman, representatives from U.S. Rep. French Hill's office and U.S. Attorney Duane Kees of the Western District of Arkansas. Steven Young, deputy undersecretary for Health for Operations and management at the U.S. Department of Veterans Affairs, Dr. John Areno, acting chief medical officer for Veterans Integrated Surface Network 16 also attended, as well as McDougall and Parks.

Boozman praised the hospital and its volunteers before addressing today's announcement.

"Sadly, today, we have a tragic situation, and it truly is a tragedy, in the sense that we have failed," Boozman said. "The congressional delegation is united in this, we're going to do all that we can, certainly any service that we can provide to take care of the veterans that potentially have been impaired."

"I appreciate the forthrightness of the VA in coming forth," Boozman said.

He said they would not only help veterans but also hold accountable "those who need to be held accountable." He said they would work to ensure problems like this don't happen again in the future.

Westerman said the delegation was briefed by the Inspector General and the Veterans Administration last Thursday in Washington, D.C.

"This is a colossal failure of the system, not necessarily because the system in itself is flawed," Westerman said. "Even with proper procedures in place, systems fail and can lead to the most undesirable results."

"Unfortunately, according to our briefing, we already know a family in my district lost a loved one because of an improper diagnosis, and there are many more cases yet to be evaluated," Westerman said.

Womack said the larger issue is that proper information is given to the affected veterans, and he said there were thousands of veterans who could be affected dating back to 2005 when the pathologist came to work for the VHO.

"We are not going to rest and we are not going to relent until we see each and every case reviewed and the proper actions taken," Womack said.

Parks said the hospital is currently working to recruit a new pathologist, and they have hired a fee-basis provider to work in the interim and maintain care for the veterans.

Boozman, Womack, Westerman and U.S. Sen. Tom Cotton and U.S. Rep. Rick Crawford later released a joint written statement Monday regarding the pathologist.

"This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs mission to the men and women who served our nation in uniform. The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated.

"Unfortunately, at this time, we don't know the extent of this doctor's misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.

"Congress has provided the VA with the tools to remove bad actors. Failing to dismiss physicians and any other employees whose work is unsatisfactory does a disservice to our veterans. We are committed to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable."

Parks provided two phone numbers for those with or wanting more information. Those numbers were 1 (866) 388-5428 and locally (479) 582-7995 locally. The hours for the call center are Monday-Friday, 8 a.m. to 7 p.m. and Saturday from 8 a.m.-noon.

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4.7 - KJRH (NBC-2): [VA pathologist accused of being impaired on job](#) (19 June, 274k uvm; Tulsa, OK)

Thousands of veterans in danger tonight - after a pathologist at a VA clinic is accused of being impaired on the job at the Veterans Health Care System of the Ozarks in Fayetteville, Arkansas.

The VA is withholding the name of the physician - but it wasn't his first time impaired on the job.

The doctor was reprimanded back in March 2016 and sent to an impaired physician program which he successfully completed.

It was the suspicion and concerns of fellow employees in October 2017 - alerting their chief of staff to his alleged impairment.

Now a team of 30 outside physicians is combing through every case handled by the doctor since his start back in 2005.

So far seven misdiagnoses have been found and they think one could've resulted in the death of a veteran.

In addition to mailing letters to alert past and current patients, the VA has set up a hotline for current and former patients who could have been misdiagnosed, like veteran Darrell Darner.

"It didn't go away for three years so I went to a civilian and it was positive," Darner said. "Now they're in the process of doing reconstructive surgery and it was cancer."

No one officially is saying what the doctor was on - drugs or alcohol - and no criminal charges have been reported.

The VA is urging all patients who receive a letter or who have concerns to contact their hotline at 866-388-5428.

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4.8 - Times Record: [VA reviews cases after firing Arkansas pathologist found to be 'impaired'](#) (19 June, John Lovett, 272k uvm; Fort Smith, AR)

The Veterans Health Care System of the Ozarks will review about 33,000 cases after firing a staff pathologist found to be "impaired."

Leadership at the VA in Fayetteville announced Monday a pathologist who had been hired in 2005 was fired in October. The cases to be reviewed only involve those with tissue taken from a biopsy, not blood work, said Wanda Shull at the VA Public Affairs Office in Fayetteville.

The definition on the pathologist's impairment could not be more clearly defined at this time, Shull explained.

The review process will take several months to complete due to the high volume of cases to review. For example, there are more than 4,500 people from Sebastian County enrolled in the Veterans Health Care System of the Ozarks; 2,653 in Crawford County; 1,043 in Logan County; 769 in Franklin County; and 445 in Scott County.

“As a veteran and patient of this facility, quality and safety are very important to me,” said Kelvin L. Parks, the VA medical center’s interim director. “The pathologist was immediately removed from clinical care when evidence of impairment was found. Actions affecting the care and safety of our patients will not be tolerated at Veterans Health Care System of the Ozarks. I am confident that the external review team’s methodology will help us identify affected patients and improve our processes and systems moving forward.”

The VA states that as a result of the situation, the decision has been made to “conduct a thorough review of all cases read by the pathologist by an external review team.”

The independent reviews are being done to ensure the safety of all patients who may be impacted, the VA adds. The team is also charged with “developing clear procedures for addressing this matter, including establishing a methodology for tracking second reviews of tests and protocols to notify affected patients.”

The VA noted it will reach out directly to any patient found to be impacted, and has arranged a fully staffed call center and a toll-free number to answer questions regarding the matter. Patients with questions can call (866) 388-5428 or (479) 582-7995. The call center will be staffed 8 a.m. to 7 p.m. Monday-Friday and 8 a.m. to noon Saturday.

The Arkansas Congressional Delegation — U.S. Sens. John Boozman and Tom Cotton, along with U.S. Reps. Rick Crawford, French Hill, Steve Womack and Bruce Westerman — issued a joint news release stating, “The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated.”

“This alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs mission to the men and women who served our nation in uniform,” the Congressional Delegation release states. “Unfortunately, at this time, we don’t know the extent of this doctor’s misconduct. We call on the VA to notify patients whose cases were evaluated by this pathologist to thoroughly and expeditiously review their results so veterans can get the appropriate care they earned. Those impacted deserve nothing less.”

The delegation’s joint news release went on to say that Congress has provided the VA with “the tools to remove bad actor” and failing to dismiss physicians and any other employees whose work is unsatisfactory “does a disservice to our veterans.”

“We are committed to rigorous oversight to protect the men and women who sacrificed and served our country and will hold those who break the law and undermine the mission of the VA accountable,” the delegation concluded.

Reports of the pathologist being impaired first came in March 2016. The pathologist was removed from clinical care. Prior to this incident, a VA fact sheet on the matter states, the veteran employee had no previous disciplinary actions and was deemed an “excellent candidate for the Impaired Physician Program.”

Following successful completion of the program and implementation of a monitoring program, the pathologist was placed back into clinical care on Oct. 12, 2016. On Oct. 13, 2017, the VA leadership in Fayetteville received reports of possible impairment and following an assessment the pathologist was deemed “unsafe to work” and was removed from clinical care, then terminated.

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4.9 - WSAW (CBS-7, Video): ['Dose of Reality' campaign focusing on opioid abuse by veterans](#) (19 June, Jerel Ballard, 196k uvm; Wausau, WI)

On Tuesday, Wisconsin Attorney General Brad Schimel along with several other lawmakers announced the next phase of the “Dose of Reality” campaign at the Wausau Community Outpatient Clinic.

Since 2015, the campaign has targeted families and young people on the dangers of opioid and drug abuse. The next phase will target veterans and their families.

“We have worked progressively through the last three years to first reach out to young people and parents,” added Attorney General Schimel. “We are trying to identify every community in Wisconsin and find the best way to reach them most effectively.”

By partnering with the United States Veterans Administration and the Wisconsin Veteran Affairs, Schimel hopes this will prevent the growing number veterans who overdose from the opioid addiction. According to Schimel, one and every four military deaths are caused by opioid abuse.

“Many veterans have really suffered when they went to war,” shared Victoria Brahm, Tomah VAMC Director. “For many of them, when they return, the only way to cope is to use drugs and alcohol. Substance abuse is a major problem.”

Schimel believes the next phase will make Wisconsin one the leading states in opioid abuse awareness and prevention.

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4.10 - Salisbury Post: [Miss North Carolina USA visits Hefner VA](#) (19 June, Margaret Young, 159k uvm; Salisbury, NC)

Miss North Carolina USA Caelynn Miller-Keyes used to be very shy. When she started competing in pageants her senior year of high school, she found her voice.

Jai-Leah Miller Kamenicky, Miller-Keys’ mother, said pageants helped her daughter find herself and figure out who she is as a person.

Since becoming Miss North Carolina USA, Miller-Keyes has advocated for sexual assault awareness to improve Title 9 policies for survivors. As a survivor herself, she aims to inspire women and men to speak up for themselves if they experience any type of injustice.

“She’s not afraid to speak up anymore. She will stand up and say what needs to be done,” said Kamenicky.

Miller-Keyes visited Hefner VA Medical Center on Monday afternoon to tour the community living center and visit with patients. She also announced that going forward, she will advocate for veterans’ dental care and add the issue to her pageant platform.

“Ninety-five to 96 percent of veterans don’t have any dental care, which is something that we take for granted,” Miller-Keyes said. “I want to make a change if I can.”

This issue was brought to her attention after Tom Morgan, a member of Patriot Veteran Reformers, reached out.

Patriot Veterans Reformers is an all-volunteer association of veterans and their supporters committed to VA reforms through information sharing and gathering.

“This is a national issue, but it starts right here in North Carolina,” Morgan said.

U.S. Sens. Thom Tillis and Richard Burr are working to improve veterans’ dental care, he said.

According to Morgan, only about 5.5 percent of veterans qualify for dental care.

Miller-Keyes’ visit brought surprise and happiness to many of the patients at the Hefner center.

“It was a great surprise,” said Salisbury native Ronald Barker.

Miller-Keyes said her own grandfather served in Vietnam, so veterans have always been important to her. During her tour of the facilities, she greeted patients and staff members with a smile while expressing her gratitude. She said she was happy to brighten the day of those who served her country.

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4.11 - FEDweek: [Incentives Not Making Up for Inadequate Pay at VA, Says Report](#) (19 June, 51k uvm; Glen Allen, VA)

VA medical facilities say that non-competitive salaries, high staff turnover and a lack of qualified applicants are the primary reasons behind the department’s difficulties in recruiting and retaining employees, particularly in the medical fields, according to an IG report.

Inadequate pay commonly is blamed for shortfalls in other federal occupations, particularly in cybersecurity and other IT-related fields; shortcut hiring procedures and various types of financial incentives commonly are recommended as a response. However the report said the problem persists at the VA even though it already uses such flexibilities.

The House Veterans Affairs Committee plans a hearing Thursday to consider VA recruiting and retention issues, including findings of the report and those of a 2017 GAO report which found the department does not have even a good count of its medical personnel and has not fully evaluated its recruitment and retention programs.

An IG survey of 141 VA medical facilities found that psychiatry, HR management, primary care, psychology and medical technologist were the occupations most commonly designated as shortage categories. “Facilities reported encountering recruitment challenges generally related to the competition for quality healthcare professionals. . . Facilities noted that many position descriptions and their associated pay determinations were too low to be competitive with private sector salaries.”

It said that the facilities “have made use of multiple recruitment endeavors such as special salary rates, incentives (for recruitment, relocation, and retention), and the education debt reduction program. It was noted that even with these options, recruitment challenges continued for certain professions.” The VA also uses streamlined “direct hire” procedures for a variety of occupations, some in the medical field, but “without the financial resources to fund the positions [that authority] has little impact.”

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4.12 - WSAU (CMN-550): [Tomah VA Holding Town Hall Meetings on Wednesday](#) (19 June, Logan Wenger, 33k uvm; Wausau, WI)

The Tomah VA will be hosting Town Hall meetings across Central Wisconsin on Wednesday.

Matthew Gowen is the Public Affairs Officer with the Tomah VA. He says while they do have topics lined up for the meetings, they're going to let veterans themselves drive the conversation.

"Primarily, this is for us to be out there in the community to put us closer to these veterans out here in Wisconsin Rapids, in Wausau, and in Clark County, to where we get their ideas, their issues, and to hear their comments and to be able to respond directly to them," he said.

Gowen says public input for veterans is weighed heavily and is passed along to political representatives.

"To where we'll have representatives from Senator Johnson (and) Senator Baldwin (and) their staff as well as the congressional representation from Congressman Kind (and) from Congressman Duffy's office as well," Gowen said. "Because then they're able to work on those issues on the legislative side as well."

The first Town Hall will be in Wisconsin Rapids at VFW Post 2534 (2711 Reddin Road) from 8:30am-9:30am. The second Town Hall is in Wausau at the LT Club (318 South 3rd Avenue) from 11am-12:30pm. The final Town Hall will be in Neillsville at American Legion Post 73 (6 Boon Boulevard) from 3:30pm-5pm.

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4.13 - KUAR (NPR-89.1, Audio): [Probe Of Arkansas VA Doctor Shows Thousands Of Patients At Risk](#) (19 June, Jacqueline Froelich, 16k uvm; Little Rock, AR)

The details surrounding the discovery of an impaired doctor at the Veterans Health Care System of the Ozarks were made public Monday at a press conference .

At least one death appears to have resulted from the physician's behavior and thousands of patients might be at risk.

Three members of Arkansas's congressional delegation stood beside regional and federal officials from the U.S. Department of Veterans Affairs.

Officials say that, after an internal investigation, it has been determined that the medical records of more than 19,000 patients from across the country treated at the Fayetteville VA hospital will have to be externally reviewed for errors.

Sen. John Boozman called the news conference after he and his congressional colleagues were informed late last week that a Fayetteville VA physician had, possibly for years, conducted delicate tissue biopsies and issued medical diagnoses while intoxicated.

U.S. Rep. Bruce Westerman (R-Hot Springs) described the situation as a colossal system failure. "Not necessarily because the system itself is flawed," he said.

"There were quality control stopgap protocols in place to stop this level of failure but even with proper procedures in place, systems fail and can lead to the most undesirable results. According to our briefing, we already know a family in our district lost a loved one because of an improper diagnosis, and there are many more cases yet to be evaluated."

Rep. Steve Womack (R-Rogers) quickly acknowledged all veterans who've received treatment at the facility may be affected by the news. "Today's disclosure will be chilling news to the thousands who use the facility," Womack said.

"While we are here to explain what has happened, it is vitally important for those veterans affected to understand what is being done to notify, counsel and treat those who may have been affected."

Womack said the delegation was briefed last Thursday by the Department of Veterans Affairs' Office of the Inspector General about the impaired pathologist.

Kelvin Parks, interim director of the facility's medical center, provided a timeline of events, starting with the hiring of the pathologist, who he declined to identify, back in 2005.

"A Veteran Health Care Systems of the Ozarks pathologist was found to be impaired on March 22, 2016. The pathologist was immediately removed from clinical care. Prior to the incident, this veteran employee had no previous disciplinary actions [against him]."

Parks said the physician completed treatment and was placed back into clinical care on October 12, 2016. "On October 13, 2017, one year later, this same VHCSO employee was reported to leadership regarding reports of possible impairment," he said.

The physician was assessed by the VA's Internal Employee Health division, Parks said. The doctor was deemed unsafe to work and was then terminated.

An internal review involving over 900 patient cases revealed nine misdiagnosis. Parks said those findings have triggered a larger investigation requiring a team of 30 independent pathologists to review all tissue biopsies, medical record interpretations and diagnoses made by the impaired pathologist from October of 2005 to October 2017. That is a total of 19,794 cases.

Of those cases, 5,250 veterans are now deceased. Only one death so far is possibly linked and is under investigation. Letters are being issued this week to all affected patients and their families, Parks said.

Once the independent review is complete, flagged cases will immediately be followed up. "We're treating this like a national disaster," Parks said. "I still have to run the hospital so we've called in additional resources to help us through this."

The Fayetteville VA has set up a toll-free call center for concerned veterans at 1-866-388-5428.

U.S. Sen. John Boozman lauded the Fayetteville VA medical center as a top-ranked institution, citing dedicated staff. "Sadly, today we have a tragic situation. We have failed, but our congressional delegation is united in taking care of veterans who potentially have been impaired," he said.

In a subsequent press release, Boozman stated, "The alleged gross negligence by a physician charged with caring for our veterans is a disturbing revelation and a clear failure to uphold the Department of Veterans Affairs mission to the men and women who served our nation in uniform. The errors and reckless actions of this former VA pathologist put the health of our veterans at risk and will not be tolerated."

Officials say a town hall meeting will take place at the Fayetteville VA in two weeks to address concerns.

The Veterans Health Care System of the Ozarks provides care to more than 53,000 veterans in Arkansas, Oklahoma and Missouri.

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5. Improve Timeliness of Service

5.1 - Arizona Republic (Updated, Video): [VA nursing home in Arizona ranks among worst nationally, data show](#) (18 June, Dennis Wagner, 10.8M uvm; Phoenix, AZ)

Correction: The Community Living Center in Prescott did respond to The Republic's request for comment. The story has been updated to reflect those comments.

The Department of Veterans' Affairs Community Living Center in Prescott is ranked near the bottom among VA nursing homes nationwide, according to federal data and evaluations obtained by the USA TODAY Network.

The 85-bed Prescott center received a one-star rating from the agency — the lowest score in a five-star system.

The Department of Veterans Affairs owns and operates 133 nursing homes in 46 states and has tracked quality statistics at those facilities for years but kept them from the public. A joint USA TODAY and Boston Globe investigation obtained internal records outlining the statistics for last year.

The data showed the Prescott nursing home provides short-term rehabilitation and stabilization for veterans, including medical care, nursing and multiple therapies. Although it has 85 beds, the most recently available records indicate only 45 are typically in use.

According to VA data, 45 percent of patients report frequent severe or moderate pain, or horrible pain within the previous five days. By comparison, 33 percent of patients in other VA living centers report that level of discomfort, and only 6 percent in private care facilities.

In an email, spokeswoman Mary Dillinger confirmed that the Community Living Center received a one-star rating, the lowest in VA's five-star system, but said improvements have been made since the evaluation was conducted, and new scores will be issued in July.

Dillinger said comparisons showing high pain levels may be misleading because veterans suffer more often than private-care patients from conditions causing chronic pain, such as PTSD, spinal cord injury and prostate obstruction. Addressing those issues may be difficult due to the potential harm from excess pain medication.

Dillinger said a high rate of long-term catheter use also has been reduced significantly in the past year.

"We believe our quality of care is much better than the star rating might suggest. However, we have been using that information to improve," she added. "VA is committed to making the change the right way and continuing to serve the most challenging populations."

The VA's community living center in Phoenix, with 104 beds, had much higher scores for care and patient satisfaction. The facility, with 104 beds, received four stars.

It was listed eighth among the 133 veterans living centers nationwide, scoring above the VA average in all 11 quality measurements. For example, patients in the Phoenix VA nursing home were half as likely to report constant pain, and had long-term catheterization one-third as often as other VA homes.

The veterans nursing home in Tucson, with 90 beds, got two stars.

At the Prescott facility, nearly one in three patients reportedly had catheters left in their bladders, which can lead to infections. By contrast, just 2 percent of patients in private nursing homes reported long-term catheter placement, and 13 percent of patients at other VA care centers. They also are prescribed more antipsychotic medications, and suffer more urinary tract infections.

Patients at the Prescott center reported a lower ratio of falls, bedsores and ulcers than the VA average at nursing homes.

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5.2 - Sacramento Bee (Correction, AP): [Correction: Arizona-VA Nursing Home story](#) (19 June, 4.8M uvm; Sacramento, CA)

In a story June 18 about ranking of the VA nursing home in Prescott, The Associated Press reported erroneously that a spokeswoman for the Northern Arizona VA Healthcare System did not respond to questions about care. A spokeswoman, Mary Dillinger, later told The Arizona Republic that improvements have been made since the evaluation was conducted and the ranking is being used to improve services.

A corrected version of the story is below:

PHOENIX (AP) — A nursing home for veterans in Prescott, Arizona, ranks among the worst in the nation, according to data from the U.S. Department of Veterans Affairs.

The agency's Community Living Center in Prescott got a one-star rating from the department — the lowest possible score in the five-star system, The Arizona Republic reported .

The nursing home provides short-term rehabilitation and stabilization for veterans, including medical care, nursing and multiple therapies. It has 85 beds, but the most recently available records indicate only 45 are typically in use.

Patients reported a lower ratio of falls, bedsores and ulcers than the VA average at nursing homes But some 45 percent of patients report frequent severe or moderate pain, or horrible pain within the previous five days, VA data showed.

By comparison, 33 percent of patients in other VA living centers and only 6 percent in private care facilities report that level of discomfort,

A spokeswoman for the Northern Arizona VA Healthcare System told The Republic that improvements have been made since the evaluation was conducted. Spokeswoman Mary Dillinger said new scores would be issued in July.

"We believe our quality of care is much better than the star rating might suggest. However, we have been using that information to improve," Dillinger said. "VA is committed to making the change the right way and continuing to serve the most challenging populations."

The VA center in Phoenix, with 104 beds, received four stars overall involving care and patient satisfaction. It scored above the VA average in all 11 quality measurements and was listed eighth among the 133 veterans living centers nationwide.

The veterans nursing home in Tucson, with 90 beds, got two stars.

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5.3 - WDRB (FOX-41, Video): [Louisville to host annual National Veterans Wheelchair Games in 2019, It's the largest annual sporting event dedicated to rehabilitation in the world.](#) (13 June, 1.2M uvm; Louisville, KY)

The largest annual competitive wheelchair event in the world is coming to Louisville.

Louisville will host the National Veterans Wheelchair Games in July of 2019.

Hundreds of veterans will compete in 19 different sports, including swimming, basketball, weightlifting, archery, bowling and more. This will be the 39th year for the event that's organized by the Kentucky-Indiana Chapter of the Paralyzed Veterans of America.

The events will take place at venues across the city, and thousands of volunteers will be needed.

Organizers say it helps promote healthy activity, and also helps show newly injured veterans they can still take part in competitive sports.

"It will show the people of Louisville what this means to the veterans, what it means to me and all the other veterans out there -- and the city -- and how amazing the opportunity is for people," said Jeramiah Lucas with the Paralyzed Veterans of America.

Veterans that want to take part must submit a medical release form signed by their doctor.

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5.4 - WLKY (CBS-31, Video): [National Veterans Wheelchair Games coming to Louisville in 2019](#) (13 June, Caray Grace, 834k uvm; Louisville, KY)

The National Veterans Wheelchair Games are coming to Louisville for the first time in 2019.

It's the biggest competitive sporting event for veterans.

Officials are expecting nearly 1,000 veteran athletes and approximately 1,500 caretakers to travel with them for the 39th annual games.

The veterans will compete in 19 different wheelchair sports, including swimming and basketball.

Officials said they are looking for 3,500 volunteers.

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5.5 - WAMC (NPR-90.3, Video): [The Healing Power Of Animals](#) (13 June, Joe Donahue, 165k uvm; Albany, NY)

Dr. Lorin Lindner is the Clinical Psychologist for Clinica Sierra Vista Behavioral Health. She initiated the use of animals to treat trauma in Veterans at the VA Hospital in Los Angeles; the first program of its kind. She is the President of the Board of the Association for Parrot C.A.R.E. and of the Lockwood Animal Rescue Center.

Animal lover though she was, Lorin Lindner was definitely not looking for a pet. Then came Sammy – a mischievous and extremely loud bright pink Moluccan cockatoo who had been abandoned. It was love at first sight. But Sammy needed a companion. Enter Mango, lover of humans, inveterate thief of precious objects. Realizing that there were many parrots in need of new homes, Dr. Lindner eventually founded a sanctuary for them.

Meanwhile, she began to meet homeless veterans on the streets of Los Angeles. Before long she was a full time advocate for these former service members, who were often suffering from Post-Traumatic Stress Disorder (PTSD). Ultimately, Dr. Lindner created a program for them, too.

Eventually the two parts of her life came together when she founded Serenity Park, a unique sanctuary on the grounds of the Greater Los Angeles Veterans Administration Healthcare Center. She had noticed that the veterans she treated as a clinical psychologist and the parrots she had taken in as a rescuer quickly formed bonds. Men and women who had been silent in therapy would share their stories and their feelings more easily with animals.

Linder's book is "Birds of a Feather: A True Story of Hope and the Healing Power of Animals."

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5.6 - KEZI (ABC-9, Video): [Roseburg VA Using Alternative Therapies](#) (19 June, Tyler Jones, 164k uvm; Eugene, OR)

The Roseburg VA Healthcare System has a new way to help veterans with healthcare, including battling chronic pain.

The National Veterans Affairs Office has been working with its campuses around the country to use alternative therapies to heal the mind and body. The Whole Health and Wellness program has been in the works for the better part of a decade.

Several campuses around the United States are testing out that program, but Roseburg isn't one of them. However, they've developed a similar one and included programs for chronic pain management.

Jason Wilcox, the director of education and connection care at the Roseburg VA, said the Whole Health and Wellness program was developed as a way for the VA to heal the whole person, instead of just focusing on a specific issue.

"That program looks at all aspects of life, right? Because there's so many things that impact our health and our happiness – all of that," Wilcox said. "So, we want to look at a whole picture of the person."

They have classes like yoga, a mindfulness program that includes meditation, discussion groups and chronic pain management programs.

The Roseburg VA Chief of Pharmacy Dan Neal said studies have shown the risks of long-term opioid use to treat chronic pain greatly outweigh the benefits. He said those risks are heightened in the veteran community.

"The veteran population is actually a four to five times higher risk of an accidental opioid overdose than the general population," Neal said. "So that's why it's really important to us."

Neal said directing patients to these wellness and chronic pain management classes instead of long-term opioid use has already shown results.

“One of the more common stories – and this I get from some of the physicians, some of the providers here – is that patients come back and they say I never realized how groggy or cloudy-headed I was until I got off the pain medicine,” Neal said.

The Roseburg VA also plans to introduce Tai Chi and it is developing programs called Whole Health Thrive and Empower Veterans to add to their Whole Health program in the future.

If you are a veteran and are interested in participating in these Whole Health and Wellness programs, talk to your primary care provider at your local VA campus.

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5.7 - Salisbury Post: [Hefner VA Medical Center has one-star rating in nursing home care; director says improvements already underway](#) (19 June, Mark Wineka, 159k uvm; Salisbury, NC)

Across the VA nursing home system, the W.G. (Bill) Hefner VA Medical Center in Salisbury has a one-star rating, putting it among the lowest rated in the country.

“Does it mean we have areas to improve? Absolutely,” said Joseph P. Vaughn, who has been director of the Hefner center for less than three months. “(But) I don’t want people to see that and think veterans are getting horrible care here because it’s just not the case.”

Nursing home care at the Salisbury VA is in Building 42 and Building 43, which is the hospice center. The N.C. Veterans Home on the Hefner VA campus is a separate entity and not part of the VA ratings reported here.

Hospital care at VA medical centers is judged separately, and the Salisbury VA in recent ratings has fluctuated between three and four stars out of five.

The hospital ratings compare the country’s 146 VA medical centers among themselves on dozens of factors such as death and infection rates, instances of avoidable complications and wait times.

But ratings for the nursing home component, or 132 community living centers (CLCS) in VA hospitals, compare those VA services with 15,487 private-sector nursing homes rated by the Center for Medicare and Medicaid Services.

Vaughn and VA officials as a whole make the case that the VA on average cares for sicker and sometimes much different patients in its nursing homes than private facilities do.

According to agency officials, VA nursing homes serve a higher proportion of residents with conditions such as prostate obstruction, spinal chord injury, mental illness, homelessness, PTSD, combat injury and terminal illness.

“Also,” a U.S. Department of Veterans Affairs release said, “private-sector nursing homes admit patients selectively, whereas — unlike the private sector — (the) VA will not refuse service to any eligible veterans, no matter how challenging the veteran’s conditions are to treat.

“... As a result, VA nursing homes at times rate lower than private sector facilities on specific metrics such as pain and type of treatment. Despite that fact, VA nursing homes compare well with private sector facilities in overall facility rankings.”

Vaughn added, “In the VA, if you’re 70 percent service-connected and you need nursing home care, you’re going to get it.”

Vaughn emphasized Tuesday afternoon in an interview with the Post that “not a single veteran has told me they want to leave our CLC.”

“Most tell me they are really happy,” Vaughn said.

The Hefner VA had a three-star CLC rating earlier this year, but the new nursing home metrics came out, dropping it to a one-star rating.

By the VA’s own accounting, the Salisbury medical center is one of only 11 one-star CLCs out of 132 in the VA system.

But a USA Today report Sunday said nearly half of VA nursing homes nationwide — 60 — received the one-star rating as of Dec. 31, 2017. At that time, the Asheville VA Medical Center also had a one-star rating, though according to the VA it is now up to two stars.

The Durham VA has a four-star rating in nursing home care; the Fayetteville VA, a two-star rating.

Even though the Hefner VA in Salisbury had a one-star rating, the U.S. Department of Veterans Affairs’ own report reflected “improvement” for the facility. The Durham VA also improved, while Fayetteville and Asheville showed “no change.”

The USA Today/Boston Globe’s lengthy report Sunday said statistics the VA had failed to release until now painted a picture of government-run nursing homes scoring worse on average than their private sector counterparts on nine of 11 key indicators (in 2017), including these five:

- Percentage of residents who reported pain within the past five days.
- Percentage of residents who received antipsychotic medicine, which the Federal Drug Administration has associated with an increased risk of death in elderly dementia patients.
- Percentage of patients who experienced a marked decrease in their abilities to perform daily activities such as bathing, eating and using the bathroom.
- Percentage of patients who had a catheter left in their bladders, which can lead to urinary or blood infections and other complications.
- Percentage of high-risk patients with serious bed sores, which may be prevented by repositioning and/or cushioning.

Vaughn said the Hefner VA’s last nursing home survey by an outside body was done by the Long Term Care Institute, and “we did not do as well on that as I would like to see us do.”

Three things that were found and highly weighted hurt the Salisbury VA's score considerably, Vaughn said.

One instance involved the treating of an open wound. Protocol calls for pain medication to be given to the patient 30 minutes before the wound's dressing is changed. A VA nurse gave the medication 22 minutes before the change.

In another case, a patient required a special cushion for his wheelchair, but the purchase order for that cushion was lost and it took two weeks for the cushion to arrive.

"That was a big hit for us," Vaughn said.

In a third instance, a patient fell, and it was determined better staff training was needed for preventing such occurrences.

Vaughn said the staff, in response, also has better plans to track orders, and reminders have been placed in the electronic records system about when to administer pain medication in the dressing of wounds.

"Our CLC team is committed to getting these things fixed and (having) long-range plans in place," Vaughn said.

The Hefner VA's CLC staff received a separate five-star rating. "I don't see us losing that rating," Vaughn said.

But the Salisbury medical center also scored low — one star — when the rating system looked at 13 quality metrics. On nine of those, Vaughn said, the Hefner VA was below the national average, based on the Medicare data.

But on seven of those nine, Salisbury already was showing significant improvement a couple of months ago, Vaughn said.

"Some things were self-inflicted," he added of reasons for the poor scores.

The Hefner VA incorrectly documented one resident as being restrained — something which should almost never be an option given available alternatives.

But Vaughn said in this case it was a wheelchair resident who was shown as being "restrained" because he had a seatbelt, which he could release at any time.

But once that documentation error was in the system, it stayed there for a year. Without it, the Hefner CLC would be at least two stars.

"My goal is always to be a five-star," Vaughn said, "but that one-star could have been avoided (except for the documentation error)."

Other things noted in the Hefner VA's low quality scores in nursing home care were a higher number of "pressure ulcers" (bed sores) than in the rest of the nursing home community.

Vaughn said the hospital has been able to reduce bed sores by 40 percent.

Vaughn said the VA probably will always be higher (and thus penalized) in providing antipsychotic and pain medications because of the kind of nursing home residents they accept.

Many residents are dealing with things such as PTSD and dementia, plus the veterans might have serious injuries you wouldn't see in regular nursing homes, Vaughn said.

To shake its one-star rating, the Salisbury VA will have to improve at a pace that's better than other CLC facilities. Vaughn said the hospital is committed to that.

"Generally, the comments I get are very positive from our residents," he said.

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5.8 - Chillicothe Gazette (Video): [Stivers, Wenstrup ask VA for more details about living center's one-star rating](#) (19 June, 154k uvm; Chillicothe, OH)

Two local members of Congress want more details about an internal rating system for VA Community Living Centers and sent a letter this week as a formal request.

U.S. Rep. Steve Stivers, R-Upper Arlington, and U.S. Rep. Brad Wenstrup, R-Columbia-Tusculum, signed a letter asking the Department of Veterans Affairs for more details that saw the Chillicothe VA's CLC receive just one star.

The ratings of VA CLCs across the country, which in the private sector are normally referred to as nursing homes, had been kept internally by the VA until USA Today and The Boston Globe began asking questions about their secrecy. They assign a point value to the CLCs on 11 quality measures — including such things as severity of chronic pain being experienced by patients, urinary tract infections tied to catheter use and prescribing of anti-psychotic medications — and those scores are added to obtain a final quality score.

The quality measure scores are based on a three-year average with each year carrying a different weight toward the final score.

Chillicothe's CLC received a one-star rating on a five-star scale, with its quality score the lowest of all VA CLCs that were evaluated on all 11 quality measures.

Stivers, whose 15th District includes the northern half of Ross County, issued a statement Friday when contacted by the Gazette for a response to the ratings saying that his office had not been aware of the ratings but that he was interested in learning more about the rationale behind them.

Likewise, U.S. Rep. Brad Wenstrup, whose 2nd District includes southern Ross and Pike counties among others, also he had not known about the ratings system and that he had been invited to visit the Chillicothe VA to learn more about the ratings and what is being done to improve them.

Both representatives signed a letter Monday to Peter O'Rourke, acting secretary for the Department of Veterans Affairs, expressing concern about the local CLC's ranking and wanting a better understanding of the rating process.

"We recognize many veterans have positive experiences with the VA; however, it is imperative that each and every veteran receives quality care through VA's nursing home system that they have sacrificed to earn," the letter reads. "For this reason, we request a complete and thorough explanation of the rationale behind and factors that comprise the rating system. Additionally, we request an explanation and understanding behind the rating given to the Chillicothe VA nursing home and the issues that need to be corrected to improve this rating."

The two also expressed a commitment to work with the VA to correct issues involved in the rating.

The CLC makes up just one portion of all operations at the Chillicothe VA Medical Center. In a story in Monday's Gazette, center Director Mark Murdock and Lora Cox-Vance, chief of geriatrics and extended care, noted that while improvements have and continue to be made, the ratings — especially when compared to ratings of private sector nursing homes — have to be kept in context. For example, catheter issues will be more prevalent in VA centers, they said, because an overwhelming majority of the patient population is male.

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5.9 - Kokomo Tribune: [Sen. Donnelly asks VA to investigate new Kokomo clinic, Senator asking for information about program following complaints from local veterans](#) (19 June, Carson Gerber, 77k uvm; Kokomo, IN)

U.S. Sen. Joe Donnelly is asking Veterans Affairs officials to investigate the new outpatient clinic in Kokomo after local veterans expressed concerns about access to care and problems scheduling appointments.

Donnelly recently sent a letter to VA Northern Indiana Health Care System Director Michael Hershman, whose office runs the Kokomo clinic, asking him to "investigate and address these issues, consistent with U.S. law and agency policy."

The letter comes after the clinic, which is a first-of-its-kind pilot program established by the VA, came under fire from local veterans during last month's meeting of the Howard County Military Foundation.

Veterans said the clinic isn't providing enough services and patients are being discouraged from going there when calling to schedule appointments.

New VA clinic operating as designed despite local veterans' concerns
Veterans Affairs officials say Kokomo's new outpatient clinic is operating as it should desp...

Jimmy Shaw, a guide for UAW Local 685, said during the meeting that veterans in his union have reported the nurse practitioners and clinicians there can't provide the kinds of services they need.

"We've got a lot of irate veterans," he said. "I'm hearing that the clinic can't do anything for them once they get in there."

John Meeks, a veteran and executive director of the local chapter of the U.S. War Dogs Association, said veterans who call the call center to schedule an appointment at the clinic are being “harassed” by the operators.

“This was a program that was set up to fail, and they’ve done nothing but prove that,” he said at the Military Foundation meeting. “... It’s a joke.”

One of Donnelly’s aides was at the meeting and reported the conversation back to the senator. Donnelly then sent the letter to Hershman “in light of recent reports of patient care and scheduling issues.”

That letter was read Tuesday by Donnelly representative Jordan Isaacs during the regular meeting of the Military Foundation.

In the letter, Donnelly, a Democrat, said he was pleased by the VA’s decision to open the clinic in Kokomo, but added “it’s important that we ensure the clinic serves its intended purpose by providing local veterans with better access to timely care and quality care.”

Donnelly specifically asked Hershman to provide him details on the scope of care offered at the clinic, the current staffing levels, the appointment-making process and how staff are advised to handle those seeking appointments.

The letter also requested the number of veterans served since the clinic opened, the facility’s long-term strategy and details on any actions taken or plans to address grievances expressed by local veterans.

Isaacs said Hershman has yet to respond to the letter. He noted, though, that he or another Donnelly representative will update the leadership of the Military Foundation once they receive the information.

However, officials with VA Northern have said the pilot program is operating as intended since it opened in February inside the current city-county clinic at 620 N. Bell St.

VA Public Affairs Officer Tom Blackburn said in an email sent to the Tribune earlier this month that the clinic is staffed so veterans in the area can seek treatment for minor illnesses and non-emergency urgent care, such as strep throats, bladder infections, pink eye or infections of the ears, nose and throat.

Staff can also treat minor wounds, abrasions, joint sprains and possible skin conditions like poison ivy, ring worm, lice or acne.

The Kokomo team currently includes one nurse practitioner, one licensed physician’s assistant and one administrator. The facility is open Tuesdays and Wednesdays from 8 a.m. to 3:30 p.m.

Blackburn said the intention from the beginning was to use the clinic to provide acute-care services in the event veterans’ primary care providers in Peru or Marion are booked up and can’t immediately see them.

He said the clinic does not accept walk-in patients, and veterans must schedule an appointment by calling 1-800-360-8387.

Blackburn said although the clinic is operating as it was designed, the VA is always looking at ways it could improve services.

"It's a new type of team we've put together, so we're always learning and trying to ensure that what we're doing is positive and will be helpful to veterans," he said. "We can always take a look at what we're doing and see what we can do to make it better."

Blackburn said the VA will review whether to continue the program after it builds a new community-based outpatient clinic to replace the current facility in Peru that will double the size and staff of the current facility.

Notably, Donnelly's letter comes as he continues his campaign toward re-election.

In November, Donnelly, who is considered one of the Senate's most vulnerable incumbents, will face off against Republican Mike Braun. Braun, a wealthy former state lawmaker, defeated two U.S. Reps., Todd Rokita and Luke Messer, in the Republican primary.

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5.10 - WXPR (NPR-91.7, Audio): [Iron Mountain VA Nursing Care Gets High Grades](#) (19 June, Ken Krall, 15k uvm; Rhinelander, WI)

A report finds the Oscar G. Johnson VA Medical Center in Iron Mountain revealed that its nursing home received 5-stars as part of its annual performance rating.

The Iron Mountain-based VAMC's announcement came after VA extended its unprecedented 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.

Oscar G. Johnson VA Medical Center spokesperson Brad Nelson says their facility was highly rated in the report...

"...with the release of this, it does show that the Iron Mountain nursing home, or what we call our Community Living Center, is a five-star rated facility....we are ranked tenth in the nation among the 130 VA nursing homes. So we're very pleased with that..."

Nelson says the data shows overall the VA's nursing home system compares closely with private sector nursing homes, even though the department on average cares for sicker patients in its nursing homes than do private facilities...

"...we're starting to compare ourselves with non-VA nursing homes which is important to do. Veterans and their families can have choices, whether they want to use VA care or if they want to either private or Medicaid nursing homes as well. I think we compare pretty favorably..."

Nelson says the overall star rating for VA's nursing homes compared to the more than 15,000 private sector nursing homes rated by the Centers for Medicare and Medicaid Services shows the VA has a significantly lower percentage (34.1 percent lower) of one-star, or lowest rated, facilities than the rest of the nation.

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6. [Suicide Prevention](#)

6.1 - Newsy (Video): [A New VA Report Examines The Suicide Rate Among Veterans - A new report from the Department of Veterans Affairs found veterans are two times more likely to die by suicide than non-veterans.](#) (19 June, Cristina Mutchler, 433k uvm; Cincinnati, OH)

According to a Department of Veterans Affairs report released Monday, veterans are twice as likely as non-veterans to die by suicide.

The agency examined data from 2005 through 2015 across the U.S., aiming to improve its suicide prevention program. It found an increase in rates of suicide among veterans, aligning with recent Centers for Disease Control and Prevention statistics on the rise in suicide rates for the general population. The findings note those rates went up more quickly in veterans who didn't receive care from the agency's health administration.

According to the analysis, 20 veterans die by suicide each day, a number that hasn't changed since it was first reported by the VA in 2016.

If you need to talk to someone about suicide prevention, text "HOME" to the Crisis Text Line at 741-741.

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6.2 - Summerville Journal Scene: [Trident Health to launch suicide awareness initiative on Wednesday](#) (19 June, 55k uvm; Summerville, SC)

Of the nearly 20 million veterans living throughout the United States, an average of 20 per day continue to take their own lives, according to new data published Monday by the U.S. Department of Veterans Affairs.

But the VA reported how veterans and non-veterans are at the heart of the national crisis – with suicides spiking among both populations.

And with recent talk surrounding the suicides of high-profile figures like fashion designer Kate Spade and culinary television star Anthony Bourdain, local mental health officials and veterans' assistance groups are looking for better ways to help the hurting.

On Wednesday at Trident Medical Center in North Charleston, hospital staff will join with officials from Fisher House Charleston, a facility that provides temporary lodging for families of veterans under medical care at the local Ralph H. Johnson VA Medical Center, to launch a special awareness campaign dubbed "20 at 12:20 on 6/20."

The initiative is meant to further ignite the suicide conversation among community members and gain their support in caring for others in need.

“Suicide among all age groups is increasing at an alarming rate,” said Trident Health Psychiatrist Franklin Drummond in a hospital press release.

Community members are urged to take a moment at 12:20 p.m. to conduct an activity—prayer, meditation, push-ups—involving the number 20, the release said.

Trident officials said the hospital is also working to expand its behavioral health program. While there’s currently no timeline on construction, a Certificate of Need has been submitted to the state’s Department of Health and Environmental Control, said Trident Spokesman Rod Whiting. The facility will be freestanding, offer in-patient and outpatient services and include 60 beds—more than three times the number currently available at the hospital.

According to Drummond, who also serves as medical director of Trident’s behavior health department titled Lowcountry Transitions, veterans and active military service members alike need the right education, support and medical care to meet their “unique needs and pressures” stemming from their high-stress lifestyles.

Trident officials said they also plan to donate \$2,500 to Fisher House. Since opening its doors in January, the 16-bedroom facility has cared for dozens of family members, according to Vicki Johnson, Air Force veteran and executive director of the home. In the release she praised Trident for its support of local veterans.

“By working together we can do so much more for the veterans and their families,” Johnson said.

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6.3 - Leavenworth Times: [Veteran found shot in VA parking lot](#) (19 June, 49k uvm; Leavenworth, KS)

A Vietnam War era veteran died from an apparent suicide last week on the grounds of Department of Veterans Affairs hospital in Leavenworth, according to a statement released by a hospital spokesman.

A Vietnam War era veteran died from an apparent suicide last week on the grounds of Department of Veterans Affairs hospital in Leavenworth, according to a statement released by a hospital spokesman.

The veteran, who was identified as Michael Douglas, died from an apparent self-inflicted gunshot wound at about 4 p.m. Wednesday in the emergency department parking lot of the Eisenhower VA Medical Center, according to a statement issued by Joseph Burks, public affairs officer for VA Eastern Kansas Health Care System.

The VA Eastern Health Care System includes the Eisenhower VA Medical Center.

An employee notified the VA Police Department of an unresponsive person in a parked car in the parking lot. Medical treatment was administered but Douglas was pronounced dead, according to the statement.

“We take hard the loss of any Veteran (during war or peace) and our thoughts and prayers are with the family of Michael Douglas,” Burks wrote in the statement. “Executive leaders at VA Eastern Kansas share their deepest appreciation for those staff members involved in the incident and offer their sincere gratitude to the entire organization for the quick, appropriate, and honorable work throughout the situation.”

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military.com (Paycheck Chronicles): New VA Policy to Protect Veterans from Predatory Lending (19 June, Jim Absher, 9M uvm; San Francisco, CA)

VA has issued a new policy implementing the May 2018 Economic Growth, Regulatory Relief, and Consumer Protection Act, to protect veterans who apply for a VA-guaranteed refinance loan.

The act helps protect veterans and service members from the dangers associated with repeatedly refinancing their home loans.

“We want to ensure veterans have the informed ability to take advantage of economic opportunities and make sound decisions that enable them to prosper when using their benefits,” said Acting VA Secretary Peter O’Rourke. “This is yet another tool that will help veterans meet their personal goals.”

Among the changes which became effective May 25, 2018:

- The interest rate on a new fixed loan must be at least half a percentage point less than the previous loan. Adjustable-rate mortgages must be at least 2 percentage points less.
- The lender must certify that all costs and fees will be recouped by the borrower within 36 months of the loan date.
- Veterans can’t refinance to another VA-backed loan for 210 days (up from 180) or the date on which the sixth monthly loan payment is made, whichever is longer.

VA-backed home loans generally do not require a down payment, have low closing costs, and are the lowest rates among all loan products in the marketplace. VA does not issue the loans, they only guarantee to the lender that you are a good credit risk for the loan.

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7.2 - Military Times (Home HQ): Not just VA: More state-run programs that could help you land your dream home (19 June, Kevin Lilley, 2.1M uvm; Springfield, VA)

Even if troops and veterans have mastered the VA-backed loan process, that doesn’t mean they know every bit of housing benefit they’ve earned from their service.

Many states offer some sort of home-buying help for those who’ve worn the uniform, though the assistance takes many forms: Lower interest rates, zero-interest loans for down payments, and

other benefits. Most of these come with restrictions, eligibility requirements and other fine print that can exclude some veterans or properties.

We've outlined some of these programs before, and five more are listed below. The list is far from comprehensive; do your own research and consult with your Realtor to find out if another state-based program could give you a better deal, or could allow you to improve your offer in a rough real estate market.

Indiana: The Honor our Vets program gives up to \$5,000 to eligible participants to help with a down payment, closing costs or relocation expenses. Beneficiaries must qualify for a VA-backed loan and are subject to income limits.

Massachusetts: The Home for the Brave Home Loan Program offers low rates for troops and veterans, as well as spouses of service members who are killed while on active duty. Income limits and other financial qualifications apply.

Maryland: Maryland Homefront offers \$5,000 in down payment and closing cost assistance (in the form of a zero-interest deferred loan) to service members and veterans. The program also gives borrowers a reduced rate on a 30-year fixed Maryland Mortgage Program loan and waives the \$450 Maryland HomeCredit Fee. Refinance loans aren't eligible.

Mississippi: The Veterans' Home Purchase Board offers an "advantageous interest rate" for veterans, active-duty service members, and reserve or Mississippi National Guard members with at least six years of service. All participants must have a VA Certificate of Eligibility.

Oregon: The state's veteran home loan program has paid out more than \$8 billion since 1945, according to its website, assisting more than 334,000 veterans. Unlike some other state programs, the borrower doesn't need to reside in Oregon at the time of application, so long as the property being bought is in the state. There are no income limits, but there is an eligibility process that differs from VA's system; click the above link to see whether you qualify.

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8. [Other](#)



Veterans Affairs Media Summary and News Clips

21 June 2018

1. [Top Stories](#)

1.1 - USA Today: [VA: USA TODAY's article is misleading, Veterans Affairs' nursing homes have better staff-to-resident ratio: Opposing view](#) (20 June, Peter O'Rourke, 36.8M uvm; McLean, VA)

USA TODAY's misleading Sunday article, "Secret VA nursing home ratings hide poor quality care from the public," is a prime example of why the phrase "fake news" has gained such prominence. Let's start with the headline. The VA publicly released these nursing home ratings on June 12. Calling them "secret" is false and irresponsible. So is this paper's focus on a single, cherry-picked sub-metric — rather than overall rankings — to paint a misleading picture of how our facilities actually compare with the private sector.

[Hyperlink to Above](#)

1.2 - USA Today: [Release VA nursing homes data, Private nursing homes are required by federal law to be transparent, so should taxpayer-financed veterans facilities: Our view](#) (20 June, Editorial Board, 36.8M uvm; McLean, VA)

Most Americans, when they think of the VA, envision a vast bureaucracy of care centers for millions of the nation's veterans. That it is. But who knew the agency also runs a network of nursing homes? Well, it does, and it turns out — thanks to recent coverage by USA TODAY and The Boston Globe — that many of those nursing homes suffer from health delivery concerns similar to those that plague some VA hospitals and clinics.

[Hyperlink to Above](#)

1.3 - Wall Street Journal: [Trump Officially Nominates a Veterans Affairs Secretary, Nomination of Robert Wilkie to head the VA comes after lengthy delay in filing official paperwork](#) (20 June, Ben Kesling, 43.6M uvm; New York, NY)

The Trump administration has officially nominated Robert Wilkie to head the Department of Veterans Affairs, according to the White House, ending weeks of unexplained delay in sending the official nomination paperwork to the Senate. President Donald Trump surprised even Mr. Wilkie at a White House event last month when he made public his choice for a new secretary to permanently fill the post.

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1.4 - U.S. News & World Report (AP): [Appeals Court Tosses Veterans' Lawsuits Over Burn Pits](#) (20 June, Denise Lavoie, 24M uvm; Washington, DC)

Military veterans who claim that the use of open burn pits during the wars in Iraq and Afghanistan caused myriad health problems cannot move forward with dozens of lawsuits against a military contractor, a federal appeals court ruled Wednesday. A three-judge panel of the 4th U.S. Circuit Court of Appeals agreed with a federal judge in Maryland, who last year threw out the lawsuits brought against KBR, a former Halliburton Corp. subsidiary.

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1.5 - NPR (Audio): [Investigation Into The VA Reveals A Culture Of Retaliation Against Whistleblowers](#) (20 June, Eric Westervelt, 22M uvm; Washington, DC)

VA employees in one Southeast district say a toxic culture of retaliation has undermined veterans' care and worker morale. There is growing skepticism among whistleblowers the VA can police itself.

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1.6 - Atlanta Journal-Constitution: [New audit: Staffing shortages hamper Atlanta VA](#) (20 June, Brad Schrade, 11.8M uvm; Atlanta, GA)

The Atlanta VA Medical Center leads the veterans health care system in a negative measurement: the hospital on Clairmont Road has the highest number of staffing shortages of any VA hospital in the country, according to a new audit by the agency's inspector general. The facility listed 89 positions designated as shortages, including critical clinical jobs such as neurologist, staff nurses and pathologist.

[Hyperlink to Above](#)

1.7 - Military.com: [Fight Brews as the VA Mission Act Remains Unfunded](#) (20 June, Richard Sisk, 9M uvm; San Francisco, CA)

More than 30 Veterans Service Organizations have backed Senate proposals to fund the recently passed VA Mission Act, which expands private health care options. The proposals, which are opposed by the White House, would give up to \$55 billion in funding over five years. The bill, signed into law by President Donald Trump earlier this month, provided \$5.2 billion in funding to keep the current Veterans Choice and Accountability Act running through next May...

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1.8 - Military Times: [3 looming questions for Robert Wilkie's VA confirmation hearing](#) (20 June, Leo Shane III, 2.1M uvm; Springfield, VA)

The upcoming confirmation hearings for the next Veterans Affairs secretary won't be nearly as contentious as they would have been with the last nominee, but Robert Wilkie still faces a host of tough questions before he steps back into the department's top leadership spot. Wilkie, who serves as the Pentagon's under secretary for personnel and readiness, was announced as President Donald Trump's pick for the Cabinet post in May after a tumultuous stretch for VA.

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1.9 - Military Times: [Special congressional panel to scrutinize VA's medical records overhaul](#) (20 June, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers plan to form a new oversight panel to track Veteran Affairs officials' work on modernizing their electronic health records system, saying that Congress needs to closely monitor the years-long process. House Veterans' Affairs Committee Chairman Phil Roe, R-Tenn., had mentioned the idea in recent hearings before the panel, but on Wednesday formally announced the process to add the new subcommittee.

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1.10 - Hartford Courant: [Esty Pens Letter To VA Over Sexual Harassment Concerns](#) (20 June, Daniela Altimari, 2.1M uvm; Hartford, CT)

U.S. Rep. Elizabeth Esty is calling on the VA to address sexual harassment within the veterans organization. In a letter to acting VA Secretary Peter O'Rourke, Esty cited statistics showing a quarter of women at the Department of Veterans Affairs had experienced some type of sexual

harassment over the preceding two years. More than 15 percent of male employees reported having experienced sexual harassment, a higher percentage than other federal agencies.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Politico: [FDA rolls out pre-certification update](#) (20 June, Darius Tahir, 23.9M uvm; Arlington, VA)

Meanwhile, Rep. Tim Walz, the ranking member of the House Veterans' Affairs Committee, blasted acting VA Secretary Peter O'Rourke for allegedly attempting to curtail an active investigation by the department's inspector general regarding potentially duplicative operations at the agency's accountability and whistleblower offices.

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4.2 - Daily Caller: [VA Hospital Stops Investigation Against Whistle-Blower](#) (21 June, Michael Volpe, 12M uvm; Washington, DC)

A Veterans Affairs hospital opened an investigation against a whistle-blower but then did an about face after inquiries from The Daily Caller. Greg Chiles is a VA police officer who works at the Fort Harrison, Montana VA Medical Center; he was one of four VA whistle-blowing cops featured in an April article from TheDC, where each described facing systemic corruption and retaliation.

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4.3 - The Hill: [Senate panel schedules hearing on Trump VA pick](#) (20 June, Nathaniel Weixel, 11.9M uvm; Washington, DC)

President Trump's nominee to lead the Department of Veterans Affairs (VA) will get a Senate confirmation hearing next week. The Senate Veterans Affairs Committee will take up the nomination of Robert Wilkie on June 27, the committee announced Wednesday. Wilkie, who served as acting VA secretary until he stepped down after being nominated for secretary...

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4.4 - Newsmax: [Dems Back VA IG Accusing Acting VA Secretary of Obstructing](#) (20 June, Brian Freeman, 10.8M uvm; Boca Raton, FL)

Congressmen have become involved in a dispute within the Veterans Affairs, as the department's Inspector General Michael Missal has accused VA Acting Secretary Peter O'Rourke of improperly withholding records dealing with employee complaints, saying it could be covering up potential criminal misbehavior, the Military Times has reported.

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4.5 - Military.com: [VA Watchdog Battles Trump's Acting Secretary Over Whistleblowers](#)

(20 June, Richard Sisk, 9M uvm; San Francisco, CA)

The VA's independent watchdog has charged that the Trump administration's acting secretary has blocked access to data on whistleblower complaints in a possible violation of the law. In an increasingly vitriolic exchange of letters, VA Inspector General Michael Missal and acting VA Secretary Peter O'Rourke have questioned each other's motives and authorities in matters relating to the implementation of the Accountability and Whistleblower Protection Act.

[Hyperlink to Above](#)

4.6 - Military Times: [Should VA employees be allowed to work at for-profit schools?](#) (20

June, Natalie Gross, 2.1M uvm; Springfield, VA)

Employees at the Department of Veterans Affairs aren't allowed to moonlight at for-profit schools or receive gifts, services or other financial benefits from such institutions, which enroll tens of thousands of veterans using the GI Bill. But VA officials are considering waiving that rule for most employees — a proposal that has several military and veteran advocacy organizations crying foul.

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4.7 - KNSD (NBC-7, Video): [North County VA Doctor Arraigned on Sex Assault Charges](#)

(21 June, Omari Fleming, 2.1M uvm; San Diego, CA)

A North County doctor contracted to evaluate patients for the Department of Veterans Affairs was arraigned on sex assault charges relating to five female patients Wednesday, at least four of whom are veterans. The alleged incidents happened in 2015 and 2016, and at least one allegedly occurred at the QTC Medical Group in Oceanside.

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4.8 - Stars and Stripes: [VA inspector general accuses acting VA secretary of concealing information](#) (20 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The acting secretary of the Department of Veterans Affairs and the agency's inspector general are engaged in a power struggle, each accusing the other of withholding access to information and impeding VA oversight. The rift was revealed this week when Inspector General Michael Missal sought help from Congress to obtain information that he argues VA leaders have been unlawfully withholding for months.

[Hyperlink to Above](#)

4.9 - KFVS (CBS-12, Updated, Video): [VA hosts town hall meeting in Harrisburg, IL](#) (19 June, 446k uvm; Cape Girardeau, MO)

A VA spokesman says the meeting's designed to gain feedback on the healthcare system. Many topics in the department will be addressed, including the VA Mission Act of 2018, designed to improve veteran access to VA healthcare. Over the next year, VA will develop regulations to implement the new law, while also developing policies, training staff and awarding contracts to furnish care.

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4.10 - Times Leader: [Veterans' caregivers raise program concerns at VA town hall meeting](#) (20 June, Dan Stokes, 308k uvm; Wilkes-Barre, PA)

For Molly Rosencrans, it's been a lifeline. The U.S. Department of Veterans Affairs offers a caregiver support program designed for the family members of veterans who play an important role in their care and well-being. "The stipend is honestly the difference between staying home and helping my husband or going to work and wonder if my husband is going to burn the house down," the Wilkes-Barre resident said. "It's a 24/7 job."

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4.11 - WPSD (NBC-6, Video): [Veterans voice health care questions at Harrisburg VA town hall](#) (20 June, Bryce Mansfield and Randall Barnes, 196k uvm; Paducah, KY)

Nine million. That's the number of military veterans the Department of Veterans Affairs is responsible for. The Department of Veterans Affairs in Southern Illinois held a town hall Wednesday evening in Harrisburg to hear from veterans. Concerns included long wait times on the phone to schedule medical appointments and questions about the VA Mission Act of 2018.

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4.12 - Joplin Globe: [Our View: The VA's 'impaired' reaction](#) (20 June, Editorial Board, 77k uvm; Joplin, MO)

In Tuesday's edition, we reported that the U.S. Department of Veterans Affairs will conduct a review of more than 30,000 cases as a result of possible misdiagnoses by an "impaired" pathologist that could affect veterans not just in the Fayetteville, Arkansas, area but in all of the Four-State Area. The department said Monday that approximately 2,300 veterans in Southwest Missouri will be affected by the review.

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4.13 - WUMN (NPR-89.7, Audio): [Sixth VA Mental Health Summit Focuses On African-American Veterans](#) (20 June, Bonnie North, 52k uvm; Milwaukee, WI)

The Zablocki VA Medical Center and UW-Milwaukee have discovered they make good partners in providing military veterans with a wide range of services. For the past few years, the Zablocki VA has teamed up with UWM's Military and Veterans Resource Center, or MAVRC, to hold a veterans mental health summit. The sixth annual summit takes place this Saturday, June 23 at UWM's student union.

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4.14 - WJNO (CMN-1290, Audio): [Veterans Town Hall At West Palm Beach VA Medical Center](#) (20 June, Joel Malkin, 9.6k uvm; West Palm Beach, FL)

Veterans can attend a Town Hall meeting at the West Palm Beach VA Medical Center on Thursday. The event will focus on the facility's five year Strategic Plan. Before the Town Hall begins, an assistance fair will be held at 3 p.m., which provides an opportunity for local vets to learn about the medical center and get information on programs, as well as the U.S. Congressional office located inside the medical center.

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5. [Improve Timeliness of Service](#)

5.1 - WREG (CBS-3, Video): [Inspection reveals unnecessary deaths, unsanitary conditions at Memphis VA](#) (20 June, Bridget Chapman, 855k uvm; Memphis, TN)

A federal review of the Memphis Veteran Affairs Medical Center shows some major violations. From unsanitary conditions to veterans unnecessarily dying in their care, there are a lot of areas in need of improvement. The inspection was conducted over a week-period in January.

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5.2 - WHBQ (FOX-13, Video): [16 patients died unnecessarily at Memphis VA hospital, report says](#) (20 June, Zach Crenshaw, 618k uvm; Memphis, TN)

Sixteen patients died at the Memphis Veteran Affairs Hospital that shouldn't have, a report said. That's according to the latest report from the office of the inspector general. It details how the Memphis hospital continues to be one of the worst performers, receiving a one-star rating out of a possible five. Doctors, nurses, administrators, and even the cleaning staff are all scrutinized in this report.

[Hyperlink to Above](#)

5.3 - Tucson News Now (Video): [Report: 16 Memphis VA patients died after surgery between 2015-17](#) (20 June, 596k uvm; Phoenix, AZ)

According to a new report, 16 patients have died after having surgery at the Memphis VA Hospital. The lengthy report from the inspector general details why Memphis's VA received one star out of a five-star rating for its patient care and performance. The VA's Medical Director David Dunning responded to the report, promising continuing change.

[Hyperlink to Above](#)

5.4 - Daily Courier: [Prescott VA nursing home earns lowest rating in nation](#) (20 June, Nanci Hutson, 482k uvm; Prescott, AZ)

The local VA medical center director declared on Tuesday afternoon that care for the most vulnerable, and difficult to treat veterans is today, and will remain, a top priority for the facility that just earned the lowest rating in the nation for its 85-bed nursing home, known as the Community Living Center (CLC).

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5.5 - Arizona Daily Star: [Tucson VA nursing home gets 2 of 5 stars in internal ratings](#) (20 June, Emily Bregel, 431k uvm; Tucson, AZ)

The Tucson VA's nursing home received two out of five stars in its annual ratings, which the U.S. Department of Veterans Affairs released publicly for the first time last week, citing a commitment to transparency. But that transparency only goes so far: The department would not release the underlying data — detailed statistics in measures such as long-term catheter use, pressure sores and patient pain levels...

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5.6 - WBTV (CBS-3): [Salisbury VA nursing home among lowest-rated in US](#) (20 June, Nick Ochsner, 319k uvm; Charlotte, NC)

The Salisbury Veteran Affairs Medical Center's nursing home and hospice facility is among the lowest-rated in the country, according to new ratings released this week by the US Department of Veterans Affairs. The ratings scored all 133 VA nursing home facilities - known as community

living centers within the VA - on a scale of one to five stars, with one being the lowest and five being the highest.

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5.7 - KVOA (NBC-4): [N4T Investigators: VA Fight Update](#) (20 June, Matthew Schwartz, 273k uvm; Tucson, AZ)

Leo was stationed at the Da Nang Air Base, where, the VA later acknowledged, he, like many others, was exposed to Agent Orange, the toxic chemical used as a weapon by American troops and which caused numerous health problems for U.S. soldiers and others. Michelle says her husband suffered from heart disease, hypertension and shortness of breath, among other ailments. He was ruled disabled by the VA And last October, Leo Davis died, on his 69th birthday.

[Hyperlink to Above](#)

5.8 - Concord Monitor: [Carol Williams: Let's end persistent myths about VA care](#) (21 June, Carol Williams, 164k uvm; Concord, NH)

Men and women of the Granite State who have served our country with honor and distinction are entitled to the best care possible from the VA. When questions are raised about that care they also deserve the best objective evaluation of those questions. I served as a nurse in the VA for over 38 years, most recently as the nurse executive at the Manchester VA Medical Center. Unfortunately I have seen damaging and inaccurate media portrayals of the VA that have gone unchallenged...

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5.9 - Public Opinion (Video): [Martinsburg VA nursing home scores poorly on pain control](#) (20 June, 80k uvm; Chambersburg, PA)

Nursing home patients in the Martinsburg VA Medical Center are feeling pain more than patients at most other nursing homes, according to data recently collected by the Boston Globe and USA Today. The medical center's Community Living Center in West Virginia run by the U.S. Department of Veterans Affairs (VA) had one of the lowest scores for quality of patient care among the nation's 133 VA nursing homes.

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5.10 - Tahlequah Daily Press: [Not all VA health care news is bad](#) (20 June, Sean Rowley, 43k uvm; Tahlequah, OK)

In recent years, several health care facilities of Veterans Affairs have received ugly ink. The VA hospital in Washington, D.C., was reported to have serious deficiencies in March, a veteran with a broken foot was turned away from a VA hospital in Seattle in 2015, records were altered at a Colorado VA hospital. The Jack C. Montgomery VA Medical Center in Muskogee did not escape the critical spotlight, taking heat over the 2013 hiring of a psychiatrist with a checkered past who started a sexual relationship with a patient.

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6. [Suicide Prevention](#)

6.1 - Stars and Stripes: [VA reveals its veteran suicide statistic included active-duty troops](#) (20 June, Nikki Wentling, 1.5M uvm; Washington, DC)

For years, the Department of Veterans Affairs reported an average of 20 veterans died by suicide every day – an often-cited statistic that raised alarm nationwide about the rate of veteran suicide. However, the statistic has long been misunderstood, according to a report released this week.

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6.2 - WCBD (NBC-2, Video): [Veteran suicide prevention](#) (20 June, Mayci McLeod, 274k uvm; Mount Pleasant, SC)

A recent study by the Department of Veterans Affairs (VA) found an average of 20 veterans die each day by suicide. The first step in putting an end to the problem is raising awareness. On June 20th at 12:20 PM, Trident Medical Center employees dropped to the ground to give 20 pushups, one for each veteran who dies per day due to suicide.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WTVD (ABC-11, Video): [California boy visits Raleigh in nationwide effort to honor veterans](#) (20 June, Andrea Blanford, 869k uvm; Durham, NC)

Placing a single red carnation in front of a veteran's headstone at Raleigh National Cemetery, Preston Sharp, 12, of Redding, California, says the name of every veteran he traveled across the country to honor. "A veteran's name not said is a veteran forgotten," Sharp told a group of a couple dozen volunteers who showed up at the cemetery Wednesday to help him.

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7.2 - New York Times Magazine: [Veterans Owe Thousands for Survivor Benefits. Why Can't They Opt Out?](#) (20 June, Sara Jerving, 324k uvm; New York, NY)

More than 19,000 retired disabled veterans received the same notice as Dan in early 2018, saying they had to start paying into the Survivor Benefit Plan, a Defense Department program similar to life insurance. For some, these deductions are a financial strain, which is compounded by the thousands of dollars the government says they owe in back payments and interest charges, and the Defense Department's antiquated system makes it nearly impossible to unenroll.

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7.3 - Daily Republic: [State Legislature backs VA ownership of Mare Island Naval Cemetery](#) (20 June, Todd Hansen, 156k uvm; Fairfield, CA)

The state Legislature is supporting a federal bill that would transfer the ownership and maintenance of the historic Mare Island Naval Cemetery to the Department of Veterans Affairs. The Assembly on Monday passed the joint resolution authored by state Sen. Bill Dodd, D-Napa, in support of the legislation authored by Rep. Mike Thompson, D-St. Helena. The state Senate adopted the resolution May 21.

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7.4 - Times-Herald: [Veterans nationwide throw weight behind Mare Island Cemetery efforts](#) (20 June, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

Efforts under way to find a permanent solution for maintenance of the orphaned Mare Island Naval Cemetery continue to gain traction. Besides the passage in both Houses of a resolution from state Sen. Bill Dodd, D-Napa, reported Wednesday, bills designed to transfer oversight of the site from the City of Vallejo to the Department of Veterans Affairs have also gained official backing from several of the country's largest veterans organizations.

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7.5 - The Enterprise: [Bowling alley is hidden gem of Brockton VA campus](#) (20 June, Marc Larocque, 20k uvm; Brockton, MA)

A six-lane bowling alley has existed at the Brockton VA since the campus was constructed in the 1950s, according to staff there. Kenneth Taylor, an Army veteran, is now working through a residential VA program to help out other disabled vets living on the Brockton campus to spend more time at the bowling alley.

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8. [Other](#)

8.1 - La Crosse Tribune: [Tomah VAMC searching for veteran](#) (20 June, Jourdan Vian, 822k uvm; La Crosse, WI)

Officials are searching for a 70-year-old veteran who went missing from the Tomah Veterans Affairs Medical Center Tuesday morning. Michael Bates, a resident of the medical center's Community Living Center, left the grounds shortly after 9 a.m., wearing blue jeans, a black and red lightweight jacket, a black and white ball cap and eyeglasses. Bates is a white man, about 5 feet 7 inches tall and weighs 225, with a full head of salt-and-pepper hair, a beard and a mustache.

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8.2 - WSAW (CBS-7): [DOJ believes missing Tomah VA veteran may be hitchhiking](#) (20 June, Heather Poltrock, 196k uvm; Wausau, WI)

The Department of Justice is asking for the public's help locating a 70-year-old man they believe left the Tomah VA and is now hitchhiking. A Silver Alert was issued Tuesday after investigators said Michael Bates left the VA campus where he lives likely around 11 a.m. Staff said he had gone missing before and may have been trying to get to Pine Hallow cemetery near Cashton. He also has Cataract, Wis. which is located near Little Falls in Monroe County.

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1. [Top Stories](#)

1.1 - USA Today: [VA: USA TODAY's article is misleading, Veterans Affairs' nursing homes have better staff-to-resident ratio: Opposing view](#) (20 June, Peter O'Rourke, 36.8M uvm; McLean, VA)

USA TODAY's misleading Sunday article, "Secret VA nursing home ratings hide poor quality care from the public," is a prime example of why the phrase "fake news" has gained such prominence.

Let's start with the headline. The VA publicly released these nursing home ratings on June 12. Calling them "secret" is false and irresponsible. So is this paper's focus on a single, cherry-picked sub-metric — rather than overall rankings — to paint a misleading picture of how our facilities actually compare with the private sector.

Here are the facts:

This is the first year the Department of Veterans Affairs has compiled ratings for our nursing homes using the Centers for Medicare and Medicaid Services rating system. That's why we're now able to present an apples-to-apples comparison of VA homes with private facilities.

The data show that, overall, VA's nursing home system compares closely with the private sector, even though the department cares for sicker patients — with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury and terminal illness — than do private facilities. And even though private sector nursing homes admit patients selectively, VA will not refuse service to any eligible veteran. These factors make achieving good quality ratings more challenging.

Importantly, though, VA nursing homes have a better staff-to-resident ratio than private sector facilities to ensure that residents in VA facilities get more attention from staff than do residents in private facilities.

Last year, VA committed to releasing our nursing home ratings this summer. We met that goal. And along the way, we took time to ensure that our data were accurate.

USA TODAY's disingenuous attempt to equate these good-faith efforts to vet and organize our nursing home quality data before their release as "secrecy" does a disservice to the hundreds of thousands of VA employees and the millions of veterans who depend on them for care.

Peter O'Rourke is acting director of the Department of Veterans Affairs.

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1.2 - USA Today: [Release VA nursing homes data, Private nursing homes are required by federal law to be transparent, so should taxpayer-financed veterans facilities: Our view](#) (20 June, Editorial Board, 36.8M uvm; McLean, VA)

Most Americans, when they think of the VA, envision a vast bureaucracy of care centers for millions of the nation's veterans. That it is. But who knew the agency also runs a network of nursing homes?

Well, it does, and it turns out — thanks to recent coverage by USA TODAY and The Boston Globe — that many of those nursing homes suffer from health delivery concerns similar to those that plague some VA hospitals and clinics.

About 46,000 veterans annually are cared for in 133 of these homes nationwide. Some are located on Department of Veterans Affairs hospital campuses, and some are separate facilities.

The VA rates these nursing homes for quality, but internal appraisals showing that 60 homes with the lowest ratings were kept secret from the public until reporters pressed. Moreover, in some crucial measurement standards, including reports of pain, VA homes performed substantially worse than private-sector alternatives.

Members of Congress have called for briefings to learn what this all means. That's a necessary first step. The VA, meanwhile, has regrettably gone into a classic defensive crouch, falling back on Trumpist claims of "fake news."

The VA's propensity for concealing facts about how it cares for veterans often redounds to its discredit. The heart of the scandal that rocked Veterans Affairs in 2014, resulting in a secretary stepping down, was a systemic effort to falsify wait-time records to keep embarrassing information from the public.

Coming clean on delays could have spurred efforts to expand staffing as the aging veteran population grew. And while the scandal was certainly an access-to-care problem, it wasn't necessarily a health care problem. Studies later authorized by Congress, including a recent sweeping analysis by RAND, all show that once veterans see doctors, VA hospitals perform the same or better than non-VA facilities, and that veteran outpatient clinics perform significantly better.

Veterans can now go online to see comparative data for VA hospitals and outpatient clinics and choose private alternatives if VA care is wanting. But Veterans Affairs evidently hasn't yet learned that lesson for its operation of nursing homes. Though it released limited appraisal information after reporters inquired, the agency continues to withhold underlying quality data such as infection and injury rates at its elderly care facilities.

This information needs to be made public, not just when reporters ask for it but for any veteran or family of a veteran considering care at a VA nursing home. Private nursing homes are required by federal law to make this information available, and so should taxpayer-financed VA facilities.

If the Department of Veterans Affairs is going to operate these homes, people need to know the quality of care and how it stacks up against private alternatives. Veterans — including members of the rapidly dwindling Greatest Generation, who saved the world from tyranny in World War II — deserve nothing less.

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1.3 - Wall Street Journal: [Trump Officially Nominates a Veterans Affairs Secretary. Nomination of Robert Wilkie to head the VA comes after lengthy delay in filing official paperwork](#) (20 June, Ben Kesling, 43.6M uvm; New York, NY)

The Trump administration has officially nominated Robert Wilkie to head the Department of Veterans Affairs, according to the White House, ending weeks of unexplained delay in sending the official nomination paperwork to the Senate.

President Donald Trump surprised even Mr. Wilkie at a White House event last month when he made public his choice for a new secretary to permanently fill the post.

"I'll be informing him in a little while, he doesn't know this yet, that we're going to be putting his name up for nomination to be secretary of the Veterans Administration," Mr. Trump said at the event before shaking Mr. Wilkie's hand.

Since then, the White House has held back on submitting the necessary paperwork formally nominating Mr. Wilkie, with little explanation. Spokesman Hogan Gidley in a statement last week said the White House was working with Mr. Wilkie to move ahead on the nomination, calling Mr. Wilkie "eminently qualified."

The nomination was delivered Wednesday afternoon, according to a spokeswoman for Sen. Johnny Isakson (R., Ga.), the chairman of the Senate Committee on Veterans Affairs. A confirmation hearing is set for next Wednesday.

The White House didn't respond Wednesday to a request for comment on the delay.

Mr. Wilkie is a longtime Washington insider with experience in government and private-sector companies that work with the federal government. He currently serves as an undersecretary in the Department of Defense and has gone through the Senate confirmation process in the past.

Before picking Mr. Wilkie, Mr. Trump announced his intent to nominate his personal physician, Rear Adm. Ronny Jackson, to head the department. Within days of that announcement, the process was derailed with allegations of past misconduct, which Adm. Jackson denies. A military review of those allegations is under way.

When Mr. Trump announced his intention to nominate Mr. Wilkie, Mr. Isakson said he enjoyed getting to know Mr. Wilkie and that he will "look forward to learning more about his long-term views for the VA."

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1.4 - U.S. News & World Report (AP): [Appeals Court Tosses Veterans' Lawsuits Over Burn Pits](#) (20 June, Denise Lavoie, 24M uvm; Washington, DC)

Military veterans who claim that the use of open burn pits during the wars in Iraq and Afghanistan caused myriad health problems cannot move forward with dozens of lawsuits against a military contractor, a federal appeals court ruled Wednesday.

A three-judge panel of the 4th U.S. Circuit Court of Appeals agreed with a federal judge in Maryland, who last year threw out the lawsuits brought against KBR, a former Halliburton Corp. subsidiary.

More than 60 lawsuits allege that KBR's practice of dumping tires, batteries, medical waste and other materials into open burn pits created harmful smoke that caused neurological problems, cancers and other health issues in more than 800 service members. The lawsuits, which were filed in multiple districts around the country and then consolidated, also alleged that at least 12 service members died from illnesses caused by the burn pits.

Like the lower court judge, the appeals court panel found that the lawsuits are barred under a legal doctrine holding that courts are not equipped to decide political questions; only Congress and the president have the power to resolve those.

The panel found that the military had unrestricted control over KBR so that KBR's decisions on waste management and water services were "de facto military decisions" not appropriate for judicial review.

"The facts found by the district court plainly show that KBR had little to no discretion in choosing how to manage the waste," Judge Henry F. Floyd wrote for the panel in the 3-0 ruling. "The military mandated the use of burn pits as a matter of military judgment. KBR could not unilaterally choose to use landfills, recycling, or incinerators instead."

During arguments before the 4th Circuit last month, Susan Burke, a lawyer for the service members, argued that KBR repeatedly violated the terms of its contract with the military to handle waste disposal. She said KBR also disobeyed a military directive against burning hazardous materials.

Burke said she and the veterans are disappointed in the court's ruling. She declined to say whether they plan to ask the U.S. Supreme Court to hear the case.

KBR's attorney, Warren Harris, told the court that the decision to use burn pits was made by the military, which also made decisions on where the pits would be located, what hours they would operate and what would be burned.

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1.5 - NPR (Audio): [Investigation Into The VA Reveals A Culture Of Retaliation Against Whistleblowers](#) (20 June, Eric Westervelt, 22M uvm; Washington, DC)

VA employees in one Southeast district say a toxic culture of retaliation has undermined veterans' care and worker morale. There is growing skepticism among whistleblowers the VA can police itself.

TRANSCRIPT:

MARY LOUISE KELLY, HOST:

Employees at the Department of Veterans Affairs rely on its whistleblower protection office to investigate reports of mismanagement and abuse and fraud. This week, serious concerns about how that office handles complaints became public in a scathing letter written by the VA's inspector general. Nearly 40 percent of all the whistleblower retaliation complaints across the federal government are from the VA - 40 percent. So to understand what's going on, NPR's Eric Westervelt investigated one VA district. It includes Alabama and Georgia. He uncovered an entrenched culture of often vicious retaliation where employees who raise concerns are silenced, isolated or removed. Here's the first of his two reports.

ERIC WESTERVELT, BYLINE: Retired Colonel Cynthia Chavez (ph) has more than 40 years of combined Army and VA service, and she has outstanding performance reviews across both institutions. In June of 2014, she was hired to lead the VA's Food and Nutrition Service in central Alabama. She soon found that both the Montgomery and Tuskegee hospital kitchens, especially Tuskegee's, had some serious problems.

CYNTHIA CHAVEZ: I hadn't been there two weeks when an employee came in to tell me about illegal activities in the kitchen. And he stopped right there and he said, but if you're not going to do anything about it, I'm going to keep my mouth shut, otherwise I become the target.

WESTERVELT: Some employees, she says, routinely came in late and left early or didn't show up at all. One, she says, would openly drink on the job. But that wasn't the worst of it. Colonel Chavez was told by multiple co-workers that a longtime employee was running a side catering business out of the VA kitchen in Tuskegee.

CHAVEZ: Well, I was shocked. All the food that's bought is from appropriated funds. Myself as a 30-year veteran, I couldn't even eat there. It was just for the veterans that were being treated in the hospital.

WESTERVELT: Stealing food from veterans?

CHAVEZ: She was selling it through her catering business. And so when I did my due diligence, sure enough she couldn't answer questions about how she had catered this event and yet she was on duty.

WESTERVELT: It was hard to tell just how much food had been stolen. Several co-workers told Chavez it'd been going on for years. One Valentine's Day, she says, a case of steaks and cheesecakes meant for a special hospital vet meal went missing. Emails and other documents show that Colonel Chavez moved to suspend the woman and investigate. Soon after, she got her first of many anonymous threats - a letter slipped under her Tuskegee office door. Here's Chavez reading part of one.

CHAVEZ: (Reading) This isn't the Army where you had connections. This is the VA and we will get you.

WESTERVELT: Those were an anonymous threats, but formal complaints from the local union soon followed. The union voted no confidence in Chavez and her top boss, a career VA employee named Leslie Wiggins, soon told Chavez in no uncertain terms to back off. In fact, Wiggins eventually took charge of all discipline of kitchen workers there, citing what she called Colonel Chavez's, quote, "inappropriate disciplinary actions."

CHAVEZ: I am trying to hold employees accountable, and all I keep getting is pushback back through anonymous letters and even when HR would say, no, she's justified in what she's trying to do, they would not let me take any discipline against anything that the employees were doing.

WESTERVELT: Chavez was soon investigated for abuse of authority. She was reassigned and told not to talk with any of her employees or access any paperwork or files. She notified three federal offices that she was the target of whistleblower retaliation. So far, nothing has come of it. This past January, she was forced to resign or her boss said in an email you'll be fired. The woman who was allegedly stealing food from veterans - she was allowed to retire with full benefits. There's no indication she was ever disciplined. But here's the thing - Chavez's case is hardly an isolated one for Central Alabama's VA. In VA district, or VISN, 7, retaliation is part of a well-documented pattern. Interviews with nearly 30 current and ex staffers backed up by emails, legal documents and data from the VA paint a picture of a toxic culture of intimidation and reprisals, a place where employees are routinely bullied, belittled and harassed if they raise any serious allegations.

According to data from the VA office set up to protect whistleblowers, VISN 7 has more whistleblower retaliation complaints per veteran served than any of the VA's 20 other districts. They include allegations of retaliation, abuse of authority, gross mismanagement, gross waste of funds and other serious charges. But so far, no recent senior leader of VISN 7 has been held to account for what one current manager in Alabama who requested anonymity out of fear for her job calls a travesty of abusive leadership that's akin to a mafia culture and what she says puts the care of veterans at risk.

JULIAN KASSNER: Toxic dysfunction and out of control is an understatement.

WESTERVELT: That's Dr. Julian Kassner, a Navy trained physician and former lieutenant commander. Central Alabama VA hired him in 2016 to clean up a deeply troubled radiology department. The unit there had been embroiled in a 2014 scandal involving falsified records where some 2,000 X-rays of veterans went unread over a five-year period. He moved fast to clean up the department. His radiology co-workers liked that he was taking charge. He got a good performance review from his immediate boss. So Dr. Kassner was stunned when, like Colonel Chavez, he too was suddenly the target of an investigation.

KASSNER: I immediately sent a letter requesting clarification as to what exactly it is I've been accused of, along with an opportunity to respond. And I can tell you that in 10 months of being under investigation, I've never received an answer to that question.

WESTERVELT: Dr. Kassner was soon isolated in a remote room and told not to talk with colleagues or access documents. At first, when the retaliation began, he thought he was going crazy, but he wasn't. Emails and audio show higher-ups really were out to get him. Here's audio of a meeting between two HR officials in Montgomery and Dr. Randall Weaver, then the acting chief of staff at the hospital. In the audio, Dr. Weaver says he hopes Kassner quits because if he comes back from sick leave, higher-ups in Atlanta will surely find any way to get him.

(SOUNDBITE OF ARCHIVED RECORDING)

RANDALL WEAVER: See; I mean, the thing for him is - because of his situation where they go - (unintelligible) will be after you again. No matter what you do, every time you sneeze wrong, they going to try to get you (ph).

UNIDENTIFIED PERSON: Yes.

WESTERVELT: It's a little hard to hear, but the doctor says higher-ups are likely to get Kassner even if you sneeze wrong.

(SOUNDBITE OF ARCHIVED RECORDING)

WEAVER: And because of his personality, it's easy to get stuff on him.

WESTERVELT: The doctor adds because of his brusque personality, quote, "it's easy to get stuff on him," meaning to get people to turn against him. That recording was made by Sheila Walsh, the head of Human Resources for the Central Alabama VA. She was allowed to tape meetings under a disability's act accommodation. Walsh is a 20-year Army veteran. She stood up for Colonel Chavez, for Dr. Kassner and documents show for several other whistleblowers.

SHEILA WALSH: I went on the record saying I'm not going to participate in this level of corruption, illegal actions, and so I became the enemy.

WESTERVELT: The HR director was soon investigated herself for conduct unbecoming a federal employee and other charges. Both Linda Boyle, the senior manager in Alabama, and Leslie Wiggins, the head of the VA's southeast district, refused multiple interview requests. A spokeswoman wrote "the VA does not tolerate retaliation. Any employee who feels he or she is experiencing retaliation should contact the Office of Accountability and Whistleblower Protection" - end quote. But dozens we talked to for this story have filed complaints with the VA's own whistleblower office. Months have passed, and they've received no help so far. In fact, this week, the VA's Office of Inspector General accused the VA's Whistleblower Protection office of refusing to turn over key information about the more than 150 complaints that office receives every month. Eric Westervelt, NPR News, Montgomery, Ala.

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1.6 - Atlanta Journal-Constitution: [New audit: Staffing shortages hamper Atlanta VA](#) (20 June, Brad Schrade, 11.8M uvm; Atlanta, GA)

The Atlanta VA Medical Center leads the veterans health care system in a negative measurement: the hospital on Clairmont Road has the highest number of staffing shortages of any VA hospital in the country, according to a new audit by the agency's inspector general.

The facility listed 89 positions designated as shortages, including critical clinical jobs such as neurologist, staff nurses and pathologist. The annual review by the inspector general is part of an effort over the past five years to reduce wait times for veterans seeking medical care across the country.

The Atlanta VA medical center cares for 145,000 veterans annually. Medical Center Director Annette P. Walker and other officials at the facility declined to comment on the inspector general's findings.

VA Inspector General Michael J. Missal issued a statement with the release of the report last Thursday saying he hopes it spurs meaningful discussion and helps inform staffing decisions "that will result in the highest possible quality of veteran care."

The Atlanta facility had the highest number of listed staff shortages among the 140 VA hospitals in the review. The hospital in Danville, Ill., was next closest with 83 positions listed as staffing shortages. The other two VA hospitals in Georgia listed a lower number of shortages. The facility in Dublin listed 35 positions as shortages and the Augusta hospital had 10 position shortages.

The Atlanta VA hospital is one of the busiest in the country and one of the fastest growing in terms of demand. The facility last year received a 3 star rating on the VA's hospital quality measurement, dubbed STAR. Five is the highest rating.

Auditors and investigators have dinged the facility in Atlanta in the past. Earlier this year, the inspector general found the facility failed to conduct criminal background checks and drug screening for employees in a timely manner.

Last year, the inspector general raised fresh concerns about patient safety and cleanliness at the facility, even noting damaged furniture as a problem.

Psychologist is one of on the positions Atlanta listed in the new report on staff shortages.

In 2013, a rash of veteran suicides thrust the facility into an unwanted spotlight. The problems were blamed on mismanagement and led to a brutal inspector general's report and congressional review. In 2016, the facility installed an \$850,000 anti-climbing fence on its parking decks to alleviate concerns about veterans jumping to harm themselves.

The report did not offer specific reasons for the shortages in Atlanta. However, the inspector general found the most common reasons cited for staffing shortages across the country include lack of qualified applicants, non-competitive salaries and high staff turnover.

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1.7 - Military.com: [Fight Brews as the VA Mission Act Remains Unfunded](#) (20 June, Richard Sisk, 9M uvm; San Francisco, CA)

More than 30 Veterans Service Organizations have backed Senate proposals to fund the recently passed VA Mission Act, which expands private health care options.

The proposals, which are opposed by the White House, would give up to \$55 billion in funding over five years.

The bill, signed into law by President Donald Trump earlier this month, provided \$5.2 billion in funding to keep the current Veterans Choice and Accountability Act running through next May while the Department of Veterans Affairs puts in place the VA Mission Act.

The Choice program pushes some veterans to private care in lieu of care at VA hospitals or clinics, while the Mission Act aims to overhaul Choice and consolidate programs.

The Mission Act also lifted restrictions on caregiver benefits for disabled veterans. The caregiver benefits program had been limited to post/9-11 veterans, but the VA Mission Act opened it to veterans of all eras.

But funding for the VA Mission Act beyond next May has been left in limbo, putting the White House and Senate appropriators at odds on a plan for how to pay for it.

The coalition of veterans groups has urged support for the "Complete the Mission Amendment."

The amendment would "allow Congress to provide VA with sufficient resources required to implement the provisions of the VA Mission Act without triggering sequestration or requiring cuts to other VA programs," they wrote Tuesday in a letter sent to Senate leaders of both parties.

That amendment was sponsored by Sen. Richard Shelby, R-Alabama, chairman of the Senate Appropriations Committee, and Sen. Patrick Leahy, D-Vermont, vice chairman of the Committee.

The problem, the veterans groups said, was that in passing the VA Mission Act Congress moved funding for it "from mandatory appropriations to a new discretionary program that must fit within overall domestic discretionary caps."

"However, the current domestic discretionary budget cap for FY 2019, and the anticipated caps for FY 2020 and FY 2021, did not contemplate the new and increased costs associated with the VA Mission Act," the groups said in the letter. "As such, Congress may not have the ability to fully fund all of the programs, benefits and services that our veterans, their families and survivors have earned."

The letter went to Senate Majority Leader Mitch McConnell, R-Kentucky; Senate Minority Leader Chuck Schumer, D-New York; Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee; and Sen. Jon Tester, D-Montana, ranking member of SVAC.

Sen. Shelby's proposed amendment to lift the caps on discretionary spending to fund the VA Mission Act has been opposed by the White House, which favors offsetting the costs of the veterans bill through cuts to other programs.

In a memo circulated to Republican senators earlier this month, White House officials said Shelby's proposals were "anathema to responsible spending" and would lead to "virtually unlimited increases" in veterans' spending on private health care, the Washington Post reported.

The White House memo contrasted with Trump's exuberance in signing the bill earlier this month.

"There's never been anything like this in the history of the VA," Trump said at the White House ceremony where he signed the VA Mission Act, formally known as the Maintaining Internal Systems and Strengthening Integrated Outside Network Act.

The bill is set to eventually replace the Choice Act, which was enacted in haste in 2014 in response to scandals concerning lengthy VA wait times for appointments. That law has been the target of criticism from veterans and private care doctors, who complain of late payments and delayed appointments.

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1.8 - Military Times: [3 looming questions for Robert Wilkie's VA confirmation hearing](#) (20 June, Leo Shane III, 2.1M uvm; Springfield, VA)

The upcoming confirmation hearings for the next Veterans Affairs secretary won't be nearly as contentious as they would have been with the last nominee, but Robert Wilkie still faces a host of tough questions before he steps back into the department's top leadership spot.

Wilkie, who serves as the Pentagon's under secretary for personnel and readiness, was announced as President Donald Trump's pick for the Cabinet post in May after a tumultuous stretch for VA. His confirmation hearing is set for June 27, after his formal nomination arrived on Capitol Hill this week.

Until last month, Wilkie had been working as acting VA secretary for two months, bringing a measure of stability to the organization. His official nomination comes three months after former VA Secretary David Shulkin was dismissed from the job over Twitter and two months after former White House physician Rear Adm. Ronny Jackson withdrew from consideration for the job.

Unlike those two, Wilkie's recent government work and proposed promotion have not been surrounded by controversy. He was confirmed for his Defense Department post last November just two weeks after an uneventful Senate Armed Services Committee hearing, and has drawn praise for his work from lawmakers and veterans advocates as acting VA secretary in recent months.

The 55-year-old bureaucrat is an Air Force Reserve colonel who previously spent time in the Navy Reserve. He is also the son of an Army artillery commander, and has spoken frequently about growing up on military bases and the challenges his family faced in dealing with his father's combat injuries.

Unlike Jackson, whose inexperience with the VA system was expected to dominate his confirmation hearings (before rumors of unprofessional behavior surfaced), Wilkie is likely to face less skepticism about his readiness to run the system and more questions about Trump's policies for veterans reforms moving ahead.

Here are the most critical questions and answers to watch for when he takes the stand:

What is Wilkie's definition of VA privatization?

Wilkie is likely to be asked multiple times whether he is in favor of privatizing VA health care, and he will say no every time. But the term has become an ill-defined pejorative within the veterans community, meaning different things to different groups.

About one-third of all medical appointments paid for by VA last year took place in hospitals and clinics outside its own federal system. That number is expected to rise as the department implements a new community care overhaul in the next year, allowing veterans more access to private-sector appointments at VA's expense.

Democrats largely went along with that plan, but are likely to question Wilkie on where he would draw the line on allowing patients outside the VA system. The new legislation keeps department

administrators heavily involved in veterans' overall care plan, but rules governing that arrangement still have to be finalized.

Union officials have already attacked the new plan as VA outsourcing its most important responsibility to care for ailing veterans. And Shulkin, in his departure tour, repeatedly warned that forces within the White House are pushing too many department financial resources out of the current system and into the private sector.

Shulkin blamed political operatives within the department for undermining his tenure as secretary, and for trying to advance a too-aggressive privatization agenda within the department. Nearly all of the individuals he viewed as opponents are still there.

Whether Wilkie will make large-scale changes at the department remains to be seen. Acting VA Secretary Peter O'Rourke is likely to return to his role as department chief of staff — or another high-profile post — but Wilkie could also push to bring some of his own confidants in to ease his transition from the Pentagon.

Wilkie's team earned high marks during his two months as acting secretary, so that may give him more ability to bring in new faces than Shulkin, who had promised to fire insubordinate workers in the weeks leading up to his dismissal.

Can Wilkie get anyone to work at VA?

The department has seen numerous high-profile and lower-level departures in recent months, leaving a host of vacancies that the next secretary will have to work to fill.

Lawmakers — especially Democrats — have criticized department leaders for thousands of medical position vacancies throughout VA hospitals, saying it undermines care and faith in the system. Recruiting for those posts has also been a persistent problem since the 2014 wait-time scandal hurt the public image of the sprawling medical system.

Meanwhile, the White House has been unable to find a nominee for the VA under secretary of health for the last 17 months, and saw Deputy Secretary Thomas Bowman retire last week.

Courting replacements for those posts will be a major task for the new secretary, or will require him to perform double duty for months to come.

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1.9 - Military Times: [Special congressional panel to scrutinize VA's medical records overhaul](#) (20 June, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers plan to form a new oversight panel to track Veteran Affairs officials' work on modernizing their electronic health records system, saying that Congress needs to closely monitor the years-long process.

House Veterans' Affairs Committee Chairman Phil Roe, R-Tenn., had mentioned the idea in recent hearings before the panel, but on Wednesday formally announced the process to add the new subcommittee. The full congressional panel will take up the proposal at a July 12 meeting.

“As the department embarks on the country’s largest EHR overhaul, we must ensure veterans and taxpayers are protected during the transition,” Roe said in a statement. “Having personally gone through a transition to a new health record system in private practice, I know how much potential there is for a project like this to be a huge and expensive disruption.

“Congress has a responsibility to conduct rigorous oversight throughout every step of the process.”

The announcement comes a month after VA officials finalized a contract with the Missouri-based Cerner Corp. to bring veterans’ electronic medical records in line with Defense Department systems over the next decade.

Conflicting VA and military electronic health files have been a source of controversy for years, with both departments promising new initiatives to improve record sharing but delivering partial results.

Last summer, President Donald Trump touted plans to bring together the two systems — through a non-competitive contract worth upwards of \$10 billion — as a major advance in his promise to reform and modernize VA operations.

But outside advocates raised concerns with the implementation of Cerner’s new MHS GENESIS records system at initial military sites earlier this year, prompting questions about how well the new system will work with VA’s massive patient databases and sprawling medical system.

Committee officials said the new oversight panel will help monitor those concerns. Ranking member Rep. Tim Walz, D-Minn., praised the effort as critical to ensuring success of a host of VA information technology initiatives.

“Whether it is preventing disruptions in patient care, protecting the privacy of veterans, or ensuring American taxpayer dollars are invested responsibly and in a way that will improve healthcare delivery for veterans, it is important Congress is well-suited to hold VA accountable every step of the way,” he said in a statement.

The electronic medical records overhaul had been a top priority of former VA Secretary David Shulkin, before he was dismissed by Trump in March over agency infighting.

Administration officials have said since then that they remain committed to the project.

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1.10 - Hartford Courant: [Esty Pens Letter To VA Over Sexual Harassment Concerns](#) (20 June, Daniela Altimari, 2.1M uvm; Hartford, CT)

U.S. Rep. Elizabeth Esty is calling on the VA to address sexual harassment within the veterans organization.

In a letter to acting VA Secretary Peter O’Rourke, Esty cited statistics showing a quarter of women at the Department of Veterans Affairs had experienced some type of sexual harassment over the preceding two years. More than 15 percent of male employees reported having experienced sexual harassment, a higher percentage than other federal agencies.

“These numbers are very troubling,” Esty wrote. “I urge department leaders to take a closer look at their sexual harassment training and prevention programs, policies addressing employee behavior and conduct, and resources for employees and supervisors on how to handle grievances, including sexual harassment complaints. Changing workplace culture starts with the leaders of an organization being accountable for their own words and actions and setting the right example for their employees.”

She concluded her letter by asking O’Rourke to provide her office with a report detailing the steps it has taken or plans to take within the next six months to address sexual harassment within the VA.

Esty has come under intense criticism for her handling of a sexual harassment complaint in her Washington office. About a month after Esty announced she would not seek reelection, she pledged to use her remaining time in office to address the issue of sexual violence.

In a series of tweets in late April, she acknowledged that she makes an unlikely advocate for the cause of ending sexual harassment.

“I can see how, to some, me speaking out about this seems hypocritical. They may ask themselves, “How can she support this resolution when something so awful happened in her own office?” Esty tweeted on April 27.

“And that’s exactly why I am saying something. Just because this happened does not mean I should exclude myself from the conversation & not try to change the culture so that the next generation of leaders will not have to endure such treatment.”

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - Politico: [FDA rolls out pre-certification update](#) (20 June, Darius Tahir, 23.9M uvm; Arlington, VA)

[...]

... and on the VA: Meanwhile, Rep. Tim Walz, the ranking member of the House Veterans’ Affairs Committee, blasted acting VA Secretary Peter O’Rourke for allegedly attempting to curtail an active investigation by the department’s inspector general regarding potentially duplicative operations at the agency’s accountability and whistleblower offices.

“Mr. O’Rourke, nobody is above the law and it is not for you to decide when or where VA OIG exercises its investigative authority,” Walz said, saying the inspector general’s request for information was “reasonable.”

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4.2 - Daily Caller: [VA Hospital Stops Investigation Against Whistle-Blower](#) (21 June, Michael Volpe, 12M uvm; Washington, DC)

A Veterans Affairs hospital opened an investigation against a whistle-blower but then did an about face after inquiries from The Daily Caller.

Greg Chiles is a VA police officer who works at the Fort Harrison, Montana VA Medical Center; he was one of four VA whistle-blowing cops featured in an April article from TheDC, where each described facing systemic corruption and retaliation.

The other three VA police officers featured were: Tim Petoskey of the Seattle VA, John Moline of the Sheridan, Wyoming VA, and Ghassan “Goose” Ghannoum of the Los Angeles VA.

Chiles then followed up with an appearance with this reporter on the radio show Conservative Law & Politics.

On June 7, the privacy officer at the Fort Harrison VA notified Chiles that during this radio appearance he made protected disclosures and was now under investigation.

“I have received a privacy complaint against you for making false public statements about other VA employees in a public forum,” the privacy officer, Kathy Doughty, said to Chiles in an email. “Please let me know your availability next week for an Investigative Interview.”

Chiles was only told that the alleged protected disclosure was made during the show, but he told The Daily Caller that he was not provided with any more specifics than that.

Chiles said his lawyer advised him not to submit to any interviews unless his lawyer was present, and no date had been scheduled.

Chiles also received support from his union, Katherine Haegele, the local union president, who responded to Doughty: “I would also question why an employee is being questioned about actions outside of the facility on his off duty time. Under the constitution employees have the right to Freedom of Speech.”

On June 15, The Daily Caller made inquiries at the Fort Harrison VA and with the VA central office asking if this investigation was a form of retaliation.

Later that evening, the privacy officer sent Chiles another email, calling off the investigation: “I have listened to the radio interview. No protected health information and or protected individually identifiable information was released.” Doughty said in an email from that evening. “I am closing the privacy complaint and do not require your time for an investigative interview.”

Curt Cashour, press secretary for the Department of Veteran Affairs, issued this statement: “Per federal law and VA policy, any individual about whom VA is maintaining information can file a complaint with a VA privacy officer and privacy officers are required to investigate these complaints.”

“VA does not tolerate retaliation. Any employee who feels he or she is experiencing retaliation should contact the Office of Accountability and Whistleblower Protection.”

While satisfied with the result, Chiles questioned the process. He noted that if he identified someone as suspected of a crime before a full investigation, he, as a police officer, would be reprimanded.

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4.3 - The Hill: [Senate panel schedules hearing on Trump VA pick](#) (20 June, Nathaniel Weixel, 11.9M uvm; Washington, DC)

President Trump’s nominee to lead the Department of Veterans Affairs (VA) will get a Senate confirmation hearing next week.

The Senate Veterans Affairs Committee will take up the nomination of Robert Wilkie on June 27, the committee announced Wednesday.

Wilkie, who served as acting VA secretary until he stepped down after being nominated for secretary, is a Washington insider with years of administrative experience who has previously worked on Capitol Hill as well as in the Pentagon for two presidents.

Trump formally nominated Wilkie in May to succeed former VA chief David Shulkin, who was forced out over concerns about his taxpayer-funded travel.

Shulkin contends he was fired because he opposed Trump’s attempts at dramatically expanding veterans’ access to private-sector care.

In a potential boost for Wilkie’s chances, the committee’s ranking member Sen. Jon Tester (D-Mont.), said last month he thinks Wilkie is a “strong choice” to lead the agency.

"Right now I certainly don't have anything that would cause me not to support him. He's a solid guy," Tester said.

Wilkie’s nomination follows the fall of Trump’s previous pick, White House physician Ronny Jackson, who faced questions about his experience and ability to lead the second-largest bureaucracy in the federal government.

Jackson was ultimately forced to withdraw his nomination after allegations — publicly detailed by Tester — surfaced that he mishandled prescription drugs, drank on the job and created a “hostile” work environment.

Trump has repeatedly blasted Tester over Jackson’s decision to withdraw.

Unlike Jackson, Wilkie has gone through an executive vetting process before when he was nominated for Pentagon posts under Trump and former President George W. Bush.

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4.4 - Newsmax: [Dems Back VA IG Accusing Acting VA Secretary of Obstructing](#) (20 June, Brian Freeman, 10.8M uvm; Boca Raton, FL)

Congressmen have become involved in a dispute within the Veterans Affairs, as the department's Inspector General Michael Missal has accused VA Acting Secretary Peter O'Rourke of improperly withholding records dealing with employee complaints, saying it could be covering up potential criminal misbehavior, the Military Times has reported.

The issue revolves around an ongoing request from Missal to review all complaints filed with the department's new Office of Accountability and Whistleblower Protection, which was created last year in an attempt to help eliminate misbehavior within the agency.

Missal said he was promised access to those records in his role as an independent overseer for the agency, and he has accused O'Rourke of violating the law by refusing to turn over the files.

O'Rourke said the request was too broad and impractical and blasted Missal's office in a letter for repeated failure to "demonstrate due professional care" and "not performing its responsibilities in a fair and objective manner."

His letter also accused Missal of appearing "to misunderstand the independent nature of your role and operate as a completely unfettered autonomous agency. You are reminded that [the IG] is loosely tethered to VA and in your specific case as the VA inspector general, I am your immediate supervisor. You are directed to act accordingly."

Minnesota Rep. Tim Walz and Montana Sen. Jon Tester, the ranking Democrats on the House and Senate veterans affairs committees entered the fray this week, with Walz calling it "extremely unacceptable [that] O'Rourke made an explicit attempt to intimidate the inspector general and deter the VA Office of Inspector General from carrying out its legal duty to hold VA officials accountable to the American people and the veterans among them," according to Stars and Stripes.

Tester said "The total lack of cooperation from the VA is alarming and a disservice to American veterans and taxpayers," according to the Military Times, and demanded "the VA immediately comply with the IG's request for access to information. The VA leadership that prides itself on transparency is not above the law or exempt from independent oversight."

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4.5 - Military.com: [VA Watchdog Battles Trump's Acting Secretary Over Whistleblowers](#) (20 June, Richard Sisk, 9M uvm; San Francisco, CA)

The VA's independent watchdog has charged that the Trump administration's acting secretary has blocked access to data on whistleblower complaints in a possible violation of the law.

In an increasingly vitriolic exchange of letters, VA Inspector General Michael Missal and acting VA Secretary Peter O'Rourke have questioned each other's motives and authorities in matters relating to the implementation of the Accountability and Whistleblower Protection Act.

The bill, which passed last year, has been hailed by President Donald Trump as one of the signature achievements of his administration in its effort to root out poor performers at the Department of Veterans Affairs.

In a June 5 letter to O'Rourke, Missal charged that his Office of the Inspector General (OIG) had been blocked for the past six months by the VA's Office of Accountability and Whistleblower Protection (OAWP), which was formerly headed by O'Rourke, from gaining access to records on whistleblowers.

"Despite repeated assurances that these records would be made available, the OIG has not yet been provided this important information," Missal said. "Refusing to provide this information not only violates the law, but also hinders the OIG's ability to fulfil its statutory oversight function."

In his June 11 reply, O'Rourke charged that Missal's demands were overreaching. He said the inspector general's "lack of cooperation" amounted to "promoting the flawed culture the VA Accountability and Whistleblower Protection Act was meant to address."

"You also appear to misunderstand the independent nature of your role and operate as a completely unfettered autonomous agency," O'Rourke told Missal.

O'Rourke's reply was heated.

"You are reminded that [the inspector general] is loosely tethered to VA, and in your specific case as the VA inspector general, I am your immediate supervisor. You are directed to act accordingly," O'Rourke said.

On June 18, Missal wrote back that he was notifying Congress of O'Rourke's refusal to give him access to the complaint database.

O'Rourke did not "provide any factual or legal basis for the failure to allow my office the access to the OAWP records to which the OIG is entitled, and it is not clear why the Department is resisting our access to these records," Missal charged.

"The Department's withholding access to OAWP records raises serious concerns, and your unsupported and false accusations of the OIG's lack of cooperation and substandard investigations is equally concerning," he said.

Missal repeated his accusation that O'Rourke was in violation of the law on the OIG's oversight mission.

"The Department has no basis to withhold the OAWP materials requested by the OIG and its continued refusal to provide this information is contrary to law," Missal said.

O'Rourke's letter to Missal was an "unprecedented attack" on the inspector general in its efforts to investigate complaints by VA employees that the new leadership at the VA was "using the [accountability] bill to inappropriately retaliate against whistleblowers" who came forward with

complaints that could reflect on the Trump administration, Rep. Tim Walz, D-Minnesota, said in a statement.

"The letter sent from Acting Secretary O'Rourke to VA Inspector General Missal is beyond the pale, even for this administration," said Walz, the ranking member of the House Veterans Affairs Committee.

"In his letter, O'Rourke made an explicit attempt to intimidate the Inspector General and deter the VA Office of Inspector General from carrying out its legal duty to hold VA officials accountable to the American people and the veterans among them. This is extremely unacceptable," Walz said.

In a June 1 letter to the inspector general, four Democratic senators asked Missal to investigate allegations that VA managers were using to the Accountability Act to go after employees for spurious reasons, such as moving too slowly after a workplace injury.

"We have had numerous VA employees and their representatives contact our offices about the law's implementation, indicating that the authorities provided by the law are being used in an inconsistent and inappropriate manner," the senators said.

"Unfortunately, VA still has not been able to provide us with data that would alleviate our concerns or demonstrate in any way that application of these authorities has been consistent, fair and appropriate," said the letter, signed by Sens. Jon Tester, D-Montana, Richard

Blumenthal, D-Connecticut, Tammy Baldwin, D-Wisconsin, and Sherrod Brown, D-Ohio.

In a letter to Baldwin on June 1, O'Rourke wrote that since the bill was enacted last June through March of this year, the VA has issued "over 1,500 admonishments, over 1,600 reprimands, and over 1,400 suspensions of 14 days or less."

During the first five months of 2018, the VA fired a total of 912 employees, demoted 36 and suspended 26 for 14 days or longer, according to a June 7 VA report.

"The total lack of cooperation from the VA is alarming and a disservice to American veterans and taxpayers," Tester, the ranking Democrat on the Senate Veterans Affairs Committee, said in a separate statement.

"I'm demanding the VA immediately comply with the IG's request for access to information. The VA leadership that prides itself on transparency is not above the law or exempt from independent oversight," he said.

In a report Tuesday, the American Federation of Government Employees (AFGE), the largest federal workers union, charged that the Accountability Act has proven to be a "massive failure" one year after Trump signed it into law, and has been used to target low-level workers while allowing top managers to escape responsibility.

"Over a year ago we said that bill would lead to frontline workers being targeted and intimidated by management seeking to cover up their own malfeasance, and a year later we are being proven right," said AFGE Legislative Director Tom Kahn. "The Accountability Act has been used to silence whistleblowers, retaliate against workers, and fire veterans."

Many of the low-level jobs targeted by the act "are occupied by veterans and disabled veterans," the AFGE report said, "but managers are using the law to fire first time offenders, those missing deadlines or moving slowly after an injury -- hardly an offense that warrants immediate termination."

In his letter to Missal, O'Rourke charged that the OIG's office had repeatedly failed to "demonstrate due professional care" in recent reports and was "not performing its responsibilities in a fair and objective manner."

O'Rourke had been chief of staff at the VA before he was named by Trump to the interim post as acting Secretary pending Senate confirmation of the nomination of Robert Wilkie to the permanent position.

Wilkie, the former Defense Department under secretary for Personnel & Readiness, was moved over to the VA as acting Secretary following the ouster of former VA Secretary Dr. David Shulkin in March.

Wilkie stepped down as acting secretary to avoid a potential conflict with regulations barring acting secretaries from succeeding to the permanent job. No date has yet been set by the Senate Veterans Affairs Committee for Wilkie's confirmation hearing.

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4.6 - Military Times: [Should VA employees be allowed to work at for-profit schools?](#) (20 June, Natalie Gross, 2.1M uvm; Springfield, VA)

Employees at the Department of Veterans Affairs aren't allowed to moonlight at for-profit schools or receive gifts, services or other financial benefits from such institutions, which enroll tens of thousands of veterans using the GI Bill.

But VA officials are considering waiving that rule for most employees — a proposal that has several military and veteran advocacy organizations crying foul.

Leaders and ethics experts from more than 40 organizations wrote in a letter to VA, dated today, that the plan "falls short of VA's statutory responsibility to protect veterans." There have been well-documented instances of for-profit schools "targeting veterans with deceptive and aggressive recruiting," they said, and granting automatic waivers could put veterans at risk of being manipulated, including by VA medical-center employees affiliated with for-profit institutions.

The new VA proposal follows a similar September plan by former VA Sec. David Shulkin. While Shulkin's plan would have given automatic waivers to VA employees, the new proposal would only give automatic waivers to employees whose VA work isn't tied to education benefits. Employees who do education-related work could still qualify for a waiver, but they would need special permission from VA leadership.

Shulkin's initial proposal, which he later rescinded, came after a VA Inspector General report found that two employees had conflicts of interest when they taught classes at for-profit schools. The report recommended that VA either enforce its ethics law as written — meaning fire

employees involved with for-profits — or institute a waiver similar to what is now being considered.

If VA enforced the law as written, “the department could lose thousands of employees and our ability to serve veterans would be seriously impeded,” VA spokesman Curt Cashour told Military Times last fall.

“To require individual waivers would be a tremendous waste of government resources, when we know that the duties of the vast majority of VA employees have no impact on for-profit educational institutions,” Cashour said.

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4.7 - KNSD (NBC-7, Video): [North County VA Doctor Arraigned on Sex Assault Charges](#)
(21 June, Omari Fleming, 2.1M uvm; San Diego, CA)

A North County doctor contracted to evaluate patients for the Department of Veterans Affairs was arraigned on sex assault charges relating to five female patients Wednesday, at least four of whom are veterans.

The alleged incidents happened in 2015 and 2016, and at least one allegedly occurred at the QTC Medical Group in Oceanside.

Dr. Edgar Manzanera faces five felony counts of sexual penetration. His alleged victims are between the ages of 24 and 54.

According to a complaint filed last Friday, Dr. Manzanera was alone with one woman when she was asked to strip to her underwear and put on a loose-fitting gown. The accuser's attorney says "there was no medical reason" for her to disrobe given the evaluation she was getting.

The claim also notes the doctor told her to hold her gown higher until it was over her head and "maliciously and offensively" touched her, leaving "scratches and bruises" on her body.

"This doctor violated the trust that these women who have ties to the military had in him," Deputy District Attorney Claudia Plascencia said. "They went to QTC to receive medical treatment and what happened to them was unacceptable. They were sexually abused by this individual who held himself out to be a physician and abused that trust."

The Medical Board of California has not taken any disciplinary actions against Manzanera, but he was suspended from practicing medicine while his case plays out.

Because the charges relate to veteran patients, they're also being investigated by the VA's Office of Inspector General and the Medical Board of California.

If convicted on all counts Manzanera could spend 14 years in prison.

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4.8 - Stars and Stripes: [VA inspector general accuses acting VA secretary of concealing information](#) (20 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The acting secretary of the Department of Veterans Affairs and the agency's inspector general are engaged in a power struggle, each accusing the other of withholding access to information and impeding VA oversight.

The rift was revealed this week when Inspector General Michael Missal sought help from Congress to obtain information that he argues VA leaders have been unlawfully withholding for months.

Missal wrote to lawmakers Monday that the VA is inappropriately refusing to release hundreds of employee complaints submitted to the VA Office of Accountability and Whistleblower Protection – information he's been attempting to get since November.

The struggle sparked a larger debate between Missal and acting VA Secretary Peter O'Rourke over the responsibilities of an inspector general. In letters sent back and forth during the past two weeks, Missal accused O'Rourke of working to hinder his oversight duties. O'Rourke lambasted Missal, describing him and his staff as unprofessional, biased and reckless.

At the conclusion of a letter sent June 11, O'Rourke challenged Missal's role as an independent watchdog.

"You... appear to misunderstand the independent nature of your role and operate as a completely unfettered, autonomous agency," O'Rourke wrote. "You are reminded that OIG is loosely tethered to VA, and in your specific case as the VA inspector general, I am your immediate supervisor. You are directed to act accordingly."

Rep. Tim Walz, D-Minn., and Sen. Jon Tester, D-Mont. -- the ranking Democrats on the House and Senate veterans affairs committees -- stepped in Tuesday and asked the Council of Inspectors General on Integrity and Efficiency to get involved. The council is an independent entity in the executive branch of the federal government that weighs in on effectiveness issues at IG offices.

Walz on Tuesday described O'Rourke as "out of control" and unfit for government leadership. O'Rourke began working at the VA in January 2017 and has served as acting secretary for three weeks.

"O'Rourke made an explicit attempt to intimidate the inspector general and deter the VA Office of Inspector General from carrying out its legal duty to hold VA officials accountable to the American people and the veterans among them," Walz said in a statement. "This is extremely unacceptable."

The information Missal wants is from the Office of Accountability and Whistleblower Protection, a VA office created last year to carry out disciplinary actions and handle whistleblower complaints.

Missal said he requested access to employee complaints filed with the accountability office in order to ensure his staff isn't duplicating an investigation the VA is already working on. He also wants to make certain his office is forwarded all complaints involving criminal activity. Federal statutes mandate the VA refer any cases involving felony crimes to the inspector general.

“It is not clear why the department is resisting our access to these records,” Missal wrote Monday in a letter to O’Rourke. “Denying the OIG access, or selectively providing access to certain records, is antithetical to the fundamental purpose of [the Office of Accountability and Whistleblower Protection] and its stated commitment to transparency. It deprives veterans and the public of the ability to ensure that OAWP is in fact holding department officials accountable consistent with its mandate.”

Since the accountability office was created last June, it’s received between 119 and 224 employee complaints each month, according to publicly posted data on the VA website. They range from complaints about abuses of authority and wasted funds, to whistleblower retaliation and risks to safety. Missal said only 14 of those complaints have been shared with his staff.

In O’Rourke’s response letter, he argued it wasn’t appropriate for Missal to request unrestricted and continuous access to the employee complaints.

This week, four Democratic senators urged Missal to investigate how VA leaders are using the Office of Accountability and Whistleblower Protection. They cited a lack of transparency from the agency, and they worried new disciplinary powers at the VA were being used to punish staff inappropriately for minor offenses or whistleblowing.

The senators’ call for an investigation made it more critical that the VA hand over the whistleblower complaints, Missal said.

In his letter, O’Rourke shifted the argument, accusing the inspector general’s staff of being uncooperative and withholding their information from the accountability office. He specifically referred to employee complaints received through the IG hotline that he contended Missal refused to share. Missal later argued his staff had fulfilled all requests for information from the accountability office.

Moreover, O’Rourke accused Missal of overreaching and abusing his authority in previous instances. He also said Missal’s office failed to work fairly and objectively, which had led to “significant harm” to the VA and its employees.

“There are several disturbing examples of OIG investigative reports that improperly and recklessly cast the VA and its employees in an unfavorable light and demonstrate clear investigative misconduct and neglectful senior executive oversight,” O’Rourke wrote.

O’Rourke did not include examples of specific investigative reports.

Missal said O’Rourke has refused to meet in person to discuss their disagreements.

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4.9 - KFVS (CBS-12, Updated, Video): [VA hosts town hall meeting in Harrisburg, IL](#) (19 June, 446k uvm; Cape Girardeau, MO)

Veterans in Southern Illinois and their families got the chance to be heard when it comes to their health care.

The Veterans Administration had a town hall meeting in Harrisburg, Ill. for Wednesday night, June 19.

It was held at the Harris Pruett Building on East Church Street from 5-7 p.m.

A VA spokesman says the meeting's designed to gain feedback on the healthcare system.

Many topics in the department will be addressed, including the VA Mission Act of 2018, designed to improve veteran access to VA healthcare. Over the next year, VA will develop regulations to implement the new law, while also developing policies, training staff and awarding contracts to furnish care.

President Trump recently signed a bill expanding private care for veterans who can often find themselves waiting for months to be seen through the VA.

The VA Mission Act will expand private care for veterans as an alternative to the VA health system. Jo-Ann Ginsberg the director of the Marion VA Medical Center spoke about how the VA Mission Act talked about how veterans access to private care is a plus.

"Any time that we provide services to our veterans, each and every VA, never provides every single service so there is always going to be a time that we have to have a community partnership with our community providers," she said. "This allows for easier access into the community."

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4.10 - Times Leader: [Veterans' caregivers raise program concerns at VA town hall meeting](#) (20 June, Dan Stokes, 308k uvm; Wilkes-Barre, PA)

For Molly Rosencrans, it's been a lifeline.

The U.S. Department of Veterans Affairs offers a caregiver support program designed for the family members of veterans who play an important role in their care and well-being.

"The stipend is honestly the difference between staying home and helping my husband or going to work and wonder if my husband is going to burn the house down," the Wilkes-Barre resident said. "It's a 24/7 job."

But Rosencrans and other caregiver spouses came to a Wilkes-Barre VA Medical Center town hall meeting Wednesday to raise concerns about whether the program is being managed properly, including if some people have been removed prematurely.

"I was kicked out of the caregiver program," East Stroudsburg resident Laura Pride said. "I was told by the social workers my husband was graduating, and that I was stipend-dependent."

"The women here are not stipend-dependent, we are family dependent," Pride added.

Wilkes-Barre VA Medical Center director Russell E. Lloyd listened and said he would relay the women's stories to VA leadership.

“After hearing the caregivers today at the meeting, I think we need to call in to our central offices and have a program evaluation,” Lloyd said. “If we haven’t been communicating things well or misinterpreting things with the caregivers, we need to be more compassionate.”

The stipend Pride is referring to is provided by the VA in tiers. Depending on what tier the caregiver is in, the amount from the stipend varies. Many caregivers who receive this stipend in lieu of having a full-time job.

“I’ve been a caregiver for my husband for five years,” Pride said. “I rely on that stipend, my full-time job is caring for my husband who served his country proudly.”

“I just don’t know how the re-evaluation process is done,” Pride added.

Rosencrans said the situation is especially difficult for caregivers who now find themselves without the stipend and having been away from the workforce.

“People like Laura who have been kicked out of the caregiver program have not had a job in years because their jobs have been taking care of their husbands or vice-versa,” Rosencrans said. “I think it’s detrimental to them.”

“How about the VA hires these folks?” she asked.

“Sometimes we get an opportunity to recommend pilot programs,” Lloyd said. “I think this is certainly a good idea.”

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4.11 - WPSD (NBC-6, Video): [Veterans voice health care questions at Harrisburg VA town hall](#) (20 June, Bryce Mansfield and Randall Barnes, 196k uvm; Paducah, KY)

Nine million. That’s the number of military veterans the Department of Veterans Affairs is responsible for.

The Department of Veterans Affairs in Southern Illinois held a town hall Wednesday evening in Harrisburg to hear from veterans.

Concerns included long wait times on the phone to schedule medical appointments and questions about the VA Mission Act of 2018.

Leaders say that act will push the VA to develop new regulations while developing policies and training staff to provide care to our nation’s veterans.

Back in Harrisburg, some say they receive great care, but more say improvements need to be made and soon.

They served in different wars, but they face similar concerns. Dozens packed a room in Harrisburg, searching for answers to their questions about what’s next for their health care.

David Kingston sat among them. Frustrated with the answers he got, he left the town hall.

"If they're going to make me stay with the Harrisburg clinic down here, then I want a doctor. I don't want a PA. I want a doctor, and I've never had one," he said.

Kingston understands that only so much can be done at the local level.

"It's not that I'm putting it on them personally. It's just the bureaucracy way up high," he said.

Concerns like Kingston's are why Marion VA Director Jo-Ann Ginsberg believes town hall meetings are important.

With more than 1,700 government run facilities nationwide — some of those in southern Illinois — Ginsberg said town halls are feedback driven but are also opportunities to educate veterans.

"We always have some concerns brought up, but we want to hear them. But so many times the veterans —what we're doing is, we bring information out from some of our programs, and they have more questions about the programs than they do complaints," Ginsburg said.

Kingston said he hopes these town halls continue so he and others can get the help they need.

"I want somebody to give me some clear cut guidelines of how to go about getting that care, and I don't want it changed. I want to know what I have to do, I mean I want to know what I have to do and how to go about it," Kingston said.

Hoping more meetings like the one in Harrisburg will bring clarity and direction.

For information about the VA Mission Act of 2018 and how it might impact your healthcare, click [here](#).

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4.12 - Joplin Globe: [Our View: The VA's 'impaired' reaction](#) (20 June, Editorial Board, 77k uvm; Joplin, MO)

In Tuesday's edition, we reported that the U.S. Department of Veterans Affairs will conduct a review of more than 30,000 cases as a result of possible misdiagnoses by an "impaired" pathologist that could affect veterans not just in the Fayetteville, Arkansas, area but in all of the Four-State Area.

The department said Monday that approximately 2,300 veterans in Southwest Missouri will be affected by the review.

A review of all the cases the pathologist oversaw at its Fayetteville medical center will be reviewed, and patients who might be affected will be notified. We already know that one error made by this pathologist might have led to a death.

One might think this review stems from something recent. In fact, the pathologist was removed from clinical care in March 2016 — more than two years ago — after a colleague reported the pathologist was impaired on duty.

We have not been told exactly what that impairment was, but we know the pathologist returned to work after completing the “Impaired Physician Program.” He was removed again from the clinic last October and was fired in April.

The public learned about this on June 18.

More importantly, the veterans whose health could be affected are also just now being alerted.

A team of external pathologists are reviewing the cases, which frankly gives us more confidence than if the VA were handling it internally.

So far, a review of 911 cases has found seven misdiagnoses. With 33,000 cases to review, the effort will take several months. One case means one tissue sample that was tested, and a patient may have more than one case.

Missouri’s U.S. legislators who reacted on Tuesday found the news “appalling,” “disturbing” and “inexcusable.” U.S. Sen. Roy Blunt said he would support any legislation necessary to help prevent similar incidents in the future.

Those making decisions at the clinic must also be held accountable. Firing one impaired pathologist is not enough. The VA has been under fire for years, especially under President Barack Obama’s administration, and as recently as March, an internal investigation provided a scathing look at leadership from the top down.

It painted a grim picture of communications breakdowns, chaos and spending waste at the government’s second-largest department. We can’t continue to allow this type of performance.

Our concern now is for our regional vets whose health could be at risk. We encourage them or their family members call 866-388-5428 or 479-582-7995 from 8 a.m. to 7 p.m. Monday through Friday, and from 8 a.m. to noon on Saturdays.

Don’t disregard any notifications you may get from the VA and be sure to let your U.S. senators or congressman know about what seems like yet another lapse of responsibility.

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4.13 - WUMN (NPR-89.7, Audio): [Sixth VA Mental Health Summit Focuses On African-American Veterans](#) (20 June, Bonnie North, 52k uvm; Milwaukee, WI)

The Zablocki VA Medical Center and UW-Milwaukee have discovered they make good partners in providing military veterans with a wide range of services. For the past few years, the Zablocki VA has teamed up with UWM’s Military and Veterans Resource Center, or MAVRC, to hold a veterans mental health summit. The sixth annual summit takes place this Saturday, June 23 at UWM’s student union.

The event is free, and all veterans are welcome, but this year the focus is on the experiences of African-American veterans, who often face additional challenges once they separate from the service.

Presentations throughout the day will focus on racial trauma and inequality, African-centered approaches to healing, and the disparities found in African-American healthcare.

William Johnson, minority veterans program coordinator at the Zablocki VA, says working with MAVRC and UWM for this yearly event is just common sense.

"We are always looking to reach out with partners who will provide access to veterans and there is a huge cohort of veterans at UWM," he explains. "What we are constantly trying to do is engage the veterans where they are."

Jayne Holland, interim director at MAVRC, agrees. She says the two organizations have worked together on a number of projects in the past few years. "The VA's mobile Vet Van visits the campus three times a month during the fall and spring semesters and many of UWM's graduates go on to work at the VA Medical Center after they graduate," Holland explains.

Many vets simply don't know what kinds of services they qualify for once they leave active duty, whether it's healthcare or educational benefits. So in addition to offering access to mental health options, the summit will also provide eligibility information as well.

If a veteran attending the summit isn't already in the VA or MAVRC system, he or she should bring along their DD-214, or discharge papers, that proves time in service.

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4.14 - WJNO (CMN-1290, Audio): [Veterans Town Hall At West Palm Beach VA Medical Center](#) (20 June, Joel Malkin, 9.6k uvm; West Palm Beach, FL)

Veterans can attend a Town Hall meeting at the West Palm Beach VA Medical Center on Thursday.

The event will focus on the facility's five year Strategic Plan.

Before the Town Hall begins, an assistance fair will be held at 3 p.m., which provides an opportunity for local vets to learn about the medical center and get information on programs, as well as the U.S. Congressional office located inside the medical center.

It's a first of its kind in the United States and was set up by Congressman Brian Mast, a wounded war veteran, who shares the office with the other members of Palm Beach County's House delegation.

The facility's spokesperson, Kenita Gordon, says there's been a lot of positive feedback since it the office opened in December.

"It shows the public and our veterans that we are really trying to help. We are trying to be as transparent as possible. Veterans have that convenience of coming here right after they're done with that appointment. And maybe they're having a problem with another agency."

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5. Improve Timeliness of Service

5.1 - WREG (CBS-3, Video): Inspection reveals unnecessary deaths, unsanitary conditions at Memphis VA (20 June, Bridget Chapman, 855k uvm; Memphis, TN)

A federal review of the Memphis Veteran Affairs Medical Center shows some major violations.

From unsanitary conditions to veterans unnecessarily dying in their care, there are a lot of areas in need of improvement.

The inspection was conducted over a week-period in January.

Veteran Sean Higgins worked at the hospital for a decade before being fired for what the VA called "disrupted behavior" and has reported several violations to the state noted in the review.

"We deserve better than what we're getting. We truly do," he said. "They are truly a house of horrors."

Along with unsanitary conditions, such as soiled furniture and dirty air ducts where food is prepared, there are also treatment concerns.

In a two-year period, nine patients developed pressure ulcers while at the facility, 16 patients with serious treatable conditions died at the facility and two patients developed catheter-related bloodstream infections.

"Out of every 2,000 veterans, a veteran dies in the Memphis VA and that's unacceptable," Higgins said.

The hospital blamed the issues on lack of communication, personnel and training.

They've hired more people and said they're working to fix all of the listed problems.

"This has been going on for far too long," Higgins said.

The report says the facility generally has stable executive leadership and active engagement with employees.

However, only half of the patients said they'd recommend the hospital to their friends and family.

Higgins says it's clear drastic changes need to be made.

"They need to fire everyone from the director on down to front line management. It's the only way you're going to get the corrosive environment out of that facility."

He says he's been spearheading this fight for years now and hopes others will speak up and join him.

We reached out to the hospital but have not yet heard back.

We also reached out to Congressman Steve Cohen's Office since he's been vocal about improving conditions at the hospital, but we have not heard back from him either.

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5.2 - WHBQ (FOX-13, Video): [16 patients died unnecessarily at Memphis VA hospital, report says](#) (20 June, Zach Crenshaw, 618k uvm; Memphis, TN)

Sixteen patients died at the Memphis Veteran Affairs Hospital that shouldn't have, a report said.

That's according to the latest report from the office of the inspector general.

It details how the Memphis hospital continues to be one of the worst performers, receiving a one-star rating out of a possible five.

Doctors, nurses, administrators, and even the cleaning staff are all scrutinized in this report.

The 75-plus page report, released Tuesday, shines a light on the level of care the men and women who served our country are receiving – and those same veteran's displeasure with the hospital.

The report says between October 2016 and October 2017, 16 patients died with serious treatable conditions. The VA said they were not properly cleared for surgery, and there was a serious breakdown in communication.

More than 65 patients developed infections, ulcers, or other issues after hospitalization. Clinical staff was not properly trained and there were major issues with cleanliness.

One number that sticks out is the 49 percent patient satisfaction, which means less than half of veterans felt confident in the care in the hospital.

"Half the veterans that come to this hospital don't feel confident in the care they are going to get here," said veteran and former VA Memphis employee Sean Higgins. "That's bad. It's a poisonous disregard for safety in the building."

A spokesperson with the House on Veterans Affairs in Washington, D.C. said Chairman Phil Roe was not able to comment on the on-going investigation.

However, they did issue a statement:

I do find the report's references to patient data worrisome, as some of the things found were likely preventable. That's why we must continue stringent oversight to ensure all veterans receive quality care, no matter what facility they visit.

Of seven patient areas inspected, the report said two had soiled furniture, all had dirty ventilation grills, and five had dirty floors.

According to the report, all 12 examination rooms were dirty and had stained walls. Also, there were "dirty ventilation grills" in food areas so inspectors could not ensure food was not contaminated.

The Memphis VA Director David Dunning declined a request to interview with FOX13, but did issue a statement about the report.

Dunning said most of the findings stemmed from previous leadership “dating back to 2014.”

Memphis VA Medical Center appreciates the inspector general’s review, which focuses mostly on events that occurred under the facility’s previous leadership dating back to 2014. Since then, VA has appointed a new facility director, made a number of key leadership changes and lowered the facility’s mortality rate to .81 percent – among the lowest of all VA facilities in this region. Our leadership team continues to make significant improvements in patient care, customer service, and infrastructure. While the inspector general found a number of opportunities for improvement, we welcome the scrutiny and consider this an opportunity to redouble our efforts to serve Veterans. The Memphis VA Medical Center is under new leadership and on a new path, and we look forward to working with Veterans, community stakeholders and local and national VA leaders in order to complete all of the inspector general’s recommendations.

Higgins, who has fought his own legal battles after suing the hospital for wrongful termination, has been calling out the VA for years. He is hoping the new report leads to better care.

“Years we’ve been waiting on change. And we have yet to see it,” said Higgins.

We reached out to Congressman Steve Cohen’s office in Washington, D.C.

Cohen, a long-time supporter of VA Memphis, seemed more optimistic.

“It says that the new leadership is stabilizing the VA and I think it’s done that,” Cohen said. “Director Dunning has done a great job with getting things improved. Some of the worst parts of the report occurred before he got there.”

Cohen said some of the reports finding are awful but believes the worst is in the past. He expressed full confidence in the new administration’s leadership.

“I met with him about a month ago...in Memphis. He’s very very on top of it. He works every day at improving morale and improving the physical plan. So it’s [moving] in the right direction,” said Cohen.

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5.3 - Tucson News Now (Video): [Report: 16 Memphis VA patients died after surgery between 2015-17](#) (20 June, 596k uvm; Phoenix, AZ)

According to a new report, 16 patients have died after having surgery at the Memphis VA Hospital.

The lengthy report from the inspector general details why Memphis's VA received one star out of a five-star rating for its patient care and performance.

The VA's Medical Director David Dunning responded to the report, promising continuing change.

The 65-page report released Tuesday outlines a pattern of repeated issues at the Memphis VA Medical Center between October 2015 and September 2017.

In that 23-month span, 16 surgical inpatients with serious treatable conditions died while receiving care at the facility, according to the report.

The Healthcare Inspection cites facility leaders, saying those deaths were the result of a serious breakdown in communication and consultation and that many of the patients were high-risk with known pre-existing conditions.

The reports also broke down more than 50 patients who developed other illnesses while in the care of the Memphis VA or sustained injuries after surgeries. Those issues ranged from infections to a blood clot.

In April, WMC5 spoke with Dunning about the ongoing issues with the hospital and his plans to fix them.

“Every organization has their issues, and we have issues here,” Dunning said. “But we are identifying – some of those help me identify we have issues, so we can make sure that we are providing the best that we can for our veterans.”

Findings from the report were collected before Dunning took over a year ago.

Since then, the hospital has hired a new Surgery Service Chief and Quality Management Manager to better monitor patient care.

Dunning released a statement, saying the VA has lowered the mortality rate to .81 percent – among the lowest of all VA facilities in this region.

"While the inspector general found a number of opportunities for improvement, we welcome the scrutiny and consider this an opportunity to redouble our efforts to serve Veterans."

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5.4 - Daily Courier: [Prescott VA nursing home earns lowest rating in nation](#) (20 June, Nanci Hutson, 482k uvm; Prescott, AZ)

The local VA medical center director declared on Tuesday afternoon that care for the most vulnerable, and difficult to treat veterans is today, and will remain, a top priority for the facility that just earned the lowest rating in the nation for its 85-bed nursing home, known as the Community Living Center (CLC).

In a telephone interview, Northern Arizona Veteran Affairs Health Care System (NAVAHCS) Medical Director Barbara Oemcke was clear the CLC's 88-person staff, including their top medical personnel, take these matters seriously, and are already working to correct any and all deficiencies. Another inspection will be scheduled in July, and then a longer-term survey will be done sometime between January and April 2019.

The rating system for this score is brand new, and much of the data used was collected over the course of the last two to three years, Oemcke and other VA officials said. Some issues have already been addressed, and all the others are in the works, she said.

The federal VA conducts quarterly reports on all of its facilities, focusing on infection and death rates.

One key issue of concern highlighted in a June long-term institute care survey had to do with the center's water temperatures, one that impacts all health care institutions, Oemcke said.

New mixing valves were installed at the CLC to assure water is hot enough to prevent Legionella bacteria but not so hot as to scald patients, Oemcke said. The problem is the initial valves did not work properly, with water still hotter than it should be, and so those valves were then immediately replaced so that now the water temperatures are where they need to be.

The VA has at no time had an outbreak of Legionella, with any bacteria found at low levels or in locations that did not impact any patients, Oemcke said.

Part of the low score is attributed to a patient survey related to a lack of proper pain management. Oemcke said finding a resolution to patient pain control proves tricky because staff do not want to overmedicate so patients are susceptible to falls and other injuries. On the other hand, staff also wants to be certain patients are not in acute pain during their stays, she said.

The CLC includes hospice care for end-of-life veterans — the VA's annual hospice celebration in May recognized 160 veterans who passed in the prior year — and pain management is a key part of the process.

"We are working, carefully, to get the right balance," Oemcke said, noting CLC staff are striving to ensure veterans' pain is monitored at regular intervals from admission to discharge.

In talking about the scores, Oemcke said she and the top medical staff were adamant that this is a community that values veterans, and is devoted to their ongoing health care, and any changes that are to be made must value that mission. She said the VA could see a much more rapid score increase if they were to opt against offering this type of health service.

"But that is not our mission," she emphasized.

Oemcke and her fellow medical staff agree that NAVAHCS must provide for those veterans who depend, and require, this more intensive brand of care, be it for surgical rehabilitation or long-term skilled, or hospice care.

She noted that a core value of this VA campus is to care for all veterans, including those with complex medical conditions.

The local VA represents about 27,000 veterans across 60,000 square mile of northern Arizona. Beyond the 164-acre main campus off Highway 89 that was once the frontier site of Fort Whipple, the VA also operates 11 satellite clinics that stretch from Lake Havasu City to Tuba City.

This is not the first time local VA officials have had to respond to less than stellar ratings, but certainly is the first time it has received such a low rating on a particular service.

One of the VA's challenges has to do with the age of its buildings that date back to the 1920s. At this time, the VA is undergoing some \$30 million worth of construction to expand and renovate facilities, with more expected to come in the future. The CLC is not on the renovation list at this time, but Oemcke said she expects there will be renovations or construction there in the future.

In contrast to the low score, Oemcke said the inspectors also cited some "best practices" that speak to the professionalism of the VA's medical personnel.

The CLC staff earned the highest score — scores range from a low of 1 to a high of 5, Oemcke said. In the last month, VA officials cited the CLC's clinical leadership for not only addressing the need for improvement but engaging staff, and patients, in the process.

She said they were impressed with the patient and staff interactions, with it clear how much patients care and admire their nurses and other caregivers.

Bottomline: Oemcke said the local VA is devoted to providing the very best care to its veterans. In the coming months, those efforts will be increased, and monitored. She said she expects progress to be made, acknowledging it will take time before the ratings reflect the improvements.

"It's not just about the stars," Oemcke said of the ratings. "We care deeply about the care and welfare of all of our veterans. We are really committed to learning, and improving, where we can. What concerns us most is the need to provide the best to the veterans we serve."

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5.5 - Arizona Daily Star: [Tucson VA nursing home gets 2 of 5 stars in internal ratings](#) (20 June, Emily Bregel, 431k uvm; Tucson, AZ)

The Tucson VA's nursing home received two out of five stars in its annual ratings, which the U.S. Department of Veterans Affairs released publicly for the first time last week, citing a commitment to transparency.

But that transparency only goes so far: The department would not release the underlying data — detailed statistics in measures such as long-term catheter use, pressure sores and patient pain levels — that were used to calculate the star ratings.

The limited ratings information released by the VA came after the department learned reporters with USA Today and The Boston Globe had already obtained extensive internal VA quality data as part of an investigation into quality of care at VA nursing homes.

The Boston Globe / USA Today investigation, published on Sunday, found that nationwide, VA nursing homes performed worse than private-sector nursing homes. The report found that on average last year, VA facilities scored worse than private facilities in nine of 11 quality indicators, including whether residents deteriorated during their stay and rates of antipsychotic drug prescriptions.

Local VA officials emphasized that it's complicated to compare private nursing homes and VA facilities, which accept any patient into their care, no matter how sick or challenging a case. Private nursing homes often have less complex patient-care needs.

For example, the Tucson VA had a high rate of pressure ulcers, at 29 percent, compared with 9 percent across the VA system and 6 percent in the private sector, according to the data obtained by USA Today. (The VA has not released that detailed data publicly.)

VA workers point out that the Tucson VA specializes in complex wound care and gets referrals to manage those complications.

Over the past two years, no patients have acquired new pressure ulcers at the Tucson VA's nursing home, Susan Wood, Tucson VA associate director of patient-care services, said in an interview with the Arizona Daily Star.

And over the past two years, the facility has had no urinary tract infections associated with catheters, despite having higher rates of catheter use compared to other facilities, according to the VA.

Of patients in the Tucson VA's nursing home, 39 percent had long-term catheters, compared with 12 percent in other VA nursing homes and 2 percent in the private sector, data obtained by USA Today show.

Wood said the Tucson VA nursing home's rate of patient falls that result in injury is 0.6, well below the national average of 4.5.

In a number of measures, "We've been improving consistently," Wood said.

The Tucson VA nursing home employs 98 people, and in May it had an 84 percent occupancy rate, or 76 patients per day.

SECRET RATINGS

Tucson's 90-bed nursing home, known as a "community living center" in VA lingo, scored an overall rating of two stars, but the database released by the VA also included three other categories: The Tucson VA's nursing home received one star in the category of independent health-inspection surveys, two stars in internal quality-of-care results and five stars in the category of staffing levels.

Nearly half of the 133 VA nursing homes in the U.S. scored just one out of five stars, including Prescott's VA nursing home in Arizona.

Federally run VA nursing homes have long tracked quality measures at their facilities but have kept that information secret, until the release of limited ratings data last week.

But nursing homes that accept Medicare or Medicaid insurance — including private and state-run facilities — are bound by the Centers for Medicare and Medicaid Services' rules on transparency. Under those regulations, they must submit quality data for publication on Medicare.gov's Nursing Home Compare website.

VA facilities don't face that requirement, and advocates say that leaves veterans and their families searching blind when choosing a VA nursing facility.

"Veterans not only deserve a choice in where to get care, but also the information available to make an informed choice," Dan Caldwell, executive director of the advocacy group Concerned Veterans for America, said in an emailed statement to the Star.

"Anyone can find extensive data and ratings on private nursing homes, but veterans relying on the VA for care have been robbed of that info."

Dave Voepel, president of the Arizona Health Care Association, which represents skilled-nursing facilities and assisted-living facilities, said there's no reason VA nursing homes shouldn't release their more-detailed quality data to the public, in addition to the star ratings.

"We're all about transparency so if we're doing it, they should be doing it," he said.

"UNPRECEDENTED TRANSPARENCY"

USA Today reporter Donovan Slack tweeted Monday that she first asked the VA for the secret quality data last summer and VA spokesman Curt Cashour said no.

When VA officials learned the reporters had already obtained the data this month, officials asked for more time to respond to the journalists' questions. Then, as the reporters waited, the VA released the star ratings in a June 12 news release, heralding the VA's "unprecedented 18-month record of transparency disclosures."

The VA insists the transparency effort was already in the works before officials became aware of the journalists' investigation.

"We have been working over the past year to adopt Medicare's 5-Star Rating methodology to our Community Living Centers ... and the information we just released represents the results of that effort," a VA spokesman based in Washington, D.C., said in an email to the Star.

In a Monday interview with the Star, Tucson VA chief of staff Anthony Stazzone said the VA supports publicizing quality data.

"We want to make sure veterans understand the care they're getting as much as possible," he said. "It's not secretive; we're pretty much an open book."

The Star has tussled with the Tucson VA over transparency issues in the past: Last year, the Star successfully appealed the Tucson VA's denial of a public-records request seeking a listing of current VA dermatologists. The resulting Aug. 20 story reported the Tucson VA employed just one dermatologist who worked slightly less than full time, plus a dermatologic physician assistant.

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5.6 - WBTV (CBS-3): [Salisbury VA nursing home among lowest-rated in US](#) (20 June, Nick Ochsner, 319k uvm; Charlotte, NC)

The Salisbury Veteran Affairs Medical Center's nursing home and hospice facility is among the lowest-rated in the country, according to new ratings released this week by the US Department of Veterans Affairs.

The ratings scored all 133 VA nursing home facilities - known as community living centers within the VA - on a scale of one to five stars, with one being the lowest and five being the highest.

In addition to an overall star rating, each facility also received a rating for survey results, staffing and quality.

This is the first time the VA has released such data. In announcing the new ratings, the agency highlighted the move as an effort to be more transparent.

The Salisbury VAMC's community living center, which includes a nursing home, hospice and rehabilitation facility, scored a one star in all areas of measurement except staffing, where the facility was rated five stars.

Only 11 VA facilities - or less than ten percent - received a one star overall rating.

There was no explanation released with the ratings data explaining why each facility received the score it did. By comparison, the two other VA medical centers that cover parts of the WBTV viewing area received higher scores than the Salisbury facility.

The community living center operated by the Asheville VAMC received two stars overall and the Dorn VA Medical Center in Columbia, SC received three stars overall.

In an interview following the release of the ratings, Salisbury VAMC Director Joseph Vaughn said the low score was unacceptable.

"I think any director would be concerned if their facility shows up as a one star," Vaughn said. "Ultimately, my goal is - whether its CLC data or the facility data—my goal is to be a five star. I think every veteran out there deserves a five star facility."

Vaughn attributed the low rating, in part, to the change in how the VA measures its facilities. Until last year, Vaughn said, the VA scored community living center facilities against other such centers within the VA. But now, he said, the

VA has begun measuring facility performance against other private facilities in the community.

"Now the VA leadership, rightfully, have leveled the playing field after coming out with this new tool that uses CMS compare data, so we are basically compared to every community living center in the state of North Carolina," Vaughn explained.

"It forces us - even though, in most cases, we have more complex patients with more serious issues, both physically and mentally - to try and be as good as our community partners are," he said.

But Vaughn acknowledged that other community living centers in the nearby area did not receive as low of a rating under the new system.

"There are definitely areas that we still need to work in," Vaughn said, noting recent data shows the facility is already making improvements on its benchmarks. "We've identified those areas and we are going to keep pressing on until we get them straight."

Watch WBTV News on Thursday night at 6 p.m. as WBTV tours the Salisbury VAMC community living center and asks its staff what they're doing to make sure veterans get the care they deserve.

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5.7 - KVOA (NBC-4): [N4T Investigators: VA Fight Update](#) (20 June, Matthew Schwartz, 273k uvm; Tucson, AZ)

"They send you through these hoops, quite a few hoops, saying that, "OK, you're fine, you're not fine." Those were the words of Leo Davis, a disabled Vietnam veteran, speaking to the News 4 Tucson Investigators two years ago. He and his wife Michelle had been fighting the Veterans Administration for years. They believed Leo was not getting the benefits he deserved. Leo, a Mississippi native, was drafted at 17, and served in the Navy during the Vietnam war from 1965 to 1967.

"He fought for his country," Michelle said this week. "Now he got to fight his country to get his benefits. That makes no sense."

Leo was stationed at the Da Nang Air Base, where, the VA later acknowledged, he, like many others, was exposed to Agent Orange, the toxic chemical used as a weapon by American troops and which caused numerous health problems for U.S. soldiers and others. Michelle says her husband suffered from heart disease, hypertension and shortness of breath, among other ailments. He was ruled disabled by the VA And last October, Leo Davis died, on his 69th birthday.

His widow says, "Just gotta keep going. So I'm gonna keep fighting even though he's not here, because I feel they owe him."

Michelle receives \$1555.57 per month from the VA, half of what Leo received. She says Leo got a lump sum payment of \$47,000 in 2010, part of his back pay from the nationwide Agent Orange settlement. But Michelle says that was only 60 percent of what he's owed. She says when he died eight months ago, his death, like his disability, was ruled 100 percent service-connected.

Michelle had open-heart surgery and she is also disabled. "My bills add up to about \$2000 [per month]. So financially I'm kind of strapped.

However, the VA told us in a statement late today that, "Mrs. Davis is receiving all the VA benefits she is entitled to under the law..." "Mrs. Davis received the month of death payment of \$3078.11, the burial payment of \$300, and the plot allowance payment of \$762, at the time of Mr. Davis' Passing."

Reached by telephone after we received the VA's statement, Michelle Davis said this is the first time she's heard that, and that the last thing the VA told her was that her case was being heard in appeal.

"It is the hardest thing," she said, trying to get benefits from fighting in the war."

Mrs. Davis says she will continue to keep fighting for her late husband, and that she believes that he's one of countless veterans who have been let down by the VA.

She also said she couldn't get anyone from the VA to return her calls until the News 4 Tucson Investigators called the agency.

If you have a story you'd like us to investigate, email us at investigators@kvoa.com, or call our tip line at 520-955-4444.

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5.8 - Concord Monitor: [Carol Williams: Let's end persistent myths about VA care](#) (21 June, Carol Williams, 164k uvm; Concord, NH)

Men and women of the Granite State who have served our country with honor and distinction are entitled to the best care possible from the VA. When questions are raised about that care they also deserve the best objective evaluation of those questions.

I served as a nurse in the VA for over 38 years, most recently as the nurse executive at the Manchester VA Medical Center. Unfortunately I have seen damaging and inaccurate media portrayals of the VA that have gone unchallenged – even though the facts are now known. The Office of Accountability and Whistleblower Protection (OAWP) is responsible for investigation of senior leadership. After learning of their findings on Manchester, I felt it was time to speak.

First, it has become clear that last year's allegations of poor patient care have proven largely groundless. In reviewing the original lengthy letter from the whistleblowers' lawyer in 2016, the Office of Special Counsel identified few items that even met their criteria as being worthy of further investigation. The VA sent in a team of professional medical investigators. Their report was completed in June 2017.

In one, a physician was found to have inappropriately cut and pasted his notes. This was addressed in 2011. Yes, 2011. No patient harm was identified.

It was asserted that flies in the OR delayed care. Indeed there were instances of flies in one OR. Leadership was aware and undertook multiple corrective actions. When initial efforts were unsuccessful they stopped all procedures in that room. Workload was accommodated in three other ORs; there were no delays in care, and the post-operative infection rate has been zero.

On the day the media reports were released these findings were well known to top VA leadership. However they were not considered by Dr. David Shulkin, the former VA secretary. Swayed by political pressure to show action, he ordered the removal of the director and chief of staff. Shortly thereafter he also ordered that I, the nurse executive, be removed – even though none of the concerns related to nursing care. Neither he nor any other VA official ever acknowledged wrongdoing and no cause for my removal was communicated.

OAWP and the medical inspector spent weeks reviewing facts and interviewing dozens of staff, including whistleblowers. OAWP includes VA whistleblowers on its staff and has frequently

recommended strong discipline, including termination, for senior leaders. No doubt, as in any health care system, there were opportunities for improvement at Manchester. However, one by one the investigation found allegations to be hearsay, inaccurate or misleading. Another example? The press showed a picture pointing to “dried blood or rust” on instruments allegedly not sterilized. In fact the instruments were properly and fully sterilized, but disturbance of the water supply had led to mineral deposits causing slight discoloration. This was identified during one of many rigorous safety checks and staff “stopped the line.” This incident was actually cited as an example of strong patient safety practices by outside experts, not a breakdown in care.

OAWP submitted its report to Dr. Shulkin months ago, during a period when the secretary himself was under investigation for ethics violations and at odds with the White House, but no action was taken. Not long after Dr. Shulkin was fired, OAWP determined the investigation turned up no significant findings against facility leadership and recommended no action. In other words, complete exoneration.

Nurses, physicians and health care professionals in the VA must be allowed to do their job without fear of retribution or reprisal driven by political concerns. The mirage that “poor care was exposed and responsible leaders fired” is dissolving under the light of objective review. It is important the full report be released. As innumerable veterans have stated based on their experience, the care at Manchester VA is, and has been, of high quality. It is unfair and damaging to do anything that might keep a single veteran from seeking the care he or she deserves.

I am the proud mother of a captain in the Army who is a nurse and proud mother-in law of an Army Black Hawk pilot. I chose to retire when I was confronted with removal from my position that emotional day in August 2017. I will always carry with me what a pleasure and honor it was to serve our veterans for 38 years, and will carry the smiles and stories they shared with me forever.

(Carol Williams is a retired nurse executive from the Manchester VA. She lives in Manchester.)

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5.9 - Public Opinion (Video): [Martinsburg VA nursing home scores poorly on pain control](#) (20 June, 80k uvm; Chambersburg, PA)

Nursing home patients in the Martinsburg VA Medical Center are feeling pain more than patients at most other nursing homes, according to data recently collected by the Boston Globe and USA Today.

The medical center's Community Living Center in West Virginia run by the U.S. Department of Veterans Affairs (VA) had one of the lowest scores for quality of patient care among the nation's 133 VA nursing homes. Only seven of these homes with complete data had poorer scores, according to the Globe/USA Today report.

The VA has rated its nursing homes for years, but never shared the scores with the public. It made some of its ratings public last week after receiving questions a year ago from the Globe and USA Today about the secrecy.

Statistics from December 2017 show nearly half - or 60 - of the agency's nursing homes scored one star, including the home in Martinsburg. This is the lowest ranking for quality of patient care, which includes falls, bed sores, hypnotic medicines, pain and a patient's ability to eat, bathe and go to the bathroom, independently.

The scoring system replicates a system Medicare uses to rate private nursing homes. Federal regulations require private nursing homes to disclose data on patient care, but not the VA.

The agency's nursing homes on average scored worse in nine out of 11 quality of care measures than the average private nursing home, according to the analysis. The home in Martinsburg scored worse than the VA's average in nine out of 11 measures.

"VA centers typically serve residents with more numerous and challenging medical conditions than private sector facilities do," said Lauren Winebrenner, spokeswoman for the Martinsburg VA Medical Center. "Those differences in case-mix, rather than a difference in quality of care, often account for an unfavorable comparison to the private sector."

Franklin County is in the service area of this center, and the agency estimates about 13,000 veterans live in the county. Local organizations have raised thousands of dollars to buy soap, televisions and hearing aids for veterans at the medical center.

According to the scores, more than a third of long-term residents in Martinsburg reported moderate to very severe pain in the past five days. Nearly half reported almost constant or frequent moderate to very severe pain in the past five days. These percentages are triple the average rate for private nursing homes.

Long-term patients at Martinsburg also are more likely to have a catheter or to have had a urinary tract infection in the past month. The rate is seven times that of private nursing homes. In addition, patients are much more likely to be taking anti-psychotic medicines, which the Federal Drug Administration has said are associated with an increased risk of death in elderly patients with dementia.

Winebrenner and a VA press release said the agency nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, post-traumatic stress disorder, combat injury, terminal illness and other conditions rarely seen in private nursing homes.

However, Martinsburg reported no long-term patients were restrained, which is a result better than either the average VA or private home. It also had a lower percentage of limited-mobility residents with serious bed sores.

Out of 1,100 points for patient care, the medical facility scored a total of 450 points. The scores for VA homes ranged from 238 points for Raymond Murphy VA in Albuquerque, N.M., to 940 points for VA Hudson Valley, N.Y.

Martinsburg is working to improve fall rates and pain management efforts, Winebrenner said. The center is offering alternatives for treating moderate to severe pain, in keeping with the VA's opioid reduction initiative.

It has set up interdisciplinary domain teams to review quality measures, implemented town hall meetings at the nursing home and invested in a new nursing care center for women veterans, according to Winebrenner. The VA also has added staff training programs.

The Martinsburg center has a 265-bed rehabilitation unit and 133 long-term beds in the Community Living Center, including 20 for hospice. Currently, it does not have a waiting list for nursing home beds, Winebrenner said.

When the center does not have beds available for eligible veterans, the center offers VA-paid contracts to other centers. The agency contracts with several private nursing homes in the region, including the Shippensburg Health Care Center, the Gardens at Gettysburg (Golden Living Center), Claremont Nursing Rehabilitation Center in Carlisle and Stonebridge Health in Duncannon. All have patient care scores of two stars or higher.

VA nursing homes serve 46,000 veterans annually in 46 states, the District of Columbia and Puerto Rico.

The latest revelation is the latest a series of VA ailments:

- An internal probe in March reported “failed leadership” at the agency with communications breakdowns, chaos and spending waste.
- The VA failed to report 90 percent of poor-performing doctors to databases intended to alert other hospitals of misconduct, according to a Government Accountability Office report issued in November.
- An internal VA report in 2017 found the \$10 billion Veterans Choice Program was confusing and cumbersome. More veterans were using private providers under the program designed to speed health care services to them.
- The VA inspector general in 2014 reported systemic efforts to doctor data about the wait at medical centers.

VA nursing homes vs. private nursing homes

Veterans nursing homes and private nursing homes use a similar rating system.

Medicare scores private nursing homes in four categories. Three of these categories - overall rating, staffing and quality of patient care - overlap with the VA's scoring system. Scores range from one star, or much below average, to five stars, or much above average. Three stars is average.

Patient care scores were much lower for the Martinsburg VA Medical Center and most other VA nursing homes compared to private nursing homes. The agency's homes, however, performed comparably overall.

"If we are truly comparing apples to apples, then it might mean that private sector homes are better than VA homes," said Robyn Grant, advocacy director for the National Consumer Voice for Quality Long-Term Care. "However, we need more information in order to really know."

She called for increased transparency, so people can know if comparisons are valid. Veterans and their families should have access to the same amount and depth of information as the people who research nursing homes funded by Medicare and Medicaid dollars.

Unlike private nursing homes, the VA does not provide inspection reports of its homes.

All private nursing homes in the region scored higher than the home in Martinsburg for quality of patient care.

Star ratings for nursing homes in the region are listed here (without health inspections):

- Martinsburg VA Center's Community Living Center had four stars overall, five for staffing and one for quality of care.
- Brookview Health Care Center, Chambersburg, had one star overall, three for staffing and four for quality of care.
- Chambers Pointe Health Care Center, Chambersburg, had two stars overall, four for staffing and five for quality of care.
- Falling Spring Nursing and Rehabilitation Center, Chambersburg, had one star overall, two for staffing and four for quality of care.
- The Shook Home, Chambersburg, had three stars overall, four for staffing and two for quality of care.
- Manorcare Health Services, Chambersburg, had one star overall, two for staffing and four for quality of care.
- Manorcare Health Services, Carlisle, had three stars overall, two for staffing and five for quality of care.
- Forest Park Healthcare and Rehabilitation Center, Carlisle, had two stars overall, 2 for staffing and 4 for quality of care.
- Paramount Nursing and Rehabilitation at Fayetteville had 1 star overall, 1 for staffing and 4 for quality of care.
- Shippensburg Health Care Center had 1 star overall, 3 for staffing and 2 for quality of care.
- Swaim Health Center, Newville, had 3 stars overall, 3 for staffing and 4 for quality of care.
- Sarah A. Todd Memorial Home, Carlisle, had 2 stars overall, 4 for staffing and 5 for quality of care.
- Thornwald Home, Carlisle, had 5 stars overall, 4 for staffing and 5 for quality of care.
- Quincy Retirement Community, Waynesboro, had 2 stars overall, 3 for staffing and 4 for quality of care.
- Chapel Pointe at Carlisle had 5 stars overall, 4 for staffing and 5 for quality of care.
- Cumberland Crossings Retirement Community had 3 stars overall, 2 for staffing and 2 for quality of care.
- The Gardens at Gettysburg had 2 stars overall, 2 for staffing and 4 for quality of care.
- Church of God Home, Carlisle, had 5 stars overall, 4 for staffing and 5 for quality of care.

Visit <https://bit.ly/2t33sON> for the scores of VA hospitals. Visit <https://www.medicare.gov/nursinghomecompare/search.html> to search for scores of private nursing homes.

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5.10 - Tahlequah Daily Press: [Not all VA health care news is bad](#) (20 June, Sean Rowley, 43k uvm; Tahlequah, OK)

In recent years, several health care facilities of Veterans Affairs have received ugly ink.

The VA hospital in Washington, D.C., was reported to have serious deficiencies in March, a veteran with a broken foot was turned away from a VA hospital in Seattle in 2015, records were altered at a Colorado VA hospital. The Jack C. Montgomery VA Medical Center in Muskogee did not escape the critical spotlight, taking heat over the 2013 hiring of a psychiatrist with a checkered past who started a sexual relationship with a patient.

But Jim Wilson, who sits on the Veteran and Family Advisory Council, wants the public to know that feedback from veterans treated at the Montgomery VA Medical Center is overwhelmingly positive.

"The VA gets beat up on, but it is being misrepresented," Wilson said. "There are some indicators where we could do better, but they only receive about 400 of the 15-page long surveys per year from about 33,000 patients. Those long surveys are only returned when someone has a beef."

Wilson, a veteran himself, said patient appreciation of VA health care exceeds 99 percent.

"We interview these guys, and you couldn't pry that health care away from them," Wilson said. "It is a pretty good deal with the VA. It is managed care, and people who use it realize that."

Nita McClellan, public affairs officer for the Eastern Oklahoma VA Health Care System, was on her way to a ribbon cutting in Tulsa on Tuesday afternoon. She said there is plenty of good news associated with the VA, particularly in the east Oklahoma region.

"The ribbon cutting is for the expansion of the call center and mental health services," McClellan said. "We had call centers in Muskogee and in our Tulsa clinic, but we have leased other floors. It will handle all calls for veterans in the Eastern Oklahoma region."

The space has been increased from 10,600 square feet on the first floor of the Guaranty office building in Tulsa to 30,570 square feet on the first, second and fifth floors. The first floor will now be dedicated solely to mental health specialty programs.

The first floor will be dedicated to mental health specialty programs, while the second floor will be for general mental health appointments and the Psychosocial Rehabilitation Recovery Center.

With the new lease, the PRRC will be able to serve 60 veterans, and the space includes showers and a laundry facility.

The Muskogee VA hospital has expanded its MRI hours to 8 a.m. - 6 p.m. Monday through Friday and 8 a.m. - noon on Saturday.

"The demand for MRI services greatly exceeded our capacity that existed during normal work hours," said Dr. Daniel Roswig, chief of the radiology and nuclear medicine service, in a statement. "The new hours are a win-win for our veteran population. In most cases, the veterans are more comfortable receiving their medical services through the VA, and we have also observed that the quality of our MRI imaging is frequently superior to what is provided on the outside."

McClellan said there are numerous other enhancements and improvements underway in the eastern region.

"We have opened a clinic in Idabel," she said. "Sometime around September, we will move our Hartshorne clinic to McAlester, into the McAlester Regional Health Center. That will double its size and the hospital will be right there to help. We have been approved to open another clinic in Bartlesville. We have a small dental clinic in Tulsa, but we have been able to lease space that will triple its size. We are continually expanding. I do believe that we can always find ways to do better, and we are trying to do that. We're constantly trying to find ways to improve communication with veterans and trying to better serve them."

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6. Suicide Prevention

6.1 - Stars and Stripes: [VA reveals its veteran suicide statistic included active-duty troops](#) (20 June, Nikki Wentling, 1.5M uvm; Washington, DC)

For years, the Department of Veterans Affairs reported an average of 20 veterans died by suicide every day – an often-cited statistic that raised alarm nationwide about the rate of veteran suicide.

However, the statistic has long been misunderstood, according to a report released this week.

The VA has now revealed the average daily number of veteran suicides has always included deaths of active-duty servicemembers and members of the National Guard and Reserve, not just veterans.

Craig Bryan, a psychologist and leader of the National Center for Veterans Studies, said the new information could now help advocates in the fight against military and veteran suicide.

"The key message is that suicides are elevated among those who have ever served," Bryan said. "The benefit of separating out subgroups is that it can help us identify higher risk subgroups of the whole, which may be able to help us determine where and how to best focus resources."

The VA released its newest National Suicide Data Report on Monday, which includes data from 2005 through 2015. Much in the report remained unchanged from two years ago, when the VA reported suicide statistics through 2014. Veteran suicide rates are still higher than the rest of the population, particularly among women.

In both reports, the VA said an average of 20 veterans succumbed to suicide every day. In its newest version, the VA was more specific.

The report shows the total is 20.6 suicides every day. Of those, 16.8 were veterans and 3.8 were active-duty servicemembers, guardsmen and reservists, the report states. That amounts to 6,132 veterans and 1,387 servicemembers who died by suicide in one year.

The VA's 2012 report stated 22 veterans succumbed to suicide every day – a number that's still often cited incorrectly. That number also included active-duty troops, Guard and Reserve, VA Press Secretary Curt Cashour said Wednesday.

VA officials determine the statistic by analyzing state death certificates and calculating the percentage of veterans out of all suicides. The death certificates include a field designating whether the deceased ever served in the U.S. military.

Information in the 2012 report wasn't as complete as the newer ones. At the time, only 21 states shared information from their death certificates. California and Texas, which have large veteran populations, were two of the states that didn't provide their data.

"Since that report was released, we have been closely collaborating with the [Department of Defense] to increase our level of accuracy in reporting," Cashour wrote in an email.

Following the release of the new National Suicide Data Report on Monday, some veteran advocates responded on social media with questions. One person said the community was "thrown off."

Bryan said the situation "highlights a common source of confusion regarding who is and who is not considered a 'veteran.'"

Heidi Kar, a project director at the nonprofit Education Development Center and a clinical psychologist with expertise in veteran suicide, said she had previously understood the statistic to be a veteran-only number.

Overall, Kar thinks the VA put more emphasis in its latest report about suicide as a public health issue that requires the help of multiple agencies and community-based groups. The report shows that of the 20.6 veterans and servicemembers who died by suicide every day, six had recently used VA health care services. The suicide rate among the people who didn't receive VA care increased faster than ones who did.

"The biggest message is that suicide prevention is everyone's job," Kar said. "It's a problem for active duty, it's a problem for vets, it's a problem for the elderly and for young people. So, the response has to be multidimensional, and different sectors have to problem-solve together."

The VA said in a statement that it's working with the Defense Department and the national Centers for Disease Control and Prevention to publish 2016 suicide statistics in the fall. The agency said it's part of an ongoing review of millions of death records that could lead to improvements in the VA's suicide prevention programs.

To contact the Veterans Crisis Line, veterans, servicemembers or their families can call 1-800-273-8255 and press 1. They can also text 838255 or visitveteranscrisisline.net for assistance.

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6.2 - WCBD (NBC-2, Video): [Veteran suicide prevention](#) (20 June, Mayci McLeod, 274k uvm; Mount Pleasant, SC)

A recent study by the Department of Veterans Affairs (VA) found an average of 20 veterans die each day by suicide.

The first step in putting an end to the problem is raising awareness. On June 20th at 12:20 PM, Trident Medical Center employees dropped to the ground to give 20 pushups, one for each veteran who dies per day due to suicide.

Trident's Medical Director of Behavioral Health Services, Dr. Frank Drummond, says "I hope people take away that this is the reality that it can happen to anyone. Famous, not famous, veteran, not veteran, child, adult. That people need to be aware of it, and be open to it, and have more of an awareness to ask about it, and talk about it without feeling uncomfortable."

He says talking about suicide will help veterans feel more comfortable coming forward.

Drummond says, "The increase among veterans has a lot to do with social isolation, and lack of resources, and feelings of being alone in society. In addition to some problems with alcohol and drugs that can go along with that."

He says something simple, like medical staff doing one push up for each veteran who dies daily by suicide, can get the conversation started.

Drummond says, "People hold in these feelings internally and don't seek out help because there's an element that they're like a bad person for having these feelings and education that help is out there. So some education and some openness in society about that this is something that needs to be treated directly and addressed very openly need to be the next step."

As a part of Wednesday's event, Trident Medical Center donated \$2,500 to Fisher House in Charleston. Fisher House provides a place for families to stay, free of charge, while their loved one is receiving treatment at the VA hospital.

If you are considering suicide, help is available. The National Suicide Prevention Lifeline is open 24 hours a day, 7 days a week at 1-800-273-8255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WTVD (ABC-11, Video): [California boy visits Raleigh in nationwide effort to honor veterans](#) (20 June, Andrea Blanford, 869k uvm; Durham, NC)

Placing a single red carnation in front of a veteran's headstone at Raleigh National Cemetery, Preston Sharp, 12, of Redding, California, says the name of every veteran he traveled across the country to honor.

"A veteran's name not said is a veteran forgotten," Sharp told a group of a couple dozen volunteers who showed up at the cemetery Wednesday to help him.

It didn't take long for them to place a flower at every gravesite, which left an avenue of American flags encircling the cemetery.

"They give their lives for us," said Sharp. "They did so much training. They risked their life just for our country and we wouldn't be here if it wasn't for them."

The idea to honor veterans came on Veterans Day 2015 when Sharp went to visit the gravesite of his grandfather who served in the Navy, in California.

"I looked around," said Sharp. "I'm like, Mom, it's Veterans Day. Why don't I see any flags out on the veterans' grave sites? My mom told me if you see something wrong to do something about it."

Since then, Sharp has launched a non-profit and traveled the country where he visits cemeteries to leave flowers and flags at every veteran's gravesite.

So far, Sharp has honored some 75,000 veterans, making North Carolina the 15th state he's visited.

His actions even got the attention of President Trump who invited him to be recognized at the State of the Union.

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7.2 - New York Times Magazine: [Veterans Owe Thousands for Survivor Benefits. Why Can't They Opt Out?](#) (20 June, Sara Jerving, 324k uvm; New York, NY)

On an afternoon in late February, Staff Sgt. John Daniel Shannon, who goes by Dan, got in his truck and drove down the dirt road near his house in Westcliffe, Colo., to meet his son's school bus at the bottom of the hill. It is one of few tasks Dan, who is 54 and retired, can still manage on his own after being wounded in Iraq in 2004. As he waited, he checked his mailbox, where he found a letter addressed to him from the Defense Finance and Accounting Service, an office within the Defense Department. When he opened the letter, his stomach dropped. It said Dan owed the government money for something called the Survivor Benefit Plan and that the department would start deducting the program premiums from his monthly entitlement for combat-related disabilities. The notice also said he owed \$23,451 in unpaid premiums, plus interest, that he was expected to pay.

Dan and his son drove back to the house, where he found his wife, Torrey, working at her desk. He dropped the letter on her desk in frustration. "They are going to start garnishing my pay again," he said. Torrey picked up the letter and read it. There was no explanation of their rights nor any mention of an appeals process. She tried to calm her husband down, but he was visibly shaken. He was stuttering, his balance was off and the corner of his mouth had tightened.

It had been a stressful few months in their home. Torrey and her 21-year-old son had both been in car accidents. Dan also had a series of health scares, including a corneal ulcer that almost cost him his eyesight. Torrey had been trying to create a low-stress environment in their home so that her husband could properly heal. She canceled their home phone service, for example, to prevent the telephone ring from disturbing his sleep. But when Dan opened the letter, it seemed to undo all of his progress.

“The timing was the worst possible moment ever,” Torrey says. “It was like one thing after another.”

Torrey told her husband not to worry; she would find a way to take care of it.

More than 19,000 retired disabled veterans received the same notice as Dan in early 2018, saying they had to start paying into the Survivor Benefit Plan, a Defense Department program similar to life insurance. For some, these deductions are a financial strain, which is compounded by the thousands of dollars the government says they owe in back payments and interest charges, and the Defense Department’s antiquated system makes it nearly impossible to unenroll.

“I feel like I live underneath a heavy weight that’s waiting to drop down on me at any time,” Dan says. “When I read that letter, that weight fell down.” His situation, as well as his struggle to leave the program, is not unusual. Other veterans describe a bureaucratic process that has led them down a path with few answers.

Cpl. Travis Greene, who is retired from the Marines and lost his legs after an improvised-explosive-device blast hit his vehicle in Iraq, doesn’t remember being told about the program at retirement. He is confused why he was enrolled, because he wasn’t married at the time. He now owes the government \$12,057. When Greene called the number listed on the letter, the Defense Department’s representative had no information about the exception for disabled veterans, for which he would qualify. He asked to speak to a manager, who told him to mail in a form. After he did, a response came in the mail that told him he wasn’t eligible to withdraw. The Defense Department began withholding \$95 from his monthly compensation.

Sgt. Peter Damon, who lost his right arm and his left forearm in 2003 in Iraq, remembers being told about the Survivor Benefit Plan at retirement, but he didn’t want to enroll. A military representative told him he needed to join the program in order to retire, and that it would be easy to drop the program later. But it wasn’t. Damon tried multiple times to get out of the program without success. He reached out to Senator John Kerry’s office in 2008 for help, but Kerry’s office couldn’t find a solution either. Ultimately, the senator’s staff advised Damon to simply not pay the premium bills when they came in the mail. Now, Damon owes the government \$19,547 and has a \$115 deduction from his monthly disability pay.

The Survivor Benefit Plan was established in 1972 as a way to help replace retirement payments made to the family after a veteran dies. To receive the program’s benefits, the veteran must pay monthly premiums for 30 years and reach the age of 70. If the veteran dies before meeting these terms, the survivors are still eligible. Generally, enrollment in the program is permanent, but there is a one-year window between the second and third year after retirement in which retirees can opt out. There are special exceptions to this rule for disabled veterans like Dan; if veterans leave the program, however, they won’t be reimbursed for the premiums they have already paid and are barred from joining the program in the future.

All service members with eligible beneficiaries at retirement are required to enroll in the Survivor Benefit Plan, unless they take action to opt out by filling out a form that they and their spouses have notarized. Without filling out that form, the retiree is automatically enrolled at maximum coverage. For most retirees, the premiums are deducted from their retirement pay each month. But for veterans with disabilities, their retiree pay sometimes isn’t enough to deduct from, because they receive most of their benefits through the Department of Veterans Affairs rather than the Defense Department. In these cases, the Defense Department was sending the

veterans monthly bills through the mail. For years, some service members were opted in to the Survivor Benefit Plan without realizing it or were being told by Defense Department representatives that if they didn't want the benefit, they shouldn't pay the bills. This resulted in thousands of veterans who were enrolled but not paying their premiums. To prevent these debts from growing further, legislation was inserted into last year's defense bill allowing the Defense Department to automatically deduct Survivor Benefit Plan premiums from a veteran's Combat Related Special Compensation, a different entitlement for those wounded in action, that was previously untouchable for these premiums.

Amid the flurry of information he received about reintegrating into civilian life during retirement, Dan doesn't remember signing up for the Survivor Benefit Plan, nor does Torrey, despite the Defense Department's policy that mandates that a service member be told about their program options and assisted with enrollment. A spokesman from the Defense Finance and Accounting Service wouldn't comment on the Shannon family's case, but said that the the Defense Finance and Accounting Service receives "literally thousands of calls" a day, and so it was "not feasible to comment on conversations recounted in third-party discussions." He added that the struggles veterans are having about leaving the program and the instructions they're received not to pay the bills when they come in the mail were "not in line with the training and guidance provided to our customer-service representatives."

For wounded veterans, the retirement process can be a confusing time, says John Roberts, national service director for the Wounded Warrior Project. It involves "so much information being thrown at you and people telling you to sign this document and that document." This is on top of the physical injuries the veteran is managing. "It causes a great deal of panic when you tell someone that they owe the federal government \$20,000," he says. "A lot of our veterans feed their family and survive off their federal benefits because of the severity of their injuries."

Dan served in the United States Army for over 16 years, nine of those as a sniper. During his career, he jumped out of airplanes in Panama and targeted militants in the second battle of Fallujah, among other missions. But that all came to an abrupt end in 2004, when he was shot in the head during a gunfight in Ramadi, Iraq. A 7.62-millimeter bullet penetrated his skull and damaged the frontal, temporal and occipital lobes of his brain, leaving him permanently disabled, with traumatic brain injury, the loss of his left eye and shrapnel in his skull, among other impairments.

Dan spent three years recovering at the Walter Reed Army Medical Center and was medically retired in 2007, receiving a Purple Heart for his service. But his retirement process was a mess, he and Torrey say. According to Torrey, the Defense Department lost his retirement documents five times, which forced him to restart the process repeatedly and delayed his release back to his family. At one point, he was left to wander the halls to find the outpatient section of the hospital with only a photocopied map. He repeatedly got lost and disoriented on the way because of his brain trauma. Dan was one of several veterans whose poor care at Walter Reed became a national news story about the deplorable conditions injured service members were enduring under the Army's care.

When Dan was finally allowed to retire and go home, he started to receive bills for Survivor Benefit Plan premiums in the mail. Torrey, who handles his finances because of his brain injury, called the Defense Finance and Accounting Services and asked if they could unenroll. She was told by a government official to simply not pay the bills. If her husband didn't pay, his dependents just wouldn't receive the death benefit. But Torrey remained concerned because the bills kept showing up in their mailbox, so she called several more times. She was then told it

was too late. Dan had missed the one-year window to leave the program, between the second and third year after retirement. Neither Torrey nor her husband remembers receiving any notice warning them of that. Other families they knew, who were also trying to get out of the program, faced similar problems.

“It was like an endless loop of conversations that went nowhere,” Torrey says. “I had other things to worry about.” The bills kept coming in the mail each month, and then the letter saying Dan owed money arrived this February. It gave no guidance on how to leave the Survivor Benefit Plan but listed a toll-free number. Torrey called and waited on the line for two hours for a representative. Again, a Defense Department representative told her that her husband missed the narrow window of opting out of the program. Torrey learned that because Dan is disabled, there should be a loophole that allows him to unenroll, but she was disconnected from the call before the representative could provide her with information on how to do this. The Shannon family is eligible for an almost-identical benefit through the Department of Veteran Affairs because of Dan’s disability rating, for which he doesn’t have to pay monthly premiums, but the government does not allow families to receive both entitlements, so the V.A. benefit is deducted from the Survivor Benefit Plan total. What Torrey would have received from the Survivor Benefit Plan will be either eliminated, or nearly eliminated, by this offset, which is commonly referred to by military family advocates as the “widow’s tax.” While Congress has tried to remedy this with a special payment, called the Special Survivor Indemnity Allowance, it falls \$948 short per month. For the Shannon family, this means they are now receiving an automatic deduction for a benefit that won’t fully benefit them.

In May, the first deductions of \$173 started hitting Dan’s monthly check. Torrey wrote a letter to the Defense Finance and Accounting Service asking, again, that he be removed from the program. “Please be aware that this benefit was never elected to our knowledge, and if it was, it was not explained clearly and in writing to both of us to make a choice in the matter,” she wrote. “Mr. Shannon has a traumatic brain injury and has no memory or paperwork of this process of election.”

“We don’t have the benefit of arguing this in a court anywhere,” Torrey says. “We don’t have the benefit of speaking to someone knowledgeable. We don’t have the benefit of truly appealing this process.” For the Shannon family, a monthly cut to Dan’s compensation means that they will have to tighten their budget. There will be less money for groceries and gas. “When a couple hundred dollars comes out of your pay every month, that hurts,” Torrey says. “That affects your quality of life.”

For Dan, this isn’t the first time the government has come after his benefits. In 2010, the Defense Department said it had overpaid him in moving costs, but it never produced any of the underlying weight tickets from the moving company to prove it. Despite Dan’s seeking help from Senator Mark Udall’s office, the government began to deduct his Social Security payments by nearly \$200 per month to pay off a \$7,465 debt, which included over \$1,633 in fees, interests and penalties that had accumulated as the couple fought the debt for over a year. Ultimately, they were forced to pay it back. The ordeal damaged Dan’s credit score.

In June 2016, Dan received a letter from the V.A. saying he owed the department \$11,119 in disability compensation that he was supposedly overpaid. The letter said the V.A. had not been able to verify in 2016 that his wife and sons were still his dependents, even though the department had confirmed it in 2014. The V.A. was planning to withhold most of his monthly disability compensation check until the overpayment claim was repaid to the government. Torrey spent months fighting with the V.A. until it agreed not to withhold the money.

The Shannons were also blindsided in 2016 when the V.A. reduced Torrey's pay as Dan's full-time caregiver by about \$830 per month, citing a "clinical eligibility assessment re-evaluation." In her appeal of the decision, she included multiple letters from health professionals that outlined his continued dependency on her care, including one from one of his V.A. nurses noting that "if he is not able to have this constant supervision in the home, he would need to be placed in an institution for a higher level of care." She appealed the decision twice but was denied. In all of these cases, the family had to hire an attorney to help them.

"Jesus, can we catch a break?" Torrey asks. "Can we come up for air for once?"

The uncertainty about what they could expect from the government pushed the couple to refinance their home twice so they would have a lower monthly mortgage payment and extra money on hand. Torrey also started a small business out of their home, creating online courses and group coaching sessions targeting women who are overwhelmed, to help them create more stability in their lives.

"We cannot trust what our income is going to be, so we literally manage our budget in a way of worst possible scenario," Torrey says.

These struggles also rub at Dan's deeper anxieties over whether he will be able to provide for his family given his disabilities. He hasn't had suicidal thoughts since his days at Walter Reed Army Medical Center, but he fears that a large withholding of his benefits could send him spiraling down that path again. "It's my biggest fear," he says. "If I lost my benefits, because of someone just pushing a button, I would be a suicide risk again. It's because I can't care for my family."

With each passing month, Dan's debt grows. The government is adding a 6 percent compound interest rate on the unpaid premiums, meaning the total has grown by more \$570 since February. "I live under their power," Dan says. "Another garnishment that I have no control over."

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7.3 - Daily Republic: [State Legislature backs VA ownership of Mare Island Naval Cemetery](#) (20 June, Todd Hansen, 156k uvm; Fairfield, CA)

The state Legislature is supporting a federal bill that would transfer the ownership and maintenance of the historic Mare Island Naval Cemetery to the Department of Veterans Affairs.

The Assembly on Monday passed the joint resolution authored by state Sen. Bill Dodd, D-Napa, in support of the legislation authored by Rep. Mike Thompson, D-St. Helena. The state Senate adopted the resolution May 21.

"We owe our veterans decent resting places at the end of their lives of service," Dodd said in a statement released Tuesday. "Unfortunately, this cemetery has suffered physical deterioration over the years and the city of Vallejo can no longer afford to shoulder the cost of its upkeep. We ask that the government step in to restore the grounds in a manner befitting these brave men and women."

Three Medal of Honor recipients are buried at the cemetery, which inters 800 veterans among the 996 graves. Anna Arnold Key Turner, daughter of national anthem composer Francis Scott Key, is among others there.

The last enlisted member of the military was buried at the cemetery in 1921. The last burial was in 1983.

“This final resting place for our nation’s heroes is an important piece of our state and our country’s history and a sanctuary for our veterans. It must be maintained to the highest standards and I will continue working with local and state partners to find a solution that honors those who have served our nation in uniform,” Thompson said in Dodd’s statement.

The cemetery was among a host of Mare Island sites recognized as part of The Mare Island National Historic Landmark in 1975.

The city took over ownership in 1996 when the shipyard was closed. The deed was then transferred from the city to the state in 2002, and given back to the city for “public trust purposes.”

The resolution will be sent to the White House and Congress.

Dodd represents the state’s 3rd Senate District, which includes all of Solano County. Thompson represents the 5th Congressional District, which includes Vallejo and Benicia.

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7.4 - Times-Herald: [Veterans nationwide throw weight behind Mare Island Cemetery efforts](#) (20 June, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

Efforts under way to find a permanent solution for maintenance of the orphaned Mare Island Naval Cemetery continue to gain traction.

Besides the passage in both Houses of a resolution from state Sen. Bill Dodd, D-Napa, reported Wednesday, bills designed to transfer oversight of the site from the City of Vallejo to the Department of Veterans Affairs have also gained official backing from several of the country’s largest veterans organizations.

The American Legion announced late last week its endorsement of U.S. Rep. Mike Thompson’s cemetery bill, effectively throwing the weight of the nation’s largest wartime veterans service organization and its more than 2 million members, behind the effort.

This legislation is also endorsed by the Veterans of Foreign Wars, Disabled American Veterans, the U.S. Navy League, and thousands of veterans and others across the country, based on the tens of thousands who have signed a petition on the matter launched by local veteran Nestor Aliga of Vallejo.

“The final resting place for more than 800 of our fallen heroes, the Mare Island Cemetery should stand as a sanctuary for our veterans. That is why I am working to ensure it can be restored and maintained for generations to come and why I am humbled to have the support of the American

Legion for my bill to transfer control from the City of Vallejo to the VA,” Thompson said. “Working together, we will find a solution to maintain this beautiful haven for our veterans.”

Denis Rohan, National Commander of The American Legion, expressed a similar take.

“Showing respect to the dead that served our country is one of the most important things we can do,” he said. “The Mare Island Naval Cemetery holds the graves of many veterans to include three Medal of Honor recipients. The two million members of The American Legion wholeheartedly support moving this facility to the care of the National Cemetery Administration and thank Rep. Thompson for his leadership.”

H.R. 5588 directs the Secretary of Veterans Affairs to seek out an agreement with the City of Vallejo, under which the city would transfer control of the cemetery to the VA, under the purview of the National Cemetery Administration. The VA would pay no fee to acquire the land, but would assume the obligation of maintaining the cemetery in the future.

The oldest military cemetery on the West Coast, the Mare Island Cemetery was deeded to Vallejo along with other property and buildings in 1996 when the Navy closed Mare Island Naval Shipyard, but with no mechanism in place for its upkeep.

U.S. Sen. Dianne Feinstein has also introduced a companion bill which is co-sponsored by Sen. Kamala Harris.

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7.5 - The Enterprise: [Bowling alley is hidden gem of Brockton VA campus](#) (20 June, Marc Larocque, 20k uvm; Brockton, MA)

A six-lane bowling alley has existed at the Brockton VA since the campus was constructed in the 1950s, according to staff there. Kenneth Taylor, an Army veteran, is now working through a residential VA program to help out other disabled vets living on the Brockton campus to spend more time at the bowling alley.

BROCKTON – For elderly and disabled veterans at the Brockton VA campus, Kenneth Taylor has time to spare.

Taylor has been working to bring life into the little known six-lane bowling alley on the first floor of Building 22 at the Brockton campus of the VA Boston Healthcare System. Taylor, a New York City native, has been living at the Brockton VA through the REACH rehabilitation program, which aims to help veterans at risk of homelessness. During his time there, Taylor opted to do compensated work therapy at the bowling alley, where he can now be seen regularly, setting up adaptive metal ramps and carrying bowling balls to the wheelchair users.

“I let them know they are not forgotten and they can come down and have some fun,” said Taylor, who joined the U.S. Army after high school and served from 1974 to 1983, spending time stationed in Germany and Panama. “They come down here and have a field day. I can’t get them out of here once they get in here. Once they get in here, the don’t want to leave.”

The bowling alley is available for all of the roughly 300 patients living at the Brockton VA, from the nursing home, to hospice, to rehabilitation, and the spinal cord injury unit, in addition to outpatients who come on campus for day programs.

Taylor said that he tries to encourage as many residential patients as possible to visit the bowling alley, wheeling in those who want to play and bringing them back once they are done. Sometimes they just need to be asked and their eyes light up, Taylor said.

“They enjoy coming down and just getting away from upstairs and the wards,” said Taylor, sporting a black beret and a white Adidas T-shirt. “It’s sort of an escape.”

Patrick Monaghan, 88, of Roslindale, who is at the Brockton VA for rehabilitation, used the bowling alley for the first time on Tuesday, when Taylor set him up with a Patriots-branded bowling ball and a metal ramp.

“It’s beautiful,” said Monaghan, in between frames. “For a newcomer, I’m okay. I also have a nice rig here. ... I haven’t bowled that much before. Maybe years ago when I was younger. It’s very good.”

The bowling alley has existed at the Brockton VA since the campus was built in the 1950s, but it has undergone “a ton of repair and upkeep” since then, said Susan Rielly, a certified therapeutic recreation specialist, who’s been working there for 26 years. The last renovations took place in 2015, according to VA. The automated 10-pin bowling alley features a small seating area and a massive closet filled with bowling shoes.

The bowling alley is just one of many recreational activities offered to disabled veterans on campus, Rielly said, with other activities including air rifle shooting and adaptive golf.

“It’s very good for exercise, stress release, and staying active,” she said.

In addition to the more casual bowlers on campus, there are also eight in-patients at the Brockton VA who plan to compete in bowling later this summer at the The National Veterans Wheelchair Games in Orlando, Rielly said. The VA Boston Healthcare System, which also has divisions in Jamaica Plain and West Roxbury, said it’s sending a total of 15 bowlers and 21 participants altogether to the national competition.

Rielly motioned to some of the plaques on the walls at the bowling alley, with pictures of some of the best disabled bowlers around, including Sam Penny. Penny’s plaque at the Brockton facility shows that he rolled at least four perfect games while there.

“It’s very memorable when they make 300,” Rielly said. “They really do enjoy it. It’s another outlet for them.”

Rielly said it’s nice seeing Taylor try to bring more disabled and elderly veterans down to the bowling alley.

“Ken has been doing great getting the guys in Building 4 and the other buildings come on down,” Rielly said. “Ken has been very, very good at advocating for the bowling alley. When he first came down, he said, ‘Where’s all the people? It’s just about getting more volunteers to say, ‘You want to go to the bowling alley? Let’s go.’”

For Taylor, who came to the Boston area via Pittsfield about four months ago, working with older veterans is a way to change his attitude and get his life back on track. Taylor said he used to work for VA in Manhattan and Fort Hamilton, and then retired on Social Security Disability benefits. Taylor said after hooking up with the VA and landing in Brockton, he feels “great” and put his life into a better perspective.

“I couldn’t turn nothing around without the vets,” Taylor said. “I have a lot of gratitude when I look and see what has happened. A lot of us weren’t fortunate enough to come back and live life like they normally would. ... This is the opportunity I have to give back.”

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8. [Other](#)

8.1 - La Crosse Tribune: [Tomah VAMC searching for veteran](#) (20 June, Jourdan Vian, 822k uvm; La Crosse, WI)

Officials are searching for a 70-year-old veteran who went missing from the Tomah Veterans Affairs Medical Center Tuesday morning.

Michael Bates, a resident of the medical center's Community Living Center, left the grounds shortly after 9 a.m., wearing blue jeans, a black and red lightweight jacket, a black and white ball cap and eyeglasses. Bates is a white man, about 5 feet 7 inches tall and weighs 225, with a full head of salt-and-pepper hair, a beard and a mustache.

The Wisconsin Department of Justice has issued both Silver and Green alerts to help people find Bates.

“Unfortunately, Mr. Bates circumvented the protections that were in place for his safety. His safe return is our top priority and we’re working with local, state and federal authorities to make that happen,” said Victoria Brahm, Tomah VA Medical Center director. “I urge anyone with information on Mike’s location to contact VA Police at 608-372-1244.”

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8.2 - WSAW (CBS-7): [DOJ believes missing Tomah VA veteran may be hitchhiking](#) (20 June, Heather Poltrock, 196k uvm; Wausau, WI)

The Department of Justice is asking for the public's help locating a 70-year-old man they believe left the Tomah VA and is now hitchhiking.

A Silver Alert was issued Tuesday after investigators said Michael Bates left the VA campus where he lives likely around 11 a.m. Staff said he had gone missing before and may have been trying to get to Pine Hallow cemetery near Cashton. He also has Cataract, Wis. which is located near Little Falls in Monroe County.

Bates is also a veteran. A Green Alert was also issued to aid in his discovery. Just like Silver or Amber Alerts, which notify statewide law enforcement and the public for missing elderly, or children, the Green Alert is specifically for at-risk veterans.

Local law enforcement has since learned Bates left at 9:11 am. He then traveled by cab to the Amtrak station in Tomah. Investigator believe he did not get on a train or bus.

Bates is 5 foot 7 inches, weighs 225 pounds. He was last seen wearing jeans, a black and red lightweight spring jacket, a black and white ball hat and glasses.

If you have any information about Michael Bates, call your local police.

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Veterans Affairs Media Summary and News Clips

22 June 2018

1. [Top Stories](#)

1.1 - Wall Street Journal: [VA's Acting Secretary, Watchdog Fight Over Whistleblower Records, Peter O'Rourke, Inspector General Michael Missal exchange allegations in letters](#) (21 June, Ben Kesling, 43.6M uvm; New York, NY)

The Department of Veterans Affairs' top watchdog and its acting secretary are embroiled in a dispute over the agency's treatment of whistleblower claims, while the department waits for a new leader. The VA's inspector general, Michael Missal, requested congressional action earlier this month to allow him to access VA documents in an inquiry about whistleblower complaints, while the department's acting secretary, Peter O'Rourke, has accused Mr. Missal of overreach and insubordination.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Veterans facing new obstacle after appeal is denied in burn pit case](#) (21 June, Perry Chiaramonte, 32.5M uvm; New York, NY)

In a crushing blow to tens of thousands of veterans who say they were made ill by the use of open burn pits, dozens of lawsuits against a military contractor in charge of the waste disposal method will not move forward after a recent appellate court ruling. A three-judge panel of the 4th Circuit Court of Appeals agreed on Wednesday with a federal judge in Maryland...

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1.3 - NPR (Audio): [For VA Whistleblowers, A Culture Of Fear And Retaliation](#) (21 June, Eric Westervelt, 22M uvm; Washington, DC)

Alan Hyde is a veteran of the U.S. Marine Corps and the Central Alabama Veterans Health Care System. He served in Operation Desert Storm, where he suffered an in-service leg injury. But it's his time with the Central Alabama VA, he says, that has left him more rattled, frustrated and angry. "It's a toxic environment there," Hyde says. "And I feel sorry for the veterans."

[Hyperlink to Above](#)

1.4 - Military Times: [Crisis in counseling: How VA leadership is driving combat veteran counselors to burnout](#) (21 June, Todd South, 2.1M uvm; Springfield, VA)

At the Vet Center, which is the common name for Readjustment Counseling Services locations, run by the VA but separate from its other facilities, he was catering to the critical needs of veterans, specifically combat veterans with PTSD. Management supported the work he and his fellow counselors were doing without placing bureaucratic administrative burdens on them.

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1.5 - Stars and Stripes: [Vets with bladder cancer could wait years for government to recognize Agent Orange link](#) (21 June, Nikki Wentling, 1.5M uvm; Washington, DC)

Vietnam War veteran Robert Lytle was diagnosed in 2009 with bladder cancer, a disease that he believes — and science now suggests — is linked to the chemical herbicide Agent Orange. In the past nine years, Lytle has undergone three surgeries. Doctors removed eight malignant tumors from his bladder. The Department of Veterans Affairs has denied his requests for disability compensation three times.

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1.6 - Stars and Stripes (Military Update): [Vet realtor pulls alarm on plan to fund 'blue water' Navy bill](#) (21 June, Tom Philpott, 1.5M uvm; Washington, DC)

The House Veterans' Affairs Committee's plan to pay for a bill to extend Agent Orange disability benefits to 90,000 "blue water" Navy veterans of the Vietnam War — by raising funding fees under the Department of Veterans Affairs guaranty home loan program — will not continue to shield all disabled veterans from a funding fee, as the committee claimed last month as it cleared the bill for consideration of the full House.

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1.7 - Muskogee Phoenix: [Veteran Connection: There is hope for those suffering from PTSD](#) (21 June, Beth Jeffries, 64k uvm; Muskogee, OK)

Imagine going through or witnessing something so horrible, terrifying, and outside of our typical experiences, that you cannot seem to get over the fear. It begins to consume you, dominating your thoughts, changing your mood and ability to concentrate on your daily routine. Imagine lying awake, sometimes night after night, afraid to go to sleep despite being exhausted.

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2. [Greater Choice for Veterans](#)

2.1 - WFED (AM-1500, Audio): [Now that it's law, veterans service organizations want Congress to actually pay for VA MISSION Act](#) (21 June, Eric White, 854k uvm; Washington, DC)

Over 30 veterans service organizations are calling on House and Senate veterans affairs leadership to help secure specific funding for the VA MISSION Act. The president signed the MISSION Act into law earlier this month. The law authorizes a new, consolidated community health care program but doesn't appropriate enough funding to pay for it.

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2.2 - WHNT (CBS-19, Video): [U.S. Sen. Doug Jones wants government to release details on poor conditions at VA-run nursing homes](#) (21 June, Brian Lawson, 853k uvm; Huntsville, AL)

U.S. Senator Doug Jones said Thursday he wants the Department of Veterans Affairs to release its findings on conditions at the 133 VA run-nursing homes across the U.S., including two in Alabama. Jones has introduced a measure which is aimed at forcing the VA to release what it knows about poor and troubling conditions at VA-run nursing homes.

[Hyperlink to Above](#)

2.3 - Advocate-Tribune: [VA policy updates to impact local veterans](#) (21 June, Kyle Klausing, 4k uvm; Granite Falls, MN)

Yellow Medicine County Veterans Service Officer Michelle Gatz reflected on her visit to the VA National Convention earlier this year. She listened to VA officials and other leaders from across the country share updates about new programs and policies that will impact local veterans and their families.

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3. Modernize Our System

3.1 - Kansas City Business Journal: [House will create panel to keep an eye on Cerner's VA project](#) (21 June, Elise Reuter, 4.7M uvm; Kansas City, MO)

Government officials will be watching closely as Cerner Corp. begins work to replace the Department of Veterans Affairs electronic health record system. Leaders with the House of Representatives' Committee on Veterans' Affairs announced the formation of a new subcommittee on Wednesday to oversee major technology projects at the VA, including its EHR modernization program.

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3.2 - WWBT (NBC-12): [McGuire VA Medical Center gets \\$9M dialysis center expansion](#) (21 June, 1.6M uvm; Richmond, VA)

A medical facility designed to help patients who get regular dialysis treatment is expanding in Richmond. The \$9 million addition just opened up at the McGuire VA Medical Center on Broad Rock Boulevard in South Richmond. The new space included 30 dialysis stations, state-of-the-art water treatment and more privacy for patients. The addition more than doubled the size of the original facility.

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3.3 - Healio: [Telehealth VA program aids in identification of liver transplant candidates](#) (21 June, Talitha Bennett, 582k uvm; Thorofare, NJ)

The Specialty Care Access Network-Extension of Community Healthcare Outcomes program, or SCAN-ECHO, is a telehealth-based program created by the Richmond Veterans Affairs in 2011 to increase specialty care to patients being considered for orthotopic liver transplantation. According to Venkata Rajesh Konjeti, MD, and colleagues, the program was designed to transfer subspecialty hepatology and liver transplant knowledge to non-transplant providers.

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3.4 - WRIC (ABC-8, Video): [McGuire VA Medical Center opens new dialysis wing](#) (21 June, Kyle Gibson, 447k uvm; Richmond, VA)

Richmond's McGuire VA Medical Center opened up a new dialysis wing Thursday. The unit will have about 10,000 more square-feet than its predecessor. Doctors said the new unit will boost efficiency and improve the quality of care, which will be beneficial for patients. The new facility should also give patients more privacy when they are in treatment.

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3.5 - Becker's Hospital Review: [House plans to form panel to track VA's EHR overhaul](#) (21 June, Julie Spitzer, 441k uvm; Chicago, IL)

House lawmakers are planning to establish a new oversight panel tasked with monitoring the Veterans Affairs Department's EHR transition. The House Committee on Veterans' Affairs will meet July 12 to consider and discuss the new subcommittee.

[Hyperlink to Above](#)

3.6 - Brooklyn Daily Eagle: [Donovan proposes legislation amid worries over VA Medical Center closure](#) (21 June, Clarissa Sosin, 66k uvm; Brooklyn, NY)

Amid worries that the VA Medical Center in Brooklyn could close leaving veterans in both Staten Island and Brooklyn stuck trekking to Manhattan for care, Rep. Daniel Donovan introduced legislation to make sure that veterans are notified of any closures or service cuts at medical centers nationwide, the Staten Island Advance reported.

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3.7 - EHR Intelligence: [House to Form VA Cerner EHR Implementation Oversight Panel, The House of Representatives recently announced plans to create a new oversight panel to track the VA Cerner EHR implementation.](#) (21 June, Kate Monica, 50k uvm; Danvers, MA)

House representatives recently announced plans to form an oversight panel to ensure the \$10 billion VA Cerner EHR implementation goes smoothly, according to the Military Times. House Veterans Affairs Committee Chairman Phil Roe (R-TN) formally announced the decision to develop a new subcommittee devoted to overseeing the EHR implementation on June 21.

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4. [Focus Resources More Efficiently](#)

4.1 - WIBW (CBS-13, Video): [Alleged altercation at US Senate hearing between VA staffer and MVP founder](#) (21 June, Shawn Wheat, 484k uvm; Topeka, KS)

13 NEWS has learned that there was an alleged physical altercation in April of 2017 during a subcommittee meeting in Washington D.C., between an employee of the VA and the founder of the Military Veterans Project. In a recent e-mail exchange, Military Veteran Project (MVP) founder Melissa Jarboe told Joseph Burks, the Public Affairs Officer for VA Eastern Kansas Health Care System...

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4.2 - Becker's Hospital Review: [Staffing shortages at VA hospitals vary by number and type, report finds](#) (21 June, Kelly Gooch, 441k uvm; Chicago, IL)

A new report reveals U.S. Department of Veterans Affairs hospitals face shortages of clinical and nonclinical positions. The report, from the VA Office of Inspector General, includes a survey of approximately 140 VA medical centers, which self-reported occupational shortages as of Dec. 31, 2017. Facilities reported clinical occupational shortages and shortages of nonclinical roles, such as human resources and custodial personnel.

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4.3 - WSFA (NBC-12): [NPR National News uncovers widespread retaliation against VA whistleblowers](#) (21 June, Rosanna Smith, 439k uvm; Montgomery, AL)

A National Public Radio article published this week makes claims Veterans Affairs is entrenched with a management culture using fear and intimidation to prevent potential whistleblowers from talking. More than two dozen current and former VA employees spoke to NPR. They include doctors, nurses and administrators. Many of them are veterans as well.

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4.4 - Longview News-Journal: [Veterans ask range of questions at VA town hall at Longview clinic, answers pending for most](#) (21 June, 195k uvm; Longview, TX)

Veterans brought questions to a town hall meeting at Longview's Veterans Affairs clinic on Thursday and either left with answers or assurances of answers to come. "I was asking about appeals and claims appeals, and filing claims," Army veteran Wayne Woodruff of Marshall said, after huddling about 25 minutes with Kerry Easley of the Texas Veterans Commission. "And he answered my questions."

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4.5 - KYTX (CBS-19, Video): [Longview holds Town Hall meeting for Veterans](#) (21 June, Darcy Birden, 157k uvm; Tyler, TX)

Around 85 veterans and their family members came out for this chance to ask some questions and get answers about health care, and other v-a benefits. Zachary Sage with Overton Brooks VA Medical Center explained what the evening was all about, "Help them get in touch with the VA, or anything they made need, health care, benefits, or anything else in the community that is in support of veterans."

[Hyperlink to Above](#)

4.6 - Fierce Healthcare: [OIG report: VA still struggles to recruit, retain clinicians](#) (21 June, Paige Minemyer, 141k uvm; Washington, DC)

The VA health system still faces challenges in recruiting and retaining clinicians, according to a new report. The Department of Veterans Affairs Office of Inspector General released (PDF) its fifth annual look at staffing shortages in the agency, and for the first time the report also dives into pain points in recruitment for nonclinical staff.

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4.7 - Nebraska Public Broadcasting: [Omaha VA Medical Center Shows Support For LGBTQ Veterans](#) (21 June, Alex Fernando, 82k uvm; Lincoln, NE)

In recognition of Pride Month, the Omaha VA Medical Center is showing their support for LGBTQ veterans. Specific programs have been created to support LGBTQ members, such as a peer-lead transgender support group. A variety of resources related to helping veterans facing different issues with inclusion are also available.

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4.8 - The Journal: [Discrimination is never OK](#) (21 June, Editorial Board, 82k uvm; Martinsburg, WV)

June is celebrated as LGBTQ Pride Month across the United States, giving those in the community a chance to be open — both with celebrations of their authentic identities and with issues they are facing in today's society. Pride is more than parades, rainbow flags and TV specials. It is a time to celebrate progress and acknowledge that LGBTQ people are still facing oppression.

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4.9 - HealthIT Security: [270,000 Put at Risk by Med Associates Healthcare Data Breach - Recent data breaches include an employee workstation hack putting 270,000 patients at](#)

[risk, New England Baptist suffering data breach in the midst of merger talks, and cybercriminals phishing in Black River Medical Center.](#) (21 June, Fred Donovan, 57k uvm; Danvers, MA)

The VA Medical Center in Long Beach, California, said that medical records on more than 1,000 patients were stolen by Albert Torres, a former employee, the Press-Enterprise reported June 15. Police discovered patient records, including names, dates of birth, and Social Security numbers, in Torres' car after he was pulled over April 12 for driving a vehicle on the VA campus with suspicious license plates.

[Hyperlink to Above](#)

4.10 - FEDweek: [Another Bill Targeting VA Execs Clears Congress](#) (21 June, 51k uvm; Glen Allen, VA)

Congress has sent to President Trump HR-2772, the latest in a years-long series of measures targeting senior executives at the VA, this one a response to a 2015 IG audit questioning some reassignments as more for personal benefit than for official need. A House report on the bill also cited "the perceived practice that VA moves senior officials to another location within the department..."

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4.11 - Tennessee Star: [Democrats See Another Opportunity for Outrage with VA Chief Nomination](#) (21 June, Printus LeBlanc, 18k uvm; Franklin, TN)

Every week the progressives and their media propaganda distributors gin up another fabricated scandal. This week it is the children on the southern border to distract from the DOJ IG report. It looks like the next attack will come aimed at President Donald Trump's nominee to head the often-troubled Department of Veteran's Affairs. Make no mistake about it, Robert Wilkie is eminently qualified to be the next head of the VA...

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4.12 - OutSmart: [Houston VA Hospital Hosts First LGBTQ Pride Event](#) (21 June, Laura Gillespie, 16k uvm; Houston, TX)

Houston's Michael E. DeBakey VA Medical Center hosted its first-ever LGBTQ Pride event Thursday, June 21. More than 200 veterans and VA employees enjoyed food and live music in a fourth-floor auditorium while celebrating the intersection of the LGBTQ and veteran communities.

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5. [Improve Timeliness of Service](#)

5.1 - Tampa Bay Times: [Howard Altman: Long fight for benefits pays off for St. Petersburg veteran with PTSD](#) (21 June, Howard Altman, 4.8M uvm; Saint Petersburg, FL)

Peter Nolan, a combat-wounded Marine veteran from St. Petersburg, was reading a Navy memo last week about his ongoing battle for benefits and his eyes filled with tears. The five-page memo concluded that Nolan, 39, was the victim of an "injustice" when he was kicked out of the Marines last year with no retirement benefits despite more than 18 years of service and a history of injuries during his time in uniform.

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5.2 - Daily Press: [Hampton VA aiming to improve sub-par nursing home grade](#) (21 June, Hugh Lessig, 863k uvm; Newport News, VA)

The Hampton VA Medical Center's nursing home scored two out of a possible five stars in recently released national ratings, but officials say they're working to improve the facility through more training, revamped hiring practices and new services. The data released by the Department of Veterans Affairs covers 130-plus nursing homes, or community living centers, operated by VA hospitals. It marks the first time the VA has publicly posted the ratings.

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5.3 - WBRC (FOX-6, Video): [Tuscaloosa VA receives low rating for community living centers](#) (21 June, Ugochi Iloka, 592k uvm; Birmingham, AL)

New data rates Tuscaloosa's VA's nursing homes very low. Five stars can be given to VA nursing homes also known as community living centers across the country. At the Tuscaloosa VA, the CLC's were rated at the very bottom - a 1 compared to the private sector. The Tuscaloosa VA Medical Center director John Merkle said the star ratings are one tool the VA uses to promote improvement.

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5.4 - KTAR (FM-92.3): [Two veterans' nursing homes in Arizona given low ratings from VA](#) (21 June, 446k uvm; Phoenix, AZ)

A nursing home for veterans in Prescott, Arizona, ranks among the worst in the nation, according to data from the U.S. Department of Veterans Affairs. The agency's Community Living Center in Prescott got a one-star rating from the department — the lowest possible score in the five-star system.

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5.5 - KTAR (FM-92.3): [Facing Arizona: Caregivers for veterans are the 'hidden heroes'](#) (20 June, Thomas Yoxall, 446k uvm; Phoenix, AZ)

I moved to Arizona in 1995, my father is retired USMC. I started in Yuma and then we were stationed for eight years at Davis-Monthan Air Force base. For me, my biggest concern, thinking of my children and husband, who has an ambulatory injury due to his service, is long-term care and the effects that has on caregivers.

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5.6 - Becker's Hospital Review: [Communication lapses led to 16 patient deaths at Memphis VA hospital, OIG says](#) (21 June, Megan Knowles, 441k uvm; Chicago, IL)

A report by the Office of Inspector General revealed 16 preventable patient deaths in a two-year period and unsanitary conditions at the Memphis, Tenn.-based Veteran Affairs Medical Center, according to WREG. From October 1, 2015, through September 30, 2017, nine Memphis VA patients developed pressure ulcers while receiving care at the facility; 16 patients with serious treatable conditions died at the facility...

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5.7 - New York Times Magazine: [Military Veterans Respond to Our Cover Story About Moral Injury](#) (21 June, 324k uvm; New York, NY)

For last week's cover story, Eyal Press examined how civilian and military drone operators are confronting the moral questions around waging war that come from committing acts that cross their own ethical lines. We asked readers to share their experiences with moral injury and how they came to understand their symptoms. Below is a selection of those responses.

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5.8 - KJZZ (NPR-91.5): [McCain Calls For Closer Look At Conditions In VA Nursing Homes](#) (21 June, Jimmy Jenkins, 168k uvm; Tempe, AZ)

Sen. John McCain is asking the Secretary of the Department of Veterans Affairs to address reports of poor quality at VA nursing homes in Arizona. McCain asked acting secretary Peter O'Rourke for more details after a report from the VA showed Northern and Southern Arizona Health Care Systems' nursing homes received poor quality scores.

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5.9 - News-Review: [Roseburg VA nursing home receives four star rating](#) (21 June, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center's Community Living Center has received a four-star rating out of a possible five stars. Roseburg VA Interim Director Dave Whitmer said in a written news release that staff members have worked hard to improve the center. They started a Fall Reduction Observation Group, or FROG, a team of clinicians that reviews every incident in which a patient fell down at the center.

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5.10 - KRNV (NBC-4): [Reno VA nursing home gets two-star quality rating, up from one-star rating in 2017](#) (21 June, Ben Margiott, 158k uvm; Reno, NV)

The nursing home operated by the VA Hospital in Reno received a two-star quality rating in the first quarter of 2018, up from a one-star quality rating in fall 2017, according to the Department of Veterans Affairs. Reno's VA nursing home received three stars overall, five stars for staffing and two stars for quality on a five-star scale.

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5.11 - Gazette Newspapers: [Long Beach VA Nursing Home Gets Top Rating](#) (21 June, Harry Saltzgaver, 108k uvm; Long Beach, CA)

A nursing home that is part of the Long Beach Veterans Affairs complex has been rated among the best in the nation, officials said last week. The nursing home received the best possible 5-star rating as part of its annual performance review. The VA is releasing ratings for all its nursing homes for the first time as part of a commitment to transparency.

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5.12 - WATN (ABC-9, Video): [Memphis VA Medical Center Leaders & Veterans Respond To Tough Inspection](#) (21 June, Brad Broders, 54k uvm; Memphis, TN)

Preventable deaths, post care infections, and underwhelming patient satisfaction; all are included in a scathing new report about the Memphis VA Medical Center. The Inspector General's report covers to 2014 to 2018 and followed a weeklong visit by federal inspectors

earlier this year. The 75-page report found everything from unsanitary conditions to unhappy patients and offers 13 recommendations to hospital leaders.

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5.13 - CenTexProud (Video): [Funding "Warrior Fitness Park" for veterans](#) (20 June, Nohely Mendoza, 12k uvm; Waco, TX)

The Central Texas VA Health Care System needs your help funding a new project for veterans. Its called the Warrior Fitness Park and will be used by veterans undergoing mental health rehabilitation.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KGET (NBC-17, Video): [Unaccompanied veterans honored at Bakersfield National Cemetery](#) (21 June, 58k uvm; Bakersfield, CA)

Local unaccompanied veterans, interred at Bakersfield National Cemetery who didn't have family here when they were buried were honored at a ceremony Thursday. Four men were provided full military honors during a ceremony Thursday morning. The four veterans honored were: Army recruit Ken Fukuhara, Air Force airman Shelton Gulley, Air Force Staff Sgt. Jerry Adams and Army Pvt. James Maldoon.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - WJAX (CBS-47, Video): [Jacksonville man accused of pretending to be a blind veteran to claim benefits](#) (21 June, Ryan Nelson, 443k uvm; Jacksonville, FL)

A Jacksonville man is accused of pretending to be blind in order to collect VA benefits. Investigators say they caught Jose Calderon-Fuentes doing yard work and even driving. Now, he could face a up to 10 years in prison. This investigation was a combined effort from the Department of Veteran Affairs, Office of Inspector General, U.S. Immigration and Customs Enforcement's Homeland Security, and the FBI.

[Hyperlink to Above](#)

8.2 - WKBT (CBS-8, Video): [Missing Tomah man found safe](#) (21 June, Deb Brazil, 197k uvm; La Crosse, WI)

The missing Tomah man, who was the nation's first Wisconsin Department of Justice's Green Alert, is found safe. A Silver Alert was issued after Michael Bates left the Tomah VA Medical Center Community Living Center at 9:11 a.m. Tuesday, June 19, according to a media advisory from the Tomah VA Medical Center.

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1. [Top Stories](#)

1.1 - Wall Street Journal: [VA's Acting Secretary, Watchdog Fight Over Whistleblower Records, Peter O'Rourke, Inspector General Michael Missal exchange allegations in letters](#) (21 June, Ben Kesling, 43.6M uvm; New York, NY)

The Department of Veterans Affairs' top watchdog and its acting secretary are embroiled in a dispute over the agency's treatment of whistleblower claims, while the department waits for a new leader.

The VA's inspector general, Michael Missal, requested congressional action earlier this month to allow him to access VA documents in an inquiry about whistleblower complaints, while the department's acting secretary, Peter O'Rourke, has accused Mr. Missal of overreach and insubordination.

President Donald Trump nominated Robert Wilkie on Wednesday to head the department, which has been without a secretary since Mr. Trump fired David Shulkin in March. Mr. O'Rourke was designated acting secretary in May.

Rep. Tim Walz of Minnesota, the top-ranking Democrat on the House Committee on Veterans' Affairs, released copies of caustic letters exchanged between Messrs. O'Rourke and Missal and called on the acting secretary to comply with the investigator's requests.

"Mr. O'Rourke, nobody is above the law and it is not for you to decide when or where VA OIG exercises its investigative authority," Mr. Walz said.

The Republican chairman of the Senate VA committee also appears to have sided with Mr. Missal in the dispute.

"I support the independence of the Office of the Inspector General and firmly believe the inspector general has the authority to review documents and conduct interviews in the course of its oversight duties," said Sen. Johnny Isakson (R., Ga.) in a statement. "I also believe that it is incumbent on the VA to provide that information to the inspector general in a timely manner."

In early June, Mr. Missal sent an official letter to the acting secretary that alleged the VA had repeatedly failed to provide records to the inspector general in its effort to coordinate with the VA office of whistleblower protection—an office established last year and led by Mr. O'Rourke during the time in question.

Mr. Missal said in his letter that he is collecting the information to determine whether to investigate what he described as the VA's low rate of referring whistleblower complaints to the inspector general.

Mr. Missal alleged that VA officials, including Mr. O'Rourke, are violating federal law by withholding information and asserted the independence of his office saying: "The OIG does not need to provide a reason to obtain information."

Mr. O'Rourke replied with a letter alleging the inspector general overreached his mandate, sought unreasonable access to VA records, neglected to act impartially and was insubordinate.

"OIG has repeatedly failed to demonstrate due professional care" with regard to investigations and reports, Mr. O'Rourke wrote. "I am also troubled by OIG not performing its responsibilities in a fair and objective manner which has caused significant harm to the reputation and performance of VA and its employees."

Mr. O'Rourke ended the letter saying that, while the inspector general's office is independent, it isn't autonomous.

"I am your immediate supervisor," Mr. O'Rourke said. "You are directed to act accordingly."

Mr. Missal in turn referred the matter to lawmakers on the House and Senate VA committees.

Despite lawmaker pressure on the VA to comply with the inspector general, Mr. O'Rourke hasn't backed down.

"The IG is not conducting a specific investigation," said VA spokesman Curt Cashour. "It is asking for constant and unfettered access to [the VA's] whistleblower case files."

Mr. Cashour said Mr. Missal has mishandled whistleblower cases in the past and that giving him full access could leave whistleblowers "vulnerable to retaliation."

The IG's office declined to comment.

The program at the heart of the dispute is the VA's Office of Accountability and Whistleblower Protection, established in 2017 by a law signed by Mr. Trump. The office was designed to serve as a clearinghouse for complaints, referring appropriate cases to the inspector general for further investigation.

Mr. O'Rourke was the office's first executive director.

While Mr. O'Rourke said that as acting secretary he is Mr. Missal's supervisor, Cabinet-level officials are considered under U.S. law and federal practice as superiors in name only to the inspectors general in their departments, who act with nearly unfettered access to employees, officials and documents deemed necessary for investigations.

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1.2 - FOX News (Video): [Veterans facing new obstacle after appeal is denied in burn pit case](#) (21 June, Perry Chiaramonte, 32.5M uvm; New York, NY)

In a crushing blow to tens of thousands of veterans who say they were made ill by the use of open burn pits, dozens of lawsuits against a military contractor in charge of the waste disposal method will not move forward after a recent appellate court ruling.

A three-judge panel of the 4th Circuit Court of Appeals agreed on Wednesday with a federal judge in Maryland, who last year threw out the lawsuits brought against KBR, a former Halliburton Corp. subsidiary.

More than 60 lawsuits allege that KBR's practice of dumping tires, batteries, medical waste and other materials into open burn pits created harmful smoke that caused neurological problems, cancers and other health issues in more than 800 service members.

The panel found that the military had unrestricted control over KBR so that company decisions on waste management and water services were "de facto military decisions" not appropriate for judicial review.

"The facts found by the district court plainly show that KBR had little to no discretion in choosing how to manage the waste," Judge Henry F. Floyd wrote for the panel in its 3-0 ruling. "The military mandated the use of burn pits as a matter of military judgment. KBR could not unilaterally choose to use landfills, recycling or incinerators instead."

Officials for KBR did not immediately return requests for comment.

The appeals court panel agreed with the lower court judge's decision, finding that the lawsuits are barred under a legal doctrine. That doctrine holds that courts are not equipped to decide political questions; only Congress and the president have the power to do so.

Veterans and advocacy groups believe that now, their only hope may rest with Capitol Hill or the Oval Office.

"This recent decision by the court means we continue pressing Congress with the evidence we have collected for almost a decade," Rosie Torres, founder of Burn Pits 360, a Texas-based veterans advocacy group, said to Fox News. "The accountability for the illnesses and deaths of our war heroes now lies in the hands of our elected officials."

Torres said, "I am not sure if another suit will be filed."

In a letter addressed sent to President Trump and obtained by Fox News, Torres and Burn Pits 360 urge him to act.

"We have been doing the job for DOD and VA for the past 10 years," Torres told Fox News. "How is this delay and denial happening in America's backyard? We believe we finally have a president that will correct this injustice and that he will stand in solidarity to honor those suffering."

Members of Congress have also taken up the cause recently, with several campaigning for a new bill that would help provide coverage to the 140,000-plus signatories of the Veterans Administrations burn pit registry.

A bipartisan effort by Reps. Tulsi Gabbard (D-Hawaii) and Brian Mast (R-Fla.), emerged earlier this month; the two introduced the Burn Pits Accountability Act, which if passed, will require the Department of Defense to expand the registry and evaluate the exposure service members may have encountered.

At a recent congressional hearing, the Committee on Veterans' Affairs interviewed a panel comprising representatives from the Veterans of Foreign Wars of the U.S., the advocacy group Iraq and Afghanistan Veterans of America and the VA. Curiously absent from the hearing were

representatives of the Defense Department, who were asked to attend but backed out just hours before with no explanation.

"They have every reason to be here, but chose not to," Rep. Beto O'Rourke, D-Texas, said of the department during the June 7 hearing.

The Associated Press contributed to this article.

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1.3 - NPR (Audio): [For VA Whistleblowers, A Culture Of Fear And Retaliation](#) (21 June, Eric Westervelt, 22M uvm; Washington, DC)

Alan Hyde is a veteran of the U.S. Marine Corps and the Central Alabama Veterans Health Care System. He served in Operation Desert Storm, where he suffered an in-service leg injury. But it's his time with the Central Alabama VA, he says, that has left him more rattled, frustrated and angry.

"It's a toxic environment there," Hyde says. "And I feel sorry for the veterans."

Hyde is both a patient and a former employee at the Central Alabama Veterans Health Care System in Montgomery. He supervised employees who took vets for treatment outside the VA. Hyde was fired after six months for unspecified misconduct. He is among dozens of people who say they faced vicious retaliation when they tried to improve conditions there or hold managers accountable.

More than 30 current and former VA employees spoke to NPR. They include doctors, nurses and administrators — many of them veterans themselves. All describe an entrenched management culture that uses fear and intimidation to prevent potential whistleblowers from talking.

"If you say anything about patient care and the problems, you're quickly labeled a troublemaker and attacked by a clique that just promotes itself. Your life becomes hell," one longtime employee at the Central Alabama Veterans Health Care System, or CAVHCS, told NPR. Like many we interviewed there, she requested anonymity out of fear for her job.

The problems are especially acute at hospital complexes in Montgomery and Tuskegee, Ala., which are part of a regional network known as VA Southeast Network VISN 7. The Department of Veterans Affairs divides veterans' health care into 21 geographic regions called VISNs.

Workers say the retaliatory tactics run the gamut from sophomoric (a shift manager pouring salt into a subordinate's coffee cup) to hard-to-fathom (isolation rooms used as psychological coercion) and more.

"There's no accountability," Hyde says. "And it's gonna be a never-ending cycle here until someone steps in and starts cleaning house from the top and putting people in who care about the veterans."

But neither those charged with federal oversight nor the VA itself has taken those steps, months or even years after the first complaints were reported.

Walsh was HR director and a 20-year U.S. Army veteran. She says she was retaliated against when she questioned the treatment of whistleblowers.

VISN 7 leads the VA in the number of whistleblower complaints per veteran served. The VA itself leads all federal agencies in the number of whistleblowers who say they've been retaliated against — up to 40 percent annually, according to federal testimony. Two nonprofit groups that support whistleblowers say the number of retaliation cases they see from the VA is far higher.

In the case of Central Alabama, NPR's investigation found that senior leadership subjected employees who spoke up to similar patterns of punishment:

- Physical isolation and verbal abuse.
- Bullying in and outside the workplace.
- Counter-investigations that blamed the employees for creating a "hostile work environment" or other vague and often unspecified charges.

Why are conditions so bad in Central Alabama? Watchdog groups and affected workers believe it's a combination of weak, inconsistent enforcement of whistleblower protection laws, a senior managerial culture that practices and condones bullying, and a VA system that too often sends whistleblower grievances right back to regional managers who are often part of the original complaints.

The scope of the retaliation and sheer number of retaliation complaints in VISN 7 and across the agency raise questions about whether the VA can adequately police itself and embrace whistleblowers as President Trump and the VA have vowed to do.

Stealing food from vets

"I hadn't been there [Central Alabama] two weeks when an employee came in to tell me about illegal activities in the kitchen, and he stopped right there and he said, 'But if you're not going to do anything about it, I'm going to keep my mouth shut, otherwise I become the target,'" says retired U.S. Army Col. Cynthia Chavez.

Chavez has some 50 years of combined Army active duty, Reserve and VA service. She has consistent outstanding or exceptional performance reviews across both institutions.

In June 2014, she was hired to lead Nutrition and Food Services for Central Alabama's VA. She soon found that both the Montgomery and Tuskegee hospital kitchens — especially Tuskegee's — had serious, systemic problems.

Some employees, she says, routinely came in late, left early or didn't show up at all. One, she says, would openly drink on the job. That employee once told a veteran in a PTSD program, "I'll give you the bullet to put in the gun to shoot yourself," she says.

Remarkably, that wasn't the worst of it.

Chavez was told that a longtime employee was allegedly running a side catering business out of the VA kitchen in Tuskegee.

"She was using government employees, government food, on government time, for her catering business," Chavez says. "She was selling it [food] through her catering business" to area companies and churches. "And so when I did my due diligence, sure enough, she couldn't answer questions about how she'd catered this event and yet she was on duty."

One Valentine's Day, for example, a case of steaks and cheesecakes meant for a special hospital meal for vets went missing. Several co-workers told Chavez the thievery had been going on for years.

Chavez was shocked and moved quickly to investigate and temporarily suspend the employee, emails and documents show. She also imposed stronger discipline and order on a hospital kitchen she says "was like the Wild West. They [employees] did what they wanted to." All the food in the kitchen is from appropriated funds meant only for veterans in hospital treatment. "Myself, as a 30-year veteran, I couldn't even eat there."

Soon after, Chavez got the first of many anonymous-threat letters slipped under her Tuskegee office door. "This isn't the Army, where you had connections. This is the VA and we will get you," one letter said.

But Chavez says that the anonymous-threat letters were only slightly more menacing than what she soon got from her boss and the local union leaders.

Following an almost classic whistleblower retaliation script, instead of support, Chavez was soon investigated for "abuse of authority" and "creating a hostile work environment."

The union, Tuskegee AFGE Local 110, quickly announced it had taken a vote of "no confidence" in Chavez.

And her top boss, a career VA employee named Leslie Wiggins, soon told her in no uncertain terms to back off.

In fact, Wiggins then took charge of all discipline and oversight of the VA's troubled hospital kitchen. She also stripped Chavez of all the authority and oversight she had been hired to impose on the department. The reason given, emails and documents show, was Chavez's "inappropriate disciplinary actions" against the food service staff.

When a local union official complained that Chavez was issuing what he called "unsubstantiated" AWOLs, or absent without leave sanctions, Wiggins — then serving as acting director of CAVHCS as well as head of VISN 7 — emailed Chavez: "This is a very disturbing email" about what "may be a problem practice" of issuing AWOLs. "So until further notice," Wiggins wrote, "there are to be NO AWOL's issued until I review them."

"I am trying to hold employees accountable and all I get is pushback through anonymous letters," Chavez says. "And even when HR was saying, 'No, she's justified in what she's trying to do,' they would not let me take any discipline against anything that the employees were doing."

She notified federal offices that she was the target of whistleblower retaliation. Nothing, so far, has come of it. Chavez eventually went out on medical leave to care for her cancer-stricken husband.

This past January, Chavez's boss and Central Alabama's director, Linda Boyle, emailed her: "The decision has been made to terminate you effective January, 30, 2018."

Chavez's request to be allowed to retire at the end of March and to use her remaining sick leave to help her husband was denied. She reluctantly retired.

Despite several Freedom of Information Act requests, Chavez has never seen details of the charges brought against her in what's known as an Administrative Investigation Board (AIB).

The woman who was allegedly stealing food from veterans for years through her side catering business? She was allowed to retire with full benefits. There's no indication she was ever disciplined by the VA or the local union.

Neither Wiggins nor Boyle would comment on Chavez's case or the wider pattern of retaliation.

"Mafia culture"

Dr. Julian Kassner, a former lieutenant commander, is a Navy-trained physician with a stellar record. The Central Alabama VA hired the native New Yorker in 2016 to clean up a deeply troubled radiology department that had been embroiled in a 2014 scandal involving falsified records and substandard care. More than 2,000 X-rays of veterans went unread over a five-year period.

Kassner, interviews with his former subordinates show, worked fast to try to clean up the department. His radiology co-workers liked that he was taking charge. He got a good performance review from his immediate boss and was even tasked with helping to implement radiology improvements across the Southeast district.

Then suddenly, he found himself the target of an investigation and workplace retaliation.

"I was absolutely shell-shocked," Kassner says, "and initially my thinking was, 'Well, I have no idea what this is about, but hopefully it'll get sorted out in a day or two.'"

He immediately sent a letter requesting clarification as to what exactly he'd been accused of and an opportunity to respond.

Soon after, Kassner, like other whistleblowers in VISN 7, was isolated — literally — in a remote room. He was ordered not to talk with colleagues or access documents while the investigation unfolded.

To be closer to his family in neighboring Florida, Kassner's contract allowed him to read medical images remotely part of the time, a common practice in radiology. The Montgomery leadership began to use that telework agreement against him and ordered him on site full time.

During the initial days of retaliation, he thought he was going crazy.

But he wasn't. Audio of a meeting between two HR officials in Montgomery and Dr. Randall Weaver, then the acting chief of staff at the hospital there, describes the VISN leadership's alleged view of Kassner.

In the audio, Weaver says he hopes Kassner quits because if he comes back from sick leave, Atlanta VA leaders in VISN 7 will surely find any way to fire him.

"The thing for him, because of his situation where they're gonna — people will be after you again no matter what you do, even if you sneeze wrong they're gonna get you," Weaver says. He adds that because of Kassner's brusque personality, "it's easy to get stuff on him," meaning to get people to turn against him.

Weaver did not respond to NPR's request for comment.

The actions alarmed Sheila Walsh, the director of human resources for the Central Alabama VA.

"That's what made me feel so sick to my stomach, I mean because that's all code for they're going to target him," says Walsh, who made the recording. She routinely taped meetings under a disabilities act health accommodation.

Kassner was soon fired from CAVHCS. He was never given a reason. Documents show that the Alabama VA has stonewalled his attorney's efforts to uncover evidence.

For Kassner, the audiotape, the emails and the scores of documents — all of which he has turned over to federal investigators — underscore what he and others call a deeply troubling "mafia culture" at CAVHCS and VISN 7 leadership.

"Toxic, dysfunction and out of control is an understatement. There are people at the senior level there that consider themselves the equivalent of a 'made man' in the mafia, that there are no rules that apply to them up to and including fraud and record falsification," he says. "How this is allowed to go on is just mind boggling."

His case may have another serious wrinkle. Kassner says he has evidence that his federal pay and employment records were altered by someone in Central Alabama. He says they falsely show he was "separated" from the VA before the end of his two-year probationary period, a key legal time frame for a federal employee because of work rules and benefit eligibility. They listed income after his probationary period, Kassner points out, as "deferred income" from a previous year. "It's record falsification pure and simple," he says.

HR director targeted

Remember Sheila Walsh, the head of the VA's Central Alabama human resources division? The CAVHCS and VISN 7 leadership went after her, too.

As HR director, Walsh, a 20-year Army vet, stood up for Chavez, for Kassner and, documents show, for several other Alabama whistleblowers she believed were facing unjust treatment and illegal retaliation.

After Walsh had told superiors, yet again, that the case against Kassner was legally and morally suspect, her supervisor Leslie Wiggins emailed her to "stand down."

"I went on the record [with her supervisors] saying I'm not going to participate in this level of corruption, illegal actions," Walsh says. "And so I became the enemy. Instead of them investigating the wrongdoings, they started investigating me."

The retaliation also included intimidation and four weeks of isolation. Like Kassner, Chavez and the others, she was assigned to an isolated office and told not to communicate with fellow staffers or access documents while the investigation unfolded.

"They wanted me to feel humiliated," Walsh says, "trying to break me down. And they did break me down."

A CAVHCS supervisor took away her office keys and even took possession of her Army service medals, military command coins and an American flag in a case that she got for 20 years of honorable military service, as well as family photos. Walsh believes taking control of her personal possessions was clearly part of the retaliation.

"It's a kind of psychological violence," she says, tearing up over the loss of her Army service mementos. "I feel violated. I feel like someone robbed me."

CAVHCS has, so far, ignored her efforts to get those personal military items returned. She has even appealed to the House Committee on Veterans' Affairs to get her military items back. So far, there has been no action.

These retaliatory tactics in Alabama follow a clear pattern: Employees who flag problems or wrongdoing are quickly counter-investigated — almost always charged with creating "a hostile work environment" or other vague charges. Then the employee is isolated — literally.

"Basically we call it putting the whistleblowers in professional solitary confinement," says Tom Devine, legal director of the Government Accountability Project. He says it's a tactic long used by some VA managers to try to crush whistleblowers. "Keep them away from the evidence, make them pariahs among their peers. Make an example out of them. Generally the rooms where these people are assigned to bounce off the walls without duties are unheated in the winter and uncooled in the summer. It's like putting somebody in a hot box."

Senior VA leaders in Alabama and Atlanta declined to answer questions about the alleged pattern of retaliation, corruption and mismanagement.

The director of the VA Southeast Network VISN 7 — Leslie Wiggins — refused multiple interview requests through three different spokespersons.

The current director of Central Alabama's VA, Linda Boyle, also refused multiple interview requests through spokespeople.

Jan Northstar, the VA's Southeast District public affairs director, said by email that they cannot discuss individual cases without written consent. She added the "VA does not tolerate retaliation. Any employee who feels he or she is experiencing retaliation should contact the Office of Accountability and Whistleblower Protection."

Like Chavez, Kassner and scores of others we talked with in Alabama, former HR director Walsh has, in fact, filed formal complaints with the VA's own Office of Accountability and Whistleblower Protection, as well as with the federal Office of Special Counsel, the federal Merit Systems Protection Board and other offices.

Walsh's doctor says she has a form of PTSD from the VA experience. The HR director remains out on unpaid medical leave after exhausting her annual leave.

Walsh and the others want those federal bodies or Congress itself to take bold action to change the years-long pattern of retaliation.

So far, their cases have been largely met with inaction, silence or indifference.

One whistleblower wins

VISN 7's director Leslie Wiggins, in fact, has had numerous whistleblower retaliation complaints filed against her, including one by an employee in her immediate office in Atlanta. The federal Office of Special Counsel ruled against Wiggins and her office in a case that, as the Atlanta Journal-Constitution put it, showed that the Atlanta VA seemed more preoccupied with halting bad press coverage than stopping a series of veteran suicides in the Atlanta area.

Retired Army Sgt. Maj. Greg Kendall, a 30-year veteran with tours in Iraq and Afghanistan, took a job as a public affairs officer (PAO) in the Atlanta VA after his military service. Kendall says he raised concerns about spending tens of thousands of taxpayer dollars promoting a local charity gala that senior VA employees planned to attend. At the time, the Atlanta office was under fire for underfunding and understaffing veteran mental health services, including suicide prevention efforts.

"The leadership was not interested in my concerns and basically told me to mind my own business," Kendall says.

When the charity story went public, the Atlanta management quickly gave him a bad evaluation, placed him on a performance improvement plan, and, following the pattern, isolated him in a small, shabby, vacant patient room while he was "investigated."

"The entire leadership team knew that I was in that patient room for almost a year that could have been used for veteran care," Kendall says, but "they were more concerned about retaliation than taking care of veterans."

Kendall fought back, filing for whistleblower protection. The federal Office of Special Counsel (OSC) investigated and ruled in Kendall's favor, saying he had been targeted and punished for speaking up.

"Mr. Kendall did the right thing by raising concerns about an inappropriate expenditure of taxpayer dollars, but the Atlanta VA failed to heed his warnings and instead targeted Mr. Kendall," the Special Counsel's Carolyn Lerner wrote in the OSC ruling. Lerner added that "the VA must continue working to make its culture more welcoming to whistleblowers in all of its facilities."

Kendall says he blew the whistle after thinking about the vets he served with in Iraq and Afghanistan.

"They depend on the VA," he said. "So the very fact that we (Atlanta VA) have been cited for mismanagement that led to suicides told me that we needed to do something to make sure that that didn't happen again."

His case is one of the only whistleblower cases to succeed against VISN 7 leadership.

Can the VA police itself?

Nearly a year ago, the VA reorganized the unit responsible for protecting workers who call out wrongdoing, waste, fraud and abuse. In that 11-month period, the new Office of Accountability and Whistleblower Protection (OAWP) has received 120 whistleblower complaints from VISN 7: the most complaints of retaliation per veteran served of the department's 21 VISNs.

Only VISN 22 (Southern California, Arizona and New Mexico) and VISN 8 (Florida, Puerto Rico and the U.S. Virgin Islands) had similar numbers, but both serve a larger number of veterans. VISN 8, for example, had about 1.5 times as many completed veteran appointments in 2017, according to the VA's own patient access data.

Of those 120 complaints against VISN 7, 79 were determined to be of "reasonable belief" and 51 investigations were opened.

Yet only 11 of those 51 are currently under investigation by OAWP. The other 40 were sent back to VISN 7 or district level for investigation.

It's exactly that investigatory boomerang, critics say, that highlights why the VA is so ineffectual at policing whistleblower retaliation.

For example, emails from Walsh, the HR executive, show that during her last contact with OAWP, the office told her that her case was under investigation. But Walsh hasn't heard from OAWP in more than eight months.

"No calls, no emails, no texts, nothing. It's like we don't exist," she says.

VA spokeswoman Ashleigh Barry said the OAWP would not comment on active investigations or allegations of worker retaliation at VISN 7, but said the department takes all allegations seriously.

The Accountability and Whistleblower Protection Act expanded the authority and support for the OAWP, the VA's office that now shares the bill's name.

But a year later, there's skepticism the OAWP is living up to its name.

"We've got a very sick organization. The important thing (for the VA) is to squelch the whistleblowers to speak. You know, it's like shoot the messenger because it's not the message we want to hear," says VA whistleblower Sheila Meuse, who has 30-plus years of federal service — almost all of it at VA facilities across the country.

Meuse rose from a clinician to, in 2014, serving briefly as the third in command at Central Alabama. "I always had either outstanding or exceptional ratings," she says. "I can't remember any one rating ever that was below exceptional in my career history."

Just four months into her new job in Alabama, Meuse and her direct boss, Richard Tremaine, exposed unethical practices — part of that wait-times scandal in 2014 that played out in multiple VA hospitals across the country.

Central Alabama has long had other, well-documented problems. CAVHCS was investigated by the Office of Inspector General, which confirmed it had some of the worst wait times in the country.

VISN 7 was recently cited for failing "vulnerable veterans" by not adequately providing and repairing wheelchairs and scooters for disabled service men and women. Also, in 2017 a Navy veteran with dementia wandered away from the Tuskegee VA dementia unit. He was never found.

But the wait-time scandal in Alabama also involved misconduct, negligence and cover-up: several thousand veteran X-rays were never read, and one VA employee in Tuskegee took a veteran in recovery to a crack house to buy drugs. The employee even charged the VA several hundred dollars in overtime pay for the drug-buying binge.

Meuse and Tremaine, gave inspectors evidence that the then-director had known about cooking the wait time books for at least a year. That CAVHCS director, James Talton, was eventually fired for neglect of duty.

Yet, lost in all that scandal was what happened to whistleblowers Tremaine and Meuse.

"We were excluded, we were yelled at. I was detailed to another facility. I was met by nothing but retaliation, resistance and shunning," Meuse says. "It was just a horrible, horrible experience. Totally a nightmare."

The Atlanta VA director launched an administrative probe of them. They were isolated and stripped of duties. Atlanta wanted to know if the two whistleblowers had behaved in a way consistent "with the VA's core values."

Tremaine took a senior management job at a VA hospital in Colorado. Meuse left the VA. She now sells real estate around Montgomery.

Tremaine believes the genesis of CAVHC's deep problems "has a lot to do with nepotism and an overall lack of real commitment to fix things by a minority of people who've maintained control and leadership" despite numerous investigations and a flood of complaints. "We [whistleblowers] should really have a T-shirt that says 'I Survived CAVHCS.' "

Improving VA management and protecting workers who speak up was one of President Trump's campaign pledges.

"Those entrusted with the sacred duty of serving our veterans will be held accountable for the care they provide," the president said at a VA reform bill signing ceremony last year. "At the same time, this bill protects whistleblowers who do the right thing. We want to reward, cherish, and promote the many dedicated employees at the VA."

Meuse is not convinced the newly rebranded whistleblower protection office can fix what she calls an abusive ethos that runs deep in some parts of the VA, especially in Alabama.

"I don't think naming an office is how you fix an organizational culture that is really rancid and full of cronyism, favoritism; the old guard that takes care of themselves to maintain the status quo instead of caring for veterans," she says.

Many watchdog groups agree. The complaints about President Trump's newly created office include that it's understaffed and that investigations drag on.

But the biggest critique is that the whistleblower protection office or OAWP can't really enforce its findings.

"I've been impressed that the new OAWP is actually making a good faith effort. But they don't have any teeth to their good faith," says Tom Devine with the nonprofit Government Accountability Project.

He says the office is staffed by people whose hearts are in the right place. But "until they get some enforcement teeth, all they are going to be is background noise. And right now the situation at the VA is, by far, the most intolerable in the [federal] government."

Devine says numbers to his office show that about 40 percent of all whistleblower retaliation complaints from the entire U.S. government come from the VA. Federal testimony supports those numbers.

Central to the problem is that whistleblowers' retaliation complaints can often end up being handled by the very people accused of doing the retaliation. In Alabama and Georgia, as we've shown, it's a common tactic to open up a counter-investigation of the worker who raises issues. That often includes nebulous charges that the whistleblower is creating a "hostile environment."

"I haven't heard anyone tell me that when they've gone to this office of accountability that they've actually been assisted," says Jackie Garrick, the founding director of the independent group Whistleblowers of America.

Garrick says at least 80 percent of all cases that come into her office are from VA employees.

In fact, tensions within the VA over whistleblowers came to light when a congressman released correspondence this week.

In a strongly worded letter, the VA's Inspector General (OIG) voiced deep concern that the OAWP is failing to turn over key records and information about the 150 to 170 employee retaliation complaints that office receives every month.

The inspector general is the VA's oversight body tasked with audits, investigations and detecting waste, abuse and mismanagement.

VA Inspector General Michael J. Missal wrote that "despite repeated assurances that these records would be made available, the OIG has not yet been provided this important information." Missal added that "it does not appear that an appropriate number of complaints have been referred to the OIG."

Peter O'Rourke, the acting secretary of Veterans Affairs, who until recently headed the whistleblower protection office, fired back accusing the OIG of "abuse of authority" and mismanagement. O'Rourke said the OIG was "not performing its responsibilities in a fair and objective manner, which has caused significant harm to the reputation and performance of VA and its employees."

Minnesota Democrat Tim Walz, a ranking member of the House Committee on Veterans' Affairs, blasted O'Rourke's letter to Missal, calling it intimidation and "not in the best interest of America's veterans."

In response to the dispute, VA spokesman Curt Cashour wrote that "giving the IG unfettered access to OAWP whistleblower case files could make whistleblowers vulnerable to retaliation, place a chilling effect on future disclosures and lead to the same sort of problems whistleblowers and the Office of Special Counsel have criticized the IG for in the past."

Whether the VA can be fair and objective while investigating itself will be one key challenge for President Trump's pick to lead the VA, nominee Robert Wilkie Jr., who faces confirmation hearings later this year.

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1.4 - Military Times: [Crisis in counseling: How VA leadership is driving combat veteran counselors to burnout](#) (21 June, Todd South, 2.1M uvm; Springfield, VA)

After 27 years of service, Marine Lt. Col. Ted Blickwedel started a second career, possibly more important than his time in uniform — counseling combat veterans.

He retired from the Corps in 2006 and, a brief time later, the former field grade officer was working as an intern in a Department of Veterans Affairs hospital.

Blickwedel thought he was helping veterans, but the work environment seemed too bureaucratic, with excessive emphasis by leadership on administrative duties rather than clinical care.

Then in 2009, he found the Vet Center.

"It was like I was born again," Blickwedel said.

At the Vet Center, which is the common name for Readjustment Counseling Services locations, run by the VA but separate from its other facilities, he was catering to the critical needs of veterans, specifically combat veterans with PTSD.

Management supported the work he and his fellow counselors were doing without placing bureaucratic administrative burdens on them.

"You felt like you belonged, you were cared for," he said. "The mission was focused on veterans for the right reasons."

But then things started to change. Upper management began requiring more direct service time with veterans but also continued to demand counselors complete the lengthy list of other tasks, from outreach to administrative work.

It was tough, but still manageable.

Then, two years ago, top leadership ratcheted up the requirements, pushing counselors to meet new visit count standards that forced them to make ethical choices about how much time they could spend with each client.

Cut the visits short to make your numbers, spend whatever time is necessary with veterans and fall short on your numbers, or work more hours to complete administrative duties.

“Do I focus on quality of services,” he found himself asking, “or do I just focus on the numbers?”

This seemed the opposite of what the centers were built to be when they were formed in the late 1970s to help Vietnam War veterans — the answer to the VA’s endless bureaucracy.

When Blickwedel began as a counselor, 16 hours of a 40-hour work week was expected to be spent counseling veterans. Around 2012, that rose to 20 hours, with no reduction in other duties such as outreach, paperwork and other administrative requirements.

In March 2016, Readjustment Counseling Services, which runs the 300 centers across the country, instituted a visit count mandate requiring counselors to have 30 visits per week in a 40-hour work week.

The stress mounted. And not just for him but for his colleagues at the Warwick, Rhode Island, center and elsewhere.

Blickwedel watched the environment change. What had been a warm, welcoming place to work, where counselors felt nurtured and fulfilled, had now become a high-stress environment with leaders who only seemed to care about the numbers, counting visits, and shoveling veterans through the system.

Everything became functionary. Counselors were not able to interact as much, and they mostly stayed in their offices, digging through work and taking lunch with the door closed to make the mandatory visit counts.

Other counselors confided in him that they’d begun seeking their own therapy for job stress, fear of reprisals or being fired for not making numbers. Some went on anti-anxiety or antidepressant medications for the first time in their lives.

“I kept it to myself,” Blickwedel said. “I just sucked it up. I was feeling very angry, depressed, frustrated.”

He decided to retire early rather than continue in what he saw as a dysfunctional system that had “degraded the ability of clinicians to provide quality clinical care and properly perform their other duties.”

He still wanted to help veterans in need, but the Vet Center had become the bureaucracy that he thought he had escaped.

Joe Chenelly, national executive director of American Veterans, or AMVETS, said that burnout at the centers has been an ongoing issue since at least 2012.

“Vet Centers are vastly under-appreciated for what they do,” Chenelly said. “More and more veterans are more comfortable to seek care at the local Vet Center because they provide counseling regardless of veteran eligibility.”

But the head of Readjustment Counseling Services points to increased care across the board and how most counselors are meeting the new standards.

RCS Chief Michael Fisher told Military Times that his staff has provided 9 percent more visits and outreach in 2017 as compared to 2016. RCS also provided services for more than 287,000 veterans and family – 10 percent more than in 2016.

“This is not about a hammer coming down,” Fisher said.

Whistleblower

Blickwedel was on his way out when, earlier this year, he decided to send an email to the more than 1,300 Vet Center counselors across the country. He wanted to see how other counselors were being impacted and how they were handling the new demands.

All counselors currently working with RCS asked not to be identified by name, fearing reprisal or reprimand from RCS leaders. Some, when contacted, declined to speak at all for that same reason.

In his email, Blickwedel laid out the problems he saw with the increased demands and metrics-based approach to counseling. It sought feedback from other counselors and management on how to meet veterans’ needs without burning out dedicated staff.

In 24 hours, he received responses from 57 different counselors from 41 Vet Centers in 25 states, who all said the new measures were degrading their ability to provide quality services and contributing to burnout and fatigue.

His deputy district director told him to “cease and desist” his emails and instead wait and move his conversation to a VA-approved online forum.

Instead, he followed that email with an 11-question survey to gauge counselor concern with the increased demands being placed on Vet Center staff.

He sent the survey on Jan. 27, a Saturday. Within a couple days he had received 27 survey responses - before district and national Vet Center leaders shut down his computer access and email account.

The survey asked questions about the well-being of counselors. More than three-quarters of respondents agreed that the productivity standards had “caused significant distress,” “negatively affected my health and well-being,” and “has degraded the quality of care I am able to provide to veterans,” among other responses.

More than half of those who responded said the productivity standards would cause them to “leave the Vet Center earlier than expected,” and to “seek therapy or go on a medication protocol.”

Blickwedel has since filed complaints with both the VA inspector general and the U.S. Office of Special Counsel.

RCS leadership said that while they continually evaluate counselor feedback, most of their staff are meeting the new expectations.

“The bottom line is that the clear majority of Vet Center counselors meet their performance standards day in and day out, providing quality services to veterans, service members and their families with no problems whatsoever,” VA Press Secretary Curtis Cashour wrote in an email response. “This is proof that the standards are working exactly as intended. The notion that there is something wrong because a small percentage of employees are unable to meet reasonable standards most workers easily achieve is preposterous.”

Fisher acknowledged both to Military Times and in an email to staff earlier this year that he’s heard concerns about the new standards and that “data and productivity questions do come up every time I meet with Vet Center staff.”

“As we go and standardize how we do the work across the board, this is something that staff are not used to in as to how the organization was previously structured,” Fisher said. “I think all of us are working toward the same goal.”

He said that three-quarters of all counselors are meeting the new standards – and the new standards are showing results.

But some counselors see the new demands and how they are being implemented by middle management as threats to their jobs if they don’t make numbers.

One retired counselor, Jesse Coulter, a Vietnam-era veteran who worked in the Vet Center program from the early 1980s until his 2016 retirement, said he saw major changes in the center where he finished his career.

“This is the greatest VA program,” he said. “We save people’s lives. It’s so sad that it’s become a business model.”

History

Despite years of outreach efforts and genuine improvements in VA health care, many newer vets still don’t trust the often intimidating and hard-to-navigate system.

So, they continue to turn to a Vet Center.

And though the intent was always to maintain a separate but connected relationship between the centers and the VA, many counselors in the centers say that the VA’s legendary bureaucracy has begun to creep into the center.

The centers long stood apart from Veterans Health Administration hospitals and clinics, and for good reason.

But in recent years, as the ongoing wars in Iraq and Afghanistan saw a spike in the number of combat veterans, and those vets began flowing into these small counseling centers, some

taking up no more than a storefront with a handful of offices in an otherwise nondescript strip mall, the bulge began to strain the system.

As a result, the RCS program grew.

In 2000, there were 200 centers with a total of 900 employees, Fisher said. There are now 300 centers, 80 mobile centers and 2,200 employees.

But some say that still hasn't been enough.

Chenelly said that burnout at the centers has been an ongoing issue since at least 2012.

"As the number of veterans seeking mental health services rapidly grows, the number of staff and physical spaces for Vet Centers have not been expanded to meet the high demand," Chenelly said.

Dozens of counselors say that new metric-driven expectations are driving counselors to quit their jobs, retire early and that is hurting care for veterans. VA leadership says most counselors are meeting new standards and new accountability measures are aimed at helping improve service to veteran clients. (Department of Veterans Affairs) Dozens of counselors say that new metric-driven expectations are driving counselors to quit their jobs, retire early and that is hurting care for veterans. VA leadership says most counselors are meeting new standards and new accountability measures are aimed at helping improve service to veteran clients.

(Department of Veterans Affairs)

Predicting the problem

In 2015, a group of 14 team leaders and counselors, one from each of the system's seven regions, performed a detailed analysis of time spent by counselors working on their various duties.

Standards required counselors to spend 40 percent of their work week, or 16 hours, doing counseling visits; and 10 percent of their time in other clinical duties such as case consultation and supervision. The remaining time was reserved for administrative duties.

But, the standard was changed to require 50 percent of total time devoted to counseling veterans.

That left the other 20 hours of the week to accomplish every other task required of them, according to the report. The standard, which at an hour each would translate to four clients per day, was more demanding but still workable, multiple counselors said.

When this happened, the working group concluded "because of a misconception on some level, the remaining 50 percent or twenty hours per week was considered untapped. This report demonstrates this was never the case."

One year later, on March 1, 2016, following the report recommendations, Charles Flora, then the acting chief officer of RCS, sent a memo to RCS district directors and regional managers setting minimum expectations.

The expectation for counselors was set at 1.5 visits per hour, resulting in 20 hours of direct service, or 30 visits a week.

When asked why RCS leadership made decisions on counselor expectation that seemed to run counter to their own task force's recommendations, Cashour wrote that the leadership "didn't task this working group with creating or commenting on productivity standards."

"We tasked the group with determining the maximum capacity of counselors, defined as the maximum amount of time a clinician should be in front of a veteran, service member or family member providing services, given all of the other tasks that the clinician has to do," he wrote.

The goal behind changing the standard, Cashour wrote, is to create an "enterprise-wide system that allows for a balance of increasing access to care while ensuring the provision of quality services to eligible individuals — something RCS lacked prior to Mr. Fisher coming on board."

The system allows RCS leadership to "understand local demand and increase resources to locations that are experiencing an increase in demand," he wrote.

Michael Fisher is the Chief of Readjustment Counseling Services, which oversees the Vet Center program and all of its staff and locations across the country. Dozens of counselors have alleged that new metrics-driven practices that Fisher advocates have driven counselors to burnout, quitting or retiring early. Fisher says the changes are helping to provide better care for veterans and that only a fraction of counselors are not meeting the new standards. (Department of Veterans Affairs) Michael Fisher is the Chief of Readjustment Counseling Services, which oversees the Vet Center program and all of its staff and locations across the country. Dozens of counselors have alleged that new metrics-driven practices that Fisher advocates have driven counselors to burnout, quitting or retiring early. Fisher says the changes are helping to provide better care for veterans and that only a fraction of counselors are not meeting the new standards. (Department of Veterans Affairs)
New standards

The changes have been in place for nearly two years, based on the previous RCS head's 2016 memo.

Fisher emphasized that the goal is for a counselor to have 25 visits a week, and that most counselors are meeting that goal. He added that those who are not simply need to come up with a plan.

But the tension resides in what qualifies as a visit.

When asked to clarify how much time qualifies as a visit, Cashour responded that "any amount of time that a readjustment counselor can ethically document that services occurred."

Counselors interviewed for this article said that they held to the accepted practice of an hour-long visit being the typical length of time to see a client. And those sessions often go over the hour mark.

A Southern Connecticut State University study published in 2004, which Blickwedel has cited in his grievance letter to the Office of Special Counsel and the VA IG, noted increased burnout among therapists with high caseloads.

The study also noted a “significant drop off in treatment effectiveness when a therapist had a caseload of 25 patients or more per week. The trend was even more dramatic with caseloads of 30 or more per week.”

The average counseling session for a recent period was 77 minutes long. When phone calls of 15 minutes or less were removed from that data, the average interaction was 84 minutes long, Cashour wrote.

Blickwedel said those average times proved his point. If an average session is that long, then a counselor can’t manage 30 or even 25 visits in a week. There’s not enough time.

Blickwedel and others admit that the industry standard for general counseling is about 50-60 minutes. But they argue that they often need more time when dealing with serious combat trauma, military sexual assault trauma, bereavement and family counseling, which are some of the most difficult cases in the field.

Sometimes veterans take longer to get into the core of what is ailing them. Reliving trauma isn’t something many patients want to experience. And if a veteran feels like he or she is being rushed by a counselor or cut off, they know it and they’ll shut down, he said.

But at least one counselor interviewed for this story disagreed with the complaints about productivity standards.

The counselor is a veteran who works at a center near a military base in the southeast United States. The counselor said the RCS demands are no greater than what civilian counselors would face in similar trauma-related care.

The counselor also said that the nature of treatment — combat trauma — isn’t unique when counselors consider other types of treatment for traumatic cases.

“You can’t tell me the client who picked up pieces of his buddy and put them in his pocket is any worse than that little girl who got raped by her father,” the counselor said.

The counselor also said that the high volume of clients coming to the centers shouldn’t stay in them for treatment if they have serious mental health issues.

“We’re supposed to be readjustment counselors. We’re not supposed to create dependency,” the counselor said. “Nobody needs therapy for the rest of their lives unless they have severe psychological issues like schizophrenia.”

Coulter, the recently retired counselor, disagreed that the centers shouldn’t be used for long-term care.

Though he spent most of his career at a center in West Virginia, he later transferred to a center in Florida.

There, his supervisors soon implemented a “business model” approach to tracking visits without much focus placed on the quality of care by mid- and upper-management, he said.

“It became spreadsheets,” Coulter said. “It’s all based on statistics and numbers.”

Coulter wasn't completely opposed to measuring how employees are doing.

"We do have to show numbers," he said. "But it shouldn't be on our hearts every day."

THE GROUP SOLUTION

One way to meet expectations is to hold group sessions. A 10-person group counts for 10 visits, for example.

"This can be a combination of individual, group or family," Fisher said. "A 10-person group, that accounts for 10 encounters."

A decades long social worker, veteran and counselor at a southeastern Vet Center zeroed in on problems with using group numbers as visit measurements.

"They want to book your sessions back to back all day long," the counselor said, adding that management is "indifferent or outright hostile" when counselors push back.

Blickwedel said evidence-based clinical practice shows that groups are usually focused and short-term, and last for only eight to 12 weeks.

But once the 12-week period is up, then what?

Then the counselor must come up with another group, even though coming up with new groups every eight to 12 weeks is not sustainable.

A national-level psychology expert said that while meeting productivity standards might balance a spread sheet, it may not be the best method for truly measuring patient care.

"None of this comes as a surprise to me," said Dr. Heather O'Beirne Kelly, director of military and veterans health policy with the American Psychological Association.

She said that studies show counselors who are dealing with patients with trauma and have high caseloads often experience burnout.

"Staffing levels for mental health providers are often too low, leading not only to access issues for veterans but to burnout for clinicians," O'Beirne Kelly said.

She added that "leadership should always be willing to stop and listen to your clinicians, because what you're telling your clinicians to do is stop and listen to your patients."

UNEVEN STANDARDS

Running caseloads of more than 70 patients at a time was not unheard of. A counselor in the western United States, who has worked in two of the centers, heard from counselors at other centers who have caseloads of more than 150 veterans at a time.

The caseloads alone were forcing some to leave for private practice.

"I have clients all the time saying, you're my third, fourth, fifth therapist," the counselor said. "The continuity is awful."

Clients pour out tragic stories, relive their traumas again and again, and then must start over with a new counselor.

And new patients keep coming in the door, as many as five a day, the counselor said.

“We work with people who are suicidal,” the counselor said. “I think it is unethical. We have clients who need weekly or every other week appointments, and we just don’t have time.”

“Management says ‘deal with it,’” the counselor said.

But the centers are not lost, the counselors said. With some changes, officials could bring the centers back to what they were decades ago – a welcome place for vets that doesn’t look or feel like the VA.

Coulter has met Fisher, and he has some advice for the chief.

“He’s a good man,” Coulter said. “I would ask him to downplay the business model and bring back the humanistic approach.”

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1.5 - Stars and Stripes: [Vets with bladder cancer could wait years for government to recognize Agent Orange link](#) (21 June, Nikki Wentling, 1.5M uvm; Washington, DC)

Vietnam War veteran Robert Lytle was diagnosed in 2009 with bladder cancer, a disease that he believes — and science now suggests — is linked to the chemical herbicide Agent Orange.

In the past nine years, Lytle has undergone three surgeries. Doctors removed eight malignant tumors from his bladder. The Department of Veterans Affairs has denied his requests for disability compensation three times.

“I volunteered to go to Vietnam in 1970,” said Lytle, now 70 and living in Metter, Ga. “That wasn’t the coolest thing. That didn’t get you a lot of dates. I just feel like... I just feel they owe me.”

The federal government is considering whether to add bladder cancer to a list of diseases presumed to be caused by Agent Orange, but veterans might wait another two years before a decision is reached.

VA leadership informed the House Committee on Veterans’ Affairs last week that the government is waiting on results of two studies, the second of which isn’t expected to be complete until 2020, committee staff said.

For Lytle and other veterans and their families, it’s already been a long wait.

In March 2016, the National Academy of Medicine released new research that for the first time recognized evidence exists of a link between bladder cancer and Agent Orange. The report stated there was “limited or suggestive” evidence of a connection – an upgrade from “inadequate or insufficient.”

It took 20 months before the VA sent a recommendation to the White House's Office of Management and Budget in November 2017 that bladder cancer and three other illnesses be added to a list of diseases presumed to be caused by Agent Orange. The other ailments are hypothyroidism, Parkinson's-like tremors and hypertension.

There are 14 diseases on the list, and veterans suffering from them are allowed a fast-track to monthly compensation.

"I have transmitted my recommendations to the Office of Management and Budget. I did that by Nov. 1," former VA Secretary David Shulkin said in March during a Senate hearing. "And we are in the process right now of going through this data. In fact, they asked for some additional data to be able to work through the process and be able to get financial estimates for this. So, we are committed to working with OMB to get this resolved in the very near future."

Seven months after the VA sent its recommendation, some veterans are now speaking out, wondering why the Office of Management and Budget hasn't issued a decision.

The White House recently referred questions about the issue to a spokesman with the Office of Management and Budget, who did not return multiple requests for comment. A VA spokesman only said the agency had no announcements to make regarding their recommendation to OMB.

VA officials told the House Committee on Veterans' Affairs that they are waiting for results of ongoing mortality and morbidity studies, which could provide more evidence of a connection between the diseases and Agent Orange. Committee staff said the first of those studies will be complete in spring of fiscal year 2019, the other in fiscal 2020.

Martha Edgin, the wife of a Vietnam veteran with bladder cancer, has contacted the VA and Office of Management and Budget in the past several months, in addition to congressional offices and anyone else she thinks might know something about when — or whether — it will get approved.

"I have emailed. I have telephoned. I have texted. I have done about everything," Edgin said. "It kind of became my mission."

Edgin, 73, and her husband, Jerry, live in Norman, Okla. Jerry Edgin, 74, was a Marine corporal in Vietnam.

In 2013, Jerry Edgin went into the doctor for a checkup and was diagnosed with bladder cancer. Martha Edgin immediately went to work researching whether there was a connection to his military service.

Marth Edgin had retired from her teaching career by then. Researching, documenting and applying to the VA quickly became her full-time job.

The couple was denied twice before they recruited the help of an attorney and the office of Sen. James Lankford, R-Okla. The VA approved their third claim – but not for Agent Orange. Instead, they accepted the link between Jerry Edgin's bladder cancer and his exposure to diesel engine fumes in Vietnam.

Through her years of research, Martha Edgin met a community of people online who are struggling. She's continuing to research and push the VA so others can get approved for disability compensation, too.

"I just think it should be the same for everybody across the board," she said. "If it was definitely from Agent Orange, then all the men and women who have developed bladder cancer should be approved also."

Edgin said she's always maintained hope the government would add bladder cancer to the list of Agent Orange illnesses – until the last few weeks. Now, with further delays and silence from federal agencies, she's not so certain.

"Over the last week, I thought, 'It's not going to happen,'" she said. "I've never felt that way."

Lytle, who was an infantry platoon leader in Vietnam, thought the report from National Academy of Medicine meant he would quickly be made eligible for VA benefits.

In March, he sent in his third claim expecting it to get approved. His denial letter arrived in May.

"The VA has gotten a lot better. But from this aspect, it's broken," Lytle said. "Fair is fair, and it's not fair."

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1.6 - Stars and Stripes (Military Update): [Vet realtor pulls alarm on plan to fund 'blue water' Navy bill](#) (21 June, Tom Philpott, 1.5M uvm; Washington, DC)

The House Veterans' Affairs Committee's plan to pay for a bill to extend Agent Orange disability benefits to 90,000 "blue water" Navy veterans of the Vietnam War — by raising funding fees under the Department of Veterans Affairs guaranty home loan program — will not continue to shield all disabled veterans from a funding fee, as the committee claimed last month as it cleared the bill for consideration of the full House.

The charge is made by "G2" Varrato II, a Phoenix Realtor, Air Force retiree, and director of the Veterans Association for Real Estate Professionals (VAREP) for the state of Arizona. The committee does not dispute Varrato's argument that veterans with disabilities rated below 100 percent would see their waiver of a VA loan funding fee disappear if they use their benefit on mortgages that exceed the Freddie Mac conforming loan limit, a program expansion the committee bill allows.

Every major veteran service organization publicly endorsed the committee's amended version of the Blue Water Navy Vietnam Veterans Act (HR 299), which includes a new strategy to cover the bill's \$1 billion estimated cost for expanding Agent Orange-related benefits by charging slightly higher VA home loan funding fees and making other changes to the VA loan program.

It's unclear now whether advocacy groups understood that certain disabled veterans, those with VA ratings below 100 percent, would be hit with their first VA home loan funding fees ever if they were to take advantage of the jumbo loan feature.

The Freddie Mac conforming loan limit is set at \$453,100 in most of the country but varies by state or county depending on local housing markets. The conforming loan limit is near to \$1 million in Hawaii and \$800,000 in Ventura County, Calif.

Varrato said he only discovered last week what the House committee planned to do to finance HR 299 as he studied the bill in his role as national legislative committee chairman for VAREP, an organization that has pressed the Congress for five years to remove the conforming loan limit from the VA loan benefit program.

As a veteran, Varrato said, he is upset that the committee would remove the funding fee waiver for any disabled veteran, even if only for jumbo mortgages. He also believes, he said, that just a tweak to the bill might preserve the funding fee waiver for all disabled veterans, without putting the entire legislation at risk.

If the House committee isn't prepared to change it, Varrato said, his organization will press senators to modify it during their work on a companion bill.

"I honestly didn't start this to create hell, hate and discontent in the world," Varrato told me. However, he said, he felt compelled to speak out when he read in this news column a comment last month from Rep. Phil Roe, R-Tenn., chairman of the House committee, that no disabled veterans would be affected by higher loan fees planned to help blue water Navy veterans.

article continues below

Under current law, VA guarantees home loans by promising loan servicers that the government will pay 25 percent of the loan if the veteran defaults. The guarantee allows veterans to get better loan terms, such as lower interest rates or smaller down payments. For this, VA charges the veteran a funding fee.

Currently, VA-backed loans can't exceed the Freddie Mac conforming loan limit. If a veteran wants a bigger mortgage, say one that exceeds the loan limit by \$100,000, then the veteran has to make his or her own 25 percent down payment on that portion of the loan the VA doesn't guarantee. Otherwise the veteran would have to buy mortgage insurance.

VA funding fees last were raised in 2004. Here's how the House committee bill would raise them:

- ☐ From 2.15 percent to 2.40 percent of the loan amount for loans with no down payment and first use of the VA guarantee benefit.
- ☐ From 3.3 percent to 3.8 percent of the loan amount for loans with no down payment on subsequent use of the loan benefit.
- ☐ From 1.50 percent to 1.75 percent of the loan amount for loans with a 5 percent down payment.
- ☐ From 1.25 percent to 1.45 percent of the loan amount for loans with a 10 percent down payment.

The increases would take effect Jan. 1 next year and return to current levels after Sept. 30, 2026. Veterans with disabilities, about 47 percent of VA loan users, are exempt from funding fees.

The House bill also would permanently eliminate an additional 0.25 percent fee on the loan amount that current members of reserve components are charged for using their home loan benefit.

The funding fee changes are reasonable, Varrato said. He also lauded the bill because it would remove the conforming loan limit, as Realtors have urged.

If veterans want to buy more expensive homes and can qualify for bigger mortgages, after the House bill becomes law VA would guarantee larger loan amounts. That would mean veterans no longer would have to put 25 percent down on portions of the loan in excess of the Freddie Mac limit.

But for these jumbo loans, the House bill would continue to waive the funding fees only for veterans rated 100 percent disabled. Those with disabilities rated 90 percent or less would, for the first time, have to pay the funding fee.

Varrato, who has a 60 percent VA disability rating, said in Phoenix where he sells home, the conforming loan limit is \$453,100. Under the House bill, most disabled veterans seeking a mortgage larger than that, assuming no money down, would face a funding fee of 2.4 percent for first-time benefit use. On a loan of \$454,000, for example, that would be \$10,896. On the same size loan with a higher “subsequent use” funding fee of 3.8 percent, the disabled vet would pay a fee of \$17,252.

Architects of the bill might have calculated that if a disabled vet can afford a jumbo loan, he or she also can afford to pay a funding fee, and perhaps should do so as long as they are not 100 percent disabled, I suggested to Varrato.

“They probably are telegraphing that,” he said. “But here’s something else to consider because we know how things work in Washington. If we permit erosion of this waiver on loans at or above that Freddie Mac ceiling, it’s an open door for Congress to later make the same argument for loans under the conforming limit and cast upon those not 100 percent disabled the same fee requirement.”

Another point to consider, he added, is that some disabled veterans who can afford jumbo loans might have lost a limb or two fighting for their country and still not be rated 100 percent disabled.

“In essence we’re going to say, ‘Sorry that you were in Iraq, driving your Humvee, got blown up and lost a leg. But you’re not as worthy of receiving that waiver as a guy injured in a more severe way.’”

In scoring the House bill, Varrato noted, the Congressional Budget Office found that not only would higher VA loan fees cover the cost of expanding agent benefits to blue water Navy veterans, it would produce a \$271 million VA budget gain. That should be used, he said, to amend the bill to preserve the funding fee waiver for every disabled veteran, regardless of the size of their mortgage.

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1.7 - Muskogee Phoenix: [Veteran Connection: There is hope for those suffering from PTSD](#) (21 June, Beth Jeffries, 64k uvm; Muskogee, OK)

Imagine going through or witnessing something so horrible, terrifying, and outside of our typical experiences, that you cannot seem to get over the fear. It begins to consume you, dominating your thoughts, changing your mood and ability to concentrate on your daily routine. Imagine lying awake, sometimes night after night, afraid to go to sleep despite being exhausted. You don't want to be defenseless in the dark because if you are asleep you can't hear every noise. Or, maybe you don't want to sleep because you don't want to have another nightmare that is so real you have trouble remembering it is not. Going to sleep means you might have another nightmare.

Imagine finding it difficult to go out with your friends because there is too much noise, too many people, too much of what feels like chaos to you. You may try to go, but end up feeling anxious to the point you are not having any fun. You become angry because everyone else seems to think the "chaos" is fun, and you can't understand why they are not recognizing the dangers that you are clearly seeing. It becomes easier to just stay home, but that feels terrible, too. Imagine living in a very small world, often at home alone, afraid to go out, afraid to stay in.

This is what it is like for people with Post Traumatic Stress Disorder, or PTSD, as it is commonly called. While PTSD is not unique to veterans of the military (think Murrah Building survivors, May 3, 1999 tornado survivors, rape victims, accident victims, etc). It is a major issue for our returning men and women. Statistics inform us that around 30-35 percent of combat veterans experience PTSD, but the numbers may be higher. Survivors of traumatic events often try to ignore their symptoms, or don't want to appear weak to others. Survivors may feel isolated and alone, not believing that others could understand their fears. Perhaps worst of all, survivors may believe that they cannot be helped; that their symptoms are forever.

But there IS hope and there ARE treatments that work. These treatments are offered at the VA and in the community. Evidence-based therapies like cognitive processing therapy, prolonged exposure therapy, EMDR (eye movement desensitization and reprocessing), and other talk therapies have been shown to be effective.

Medication therapy can help mood control, nightmare management and anxieties, all without serious side effects or addiction potential. New therapies like Hyperbaric Oxygen Therapy (HBOT) are being tested and are showing great early promise. For some, inpatient treatment programs are required and provide an intensive whole-body approach to healing. After the inpatient stay, outpatient follow-up provides maintenance and support in continuing recovery. VA is on the cutting edge of providing safe and effective treatments for PTSD.

If you or someone you know is suffering from PTSD, get help. Seek a professional. There is hope. Veterans, please call the VA at (918) 577-3699. Someone is waiting to hear from you.

Beth Jeffries, Psychologist Eastern Oklahoma VA Health Care System

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2. Greater Choice for Veterans

2.1 - WFED (AM-1500, Audio): Now that it's law, veterans service organizations want Congress to actually pay for VA MISSION Act (21 June, Eric White, 854k uvm; Washington, DC)

Over 30 veterans service organizations are calling on House and Senate veterans affairs leadership to help secure specific funding for the VA MISSION Act. The president signed the MISSION Act into law earlier this month. The law authorizes a new, consolidated community health care program but doesn't appropriate enough funding to pay for it. Senate Appropriations Committee Chairman Richard Shelby (R-Ala.) and Vice Chairman Patrick Leahy (D-Vt.) introduced the *Complete the Mission* amendment to the original bill. The amendment would let Congress appropriate needed funding without triggering sequestration. 32 veterans service organizations are calling on Congress to support it. (Disabled American Veterans)

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2.2 - WHNT (CBS-19, Video): U.S. Sen. Doug Jones wants government to release details on poor conditions at VA-run nursing homes (21 June, Brian Lawson, 853k uvm; Huntsville, AL)

U.S. Senator Doug Jones said Thursday he wants the Department of Veterans Affairs to release its findings on conditions at the 133 VA run-nursing homes across the U.S., including two in Alabama.

Jones has introduced a measure which is aimed at forcing the VA to release what it knows about poor and troubling conditions at VA-run nursing homes.

"Just as troubling was that the VA was withholding detailed data from the public about the quality of the 133 nursing homes nationwide. This report is part of a long line of complaints against the VA that has continued to this day," Jones said.

A Boston Globe/USA Today investigation found VA-run facilities - compared to private facilities - have more patients on anti-psychotic medication, more complaining of pain, bed sores and worse. VA nursing homes in Tuscaloosa and Tuskegee also drew criticism.

"Very poor ratings in VA nursing home facilities in Tuscaloosa and Tuskegee and many more across the country. And that's just not acceptable," he said.

The VA said they've been far more transparent under President Trump than President Obama and many facilities are showing improvement. Jones said releasing the data would back up that argument.

"The failure to fix this crisis has hurt veterans in Alabama and across the country, so today I'm here to tell you I want to help change that and I think this is a good first step."

The VA released data last week that showed some improvement at the Tuskegee facility, but low ratings for Tuscaloosa.

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2.3 - Advocate-Tribune: [VA policy updates to impact local veterans](#) (21 June, Kyle Klausing, 4k uvm; Granite Falls, MN)

Yellow Medicine County Veterans Service Officer Michelle Gatz reflected on her visit to the VA National Convention earlier this year. She listened to VA officials and other leaders from across the country share updates about new programs and policies that will impact local veterans and their families.

"The biggest news is the 'Mission Act,' Gatz explained. She says that this legislation will strengthen the Veterans Choice Program (a federal program that connects veterans with local care providers) while removing constraints that might limit the options available to users. The Mission Act will also reduce appointment wait times at the VA from 30 days to between four and seven and will abolish the 40 mile restriction from the VA.

Another major change already changing veterans healthcare is the Health Information Exchange, a new federal program that facilitates the sharing of digital medical information between providers. Gatz said that she hopes the program will be extended to our local region.

Gatz also discussed future programs on the horizon. She highlighted the Veteran Wellness Act, a piece of legislation that provides a monthly stipend for the spouses of Iraq War veterans. In four years, Gatz says that the program will be expanded to include WWII, Korean, and Vietnam War veterans.

Not everything was positive during the National Convention, however. "One of the biggest disappointments is the lack of the VA Secretary to expand the presumptives for Vietnam veterans," Gatz said. She added that the VA is currently looking at more medical evidence before making a final decision. The VA is also assessing possible changes to the rating schedule for injuries caused by service. Gatz and her office will have additional updates as they become available.

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3. [Modernize Our System](#)

3.1 - Kansas City Business Journal: [House will create panel to keep an eye on Cerner's VA project](#) (21 June, Elise Reuter, 4.7M uvm; Kansas City, MO)

Government officials will be watching closely as Cerner Corp. begins work to replace the Department of Veterans Affairs electronic health record system. Leaders with the House of Representatives' Committee on Veterans' Affairs announced the formation of a new subcommittee on Wednesday to oversee major technology projects at the VA, including its EHR modernization program.

"Over the last year and a half, we've made great strides toward reforming VA, but the most critical work is still to come," committee chairman Rep. Phil Roe, R-Tenn., said in a release. "As the department embarks on the country's largest EHR overhaul, we must ensure veterans and taxpayers are protected during the transition. Having personally gone through a transition to a

new health record system in private practice, I know how much potential there is for a project like this to be a huge and expensive disruption, and Congress has a responsibility to conduct rigorous oversight throughout every step of the process."

Cerner (Nasdaq: CERN) was awarded the contract in May, nearly a year after former VA Secretary David Shulkin tapped the North Kansas City-based company to take on the task. He picked Cerner directly without going through a public bidding process for the company's ongoing work to build a similar records system for the Department of Defense.

Since then, Cerner has weathered lawsuits from companies challenging the selection for the \$10 billion contract, as well as political turmoil within the VA, leading to Shulkin's ouster. A new VA head hasn't yet been confirmed, but Acting VA Secretary Robert Wilkie is the most recent nominee.

Cerner's work with the DoD has also come under fire, with a Pentagon report stating its MHS Genesis system was "neither operationally effective nor operationally suitable." However, VA officials said some of the problems detailed in the report were based on evaluations during its early rollout in 2017, and have since been fixed. In a May shareholder meeting, Cerner President Zane Burke decried the reports and pinned them on an unnamed competitor who "had an ax to grind."

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3.2 - WWBT (NBC-12): [McGuire VA Medical Center gets \\$9M dialysis center expansion](#) (21 June, 1.6M uvm; Richmond, VA)

A medical facility designed to help patients who get regular dialysis treatment is expanding in Richmond.

The \$9 million addition just opened up at the McGuire VA Medical Center on Broad Rock Boulevard in South Richmond.

The new space included 30 dialysis stations, state-of-the-art water treatment and more privacy for patients.

The addition more than doubled the size of the original facility.

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3.3 - Healio: [Telehealth VA program aids in identification of liver transplant candidates](#) (21 June, Talitha Bennett, 582k uvm; Thorofare, NJ)

The Specialty Care Access Network-Extension of Community Healthcare Outcomes program, or SCAN-ECHO, is a telehealth-based program created by the Richmond Veterans Affairs in 2011 to increase specialty care to patients being considered for orthotopic liver transplantation.

According to Venkata Rajesh Konjeti, MD, and colleagues, the program was designed to transfer subspecialty hepatology and liver transplant knowledge to non-transplant providers.

SCAN-ECHO was highly effective in identifying non-candidates for transplantation without further tests in a recent study conducted by Konjeti and colleagues.

“Our data indicate that a telehealth-based triage reduces futile transplant evaluations by approximately 60%,” Konjeti and colleagues wrote. “It is also possible that knowledge diffusion through SCAN-ECHO played a role in reducing referrals of transplant non-candidates.”

Centers can request an initial triage through SCAN-ECHO for transplant candidates. A hepatologist at the VA transplant center reviews the data and provides assessment of candidacy over a tele-conference.

To determine the efficacy of the program, the researchers compared transplant evaluation outcomes between 91 referrals triaged through SCAN-ECHO with 99 direct referrals.

Results showed that patients triaged through the program were less likely to be deemed non-candidates for transplantation at referral and after complete workup compared with direct referrals. Additionally, fewer patients in the program group were turned down for transplantation due to psychosocial issues, comorbidities or hepatocellular carcinoma progression beyond Milan criteria.

“We believe that expanding SCAN-ECHO to other solid organ transplant centers within the VA and elsewhere has the potential to improve access, reduce costs and minimize futile testing of patients,” the researchers wrote.

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3.4 - WRIC (ABC-8, Video): [McGuire VA Medical Center opens new dialysis wing](#) (21 June, Kyle Gibson, 447k uvm; Richmond, VA)

Richmond's McGuire VA Medical Center opened up a new dialysis wing Thursday.

The unit will have about 10,000 more square-feet than its predecessor.

Doctors said the new unit will boost efficiency and improve the quality of care, which will be beneficial for patients. The new facility should also give patients more privacy when they are in treatment.

VA officials said the project cost about \$9.6 million.

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3.5 - Becker's Hospital Review: [House plans to form panel to track VA's EHR overhaul](#) (21 June, Julie Spitzer, 441k uvm; Chicago, IL)

House lawmakers are planning to establish a new oversight panel tasked with monitoring the Veterans Affairs Department's EHR transition.

The House Committee on Veterans' Affairs will meet July 12 to consider and discuss the new subcommittee.

"Over the last year and a half, we've made great strides toward reforming VA, but the most critical work is still to come," Chairman Rep. Phil Roe, MD, R-Tenn., said in a press release. "As the department embarks on the country's largest EHR overhaul, we must ensure veterans and taxpayers are protected during the transition."

VA finalized a \$10 billion, 10-year contract with Cerner in May to replace its legacy, homegrown system, VistA. The overhaul will put VA on the same records system as the Defense Department, which began its Cerner rollout in February 2017.

Dr. Roe cited his past experience transitioning a private practice to a new EHR as the reason to establish this oversight subcommittee.

"Having personally gone through a transition to a new health record system in private practice, I know how much potential there is for a project like this to be a huge and expensive disruption, and Congress has a responsibility to conduct rigorous oversight throughout every step of the process," he said.

DOD's EHR modernization project hit a road bump after an April 30 report from the Department's Operational Test and Evaluation office evaluated the system's first pilot sites and found the EHR is "neither operationally effective nor operationally suitable." VA plans to use DOD's expertise and experience to ensure it sees a smoother transition.

"To be successful, the EHR modernization program will also require close collaboration between VA and the Department of Defense," Dr. Roe added. "I appreciate the Defense Health leadership's willingness to share their expertise, and I look forward to bringing stakeholders together through this new subcommittee."

VA is still lacking a permanent secretary after President Donald Trump fired Secretary David Shulkin, MD, in March. Robert Wilkie has been serving as acting secretary of the agency since.

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3.6 - Brooklyn Daily Eagle: [Donovan proposes legislation amid worries over VA Medical Center closure](#) (21 June, Clarissa Sosin, 66k uvm; Brooklyn, NY)

Amid worries that the VA Medical Center in Brooklyn could close leaving veterans in both Staten Island and Brooklyn stuck trekking to Manhattan for care, Rep. Daniel Donovan introduced legislation to make sure that veterans are notified of any closures or service cuts at medical centers nationwide, the Staten Island Advance reported.

"A doctor's office would never just cease service and not proactively contact their patients — it shouldn't be any different at a VA facility," Donovan said. "My bill will increase transparency regarding decisions being made at the VA to better support veterans and ensure their concerns are heard."

The Veterans Awareness Act would require the Department of Veteran Affairs to give at least 60 days notice to both veterans and their local congressional representative before closing a location or making service cuts. It would also mandate that the department hold forums to allow veterans and other stakeholders to voice their opinions.

The Brooklyn VA recently tried to close its Ear, Nose and Throat clinic, but after a rally held by local veterans groups, the NYC Veterans Alliance, Donovan and other community groups, they reversed the decision.

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3.7 - EHR Intelligence: [House to Form VA Cerner EHR Implementation Oversight Panel, The House of Representatives recently announced plans to create a new oversight panel to track the VA Cerner EHR implementation.](#) (21 June, Kate Monica, 50k uvm; Danvers, MA)

House representatives recently announced plans to form an oversight panel to ensure the \$10 billion VA Cerner EHR implementation goes smoothly, according to the Military Times.

House Veterans Affairs Committee Chairman Phil Roe (R-TN) formally announced the decision to develop a new subcommittee devoted to overseeing the EHR implementation on June 21.

“As the department embarks on the country’s largest EHR overhaul, we must ensure veterans and taxpayers are protected during the transition,” Roe said in a statement. “Having personally gone through a transition to a new health record system in private practice, I know how much potential there is for a project like this to be a huge and expensive disruption.”

“Congress has a responsibility to conduct rigorous oversight throughout every step of the process,” added Roe.

The new oversight panel will ensure the new EHR system achieves seamless interoperability with the Department of Defense’s (DoD’s) own MHS GENESIS EHR system, which is also supported by a Cerner platform.

Ranking VA Committee member Representative Tim Walz, (D-MN) commended plans to form an oversight committee as a necessary step toward successfully implementing an efficient and effective EHR system capable of maintaining a high level of quality care at VA care sites.

“Whether it is preventing disruptions in patient care, protecting the privacy of veterans, or ensuring American taxpayer dollars are invested responsibly and in a way that will improve healthcare delivery for veterans, it is important Congress is well-suited to hold VA accountable every step of the way,” said Walz in a statement.

Last month, the House passed the Veterans’ Electronic Health Record Modernization Oversight Act of 2017 (HR 4245) to allow Congress to receive certain documents related to the Cerner EHR implementation process including project timelines, costs, the health strategic architecture plan, and the transition plan for implementing updated architecture.

Under HR 4245, VA officials would need to send Congress regularly quarterly updates about the EHR implementation.

In addition to Roe and Walz, Subcommittee on Oversight and Investigations Committee Chairman Jack Bergman (R-MI), and Ranking Member Annie Kuster (D-NH) introduced the legislation in October 2017.

“As chairman and a physician, I know firsthand the value an effective electronic health records system plays in providing patients with quality health care,” said Roe in a public statement.

“The transition to the Cerner system aims to achieve seamless interoperability with the Department of Defense (DoD), which has been one of my priorities since coming to Congress, and will be one of the largest projects the department has been tasked with implementing,” he continued.

The oversight committee will track the implementation to ensure it goes more smoothly than the MHS GENESIS implementation. MHS GENESIS EHR implementations at Initial Operating Capability (IOC) care sites in the Pacific Northwest were deemed “not operationally effective or suitable,” according to an Initial Operational Test and Evaluation (IOT&E) report released in April.

OT&E Director Robert F. Behler explained that users successfully performed only 56 percent of the 197 tasks used as Measures of Performance. Clinicians and administrative staff felt most of the EHR system’s critical deficiencies were potential patient safety threats, user surveys showed.

Officials also found fault with physician workflows and found many users questioned the accuracy of the health data exchanged between external systems and MHS GENESIS. These problems with health data accuracy could pose a threat to patient safety.

While VA officials estimated its EHR implementation would be more streamlined than DoD’s implementation, the oversight committee will help to ensure the process is efficient.

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4. Focus Resources More Efficiently

4.1 - WIBW (CBS-13, Video): [Alleged altercation at US Senate hearing between VA staffer and MVP founder](#) (21 June, Shawn Wheat, 484k uvm; Topeka, KS)

13 NEWS has learned that there was an alleged physical altercation in April of 2017 during a subcommittee meeting in Washington D.C., between an employee of the VA and the founder of the Military Veterans Project.

In a recent e-mail exchange, Military Veteran Project (MVP) founder Melissa Jarboe told Joseph Burks, the Public Affairs Officer for VA Eastern Kansas Health Care System, to cease and desist any communication with her.

“The physical attack, verbal abuse and intimidation you displayed on April 27, 2017 has not been forgotten, rather thoroughly documented via video, audio and written statement to appropriate parties and chain of command,” Jarboe said in the e-mail, obtained by 13 NEWS.

Jarboe declined an on camera interview, but told 13 NEWS, she was called to testify by Senator Jerry Moran, at a hearing on “Preventing Veteran Suicide”.

When asked by Senator Moran if there was a partnership between the MVP program and the VA, Jarboe said, "We do not currently have a strong partnership with the Veterans Administration. We are there if they need us. We are not asked to attend any of their boards. We are not a part of their direct community approach or outreaches. But, we will still eagerly assist the Veterans Administration when they are in crisis or in need because that's what we're supposed to do as Americans."

Burks was sitting right behind Jarboe while she testified, but he did not testify himself.

Jarboe says after the meeting had adjourned, and several people left room, Burks came up to her aggressively and allegedly put his finger on her chest and pushed her backward. She says he was upset by her comments about the lack of partnership between the two organizations.

A staffer from Moran's office then interrupted the conversation, but according to a statement from a spokesperson, "a member of Sen. Moran's staff observed a conversation between Mr. Burks and Mrs. Jarboe that appeared to end when the staffer approached them. Sen. Moran's staff did not witness any physical altercation. Sen. Moran did not observe any exchange between Mrs. Jarboe and Mr. Burks."

Video of the hearing ended shortly after the conclusions of the meeting, and does not show Burks approaching Jarboe. 13 NEWS reached out to the U.S. Senate Committee on Appropriations for any raw video following the meeting. A spokesperson says they are currently searching archives to see if that video is available.

In the e-mail between Burks and Jarboe, she says, "instead of filing a grievance; our board, legal team and advisory council chose to discontinue communication from the local level of Topeka and Leavenworth Veterans Administration; moving forward with direct communication with VA Headquarters, Washington DC solely."

Burks reached out to Jarboe after a story 13 NEWS did on the recent release from the Inspector General's Office that showed no mismanagement at the Topeka VA, but there was need for improvement in areas.

Burks said, "Was good to see your comments last night through WIBW's interview. Thank you for your continued support of Veterans throughout the community."

Jarboe says that e-mail broke the agreement she had with Burks, to not make contact with her following the incident on Capitol Hill.

In written statement from Nelson Dean, Acting Medical Center Director for Eastern Kansas VA Health Care System, said "Eastern Kansas Health Care System was unaware of Ms. Jarboe's understanding that there would be no contact but we will oblige with her request in the future."

13 NEWS asked if they were aware of the altercation between Burks and Jarboe in 2017, because Jarboe claims Burks called and apologized to several people who were in the room at the time of the exchange. The VA did not respond. We also reached out to the national office of the VA, and our calls and e-mails were not returned.

Steve Ennis, board president of MVP told 13 NEWS, "The board is aware of a situation involving Mrs. Jarboe, and have no further comment."

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4.2 - Becker's Hospital Review: [Staffing shortages at VA hospitals vary by number and type, report finds](#) (21 June, Kelly Gooch, 441k uvm; Chicago, IL)

A new report reveals U.S. Department of Veterans Affairs hospitals face shortages of clinical and nonclinical positions.

The report, from the VA Office of Inspector General, includes a survey of approximately 140 VA medical centers, which self-reported occupational shortages as of Dec. 31, 2017. Facilities reported clinical occupational shortages and shortages of nonclinical roles, such as human resources and custodial personnel.

Overall, medical centers reported variation in the number and types of shortages, although they most commonly cited shortages of medical officers and nurses. The most commonly cited nonclinical shortages included human resources management and police occupations, according to the OIG.

Specifically, individual facilities designated between one and 89 staffing shortages, including up to 76 clinical shortages and up to 26 nonclinical shortages.

The OIG said the reasons provided for the shortages also varied, with lack of qualified applicants, noncompetitive salary, and high staff turnover among the most commonly cited reasons.

"This 2018 survey highlights the need for a staffing model that identifies and prioritizes staffing needs at the national level while allowing flexibility at the facility level," the OIG wrote. "OIG re-emphasizes the need for VHA to develop and implement a robust and targeted staffing model."

The OIG noted it did not independently confirm information provided by medical centers and that this was a general survey rather than a compliance tool.

In response to the report, the VA countered that it has achieved success with respect to staffing under the Trump administration.

"VA's vacancy rate is less than its turnover rate, and our total number of onboard employees has increased by 7,500 so far this fiscal year," the agency said in a statement to Becker's Hospital Review.

The VA also said it took the OIG's recommendation and has especially made strides with mental health hiring.

"Through the work of local and national leaders, VA has brought on a net increase of 424 mental health professionals and we are aiming to hit our target of 1,000 net new mental health professionals by December of 2018," the agency statement reads.

As of March 8, 2018, the entire VA, including medical centers, reported 33,642 full-time-equivalent vacancies, which represents a vacancy rate of 8.45 percent.

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4.3 - WSFA (NBC-12): [NPR National News uncovers widespread retaliation against VA whistleblowers](#) (21 June, Rosanna Smith, 439k uvm; Montgomery, AL)

A National Public Radio article published this week makes claims Veterans Affairs is entrenched with a management culture using fear and intimidation to prevent potential whistleblowers from talking.

More than two dozen current and former VA employees spoke to NPR. They include doctors, nurses and administrators. Many of them are veterans as well.

In the case of Central Alabama Veterans Affairs, NPR's investigation says the problems are especially acute at hospital complexes in Montgomery and Tuskegee, which are part of a regional network known as VA Southeast Network VISN 7.

There are claims senior leadership allegedly subjected employees who spoke up to similar patterns of punishment including physical isolation and verbal abuse, bullying and counter-investigations that blamed the employees for creating a "hostile work environment."

WSFA 12 News reached out to CAVHS but they directed us to the office in U-S Department of Veterans Affairs southeast District. A spokesperson said:

"NPR's piece tells only one side of the story and, as a result, is highly misleading. Several of the individuals mentioned in the article have made allegations to the Office of Accountability and Whistleblower Protection that have been investigated. VA does not tolerate retaliation. Any employee who feels he or she is experiencing retaliation should contact the Office of Accountability and Whistleblower Protection."

The spokesperson also said that in order to respond in detail the VA would need written consent from the individuals mentioned in the NPR story.

We also reached out to Congresswoman Martha Roby, who has worked to try and improve issues at the VA:

"There are brave whistleblowers mentioned in the NPR story who came forward under the leadership of James Talton, the former director of CAVHCS who has since been fired for his gross mismanagement of the system. My office worked very closely with these whistleblowers to reveal the massive problems that were plaguing the VA under Talton's watch. As it relates to the other claims from 2014 mentioned in the story, there are new protections in place for whistleblowers as well as a new process for removing bad actors that did not exist at the time of these claims. Over the last year and a half, I have worked closely with the current CAVHCS director Dr. Linda Boyle to ensure that proper steps are taken to change the culture of malfeasance and complacency that previously existed at the Central Alabama VA as referenced in this NPR article. I believe wholeheartedly that positive progress is being made, and I also acknowledge that significant work remains."

"Throughout my time in Congress, I have worked to improve quality of and access to care for all our nation's veterans. This remains a top priority of mine, and I consider it a very important responsibility."

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4.4 - Longview News-Journal: [Veterans ask range of questions at VA town hall at Longview clinic, answers pending for most](#) (21 June, 195k uvm; Longview, TX)

Veterans brought questions to a town hall meeting at Longview's Veterans Affairs clinic on Thursday and either left with answers or assurances of answers to come.

"I was asking about appeals and claims appeals, and filing claims," Army veteran Wayne Woodruff of Marshall said, after huddling about 25 minutes with Kerry Easley of the Texas Veterans Commission. "And he answered my questions."

The two men were part of a well-attended, periodically scheduled venue for service men and women to bring their questions and complaints directly to staff at the Longview clinic and leaders from its parent facility, Overton Brooks VA Medical Center in Shreveport.

The one-hour scheduled town hall was going strong nearly 90 minutes after it began, with more than half the 75 or so veterans who opened the meeting with a prayer and the Pledge of Allegiance still conferring with the people they depend on for myriad medical issues.

"I learn something every time I come," Woodruff said.

Vietnam veteran Don Brown also had a claims appeal question, after bringing his Agent Orange-related condition to Leon Jones with the Veterans Benefits Administration, an arm of the U.S. Department of Veterans Affairs.

Brown said he'd gone first to a VA office in Marshall, where he was told to go to Overton Brooks in Shreveport.

"And about a week later, I got a letter back from them that said they determined that I was not qualified for any benefits," he said. "But (they said) if I wanted to go to Waco and file a claim I can do that."

They didn't tell Brown he could file that claim online, but Jones did on Thursday.

"He gave me all the information I need to get online and fill out the reports I needed to fill out," Brown said later. "So, we'll see where it goes. He did tell me what I needed to do."

April Rueda of San Antonio was there with a question many veterans' survivors know first-hand. Her father, Army vet Ivy Horton of Gilmer, passed away last month in Overton Brooks, and the family needs death certificates to close out his accounts.

"I've been calling (the doctor), leaving messages with his secretary, and I have received no response," she said, expressing hopes the staff she met face-to-face Thursday in Longview would loosen the VA's grip on the critical document.

Don Baudat, a Vietnam veteran in Longview, said his visits to VA doctors pass too fast.

"The doctor walks in and says hi. He listens to my heart, he listens to my lungs and that is it," Baudat said. "A lot of veterans I know are leaving; they are leaving the VA service."

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4.5 - KYTX (CBS-19, Video): [Longview holds Town Hall meeting for Veterans](#) (21 June, Darcy Birden, 157k uvm; Tyler, TX)

A town hall meeting happened at the Longview Community Based Outpatient Clinic from 5 to 6 pm on Thursday.

Around 85 veterans and their family members came out for this chance to ask some questions and get answers about health care, and other v-a benefits.

Zachary Sage with Overton Brooks VA Medical Center explained what the evening was all about, "Help them get in touch with the VA, or anything they made need, health care, benefits, or anything else in the community that is in support of veterans."

They do plan to hold other town halls in the future - but if a veteran needs help or information before that happens, they are always welcome to visit the Community Based Outpatient Clinic in Longview for answers.

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4.6 - Fierce Healthcare: [OIG report: VA still struggles to recruit, retain clinicians](#) (21 June, Paige Minemyer, 141k uvm; Washington, DC)

The VA health system still faces challenges in recruiting and retaining clinicians, according to a new report.

The Department of Veterans Affairs Office of Inspector General released (PDF) its fifth annual look at staffing shortages in the agency, and for the first time the report also dives into pain points in recruitment for nonclinical staff.

Medical officers and nurses were in the highest demand, but the agency also faces a dearth of human resources professionals and police, according to the analysis. But specific needs and reasons for the staffing shortages varied significantly between the 140 VA medical centers including the OIG's report.

"To no one's surprise, the report found a wide variety of staffing needs on the ground," said Rep. Neal Dunn, R-Fla., chairman of the House Committee on Veterans' Affairs subcommittee on health, at a hearing Thursday on the findings.

While there was a lot of regional variance in the responses, OIG found three common staffing challenges across both nonclinical and clinical openings:

1. Not enough qualified applicants.
2. Salaries that can't compete with private sector jobs.
3. High turnover.

Peter Shelby, the VA's assistant secretary for the office of human resources and administration, said the agency's current three current pay systems don't offer the "agility" needed to compete against other healthcare organizations.

The VA, he said, is building a system that allows for local flexibility while also having a "complete national strategy" in place.

Staffers in some of the most demanding positions with the VA could earn three or four times the salary in a private sector job, he said.

"When you couple that with the workload, it's very hard to retain them," he said.

Shelby said that in addition to finding ways to compete on salary, the VA is working to create more central centers of excellence for hiring, and focusing on more opportunities for advancement and personal development. He said, though, that specific shortage numbers seem inflated just because of the size of the VA, and that its recruitment and retention rate fluctuates between 9% and 10%, which is comparable to the private sector.

Ongoing vacancies in key roles at the VA could make it hard for the agency to address staffing shortages at lower levels, Max Steir, CEO of the Partnership for Public Service, said at the hearing.

The department has been without a permanent secretary since David Shulkin, M.D., was fired in March. The undersecretary for health position has been vacant for 16 months, as have other appointed roles within the VA.

Department of Defense official Robert Wilkie, who has served as interim secretary since Shulkin's ouster, was tapped to serve as full-time secretary in May, but was formally nominated just this week after a lengthy, unexplained paperwork delay, The Wall Street Journal reported.

The Senate Veterans Affairs Committee is scheduled to take up Wilkie's nomination on June 27.

"It's very difficult to run an organization when people are in short-term positions," Steir said.

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4.7 - Nebraska Public Broadcasting: [Omaha VA Medical Center Shows Support For LGBTQ Veterans](#) (21 June, Alex Fernando, 82k uvm; Lincoln, NE)

In recognition of Pride Month, the Omaha VA Medical Center is showing their support for LGBTQ veterans.

Specific programs have been created to support LGBTQ members, such as a peer-lead transgender support group. A variety of resources related to helping veterans facing different issues with inclusion are also available.

LGBTQ Veteran Care Clinician, Jessica Hilbert, said the support the VA gives to veterans is important to growing as both an organization and a country.

“We’re trying to create an atmosphere of inclusivity for all people. And when its veteran specific, I mean they’ve served their country, they deserve the same respect and services that all veterans receive,” Hilbert said.

Hilbert says members of the VA community will be marching in the Heartland Pride Parade later this month along with several other events to show support for the LGBTQ veteran community.

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4.8 - The Journal: [Discrimination is never OK](#) (21 June, Editorial Board, 82k uvm; Martinsburg, WV)

June is celebrated as LGBTQ Pride Month across the United States, giving those in the community a chance to be open — both with celebrations of their authentic identities and with issues they are facing in today’s society.

Pride is more than parades, rainbow flags and TV specials. It is a time to celebrate progress and acknowledge that LGBTQ people are still facing oppression.

Pride serves as a commemoration to the June 1969 Stonewall Uprising in Manhattan, according to the Library of Congress. The Stonewall Uprising lasted six days, and included a raid at the Stonewall Inn and subsequent confrontations between LGBTQ people and police who were cracking down on gay bars in New York City operating without liquor licenses. The licenses were being denied to those who served gay people — a clear case of discrimination.

Historically, this incident is lauded as a pivotal moment for LGBTQ people as they fought back against discrimination and oppression, loudly and proudly demanding to be heard and have their civil rights protected and acknowledged.

Almost 50 years later, LGBTQ people are much more accepted and free to live their lives out of the closet, be married to the people they love and have their identities acknowledged — but that progress doesn’t negate the issues many still face.

LGBTQ people exist in every space — from religious groups to the United States armed forces — and they should be acknowledged and respected in all of those spaces. The Martinsburg Veterans Affairs Medical Center did just that, celebrating its fifth annual LGBTQ Pride celebration June 13, according to a recent Journal article.

“We have got to break stereotypes,” said Tim Cooke, the center’s medical director. “We’ve been a leader in national health care equality, but it’s more than that. It’s about fully emerging ourselves in what it means to be diverse.”

The center has been a leader in care for LGBTQ veterans, being recognized by the Human Rights Campaign Foundation as a leader in LGBTQ health care equality. The center guarantees equal visitation rights for same-sex partners; patient and employee nondiscrimination policies that specifically mention sexual orientation, gender identity; and LGBTQ health education for key staff members.

These are admirable efforts that make an impact in how LGBTQ veterans and family members are treated. These are people that have faced oppression and discrimination, struggling to exist

openly and have the same rights as everyone else. Some have based this discrimination on religious beliefs or an inability to accept another individual's way of life.

Regardless of the reason, discrimination is never justified. We are all human beings who deserve to be treated as such. These cycles of discrimination have had negative impacts on LGBTQ Americans. Lesbian, gay and bisexual youth are five times more likely than heterosexual youth to have committed suicide, according to a 2016 report on sexual identity among students from the Centers for Disease Control and Prevention. LGBTQ veterans experience depression and suicidal ideations at twice the rate of heterosexual veterans, according to the Veterans Affairs Office.

These staggering statistics reveal we have work to do in order to make our society one where every American — no matter their gender, sexual orientation, race or religion — feels safe, valuable and can take pride in their existence.

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4.9 - HealthIT Security: [270,000 Put at Risk by Med Associates Healthcare Data Breach - Recent data breaches include an employee workstation hack putting 270,000 patients at risk, New England Baptist suffering data breach in the midst of merger talks, and cybercriminals phishing in Black River Medical Center.](#) (21 June, Fred Donovan, 57k uvm; Danvers, MA)

A healthcare data breach at Med Associates, a Latham, NY-based health billing company, may have exposed PHI on more than 270,000 people, reported the Times Union newspaper.

In an announcement on its website, Med Associates said that it noticed March 22 “unusual activity” on an employee’s workstation and determined, with help from its IT vendor and a third-party forensic investigation firm, that PHI may have been access by an unauthorized party.

The information included patient names, dates of birth, addresses, dates of service, diagnosis codes, procedure codes, and insurance information, including insurance ID numbers.

Med Associates did not provide the number of individuals affected in its announcement.

“Upon learning of this incident, we immediately secured the impacted workstation, implemented even more stringent information security standards and have increased staff training on data privacy and security,” it said.

READ MORE: [Healthcare Data Breaches Now Covered by Arizona Law](#)

Med Associates President Catherine Alvey said that the company is providing free credit monitoring services to those impacted and informed OCR about the breach on June 14. So far, it has not been posted on the OCR website.

NEBH REPORTS EMAIL HACK THAT EXPOSED PHI ON 7,582 PATIENTS

New England Baptist Hospital (NEBH) reported to OCR June 12 an email hack that resulted in exposure of PHI on 7,582 patients.

In a public notice* emailed to HealthITSecurity.com, NEBH said it determined that a patient list of a retired NEBH surgeon was mistakenly used to mail out notices about developments at a private orthopedic practice.

“During our investigation, we determined that on April 19, 2018, a list of the retired surgeon’s patients was sent to the private orthopedic practice, which the surgeon had originally referred his patients to upon retirement. In addition, in a separate incident, on March 19, 2018, the retired surgeon requested and received a copy of his previous patient list from NEBH. By forwarding this information, an NEBH employee impermissibly provided names and addresses for individuals who may not have continued to receive care from the private orthopedic practice. The list did not include any diagnostic, treatment, clinical, personal, or financial information regarding any patient.”

Back in 2008, the healthcare provider notified the Massachusetts Office of Consumer Affairs and Business Regulation that it experienced a paper data breach that affected 10 state residents.

READ MORE: Healthcare Data Breach Leads to Identity Theft Guilty Plea

According to the Boston Globe, a check forgery ring obtained checking account and identity information of the patients and cashed bogus checks totally around \$3,000 for each victim.

NEBH is part of a merger deal being negotiated between Beth Israel Deaconess Medical Center of Boston and Lahey Health system of Burlington, the Boston Globe reported last month. The two sides have agreed to the name for the merged Massachusetts healthcare provider, Beth Israel Lahey Health.

“The name Beth Israel Lahey Health signifies a new beginning while harnessing the strength of our revered legacies,” Beth Israel Deaconess Medical Center CEO Kevin Tabb said in a statement.

Whether the recent data breach at NEBH will impact the merger talks remains to be seen.

*This data breach item has been updated with the NEBH public notice information.

BLACK RIVER MEDICAL CENTER SUFFERS EMAIL HACK EXPOSING PHI

READ MORE: Healthcare Data Breach Risk Higher in Larger Facilities

Missouri-based Black River Medical Center (BRMC) said June 13 that an employee’s email account was breached as the result of a phishing attack and that PHI on patients may have been accessed by the attackers.

Information that might have been accessed included patients’ names, addresses, phone numbers, and treatment information, but not Social Security numbers or financial/billing information.

BRMC discovered the breach on April 23.

“At this time, there is no evidence that the unauthorized party actually accessed or viewed any patient information in the email account, and Black River is not aware of any misuse of patient information,” the statement related.

EX-EMPLOYEE STEALS MORE THAN 1,000 MEDICAL RECORDS FROM VA HOSPITAL

The VA Medical Center in Long Beach, California, said that medical records on more than 1,000 patients were stolen by Albert Torres, a former employee, the Press-Enterprise reported June 15.

Police discovered patient records, including names, dates of birth, and Social Security numbers, in Torres' car after he was pulled over April 12 for driving a vehicle on the VA campus with suspicious license plates.

In the vehicle, they also found medications that he apparently stole from the VA facility. Police searched his apartment, where they found hard drives and flash drives with more patient data, as well as \$1,000 in cleaning supplies he apparently stole from the hospital.

Torres pled guilty to identity theft and grand theft in a Long Beach court on May 14 and was sentenced June 4 to three years in prison.

"While there is no indication of any veteran identification information being used fraudulently, VA will send letters to all 1,030 potentially impacted veterans and provide 12 months of free credit-monitoring services," the VA facility said in a press release.

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4.10 - FEDweek: [Another Bill Targeting VA Execs Clears Congress](#) (21 June, 51k uvm; Glen Allen, VA)

Congress has sent to President Trump HR-2772, the latest in a years-long series of measures targeting senior executives at the VA, this one a response to a 2015 IG audit questioning some reassignments as more for personal benefit than for official need.

A House report on the bill also cited "the perceived practice that VA moves senior officials to another location within the department instead of providing true accountability for the misconduct or poor performance for members of the SES."

The bill would require the VA to semiannually report to Congress about where senior executives are being moved and to report all expenses associated with such moves. In addition, the VA secretary would have to personally approve all reassignments of SES employees to ensure that such moves are justified and are in the best interests of the department, veterans, and taxpayers.

The report added that in light of the IG audit and subsequent attention in Congress, the VA suspended the use of the "appraised value offer" program that the department used to help sell the homes of SES employees when they were reassigned to a new position within the department, "often at a significant expense to the taxpayer," but then "quietly reauthorized the AVO program with little to no transparency on its use or new implementation policy to avoid abuse."

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4.11 - Tennessee Star: [Democrats See Another Opportunity for Outrage with VA Chief Nomination](#) (21 June, Printus LeBlanc, 18k uvm; Franklin, TN)

Every week the progressives and their media propaganda distributors gin up another fabricated scandal. This week it is the children on the southern border to distract from the DOJ IG report. It looks like the next attack will come aimed at President Donald Trump's nominee to head the often-troubled Department of Veteran's Affairs. Make no mistake about it, Robert Wilkie is eminently qualified to be the next head of the VA, and any obstacle is nothing more than obstruction of President Trump and the protection of government union dues.

Robert Wilkie has been the acting VA Secretary for the last eight weeks. He has done such a good job the President decided to nominate Wilkie to permanently fill the seat on May 18. The next hurdle to clear will be the Senate Committee on Veterans' Affairs vote followed by the full Senate vote. Once the hearings start, it is expected the typical obstruction will take place. The left will call Mr. Wilkie every name in the book with no proof to back anything up, and the mainstream media will carry the water for the progressives because that is what they do. However, they don't know Robert Wilkie very well.

Before being tapped to lead the VA, Wilkie was serving as the Under Secretary of Defense for Personnel and Readiness. The office is the principal staff assistant and advisor to the Secretary and Deputy Secretary of Defense for Total Force Management as it relates to readiness; National Guard and Reserve component affairs; health affairs; training; and personnel requirements and management, including equal opportunity, morale, welfare, recreation, and quality of life matters.

Some might ask what Mr. Wilkie's qualifications to run the vast bureaucracy of the VA are? His position as Under Secretary of P&R made him uniquely qualified for the VA position. The Military Health System (MHS) fell under his charge while he was at the Pentagon. The MHS provides health care to active duty personnel and their dependents. The MHS has a budget of over \$50 billion serving 10 million beneficiaries across the world.

The MHS is a massive healthcare system with over 130,000 employees. The employees are spread out among 65 hospitals, over 400 clinics, and over 400 dental clinics. Sounds a lot like the VA, doesn't it?

Mr. Wilkie has a lifetime of honorable service in and out of uniform. Wilkie is still in the reserves having served in the Navy as an Intelligence Officer, and currently as a Lieutenant Colonel in the Air Force Reserve. Robert Wilkie also comes from a family of veterans. His father was a highly decorated wounded combat soldier in Vietnam, giving him unique insights into the struggles veterans face.

Wilkie also has the support of all major veteran services organizations. The Vietnam Veterans of America praised President Trump's choice stating, "VVA applauds the White House nomination of Acting Secretary Robert Wilkie to serve as the Secretary of Veterans Affairs. We are confident that Wilkie, a veteran of both the U.S. Navy and U.S. Air Force, has the credentials and experience to lead the second largest government agency in this nation," said John Rowan, VVA National President.

The Disabled American Veterans stated, "With years of leadership experience in the Department of Defense, Mr. Wilkie has a deep understanding of navigating federal government

policies. The acting secretary is himself a veteran, and we have no doubt he will continue to build upon the strong foundation put in place by Secretaries McDonald and Shulkin.”

The President became a successful businessman by focusing on customer service. He picked Wilkie to do the same. The only question now is how much will Democrats obstruct this qualified candidate? Do they care more about the government unions funding them, or the veterans defending their freedom? We will find out soon.

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Printus LeBlanc is a contributing editor at Americans for Limited Government.

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4.12 - OutSmart: [Houston VA Hospital Hosts First LGBTQ Pride Event](#) (21 June, Laura Gillespie, 16k uvm; Houston, TX)

Houston’s Michael E. DeBakey VA Medical Center hosted its first-ever LGBTQ Pride event Thursday, June 21.

More than 200 veterans and VA employees enjoyed food and live music in a fourth-floor auditorium while celebrating the intersection of the LGBTQ and veteran communities.

Dr. Deleene Menefee, chair of the VA Medical Center’s LGBTQ advisory committee, said the hospital operates under a federal directive to “create a welcoming and inclusive environment [so] that all veterans who are served are given equal opportunities.”

“People are still having some translational, cultural-change issues, but that’s what we’re about, we’re about changing our culture here ... so it’s about all veterans, whoever you are, and your family, and whoever you decide your family is,” Menefee said.

The VA medical system has never had an anti-LGBTQ policy like Don’t Ask, Don’t Tell. However, anti-LGBTQ sentiment has harmed generations of veterans.

Christina Valenzuela, peer support specialist with the VA Medical Center, said she was married to a gay man who was a Marine for nine years to hide both of their sexualities.

“[My husband] couldn’t get promoted without proving that he had a wife and he was a family man, just because that’s how the Marine Corps worked,” Valenzuela said. “I’ve had friends who were dragged out of their barracks. We don’t know what happened to them, we never saw them again. We had a history of being very, very [secretive] and only sticking together, creating an inner network of gay veterans that got things done.”

Organizers hope the Pride event will help LGBTQ veterans realize that the VA Medical Center is a welcoming place where they can receive the healthcare they need, rather than as another roadblock on their journey.

The VA Medical Center offers a wide range of programs for LGBTQ people, including mental health services for those struggling with their identity, and hormones and surgery for transgender veterans.

The Pride event featured booths from local veterans groups, including the Lone Star Veterans Association; Grace After Fire, which serves women veterans; and Women's Inpatient Speciality Environment of Recovery, a group that helps women veterans who are struggling with PTSD and other mood disorders.

Danielle Brandlein, a trans woman and former Marine who was injured at boot camp, said she has often been called by her "dead name" at other hospitals. She attended Thursday's event in part to see what the VA has to offer in terms of care.

"The other thing is just to find other people and get to know other people that are in the veteran community, because I didn't know there were this many out there," Brandlein said, gesturing to the crowded room around her.

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5. Improve Timeliness of Service

5.1 - Tampa Bay Times: [Howard Altman: Long fight for benefits pays off for St. Petersburg veteran with PTSD](#) (21 June, Howard Altman, 4.8M uvm; Saint Petersburg, FL)

Peter Nolan, a combat-wounded Marine veteran from St. Petersburg, was reading a Navy memo last week about his ongoing battle for benefits and his eyes filled with tears.

The five-page memo concluded that Nolan, 39, was the victim of an "injustice" when he was kicked out of the Marines last year with no retirement benefits despite more than 18 years of service and a history of injuries during his time in uniform.

The Navy's Board for Correction of Military Records ordered Nolan moved from his status as medically separated with no retirement benefits to the Temporary Disability Retirement List. The board also ordered that Nolan be given 70 percent of his benefits dating to Feb. 1, 2017. The reason: He suffers from service-connected post traumatic stress disorder.

Nolan hasn't been able to find work since leaving the Marines and had considered suicide during his struggles. The ruling marks a turnaround in fortunes, although it may be a temporary one. He now must undergo evaluation by the same group that denied him his request in the first place.

"It was definitely a humbling experience, full of mixed emotions," said Nolan, who left the Marines as a gunnery sergeant and served his final 10 years in active reserve with the 4th Assault Amphibian Battalion on Gandy Boulevard.

Nolan's history of injuries dates back to 2003, when he fell victim to an improvised explosive device in Iraq. He suffered a traumatic brain injury, aggravated later by recollections about his combat experiences. He was diagnosed with PTSD.

A later deployment to Africa exposed him to dead bodies, further aggravating his condition. He also suffered a spinal injury, knee and shoulder problems, and stomach and hearing issues and turned to alcohol to cope with his problems.

By 2014, Nolan's mental and physical struggles led him to seek help and he quickly became mired in the Navy's medical bureaucracy.

His ordeal actually grew more difficult because he functioned well despite his problems, earning an assessment as "a highly qualified Marine," according to the Navy board's memo.

In May 2014, he was hospitalized after reporting symptoms he thought were related to his brain injury. He stayed for three months, suffering from PTSD. A year later, he was hospitalized again for mental health issues and required back surgery among other treatments.

In the following years, he went before Marine physical evaluation boards. One found him fit for duty, while another, and his command, found otherwise. Meantime, the Department of Veterans Affairs proposed a temporary disability rating of 100 percent.

He was ultimately found fit for service and appealed, but he was denied and discharged from active duty Feb. 1, 2017. He received no severance pay and no retirement benefits. The decision also ended his temporary VA rating.

But Nolan says that thanks to the intervention of the Whistleblower Law Firm, which took his case for free in October 2016, and U.S. Rep Charlie Crist, D-St. Petersburg, he landed a place on the Navy's temporary retirement list and obtained 100 percent of his VA benefits.

Combined, that means about \$7,800 in income for Nolan, who is married and the father of three.

"We hope that this case and its decision is a catalyst for Congress to create legislation so that no more of our veterans have to go through this again," said law firm founder Natalie Khawam.

Nolan said the ordeal has taken a toll on him and his family. He is grateful for the help, including the work of the PREP team at the James A. Haley Veterans Hospital in Tampa.

"Without these people I wouldn't be alive today," he said. "With a suicide rate as high as it is, my concern is about what happens to others going through medical and mental health issues."

...

The Department of Defense announced today the death of a U.S. Navy sailor who was deployed in support of Special Operations Command Forward - East Africa for U.S. Africa Command.

Petty Officer 1st Class Matthew I. Holzemer, of Tennessee, died June 17 at Camp Lemonnier, Djibouti, as a result of a non-combat related incident. The incident is under investigation.

There have been 2,347 U.S. troop deaths in support of Operation Enduring Freedom in Afghanistan; 50 U.S. troop deaths and one civilian Department of Defense employee death in support of the follow-up, Operation Freedom's Sentinel; 54 troop deaths and two civilian deaths in support of Operation Inherent Resolve; one troop death in support of Operation Odyssey Lightning, the fight against Islamic State in Libya; one troop death in support of Operation Joint Guardian, one death classified as other contingency operations in the global war on terrorism; one death in Operation Octave Shield and four deaths in ongoing operations in Africa where, if they have a title, officials will not divulge it.

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5.2 - Daily Press: [Hampton VA aiming to improve sub-par nursing home grade](#) (21 June, Hugh Lessig, 863k uvm; Newport News, VA)

The Hampton VA Medical Center's nursing home scored two out of a possible five stars in recently released national ratings, but officials say they're working to improve the facility through more training, revamped hiring practices and new services.

The data released by the Department of Veterans Affairs covers 130-plus nursing homes, or community living centers, operated by VA hospitals. It marks the first time the VA has publicly posted the ratings.

Eleven homes across the country received a one-star rating and 29, including Hampton, had two stars. Thirty-two homes received a top five-star rating.

In a news release announcing the data, VA officials say its community living centers compare favorably to private-sector nursing homes. The VA homes serve residents with more challenging conditions than found in the private sector. That includes prostate obstruction, spinal cord injury, mental illness, homelessness, post-traumatic stress disorder, and combat injuries.

Also, private-sector homes can choose which patients to admit. The VA will not refuse care to any eligible veteran, regardless of condition. Because the VA homes have patients with more challenging or complex conditions, it makes it more difficult to receive higher ratings, they said.

The data will be released annually from now on, said acting VA Secretary Peter O'Rourke. It will be used "to drive improvements across the VA nursing home system, including aggressive efforts to improve our 11 one-star facilities by sharing best practices," he said.

Hampton and the region

The Hampton VA Medical Center is part of the agency's Mid-Atlantic Health Care Network, which includes medical centers in Virginia, West Virginia and North Carolina. Ratings vary throughout this region.

Two VA homes besides Hampton received two-star ratings: Fayetteville and Asheville, N.C. Four-star ratings went to nursing homes operated by VA centers in Richmond, Salem and in Durham, N.C. A VA nursing home in Salisbury, N.C., had a one-star rating. Another in Beckley, W.Va., scored three stars.

In an email to the Daily Press, Hampton VA spokeswoman Jennifer Zingalie outlined several steps now underway to improve the two-star rating.

This year, Hampton launched a short-stay program to give veterans additional options for care, she said, but it's still getting off the ground.

"Leadership is working through the growing pains that come with establishing a new program as we review the internal system and hiring barriers," the email states.

Hampton has also begun offering various therapy services in early evenings and Saturdays, and is hiring additional staff.

Additional training for nurses is also on tap. “Education is key to training staff to recognize the unique needs between short-stay and long-term care residents,” the mail states.

Behind the numbers

The overall rating — two stars, in Hampton’s case — is compiled by assessing three areas: staffing, quality and survey results. Hampton scored a 3 on the survey, a 2 in staffing and a 1 in quality.

The survey category encompasses the last three years of on-site inspections/surveys by trained personnel. The most recent survey findings are weighted more than the two previous years.

The staffing rating includes the number of hours of care provided on average to each resident daily. A nursing home with residents who are sicker or have greater needs would be expected to have more staff than a facility where needs were not as high.

The quality rating is compiled by gathering information on different physical and clinical measures. It’s collected on a standard form and includes the residents’ health, mental state, physical functioning and general well-being.

Transparency?

The VA release knocked the Obama administration for refusing to release “certain VA quality data” in the past. That was an apparent reference to star-based ratings for VA medical centers overall — information became public in 2016 when USA Today obtained it.

The release said “under President Trump’s leadership, transparency and accountability have become hallmarks of VA.”

However, USA Today and Boston Globe, which published the nursing home ratings earlier this month, said the VA released the information in response to their queries. In a follow-up story this week, the newspapers said the VA still hasn’t released more detailed data, including rates of infection and injury.

The VA, for its part, pushed back on how those newspapers initially reported the nursing home data. The stories concentrated on the quality sub-rating, not the overall score, said VA spokesman Curt Cashour. That amounted to “cherry picking” and not reflective of general conditions, he said.

However, several members of Congress are now demanding the release of supplementary data behind the starred ratings, USA Today reported.

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5.3 - WBRC (FOX-6, Video): [Tuscaloosa VA receives low rating for community living centers](#) (21 June, Ugochi Iloka, 592k uvm; Birmingham, AL)

New data rates Tuscaloosa's VA's nursing homes very low. Five stars can be given to VA nursing homes also known as community living centers across the country.

At the Tuscaloosa VA, the CLC's were rated at the very a bottom - a 1 compared to the private sector.

The Tuscaloosa VA Medical Center director John Merkle said the star ratings are one tool the VA uses to promote improvement.

"You know seeing a 1-star rating we don't want to do it our staff is not happy about it, but it also gives us motivation because we feel like a 5 star and that's who we are, and it gives us motivation to do better," said Merkle.

Three factors determine a score - quality, unannounced surveys and staffing level compared to regular nursing homes in the private sector.

"We take care of all veterans, but because of what the veterans have gone through like mental health and wars their conditions are a little more difficult than the outside," said Merkle.

Senator Doug Jones spoke about the report and the long line of complaints against the VA.

"The VA is withholding detailed data about the quality of 130 nursing homes nationwide," said Jones.

The director tells me they try to be as transparent as they can. This wife of a veteran who is cared for here, thinks staff has been very open.

"That rating should not be labeled on this VA facility, this would match up to any place of where they would put a loved one and have no fear," said Linda Watkins, wife of a veteran.

The Tuscaloosa VA Medical Center overall rating is a 4, separate from their community living centers, which are a 1.

They plan to open another 20-bed cottage to house even more veterans who need care next week.

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5.4 - KTAR (FM-92.3): Two veterans' nursing homes in Arizona given low ratings from VA (21 June, 446k uvm; Phoenix, AZ)

A nursing home for veterans in Prescott, Arizona, ranks among the worst in the nation, according to data from the U.S. Department of Veterans Affairs.

The agency's Community Living Center in Prescott got a one-star rating from the department — the lowest possible score in the five-star system.

The nursing home provides short-term rehabilitation and stabilization for veterans, including medical care, nursing and multiple therapies. It has 85 beds, but the most recently available records indicate only 45 are typically in use.

Patients reported a lower ratio of falls, bedsores and ulcers than the VA average at nursing homes.

But some 45 percent of patients report frequent severe or moderate pain, or horrible pain within the previous five days, VA data showed.

By comparison, 33 percent of patients in other VA living centers and only 6 percent in private care facilities report that level of discomfort.

Another nursing home in Tucson, with 90 beds, was given a two-star rating.

U.S. Sen. John McCain (R-Ariz.) sent a letter Thursday to Peter O'Rourke, the acting secretary of the department, in an effort to obtain more detail about the problems at the nursing homes and how the department plans to address them and improve the delivery of care.

In the letter, McCain asked for the data that was used to determine the rating, the department's plan and timeline to address the identified concerns and why the data was not released until recently.

"These results, along with their abysmal overall rankings, are disappointing and unacceptable. This is not the quality of care that we as a nation should provide our aging veteran population," McCain said in the letter.

"I fear that if the issues highlighted by these rankings are not adequately addressed in a timely manner, we open the door to a chronic lack of medical care for those who need it most."

The Associated Press contributed to this report.

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5.5 - KTAR (FM-92.3): [Facing Arizona: Caregivers for veterans are the 'hidden heroes'](#) (20 June, Thomas Yoxall, 446k uvm; Phoenix, AZ)

I moved to Arizona in 1995, my father is retired USMC. I started in Yuma and then we were stationed for eight years at Davis-Monthan Air Force base.

For me, my biggest concern, thinking of my children and husband, who has an ambulatory injury due to his service, is long-term care and the effects that has on caregivers.

Today, due to advancements in medical treatment and technology, more and more veterans are returning home with battle injuries they would not have traditionally survived. These include PTSD, TBI and extensive ambulatory issues. This has not only put a strain on and impact on our V.A. and medical facilities, but more importantly the impact on the caregivers that receive no compensation from the state or the federal government. We refer to them as our hidden heroes.

Primarily under the Elizabeth Dole Foundation, we have one family here, in Arizona, that has the fellowship, but we do not recognize those other caregivers. Rand McNally completed a study that detailed the millions of dollars that these people save the federal government by providing care for their spouses or children that were injured while serving their country.

What we need in Arizona is acknowledgement of this fact, and provide support and services for these caregivers, many who are already suffering from burnout. It's unfortunate that in many cases, the people that can make the biggest difference for our veterans often turn their backs on them. It is equally shameful when these same people do not acknowledge the additional strain and sacrifices that are made by friends and family members in providing care and support for their loved ones without aid or assistance from these same governmental agencies.

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5.6 - Becker's Hospital Review: [Communication lapses led to 16 patient deaths at Memphis VA hospital, OIG says](#) (21 June, Megan Knowles, 441k uvm; Chicago, IL)

A report by the Office of Inspector General revealed 16 preventable patient deaths in a two-year period and unsanitary conditions at the Memphis, Tenn.-based Veteran Affairs Medical Center, according to WREG.

From October 1, 2015, through September 30, 2017, nine Memphis VA patients developed pressure ulcers while receiving care at the facility; 16 patients with serious treatable conditions died at the facility; and two patients developed catheter-related bloodstream infections. Unsanitary conditions included soiled furniture and dirty air ducts in food preparation areas.

Hospital officials attributed the issues to a lack of communication, personnel and training. The facility typically has stable executive leadership and active engagement with employees, the report stated.

"Memphis VA Medical Center appreciates the inspector general's review, which focuses mostly on events that occurred under the facility's previous leadership dating back to 2014," hospital officials said in a statement obtained by WREG.

"Since then, VA has appointed a new facility director, made a number of key leadership changes and lowered the facility's mortality rate to .81 percent — among the lowest of all VA facilities in this region. While the inspector general found a number of opportunities for improvement, we welcome the scrutiny and consider this an opportunity to redouble our efforts to serve veterans."

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5.7 - New York Times Magazine: [Military Veterans Respond to Our Cover Story About Moral Injury](#) (21 June, 324k uvm; New York, NY)

For last week's cover story, Eyal Press examined how civilian and military drone operators are confronting the moral questions around waging war that come from committing acts that cross their own ethical lines. We asked readers to share their experiences with moral injury and how they came to understand their symptoms. Below is a selection of those responses.

[Read The Wounds of the Drone Warrior]

'It's the Shock of Realizing Who I Am'

I was in a combat infantry unit in Vietnam from 1969 to 1970. After returning home, I experienced the usual PTSD symptoms: nightmares, flashbacks, hypervigilance, the need to self-medicate and an exaggerated startle reflex. I also became hostile to authority, making it difficult for me to work with others and hold a job. Years later, I read Jonathan Shay's book "Achilles in Vietnam" and immediately understood the concept of moral injury. It's not just the trauma and fear I experienced in combat. I saw firsthand the many ways in which we brutalize and kill our fellow humans. I recoiled, but then I began to feel those same urges within myself. It sickened me, but I came to accept that this is who we are and this is what we do. Naturally, this is not a subject for polite conversation. But moral injury is a real thing. It's the shock of realizing who I am.

Chet Boddy, Little River, Calif.

'I Had a General Sense of Disconnect From the People Around Me'

I didn't recognize myself in the mirror, and I suffered from digestive issues and difficulty sleeping. I also suffered from depression and suicidal ideation. While I was deployed, my young cousin thanked me for keeping him safe, but I couldn't bring myself to respond for fear of lying. When I returned, I didn't believe that I was a good person and identified with the lines from the film "Road to Perdition": "This is the life we chose, the life we lead. And there is only one guarantee: None of us will see heaven." Because of this impression, I had a general sense of disconnect from the people around me. I came to understand that I suffered from moral injury through a combination of values-based therapy and my reading on the subject. Although an ongoing process, I am finally reconciled with who I am.

Sean Case, Cambridge, Mass.

'I Still Feel Sick Inside Over It'

Onset of extreme anxiety, depression, panic attacks, misunderstood fears, patterns of alcohol abuse. I have never been given a diagnosis of moral injury, only depression. I realized my internal conflict after watching drone strikes during a yearlong deployment supporting operations. I started to wonder why most people celebrated the death of another human being. I still feel sick inside over it.

Jeffrey McCrady, Millersville, Md.

'I Regret Going Home After a Strike and Pretending That I Was O.K.'

I am a medically retired Air Force remotely piloted aircraft sensor operator. I held that title for over five years. What they fail to see or understand is that feeling of going 100 m.p.h. to zero and zero to 100 again. We don't strike like a fighter jet and drop bombs and leave. You stay. You watch the remains being loaded. You watch the drive to the hospital, and you watch the burial. From beginning to end. Trusting that you made the right decision, or that someone else had more information than you and that it made it "O.K." I absolutely made a difference in the battlefield, and I am proud of that. When you have nightmares every night, and those moments are replayed in your face, and you wake up with your bed full of sweat and a wife who looks at you like you're crazy. Those are the moments I regret. I regret going home after a strike and pretending that I was O.K. at my daughter's birthday party. Nobody takes you seriously when you tell them what you do. No, I wasn't shot at. No, my friend never died. No, an I.E.D. didn't take out my convoy. I realize the difference in that. It's easy to understand how that can change someone forever. After 12 years in the military, five and a half as a sensor operator and 2,400 hours for combat missions, I promise it will change you. The job is necessary in my opinion. These operators just want to be taken seriously.

Huck Flynn, Fort Collins, Colo.

'A Wounded Heart Is Always Torn by the Moral Conditions of War'

Classic conditions of "Soldier's Heart" began in the summer of 1995. I was the senior order of battle technician (a chief warrant officer 2) for the Bosnian Muslim armed forces during the civil war in Bosnia-Herzegovina. It was my role to provide "predictive analysis" of the conflict, and I forecast the slaughter of the male population of Srebrenica and Zepa, warned of the coming assaults, tracked and monitored the genocide and helped identify the mass graves. Having grown up in a Christian, patriotic small-town in central Pennsylvania, I was assured that we (the United States) would never let such a holocaust happen again. I believed it as a central moral principle as a soldier and an officer and felt deep remorse and turmoil for decades. I had great difficulty at first getting treatment from the V.A. My "exposure" to the trauma was via satellite images, reports, radio and fax messages, as well as on-the-ground work as a contractor after the signing of the Dayton Accords. I returned to the United States very ill in September 2001. Finally after an in-depth, inpatient program for PTSD at V.A. Puget Sound American Lake Hospital in 2006, I began to understand, recover and accept my condition. I am forever changed. Moral injury is similar to the effect of a cold-weather injury. Once received, the person is forever changed and forever vulnerable to the conditions and circumstances that started it all. A person with frostbite is always vulnerable to cold. A soldier with a wounded heart is always torn by the moral conditions of war, conflict and crisis. I have made it today. In a world full of moral choices, I am grateful for my moral injury. I am able to empathize and sympathize in a new way.

Timothy Smith, Dover, Ark.

'I Was Hesitant to Open the Doors to the Hurt and Trauma'

On Jan. 11, 1969, my pilot was shot down, captured and executed by the Viet Cong while on a reconnaissance mission near Cao Lanh, Kien Phong Province (now Dong Tap), in Vietnam's Mekong Delta. The day of his capture and eventual death, as well as many other aspects of my service in the field, has haunted me throughout my life in the form of severe headaches, nightmares, flash anger and broken relationships. I had fooled myself that I have been able to cope with these memories throughout my life by focusing on my work. But the reality is that I was hesitant to open the doors to the hurt and trauma that seeking help might bring. I am retired now and still try to keep busy, but with time on my hands, my mind invariably moves back, and I can't let it go. I finally took steps to seek genuine help by filing a claim with the V.A. and hope to start serious counseling in the coming weeks.

Mike Vouri, Friday Harbor, Wash.

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5.8 - KJZZ (NPR-91.5): [McCain Calls For Closer Look At Conditions In VA Nursing Homes](#)
(21 June, Jimmy Jenkins, 168k uvm; Tempe, AZ)

Sen. John McCain is asking the Secretary of the Department of Veterans Affairs to address reports of poor quality at VA nursing homes in Arizona.

McCain asked acting secretary Peter O'Rourke for more details after a report from the VA showed Northern and Southern Arizona Health Care Systems' nursing homes received poor quality scores.

"In light of the shadow that continues to be cast on the Phoenix VA Medical Center . . . I find it troubling to learn of lapses in care that extend to other areas of the VA's Arizona portfolio," McCain wrote.

He called the findings abysmal, disappointing and unacceptable.

The senator flagged several issues for closer inspection, including the methods for data collection and the metrics used to rank facilities.

McCain asked the secretary for prompt answers before the problem areas turn into a "chronic lack of medical care for those who need it most."

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5.9 - News-Review: [Roseburg VA nursing home receives four star rating](#) (21 June, 160k uvm; Roseburg, OR)

The Roseburg Veterans Affairs Medical Center's Community Living Center has received a four-star rating out of a possible five stars.

Roseburg VA Interim Director Dave Whitmer said in a written news release that staff members have worked hard to improve the center.

They started a Fall Reduction Observation Group, or FROG, a team of clinicians that reviews every incident in which a patient fell down at the center. The goal is to figure out what happened each time, so future falls can be prevented.

The center has also improved medication management and reduced the use of anti-psychotropic medications. And staff members have been performing weekly rounds to assess the environment, including building and equipment issues, so that problems can be resolved before they have the chance to impact patient care.

The center has also improved hospice care by admitting patients quicker and involving the family more.

Staff members are also receiving additional training in hopes they will be better able to deescalate and prevent patient behavioral problems.

The Community Living Center ranking is based on a ranking system used by the Centers for Medicare and Medicaid to rank private sector nursing homes.

"While we are enthused and encouraged by our CLC 4-star rating we still have room to improve and provide even better care to our Veterans moving forward," the news release said.

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5.10 - KRNV (NBC-4): [Reno VA nursing home gets two-star quality rating, up from one-star rating in 2017](#) (21 June, Ben Margiott, 158k uvm; Reno, NV)

The nursing home operated by the VA Hospital in Reno received a two-star quality rating in the first quarter of 2018, up from a one-star quality rating in fall 2017, according to the Department of Veterans Affairs.

Reno's VA nursing home received three stars overall, five stars for staffing and two stars for quality on a five-star scale.

In a press release, the VA said that the nursing home system overall compares closely with private nursing homes, "even though the department on average cares for sicker patients."

Nevada Senator Catherine Cortez Masto (D), responding to the news, introduced an amendment that would require the VA Inspector General's office to investigate all the nursing homes that received an overall one-star rating in the last two years.

"The VA must continue to monitor the conditions our aging veterans live in and work to improve the quality of care provided in poorly run nursing facilities," said Cortez Masto in a press release. "For all the sacrifices they've made serving our country, Nevada's veterans deserve the best care we can provide. This amendment ensures that we do not overlook their needs and requires the VA to improve the care provided to our veterans."

Nevada Senator Dean Heller (R) announced he has requested additional information from the director of Reno's VA hospital.

"My commitment to ensuring the 300,000 veterans in our state receive the quality care they deserve is one of my top priorities as Nevada's senior senator," said Heller in a press release. "That's why today I am requesting that Director Howard explain these reports and provide additional details, including improvements that have been made since 2017."

In a response to Senator Heller, Reno VA Director Lisa Howard wrote "I have every expectation our successful strategies will show continued improvement in future reports."

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5.11 - Gazette Newspapers: [Long Beach VA Nursing Home Gets Top Rating](#) (21 June, Harry Saltzgaver, 108k uvm; Long Beach, CA)

A nursing home that is part of the Long Beach Veterans Affairs complex has been rated among the best in the nation, officials said last week.

The nursing home received the best possible 5-star rating as part of its annual performance review. The VA is releasing ratings for all its nursing homes for the first time as part of a commitment to transparency.

Long Beach's operation, named the Tibor Rubin Veterans Affairs Medical Center, operates one of more than 130 military-operated community living centers — the equivalent of private nursing homes.

"We are proud to see our scores reflect our commitment to our mission of caring for our veterans," Walt Dannenberg, director of the VA Long Beach Healthcare System, said in a release. "... We will ... continue to push to become the best health care system to be found in the country."

According to the release, VA nursing homes often care for sicker patients with more complex needs than the private sector, making the ranking more significant. For more information, go to <https://www.longbeach.va.gov/>.

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5.12 - WATN (ABC-9, Video): [Memphis VA Medical Center Leaders & Veterans Respond To Tough Inspection](#) (21 June, Brad Broders, 54k uvm; Memphis, TN)

Preventable deaths, post care infections, and underwhelming patient satisfaction; all are included in a scathing new report about the Memphis VA Medical Center. The Inspector General's report covers to 2014 to 2018 and followed a weeklong visit by federal inspectors earlier this year.

The 75-page report found everything from unsanitary conditions to unhappy patients and offers 13 recommendations to hospital leaders.

Longtime patients painted a different picture.

"They meet the needs that I have," Memphis VA Medical Center patient and Marine veteran Robin Greer said.

After years as a patient, Greer believed the mainly negative inspection about the Memphis VA Medical Center put the facility in an unfair light.

"Yes, they should be scrutinized, and yes, they have a standard to meet, but that's doctors anywhere," Greer said.

The report from the Inspector General's Office found 16 patients with serious treatable conditions who died at the hospital between 2015 and 2017. Inspectors also cited a 49% patient satisfaction, 17% below the national average, along with stained walls and dirty exam rooms.

"I was there three days and my sheets were, you know, changed on a regular basis," Memphis VA Medical Center patient Harry Campbell said.

Director David Dunning, who took over the facility last year, said in a statement: "The Memphis VA Medical Center is under new leadership and on a new path and we look forward to complete all of the inspector general's recommendations."

"I think they should give the man a chance to set things in order," Campbell said.

The report also said the hospital has generally stable executive leadership and active engagement with employees.

VA leaders currently give the hospital a 1-star out of the 5-star quality rating, in the bottom 10% of VA hospitals nationwide.

Congressman David Kustoff sent the following statement Thursday:

. As such, I will continue to advance legislation here in Congress so we can provide veterans with the proper care."VAMC "I am extremely disappointed to see the men and women who bravely served our country not receiving the best quality of care they deserve. Patient satisfaction decreased, facilities are not cleaned properly, and there are major lapses in overall patient care, even resulting in death. These serious issues could have easily been avoided, and sadly resulted in a 1-star rating for the Memphis

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5.13 - CenTexProud (Video): [Funding "Warrior Fitness Park" for veterans](#) (20 June, Nohely Mendoza, 12k uvm; Waco, TX)

The Central Texas VA Health Care System needs your help funding a new project for veterans. Its called the Warrior Fitness Park and will be used by veterans undergoing mental health rehabilitation.

"The stronger you are physically, the better you can deal with things mentally," said Toby Johnson, Temple VA's Kinesiotherapist. "I come to work and I look out these bay windows and I see veterans out there smoking, literally killing themselves so when I talked to management about what can we do about this, we moved the smoking section, and now we've got this area out there that's really a nice area, and I thought 'hey, maybe we can put this thing to good use.'"

The outdoor gym will help veterans both inside and out.

"A lot of people that we have come through specially veterans are dealing with things like depression and PTSD that people don't really think about, on top of the physical problems they may have from whatever may have happened to them. So hopefully we can help them deal with that too," said Johnson.

"It's a way out of stress, for me anyway, it's a way to get centered and focused on the day," said Veteran Peter Raymond.

Raymond is one of the projects largest contributors, giving \$10,000.

"I wanted it to happen while I'm here, I wanted to leave a mark," said Raymond. "I'm proud to be part of something that's making us all stronger."

"This is a wonderful opportunity to give back and to see something immediately that you have contributed to and know that our veterans are receiving excellent care because you cared," said Bridgett Holmes, Voluntary Service Specialist.

The Health Care System is accepting donations and hopes to have the project completed in August.

"We're just grateful for the opportunity to do something for our vets," said Johnson.

The whole project costs about \$25,000 dollars.

You can donate money online [HERE](#).

Or by contacting the Temple VA's Chief of Voluntary Service Reginald Hardy, Sr. at 254-743-2893 or by email at reginald.hardy@va.gov. You can also send a donation to Voluntary Service:

Central Texas Veterans Health Care System

1901 Veterans Memorial Drive

Temple, TX 76504

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KGET (NBC-17, Video): [Unaccompanied veterans honored at Bakersfield National Cemetery](#) (21 June, 58k uvm; Bakersfield, CA)

Local unaccompanied veterans, interred at Bakersfield National Cemetery who didn't have family here when they were buried were honored at a ceremony Thursday.

Four men were provided full military honors during a ceremony Thursday morning.

The four veterans honored were: Army recruit Ken Fukuhara, Air Force airman Shelton Gulley, Air Force Staff Sgt. Jerry Adams and Army Pvt. James Maldoon.

"It warms the heart when the community comes out and supports our veterans that are unaccompanied, but not unaccompanied for long because they are apart of our family," cemetery representative Pete De Los Santos said.

"It's very important that we recognize what they have given to our country, what they have selflessly sacrificed in defense of our country."

The ceremony happens quarterly and the public is always invited to help honor those who served.

The next ceremony is scheduled for Sept. 20.

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8. [Other](#)

8.1 - WJAX (CBS-47, Video): [Jacksonville man accused of pretending to be a blind veteran to claim benefits](#) (21 June, Ryan Nelson, 443k uvm; Jacksonville, FL)

A Jacksonville man is accused of pretending to be blind in order to collect VA benefits.

Investigators say they caught Jose Calderon-Fuentes doing yard work and even driving.

Now, he could face a up to 10 years in prison.

This investigation was a combined effort from the Department of Veteran Affairs, Office of Inspector General, U.S. Immigration and Customs Enforcement's Homeland Security, and the FBI.

Investigators say Calderon-Fuentes claimed to be bilaterally blind, so he could collect thousands in benefits.

Those benefits are reserved for people who need it most.

Retired Marine Col. Len Loving is CEO of the Five Star Veterans Center in Jacksonville.

The center houses veterans suffering from homelessness, PTSD and disabilities.

"It's despicable that somebody would take advantage of a system that is set up to take care of people that have real needs," said Loving.

Investigators say he was given a 100 percent disabled rating by the VA, then applied for a second license in Puerto Rico.

The report says he showed medical proof of 20/50 vision in his license application.

"We have some here at the center that have real needs and they have a hard time getting any type of help from the VA," said Loving. "It's not that the VA doesn't want to help, it's just getting through the process."

From one battle to another – many vets come home to find getting approved for VA benefits is a struggle.

"It was very difficult in that regard in getting through the process," said Loving. "There were a lot of times that you had to go for various types of testing."

That sentencing is scheduled for Sept. 2018.

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8.2 - WKBT (CBS-8, Video): [Missing Tomah man found safe](#) (21 June, Deb Brazil, 197k uvm; La Crosse, WI)

The missing Tomah man, who was the nation's first Wisconsin Department of Justice's Green Alert, is found safe.

A Silver Alert was issued after Michael Bates left the Tomah VA Medical Center Community Living Center at 9:11 a.m. Tuesday, June 19, according to a media advisory from the Tomah VA Medical Center.

Bates is in stable condition and his family has been contacted.

"This is a splendid example of how the Silver Alert and Wisconsin's Green Alert systems foster cooperative efforts between local, state and federal agencies," says Victoria Brahm, Tomah VA Medical Center Director. "I would like to personally thank the Wisconsin media outlets for broadcasting and sharing the Silver and Green Alerts. Additionally, our staff at the Tomah VA are grateful and appreciative to have Mike safely returned home."

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Veterans Affairs Media Summary and News Clips

24 June 2018

1. [Top Stories](#)

1.1 - Pasadena Star-News: [The VA shelter doesn't allow pets, but that's not stopping this vet who travels almost daily to Pasadena](#) (23 June, Christopher Yee, 192k uvm; Pasadena, CA)

For the past two weeks, 57-year-old Sesmon Sweat has been traveling almost daily back and forth from the Veterans Affairs' West Los Angeles Medical Center to the Pasadena Humane Society. The trips are long and require taking buses and light rail, but it's worthwhile for Sweat, a U.S. Army veteran, to see his best friend, a 6-month-old pit bull named Blue.

[Hyperlink to Above](#)

1.2 - Killeen Daily Herald: [Civilian contractors, civilian government employees facing difficult situations after burn pit exposure](#) (23 June, David A. Bryant, 156k uvm; Killeen, TX)
Dwan DeGraffe needed work. He had just gotten out of the Army, had just had his first child, and the small jobs he was finding in Killeen just didn't pay enough to make the mortgage payments. It was 2005, and the eight-year veteran had never deployed to the wars in Iraq and Afghanistan.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - WTVC (ABC-9, Video): [VA holds town hall in Chattanooga](#) (23 June, Josh Roe, 200k uvm; Chattanooga, TN)

Representatives from The Tennessee Valley Healthcare System and Nashville Veterans Benefits Administration visited Chattanooga to answer veteran's questions in June. We spoke to Chuck Alsobrook, Veterans Service Officer for Hamilton County, and Marianne Meyers, Tennessee Valley Health System Assistant Director about what to expect from the town hall.

[Hyperlink to Above](#)

4.2 - HealthLeaders: [Nurse Anesthetists Want Full-Practice Authority](#) (22 June, Kenneth Michek, 162k uvm; Brentwood, TN)

After a report identifies an anesthesia provider shortage at the VHA, the American Association of Nurse Anesthetists calls for the system to grant CRNAs full-practice authority. In December 2016, after a hotly debated comment period, the Department of Veterans Affairs announced it was amending its provider regulations to allow full-practice authority to APRNs employed at the VA.

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5. [Improve Timeliness of Service](#)

5.1 - The Durango Herald: [Vets may be affected by past water contamination](#) (22 June, 439k uvm; Durango, CO)

From the 1950s through the 1980s, people serving or living at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene and other chemicals. This chemical exposure may have led to adverse health conditions.

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5.2 - Times Daily: [Jones: Make VA nursing home data public](#) (23 June, Mary Sell, 193k uvm; Florence, AL)

U.S. Sen. Doug Jones last week called for an annual release of information about the quality of care at nursing homes run by the U.S. Department of Veterans Affairs. Currently, data is collected on 133 homes, including two in Alabama, but not readily made public.

[Hyperlink to Above](#)

5.3 - WBDK (FM-96.7, Audio): [PTSD treatment comes with awareness](#) (22 June, Tim Kowols, 98k uvm; Sturgeon Bay, WI)

As more soldiers return home from the world's battlefields, the importance of post-traumatic stress disorder (PTSD) awareness is becoming clearer. According to the Department of Veterans Affairs, between 11 and 20 percent of recent veterans have PTSD.

[Hyperlink to Above](#)

5.4 - KHGI (ABC-13): [Veterans Transportation Service coming to Grand Island in July](#) (23 June, 76k uvm; Axtell, NE)

Grand Island veterans will soon have a free ride to and from doctor's appointments when a transportation service begins operating in mid-July. Veterans Transportation Service is already in full operation at the Omaha VA Medical Center. The free service picks veterans up from their homes, delivers them to their VA scheduled appointments, and transports them back to their residence.

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6. [Suicide Prevention](#)

6.1 - Journal Tribune: [Safetalk aims to open conversation on veteran suicide, prevention](#) (23 June, Tammy Wells, 20k uvm; Biddeford, ME)

Patrick Maloney was the type of guy who could make you laugh, his mother said. "To date, he was the funniest person I'd ever met," said Lauri Maloney. "He was not afraid to make himself look like an idiot (for a laugh)." The laughter went silent on Dec. 1, 2013 when Patrick, 32, and a U.S. Navy veteran, took his life. It has been a difficult five years for his family.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KUSA (NBC-9, AP, Video): [Sailor killed at Pearl Harbor being reburied at Fort Logan](#) (22 June, 3.1M uvm; Denver, CO)

A sailor from Kansas who was killed in the Japanese attack on Pearl Harbor is being reburied in Colorado, not far from the remains of his family. The body of Wallace Eakes will be buried at Fort Logan National Cemetery in Denver on Thursday.

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7.2 - The Daily Courier: [Rental prices hurt homeless voucher program](#) (23 June, Nanci Hutson, 490k uvm; Prescott, AZ)

They answered a call to duty. Then life happened. And some lost their way. The battlefield today for these chronically homeless men and women is an out-of-reach rental market. The Northern Arizona Veteran Affairs Health Care System has 80 “tenant-based” housing vouchers for the most vulnerable of these veterans in Yavapai County.

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7.3 - The Augusta Chronicle: [UGA Law opens veterans legal clinic](#) (23 June, 195k uvm; Augusta, GA)

The School of Law at the University of Georgia has opened a veterans legal clinic for Georgia residents. The clinic’s purpose is to help veterans receive legal assistance they could not afford otherwise.

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7.4 - The Register-Herald: [Huntington VA does the right thing in honoring legendary "Woody" Williams](#) (23 June, 76k uvm; Beckley, WV)

To the Huntington VA Medical Center being renamed for World War II veteran Hershel “Woody” Williams. The West Virginia Native is the state’s last surviving Congressional Medal of Honor recipient. He was presented with the medal by President Harry S. Truman in October, 1945. Williams also holds a Purple Heart after being wounded at Iwo Jima on March 6, 1945.

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7.5 - Sheridan Media: [VA Hosts 'Welcome Home' for Veterans](#) (23 June, Pat Blair, 47k uvm; Sheridan, WY)

Sheridan area veterans were treated to lunch, a brief program and a chance to visit with other veterans, friends and families Saturday during the third annual Welcome Home hosted by the Sheridan VA Health Care System. Eddie Bujans, a social worker with the VA and master of ceremonies for the event, explained the reason.

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8. [Other](#)

8.1 - ABC News: [Veteran-turned-congressional candidate draws attention for personal campaign ad](#) (23 June, Lee Harris, 24.1M uvm; New York, NY)

A campaign ad released Wednesday by a progressive running in Texas’s 31st Congressional District in 2018 is gaining national attention for its candid presentation of issues including domestic violence, misogyny, and money in politics.

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8.2 - U.S. News & World Report (AP): [Trump Jr. Rallies Republicans to Defeat Montana Sen. Tester](#) (23 June, Matthew Brown, 23.9M uvm; Washington, DC)

Donald Trump Jr. urged Montana Republicans to rally against U.S. Sen. Jon Tester in the fall election and said Friday that the two-term Democrat had fallen out of step with the state's voters on issues ranging from immigration to gun control.

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8.3 - The Hill: [GOP chairman 'doesn't have a problem' with Tester's handling of Jackson allegations](#) (23 June, Avery Anapol, 11.8M uvm; Washington, DC)

Sen. Johnny Isakson (Ga.), the Republican chairman of the Senate Veterans' Affairs Committee, does not "have a problem" with how misconduct allegations against Navy Rear Adm. Ronny Jackson were handled, his office said Saturday.

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8.4 - Dayton Daily News: [Unique area site part of statewide bumble bee study](#) (23 June, Richard Wilson, 1.1M uvm; Dayton, OH)

Students from the University of Akron and Ohio State University doing research on habitat for bees and other pollinators were out this week at Fairborn Cement, where a 30-acre field is dedicated to cultivating plants and attracting wildlife.

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1. [Top Stories](#)

1.1 - Pasadena Star-News: [The VA shelter doesn't allow pets, but that's not stopping this vet who travels almost daily to Pasadena](#) (23 June, Christopher Yee, 192k uvm; Pasadena, CA)

For the past two weeks, 57-year-old Sesmon Sweat has been traveling almost daily back and forth from the Veterans Affairs' West Los Angeles Medical Center to the Pasadena Humane Society.

The trips are long and require taking buses and light rail, but it's worthwhile for Sweat, a U.S. Army veteran, to see his best friend, a 6-month-old pit bull named Blue.

"Almost all of my family is deceased," Sweat said. "Blue provides a lot of support to me emotionally."

Sweat and Blue were made homeless when he was forced out of his Los Angeles apartment in April. Sweat needed to look for other accommodations that would accept his housing voucher, but he didn't want to leave Blue alone in his car.

But thanks to help from the Pasadena Humane Society, Blue has a temporary home, allowing Sweat to stay at the pet-free West Los Angeles V.A. shelter while he waits to find out about new housing opportunities.

The Pasadena Humane Society is boarding Blue through its Helping Paws program, which launched in the past year. The program is meant to help pet owners "in crisis" and includes a pet food bank (like a human food bank, but with kibble), low- or no-cost wellness services, spay and neuter, vaccinations and microchipping and limited boarding opportunities, among other services.

The shelter had already been providing many of those services and had seen an increase in either pet owners asking for support or attempting to turn their pets in because they could no longer afford to care for them. So organizers decided to package the services under the name Helping Paws, President and CEO Julie Bank said.

"Our goal is keeping the animals in the home," Bank said. "Those times of crisis are usually the times people need their pets the most."

The program is funded by donations, including pet food donations, and is operated with the help of volunteers, Bank said.

With limited space available, boarding is only offered on a case-by-case basis, Bank said. Anyone who may need those services must call the humane society at 626-792-7151 for consideration before bringing a pet in.

New Directions for Veterans, a nonprofit organization that helps connect homeless veterans in Los Angeles County with services, has been helping Sweat look for a new place to live. Staff

noticed that Sweat was spending more time looking after Blue than he was looking after himself, Program Manager Anita Lee-Smith said.

“He was taking really good care of his support pet — making sure he had a place to sleep, sleeping in the car with him, getting up in the middle of the night to take him for a walk — but Sesmon wasn’t getting any sleep himself,” she said.

Lee-Smith set out to find a place that would temporarily board Blue to give Sweat a chance to rest, attend medical appointments and visit apartment buildings.

Sweat said he has one prospective apartment in the San Fernando Valley, but he has yet to find out definitively if it is his. While the location is unfamiliar, Sweat said he wants to get away from the inner city.

Even with Blue cared for, when he can, Sweat spends several hours in Pasadena with Blue. The humane society releases Blue into Sweat’s care, and the two go to nearby Central Park to walk, play or simply lie in the shade.

“He means the world to me,” Sweat said. “He’s my best friend.”

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1.2 - Killeen Daily Herald: [Civilian contractors, civilian government employees facing difficult situations after burn pit exposure](#) (23 June, David A. Bryant, 156k uvm; Killeen, TX)

Dwan DeGraffe needed work. He had just gotten out of the Army, had just had his first child, and the small jobs he was finding in Killeen just didn’t pay enough to make the mortgage payments.

It was 2005, and the eight-year veteran had never deployed to the wars in Iraq and Afghanistan.

DeGraffe, who was 28 at the time, decided he needed something that would pay the bills and attended a job fair in Killeen. There, he met with a company called ITT Systems, a company contracted by the Department of Defense to upgrade the armor on the High Mobility, Multi Wheel Vehicles, commonly called humvees, in Iraq. He was hired by the end of the year and in 2006 headed to Camp Speicher in Tikrit, Iraq.

“I did my first six months there and then was moved by my company over to Balad, or as some people call it, ‘Camp Trashcan,’” he said. “If you know how Balad is set up, the place where we lived was within walking distance to the burn pit.”

For months, DeGraffe worked and lived close enough to the open burn pit — which was 10 acres in size, roughly 10 football fields stacked side by side — to be breathing in the toxic smoke all day, every day. Then one day, the company told its employees to pack up and move to the other side of the camp.

“Now, I don’t know if we moved away from the site for some other reason, but I do know there were people who were complaining about the smell and the smoke, so that’s when we moved,” he said.

Burn pits were used to destroy plastics, batteries, medical waste, ammunition and everything in between so it would not fall into enemy hands or impact the environment. Burn pits have been in use in Southwest Asia since August 1990 at the beginning of Operation Desert Shield and used throughout the wars in Iraq and Afghanistan.

Although DeGraffe was moved much farther from the burn pit, he spent the rest of his time there making daily trips to the burn pit to dispose of the crates used to ship the armor upgrade kits. He thought nothing of it at the time, because surely his company wouldn't have him doing something if it could cause him harm.

"No protective equipment, no mask, nothing. In my mind, I figured it couldn't be that bad for me because the company is telling me to do this," he said. "But the conditions out there were not great at all."

Then a lesion popped up on his face. At first he thought it might be a ringworm because he was working in an area where fine soil that could carry ringworms filled the air and left him covered in dust. Medics at the Troop Medical Clinic on Balad thought it was a fungal virus and gave him a hydrocortizone ointment.

"It worked to knock it out, but it wasn't long term. It kept coming back," DeGraffe said. "Then I started losing my hair. I had always had a full head of hair — beautiful, curly hair — my whole life. All the men in my family? Same thing. There really is no baldness inherent in my family."

His hair started coming out in clumps as he would shower. He chalked it up to an early onset of premature baldness, thinking maybe he was destined to be the first bald person in his family, and decided he might as well just shave his head altogether.

"But when I shaved my head, I noticed I was getting the same type of lesions like I had on my face on the sides of my head," he said. He was 29 at the time.

After he returned to Killeen in 2007, he had the lesions checked out by his primary care physician at the Veterans Affairs hospital in Temple. He was given medications that treat the lesions, but they continue to return and after they go back down again, they leave behind scar tissue.

Lately, he's developed issues with his breathing that prevent him from doing simple things, such as running down the basketball court with his kids.

DeGraffe had not found a way to get help.

The Herald asked the Department of Labor what's available to help civilian contractors having difficulty receiving care and learned of a way specifically designed for cases such as DeGraffe's.

"The Defense Base Act provides workers' compensation benefits to employees injured or killed overseas while working on U.S. government contracts," Michael Trupo, a DOL spokesman, said in an email Thursday. "The Office of Workers' Compensation Programs administers DBA claims."

Claims made through DOL can provide compensation or direct payments, reads OWCP Bulletin 12-01, dated Oct. 6, 2011.

DeGraffe pursued that information but found the process has limitations. DeGraffe asked an attorney and was told the biggest hurdles in burn pit cases are the statute of limitations, which is two years from the date of the last exposure, and having a doctor specifically relate each injury to exposure while doing the contract job.

In January 2018, however, a case brought before DOL by former contractor Veronica Landry of Colorado Springs, Colorado, helped ensure contractors would be able to receive benefits through the Defense Base Act. A judge under the U.S. Department of Labor's Office for Workers' Compensation Programs decreed that open-air burn pits are directly connected to lung disease and a host of other illnesses such as cancer, respiratory problems and blood disorders.

Landry, in an online remark about her story, said that while it takes an attorney to have a claim filed through the Defense Base Act, "you do not pay for the representation at any point. It was specifically set up that way under the DBA."

VETERANS, civilians

The case is not being used as precedence by the Departments of Defense or Veterans Affairs to presume exposure is related to illnesses in veterans. The research required to definitively link certain maladies to exposure could take upwards of 30 years, according to retired Army Col. (Dr.) Patricia Hastings, deputy chief consultant for the VA's post deployment health services.

The VA has the Airborne Hazards and Open Burn Pits Registry to help further research. The registry is for veterans. Contractors who are veterans are not eligible for the VA's registry if their only time serving in Southwest Asia was as a civilian and not as an active member of the military, DeGraffe said.

And, contractors such as DeGraffe are not the only civilians exposed to burn pits. Department of Defense government employees were deployed to military bases in Iraq, Afghanistan, Kuwait and Djibouti as well.

In 2003, Karin Kaylor was a Department of the Army civilian who spent five months in Kandahar, Afghanistan, working as a logistics assistance representative. She was a senior government employee in a GS- (Government Service) 12 position, basically the equivalent of the military officer rank of major.

"I roomed in a tent with a female Army major. Right behind the tent was the burn pit, and (it) was burning 24/7," she said.

Kaylor, who turned 59 while she was in Afghanistan, had been in civil service since 1972. When certain problems began cropping up while she was there, she chalked it up to her age.

"I started having to go to the bathroom all the time through the night. I was 58, so thought it was my age, but I was talking to some of the GI females and said, I think for this old lady it's just getting me," the Belton resident said. "They said no, Karin, we're in our 20s and it's doing the same thing to us. We think it's the bottled water."

The Department of the Army asked Kaylor to head over to Iraq shortly before she decided to return to her position at Fort Hood, but Iraq was starting to heat up and she decided it was time to retire instead.

“When I came back, I had asthma — which I didn’t have before — and I had minor COPD and sleep apnea,” said Kaylor, now 73. “I don’t think I can blame my cancer on it, but who knows if it had anything to do with (burn pits). But I beat that, I had colon cancer that was diagnosed in 2015. But I honestly think the sleep apnea comes from the burn pits.”

Unfortunately, unless the government employee is married to a veteran or active duty service member and has access to Tricare, the military health insurance system, the only way for that employee to continue receiving medical care after he or she leaves the job is to retire, she said.

“GS civilians can get the option to pay to keep medical after they retire, but you really pay for that medical,” Kaylor said. “I don’t really know of anything other than that government employee health system that is out there, and you would have had to retire to keep that.”

The Herald emailed DoD media relations on Tuesday to find out what options government employees had when diagnosed with an illness they believed to be connected to exposure to open burn pits and airborne hazards, but did not receive a response before press time.

Regardless of how long it takes for civilians to be taken care of, DeGraffe said, he believes something must be done.

“It wasn’t just the military on those bases — we were on a military base as civilians,” he said. “(DoD) should be responsible for it — they’re responsible if someone is sexually assaulted or gets hurt on that military base, so they should be responsible for someone getting sick on their base.”

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - WTVB (ABC-9, Video): [VA holds town hall in Chattanooga](#) (23 June, Josh Roe, 200k uvm; Chattanooga, TN)

Representatives from The Tennessee Valley Healthcare System and Nashville Veterans Benefits Administration visited Chattanooga to answer veteran's questions in June.

We spoke to Chuck Alsobrook, Veterans Service Officer for Hamilton County, and Marianne Meyers, Tennessee Valley Health System Assistant Director about what to expect from the town hall.

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4.2 - HealthLeaders: [Nurse Anesthetists Want Full-Practice Authority](#) (22 June, Kenneth Michek, 162k uvm; Brentwood, TN)

After a report identifies an anesthesia provider shortage at the VHA, the American Association of Nurse Anesthetists calls for the system to grant CRNAs full-practice authority.

In December 2016, after a hotly debated comment period, the Department of Veterans Affairs announced it was amending its provider regulations to allow full-practice authority to APRNs employed at the VA. That is with one exception—certified registered nurse anesthetists.

At the time, the agency said there were no immediate and broad patient access challenges to anesthesia care across its health system and, therefore, it chose not to finalize the provision which included CRNAs as one of the APRN roles receiving full-practice authority.

But a new report published last week by the VA's Office of the Inspector General tells a different story—one that has the American Association of Nurse Anesthetists calling for the agency to revise the rule and grant CRNAs full-practice authority.

THE EXTENT OF THE SHORTAGE

The report found there is a provider shortage in anesthesiology at 22% of the Veterans Health Administration facilities. This is in direct contrast to the rationale behind the VA's final rule denying CRNAs nurse anesthetists full-practice authority.

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The report found there is a provider shortage in anesthesiology at 22% of the Veterans Health Administration facilities. This is in direct contrast to the rationale behind the VA's final rule denying CRNAs nurse anesthetists full-practice authority.

As stated in the final rule, that denial was not due to any lack of capability on the part of CRNAs.

"The safety of CRNA services has long been recognized by the VHA and underscored by peer-reviewed scientific studies, including a major study published in Health Affairs which found that anesthesia care by CRNAs was equally safe with or without physician supervision," the rule says.

Rather full-practice authority was withheld because, according to the final rule, there was "no shortage of physician anesthesiologists in VA and the current system allows for sufficient flexibility to address the needs of all VA hospitals."

In a bit of foreshadowing, the final rule states that if the agency learns "of access problems in the area of anesthesia care in specific facilities... or if other relevant circumstances change, we will consider a follow-up rulemaking to address granting full-practice authority to CRNAs."

AANA CALLS FOR ACTION

In light of the OIG's report, the American Association of Nurse Anesthetists there is no better time than now to revise the rule.

"Improving the VA's ability to provide better, faster care to our veterans doesn't require increasing budgets or staff," AANA President Bruce Weiner, DNP, MSNA, CRNA says in a news release. "One solution has been there all along, and is as simple as removing barriers to CRNAs' ability to practice to the full extent of their education, training, certification, and licensure."

There are roughly 900 CRNAs in the system already, and granting them full practice authority would greatly increase the access to surgical and anesthesia care the VHA could provide for its veterans.

"Veterans are still waiting entirely too long to receive the quality healthcare they deserve and have earned in service to our country," Weiner says. "The AANA strongly urges the VA to solve this problem by using readily available healthcare resources – such as CRNAs – to the full extent of their practice authority."

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5. Improve Timeliness of Service

5.1 - The Durango Herald: [Vets may be affected by past water contamination](#) (22 June, 439k uvm; Durango, CO)

From the 1950s through the 1980s, people serving or living at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene and other chemicals. This chemical exposure may have led to adverse health conditions.

The Department of Veterans Affairs has published regulations to establish presumptions for service connection for eight diseases associated with exposure to contaminants in the water supply at Camp Lejeune. The presumption of service connection applies to active duty, reserve and National Guard members who served at Camp Lejeune for more than 30 cumulative days and are diagnosed with any of the eight conditions identified. Certain surviving spouses may qualify for VA Survivors Benefits if their loved one served at Camp Lejeune and died because of any of the qualifying health conditions.

You may be eligible for VA Health Benefits if you served on active duty or lived on Camp Lejeune for 30 cumulative days or more between Aug. 1, 1953, and Dec. 31, 1987. Veterans who are determined to be eligible will be able to receive VA health care. In addition, care for qualifying health conditions is provided at no cost to the veteran (including copayments). Eligible family members receive reimbursement for out-of-pocket medical expenses incurred from the treatment of qualifying health conditions after all other health insurance is applied.

The qualifying health conditions are: adult leukemia, aplastic anemia and other myelodysplastic syndromes, bladder cancer, kidney cancer, liver cancer, multiple myeloma, non-Hodgkin's lymphoma and Parkinson's disease.

Veterans should enroll in VA health care. Inform VA you served on active duty at Camp Lejeune for at least 30 days during the covered time period. If you are already enrolled, contact your local VA health care facility at <https://bit.ly/1oFZaIB> to sign up for the Camp Lejeune Program

and receive VA care. If you are not yet enrolled, apply online at <https://bit.ly/2ldxBkf> or call toll-free (877) 222-8387.

Family members need to show your relationship to a veteran, such as a marriage license or birth certificate. VA will assist you with verifying residency on Camp Lejeune during the covered timeframe. You will need to gather qualifying expense receipts. By law, VA may only compensate for eligible out-of-pocket expenses after family members have received payment from all other health plans. Apply for reimbursement online at <https://bit.ly/2MbBOaA> or call toll-free (866) 372-1144.

Richard Schleeter is the veterans service officer for the La Plata County Veterans Service Office.

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5.2 - Times Daily: [Jones: Make VA nursing home data public](#) (23 June, Mary Sell, 193k uvm; Florence, AL)

U.S. Sen. Doug Jones last week called for an annual release of information about the quality of care at nursing homes run by the U.S. Department of Veterans Affairs.

Currently, data is collected on 133 homes, including two in Alabama, but not readily made public.

A report last week by the Boston Globe and USA Today showed that V.A. nursing homes in Tuskegee and Tuscaloosa had one-star ratings.

“This is just unacceptable for our veterans,” Jones told reporters last week.

According to USA Today, in some crucial measurement standards, including reports of pain, V.A. homes performed substantially worse than private-sector alternatives.

“We cannot work with this administration. or any administration. to fix the V.A. if we don’t have the information,” Jones said.

Jones and a few other Democrats filed an amendment requiring an annual report to Congress on the ratings given each nursing home.

[...]

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5.3 - WBDK (FM-96.7, Audio): [PTSD treatment comes with awareness](#) (22 June, Tim Kowols, 98k uvm; Sturgeon Bay, WI)

As more soldiers return home from the world’s battlefields, the importance of post-traumatic stress disorder (PTSD) awareness is becoming clearer. According to the Department of Veterans Affairs, between 11 and 20 percent of recent veterans have PTSD. That number could have been as high as 30 percent for Vietnam Veterans, who went years before a diagnosis was

ever identified. Door County Veterans Service Officer Scott McFarlane says it is important for the veterans to realize there is something wrong and that they should talk to somebody about it.

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5.4 - KHGI (ABC-13): [Veterans Transportation Service coming to Grand Island in July](#) (23 June, 76k uvm; Axtell, NE)

OMAHA, Neb. — Grand Island veterans will soon have a free ride to and from doctor's appointments when a transportation service begins operating in mid-July.

Veterans Transportation Service is already in full operation at the Omaha VA Medical Center.

The free service picks veterans up from their homes, delivers them to their VA scheduled appointments, and transports them back to their residence.

Glen Cook, acting chief of VTS for NWIHCS explained the benefits of using the service. "Sometimes veterans can't drive or don't have gas money for their own vehicle to get to appointments. By calling VTS, we can take them and their caregiver to their scheduled, non-emergency VA appointment," Cook said.

Space and access will be available for wheelchair-bound veterans.

"Rides are on a 'first come-first serve' basis," Cook said. Many times there are more requests for rides than there are vehicles available.

The modes of transportation are often the only way, for those who have served our nation and need medical attention, to get to appointments.

The very first vans the health system received are still in operation, but they will accept donations of vans also.

"VTS does not replace the Disabled American Veteran shuttle service," Cook said. "We are just another source for helping and ensuring Veterans get to the care they sometimes so often need."

Veterans who need transportation, or if someone wants to consider donating a van to the NWIHCS Veterans Transportation Service, should call 402.995.4469.

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6. [Suicide Prevention](#)

6.1 - Journal Tribune: [Safetalk aims to open conversation on veteran suicide, prevention](#) (23 June, Tammy Wells, 20k uvm; Biddeford, ME)

LYMAN — Patrick Maloney was the type of guy who could make you laugh, his mother said.

“To date, he was the funniest person I’d ever met,” said Lauri Maloney. “He was not afraid to make himself look like an idiot (for a laugh).”

The laughter went silent on Dec. 1, 2013 when Patrick, 32, and a U.S. Navy veteran, took his life. It has been a difficult five years for his family.

“I have functioned, but this is the first year I’ve had more joy than not,” Lauri said from the kitchen of the Lyman home she shares with her husband, Jeff Ladebush, earlier this week.

At the time of his discharge and the years that followed, Patrick was troubled at times, but Maloney said she saw no signs that would lead her to think he was contemplating suicide.

She knew her son had a particularly difficult mission in the Gulf that had weighed heavily on him.

Many folks don’t see signs in their loved ones. Some may not realize that in Maine in 2014 — the most recent year for which figures are available — 55 veterans took their lives.

Nationwide, according to a Veterans Administration report issued on June 18, an average of 20 veterans, active-duty service members and non-activated guard or reservists died by suicide each day in 2015.

Jeannie Delahunt and others involved with the York County Veteran Suicide Prevention Task Force want to raise awareness and offer ways to help.

A training program is set for Wednesday at Seeds of Hope Neighborhood Center at 35 South St. in Biddeford to help folks find ways to talk to people who may be at risk, and what to look for when someone they love may be having problems.

Called Safetalk, it will bring together those from the Sanford Vet Center, Maine Military and Community Network (of which the task force is a part), Maine Bureau of Veterans Services and Veterans of Foreign Wars and others.

“We’ve got to get over the stigma of being afraid to talk about suicide,” said Delahunt.

Delahunt said until she began gathering information after Patrick’s death, she had no idea the suicide numbers were as high as they are. She saw her friend Lauri suffering, and decided to get involved.

“I was blown away by her grief and her husband’s grief,” Delahunt said. “Something inside me said ‘that’s your mission.’”

Sanford Vet Center director Amy Marcotte said Wednesday’s session will help people learn how to initiate a conversation to inquire about how someone is doing.

“The first thing we want to reinforce with folks is that they are the front line — those who care about and love our veterans are the front line defense against suicide,” said Marcotte. “Their part is opening the conversation, bringing the suicidal thoughts into the light.”

She said those who attend will learn how to recognize the need for concern, how to communicate effectively, offer support and provide information on how to get help.

“We open this up to the entire community for people to come together to learn how to recognize folks in distress who might be contemplating suicide and how to initiate the conversation,” said Marcotte. “To create some comfort level in initiating conversation to inquire about how they’re doing, about the support they’re needing and asking questions.”

Patrick was born in 1984, one of six kids in the family. He graduated from Massabesic High School in Waterboro and enlisted in the U.S. Navy when he was 19 years old.

He was discharged three years later, his mother said, with medication but no follow-up.

He leaves a wife and son.

These days, Lauri said, when she looks at his photos, she can see the hollowness in his eyes. He was troubled, she recalled and would make appointments to see counselors, but then not go, saying he had to work, or cancel for some other reason.

When he died, Lauri coped with her grief the best way she knew how, drawing strength from her family, her friends, and her church.

It wasn’t easy.

“I spent a year on my couch,” she said.

Losing a child is unfathomable to those who haven’t, and suicide adds a dimension, she said, because families are left with questions and guilt.

In the past few years, Lauri has reached out to other mothers who have lost sons and daughters — mostly in online groups and some around her big kitchen table in Lyman, where folks sit and feel comfortable talking.

The task force’s Wednesday meeting is important, she said.

“This needs to be done, I am glad Jeannie and the group are doing it,” she said. “(I believe) people take their lives because they feel there is no hope. We’ve got to find a way to instill hope.”

To register for the free Safetalk training, which is designed for adults and young people 15 and older, call Delahunt at 432-4533 or go to: www.eventbrite.com and enter Safetalk and Biddeford.

Veterans who feel they need to talk to someone now may call the national Veterans Crisis Line toll free at 1-800-273-8255 and Press 1, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week, 365 days a year. More information about this service is online at: www.veteranscrisisline.net.

Veterans may also call the Sanford Vet Center at 490-1513 8 a.m. to 4:30 p.m. — during off hours, the number reaches the Vet Center Combat Call Center — which may also be reached directly toll-free at 877-WAR-VETS (927-8387).

Maine’s Statewide Crisis line is: 1-888-568-1112.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KUSA (NBC-9, AP, Video): [Sailor killed at Pearl Harbor being reburied at Fort Logan](#) (22 June, 3.1M uvm; Denver, CO)

A sailor from Kansas who was killed in the Japanese attack on Pearl Harbor is being reburied in Colorado, not far from the remains of his family.

The body of Wallace Eakes will be buried at Fort Logan National Cemetery in Denver on Thursday.

Eakes was born and raised in Caney, Kansas. He was a sailor on the USS Oklahoma and was killed when the ship was torpedoed and sank on Dec. 7, 1941.

Eakes had been buried as an unknown at the National Memorial Cemetery of the Pacific in Honolulu, but his remains were recently identified through DNA.

His nephew and next of kin, Gary Eakes of Tacoma, Washington, decided to have his uncle's body reburied in Colorado. Wallace Eakes' parents and sister moved from Kansas to Colorado and are buried in a private cemetery in the area.

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7.2 - The Daily Courier: [Rental prices hurt homeless voucher program](#) (23 June, Nanci Hutson, 490k uvm; Prescott, AZ)

They answered a call to duty. Then life happened. And some lost their way.

The battlefield today for these chronically homeless men and women is an out-of-reach rental market.

The Northern Arizona Veteran Affairs Health Care System has 80 “tenant-based” housing vouchers for the most vulnerable of these veterans in Yavapai County. The trouble is about a dozen are soon to be without a lease, either because it has expired or their housing space is under new ownership.

The federal Housing and Urban Development department collaborates with the Veteran Affairs Administration to provide federally-subsidized, supportive housing vouchers — the program is colloquially known as HUD-VASH — to those identified as chronically homeless who need affordable housing connected with support services. A case manager works with these veterans who may be in addiction recovery or require assistance with physical and mental health care. The aim is to assure that these veterans prove to be suitable tenants, with the case manager working with both tenant and landlord to forge a solid, amenable relationship that enables the veteran to have a safe, comfortable and affordable place to call home.

While there are landlords willing to rent to these veterans, some considering it a patriotic duty to do so, there are landlords who have waiting lists of clients able to pay higher rents than what the government is willing to pay, said Ed Shier, the manager of the Northern Arizona Veteran Affairs Health Care System's Healthcare for Homeless Veterans program.

HUD-VASH nurse and team leader Jessica Harman said she and the rest of the staff are on the hunt for landlords and homeowners, even those who might have an in-law or basement apartment to spare, willing to give these veterans a chance. The VA voucher subsidy is guaranteed money, and paid promptly, and the case managers are a go-to resource for landlords and the veteran tenant, she said.

Veterans with these vouchers cause far fewer problems than average tenants — Shier said less than 10 percent. Many are employed or do volunteer work; some have used the voucher program as a stepping stone to home ownership, he said.

One Prescott property manager and affordable housing specialist, David Kotin, president of Kay-Kay Realty Co., said he rents to a number of veteran tenants at his Canyon Run complex in Prescott. For the most part, he said, he has had few difficulties. Kotin said he appreciates the ongoing relationship he has built with the VA case management staff that assists in maintaining healthy tenant/landlord relationships.

He admits this population of tenants can be “challenging, but rewarding,” said Kotin, who operates other federal housing subsidy programs across the state and counts himself fortunate to have a “high percentage of success in working with them.”

On occasions where he has a difficult tenant, Kotin said he does not hesitate to seek intervention with the case managers.

“We do what we can to work with them,” he said.

Since 2015, HUD has allocated 78,000 vouchers to help formerly homeless veterans across the nation secure a permanent residence.

The HUD-VASH voucher for a studio apartment cannot exceed \$731 a month. A one-bedroom apartment voucher is \$737; a two-bedroom \$980 up to a five-bedroom home or apartment that cannot exceed \$1,612.

The other catch is veterans cannot pay more than the subsidy; the rent limit is fixed so a veteran or veteran and family do not pay more than 30 percent of their income for housing. Most of these veterans' income comes from Social Security, either disability payments or retirement payments. The bulk are senior citizens.

In the coming months and years, Prescott and Prescott Valley are expected to be getting several hundred units of new rental housing, including complexes intended to be for individuals on limited incomes. U.S. VETS is planning a project of 56-units of dormitory-style transitional housing and 88 studio apartments identified for homeless veterans. Kotin, too, has a new project in the works.

But all this will take time.

“The crisis is today,” Shier said.

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7.3 - The Augusta Chronicle: [UGA Law opens veterans legal clinic](#) (23 June, 195k uvm; Augusta, GA)

The School of Law at the University of Georgia has opened a veterans legal clinic for Georgia residents. The clinic's purpose is to help veterans receive legal assistance they could not afford otherwise.

"No veteran should be denied benefits simply because they cannot afford legal assistance. We know that the involvement of an attorney can make a tremendous difference in outcome with regard to denied or deferred claims before the U.S. Department of Veterans Affairs," Clinic Director Alex Scherr said. "Our No. 1 goal is to improve how former servicemen and women receive assistance from the nation they have served."

The state of Georgia has the ninth-largest population of veterans in the United States. Many of these servicemen and women return home with disabilities and rely on the U.S. Department of Veterans Affairs for benefits.

Within the program, UGA law students will work together with veterans and their families to ensure they have required access to services and benefits from the Veterans Affairs department.

"We are excited about the positive impact we believe this clinic will have on those who have served our nation and their families as well as the opportunity it will provide our students to receive real world experience that will prepare them for future careers," School of Law Dean Peter B. "Bo" Rutledge said. "We are grateful for the financial support of Jim Butler and others who have made this important new resource possible for the many veterans who call Georgia home."

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7.4 - The Register-Herald: [Huntington VA does the right thing in honoring legendary "Woody" Williams](#) (23 June, 76k uvm; Beckley, WV)

To the Huntington VA Medical Center being renamed for World War II veteran Hershel "Woody" Williams. The West Virginia Native is the state's last surviving Congressional Medal of Honor recipient. He was presented with the medal by President Harry S. Truman in October, 1945. Williams also holds a Purple Heart after being wounded at Iwo Jima on March 6, 1945.

To everyone who took part in the recent Lewisburg Chocolate Festival. A crowd numbering close to 5,000 raised \$36,535 from the 37 chocolate-tasting locations. After expenses, \$26,868.82 went to the United Way of the Greenbrier Valley to benefit local charities.

To the Curtis family for taking top honors for the second year in a row at the Big, Fun Family Talent Show at the Historic Fayette Theater. The Wills family was named People's Choice Award winner at the popular event.

To The Destination: Downtown Oak Hill group, honored recently with the 2018 Education and Community Involvement award by the State Department of Environmental Protection.

To an assistant professor at West Virginia university working to create a whooping cough vaccine with a longer period of protection. Recent estimates show 90 percent of 15-year-olds are no longer immune because the vaccine they received at age 6 – and the booster when they were 11 – have worn off.

To Kelton Boblits, 14, of Edmond, who captured the title of World Junior Champion for 2018 at the World Championship Old-Time piano Playing Contest in Oxford, Mississippi recently. Boblits began exploring instruments when he was six-years-old and he eventually settled on the piano. He is helping keep the music, what he calls a “lost treasure,” alive.

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7.5 - Sheridan Media: [VA Hosts 'Welcome Home' for Veterans](#) (23 June, Pat Blair, 47k uvm; Sheridan, WY)

Sheridan area veterans were treated to lunch, a brief program and a chance to visit with other veterans, friends and families Saturday during the third annual Welcome Home hosted by the Sheridan VA Health Care System.

Eddie Bujans, a social worker with the VA and master of ceremonies for the event, explained the reason.

Bujans said the event also is a way for the VA and community to honor the veterans.

Speakers included Sheridan Mayor Roger Miller, who's a veteran of the U.S. Air Force, and Capt. Chris Wilson of the 960th Brigade Support Battalion.

Arden Haeffner, Sheridan VA chaplain, gave the invocation and benediction, inviting those attending to stand and sing “God Bless America” before the benediction.

The event was free and open to veterans, their families and community members.

View more photos below.

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8. [Other](#)

8.1 - ABC News: [Veteran-turned-congressional candidate draws attention for personal campaign ad](#) (23 June, Lee Harris, 24.1M uvm; New York, NY)

A campaign ad released Wednesday by a progressive running in Texas's 31st Congressional District in 2018 is gaining national attention for its candid presentation of issues including domestic violence, misogyny, and money in politics.

MJ Hegar, a decorated Air Force veteran who led the fight in 2012 to overturn a policy barring women from direct ground combat, is challenging U.S. Rep. John Carter, a Tea Party Republican who has held his seat for 15 years, in a district that includes a major military base.

While Hegar will face an uphill battle in a deep red district, progressives with similar profiles have seen success in this year's primaries. Two female air force veterans recently won Democratic nominations: Chrissy Houlahan for Pennsylvania's 6th district, and Amy McGrath for Kentucky's 6th district. McGrath's acclaimed ad is packed with parallels to Hegar's video.

Hegar thinks her new ad is already moving the needle on her campaign. On Wednesday, just hours after the video was released, Cook Political Report updated the TX-31 seat from "Solid" to "Likely" Republican.

The bio spot, entitled "Doors," tracks the barriers Hegar has faced both personally and professionally, from her mother's decision to "walk out the door" on her abusive father, to the discrimination she experienced as a female pilot and the doors she says were shut when she lobbied Congress for the rights of servicewomen, without the backing of corporate PACs.

"When I was in D.C. trying to make real change and fight for a stronger military, I was treated like I was not important because I was not a donor," she told ABC News.

This isn't Hegar's first time sharing gritty personal details with the public. Her 2017 memoir, "Shoot Like a Girl," is now being produced as a biopic, with Angelina Jolie starring as Hegar.

The book includes candid discussions of controversial issues facing the military, including her allegations of sexual assault against military physician. Hegar has emphasized the importance of destigmatizing sexual assault.

After serving three tours in Afghanistan as a major in the U.S. Air Force, Hegar earned a Purple Heart and was honorably discharged after her plane was shot down by Taliban combatants.

In 2012, Hegar filed suit with four servicewomen against the U.S. Secretary of Defense. Backed by the ACLU, the veterans in *Hegar v. Carter* argued against the Combat Exclusion Policy, which barred women from direct ground combat, winning a victory in 2013.

While she celebrated the outcome, Hegar insists that "legislation leads culture" and policy victories are only the first step in broader social progress.

She thinks progressive change is only beginning to come to military culture. "It seems like a lot of the steps we've taken are having an impact, but it is still largely a good old boys' club."

Hegar, who describes herself as an "adrenaline junkie," decided her next target would be the influence of big money in politics. In "Doors," she says that she was shut out of the political process because she wasn't a wealthy donor.

"One of those closed doors was my congressman, Tea Party Republican John Carter. Apparently being his constituent, and a veteran, wasn't enough to get a meeting. I guess I also needed to be a donor," she says in the ad.

Hegar has made her own rejection of corporate PAC money a centerpiece of her campaign, and in April gained the endorsement of the anti-corruption organization End Citizens United.

The candidate is also backed by veterans' advocacy groups like VoteVets, and sees her military background as compatible with many traditionally progressive causes. For Hegar, a robust defense and national security platform includes opposition to travel bans, independence from foreign oil and support for environmental legislation.

While Hegar sees climate change as a pressing reality and a national security issue, she says respects differing views including those of climate change skeptics. Still, she says there are other compelling interests in transitioning to renewable energy: not least, American reliance on foreign oil.

"I accept the science, but I respect other people's freedom to be discerning and make their own decisions. But they can't deny that our military pays the price for our dependence on foreign oil," Hegar told ABC News.

On the recent immigration crisis, Hegar says she doesn't know "why Secretary Nielsen still has her job," and that she's baffled at many of the Trump administration's actions.

"I don't understand a lot of the things I'm reading in the news and I'm seeing on TV, and I think that a lot of Americans are feeling that way. We're kind of like, are we watching a dystopian movie playing out, or are we watching the news?"

Responding to Hegar's ad, Todd Olsen, a spokesperson for Carter's campaign, cited a recent instance in which Carter worked with a veteran constituent.

When Charles Nelson, an army veteran, needed a kidney transplant, he found that the Department of Veterans' Affairs' choice program wouldn't cover a transplant from his son, Coty, who is not a veteran.

Carter sponsored the Veterans' Transplant Coverage Act, which passed on June 7, ensuring that non-veteran organ donors like Nelson's son are eligible for VA health care coverage for transplant operations.

"John Carter is respected because of his responsiveness to constituents," Olsen told ABC News.

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8.2 - U.S. News & World Report (AP): [Trump Jr. Rallies Republicans to Defeat Montana Sen. Tester](#) (23 June, Matthew Brown, 23.9M uvm; Washington, DC)

BILLINGS, Mont. (AP) — Donald Trump Jr. urged Montana Republicans to rally against U.S. Sen. Jon Tester in the fall election and said Friday that the two-term Democrat had fallen out of step with the state's voters on issues ranging from immigration to gun control.

Tester came into the crosshairs of President Donald Trump after releasing allegations in the spring that derailed the White House's Veterans Affairs nominee, Ronny Jackson.

Speaking at the Montana Republican Party's annual convention in Billings, the president's son warned that Democrats are highly motivated heading into the November election — but suggested Tester remains vulnerable.

Trump Jr alleged that Tester was "all for illegal immigration, all for sanctuary cities" and was "writing and proposing legislation against the second amendment."

"I'm the son of a billionaire from New York City and I have much more of a Montana platform than the senator, the senior senator from this state. That doesn't make much sense," Trump Jr. told the crowd of several hundred Republicans.

He was joined onstage by U.S. Sen. Steve Daines, U.S. Rep. Greg Gianforte and Republican senate candidate and State Auditor Matt Rosendale, who is challenging Tester this fall. Rosendale touted his strong support for Trump's agenda and said Tester was being "corrupted by the swamp" in Washington, D.C.

Rosendale prevailed in a four-way primary election on June 5 after outside political groups spent several million dollars promoting his candidacy and attacking his Republican opponents. The heavy spending signaled that wealthy Republican donors have found in Rosendale a candidate they believe capable of toppling Tester, a farmer from Big Sandy who won two previous senate races by relatively narrow margins.

Trump captured Montana by 20 percentage points in 2016.

Tester drew President Trump's ire in April by releasing allegations that VA nominee Ronny Jackson overprescribed drugs and got drunk on duty

White House aides said in the aftermath of Jackson's withdrawal that Trump intends to campaign in Montana. No visit has been formally announced but U.S. Sen. Steve Daines said Friday that he expects it to happen.

Tester has not backed away from the actions he took against Jackson and said in a recent interview that he would welcome a trip by the president to Montana.

"I did my job as a U.S. senator. We vetted him (Jackson) we asked questions, we didn't get any answers and he pulled out," Tester said. "I hope (President Trump) comes to Montana. I really do. I hope he comes and looks at some of the veterans clinics we have, here some of the infrastructure needs and some of the border security challenges we have on our Northern border."

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8.3 - The Hill: [GOP chairman 'doesn't have a problem' with Tester's handling of Jackson allegations](#) (23 June, Avery Anapol, 11.8M uvm; Washington, DC)

Sen. Johnny Isakson (Ga.), the Republican chairman of the Senate Veterans' Affairs Committee, does not "have a problem" with how misconduct allegations against Navy Rear Adm. Ronny Jackson were handled, his office said Saturday.

Jackson withdrew his nomination to be President Trump's Veterans Affairs (VA) secretary after Sen. Jon Tester (D-Mont.) circulated a series of accusations this week about his alleged misconduct as the White House physician, torpedoing his nomination.

Trump on Saturday ripped into the allegations while defending Jackson, saying there is no proof of several of the claims. The president used the incident to call for the resignation of Tester, who is running for reelection this year in a state won by Trump.

"Senator Isakson has a great relationship with Senator Tester," a spokeswoman for Isakson told CNN following Trump's tweets on Saturday. "He doesn't have a problem with how things were handled. I don't know for sure but highly doubt he's seen the president's tweets this morning."

A CNN reporter later clarified that the spokesperson was reiterating the GOP senator's feelings about Tester's role in the Jackson confirmation process, something Isakson said on Thursday.

"I think everyone has an obligation if they make a charge to release it. And everyone who is charged has a right to have a day in court to be heard," Isakson said Thursday.

Tester's staff compiled a report on the allegations against Jackson, which cited claims made by more than 20 people, including an accusation that Jackson "wrecked" a government vehicle after becoming intoxicated at a Secret Service going-away party, and a claim that he drunkenly banged on the hotel door of a female staffer during an official overseas trip during the Obama administration.

Trump tweeted Saturday morning that Tester should resign, citing the Secret Service and White House denials of the two alleged incidents.

"Allegations made by Senator Jon Tester against Admiral/Doctor Ron Jackson are proving false. The Secret Service is unable to confirm (in fact they deny) any of the phony Democrat charges which have absolutely devastated the wonderful Jackson family," Trump tweeted. "Tester should resign."

"The great people of Montana will not stand for this kind of slander when talking of a great human being," he added. "Admiral Jackson is the kind of man that those in Montana would most respect and admire, and now, for no reason whatsoever, his reputation has been shattered. Not fair, Tester!"

Jackson has denied the allegations, but said in a statement about his withdrawal as Trump's VA pick that they had "become a distraction" for Trump.

Tester, against Trump's criticism and backlash from other GOP lawmakers, has maintained that his actions are "not political."

"I am focused on making sure that we have the best person possible to run the VA," he told Politico. "It's a very, very important agency."

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8.4 - Dayton Daily News: [Unique area site part of statewide bumble bee study](#) (23 June, Richard Wilson, 1.1M uvm; Dayton, OH)

Students from the University of Akron and Ohio State University doing research on habitat for bees and other pollinators were out this week at Fairborn Cement, where a 30-acre field is dedicated to cultivating plants and attracting wildlife.

The research project is part of Ohio Pollinator Week. The Pollinator Stewardship Council partnered with the academic research team to conduct an insect and plant survey at the former mining land at Fairborn Cement.

The habitat project began two years ago and was funded by a \$24,000 Ohio Environmental Education Fund grant secured by Pollinator Stewardship Council with partners Fairborn Cement, Ohio State Beekeepers Association and Medina County Beekeepers Association.

This five-year project follows habitat development on properties from land preparation and seed installation to wildlife and plant population growth and diversity.

The students are part of Dr. Karen Goodell's lab in the Department of Evolution, Ecology, and Organismal Biology at OSU and Dr. Randy Mitchell's lab from The University of Akron. The researchers are part of the bumble bee study being conducted by Mitchell.

The Fairborn Cement habitat is one of three projects that were funded by the grant. In addition, three acres of pollinator habitat has been created at the Dayton Veterans Administration.

Instead of a grassy field, the habitat brings pollinators to the resident veterans' vegetable gardens and provides diverse forage for area beekeepers' honey bees.

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Veterans Affairs Media Summary and News Clips

25 June 2018

1. [Top Stories](#)

1.1 - NPR (Weekend Edition Sunday, Audio): [VA Reaches Out To LGBTQ Vets](#) (24 June, Britta Greene, 24M uvm; Washington, DC)

The Veterans Health Administration is reaching out to more LGBTQ vets to make sure they feel comfortable seeking medical care. In New Hampshire, the agency is taking an entertaining approach.

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1.2 - Providence Journal: [Veterans Journal: Communities play important role in stopping veterans' suicide](#) (24 June, George W. Reilly, 1.2M uvm; Providence, RI)

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2. [Greater Choice for Veterans](#)

2.1 - Times Daily: [Jones: Make VA nursing home data public](#) (24 June, Mary Sell, 192k uvm; Florence, AL)

U.S. Sen. Doug Jones last week called for an annual release of information about the quality of care at nursing homes run by the U.S. Department of Veterans Affairs. Currently, data is collected on 133 homes, including two in Alabama, but not readily made public. A report last week by the Boston Globe and USA Today showed that V.A. nursing homes in Tuskegee and Tuscaloosa had one-star ratings.

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3. [Modernize Our System](#)

3.1 - MetroNews: [Williams humbled with VA renaming](#) (25 June, Chris Lawrence, 276k uvm; Charleston, WV)

Medal of Honor recipient Hershel "Woody" Williams says never in his young life could he have imagined the honors what would come his way later in life. Williams is about to receive another of those rare honors when the VA Medical Center in Huntington is renamed in his honor. "It's one of those unbelievable things I never dreamed would happen," said Williams. "It's pretty unusual somebody would receive that honor who is still living."

[Hyperlink to Above](#)

3.2 - Wisconsin State Journal: [Epic Systems' medical scheduling system for veterans draws initial cheers](#) (24 June, Judy Newman, 18k uvm; Madison, WI)

A new scheduling system aimed at giving military veterans quicker access to medical care — designed by Epic Systems Corp. of Verona — is getting upbeat early reviews in its first tryout in

Columbus, Ohio. In fact, an executive of Leidos, Epic's partner on the pilot project, is so confident about the success of the entire five-year, \$624 million contract, he predicts the system can be rolled out at Veterans Administration hospitals

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4. Focus Resources More Efficiently

4.1 - Military Times: [This week in Congress: New military money and a new VA Secretary](#)

(24 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Lawmakers will pack in a host of veterans and defense business before their short July 4 recess, with a defense appropriations vote expected in the House this week and a Veterans Affairs confirmation hearing in the Senate on Wednesday.

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4.2 - WJAX (CBS-47): [Veterans invited to join free weekly sports activities in Jacksonville](#)

(24 June, 443k uvm; Jacksonville, FL)

With every hoist of his arm, veteran Perry Cannedy builds strength and confidence. The Marine Corps veteran said the rock climbing Sunday was less about exercise and more about the people he was with. "I didn't know what I was getting into, you know? And all of a sudden I have all these veterans and we're all loving on each other," Cannedy said.

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4.3 - KHBS (ABC-40, Video): [Veterans react to the firing of a VA pathologist](#) (24 June, 273k uvm; Fort Smith, AR)

Chuck Adkins, a commander with the Military Order of the Purple Heart in Arkansas, talks to 40/29 about how the veteran community is reacting to a recent revelation concerning the firing of a pathologist. A spokesperson with the Veterans Health Care System of the Ozarks in Fayetteville said that at least seven "high-risk" cases were misdiagnosed by the pathologist in question.

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5. Improve Timeliness of Service

5.1 - WFXA (FOX-27): [Salem VA hopes to improve access to PTSD treatment](#) (24 June, 29k uvm; Roanoke, VA)

Changes are coming for the way veterans get treated for post-traumatic stress disorder (PTSD) in the Roanoke Valley. The Salem VA Medical Center (VAMC) plans to switch to rolling admissions in an effort to provide immediate service for veterans. Officials hope the change will help doctors treat more patients suffering from PTSD than the current system allows.

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5.2 - Leaf Chronicle: [Opinion - VA cannot punish veteran's use of cannabis](#) (24 June, Chris Conrad, 29k uvm; Berkeley, CA)

“If a veteran is drug tested without consent or thinks a doctor is using a drug test result punitively, it is the practitioner who is violating VA policy, not the patient,” said Michael Krawitz, a long-time veteran activist who had a hand in writing the policy. He wants vets to know their rights and to stand up to federal Veterans Administration officials.

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6. [Suicide Prevention](#)

6.1 - Daily World: [Revisiting veterans' PTSD suicides](#) (24 June, Jerome LeDoux, 24k uvm; Opelousas, LA)

Over the years, my son's health worsened,” Mary Daigle told me. “Constant negative stress took a terrible toll on my 39-year-old son Selby's mind and body, causing anxiety attacks, neuropathy, muscle disorder, chronic insomnia, eventually breaking down his immune system, his kidneys and his heart. He spent a year in Michael E. DeBakey Veterans Affairs Medical Center in Houston. When low self-esteem, mental anguish and physical pain were more than he could bear, he took his own life by hanging.”

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - StarNews: [Program gives Wilmington area landlords incentives to rent to homeless](#) (24 June, Ben Steelman, 193k uvm; Wilmington, NC)

Homeless people will get help renting apartments under a new pilot program launched by two Wilmington area nonprofits. The Good Shepherd Center and the Tri-County Homeless Interagency Council announced the new Landlord Incentive Pilot Program on Thursday. The program will provide a sort of insurance to landlords who rent apartments to the homeless through agencies such as Family Promise of the Lower Cape Fear.

[Hyperlink to Above](#)

7.2 - FedSmith: [Analyzing and Reorganizing Federal Agencies](#) (24 June, Ralph R. Smith, 276k uvm; Washington, DC)

This proposal would transfer responsibility for perpetual care and operation of select military and veterans cemeteries located on Department of Defense (DOD) installations to the Department of Veterans Affairs (VA) – National Cemetery Administration. This transfer is designed to increase efficiency, limit overlapping missions, and ensure these cemeteries are maintained to national shrine standards to continue the recognition of service of those interred there.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - U.S. News & World Report (AP): [Oklahoma Conservatives' Views on Medical Marijuana Evolving](#) (23 June, 24M uvm; Washington, DC)

Danny Daniels, an evangelical Christian in the rural Oklahoma town of Lindsay, is reliably conservative on just about every political issue. The 45-year-old church pastor is anti-abortion, voted for President Donald Trump and is a member of the National Rifle Association who owns

an AR-15 rifle. He also came of age during the 1980s and believed in the anti-drug mantra that labeled marijuana as a dangerous gateway drug.

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1. [Top Stories](#)

1.1 - NPR (Weekend Edition Sunday, Audio): [VA Reaches Out To LGBTQ Vets](#) (24 June, Britta Greene, 24M uvm; Washington, DC)

The Veterans Health Administration is reaching out to more LGBTQ vets to make sure they feel comfortable seeking medical care. In New Hampshire, the agency is taking an entertaining approach.

TRANSCRIPT:

SUSAN DAVIS, HOST:

The Veterans Health Administration wants LGBTQ vets to feel comfortable coming to the VA for care. So VA medical centers across the country have been hosting outreach events throughout June, which is Pride Month. New Hampshire Public Radio's Britta Greene reports from one community where VA staff are taking a particularly fabulous approach.

BRITTA GREENE, BYLINE: Friday evening - and VA social worker Calvin Smith is staring himself down in a crowded hotel bathroom, trying to get his makeup right.

CALVIN SMITH: I have no idea what I'm doing (laughter). I watched a ton of YouTube videos.

GREENE: In just a few hours at a nearby bar, he'll be performing in a drag show organized by the White River Junction VA Medical Center. To start, he's applying a thick layer of blue glitter eye shadow.

SMITH: It's really difficult to get this right. I've already, like, started all over three or four times.

GREENE: The goal of the show is to get a simple message out to the community here in this rural area spanning Vermont and New Hampshire. The VA welcomes all veterans regardless of sexual orientation or gender identity. And Smith says veterans should feel comfortable being open about who they are and who they love with their doctors.

SMITH: I remember the first time I went to the VA for health care - sitting in the waiting room and looking around and seeing lots of much older veterans and just feeling so out of place, like, I don't belong here.

GREENE: The effects of Don't Ask, Don't Tell and bans on transgender service linger, he says.

SMITH: Like, for example, transgender female veterans I've seen come dressed as a boy to the VA I think sometimes just to avoid the potential of a problem. So there's that fear.

GREENE: From a health perspective, though, it's important to reach this population. The VA says LGBT veterans have an even higher risk for PTSD, depression and suicide than veterans overall. Smith's work over the past couple years is part of a national program started under the Obama administration. It includes not just outreach but also internal education.

LYNN MARSHALL: I mean, we had no formalized medical training in LGBTQ health care.

GREENE: Lynn Marshall is the women's health medical director at the White River Junction VA. She's been taking advantage of available trainings and is working hard to make patients feel comfortable.

MARSHALL: It usually comes out when I ask explicitly, you know, do you have a significant other or a partner? And they'll look sheepishly sometimes at me and say, well, yes. And her name is Linda (ph).

GREENE: This simple gesture - asking about a partner rather than a boyfriend or husband - can make a big difference. It signals a change to a culture of acceptance, says Katie Taylor. She's a transgender veteran who served in the 1970s. She says the drag show, in particular, is remarkable for two reasons. One, it's a celebration of LGBTQ vets.

KATIE TAYLOR: And there are very, very, very few of those events that ever happen. The other - this was initiated, organized by VA staff. And that is - tap me with a feather, and I'll keel over because that's not what the VA does.

BRYNN COLE: Ladies and gentlemen...

GREENE: As the lights dim at the drag show, people crowd near the stage. And the MC, VA employee Brynn Cole, grabs the mic.

COLE: Welcome to the gayest show on Earth.

(CHEERING)

COLE: But first, I just have to say the VA is here for its queers. And we are proud to serve all veterans.

(SOUNDBITE OF SONG, "HYMN")

KESHA: (Singing) Even the stars and the moon...

GREENE: Halfway through the night, Calvin Smith, his blue glitter eye shadow sparkling, takes the stage. Smith has transformed into his drag persona, Britney Queers, in a plaid miniskirt and long blonde braids. The crowd leans in.

(SOUNDBITE OF SONG, "HYMN")

KESHA: (Singing) This is a hymn for the hymn-less...

GREENE: For NPR News, I'm Britta Greene in White River Junction, Vt.

(SOUNDBITE OF SONG, "HYMN")

KESHA: (Singing) ...Got to keep on singing. Hymn for the hymn-less - don't need no forgiveness 'cause if there's a heaven, don't care if we get in.

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1.2 - Providence Journal: [Veterans Journal: Communities play important role in stopping veterans' suicide](#) (24 June, George W. Reilly, 1.2M uvm; Providence, RI)

The U.S. Department of Veterans Affairs (VA), as part of its comprehensive examination of more than 55 million death records from 1979 to 2015, released data last week from its analysis of veterans' suicides for all 50 states and the District of Columbia.

The data highlights include the following findings: the average number of veterans who died by suicide each day remained unchanged at 20 and the suicide rate among veterans who have not recently received Veterans Health Administration (VHA) services is higher than the rate among veterans who have recently used VHA services. Of the 20 veterans dying by suicide each day, on average 6 recently used VHA services while 14 did not.

Additionally, because of the 14 veterans not using VHA services, private sector health systems as well as non-clinical settings including schools, workplaces and places of worship, do play a role in increasing positive and supportive social relationships and community connections to shield the effects of risk factors in veterans' lives. Overall, the VA data underscore the need for more coordinated, community-based approaches to reach all people, including veterans, to provide care and support well before a crisis point is reached.

A combination of individual, family, community, and societal factors influence suicidal behavior. Therefore, efforts to prevent suicide are more likely to succeed if they follow a comprehensive approach — one that involves health care systems including the VA and community-based settings.

Veterans ages 18 to 34 had the highest suicide rates while veterans ages 55 to 74 had the highest number of suicides. Thankfully, more veterans are receiving VA benefits and health services than in past years.

The data shows suicide is not explained by any single cause, as reflected in recently released data findings from the Centers for Disease Control and Prevention (seen online at <https://bit.ly/2tiyuDp>) but instead is caused by a range of factors beyond mental health conditions alone, including relationship, substance use, physical health, job, financial, and legal problems.

While VA is most suited to serve veterans who interact with its systems, it is up to all of us in the community to make sure every door is the right door for a veteran in need of support. We must identify and connect those veterans not seeking VHA care, or any other supports, with the care they need and deserve. A comprehensive approach between the VA, its partners, and communities nationwide has the potential to save more lives and connect veterans to care.

Investments in research that improve understanding of other veterans' diseases and conditions, and effective approaches to prevention and treatment, have reduced mortality rates in other leading causes of death. The same investments, resources, and attention, by both public and private partners, must be dedicated to suicide prevention.

A chief resource for supporting veterans includes the Veterans Crisis Line — (800) 273-8255 and press 1; chat online at [VeteransCrisisLine.net](https://www.VeteransCrisisLine.net); or, send a text to 838255. This resource

offers 24/7 access to a skilled, trained counselor at a crisis center, which also serves active duty military.

Other resources include the Be There Peer Support Program (<https://www.betherepeersupport.org>), Make the Connection, SAVE Online training, Tragedy Assistance Program for Survivors, Wounded Warrior Project's Combat Stress Recovery Program, VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide (<https://bit.ly/2yvKYg3>) and Give an Hour (<https://giveanhour.org>).

This VA report provides a renewed call to action to address suicide among our nation's veterans and among all Americans, recognizing that for every person who tragically dies by suicide in the U.S., there are about 278 people who have experienced serious thoughts about killing themselves, and nearly 60 who have survived a suicide attempt, the overwhelming majority of whom will go on to live out their lives. They deserve our assistance.

[...]

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2. Greater Choice for Veterans

2.1 - Times Daily: [Jones: Make VA nursing home data public](#) (24 June, Mary Sell, 192k uvm; Florence, AL)

U.S. Sen. Doug Jones last week called for an annual release of information about the quality of care at nursing homes run by the U.S. Department of Veterans Affairs.

Currently, data is collected on 133 homes, including two in Alabama, but not readily made public.

A report last week by the Boston Globe and USA Today showed that V.A. nursing homes in Tuskegee and Tuscaloosa had one-star ratings.

"This is just unacceptable for our veterans," Jones told reporters last week.

According to USA Today, in some crucial measurement standards, including reports of pain, V.A. homes performed substantially worse than private-sector alternatives.

"We cannot work with this administration. or any administration. to fix the V.A. if we don't have the information," Jones said.

Jones and a few other Democrats filed an amendment requiring an annual report to Congress on the ratings given each nursing home.

SPLC works with detainees

Attorneys and staff from the Southern Poverty Law Center were in contact last week with about a dozen immigrant men being detained in Georgia who don't know when or how they'll be reunited with their children.

Some don't know where their children are after they were separated on the southern border.

Michelle Lapointe, senior supervising attorney and acting deputy legal director for Montgomery-based SPLC, said the men are at a U.S. Immigration and Customs Enforcement detention center in western Georgia.

"The majority of the action is happening on the border, but some of these parents are being scattered to the wind," Lapointe said.

Some of the men were seeking asylum and presented themselves at a port of entry; some were apprehended trying to cross the border.

"As far as we can tell, the ones who presented were not prosecuted, but they still had their kids taken away," Lapointe said.

"They need legal help to find out where their kids are and how they can get reunited," she said.

She said some of the men want to return to their home countries, but not without their children. Others want to continue with their asylum requests.

Federal officials said last week more than 2,300 children had been separated from their parents since May, the result of a "zero tolerance" policy on illegal immigration. President Donald Trump stopped the separation of children and their families last week after mounting public outcry.

"Nothing in the president's executive order addresses these families that have been broken apart," Lapointe said. "The government is doing nothing to help these parents whose children were taken."

Trump himself took a hard line late last week, accusing the Democrats of telling "phony stories of sadness and grief," the Associated Press reported.

"We cannot allow our country to be overrun by illegal immigrants," he tweeted.

Brooks pitches Redstone

U.S. Rep. Mo Brooks, R-Huntsville, on Friday pitched Redstone Arsenal as the future home of Trump's proposed Space Force.

Brooks was at a House joint hearing that included NASA Administrator Jim Bridenstine, Secretary of Commerce Wilbur Ross, and U.S. Air Force General John Hyten — each of whom Brooks said was in a position to influence the location of Space Force.

"In that vein, I hope you will help make Redstone Arsenal a finalist in the space command headquarters debate," Brooks said, according to a press release from his office. "Redstone Arsenal has a lot to offer.

"We have related to space command — either related a lot or related a little — the following space command activities: United States Army Aviation and Missile Command; Aviation and Missile Research Developmental and Engineering Center; PEO Missiles and Space; United States Army Space and Missile Command; Army Forces Strategic Command; United State

Missile Defense Agency; Defense Intelligence Agency's Missile and Space Intelligence Center; NASA's Marshall Space Flight Center, which is the home and birthplace of America's space program; a wealth of intellectual talent; engineers, we have the highest concentration of engineers in the United States of America; physicists; mathematicians; scientists."

He said the space command and Redstone Arsenal seem like an excellent fit.

Trump announced last week he is directing the Pentagon to create a new Space Force as an independent service branch aimed at ensuring American supremacy in space.

Trump envisioned a bright future for the U.S. space program, pledging to revive the country's flagging efforts, return to the moon, and eventually send a manned mission that would reach Mars, the Associated Press reported.

The president framed space as a national security issue, saying he does not want "China and Russia and other countries leading us."

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3. Modernize Our System

3.1 - MetroNews: [Williams humbled with VA renaming](#) (25 June, Chris Lawrence, 276k uvm; Charleston, WV)

Medal of Honor recipient Hershel "Woody" Williams says never in his young life could he have imagined the honors what would come his way later in life.

Williams is about to receive another of those rare honors when the VA Medical Center in Huntington is renamed in his honor.

"It's one of those unbelievable things I never dreamed would happen," said Williams. "It's pretty unusual somebody would receive that honor who is still living."

Williams at age 94, is the oldest living recipient of the Medal of Honor from the Marine Corps in World War II. He was awarded the nation's highest decoration for his actions on Iwo Jima. Since he was adorned with the medal by President Harry Truman, Williams considered the medal his new mission—to use his notoriety from the medal to pay tribute those who died in that violent place

"What I have and why I received it, I wear it in their honor," he said. "I'm just the caretaker of it, the medal belongs to them."

The native of Quiet Dell in Marion County has his name on a bridge in Cabell County near his home, the National Guard and Army Reserve Training Center in Fairmont, and newly commissioned ship in the United States Navy, and now soon on the VA Medical Center located near Spring Valley High School.

"I keep asking that question I've asked many, many times in my life," said Williams. "Why me?"

The decision to rename the VA Center for Williams came with the stroke of a pen by President Donald Trump in recent days. Congress also gave approval to the proposal ahead of the President. It's a fitting tribute since Williams spent a lot of his time in the VA system and although the veterans healthcare organization has been scrutinized and under fire, he hopes this will bring some positive attention to the agency.

"I worked in VA hospitals a lot," he said. "We never report the good things. We always latch onto the bad things and never give any credence to all of the wonderful things that take place at the VA."

Williams, with his name on the building, now has another mission to defend the honor and the good work being done to help the nation's veterans.

"I owe back more than I can ever possibly return for the honors that have been bestowed upon me," Williams said.

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3.2 - Wisconsin State Journal: [Epic Systems' medical scheduling system for veterans draws initial cheers](#) (24 June, Judy Newman, 18k uvm; Madison, WI)

A new scheduling system aimed at giving military veterans quicker access to medical care — designed by Epic Systems Corp. of Verona — is getting upbeat early reviews in its first tryout in Columbus, Ohio.

In fact, an executive of Leidos, Epic's partner on the pilot project, is so confident about the success of the entire five-year, \$624 million contract, he predicts the system can be rolled out at Veterans Administration hospitals and clinics across the U.S. and its territories within two years at barely more than half the budgeted price.

"We communicated to the VA that we are able to do a national deployment in 24 months. We can do that for less than \$350 million," said Will Johnson, Leidos vice president for veterans health.

But although Epic and Leidos' subsidiary, Systems Made Simple, won the contract three years ago, its future is not assured, especially with continuing uncertainty over who will lead the VA.

"I wish I had a crystal ball," Johnson said.

President Trump fired former VA secretary Dr. David Shulkin — a strong proponent of modernizing the VA's electronic medical records system — in March and nominated White House physician Ronny Jackson to replace him. Jackson withdrew his name after questions were raised about his ability to lead the agency, and Trump nominated acting VA secretary Robert Wilkie to the job.

A Senate committee plans to hold Wilkie's confirmation hearing on Wednesday. Meanwhile, the Senate could vote on a funding bill that includes the new scheduling system on Monday, and the House Veterans Affairs Committee plans to look at the VA's electronic record modernization projects on Tuesday.

Pilot project

Plans for a new scheduling system emerged after reports surfaced about long wait times for veterans seeking appointments at clinics around the U.S. In 2014, VA officials confirmed some of the accounts, saying the average wait for an initial doctor's visit at the Phoenix VA medical center was 115 days and that 1,700 veterans' names never were recorded on the official waiting list. Some reports said as many as 40 veterans may have died waiting for care from the Phoenix VA.

In 2015, the Department of Veterans Affairs approved funding for the scheduling project with Epic and Leidos, but it was June 2017 before they got the go-ahead to develop a software program to serve the Columbus VA outpatient clinic and four smaller clinics in nearby communities.

An earlier plan had targeted Boise, Idaho, for the test run — which also was delayed while the VA experimented with upgrades to its own longtime scheduling program called VistA, or Veterans Information Systems and Technology Architecture.

Leidos' Johnson said he's not sure why the Boise site was scrapped. He said the VA simply told Leidos and Epic to do the installation at Columbus facilities instead.

The team developed a program for VA Columbus clinics in 10 months. It went live on April 9.

"I'm very excited to state the program has gone exceedingly well," said Johnson, whose company is a longtime Defense Department supplier and serves as lead contractor on the project. "It was on time and on budget. ... In an environment where things often run over budget, we are very proud of that."

Epic's vice president for implementation, Dan Sullivan, said early indications are good.

"We are looking at wait times and access to care. Those numbers look positive so far," Sullivan said. "In the brief period of time we've been live, we've seen improvement in same-day appointments, through May." No specific figures were disclosed by Epic and Leidos.

At the Columbus VA, employees have been working with the new system for more than 10 weeks. Group practice manager Joanne Kusko said, overall, the staff likes it.

"The schedulers love it," Kusko said. "There are still some little bugs we're working out; it's not perfect yet."

Kusko said the new scheduling system is easier to use because appointments can be made just by knowing the medical provider's name. Under the old program, staff also would have to list which clinics that provider works at in order to set up a visit.

The Columbus VA has 1,300 employees and serves about 43,000 patients, Kusko said.

The new system is "resource-based" rather than clinic-based, she said. If a specific piece of equipment or a certain procedure room is unavailable, the appointment won't be made at that time. For example: "If an EKG (electrocardiogram) machine is broken, we take it out of the equation," Kusko said. "That alone has helped quite a bit."

With Epic's MyChart program, veterans can make their own appointments and, at least as importantly, cancel an appointment, if necessary, instead of calling the clinic and, in some cases, forgetting about it if they can't reach someone right away, Kusko said. She said that should free up staff time and openings for appointments.

Kusko said the VA will analyze the results of the new system, probably starting in July.

"I feel like there's some improvement, but we'll see," she said.

Politics and program updates

Epic's new scheduling system is one of the first products for the Veterans Administration that operates in the computer cloud, Leidos' Johnson said. Microsoft hosts and protects the data. Consultant firms Thomas Riley Strategies and Vital Edge are also part of the team.

Johnson said he's not surprised that the estimate for expanding the program nationwide is a lot less than the size of the contract.

"It was never our intention of using every single dollar," he said.

Before a full-scale rollout can happen, though, the VA will have to give the green light.

Will a new leader at the helm of the massive agency imperil that scenario?

"I have no good answer. We stand ready to execute when called upon," Johnson said.

Another potential complication is that just last month, the VA signed a 10-year, \$10 billion contract with an Epic rival, Cerner Corp., of Kansas City, to revamp the VA's electronic medical records systems for all veterans. The contract initially was awarded a year ago, without being opened for bids.

Cerner and Leidos already had won the 10-year, \$4.3 billion contract to update the Defense Department's electronic health records system, in a hotly contested bid in 2015. That implementation is having problems, though, a Defense Department report said, calling the program "neither operationally effective nor operationally suitable" in some locations, according to an article in Stars and Stripes last month.

The House Veterans Affairs Committee said it plans to set up a subcommittee to keep an eye on the project.

The VA could still cancel nationwide implementation of Epic's system and give Cerner that contract, too. Spokespeople for Epic and Leidos declined to comment on the potential impact on payments and on staff, if that were to happen.

"We believe it will absolutely make a difference for veterans across the U.S. if we're allowed to execute this program," Leidos' Johnson said.

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4. Focus Resources More Efficiently

4.1 - Military Times: [This week in Congress: New military money and a new VA Secretary](#) (24 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Lawmakers will pack in a host of veterans and defense business before their short July 4 recess, with a defense appropriations vote expected in the House this week and a Veterans Affairs confirmation hearing in the Senate on Wednesday.

The debate over the \$675 billion appropriations plan, expected to be approved after a week of partisan amendment fights on the House floor, sets up the possibility of Congress advancing federal budget bills months early than has been the recent practice.

Both House and Senate officials have said they hope to get significant work done before the start of the next fiscal year, Oct. 1. The two chambers are set to start conference committee work on the annual defense authorization bill this week as well.

Similarly, senators are optimistic they can move quickly on resolving leadership issues at the Department of Veterans Affairs. On Wednesday, they'll question VA Secretary nominee Robert Wilkie over his goals for the post, and how he plans to bring stability to a department that has seen its top executive fired twice since spring 2014.

[...]

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4.2 - WJAX (CBS-47): [Veterans invited to join free weekly sports activities in Jacksonville](#) (24 June, 443k uvm; Jacksonville, FL)

With every hoist of his arm, veteran Perry Cannedy builds strength and confidence.

The Marine Corps veteran said the rock climbing Sunday was less about exercise and more about the people he was with.

"I didn't know what I was getting into, you know? And all of a sudden I have all these veterans and we're all loving on each other," Cannedy said.

He is part of the Brooks Adaptive Sports and Recreation program, which hosted a special rock climbing event at the Edge Rock Gym in Jacksonville this weekend.

Sixty people came out to climb and a special pulley system developed by a competitive rock climber allowed amputees and paraplegics to participate.

"There's lots of tears, lots of squeals, lots of laughter," Alice Krauss said. "And overcoming a lot of fear whether it be heights or just pushing beyond their perceived limits of what their body and mind can do."

Krauss is an occupational therapist who founded the program at Brooks 12 years ago after recognizing people with disabilities were often living lives characterized by social isolation and physical inactivity – which led to depression, suicide and substance abuse.

The program hosts special events and 13 free weekly sports activities for those living with disabilities.

“From mindfulness-based yoga to adaptive golf to cycling, rugby, basketball, bowling, billiards, we have just about everything,” Alice Krauss said.

A \$46,000 grant from the department of veterans affairs is allowing Krauss to recruit more veterans.

“They seem to really be drawn to our program because of the comradery, because of the support they get and because of the non-judgment acceptance,” Krauss said.

Gloria Thompson, an Air Force veteran, said the program kept her alive and active after her leg was amputated three years ago.

She said she’s been recruiting veterans ever since her first sports event with the group.

“If they’re feeling alone, lonely and useless, come on out and do this. Give it a try. You’re going to find something that you enjoy,” Thompson said.

Brooks offers free transportation to and from activities, with some exceptions. Anyone interested in joining is asked to call 904-345-7314.

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4.3 - KHBS (ABC-40, Video): [Veterans react to the firing of a VA pathologist](#) (24 June, 273k uvm; Fort Smith, AR)

Chuck Adkins, a commander with the Military Order of the Purple Heart in Arkansas, talks to 40/29 about how the veteran community is reacting to a recent revelation concerning the firing of a pathologist.

A spokesperson with the Veterans Health Care System of the Ozarks in Fayetteville said that at least seven "high-risk" cases were misdiagnosed by the pathologist in question.

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5. [Improve Timeliness of Service](#)

5.1 - WFXA (FOX-27): [Salem VA hopes to improve access to PTSD treatment](#) (24 June, 29k uvm; Roanoke, VA)

Changes are coming for the way veterans get treated for post-traumatic stress disorder (PTSD) in the Roanoke Valley. The Salem VA Medical Center (VAMC) plans to switch to rolling admissions in an effort to provide immediate service for veterans.

Officials hope the change will help doctors treat more patients suffering from PTSD than the current system allows. VAMC Director Dr. Miguel LaPuz said under the previously used cohort model, veterans started and ended the program as a unit, which left some patients waiting for care.

"In the cohort model we would have to wait until the cohort finishes," LaPuz said. "Sometimes that would entail that a veteran may have to wait six weeks."

Officials at the VAMC said changing the PTSD program will help increase access for patients. However, during a recent town hall meeting, some people expressed concerns about the potential impact on a patient's psychological safety.

The current model separates PTSD patients into units, such as combat-related, LGBT, and different military sexual trauma programs for men and women. The rolling admission model combines groups. Some said a mixed unit could have a negative impact on the healing process.

"The cohort we just graduated were all women veterans who had experienced military sexual trauma," LaPuz said. "They share experiences that are similar. It's that sense of community that helps them feel safer together."

LaPuz said the medical center continues to gather feedback and will examine ways to make sure veterans are comfortable with the switch.

"It was suggested that we should go along the lines of a hybrid model to have the majority of our vets on a rolling admission and then have a small segment of our vets be in a cohort model," he said. "That way we can still leverage that sense of community and psychological safety to enhance the therapeutic experience."

Other changes include sending combat-related residential PTSD patients to Salisbury, N.C., for treatment. LaPuz said the goal is to provide veterans with immediate access to evidence-based therapy and modern treatment facilities.

"In Salisbury, they built a new PTSD unit that conforms to all the design guidelines that have fitness rooms and a place for their pets so that it is more of a home-like environment," he said.

LaPuz said VAMC hopes to have the new inpatient pilot program in place by the end of July.

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5.2 - Leaf Chronicle: [Opinion - VA cannot punish veteran's use of cannabis](#) (24 June, Chris Conrad, 29k uvm; Berkeley, CA)

"If a veteran is drug tested without consent or thinks a doctor is using a drug test result punitively, it is the practitioner who is violating VA policy, not the patient," said Michael Krawitz, a long-time veteran activist who had a hand in writing the policy. He wants vets to know their rights and to stand up to federal Veterans Administration officials.

"There are steps that can be taken to correct such errant behavior by VA staff," such as educating them about the policy and medical marijuana or reporting them for abusing the VA cannabis policy that restricts blood testing of vets.

The relation between veterans, who frequently use cannabis to control pain or symptoms of PTS and other ailments, and the Veteran's Administration, which does not allow its doctors to approve medical marijuana, has been confusing to many.

The issue has become ever more important due to changes in state cannabis law, the devastating opioid crisis and the behavior of Republican Congressman Peter Sessions, who has single-handedly prevented reforms from going forward by refusing to allow the issue to be heard or to come to a vote. One of Trump's nominees as drug czar got derailed due to his misconduct involving opioids.

Krawitz asserts that the confusion over federal cannabis policy is not limited to veterans and the public, it also includes many VA doctors and administrators who don't know their own rules.

No loss in benefits for vets over cannabis use

Krawitz, himself a veteran and advocate, wants to dispel the misinformation that has been keeping many vets from using cannabis to help control various medical symptoms. The VA most recently updated its policy, Access To VHA Clinical Programs For Veterans Participating In State-Approved Marijuana Programs, in 2017.

"Drug testing is part of the VA's informed consent pain management system designed to improve communication between the doctor and patient inside the VA system," Krawitz said. "It is not to be used punitively and will not result in loss of benefits."

Federal spokesperson clarifies VA status

For skeptics, Krawitz has a letter from a VA Spokesperson to show people. Charles W. Ramey, Chief of Public Affairs, VA Southern Nevada Healthcare System was responding to earlier news reports. federal va vha veterans administration logo military medical marijuana policy

"As a spokesman for the VA Southern Nevada Healthcare System, I believe it's important to correct some of the assumptions either made by the reporter or presenters at this event.

"First, the story stated "if approved for a medical card, veterans can lose their VA benefits if they test positive for the plant..." and that legalizing the plant recreationally for all adults would "eventually help eradicate the punishment veterans would face from the VA." Both statements are inaccurate and false. VA policy states "patients who participate in a non-VA marijuana program will not be denied access to care."

"Furthermore, VA policy "does not administratively prohibit Veterans who participate in State marijuana programs from also participating in VA substance abuse programs, pain control programs, or other clinical programs where the use of marijuana may be considered inconsistent with treatment goals.

NCIA ad business summit July 2018 San Jose event promo

"Second, the article said "With VA doctors currently prohibited by law from speaking about marijuana with their patients or recommending the plant for their ailments, those veterans must seek private doctors for medical marijuana recommendations." This is partially false. VA

physicians are allowed to discuss a patient's use of medical marijuana as part of his or her overall treatment and pain management profile.

"However, they are prohibited from completing forms, and recommending or providing medical marijuana as a treatment option. This is due to the fact that marijuana use is a federal offense and federal employees must follow Congressionally-mandated federal laws (not state or local laws). Any changes at the state level will not allow the VA or any other federal agency to violate federal law."

— Charles W. Ramey, Chief of Public Affairs, VA Southern Nevada Healthcare System

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6. [Suicide Prevention](#)

6.1 - Daily World: [Revisiting veterans' PTSD suicides](#) (24 June, Jerome LeDoux, 24k uvm; Opelousas, LA)

"Over the years, my son's health worsened," Mary Daigle told me. "Constant negative stress took a terrible toll on my 39-year-old son Selby's mind and body, causing anxiety attacks, neuropathy, muscle disorder, chronic insomnia, eventually breaking down his immune system, his kidneys and his heart. He spent a year in Michael E. DeBakey Veterans Affairs Medical Center in Houston. When low self-esteem, mental anguish and physical pain were more than he could bear, he took his own life by hanging."

This sorrowful narrative about the son of Farice and Mary Daigle woke me up.

A quote from my Nov. 21, 2016 column reads: "Every day we lose 22 veterans to suicide; that is, one every 65 minutes.' Although there is some quibbling about 22 or 20 suicides daily, neither one is tolerable. These numbers are from the Department of Veterans Affairs (DVA) study that analyzed veteran suicide data from 1999 to 2010, then reported in February, 2013 on veteran suicide rates in the United States. Even though veterans number about one in 10 of adults, they are about one in five of suicides."

That does not even sound real, does it? These horrible tragedies are happening in our midst endlessly from one day to another.

Yet, so jarring are these numbers that the daily toll causes us to grow callused, unaware and unfeeling from the numbing, overwhelming volume of tragedy.

It takes the surreal suicide of a highly successful woman like Kate Spade to jolt us back into reality. A renowned fashion designer and businesswoman who had it all, Kate stunned the world by apparently hanging herself. Her grief-stricken husband, Andy Spade, moaned, "Kate suffered from depression and anxiety for many years. She was actively seeking help and working closely with her doctors to treat her disease, one that takes far too many lives."

That is scary, to say the least.

This certainly jolts us back to the plight of our beleaguered PTSD veterans. On June 8 — three days after Kate Spade — globe-trotting, celebrity chef, author, travel documentarian and TV personality Anthony Bourdain took his life.

Being a celebrity or any kind of big success does not make one immune to the darkness brought on by mental illness. Don't be fooled by the glamorous, deceptive public persona of those possessed by the demon of depression. Again, it takes us back to our veterans, leaving in our bowels a cavernously empty feeling and uneasiness about the depressing battles of countless people of every walk and status in life.

Copycat suicides are a real danger as was seen in the 10 percent increase in suicides in the five months after the shocking suicide of Robin Williams in 2010. On the other hand, after the anguishing news about Kate Spade and Anthony Bourdain, a handful of celebrities have come out of the closet, confessing their own terrible, potentially deadly struggles with clinical depression over the years. Some progress!

Beware of a sudden air of ease or relief in a chronically depressed person. Health scientists warn that this may be a sign that the afflicted person has finally made the decision to end his/her life.

Note also the alarming rise in suicides in recent years. In 2016, there were 44,965 recorded suicides, up from 42,773 in 2014, according to the CDC's National Center for Health Statistics (NCHS). On average, adjusted for age, the annual U.S. suicide rate increased 24 percent between 1999 and 2014, from 10.5 to 13.0 suicides per 100,000 people, the highest rate in 28 years.

Responding to Father's Day wishes, my dear friend Barbara Trevigne wrote:

"And a Happy Father's Day to you, Père LeDoux. I love the interview with God. I am going to email this to persons I know who are suffering, especially fathers I know who are Vietnam Veterans, who continue to battle with themselves. Somewhere along the line, they forgot they are loved and have difficulty accepting God's presence, but feel or accept he was absent in their lives, when he was there all along. They forgot the poem Footprints in the Sand, but he held them up and brought these men home; the ones I am sending this message to."

How can the VA and others best help PTSD-stricken veterans?

PTSD victim Josh says of his erstwhile K-9 Posie, "I have gotten pretty close. There was one particular night that I was feeling suicidal. I had called the hotline. I was going from rage to tears — all over the spectrum — and she climbed out of the back seat into my lap. She curled up like a football and it changed by perspective almost immediately. She's my best friend."

Can we match such unconditional love?

Nonprofit No Veteran Left Behind states: No waiting list. If your own dog meets our requirements, you can begin to train immediately.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - StarNews: Program gives Wilmington area landlords incentives to rent to homeless (24 June, Ben Steelman, 193k uvm; Wilmington, NC)

Homeless people will get help renting apartments under a new pilot program launched by two Wilmington area nonprofits.

The Good Shepherd Center and the Tri-County Homeless Interagency Council announced the new Landlord Incentive Pilot Program on Thursday. The program will provide a sort of insurance to landlords who rent apartments to the homeless through agencies such as Family Promise of the Lower Cape Fear.

“Sometimes a landlord will come back and say, ‘There’s a problem with the credit,’ or ‘This doesn’t meet our credit check standards,’” said Cecelia Peers of Tri-County.

People who lost their housing often have credit problems, a limited history as a renter, a history of evictions or other legal issues, she noted.

The program offers landlords who rent to homeless tenants what are called “risk mitigation funds” -- up to \$2,000 if the tenants damage the apartment or leave with unpaid rent. Landlords are also eligible for a \$500 bonus if they renew leases to previously homeless tenants after one year, said Kyle Abrams, Good Shepherd’s assistant director.

The Good Shepherd Center, at 811 Martin St., is the lead agency for the lease-signing process. The U.S. Department of Veterans Affairs, Endeavors (a nonprofit volunteer agency focusing on rehousing of veterans) and Family Promise (part of the Wilmington Interfaith Hospitality Network) are the three community working with Good Shepherd on housing.

Leases can be offered in New Hanover, Brunswick and Pender counties.

The program is a partnership of the N.C. Department of Military and Veterans Affairs, the N.C. Housing Finance Agency and the N.C. Coalition to End Homelessness. Pilot funds are also being allotted to agencies in Asheville, Charlotte and Durham. As the local lead agency, Good Shepherd Center will have up to \$25,000 in funds to work with.

The program comes with a big deadline. All leases must be signed by July 15 to be eligible for the risk mitigation funds, Peers said.

The N.C. Coalition to End Homelessness estimates that New Hanover, Brunswick and Pender counties have about 333 homeless people on any given night, including about 20 households with children and 30 veterans. Nearly one-quarter of North Carolina’s homeless population are children, while about 9 percent are veterans.

For more information about LIPP call case manager Kadie Atterberry with Good Shepherd’s Ashley Center at 910-362-0292, ext. 104, or Cecelia Peers at 910-395-4553, ext. 202.

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7.2 - FedSmith: [Analyzing and Reorganizing Federal Agencies](#) (24 June, Ralph R. Smith, 276k uvm; Washington, DC)

As noted in Proposal to Revamp OPM, Labor and Education Department, the Trump administration is proposing a significant revamping of the federal government. As noted in the introduction to the document: “while some of the proposals are ready for agency implementation, others establish a vision for the Executive Branch that will require further exploration and partnership with the Congress.” This earlier article briefly discusses changes proposed for the Office of Personnel Management (OPM), Department of Labor and the Department of Education.

In other words, some of these proposals can be implemented by the administration. Other portions will require Congressional action.

While any significant change in government creates controversy and legal challenges, the proposal is worth reading and considering. Some of the programs placed in agencies created years ago made sense at the time. Subsequent changes may have resulted in the existing structure making little sense and creating confusion, chaos and conflicting policies emanating from government.

[...]

Consolidating Veterans Cemeteries

This proposal would transfer responsibility for perpetual care and operation of select military and veterans cemeteries located on Department of Defense (DOD) installations to the Department of Veterans Affairs (VA) – National Cemetery Administration. This transfer is designed to increase efficiency, limit overlapping missions, and ensure these cemeteries are maintained to national shrine standards to continue the recognition of service of those interred there.

[...]

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Oklahoma Conservatives' Views on Medical Marijuana Evolving](#) (23 June, 24M uvm; Washington, DC)

Danny Daniels, an evangelical Christian in the rural Oklahoma town of Lindsay, is reliably conservative on just about every political issue.

The 45-year-old church pastor is anti-abortion, voted for President Donald Trump and is a member of the National Rifle Association who owns an AR-15 rifle. He also came of age during the 1980s and believed in the anti-drug mantra that labeled marijuana as a dangerous gateway drug.

But his view on marijuana changed as his pastoral work extended into hospice care and he saw patients at the end of their lives benefiting from the use of cannabis.

"Some people said I couldn't be a pastor and support medical marijuana, but I would say most of the people I know, including the Christians I pastor, are in favor of it," said Daniels, pastor of Better Life Community Church in downtown Lindsay, a rural agricultural and energy industry town about 50 miles (80.5 kilometers) south of Oklahoma City.

Daniels is among a growing group of traditionally conservative Republican voters in Oklahoma who have shifted their position on the topic. Their support for a medical marijuana measure on Tuesday's ballot could ensure Oklahoma joins the growing list of states that have legalized some form of pot.

It's the first medical marijuana state question on a ballot in 2018, and Oklahoma's vote precedes elections on marijuana legalization later this year in Michigan and Utah. Michigan voters will decide whether to legalize recreational pot while Utah is considering medical marijuana.

Among the reddest states in the country, Oklahoma has for decades embraced a tough-on-crime philosophy that includes harsh penalties for drug crimes that has contributed to the state now leading the nation in the percentage of its population behind bars.

But voters' attitudes are changing. Two years ago Oklahomans voted to make all drug possession crimes misdemeanors over the objection of law enforcement and prosecutors. When one GOP senator discussed adding exceptions after the public vote, he faced an angry mob at a town-hall meeting.

Oklahoma's State Question 788, the result of an activist-led signature drive, would allow physicians to approve medical marijuana licenses for people to legally grow, keep and use cannabis. The proposal outlines no qualifying medical conditions to obtain a license, and an opposition group that includes law enforcement, business, political and faith leaders launched a late, half-million-dollar campaign to defeat it, saying it's too loosely written.

Oklahoma Gov. Mary Fallin, who typically defers from commenting on pending state questions, recently expressed reservations about the question, saying it's so broadly worded it would essentially allow recreational use of marijuana. If approved, Fallin said she intends to call the Legislature back to a special session so that a statutory framework could be approved to further regulate sale and use.

Bill Shapard, a pollster, said support for medical marijuana has been consistently strong during the five years he's surveyed likely Oklahoma voters. Not surprisingly, Shapard said young people, Democrats and independents overwhelmingly support it.

But he said about half of self-identified evangelicals, churchgoers and those over 65 also endorse medical cannabis.

"When you can get a large majority of the Democrats and independents and a third to a half of Republicans to support you, you can get anything passed in Oklahoma," Shapard said.

Joanna Francisco, a longtime Republican voter and self-described evangelical, said the issue of medical cannabis "should appeal to everyone who calls themselves a pro-life conservative."

"If you're a conservative, you should also be opposed to the state spending exorbitant amounts of money on prosecutors and law enforcement to keep this medicine out of the hands of people who might need it," said Francisco, 49, who holds regular Bible studies in her Tulsa home.

At Veterans of Foreign Wars Post 382 in El Reno, a conservative suburb 30 miles (48.3 kilometers) west of Oklahoma City, many of the regulars don't like the idea of legalizing marijuana, even for medical reasons. But attitudes are changing, said 73-year-old Bill Elkins, a disabled Vietnam veteran who volunteers at the post.

"I've got mixed thoughts on that," said Elkins, a Republican who said his daughter benefited from taking cannabidiol oil, a non-intoxicating form of cannabis, for nerve pain. "Right now I'm on the fence."

Jack Hodgkinson, 71, a Vietnam veteran and supporter of Trump, said he doesn't have a problem with the medical use of marijuana and plans to vote for it.

"I've never messed with any drugs, marijuana or anything like that," Hodgkinson said. "But if it helps people who need it, I'm all for it."

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Veterans Affairs Media Summary and News Clips

26 June 2018

1. [Top Stories](#)

1.1 - USA Today, Boston Globe (Video): [Secret data: Most VA nursing homes have more residents with bed sores, pain, than private facilities](#) (25 June, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

An analysis of internal documents shows residents at more than two-thirds of Department of Veterans Affairs nursing homes last year were more likely to have serious bedsores, as well as suffer serious pain, than their counterparts in private nursing homes across the country. The analysis suggests large numbers of veterans suffered potential neglect or medication mismanagement and provides a fuller picture of the state of care in the 133 VA nursing homes...

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1.2 - Military Times: [VA backs off suicide study that indicated thousands of unreported military deaths](#) (25 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are walking back a new suicide study which appeared to show thousands of unreported military deaths in recent years, saying differences among classifications of service members led to confusion in the statistics. At issue is an update last week to VA's annual National Suicide Data Report, a massive collaboration between the department...

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1.3 - Military Times: [Can Congress finish its VA budget plan before the October deadline?](#) (25 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Senate lawmakers approved a "minibus" of appropriations bills Monday that could result in next year's Veterans Affairs and military construction funding being finished before the start of the new fiscal year. That would represent a significant legislative victory for Congress, given the lengthy delay in most appropriations measures in recent years.

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1.4 - Military Times: [House passes benefits fix for ailing 'blue water' veterans, now awaits Senate's move](#) (25 June, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers on Monday advanced plans to extend disability benefits for nearly 90,000 "blue water" veterans exposed to toxic chemicals during the Vietnam War but until now denied compensation for that danger. The move was hailed as a major breakthrough by veterans advocates, but it will likely take several months before the Senate moves on the same plan and officially starts the process of getting payouts to those elderly veterans.

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1.5 - MedPage Today: [Staffing Shortages Still Loom Large in VA Health, Medical center directors, physicians in short supply](#) (25 June, Joyce Frieden, 1.5M uvm; New York, NY)

Imagine a job where you're getting paid as much as your boss -- and possibly more. That's the case for doctors at the Department of Veterans Affairs (VA), according to Max Stier, president and CEO of the Partnership for Public Service, an organization that promotes careers in the

public sector. Stier spoke at a hearing last week by the House Veterans Affairs Health Subcommittee on problems in recruiting and retaining employees at VA medical centers.

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2. Greater Choice for Veterans

2.1 - U.S. News & World Report (AP): Senate Approves \$145B Spending Bill to Fund Energy, Veterans (25 June, Matthew Daly, 24M uvm; Washington, DC)

The Senate on Monday approved a \$145 billion spending bill to fund the Energy Department and veterans' programs for the next budget year. The 86-5 vote in favor of the bill sends it back to the House, which approved a similar bill this month. Lawmakers hope to send a unified bill to President Donald Trump as the first of what they hope will be a series of spending bills signed into law before the new budget year begins Oct. 1.

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2.2 - Florida Times-Union: Tuesday Editorial: VA health care needs competition (26 June, Editorial Board, 2.1M uvm; Jacksonville, FL)

The Veterans Administration has proved to be too large to be run effectively. So Congress turned to competition in recent years, providing options for veterans to use vouchers in the private health care market. In 2014, Congress created the VA Choice Program, which has allowed more than 1.7 million veterans to seek health services in the private sector.

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2.3 - KALB (NBC-5): Senate passes legislation to improve veteran nursing home care (25 June, 67k uvm; Alexandria, LA)

U.S. Senators Bill Cassidy and Doug Jones released the following statements after the Senate passed their legislation requiring the Department of Veterans Affairs to publish the quality ratings of its 133 nursing homes nationwide, including all internal metrics and criteria used in determining the ratings. The legislation passed as an amendment to the Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act (H.R. 5895).

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3. Modernize Our System

3.1 - Becker's Hospital Review: VA's Epic scheduling system gets early praise from Ohio pilot (25 June, Julie Spitzer, 441k uvm; Chicago, IL)

The Department of Veterans Affairs has been piloting a scheduling system designed by Epic at a site in Columbus, Ohio, and officials on the project are praising its early success, according to the Wisconsin State Journal. Epic teamed up with Leidos for the project in a \$624 million, five-year contract with the goal of resolving the wait time issues plaguing many VA facilities.

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3.2 - EHR Intelligence: [Impacts of Key Cerner EHR Implementations for 2018 - The first six months of 2018 have included the launch of several Cerner EHR implementations, with the goals of improving care coordination and other admin functions.](#) (25 June, Elizabeth Snell, 50k uvm; Danvers, MA)

VA signed a \$10 billion Cerner EHR implementation contract in May 2018, following months of negotiation. The implementation was also meant to mimic Department of Defense's (DoD's) MHS GENESIS EHR system, which was also supported by a Cerner platform. The new system will enable a more seamless health data exchange process, explained Acting VA Secretary Robert Wilkie.

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4. [Focus Resources More Efficiently](#)

4.1 - Military.com (Under The Radar): [Meet the Veteran Stars of the 'Pin-Ups for Vets' 2019 Calendar](#) (25 June, 9M uvm; San Francisco, CA)

Nonprofit group Pin-Ups for Vets has just announced its 2019 calendar and founder Gina Elise has recruited 19 female veterans to model for the throwback-style images feature in the organization's 13th annual calendar. This year's calendar was photographed aboard the historic Queen Mary, the same ship that transported 810,000 military personnel across the Atlantic during WWII.

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4.2 - The Daily Signal: [6 Things to Know About Trump's Choice to Run the VA](#) (25 June, Fred Lucas, 1.1M uvm; Washington, DC)

President Donald Trump's choice to run the Department of Veterans Affairs, a military reservist with experience at the Pentagon and on Capitol Hill, faces a Senate confirmation hearing Wednesday that could center on a debate over "privatization" of care. The Senate Veterans Affairs Committee is slated to consider Trump's nominee, Robert Wilkie, who for a time was the acting secretary of veterans affairs...

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4.3 - KTUL (ABC-8): [Muskogee VA service dog needs help getting new prosthetic](#) (25 June, Ashley Ellis, 195k uvm; Tulsa, OK)

Honor, a service dog in training, who has brought joy to so many veterans, needs a new prosthetic to become the Facility Dog at the VA Medical Center in Muskogee. Honor was born without toes on her back foot, but her prosthetic and determination are all part of a magical combination that patients, nurses and doctors at the VA can't get enough of. Recently, she's had some problems with her prosthetic...

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4.4 - Daily Hampshire Gazette: [The 'heart and soul' bids farewell: Longtime VA chaplain retires](#) (25 June, Emily Cutts, 189k uvm; Northampton, MA)

He's been there to guide and comfort veterans in their last months for more than two decades. He's been there to help veterans throughout the Valley with their spiritual needs, to officiate weddings for fellow Veterans Administration employees, or to simply listen to whoever needs an ear. But on Monday, it was their turn to be there for him. After 25 years, David Whiteley is

retiring as chaplain at the Veterans Affairs Central Western Massachusetts Healthcare System in Leeds.

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4.5 - FEDweek: [Another Fight Brewing over IG Access to Agency Records](#) (25 June, 51k uvm; Glen Allen, VA)

A tangle between VA management and the IG there has morphed into a larger dispute over access to agency information sought by auditors and investigators—an issue that dates back many years and that already has resulted in enactment of several changes in law designed to compel agencies to cooperate.

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4.6 - Finger Lakes Daily News: [Schumer Urging Post Office to Change Decision to Revoke Parking Agreement With Canandaigua VA](#) (25 June, Lucas Day, 50k uvm; Dundee, NY)

U.S. Senate Minority Leader Charles E. Schumer Monday urged the U.S Postal Service (“USPS”) to immediately change course and reverse a determination that is now stopping the Department of Veterans Affairs’ (“VA”) Canandaigua, New York Medical Center from parking and staging the VA’s government-owned home visitation vehicles at ten post offices located strategically across the Canandaigua VA’s over 100-mile wide five-county service area.

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5. [Improve Timeliness of Service](#)

5.1 - U.S. News & World Report (AP): [VA Hospital to Hold Town Hall About Impaired Pathologist](#) (25 June, 24M uvm; Washington, DC)

The Veterans Health Care System of the Ozarks says it will hold a town hall meeting next month to provide an update into an investigation of an impaired pathologist who is linked to at least seven missed diagnoses and a potential death. In a press release Monday, the hospital said representatives from the Veterans Benefits Administration will also be on hand July 9 to answer veterans' concerns and related benefits questions.

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5.2 - Verdict: [Burn Pits are the New Agent Orange: The Limited Circle of Concern for Pollution Victims of War](#) (25 June, 3.4M uvm; Mountain View, CA)

When the United States military fights protracted conflicts abroad, both combatants and civilians on both sides are likely to suffer. In addition to the obvious direct combat-related injuries and casualties, many experience unintended injuries even after the conflict ends. With the upcoming vote on legislation expanding who may receive benefits for Agent Orange exposure, I wanted to highlight the slowly expanding, but limited circle of concern for Agent Orange victims.

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5.3 - KNSD (NBC-7, Video): [VA-Operated Nursing Facilities Score Lower Than Private Facilities in Quality - The VA rehabilitation and nursing facility at the San Diego VA Medical Center is among that list](#) (25 June, Bridget Naso, 2.1M uvm; San Diego, CA)

A new report sheds a sad light on rehabilitation and nursing care for veterans at the VA. This internal report by the Veterans Administration looked at the 133 nursing facilities that are operated by the Veterans Administration comparing the facilities to private care facilities based on standard criteria. According to the findings, 100 VA-operated nursing facilities across the country have more patients in pain and more patients with bed sores than private nursing homes.

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5.4 - Stars and Stripes: [House approves benefits for Blue Water Navy veterans](#) (25 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The House unanimously passed legislation Monday that would extend Department of Veterans Affairs benefits to approximately 90,000 sailors who served off the coast during the Vietnam War, some of whom have been fighting for years to prove their illnesses were caused by exposure to Agent Orange. Lawmakers voted 382-0 in favor of the Blue Water Navy Vietnam Veterans Act, which must go to the Senate for final approval. It provides eligibility for disability compensation to "Blue Water" Navy veterans...

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5.5 - WFLA (NBC-8, Video): [Tidal wave of support in U.S. House to extend Agent Orange benefits to Navy veterans of Vietnam war](#) (25 June, Steve Andrews, 293k uvm; Tampa, FL)

The U.S. House of Representatives voted 382-0 to approve extending Agent Orange benefits to tens of thousands of Navy veterans who served in the territorial waters off the coast of Vietnam. "The Blue Water Navy bill," as it's been called, has never before gotten this far and has a tidal wave of support.

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5.6 - Task & Purpose: [LGBTQ Vets, Uncomfortable With VA, Look To Each Other For Mental Health Care](#) (25 June, Stephanie Russell-Kraft, 102k uvm; New York, NY)

After he returned from a tour in Iraq in the fall of 2006, Ramond Curtis wanted to get as far away from the Army as he possibly could. He was mentally checked out far before his contract ran up in 2009, and he sought comfort in various drugs to quell symptoms of what would later be diagnosed as post-traumatic stress disorders.

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5.7 - Bakersfield Now: [Valadao's legislation to help vets suffering from Agent Orange exposure passes House](#) (25 June, 58k uvm; Bakersfield, CA)

Legislation introduced by local Congressman David Valadao to help Vietnam veterans with their medical care has been passed by the House. The Blue Water Navy Vietnam Veterans Act seeks to give those who served in the territorial seas of Vietnam during the war expedited consideration for Veteran's Affairs benefits if they suffer from a disease the government has linked to Agent Orange.

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5.8 - Big Spring Herald (Updated): [West Texas VA serves as one of the best CLC facilities in the nation with 5 star rating](#) (23 June, Marissa Loftin, 3.8k uvm; Big Spring, TX)

In article in Thursday's edition of the Big Spring Herald stated that the West Texas Veteran Affairs Health Care System (WTVAHCS) in Big Spring received a five star annual overall rating for the facility. This information was incorrect, however, it was the WTVAHCS's nursing home facility, or Community Living Center (CLC), that received the five star rating and is among the top rated VA nursing homes in the nation.

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6. Suicide Prevention

6.1 - Post and Courier: [New VA report shows bleak numbers on veteran suicide, but experts say help on the way](#) (25 June, Mary Katherine Wildeman, 318k uvm; Charleston, SC)

This wasn't a regular midday break. Each employee participated in an activity that involved the number 20. Some staff members performed 20 push-ups. Others ran in place for 20 seconds. The particular activity mattered less than the number. They were raising awareness that 20 former or current service members die by suicide each day in the United States.

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6.2 - WVNS (CBS-59): [Spiritual leaders invited to suicide prevention workshop](#) (25 June, Douglas Fritz, 21k uvm; Ghent, WV)

A joint outreach training by the VA medical centers in Beckley, Huntington and Clarksburg aims to assist spiritual leaders with suicide prevention for veterans. A luncheon will be held on Tuesday, July 31, 2018. The event will take place from 10 a.m. to 1 p.m at the West Virginia Capitol Complex. Operation S.A.V.E. (Signs of suicide, Asking about suicide, Validating Feelings, Encouraging help and Expediting treatment) is a program provided by the VA suicide prevention team.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Intelligencer: [Donations needed for Wreaths Across America commemoration](#) (25 June, Joan Hellyer, 154k uvm; Doylestown, PA)

A volunteer group based at VFW Terchon Post 5542 in Bristol Township has replaced the Guardians of the National Cemetery as coordinator of the annual event. Volunteers planning a local Wreaths Across America event are trying to raise more than \$200,000 by late November to buy enough wreaths for every grave at Washington Crossing National Cemetery.

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7.2 - WRBL (CBS-3, Video): [Homeless, underserved veterans get helping hand at local event](#) (25 June, Mikhaela Singleton, 75k uvm; Columbus, OH)

For the thousands of service men and women who come home from war every day, the transition into civilian life can be one of the toughest challenges they face. "You come back with your mindset still in war, like everyone's out to get you," explains Gary Todd, who is a Marine Corps veteran. "That looking-over-your-shoulder mentality can make it hard to talk to people, understand the way they talk to you. Like me, I'm not too good in crowds, I'm jumpy."

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7.3 - Sunshine State News: [Gus Bilirakis' Proposal to Ensure Student Veterans Not Penalized by Colleges, Universities Gains Momentum](#) (25 June, Kevin Derby, 64k uvm; Tallahassee, FL)

A Florida Republican's proposal to make sure veterans are not financially penalized by colleges and universities as they wait for their federal education benefits is gaining traction on Capitol Hill. Back in January, U.S. Rep. Gus Bilirakis, R-Fla., the vice chairman of the U.S. House Veterans Affairs Committee, introduced the "Servicemembers Improved Transition through Reforms for Ensuring Progress (SIT-REP) Act." Under the proposal, veterans using their GI Bill benefits will not be penalized if the VA delays payment to the school due to the time it takes to process.

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7.4 - News Tribune: [Steps taken to preserve piece of history](#) (26 June, Nicole Roberts, 64k uvm; Jefferson City, MO)

The Historic City of Jefferson is one step closer to preserving a piece of the National Cemetery's history and honoring veterans buried there. After two years of negotiations, HCJ announced in a Monday press release it will lease the National Cemetery's Cemetery Lodge from the U.S. Department of Veterans Affairs. The lease is for five years, with the option of five one-year extensions.

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7.5 - Wrangler News: [Tempe program aimed to support homeless veterans](#) (25 June, Susie Steckner, 12k uvm; Tempe, AZ)

The city of Tempe is expanding its housing options for veterans who are experiencing homelessness and wants to partner with landlords who have rental properties across the city. As part of a pilot program, the city's housing services division plans to place 10 veterans in subsidized housing with case management services that will help them lead independent lives. The pilot is part of a larger federal program...

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8. [Other](#)

8.1 - WVNS (CBS-59): [Deputies: Man arrested for threatening to blow up Beckley VA](#) (25 June, Katy Andersen, 21k uvm; Ghent, WV)

A Raleigh County man is charged with terroristic threats after he threatened to blow up the Beckley VA, according to deputies. Keith Bailey was arrested on June 22, 2018. Deputies report they were called to do a welfare check on Bailey on June 20 after he allegedly called the VFW in Washington DC and threatened to suicide bomb the closest VA center, which would have been the one located in Beckley.

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1. [Top Stories](#)

1.1 - USA Today, Boston Globe (Video): [Secret data: Most VA nursing homes have more residents with bed sores, pain, than private facilities](#) (25 June, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

An analysis of internal documents shows residents at more than two-thirds of Department of Veterans Affairs nursing homes last year were more likely to have serious bedsores, as well as suffer serious pain, than their counterparts in private nursing homes across the country.

The analysis suggests large numbers of veterans suffered potential neglect or medication mismanagement and provides a fuller picture of the state of care in the 133 VA nursing homes that serve 46,000 sick and infirm military veterans each year.

More than 100 VA nursing homes scored worse than private nursing homes on a majority of key quality indicators, which include rates of infection and decline in daily living skills, according to the analysis of data withheld by the VA from public view but obtained by USA TODAY and The Boston Globe.

The news organizations reported last week that 60 VA nursing homes received the agency's lowest quality ranking of one out of five stars last year, but the data didn't detail how individual facilities scored on specific measures. USA TODAY and The Globe are publishing the full data, outlined in internal documents, for every VA nursing facility as of Dec. 31, 2017.

Four VA facilities – nursing homes in Bedford, Massachusetts; Chillicothe, Ohio; Tuscaloosa, Alabama; and Roseburg, Oregon – lagged private nursing home averages on 10 of 11 indicators. At all four, about a third of residents were given anti-psychotic drugs – almost twice as much as in the private sector. The FDA has said such drugs are associated with an increased risk of death in elderly patients with dementia.

“They should be assessing individuals and doing what they can to manage it,” said Robyn Grant, director of public policy and advocacy at the National Consumer Voice for Quality Long-Term Care. “And if it's not working, they should be trying different things.”

The VA, which has argued that its residents are typically sicker than those in private facilities, has tracked the detailed quality data for more than two years but has kept it secret, depriving veterans of potentially crucial health care information.

VA 'evaluating' what information to release

VA Press Secretary Curt Cashour has declined to answer questions about whether or when the agency planned to release the quality information, as well as nursing home staff data the VA has compiled dating to 2004. He also declined to say when the VA would release inspection reports the agency has kept secret for more than a decade.

After the investigative report by USA TODAY and The Globe last week, Louisiana Republican Sen. Bill Cassidy and Alabama Democratic Sen. Doug Jones introduced legislation that would force the VA to release all of its nursing home quality information at least once a year.

“We cannot work with this administration or any administration to fix the VA if we don’t have the information,” Jones said.

That measure and another introduced last week requiring the VA inspector general to investigate low-ranking VA nursing homes passed the Senate Monday as part of a government funding bill. House and Senate lawmakers will have to work out differences between their versions of the bill before final passage.

Acting VA Secretary Peter O’Rourke told the CBS affiliate in Dallas last week that VA officials were “evaluating exactly what is the most appropriate for us to put out there and that will support continuous improvement and then also will provide good decision-making information for veterans.”

He called the USA TODAY and Globe reporting on the VA nursing home ratings “fake news.”

Federal regulations require private nursing homes to disclose voluminous data on the care they provide. The federal government uses the data to calculate quality measures and posts them on a federal website, along with inspection results and staffing information. But the rules don’t apply to the VA.

Playing 'hide the ball' with nursing home data

The VA has used similar data internally to track quality at its nursing homes as far back as 2011, according to a report in October that year from the nonpartisan Government Accountability Office. At that point, the agency monitored at least two dozen factors, including how many residents had bedsores or were in serious pain. But none of the information was released.

The 2011 review found that 80 percent of the agency’s nursing homes had problems with medication management, but VA headquarters wasn’t using the data “to detect patterns and trends in the quality of care and quality of life within a (VA nursing home) or across many (of them).”

The VA launched another tracking system in May 2016. It now measures 11 indicators – the same as those used for private nursing homes – and assigns star ratings based on the indicators, which can be clues to larger problems with overall quality. For example, high rates of falls or bedsores may indicate neglect.

In the first 18 months under this new tracking system, VA nursing homes scored below private averages on eight of 11 indicators, according to internal documents and minutes from an advisory committee meeting.

By the end of 2017, the VA scored worse on average than their private sector counterparts on nine of 11 key indicators, including rates of antipsychotic drug use and residents’ deterioration. In some cases, the internal documents show, the VA ratings were only slightly worse. In others, such as the number of residents who are in pain, the VA nursing homes scored dramatically worse.

Nick Bonanno, whose father, Russ, is a resident of the Bedford VA nursing home, said he believes the agency has withheld the information from the public to hide subpar care.

"It's more than disturbing," said Bonanno, who believes his father was one of many veterans overmedicated at the VA. "But it is consistent with what appears to be an ingrained culture (top to bottom) of not being accountable, and instead they hit the 'easy' button and cry 'fake news' and make excuses to justify poor results."

Jones, the Alabama senator, accused the administration of playing "hide the ball" with the data and using the "fake news" label as a "fallback."

"We've got to have the information," he said. "I'm just not going to take their word for it at this point."

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1.2 - Military Times: [VA backs off suicide study that indicated thousands of unreported military deaths](#) (25 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are walking back a new suicide study which appeared to show thousands of unreported military deaths in recent years, saying differences among classifications of service members led to confusion in the statistics.

At issue is an update last week to VA's annual National Suicide Data Report, a massive collaboration between the department, defense researchers and census analysts which has founds that roughly 20 veterans a day take their own lives. That figure has held steady from 2008 to 2015, the latest year data is available.

But for the first time, this year's update to the report breaks down those figures into veterans receiving VA health care (about six individuals a day), veterans not using the department's health services (11 a day), and a group including active-duty troops, guardsmen and reservists (four a day).

That calculation would put the official Defense Department suicide total among troops at close to 1,400 for 2015, about 900 higher than what military officials had previously reported.

Over a four-year span, the difference between the official defense figures and the newly released VA estimates tops more than 3,400 deaths.

Several news outlets noted the sudden data spike following the report's release. On Monday, VA officials acknowledged that their military figures are misleading.

"In our report, VA did not differentiate deaths between active duty, current never federally activated Guard and Reserve, and discharged never federally activated Guard and Reserve," said Dr. Keita Franklin, VA's national director of suicide prevention.

"This difference in the report may have caused some confusion and led to the misperception that approximately 1,000 more current service members died by suicide than DoD reported in 2015."

Franklin said including the breakdown in the report was designed to provide more information about the demographics of individuals who took their own lives. The updated report also

contains new information on veterans' era of service, ethnicity and comparison age groups in an effort to provide "more data points for us to look at."

VA officials blamed the confusion on the troops' suicide information on inconsistent definitions used in various agencies. Individuals who served in the guard or reserves and are considered "veterans" in census reports may not have been counted in the Defense Department statistics because of different mobilization authorities and state rules.

But the VA researchers are now emphasizing they have not found fault with official military suicide statistics, which have counted between 550 and 450 active-duty, guard and reserve suicides in each of the last five calendar years.

Franklin said to VA researchers, the data shows that the rate of suicides among former service members has remained steady at around 20 a day, and the rate among currently serving troops sits just above one person a day.

"And that shows we still have work to do," she said.

Franklin said federal researchers are working to better align their definitions for the next release of the suicide report, which is due out this fall.

The report also shows that contrary to public perception, younger veterans are not the most likely to take their own lives. Veterans of the Iraq and Afghanistan War era made up about 17 percent of the veterans population in 2015 but only accounted for 11 percent of the suicide deaths.

Individuals who served in peacetime between major conflicts made up 21 percent of the national veterans population but one-third of all deaths by suicide in 2015.

Earlier this year, President Donald Trump signed an executive order mandating more targeted support services for veterans in their first year of separation from the military, citing research that shows those individuals are among the most vulnerable to depression and suicidal tendencies.

Both the Defense Department and VA have invested millions in suicide prevention efforts in recent years, including a dramatic expansion of crisis line services to help individuals in distress.

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.3 - Military Times: [Can Congress finish its VA budget plan before the October deadline?](#)
(25 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Senate lawmakers approved a "minibus" of appropriations bills Monday that could result in next year's Veterans Affairs and military construction funding being finished before the start of the new fiscal year.

That would represent a significant legislative victory for Congress, given the lengthy delay in most appropriations measures in recent years.

In 2016, just a few weeks before the presidential election and a few days before the next fiscal year, lawmakers finalized their VA and military construction budget plan. It's the only time in the last five years that Congress has met that deadline for funding any portion of federal operations.

The Senate's 86-5 vote to approve the multi-agency appropriations package — along with VA money, it includes fiscal 2019 funding for the energy and water programs and the legislative branch — comes three weeks after the House passed a similar combined budget deal.

Now the two separate funding plans will head to a conference committee, where lawmakers will have about three months to negotiate a final agreement.

Senators have proposed \$86.4 billion in discretionary spending for VA programs in fiscal 2019, 5.7 percent above the department's fiscal 2018 budget and about \$1.1 billion more than what the White House and House lawmakers have backed.

Senate appropriators said the extra money is spread across a host of different programs, and will help cover increasing demands being placed on VA operations.

But fiscal conservatives in Congress have lamented the ever-growing size of the VA budget and warned that unchecked raises cannot continue indefinitely.

Combined with mandatory spending, the Senate proposal totals nearly \$196 billion for VA operations in fiscal 2019. When the war in Afghanistan began in fiscal 2001, the VA budget totaled less than \$49 billion. In fiscal 2009, it was \$93.7 billion, less than half the current target.

Another issue that conference officials will have to resolve is whether to exempt certain department accounts from future spending caps, a move that advocates have said is necessary given the health care overhaul legislation signed into law by President Donald Trump last month.

White House officials have resisted the idea, preferring instead that any new VA spending be offset by cuts elsewhere in the budget. But veterans groups have said that could negatively impact other services.

Both the House and Senate measures include \$10.3 billion in military construction funds, in line with administration plans.

That includes \$1.6 billion for military housing projects, nearly 11 percent above fiscal 2018 levels. Another \$361 million is earmarked for construction and alterations at military medical facilities, and \$368 million more for improvements at DOD schools.

The House is expected to finalize its draft of the defense appropriations bill for fiscal 2019 this week, and the Senate Appropriations Committee's defense panel will unveil its draft of the legislation on Tuesday.

But work on that appropriations package is expected to be more problematic, given that Democrats in both chambers are unlikely to support any military funding plan until fights on several non-defense budget measures are settled.

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1.4 - Military Times: [House passes benefits fix for ailing 'blue water' veterans, now awaits Senate's move](#) (25 June, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers on Monday advanced plans to extend disability benefits for nearly 90,000 “blue water” veterans exposed to toxic chemicals during the Vietnam War but until now denied compensation for that danger.

The move was hailed as a major breakthrough by veterans advocates, but it will likely take several months before the Senate moves on the same plan and officially starts the process of getting payouts to those elderly veterans.

The House approved the plan by a vote of 382-0. It now heads to the upper chamber, where Senate Veterans' Affairs Committee Chairman Johnny Isakson, R-Ga., has called the issue a top priority for the remainder of the year.

However, that committee must first tackle the confirmation of VA Secretary nominee Robert Wilkie, a process that starts with a hearing this Wednesday. That work will delay hearings on the new benefits bill for at least a few weeks, leaving no clear timetable on when the legislation may be completed.

On Monday, bill sponsor Rep. David Valadao, R-Calif., called the House vote long overdue.

“Every day, thousands of brave veterans who served in Vietnam fight the health effects of Agent Orange,” he said. “Many are in pain and suffering. It is far past time we give them the comfort and care they deserve.”

Under current department regulations, Vietnam veterans with rare cancers and other illnesses can receive medical care from VA but are not always guaranteed disability benefits.

Troops who served on the ground in Vietnam or patrolled inland rivers during the war are assumed to have been working with or near Agent Orange, and are given special status when filing disability benefits claims to speed up the process.

But so-called “blue water” veterans — who served on ships off the coast of the Vietnam — still need to prove direct exposure to Agent Orange for their illnesses to be labeled as service-connected. In many cases that's impossible, since scientific evidence from the ships was never collected.

Lawmakers in recent years pushed to fix the oversight and mandate the special status for sailors who served off the coast. But they have also struggled with how to cover the costs.

Last month, lawmakers on the House Veterans' Affairs Committee reached a compromise to raise that \$1.1 billion through a new fee on department-backed home loans.

It's expected to cost a typical veteran homeowner about \$350 over 10 years, but only about 60 percent of borrowers will be required to pay for it. Most veterans with a disability rating who use the home loan program will be exempt.

House Veterans' Affairs Committee member Mark Takano, D-Calif., called that a fair solution because "it does not cut benefits for one group of veterans to pay for the benefits of others." VA home loans are a voluntary program.

The House-passed bill also extends presumptive exposure status to veterans who served in the Korean Peninsula demilitarized zone beginning in September 1967 and lasting until August 1971, the same end date for the Vietnam War.

And the measure makes several additional changes to the VA home loan program, including eliminating the cap on loans department officials can offer.

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1.5 - MedPage Today: [Staffing Shortages Still Loom Large in VA Health, Medical center directors, physicians in short supply](#) (25 June, Joyce Frieden, 1.5M uvm; New York, NY)

Imagine a job where you're getting paid as much as your boss -- and possibly more.

That's the case for doctors at the Department of Veterans Affairs (VA), according to Max Stier, president and CEO of the Partnership for Public Service, an organization that promotes careers in the public sector. Stier spoke at a hearing last week by the House Veterans Affairs Health Subcommittee on problems in recruiting and retaining employees at VA medical centers.

"You're paying medical center directors less than individual physicians in a marketplace where those folks can make four, five, or six times that amount" in the private sector, he said. "[If you] change that ... those folks are going to figure out a lot of answers [to the VA's problems]."

High turnover is another problem, he added. "Over the past 6 years, the VA has seen nearly one-third of its personnel leave."

Several Hiring Challenges

Subcommittee chairman Neal Dunn, MD (R-Fla.), discussed a recently released report from the VA's Office of Inspector General on clinical and non-clinical personnel shortages at VA facilities. "Many VA facilities struggle to hire custodians, police officers, and human resource professionals just as they struggle to hire doctors and nurses," said Dunn. "To no one's surprise, the report found wide variety of staffing needs ... and consistent challenges due to a lack of quality applicants, an inability to compete with the private sector, and high turnover problems ... The VA can't function without high-performing, appropriately staffed facilities."

One of the reasons this problem hasn't been fixed is a lack of leadership at the top levels of the VA, said Rep. Julia Brownley (D-Calif.), the subcommittee's ranking member. "As this committee considers staffing shortages, it would be irresponsible to ignore the VA's vacant executive suite," she said.

"It has been nearly 5 weeks since the president announced his nominee for secretary of VA, however it took until yesterday [June 20] to formally submit [Robert Wilkie's] nomination [for VA secretary] to the Senate," she said.

"It's been 16 months since the VA had a permanent undersecretary of health, and no less than nine deputy undersecretary and assistant deputy undersecretary positions are without permanent appointees. How can the VA be expected to deliver timely, quality healthcare to over 9 million veterans when this administration refuses to prioritize the need for stable, qualified, fully vetted leaders within the agency? ... This administration needs to lead by example, and that means putting leadership in place who'll get the job done."

Physicians are 'Mission Critical'

The physician shortage at the VA is especially significant, said Debra Draper, director of healthcare at the Government Accountability Office, which has also issued reports on the personnel shortages. "Physicians provide and supervise a broad range of care," she said. "Factors such as the VA's lengthy hiring process, a limited supply of candidates, and a highly competitive recruitment environment have resulted in physicians occupying the top spot on VA's annual list of 'mission critical' occupations."

And the problem has been going on for a long time, she added. "Over the past 2 decades, we and others expressed concerns about the VA's ability to ensure it has the appropriate clinical workforce to meet current and future needs ... In 2016, physician losses were [found to] steadily increase over the previous 5 years due to voluntary resignations and retirements."

Draper also criticized the agency for not knowing exactly how many physicians are in its employ. "In our October report, we recommended that the VA implement a systematic process to count all of its physicians; the VA didn't concur with this recommendation," she said. "Although [the VA] implemented a new database, it doesn't plan to use the system to track physicians it doesn't directly employ," such as contract physicians. "We continue to believe it's imperative for the VA to have an accurate count of all of its physicians."

But Peter Shelby, assistant secretary for human resources and administration at the agency, pushed back on some of that assessment, noting that despite challenges with the VA's multiple systems for tracking personnel, "our [human resource] capabilities continue to improve ... Taken in context, the VA's [overall] vacancy and turnover rates are very low. We fluctuate between 9% and 10%, which compares very favorably with the private sector."

He also said he wanted to try new ways to recruit physicians, with a special focus on medical students. "Almost every doctor in America -- about 80% of them -- come through our system, and we haven't been proactive enough in recruiting them," said Shelby. "We're exposed to them in early in their career and we haven't taken advantage of that." For example, he said, "we want to bring in interns between their sophomore and junior years, and vet them then, and then bring them in between their junior and senior years and vet them again," and then make tentative job offers to those who qualify.

Salary Caps at Issue

But one major problem with such recruitment efforts -- whether for medical directors or young physicians -- is that the VA bumps up against federal salary caps, he said. Committee member Rep. Beto O'Rourke (D-Texas) asked how high the salary cap for a medical center director -- currently set at around \$153,000 -- would need to be in order for the VA to be more competitive with the private sector.

"\$600,000," Shelby replied. Later in the hearing, he said the VA doesn't need to pay as much as the private sector because it offers a compelling mission and often has better benefits than private-sector employers -- but we can't pay at the 5% or 10% level" compared with some other jobs. Currently, the VA has 20 vacancies among its 170 medical director positions, as well as five impending vacancies, and it's recruiting for 15 of those slots, he said.

Committee members generally were very supportive of the VA's efforts, and several of them asked Shelby what legislation would need to be passed in order to help the VA with its recruiting goals. "In my opinion, all the years I've worked in healthcare, the personnel who work in these systems are the most important," said Rep. Phil Roe, MD (R-Tenn.) chairman of the full House Veterans Affairs Committee. "I don't care if you have a shiny new facility ... People are the most important, more so than buildings, and anything we can do to help you do your job, we're here to do."

But one member sounded a note of skepticism about the idea of increasing salaries of VA personnel. "Can you imagine how a veteran, coming from a middle-class family and earning \$34,000 a year, who can't get an appointment for weeks and weeks, [would feel] knowing that the medical center director is being paid \$600,000?" said Rep. Clay Higgins (R-La.). "I would hope we have the spirit of being able to do more with less and tapping into the patriotic service of Americans and medical professionals across the country that have a desire to serve."

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2. Greater Choice for Veterans

2.1 - U.S. News & World Report (AP): [Senate Approves \\$145B Spending Bill to Fund Energy, Veterans](#) (25 June, Matthew Daly, 24M uvm; Washington, DC)

The Senate on Monday approved a \$145 billion spending bill to fund the Energy Department and veterans' programs for the next budget year.

The 86-5 vote in favor of the bill sends it back to the House, which approved a similar bill this month. Lawmakers hope to send a unified bill to President Donald Trump as the first of what they hope will be a series of spending bills signed into law before the new budget year begins Oct. 1.

Individual spending measures have routinely been delayed or ignored in recent years in favor of giant spending packages — often months overdue — that fund the entire government.

GOP leaders are anxious to avoid another massive spending bill as the midterm elections approach. Trump has pledged he won't sign another catchall measure like the \$1.3 trillion bill he signed in March.

The three-bill bundle approved Monday includes a \$5.1 billion increase for the Department of Veterans Affairs, including \$1.1 billion to pay for a law Trump signed in June to give veterans more freedom to see doctors outside the troubled VA system.

The bill includes \$43.8 billion for energy and water programs, including programs to ensure nuclear stockpile readiness and spur innovation in energy research. The bill also funds flood-control projects and addresses regional ports and waterways.

Lawmakers focused less on those details than on the vote itself, calling early approval of a spending bill the beginning of a return to "regular order" that has eluded Congress for years.

Sen. Lamar Alexander, R-Tenn., said senators were "doing what the Senate is supposed to do" — propose bills, debate them and then vote them up or down. Too often, he said, being a senator is "like joining the Grand Ole Opry and not being allowed to sing."

Sen. Richard Shelby, R-Ala., chairman of the Senate Appropriations Committee, said he hoped the bill's passage signals Senate approval of all 12 spending bills by the end of September.

"It is my hope that we will not be led astray down the path of delay and partisanship that results in yet another omnibus," Shelby said, using a congressional term for the catch-all spending bill. "That is no way to fund the government."

Shelby praised the panel's vice chairman, Sen. Patrick Leahy of Vermont, for helping him keep partisan policy riders out of the legislation. Such riders are considered "poison pills" because they imperil final passage of the bill. Lawmakers banished one such rider last week, an effort by Republican Sen. Mike Lee of Utah that would have scrapped the Obama administration's Clean Water Rule.

Lee and other Republicans consider the rule intrusive and say it unfairly expands authority of the Environmental Protection Agency. Twenty Republican senators — including many who agree with Lee on the substance of the water rule — voted with Democrats to shelve it.

The Lee amendment is "precisely the type of poison pill policy rider we have worked so hard to avoid" and would have jeopardized passage of the overall bill, Leahy said. He thanked Republicans who "recognized this reality as well" and joined with Democrats to block the amendment.

"By focusing on funding matters, and avoiding controversial policy riders, we have ended the Senate debate with a bipartisan product that both Democrats and Republicans can support," Leahy said.

The spending bill also contains \$3.8 billion to fund the annual operations of Congress. It includes a provision to again deny lawmakers the annual cost-of-living pay raise that they are supposed to receive. Salaries for members of Congress have been frozen at \$174,000 per year for a decade.

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2.2 - Florida Times-Union: [Tuesday Editorial: VA health care needs competition](#) (26 June, Editorial Board, 2.1M uvm; Jacksonville, FL)

The Veterans Administration has proved to be too large to be run effectively.

So Congress turned to competition in recent years, providing options for veterans to use vouchers in the private health care market.

In 2014, Congress created the VA Choice Program, which has allowed more than 1.7 million veterans to seek health services in the private sector.

In 2015, the VA began planning for competition with private-sector providers.

In a paper in The New England Journal of Medicine, David Shulkin — the former head of the VA — and physician Kyle Sheetz outline ways to advance quality.

First, there must be reliable data.

Second, community-based providers must be present as options for veterans.

Third, the VA must deal swiftly and efficiently with hospitals that are performing poorly.

Constantly comparing the VA to the private sector will allow veterans to have real choices — and it will keep VA officials accountable.

Repealing Obamacare

The headline in The Wall Street Journal announced, “Conservatives make new push to repeal Affordable Care Act.”

There was no mention of replacing Obamacare with something else; instead the act is being dismantled piece by piece.

This is a disservice to Americans who need affordable, quality health care — a need more pressing than ever in an era when part-time jobs and contractual services are growing.

There have been a variety of bipartisan plans offered in Congress to provide near-universal health care, but none have gone anywhere.

One conservative proposal would use federal block grants to the states to help consumers buy coverage; in addition, health savings accounts would be expanded.

Medicaid would be repealed and vouchers would be used to help people buy coverage.

The fact is Medicaid has such low reimbursement rates in some cases that it has been difficult to find providers.

Republicans like vouchers and health savings accounts, but the problem always comes with funding them at realistic and adequate levels.

End the drug gag order

How rigged has the game become when it comes to high prescription drug prices?

It has become so rigged that some pharmacists are banned from telling Medicare consumers they can save money by paying cash rather than using insurance.

Yes, if a consumer asks, the pharmacist is allowed to answer. But how is an uninformed consumer supposed to know they can ask in the first place?

According to Kaiser Health News, out of 9.5 million Medicare Part D prescriptions, the cash price was lower than the co-payment in 1 of 4 cases.

And patients have overpaid by more than 33 percent when purchasing 12 of the most commonly prescribed drugs.

The gag order goes against everything that makes America great, and it should be eliminated.

End roadblocks for generics

Another example of the rigged game of drug prices: generic drugmakers have been blocked from producing cheaper drugs because brand name companies stall in providing samples for testing.

The federal government logically requires generic drugmakers to prove that their products are functionally equivalent to the brand names.

But the Food and Drug Administration has listed 50 drugs whose brand manufacturers withheld or refused to provide samples.

This leads to two logical questions:

- Where's the enforcement to make sure manufacturers provide samples?
- Why not start fining manufacturers for failing to meet reasonable deadlines?

Fighting opioid deaths

Deaths due to opioid overdoses could be dramatically reduced if antidotes were readily available.

One solution involves reducing the price of naloxone; the federal government has the authority to use a patented invention without permission of its patent holder so long as the government pays reasonable compensation.

This means the government could purchase generic versions of naloxone and distribute them to government agencies as a public health matter.

Based on the shocking surge of overdose deaths, this is a public health emergency that warrants federal action.

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2.3 - KALB (NBC-5): [Senate passes legislation to improve veteran nursing home care](#) (25 June, 67k uvm; Alexandria, LA)

U.S. Senators Bill Cassidy and Doug Jones released the following statements after the Senate passed their legislation requiring the Department of Veterans Affairs to publish the quality ratings of its 133 nursing homes nationwide, including all internal metrics and criteria used in determining the ratings.

The legislation passed as an amendment to the Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act (H.R. 5895).

“Our veterans deserve the best care in all stages of life. For years, the VA has kept the quality data of their nursing homes a secret,” said Dr. Cassidy. “While I’m glad the VA recently took steps to address this, we need full transparency so we can hold the VA accountable and provide our veterans with the best nursing home care possible.”

“Our veterans and their loved ones have given a great deal in service to our country, which is why I was so appalled by reports of very poor ratings and the unwillingness of the VA to be more transparent with this important data,” said Senator Jones. “Having every available piece of information is critical to veterans and their families as they determine where they will live and receive care, during what is unquestionably the most vulnerable stage of their lives. I am confident that this report will help the VA provide the kind of care that our men and women who served our country deserve.”

USA Today and the Boston Globe recently reported that more than 100 VA nursing homes, including its facility in Pineville, Louisiana, “scored worse than private nursing homes on a majority of key quality indicators, which include rates of infection and decline in daily living skills, according to the analysis of data withheld by the VA from public view.”

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3. Modernize Our System

3.1 - Becker’s Hospital Review: [VA's Epic scheduling system gets early praise from Ohio pilot](#) (25 June, Julie Spitzer, 441k uvm; Chicago, IL)

The Department of Veterans Affairs has been piloting a scheduling system designed by Epic at a site in Columbus, Ohio, and officials on the project are praising its early success, according to the Wisconsin State Journal.

Epic teamed up with Leidos for the project in a \$624 million, five-year contract with the goal of resolving the wait time issues plaguing many VA facilities.

Will Johnson, the vice president for veterans affairs at Leidos, told the publication the system could be implemented at all VA hospitals and clinics in a fraction of the time and at half the cost.

"We communicated to the VA that we are able to do a national deployment in 24 months. We can do that for less than \$350 million," said Mr. Johnson told the Wisconsin State Journal.

Epic's scheduling system has been operational at the Columbus facility since April 9, and the company's vice president for implementation, Dan Sullivan, said early results are promising.

"We are looking at wait times and access to care. Those numbers look positive so far," Mr. Sullivan told the Wisconsin State Journal. "In the brief period of time we've been live, we've seen improvement in same-day appointments, through May." Neither Epic nor Leidos provided specific data on the project's results.

Staff at the Columbus VA are also pleased with the new system. Joanne Kusko, group practice manager, told the news outlet it is easier to use than its prior system, and its resource-based build means appointments can't be scheduled if they require a specific piece of equipment or unique room that may be unavailable or broken at the time.

The project is not a certainty, though. The agency has been grappling with leadership changes that could compromise the deal struck nearly three years ago by then-Secretary David Shulkin, MD. A Senate committee plans to hold a hearing June 27 to confirm Acting VA Secretary Robert Wilkie as Dr. Shulkin's permanent replacement.

The VA's contract with Cerner could potentially throw another wrench in the project's future. In May, the agency signed a 10-year, \$10 billion deal with Cerner to put the Veterans Department on the same EHR as the Defense Department, which has been transitioning to Cerner since winning a contract in 2015. That rollout has faced a number of problems, according to a DOD report that called it "neither operationally effective nor operationally suitable" in some locations.

House lawmakers are planning to establish a new oversight panel tasked with monitoring the VA's EHR transition.

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3.2 - EHR Intelligence: [Impacts of Key Cerner EHR Implementations for 2018 - The first six months of 2018 have included the launch of several Cerner EHR implementations, with the goals of improving care coordination and other admin functions.](#) (25 June, Elizabeth Snell, 50k uvm; Danvers, MA)

Healthcare continues to evolve, with providers of all sizes and with varying specialties working to implement the latest technologies while still ensuring patient care remains a top priority. Many organizations are considering new EHR implementations, hoping to find the right system that will improve daily operations, reduce cost, and build a strong foundation for the future.

Several Cerner EHR implementations have taken place so far in 2018, with more likely still come over the next several months. While these are not a complete review of all of the launches this year thus far, it should help show how some providers and organizations are working to improve their EHR optimization processes.

FEDERAL AGENCIES OPTING FOR CERNER

Some of the larger headlines with Cerner EHR implementations this year came with the VA and Coast Guard opting for a change.

VA signed a \$10 billion Cerner EHR implementation contract in May 2018, following months of negotiation. The implementation was also meant to mimic Department of Defense's (DoD's) MHS GENESIS EHR system, which was also supported by a Cerner platform.

The new system will enable a more seamless health data exchange process, explained Acting VA Secretary Robert Wilkie.

"When fully deployed, the new system will represent a monumental advance in Veterans' health care — bigger than VA's initial deployment of electronic health records 40 years ago," said Wilkie. "We appreciate the DoD's willingness to share its experiences implementing its electronic health record."

The Coast Guard announced in April 2018 that it would join DoD's existing \$4.3 billion contract with Leidos and Cerner EHR and adopt the MHS GENESIS EHR.

Defense Healthcare Management Systems Program Executive Officer Stacy Cummings told FCW that the Coast Guard would be able to benefit from the resources and expertise of DoD's initial operating capability (IOC) in the Pacific Northwest. This would help ensure the rollout would not take as long as DoD's own two-year deployment process.

"Coast Guard has already started looking at their infrastructure to make sure they're meeting the minimum needs" to support the MHS GENESIS system, Cummings said.

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

The Indiana Family and Social Services Administration (FSSA) announced in May 2018 that it would implement Cerner EHR and revenue cycle management solutions at six FSSA inpatient psychiatric facilities.

"As we evolve as an integrated hospital system, our mission is to compassionately and efficiently treat Indiana citizens with challenging neuropsychiatric illnesses," said Indiana Division of Mental Health and Addiction Director Kevin Moore.

"Deploying Cerner's integrated health care solution will help us connect and optimize Indiana's network of state psychiatric hospitals, along with interfaces to other providers along Indiana's mental health continuum."

The Cerner patient portal would also benefit both patients and clinicians, enabling efficient health data exchange between providers and facilities.

Additionally, Cerner's system would support FSSA's NeuroDiagnostic Institute. Staff members can deliver expert neuro-diagnostic evaluations and treatments for patients upon arrival, Cerner stated. The Institute will connect to other FSSA facilities through the Cerner EHR as part of FSSA's initiative to modernize its state-run mental health facilities.

"With the right tools and solutions, FSSA will be more prepared to meet the unique needs of their facilities in the constantly changing health care landscape and provide high-quality services and support to their patients and communities," Cerner President Zane Burke said in a statement.

RANKIN COUNTY HOSPITAL DISTRICT

Texas-based Rankin County Hospital District opted for a Cerner EHR implementation to streamline clinical and administrative operations.

The critical access hospital said there was “an incredibly smooth go-live” when it implemented the Cerner EHR through the health IT company’s CommunityWorks deployment model.

“One place we noticed an immediate impact was in our daily revenue cycle meetings,” RCHD CEO Jim Horton said in a statement. “We are now able to reconcile the previous day’s revenue very accurately and our meetings are getting shorter and shorter, freeing us up to handle other parts of our operations.”

Providers within RCHD’s emergency services department, family practice medical clinic, outpatient lab, acute care department, and other departments will all benefit from the new system. Staff members can have easier access to patient health data, medication histories, and financial information.

“With an integrated EHR now in use by RCHD clinicians, they will be able to promote the health and wellness of the Rankin community in new and exciting ways,” Cerner Senior Vice President and CommunityWorks President Mitchell Clark explained. “RCHD has seen some great early successes since their implementation and we cannot wait to see how they will use the unified system to improve the health of the people they serve.”

PICKENS COUNTY MEDICAL CENTER

Pickens County Medical Center (PCMC) went through a six-month EHR selection process before finally settling on Cerner EHR in February.

The Alabama-based hospital said it would utilize Cerner CommunityWorks cloud-based deployment model during implementation, which is designed to customize Cerner Millennium to fit community healthcare settings’ specific needs. PCMC will also be the first community hospital in Alabama to utilize the CommunityWorks.

“Cerner was a unanimous choice of the selection committee after a six-month review of five companies,” PCMC CEO Richard McBryde stated. “Cerner’s solution for our hospital met all of our needs at 100 percent; ease of use, regulatory support and training before and after go-live, at an affordable cost.”

The 56-bed community hospital has a primary care clinic and an emergency department with six exam rooms and two trauma suites. Providers will be able to streamline care coordination, as complete patient medical histories, clinical and financial data will be easily available.

Furthermore, the patient portal allows patients to securely message physicians, schedule appointments, access billing information, and view their health histories.

“After touring Cerner’s world-class data center and evaluating the robust technologies and networks supporting the CommunityWorks platform, the choice was obvious,” PCMC Director of Information Systems Marcus Hudgins explained.

PERRY COUNTY MEMORIAL HOSPITAL

Missouri-based Perry County Memorial Hospital (PCMH) announced in January that it opted for a Cerner EHR implementation.

Having an integrated Cerner Millennium EHR will help all PCMH acute and ambulatory care sites, increasing access to comprehensive patient medical histories and allowing providers to more easily share patient health data.

Patients will soon have access to their own health records, be able to schedule appointments, and securely message physicians with the new Cerner patient portal.

"At PCMH, we live by our motto, 'People care more here,'" PCMH Vice President of Operations Chris Wibbenmeyer said in a statement. "We have seen that Cerner shares in this sentiment, caring for and understanding the health care needs of our community."

The one hospital and 20 specialty clinic network also plans to utilize the Cerner CommunityWorks cloud-based deployment model, as it can be customized for the different needs of community hospitals and healthcare organizations.

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4. Focus Resources More Efficiently

4.1 - Military.com (Under The Radar): [Meet the Veteran Stars of the 'Pin-Ups for Vets' 2019 Calendar](#) (25 June, 9M uvm; San Francisco, CA)

Nonprofit group Pin-Ups for Vets has just announced its 2019 calendar and founder Gina Elise has recruited 19 female veterans to model for the throwback-style images feature in the organization's 13th annual calendar.

This year's calendar was photographed aboard the historic Queen Mary, the same ship that transported 810,000 military personnel across the Atlantic during WWII.

Over its history, Pin-Ups For Vets has raised over \$58,000 to help hospitals purchase new therapy equipment and to provide financial assistance for Veterans' healthcare program expansion across the United States.

You can order your own copy for \$15 (with shipping included) at www.PinUpsForVets.com or, if you don't like paying for things via the internet, you can send a check to: Pin-Ups For Vets, PO Box 33, Claremont, CA 91711.

Gina Elise shared a few images from the upcoming calendar with us and included photos of the veterans during their military service. Compare and contrast their looks and learn about their service below.

Julie Noyes (Army)

Julie comes from the Boston, MA area and left the military in 2016 after 12 years of full-time/active service in the Army National Guard at the rank of Staff Sergeant (E-6). She was deployed to Kuwait and Iraq in 2010 as a Heavy Equipment Transporter (HET) driver.

Kirstie Ennis (USMC)

Kirstie was a helicopter door gunner and airframes mechanic on the CH-53 platforms during her Marine Corps service. While performing combat resupplies in 2012 to FOB Now Zad in Afghanistan, her helicopter went down and suffered multiple injuries. Her left leg is now amputated above the knee. She's currently on a trip to Alaska, where she's climbing Denali, North America's highest peak.

Linsay Rousseau (Army)

for the U.S. Army's 1st Brigade Combat Team, 101st Airborne Division (Air Assault), working as a journalist, photographer and videographer. You can view her photos and videos from Iraq at www.linsayrb.com.

Naumkia Kumar (Navy)

Born in Fiji, Naumika became a U.S. citizen during her time in the Navy. She served as a personnel specialist and earned her Master's Degree in Information Technology from National University while in the Navy.

Patti Gomez (Army)

Patti served in the New York Army National Guard as a 35M (Human Intelligence Collector) of the 42nd Infantry Division.

Rosario Hernandez (Army)

Rosario joined the Army under the MOS 88M Motor Transportation Operator and later merged to 46Q as a Public Affairs Specialist. She served in Ft. Bragg, NC.

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4.2 - The Daily Signal: [6 Things to Know About Trump's Choice to Run the VA](#) (25 June, Fred Lucas, 1.1M uvm; Washington, DC)

President Donald Trump's choice to run the Department of Veterans Affairs, a military reservist with experience at the Pentagon and on Capitol Hill, faces a Senate confirmation hearing Wednesday that could center on a debate over "privatization" of care.

The Senate Veterans Affairs Committee is slated to consider Trump's nominee, Robert Wilkie, who for a time was the acting secretary of veterans affairs while also serving as undersecretary of defense for personnel and readiness. That Defense Department job includes overseeing military health care.

Wilkie stepped aside from the acting secretary role at the end of last month to comply with a federal government rule prohibiting an acting Cabinet secretary from being considered for the full-time post.

“Robert is a great selection after running personnel and readiness at the Pentagon,” Steven Bucci, a former Army Special Forces officer and Pentagon official who is a visiting research fellow at The Heritage Foundation, told The Daily Signal. “He has the attitude and mindset to understand Capitol Hill.”

The liberal Left continue to push their radical agenda against American values. The good news is there is a solution. Find out more >>

The VA has made some strides since being rocked by scandal over waiting lists and poor care in 2014. Last year, Trump signed legislation designed to increase accountability and make it easier to fire bad VA employees.

Earlier this year, Trump dismissed VA Secretary David Shulkin. His first choice to replace Shulkin, Rear Adm. Ronny Jackson, the White House physician, stepped away from the nomination after being besieged by allegations of unprofessional conduct.

Here's what to know about Wilkie.

1. Top Priorities

Wilkie has said he wants to orient VA more toward customer service, modernize patient information with a broader push for electronic health records, and fully implement legislation Trump signed earlier this month.

The name of the new law, the MISSION Act, includes an acronym for Maintaining Internal Systems and Strengthening Integrated Outside Networks. It aims to increase veterans' options for getting VA-funded care outside of VA facilities.

While the new law gained bipartisan support, Trump has talked about further expanding options for providing VA-funded vouchers so that veterans may go to private clinics.

The Senate unanimously confirmed Wilkie as a Defense Department undersecretary in November 2017. During his confirmation hearing, he talked about his priorities for military health.

Wilkie told the Senate Armed Services Committee that his focus was on accountability and allowing more choice for care. He said he believed the military health system was too reliant on paper records, and sought to advance the Pentagon's use of electronic health records.

He also is an advocate for more telehealth options.

2. Family and Military Background

Wilkie serves in the Air Force Reserve, assigned to the office of the chief of staff. He previously was in the Navy Reserve with assignments at Joint Forces Intelligence Command, Naval Special Warfare Group Two, and the Office of Naval Intelligence, according to his Pentagon biography.

He received a Master of Law in international and comparative law from Georgetown University Law Center in Washington, a law degree from Loyola University School of Law in New Orleans, and a bachelor's degree from Wake Forest University in North Carolina.

Wilkie's father is a Vietnam War combat veteran. Robert Leon Wilkie Sr., a retired Army lieutenant colonel, died last year. The elder Wilkie earned three Purple Hearts, four Bronze Stars, four Air Medals, the Distinguished Flying Cross, the senior Parachutist Badge, and the Ranger Tab, according to Military.com.

3. The Bush Years

Under President George W. Bush, Wilkie served in both the White House and at the Pentagon.

From 2005 through 2009, he was assistant secretary of defense for legislative affairs, serving under both Defense Secretaries Donald Rumsfeld and Robert Gates.

He was also special assistant to the president for national security affairs on the National Security Council in the Bush White House, working under then-national security adviser Condoleezza Rice.

During the Bush administration, and more recently the Trump administration, Wilkie helped shepherd some big names through the Senate confirmation process: Gates, Defense Secretary James Mattis, and Adm. Mike Mullen before he became chairman of the Joint Chiefs of Staff.

He also helped prepare Gen. David Petraeus and Ambassador Ryan Crocker for multiple appearances before Congress in defense of Bush's military surge in Iraq.

4. Democrats and Dirt

Democrats could hit Wilkie on the subjects of VA "privatization," Russia, and race, according to media reports and those close to the nomination process.

The substantive contention likely will be over the issue of expanding private option care for veterans, particularly those who live in rural areas that may be far from a VA medical facility.

Critics of new private options, such as Sen. Patty Murray, D-Wash., a member of the Veterans Affairs Committee, call vouchers "privatization" of the VA, which they contend would undermine the department's care for veterans.

"I've been very clear with President Trump about my expectations for the next VA secretary, not the least of which is an unequivocal opposition to privatizing or in any way degrading the VA system," Murray said in a public statement.

"It's also critical for a VA secretary to demonstrate independence and an ability to withstand any political pressure to act in a way that doesn't serve the millions of veterans who get their care through the VA," she said.

Republicans also expect attacks from Democrats and the media over Wilkie's Capitol Hill experience.

During the 1990s, Wilkie, a North Carolina native, worked for Sen. Jesse Helms, the late Republican stalwart in that state, and for then-Senate Majority Leader Trent Lott, R-Miss. During their careers, Helms and Lott both faced media controversy over comments on racial matters.

Wilkie also may draw fire for having delivered a speech on the military talents of Confederate Gen. Robert E. Lee.

“His old boss [Helms] did carry some baggage, so did Secretary Rumsfeld, but a different kind of baggage,” Bucci said. “You could hear from almost anyone in the military that Robert E. Lee was a strong general.”

During the Obama administration, Wilkie went to work as a senior adviser for another senator from North Carolina, Republican Thom Tillis, who also is a member of the Veterans Affairs Committee.

“I’m proud to call Robert Wilkie my friend and former senior adviser,” Tillis said in a public statement. “Robert is one of the most honorable and decent human beings I’ve ever worked with, and anyone who knows him has seen his drive to serve his country and his passion for honoring our nation’s veterans and servicemembers, qualities that will be tremendous assets at the VA.”

Wilkie previously was executive director of the North Carolina Republican Party and ran unsuccessfully for the U.S. House in 1996.

In 2016, Wilkie—working for Tillis—was one of three congressional aides present at the Republican National Convention in Cleveland when Trump campaign aides reportedly wanted to scrap tough-on-Russia language from the platform. Politico reported special counsel Robert Mueller was not looking into Wilkie.

5. Didn’t See It Coming

Trump went off script in making the announcement of Wilkie’s nomination May 18 during a White House event that the acting secretary attended along with other Cabinet members.

“Acting Secretary Wilkie, who, by the way, has done an incredible job at the VA, and I’ll be informing him in a little while—he doesn’t know this yet—that we’re going to be putting his name up for nomination to be secretary of the veterans administration,” Trump said.

“Fantastic,” the president added. “I’m sorry that I ruined the surprise. I’ll see you anyway.”

6. What Veterans Groups Are Saying

Several veterans organizations have endorsed Wilkie’s nomination to lead the VA.

“We are confident that Wilkie, a veteran of both the U.S. Navy and U.S. Air Force, has credentials and experience to lead the second-largest government agency in the nation,” the Vietnam Veterans of America said.

The Wounded Warriors Project asserted: “In his tenure as acting secretary, Wilkie has demonstrated tremendous ability to lead and focus on the issues of highest concern to the veteran community.”

His experience is needed in the job, the Disabled American Veterans said:

With years of leadership experience in the Department of Defense, Mr. Wilkie has a deep understanding of navigating federal government policies. The acting secretary is himself a veteran, and we have no doubt he will continue to build upon the strong foundation put in place by Secretaries [Bob] McDonald and Shulkin.

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4.3 - KTUL (ABC-8): [Muskogee VA service dog needs help getting new prosthetic](#) (25 June, Ashley Ellis, 195k uvm; Tulsa, OK)

Honor, a service dog in training, who has brought joy to so many veterans, needs a new prosthetic to become the Facility Dog at the VA Medical Center in Muskogee.

Honor was born without toes on her back foot, but her prosthetic and determination are all part of a magical combination that patients, nurses and doctors at the VA can't get enough of.

Recently, she's had some problems with her prosthetic, as well as hip and back pain from wearing it. Her handler, who is responsible for all of her specialized needs, and others are currently exploring different options since Honor isn't funded by the VA, yet.

Having her prosthetic readjusted or beginning the process again with a new company will be very costly.

She is also starting specialized care with a Veterinarian who will do chiropractic care, acupuncture and physical therapy. If she receives her new prosthetic, she will need weeks, possibly months, of physical therapy to ensure she utilizes it in the safest and most efficient way possible.

Her supporters are raising funds to cover both of these services.

Honor does so much for the Veterans in Muskogee that they want to ensure she is able to continue her mission.

She has a personal donation account set up at Communication Federal Credit Union, 601 North York, Muskogee, OK 74403 - Honor's Donation Fund.

If you don't wish to donate monetarily, her daily care requires a lot of items; she has a wish list on Amazon named, "Honor the Facility Dog."

A gofundme page has also been set up to help her.

Honor is 2-years-old and was trained by Therapetics, a non-profit that trains service dogs for veterans and people who need them. The dogs go through the training and are given, at no cost, to the people who need them.

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4.4 - Daily Hampshire Gazette: [The 'heart and soul' bids farewell: Longtime VA chaplain retires](#) (25 June, Emily Cutts, 189k uvm; Northampton, MA)

He's been there to guide and comfort veterans in their last months for more than two decades.

He's been there to help veterans throughout the Valley with their spiritual needs, to officiate weddings for fellow Veterans Administration employees, or to simply listen to whoever needs an ear.

But on Monday, it was their turn to be there for him. After 25 years, David Whiteley is retiring as chaplain at the Veterans Affairs Central Western Massachusetts Healthcare System in Leeds.

"He is really an unsung hero," John Paradis, veterans' outreach coordinator for the VA, said at Whiteley's afternoon retirement celebration. "He's been on the frontline of veterans seeking help in many different ways."

Paradis has known Whiteley since 2011, when he joined the VA staff. Over the years, Paradis has seen the chaplain's ability to put people at ease in any setting and his "exceptional way of reaching across all aspects of what is a very diverse population," Paradis said.

"I think the thing about David that is so great is that he truly understands veterans in that he is a veteran himself," Paradis said. "He has a very good way of meeting people wherever they happen to be in life in a way that doesn't feel like you are receiving religion."

John P. Collins, the medical center's director, described Whiteley as the heart and soul of the organization for the last two decades who has been a source of strength. In his time with the VA, Collins said Whiteley has created a legacy of care and compassion.

"We're sorry to see our beloved chaplain depart, but we are happy for him," Collins said. "He has done his time in absolutely superb fashion."

Whiteley said he's enjoyed every day on the job.

"It's a wonderful 25 years," the chaplain said. "Our veteran population is just a special community within this country and they have all just been fabulous to work with and for through the whole career pattern."

A retired VA doctor turned volunteer, Dr. Murray Watnick said he came to know Whiteley over the last year and has always been interested in learning about the spiritual side of humanity. Watnick said the way Whiteley talks to people helps in their healing process.

Working with Whiteley to help write policies, data analyst Constantine Voyevodka described Whiteley as one of the friendliest people he has ever met.

"He's always incredibly positive and very warm," Voyevodka said.

Around the VA's campus, Voyevodka said Whiteley is almost always seen talking with someone, whether it be staff or one of the medical center's patients.

A native of Nashville, Tennessee, Whiteley came to western Massachusetts in 1995. He served as a small unit commander with an air cavalry troop in the U.S. Army after graduating college.

Following three years of active duty, Whiteley served 18 years in the Army National Guard in Tennessee and Virginia. Three years after his active duty and a brief stint as a commercial pilot, Whiteley said he wanted to do something more service oriented, so he went to the seminary. Both his father and grandfather were ministers.

He served as a minister for congregations in Virginia for about a decade before he took the position in Leeds. He said his own military experience as well as working with fellow veterans and their families drew him to working as a chaplain with the VA.

After two years at the University of Virginia Medical Center doing residency work training to be a clinical chaplain, Whiteley came to Northampton.

During his tenure, Whiteley said the memorial services held by the hospital on Memorial Day and Veterans Day have had the most moving impact.

“That’s the one opportunity to see the impact the VA makes with families, particularly in times of loss,” Whiteley said.

Whiteley said he has seen a shift in the chaplain’s role over the years, with more value and more integration into clinical work. In addition to his work with the veterans, Whiteley has also been there for VA staff and leads Sunday services in the VA’s chapel, which will continue until a replacement is found.

“I had no idea that I would be here for 25 years but I’ve never had a moment’s doubt that I needed to leave. I’ve enjoyed every day here,” Whiteley said. “We’ve had our problems but the mission and the people and the experiences have just been priceless.”

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4.5 - FEDweek: [Another Fight Brewing over IG Access to Agency Records](#) (25 June, 51k uvm; Glen Allen, VA)

A tangle between VA management and the IG there has morphed into a larger dispute over access to agency information sought by auditors and investigators—an issue that dates back many years and that already has resulted in enactment of several changes in law designed to compel agencies to cooperate.

The dispute at the VA began with a request for access to records in the office of accountability and whistleblower protection—an office created last year that among other things is to receive whistleblower disclosures and refer them to the appropriate office, potentially including the IG, for investigation. IG Michael Missal said he wanted review whether VA management had made referrals to it in all appropriate cases, among other reasons it cited for accessing the database.

However, acting VA secretary Peter O’Rourke balked, saying the request “infers some ill intent” by that office in its dealings with the IG; he also told Missal that even though IGs are largely independent of agency management, “I am your immediate supervisor.”

Missal then complained to Congress that the VA was refusing to provide “information necessary for us to perform our investigative work” and laying out the sequence of events. In turn, Rep.

Tim Walz, D-Minn., the ranking Democrat on the House Veterans Affairs Committee called O'Rourke's letter "an explicit attempt to intimidate" the IG and to hamper its work.

Walz and Jon Tester of Montana, his Senate counterpart, also raised the issue to the IG council, whose complaints to Congress about similar behavior by numerous agencies led to enactment of laws including one in 2016 emphasizing the right of IGs to timely and independent access to agency records. They asked the council for its views on the independence of IGs and the "importance of agency compliance with requests from an IG."

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4.6 - Finger Lakes Daily News: [Schumer Urging Post Office to Change Decision to Revoke Parking Agreement With Canandaigua VA](#) (25 June, Lucas Day, 50k uvm; Dundee, NY)

U.S. Senate Minority Leader Charles E. Schumer Monday urged the U.S Postal Service ("USPS") to immediately change course and reverse a determination that is now stopping the Department of Veterans Affairs' ("VA") Canandaigua, New York Medical Center from parking and staging the VA's government-owned home visitation vehicles at ten post offices located strategically across the Canandaigua VA's over 100-mile wide five-county service area. Schumer said last week the USPS chose to revoke the parking agreement citing security and liability concerns, even though the USPS and Canandaigua VA had a parking agreement in place for the past year.

Schumer called the decision short-sighted that will result in Canandaigua VA medical personnel seeing fewer homebound veterans per day and urged Postmaster General Brennan to review and reverse the recent determination immediately so that the long-standing agreement can continue.

"The recent determination by the USPS to stop allowing the Canandaigua VA to park and stage their government-owned home visitation vehicles at ten post offices is short-sighted and harmful – and they should reverse it ASAP. This decision means Canandaigua VA medical personnel's longer commute times will result in them seeing fewer homebound veterans per day. More than 350 homebound veterans across Orleans, Monroe, Wayne, Livingston, and Ontario rely on this Home Based Primary Care to provide them and their families with the care they need and deserve.

This unwise new policy makes it harder for VA home visitation workers to perform vital home visits for those who need care," said Senator Schumer. "That is why today I'm calling on Postmaster General Brennan to reverse course and allow the effective agreement to stay in place. This new determination makes it harder for local veterans who sacrificed so much to defend our nation, to get the care and support they need, and I vow to work in lockstep with stakeholders to ensure that the determination is reversed and that the long-standing agreement is upheld now and in the future."

Schumer explained that for the past year, the USPS and Canandaigua VA have had an agreement in place that allowed the VA to park and stage their government-owned home visitation vehicles at ten Post Offices within the Canandaigua VA's five-county service areas in closer proximity to the parts of the region where the VA Homecare visitation workers live and work. According to Schumer, the USPS decided to revoke the parking agreement with the

Canandaigua VA, citing security and liability concerns over non-postal General Services Administration (GSA) vehicles being parked in the postal parking lots. Now with the VA vehicles banned from the Post Offices and staged instead at the Canandaigua VA Medical Campus, the VA Homecare workers must commute to the Canandaigua VA first each day before beginning their home visitations. Schumer called the revoking of the parking agreement shortsighted and urged Postmaster General Brennan to reverse course and allow the long-standing policy to stay in place.

Schumer said, that over 350 veterans and their families receive Home Based Primary Care within the five-county service areas, including Orleans, Monroe, Livingston, Wayne and Ontario Counties. Schumer explained that providing this first-rate care requires VA medical personnel to drive to the homes of homebound veterans across this region which spans over 100 miles and takes an over two-hour drive to traverse.

According to Schumer, the Canandaigua VA has parked and staged their government-owned home visitation vehicles at the following ten post offices:

- Monroe County – Greece, NY Post Office, Irondequoit Post Office, Churchville Post Office
- Wayne County – Macedona Post Office
- Livingston County – Lima Post Office
- Orleans County – Clarendon Post Office, Holley Post Office
- Ontario County – Victor Post Office, Farmington Post Office, Shortsville Post Office

Schumer said the agreement between the Canandaigua VA and USPS has made home visitations for veterans and their families more time efficient and more fuel efficient. Additionally, according to Schumer, it has allowed the VA health care staff to see more patients each and every day by avoiding having to pick up the vehicles every day from the Canandaigua VA. Schumer said that in order to best use the federally-owned vehicles in the five-county region, it would be exceedingly short-sighted for the USPS to disallow the staging of VA home-based care vehicles at the ten post offices across the region.

Schumer concluded that the VA's home-based care visits not only benefit homebound veterans by improving their quality of life by reducing the need for hospital admissions but also support family caregivers in their desire to keep their loved ones at home. Schumer strongly urged Postmaster General to review and reverse their recent determination, so as to provide the best possible care to veterans across the five-county region.

A copy of Schumer's letter to Postmaster General Megan Brennan appears below:

Dear Postmaster Brennan:

I am concerned about a recent determination made by the U.S. Postal Service ("USPS") to no longer allow the Department of Veterans Affairs (VA)'s Canandaigua, New York Medical Center to park the VA's government-owned home visitation vehicles at ten Post Offices within the Canandaigua VA's five-county service areas. As you may know, the Canandaigua VA and USPS has had a parking agreement in place for the past year. I understand the USPS is now revoking this parking agreement with the Canandaigua VA citing security and liability concerns over non-postal GSA vehicles being parked in postal parking lots. However, I believe this action is shortsighted and ask that you reverse this determination and instead allow this policy to continue.

More than 350 veterans and their families receive Home Based Primary Care within this five-county region that includes Orleans County, Monroe County, Livingston County, Wayne County, and Ontario County. Providing this care requires VA medical personnel to drive to the homes of homebound veterans across this region which spans over 100 miles and takes an over two-hour drive to traverse. Over the past year, the Canandaigua VA has parked and staged their government-owned home visitation vehicles at the following ten post offices:

*Monroe County: Greece, NY Post Office, Irondequoit Post Office, Churchville Post Office
Wayne County: Macedon PO
Livingston County: Lima PO
Orleans County: Clarendon PO, Holley PO
Ontario County: Victor PO, Farmington PO, Shortsville PO.*

The agreement between the Canandaigua VA and USPS has made these home visitations more time and fuel efficient. Further, it has allowed the VA health care staff to see more patients each day by avoiding having to pick up the vehicles each day at the Canandaigua VA. In order to best utilize federally-owned facilities in this five county region it is short sighted for the USPS to now disallow the staging of VA homebased care vehicles.

The VA's home based care visits not only benefit homebound veterans by improving their quality of life by reducing the need for hospital admissions but support family caregivers in their desire to keep their loved one at home. I appreciate your consideration of my request to review and reverse this recent determination.

*Sincerely,
Charles E. Schumer*

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report (AP): [VA Hospital to Hold Town Hall About Impaired Pathologist](#) (25 June, 24M uvm; Washington, DC)

The Veterans Health Care System of the Ozarks says it will hold a town hall meeting next month to provide an update into an investigation of an impaired pathologist who is linked to at least seven missed diagnoses and a potential death.

In a press release Monday, the hospital said representatives from the Veterans Benefits Administration will also be on hand July 9 to answer veterans' concerns and related benefits questions.

The VA is reviewing about 33,000 cases for nearly 19,800 veterans that the unidentified pathologist handled over about 12 years. As of last week, they had reviewed just over 900 cases.

The pathologist was removed from clinical care in October after he was reported a second time for being impaired on duty. In April the hospital fired the pathologist.

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5.2 - Verdict: [Burn Pits are the New Agent Orange: The Limited Circle of Concern for Pollution Victims of War](#) (25 June, 3.4M uvm; Mountain View, CA)

When the United States military fights protracted conflicts abroad, both combatants and civilians on both sides are likely to suffer. In addition to the obvious direct combat-related injuries and casualties, many experience unintended injuries even after the conflict ends. With the upcoming vote on legislation expanding who may receive benefits for Agent Orange exposure, I wanted to highlight the slowly expanding, but limited circle of concern for Agent Orange victims. The policy on Agent Orange provides a vivid example of the way in which domestic and foreign victims of US military action are treated differently even though they are similarly situated as to their harms. Moreover, the actions of the Department of Veterans Affairs and Congress on Agent Orange may provide some insight as to how the government is likely to treat victims of US military base burn pits, an issue just starting to work its way through Congress and the courts.

When the Department of Veterans Affairs first received claims regarding Agent Orange, it often denied them, claiming servicepeople were unable to demonstrate their exposure to the toxin or to prove a link between their exposure and their ailments. Thus, the government's first move was to rely on scientific uncertainty. But over time, as increasing research confirmed the danger of Agent Orange, veterans organized a class action to protest widespread coverage denials. In *Nehmer vs. VA*, servicepeople successfully challenged the rigorous "cause and effect test" which the VA had deployed in making its determination that the only disease presumptively associated with Agent Orange was chloracne. The court sided with veterans calling for a much looser "significant statistical association test" to determine presumptive coverage for medical conditions caused by Agent Orange. Congress then passed a series of legislative fixes to enhance veteran access to benefits including the Agent Orange Act of 1991 which established a "presumption of service connection for [specific] diseases associated with herbicide exposure." This legislation alleviated servicepersons' burden of demonstrating individual exposure to Agent Orange and of proving the specific relationship to ailments for specified conditions and in so doing, vastly expanded the number of those able to access benefits. Since the passage of the Agent Orange Act, the VA has paid out over a billion dollars for compensation to affected veterans in addition to outlays on related health care costs.

Even with the Agent Orange Act's expanded coverage of Vietnam veterans, many affected servicepeople were still excluded from its medical presumptions. For example, Air Force and Air Force Reservists who had worked on C-123 aircrafts used to spray Agent Orange were not included under the VA's interpretation until June 2015. In addition, the VA crafted regulations limiting the Agent Orange Act's coverage presumption to those who had served on Vietnamese soil or Vietnamese rivers (so called Brown Water veterans). In *Haas v. Peake*, the Federal Circuit upheld this "foot on the land" interpretation which excluded approximately 90,000 Blue Water Navy servicemembers. The Vietnamese soil and brown water limitation also excluded those who were exposed during service in Thailand, Cambodia, Laos, or in the Korean demilitarized zone. While the battle to include the Blue Water Navy has been ongoing for over a decade, advocates are optimistic legislation covering them as well as some of the others will finally pass, an optimism perhaps warranted by a relevant act recently clearing major legislative hurdles.

Even if this new legislation passes, some deserving Americans will still be excluded from presumptive coverage. While the new bill would add spina bifida as a presumptively covered condition for children of relevant servicepersons, many suspect this is underinclusive. Although an Agent Orange exposure registry exists to help inform the expansion of illnesses to be covered, eligibility is limited to those who served in Vietnam, Korea, or some bases in Thailand; no such registry for the children or grandchildren of servicemembers exists despite repeated appeals via legislation. Thus, many children must attempt to individually prove the relationship of their illnesses to their parent's or grandparent's exposure. Relatedly, civilian contractors who assisted the military during the Vietnam War are categorically not eligible under the Agent Orange Act. That said, they are theoretically eligible for workers' compensation under the Federal Employees Compensation Act. I say "theoretically" as government reports suggest that of the few claims that have been filed, most have been denied.

While the US government has been slow to provide compensation and health care for many Americans suffering from Agent Orange exposure, the situation is meaningfully worse for millions of Vietnamese. Not surprisingly, neither litigation nor legislation has provided much relief. Most notably, in 2005's *Vietnam Association for Victims of Agent Orange vs. Dow*, district court judge Jack Weinstein concluded that while chemical manufacturers were not entitled to government contractor defenses for violations of international law and war crimes, the manufacture of Agent Orange was not such a violation and manufacturers were entitled to a government contractor defense for state-law claims. Efforts to get legislative remedies have been only marginally more successful. Decades after Operation Ranch Hand, during which the United States sprayed over 10 million gallons of Agent Orange, the US government is only just starting to clean up hot spots in Vietnam where defoliants were used in heaviest concentration. And in contrast to the over a billion dollars paid out to servicemembers, only 20 million dollars have been allocated to assist the estimated three million Vietnamese victims as repeated legislative efforts to provide more assistance have been defeated.

Of course, governments often legitimately treat citizens and non-citizens as well as domestic and foreign victims differently. For instance, governments may lawfully and morally decline to devote resources to non-citizens or foreign victims when their home governments are willing and able to assist them. Even if home governments may not act as effectively as others, states need not act if they did not cause the harm and international law does not otherwise require their assistance. But when a government is itself directly responsible for causing harm to innocent parties, even if they cause that harm in armed conflict, the difference in treatment is much more difficult to justify. For those committed to amends making for wrongdoing, even for lawful behavior, the treatment of Vietnamese civilians calls out for a stronger remedy.

This limited circle of concern for Agent Orange also sets a dangerous precedent for current and future conflict pollutants. For instance, many are describing the use of open air burn pits in recent conflicts such as Iraq and Afghanistan as the "new Agent Orange." Troops and private contractors use burn pits to dispose of garbage on US military bases, now alleged to cause a host of respiratory, reproductive, and other serious health issues such as cancer. Yet again, the VA's opening position was that scientific evidence didn't establish long term health consequences for those exposed to pits.

Fortunately, it appears that coverage for burn-pit-related illnesses may come much sooner for servicepersons. In February, a Department of Labor judge determined that for purposes of workers' compensation open air pits are linked to lung disease, paving the way for civilian contractor recoveries. While this ruling is not precedential for the VA's purposes, it suggests a

governmental willingness to engage the emerging scientific evidence. In addition, former President Obama's promise that burn pits would not become the next Agent Orange paved the way for a voluntary veteran's Airborne Hazards and Open Pit Registry to facilitate data collection proving the link between exposure and specific illnesses. Given the low response rate, legislators are now pressing for a mandatory registry that would record exposure rather than requiring servicemembers to opt in.

Even so, a trial court dismissed consolidated litigation against military contractor KBR for negligence, concluding that deference was owed to the executive branch's wartime decision to use burn pits on bases. While the appeal is currently pending in the Fourth Circuit, there's not much optimism about an appeal, leaving the VA as the sole remedy for the time being. Much like with Agent Orange prior to the Agent Orange Act of 1991, servicemembers must individually prove that their ailments, such as the types of pulmonary issues thought to be caused by burn pits, arise from military service in order to receive compensation. Veterans are now pushing for mandatory presumptions for certain illnesses similar to what occurred under the Agent Orange Act.

I worry that we may witness the same sort of limited circle of concern for various victims of burn pits—combatants, their children, contractors and civilians. While the impacts will likely be greatest for those operating the burn pits, a meaningful effect on the local population is also pretty predictable. Yet no legislation has considered the impact on locals, and media coverage has almost exclusively focused on the military.

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5.3 - KNSD (NBC-7, Video): [VA-Operated Nursing Facilities Score Lower Than Private Facilities in Quality - The VA rehabilitation and nursing facility at the San Diego VA Medical Center is among that list](#) (25 June, Bridget Naso, 2.1M uvm; San Diego, CA)

A new report sheds a sad light on rehabilitation and nursing care for veterans at the VA.

This internal report by the Veterans Administration looked at the 133 nursing facilities that are operated by the Veterans Administration comparing the facilities to private care facilities based on standard criteria.

According to the findings, 100 VA-operated nursing facilities across the country have more patients in pain and more patients with bed sores than private nursing homes.

The VA rehabilitation and nursing facility at the San Diego VA Medical Center is among that list.

Some Arrested as 1000s Protest Migrant Family Separations

The San Diego VA-operated nursing facility, which can treat nearly 300 patients, received a one-star out of five when it comes to Quality.

The five measurements to rate quality include:

- Patients reporting being in pain the last five days - 32 percent of VA patients nationwide said they were in pain compared 5 percent in private facilities.
- Having serious beds sores - VA facilities reported rates 3 percent higher than private facilities.

- Receiving anti-psychotic medicine, which the FDA says could lead to death in dementia patients – Numbers were 5 percent higher at VA facilities from coast to coast.
- Catheters being left in bladders – Were 10 percent higher at VA facilities.
- A decreased ability to perform daily activities - 1 percent higher than at private facilities.

The San Diego VA Medical Center was given a lower rating in three out of five of the categories – pain management, bed sores and anti-psychotic medicine.

The San Diego VA Medical Center told NBC7 in a statement in part:

"For the measures that we are currently not meeting, we have been implementing several strategies for improvement. These include: encouraging patients to walk more, socialize with one another, participate in recreational therapy, and occupational therapy."

In addition to Quality, the VA also rated facilities on Staffing Levels and Unannounced Surveys.

A spokesperson for the San Diego VA Medical Center tells NBC 7 their nursing and rehabilitation facility received 4 Stars in both categories giving the facility an overall 4-Star rating.

The Veterans Administration in Washington D.C. responding through its website, saying the numbers are misleading because they are largely based on pain measurement ratings, and that the VA scores lower than the private sector because the department on average cares for sicker patients in its nursing homes than private facilities.

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5.4 - Stars and Stripes: [House approves benefits for Blue Water Navy veterans](#) (25 June, Nikki Wentling, 1.5M uvm; Washington, DC)

The House unanimously passed legislation Monday that would extend Department of Veterans Affairs benefits to approximately 90,000 sailors who served off the coast during the Vietnam War, some of whom have been fighting for years to prove their illnesses were caused by exposure to Agent Orange.

Lawmakers voted 382-0 in favor of the Blue Water Navy Vietnam Veterans Act, which must go to the Senate for final approval. It provides eligibility for disability compensation to "Blue Water" Navy veterans – those sailors aboard aircraft carriers, cruisers, destroyers and other ships who contend they were exposed to Agent Orange through the ships' water systems. The dioxin-laden herbicide has been found to cause respiratory cancers, Parkinson's disease and heart disease, as well as other conditions.

"Every day, thousands of brave veterans who served in the Vietnam War fight the health effects of Agent Orange exposure," said Rep. David Valadao, R-Calif., the bill's lead sponsor. "It is far past time we pass this critical legislation and give them the comfort and care they deserve."

Rep. Mark Takano, D-Calif., said the legislation would correct a "long-standing injustice."

A VA policy decision in 2002 stripped Blue Water Navy veterans of their eligibility for compensation, unless they could prove they set foot in Vietnam. Bills were introduced in 2011, 2013 and 2015 to address the problem, but progress stalled because of cost concerns.

Extending the benefits for 10 years would cost \$1.1 billion, according to estimates from the Congressional Budget Office. To make up the cost, the legislation raises fees for servicemembers and veterans who use the VA's home loan program. The increase amounts to between \$2.14 and \$2.95 each month.

"It has taken years of dedicated advocacy and bipartisanship to get us here today," Takano said. "Finding over \$1 billion in the federal budget is not an easy task. The solution in this bill is fair."

Susie Belanger and John Wells – both Florida residents – were in the House gallery on Monday when lawmakers cast their votes. The two formed the group Military-Veterans Advocacy nearly eight years ago to push Congress to work for Blue Water Navy veterans.

Belanger's husband, Ernest Belanger, was a sailor who served off the coast of Vietnam. He successfully received approval for VA benefits by proving he stepped foot in the country, but the couple knew other veterans were still being denied coverage. Susie Belanger recruited Wells, an attorney and retired Navy officer, and started an emailing campaign. Now, her emails are known on Capitol Hill as "Susie-grams."

"Little by little, they all listened," Belanger said. "That's how we got this as far as we have."

Lawmakers repeatedly thanked advocates Monday who helped make the issue a priority in Congress. Valadao called Belanger out by name.

"Passage of this bill today would not be possible without Ms. Susie Belanger, who worked tirelessly to raise awareness on this issue," Valadao said.

It's uncertain when the Senate might take up the issue. Rep. Phil Roe, R-Tenn., the chairman of the House Committee on Veterans' Affairs, urged the Senate to pass it.

"When I got the chairmanship a year ago, I said one of the things I'll base my chairmanship on is if we can get this solved and do the right thing," Roe said. "Today we're going to do the right thing in this House and send it to the Senate, where they will do the right thing."

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5.5 - WFLA (NBC-8, Video): [Tidal wave of support in U.S. House to extend Agent Orange benefits to Navy veterans of Vietnam war](#) (25 June, Steve Andrews, 293k uvm; Tampa, FL)

The U.S. House of Representatives voted 382-0 to approve extending Agent Orange benefits to tens of thousands of Navy veterans who served in the territorial waters off the coast of Vietnam.

"The Blue Water Navy bill," as it's been called, has never before gotten this far and has a tidal wave of support.

"It's been seven years on this particular bill," said John Wells, executive director of Military Veterans Advocacy. "The V.A. stripped us of the benefits back in 2002."

This legislation will provide the same Agent Orange benefits to Navy veterans as troops who served on the ground during the Vietnam conflict.

Agent Orange is a powerful herbicide, used to defoliate the jungles to expose the enemy cover and rob him of a food supply.

Exposure to this toxic weed killer has been linked to several forms of cancers, Parkinson's disease, heart disease and more.

The bill, if approved by the Senate, will require the Department of Veterans Affairs to identify bases in Thailand where Agent Orange was used.

It would make more eligible for benefits, such as children born to Thailand veterans, with spina bifida.

"This is really a great day in the United States Congress, Mr. Speaker and a great day for our heroes," said Rep. Gus Bilirakis, who rose to speak in favor of the bill.

"Our nation's heroes have answered the call to protect the liberties we enjoy on a daily basis. Today it is our turn to answer the call and assist our veterans in return."

It's a great day for Navy Veteran like Mike Kvintus of Pasco County.

Kvintus served on the U.S.S. Buchanan.

Deck logs obtained by 8 On Your Side show the destroyer was anchored in Da Nang harbor as the military sprayed the toxic defoliant Agent Orange over head.

"The plume covered that whole harbor," remembers Kvintus.

The VA rejected his claim that his heart disease and diabetes are related to Agent Orange exposure.

Kvintus has fought the VA for benefits.

"Any appeal that's in process, and we've told people to keep their appeals in process, we should be able to expedite and get folks their benefits as fast as we can," stated Wells.

Studies show Agent Orange seeped into rivers and streams which flowed into harbors and territorial waters.

American ships unknowingly inhaled contaminated water, desalinated it and our sailors drank and bathed in it.

The process actually enhanced the Agent Orange, meaning U.S. naval personnel were drinking a stronger form of the herbicide.

The Australian Navy found that its sailors developed illnesses tied to Agent Orange at a higher percentage than its ground troops.

This legislation will determine whether a ship crossed into Vietnam's territorial waters using official Navy records, like deck logs.

"If we didn't define it and define it the way we wanted to do it, the VA and their regulatory process could define territorial waters as a lake in the middle of Saigon," explained Wells. "We took the extra step of going the extra mile of defining the area of longitude and latitude."

Now, 382 members of the House agreed it is high time America does right by its veterans.

"We feel fairly confident. We're hoping that the Senate will do what they call the hotline, which is a request for a unanimous consent," said Wells.

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5.6 - Task & Purpose: [LGBTQ Vets, Uncomfortable With VA, Look To Each Other For Mental Health Care](#) (25 June, Stephanie Russell-Kraft, 102k uvm; New York, NY)

After he returned from a tour in Iraq in the fall of 2006, Ramond Curtis wanted to get as far away from the Army as he possibly could. He was mentally checked out far before his contract ran up in 2009, and he sought comfort in various drugs to quell symptoms of what would later be diagnosed as post-traumatic stress disorders.

By 2012, things were bad. "For nine months, I was in New York, living in a bedroom without a door, a bed on a floor and a clothing rack," he said. "Everything else stayed in my suitcase. I didn't have a checking account, my cash was in my suitcase. I lived that way [for nearly a year], just drinking and smoking pot every day, getting into aggressive altercations at work."

At the suggestion of a friend, he went to a Veterans Affairs clinic in 2013, to seek treatment for a skin condition. "I ended up going to the VA because I didn't have any money or medical care," he said. Soon after, he also entered therapy and received his PTSD diagnosis.

Curtis, who recently finished his bachelor's degree at Columbia University, said the VA treatment ultimately helped. But over the course of his time in care, he's seen three different psychologists. Two of them, he says, didn't seem to understand the particular trauma he was working through as a gay veteran.

'A lot of veterans, even from my generation, aren't comfortable being open'

"I would go into my sessions, and I could feel the standard treatment," he said. "It didn't match me. It wasn't addressing my lived experiences, and I would have to steer the conversation."

He had served under Don't Ask Don't Tell, the discriminatory policy that barred open service among gay and lesbians. "You can't talk openly about your sexuality," he said of the experience. "You have to constantly guard what it is that you're saying. Every word out of your mouth, is this going to give me away?" These experiences didn't exist in a vacuum, and they factored into his PTSD.

Curtis isn't alone. Due to structural prejudices, the lingering stigmas of Don't Ask Don't Tell, and the ban on transgender service members, many LGBTQ veterans told me they don't feel comfortable in veterans spaces. But they say they often feel isolated in civilian LGBTQ communities, as well.

"A lot of veterans, even from my generation, aren't comfortable being open about their sexuality and their sexual preferences at the VA," said Curtis. "A lot of people may still have that fear that was ingrained in you. Like, what if I lose my VA benefits? There's just not that clarity of safety."

When I asked the VA about this lingering stigma, Lexi R. Matza, a field coordinator for the LGBT health program at the Department of Veterans Affairs, told me that the VA "never had a policy prohibiting care for gay, lesbian, and bisexual Veterans or transgender Veterans and it has a patient nondiscrimination policy that also includes sexual orientation, gender identity, and gender expression."

Substance abuse has been on the rise among veterans, who are more likely to suffer from post-traumatic stress disorder if they have spent time in a war zone. According to the VA, approximately a third of veterans seeking substance abuse treatment have PTSD, and more than a quarter of veterans with PTSD also have a substance abuse disorder.

For veterans who are also members of a minority group, these numbers tend to be higher. "It's a multiplier," said Curtis. "Everything is compounded."

According to the Substance Abuse and Mental Health Services Administration, people who identify as gay, lesbian or bisexual are about four times as likely to use methamphetamines, three times as likely to use heroin, and twice as likely to use prescription sedatives as those who identify as heterosexual.

'We will hopefully be known as a safe place for the LGBT community and veterans'

The VA established an LGBT Health Program in 2012, but there's still a large and unfulfilled need for mental health and substance abuse treatment programs specifically designed for LGBTQ servicemembers, and some are organizing their own care network.

Strive Health, an outpatient clinic network based out of the northeast U.S., is trying to fix that disconnect, one group therapy session at a time.

In a new partnership with OutServe-SLDN, an LGBTQ resource group for veterans and members of the military, Strive will provide mental health and substance abuse counseling tailored for LGBTQ vets and their families.

Strive Health currently operates five outpatient treatment centers for substance abuse disorders and co-concurrent mental health issues. Through the newly announced partnership, OutServe-SLDN will create a referral system and access point for individuals looking for substance abuse treatment at Strive.

The advocacy organization will also provide cultural competency training for all of Strive's staff, including administrators and corporate staff members. Clinicians are already trained in military cultural competency, and the centers offer therapy programs designed for veterans, according to Eric Frieman, co-CEO of Strive.

“For a group for civilians, for example, we wouldn’t have a survivors guilt group,” said Frieman. “But we absolutely would have that for a veterans and first responders group.”

Matt Thorn, president and CEO of OutServe-SLDN, said the joint program will be “the first of its kind to offer treatment from qualified professionals that are culturally competent in the unique needs of our LGBTQ military and veteran communities.”

“People are reluctant to get treatment in general, especially if they don’t know if where they’re going is going to be a safe place in terms of the culture,” said Frieman. “We will hopefully be known as a safe place for the LGBT community and veterans.”

Frieman said Strive is an in-network provider with most major insurance companies, including TriCare. Both he and Thorn said cost should not be a barrier to entry for any potential patients.

The core of Strive’s treatment model is intensive outpatient therapy clients that meet approximately three to five times a week, with about three hours per group session, according to Frieman.

‘The VA is not necessarily prepared to do that’

Curtis said that kind of group treatment program, if offered specifically for LGBTQ veterans, would go above and beyond the care he’s received at the VA. Cultural competency training might also have prevented some of the disconnect he felt with his previous therapists, he said.

“You have to have established protocols around things like this that teach medical professionals what to ask and how to act,” said Curtis. “The VA is not necessarily prepared to do that.”

Matza said the VA has two directives that “help guide staff in creating a welcoming environment for sexual and gender minority veterans” and that online educational training on LGBT cultural competency is available to clinicians the VA, although this training is not required. Every VA facility has at least one LGBT veteran care coordinator, according to Matza.

“VA trainings about LGBT Veteran health have recommended that clinicians routinely assess substance use, depression and suicidality among patients with LGBT and related identities and provide appropriate follow up,” Matza said.

Curtis said Strive’s approach, layering military cultural competence with LGBT cultural competency to meet the needs of LGBT veterans, is “exactly what we need.”

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5.7 - Bakersfield Now: [Valadao’s legislation to help vets suffering from Agent Orange exposure passes House](#) (25 June, 58k uvm; Bakersfield, CA)

Legislation introduced by local Congressman David Valadao to help Vietnam veterans with their medical care has been passed by the House.

The Blue Water Navy Vietnam Veterans Act seeks to give those who served in the territorial seas of Vietnam during the war expedited consideration for Veteran’s Affairs benefits if they suffer from a disease the government has linked to Agent Orange.

The herbicide, Agent Orange, was sprayed to remove jungle foliage during the war, and a toxic chemical in it has since been linked to various cancers, diabetes, Parkinson's disease and other ailments.

The Agent Orange Act of 1991 empowered the Secretary of Veterans Affairs to declare certain illnesses "presumptive" to exposure to Agent Orange and enabled veterans to receive disability compensation for these related conditions, according to Valadao's office.

But, in 2002, the VA stopped giving benefits to blue water veterans and limited the scope of the Agent Orange Act of 1991 to only those veterans who could provide proof of "boots on the ground" in Vietnam. As a result, veterans who served in the waters off the Vietnamese coast or in bays and harbors were required to file individual claims to restore their benefits, which have then been decided on a case-by-case basis.

"Every day veterans call my office asking when this law will be corrected and I grateful to tell them we are one massive step closer to ensuring they receive the medical treatment they deserve," Valadao said in a news release. "I look forward to working with the Senate so that our veterans, who have given our nation so much, receive the healthcare they have earned."

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5.8 - Big Spring Herald (Updated): [West Texas VA serves as one of the best CLC facilities in the nation with 5 star rating](#) (23 June, Marissa Loftin, 3.8k uvm; Big Spring, TX)

In article in Thursday's edition of the Big Spring Herald stated that the West Texas Veteran Affairs Health Care System (WTVAHCS) in Big Spring received a five star annual overall rating for the facility. This information was incorrect, however, it was the WTVAHCS's nursing home facility, or Community Living Center (CLC), that received the five star rating and is among the top rated VA nursing homes in the nation.

"It is amazing that we got 5 out of 5 stars. It is wonderful. The positive thing is, we are getting high marks in everything in the indicators for CLC. We have a better than average staff-to-patients ratio, which is amazing for the community compared to us.

But just in general, we have got the staff to really focus on our patient care needs," said WTVAHCS Director, Kalautie S. JangDhari. "There are external groups that come, which are outside of VA, that make sure we are doing our jobs correctly. That is a big chunk of it. We just got the accrediting body review about three or four months ago from the Long Term Care Institute, which one that does this for everybody, for all health care systems.

When they came in, we had no findings which is wonderful. The only area that we had an issue with, which wasn't really an issue because everybody has to find something to improve on, was our documentation. That isn't saying that you are doing anything wrong, thats just saying your not capturing it. That is what we are working on, is the documentation piece. So the five stars are what we are so happy about."

See Sunday's Herald for the rest of the story.

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6. Suicide Prevention

6.1 - Post and Courier: [New VA report shows bleak numbers on veteran suicide, but experts say help on the way](#) (25 June, Mary Katherine Wildeman, 318k uvm; Charleston, SC)

At 12:20 p.m. Wednesday, some staff members at Trident Medical Center stopped working.

This wasn't a regular midday break. Each employee participated in an activity that involved the number 20. Some staff members performed 20 push-ups. Others ran in place for 20 seconds.

The particular activity mattered less than the number. They were raising awareness that 20 former or current service members die by suicide each day in the United States.

New federal data shows no improvement in the number of active service members, Guard or Reserve members and veterans who died by suicide in 2015. It found an average 20.6 died by suicide each day that year. Most of those, about two-thirds, used a firearm. The new study reported that the numbers did not change between 2014 and 2015.

The number of civilian suicides is greater, at 97 per day, but veterans' rate is disproportionately high considering they only make up 7 percent of the U.S. population, according to Pew Research Center.

Advocates and health providers in the Lowcountry say the news is frustrating, but improvements are on the way.

Federal health data tends to lag by a couple of years. It also is not local, making it hard to say whether more or fewer veterans are dying by suicide in South Carolina. Dr. Hugh Myrick, the Ralph H. Johnson VA Medical Center's director of mental health, pointed that out, and said he thinks even more improvements have been made since 2015.

Myrick, who has been with this VA medical center for about 10 years, rattled off several improvements: Better data collection has allowed them to predict who might be at risk; a 24-hour crisis line has increased emergency dispatches; they have cut down on the amount of prescriptions and begun offering immediate access to providers.

A major roadblock, though, is the majority of veterans who die by suicide don't use Veterans Affairs for their care.

"We know that if we can get veterans in care, we have these services," Myrick said.

Another improvement came when President Donald Trump signed an executive order guaranteeing that all exiting service members will have one year of free mental health care at VA. Myrick said VA knows veterans are most at risk within the first three months after active duty.

Another service that has recently popped up in Charleston is the Fisher House, opened Jan. 10 as a home for families of veterans in care at VA. Vicki Johnson, executive director of Fisher House Charleston, said groups come in routinely when their family member is being treated for behavioral health issues at the medical center just blocks away.

Johnson, who retired from many years in the Air Force, said a combat tour will change anyone permanently.

"You're never exactly the same again," Johnson said.

But she stressed that treatment does help, and she does think the younger generation may be more open to help. Families' biggest frustration tends to be feelings of helplessness in the face of mental illness, she said.

Trident Medical Center recently donated \$2,500 to Fisher House, and presented a check to the team Wednesday.

"This is not just a marginal problem, this is a serious mainstream problem in America that we've got to address," said Dr. Franklin Drummond, director of behavioral health at Trident Medical Center.

Exposure to trauma presents a specific issue, and one that Drummond said he tries to be aware of when he is treating veterans.

VA has their work cut out for them, one veteran said, in identifying the veterans who need treatment.

"It's very difficult to target who needs the help and who doesn't, because veterans tend to stuff things down," said Andrew Francis, a Vietnam combat veteran and board member at Fisher House.

Drummond said family members should be comfortable talking about mental health. When it comes to mental illness and especially veterans' mental health, he said, no one should be expecting the problem to pass on its own.

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6.2 - WVNS (CBS-59): [Spiritual leaders invited to suicide prevention workshop](#) (25 June, Douglas Fritz, 21k uvm; Ghent, WV)

A joint outreach training by the VA medical centers in Beckley, Huntington and Clarksburg aims to assist spiritual leaders with suicide prevention for veterans. A luncheon will be held on Tuesday, July 31, 2018.

The event will take place from 10 a.m. to 1 p.m at the West Virginia Capitol Complex. Operation S.A.V.E. (Signs of suicide, Asking about suicide, Validating Feelings, Encouraging help and Expediting treatment) is a program provided by the VA suicide prevention team.

The Beckley VA Medical Center held a similar training in March. That event received positive feedback.

"We have decided to provide this program for our community since there has been a recent national Veterans Health Administration initiative aimed at partnering with community-based organizations to cast a broader net to help our Veterans," said Beckley VAMC Director Stacy Vasquez.

In a release from the VA, they said spiritual leaders hold a special position in many Veterans' lives and can play an important part of suicide prevention. Anyone who would like to participate may contact Public Affairs Officer Sara Yoke at 304-255-2121 ext. 4883 or send an email to sara.yoke@va.gov.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Intelligencer: Donations needed for Wreaths Across America commemoration (25 June, Joan Hellyer, 154k uvm; Doylestown, PA)

A volunteer group based at VFW Terchon Post 5542 in Bristol Township has replaced the Guardians of the National Cemetery as coordinator of the annual event.

Volunteers planning a local Wreaths Across America event are trying to raise more than \$200,000 by late November to buy enough wreaths for every grave at Washington Crossing National Cemetery.

An estimated 14,000 wreaths, each costing \$15, will be needed for the Dec. 15 commemoration, said Deborah Donohue, one of the coordinators of the 2018 event.

"We're starting early because (the fundraising is) going to be an all-year thing," said Donohue, a retired U.S. Marine. She is joining with other volunteers from the Veterans of Foreign Wars Chester W. Terchon Post No. 5542 in Bristol Township to raise the needed funds and coordinate the solemn ninth annual ceremony.

The Upper Makefield wreath-laying commemoration will take place at the same time as similar tributes at more than 1,400 cemeteries where military personnel are buried in the United States and around the world.

The Guardians of the National Cemetery, a nonprofit group that serves as the official support committee of the Washington Crossing cemetery, coordinated the first eight local Wreaths Across America ceremonies under the direction of U.S. Marine veteran Joseph Hogan. However, the Guardians announced in January that they no longer would spearhead the wreaths event so members could focus on performing funeral honors for veterans buried or interred at the cemetery off Highland Road.

Hogan then turned to his local VFW to recruit another group of volunteers to continue the remembrance ceremony and secure an administrative transfer of the program to the post. "I just feel it is the right thing to do," he said Thursday during a strategy session at the post off Hardy Street.

The wreath drive "is getting bigger and bigger" every year, as more and more veterans from Bucks County and surrounding communities are laid to rest in the 205-acre cemetery, Hogan said.

During the 2017 effort, volunteers had enough money to buy only 6,600 wreaths, instead of the 9,000 that were needed to decorate all the graves. The Terchon volunteer unit wants to make sure that doesn't happen again.

They are starting with about \$1,000 "in seed money" that has been collected thus far.

To keep the effort going, volunteers are seeking contributions from prior donors and area residents and businesses. They also plan to have a presence at upcoming public events to collect donations and reach out to local, state and national lawmakers, trade unions, area senior centers, volunteer fire companies and other first responders for assistance.

Want to help?

Contributions to benefit the Wreaths Across America program for Washington Crossing National Cemetery can be mailed to: Wreaths at Terchon 5542, P.O. Box 1072, Levittown, PA 19057. The volunteer group coordinating the program will use the donations to buy wreaths from the national Wreaths Across America nonprofit based in Maine. Call 215-499-7384 for further details about how to make a donation or volunteer with the local initiative. Volunteers meet at least a couple times a month at the VFW Terchon Post No. 5542 in Bristol Township to organize this year's remembrance ceremony.

"We are doing it to 'Honor, Remember and Teach'" about those buried at Washington Crossing, volunteer Garland Atkinson said, citing the initiative's motto.

The wreath-laying ceremony originally began in 1992 when Maine businessman Morrill Worcester donated 5,000 wreaths to be laid at the headstones of military personnel buried at Arlington National Cemetery in Virginia. The Wreaths Across America organization formed 15 years later to coordinate ceremonies at Arlington and throughout the world.

"Our goal as an organization is to use this dialogue as an opportunity to share and teach younger generations about the diversity of our American heritage, and the freedoms for which so much was sacrificed," Wreaths Across America representatives said on the nonprofit's website.

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7.2 - WRBL (CBS-3, Video): [Homeless, underserved veterans get helping hand at local event](#) (25 June, Mikhaela Singleton, 75k uvm; Columbus, OH)

For the thousands of service men and women who come home from war every day, the transition into civilian life can be one of the toughest challenges they face.

"You come back with your mindset still in war, like everyone's out to get you," explains Gary Todd, who is a Marine Corps veteran. "That looking-over-your-shoulder mentality can make it hard to talk to people, understand the way they talk to you. Like me, I'm not too good in crowds, I'm jumpy."

Todd fell on hard times in the eight or so years since leaving the Marines, living on the streets and struggling to find a job.

He tells News 3 he traveled all the way from Tuskegee to try and turn things around at the annual Operation Stand Down event Friday put on by the Central Alabama Veteran's Healthcare System and its partners at the Columbus Rivermill Event Center.

"I heard they could help me find a place to live, get me legal advice, 'cause you know, being on the streets, I've had by run ins with the police," Todd says to News 3's Mikhaela Singleton. "I came in and got all of that, and gift baskets, food, mugs, all kinds of stuff. They've been great."

Organizers of Operation Stand Down say the goal is to serve the men and women who served our nation who may not know how to take advantage of their veteran benefits and other resources.

"We want the veterans when they come here to walk away with a sense of pride, a sense of self esteem, a sense of you know hope, a sense of togetherness, and a sense of community relations and that they are loved," says CAVHCS Public Affairs Chief Kim Betton enthusiastically. "We love our veterans and we will continue to serve them in any way we can."

"You'd be surprised how many veterans are homeless and starving and just need a little help," Todd says. "I mean seeing all these people come out willing to help out, I mean, it means a lot. Thank you."

"It's been eight, nine years since I got out [of the Marines], and this is the first time I've, you know, gotten help," he adds.

The U.S. Department of Housing and Urban Development estimates more than 40,000 veterans are homeless on any given night and over the last two years, there has been a 1.5% increase nationwide.

Betton says CAVHCS works to do its part to bring that number down, serving around 100 homeless veterans in the Columbus/Phenix City areas alone.

"It would not be possible without all our partners. They're providing food, clothing, shelter -- we've even had veterans leave [Operation Hands Down] today with keys to new homes in their hands. They're leaving with free haircuts thanks to local students, Georgia Power is helping with bills, it's incredible," she says. "Just to see the smiles on their faces, we're so grateful for their service that it means a lot."

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7.3 - Sunshine State News: [Gus Bilirakis' Proposal to Ensure Student Veterans Not Penalized by Colleges, Universities Gains Momentum](#) (25 June, Kevin Derby, 64k uvm; Tallahassee, FL)

A Florida Republican's proposal to make sure veterans are not financially penalized by colleges and universities as they wait for their federal education benefits is gaining traction on Capitol Hill.

Back in January, U.S. Rep. Gus Bilirakis, R-Fla., the vice chairman of the U.S. House Veterans Affairs Committee, introduced the "Servicemembers Improved Transition through Reforms for

Ensuring Progress (SIT-REP) Act.” Under the proposal, veterans using their GI Bill benefits will not be penalized if the VA delays payment to the school due to the time it takes to process.

Bilirakis explained why he introduced the legislation.

“I filed this common sense bill in response to several student veterans who were subject to punitive action by their school because it received payment from the VA after a certain deadline,” Bilirakis said. “Veterans should never experience financial harm or delays in education due to bureaucratic red tape in processing paperwork at the VA or school. The GI Bill is already a wonderful benefit that our veterans have earned and this legislation just makes the program better.”

The Florida Republican reeled in the support of a host of veterans groups including the Tragedy Assistance Program for Survivors (TAPS). Two fellow Florida Republicans--U.S. Reps. Brian Mast and Bill Posey--are original cosponsors. Other supporters of the bill include U.S. Rep. Walter Jones, R-NC, U.S. Rep. Ann Kuster, D-NH, and U.S. Rep. Beto O'Rourke, D-Tex.

At the end of last week, the Senate version was introduced by U.S. Sen. Elizabeth Warren, D-Mass., and U.S. Sen. John Boozman, R-Ark.

"All three of my brothers served in the military, and they taught me about the importance of honoring our promises to our veterans and servicemembers," Warren said on Friday. "We owe our servicemembers a quality education when they return home so they can build a future for themselves and their families. I'm glad to work with Senator Boozman to support student veterans who put their life on the line in service to our country."

"We must create certainty for our veterans who use the education benefits they earned in service to our country. This is a commonsense measure that allows veterans to eliminate the potential for financial hardships to receive the tools to help prepare them for civilian life. I appreciate Senator Warren's leadership on this issue," said Boozman.

For his part, Bilirakis welcomed the additional support.

"I am glad to see our Senate colleagues moving this issue forward and look forward to its expedited passage," Bilirakis said on Monday.

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7.4 - News Tribune: [Steps taken to preserve piece of history](#) (26 June, Nicole Roberts, 64k uvm; Jefferson City, MO)

The Historic City of Jefferson is one step closer to preserving a piece of the National Cemetery's history and honoring veterans buried there.

After two years of negotiations, HCJ announced in a Monday press release it will lease the National Cemetery's Cemetery Lodge from the U.S. Department of Veterans Affairs. The lease is for five years, with the option of five one-year extensions.

The Cemetery Lodge, commonly known as the Caretaker's Cottage, has been vacant for several years after lightning struck nearby and damaged the building, said Jane Beetem, who —

along with Donna Deetz — represented HCJ during negotiation. HCJ plans to rehabilitate it into office space for non-profit organizations, giving them a place to store records.

"It's important to show respect to the veterans buried there by maintaining this property in good condition," Beetem said. "It's not horrible outside right now, but the roof is beginning to get a little rusty on the top. The paint is beginning to peel, and we need to take care of those things so it reflects our pride in our National Cemetery and our respect for our veterans."

She noted VA staff at Jefferson Barracks in St. Louis County maintained the building and leased the structure to local not-for-profit groups up until the lightning strike.

HCJ's board approved \$13,000 for renovation of the property, Beetem said. Work includes removing the dropped ceilings and parts of the carpet and wall paneling, repairing the walls, and refinishing and replacing flooring. Exterior work includes restoring the front porch, painting the exterior trim, and repairing the roof and gutters.

The VA also installed a heating, ventilation and air conditioning system, along with repairing some of the plumbing.

HCJ plans to rehabilitate the 148-year-old structure this year, Beetem said.

"It's a big milestone for us," she said. "We've worked on this direction for a long time. Not that we hit stumbling blocks, but it just takes that long to get through all the reviews by all the parties and go through the changes. So to finally get to this point, we wanted to celebrate that. This is a turning point for this building to be (leased)."

The property won't be open to the public until after rehabilitation, Beetem said.

The National Cemetery has been closed to new burials since 1969. After local lawmakers, city leaders and veterans organizations sent a letter requesting a new national cemetery, the VA and National Cemetery Administration denied the request. The committee is currently looking at other options for a National Cemetery, Mayor Carrie Tergin said last week.

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7.5 - Wrangler News: [Tempe program aimed to support homeless veterans](#) (25 June, Susie Steckner, 12k uvm; Tempe, AZ)

The city of Tempe is expanding its housing options for veterans who are experiencing homelessness and wants to partner with landlords who have rental properties across the city.

As part of a pilot program, the city's housing services division plans to place 10 veterans in subsidized housing with case management services that will help them lead independent lives. The pilot is part of a larger federal program, called HUD-VASH (VA Supportive Housing), aimed at helping veterans overcome the challenges of homelessness.

"The city of Tempe is continually looking for opportunities to broaden the housing assistance available and needed by the community," said LeVon Lamy, housing and revitalization manager for the city's housing services division. "By taking part in the HUD-VASH program, we are not

only expanding our housing efforts but also serving a vital population—military veterans—who have served our country.”

An estimated 13 percent of Americans who are homeless have served in the military. The HUD-VASH program is credited with helping tens of thousands of veterans find housing nationwide.

The program brings together local public housing authorities and two federal agencies, the U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs. Through the program, eligible low-income veterans receive a Section 8 rental voucher plus case management and supportive services for veterans.

The city of Tempe will launch the pilot program in July and is seeking landlords with all housing types to participate. Among the benefits for landlords: Monthly rent is paid directly through the local housing authority, and the program can meet competitive rental rates; landlords set their own security deposit amounts, based on local standards; third-party inspections help maintain quality; tenants take part in ongoing case management, which provides a safety net for them and lowers default risks.

As important, Tempe’s housing services specialists provide direct support to landlords to find solutions together. They also work to find the best housing fit for individuals to boost their success in the program.

“We’re able to reasonably accommodate a tenant’s needs,” said Val Sarver, housing services specialist for Tempe.

Tempe’s housing services division provides more than \$10 million in housing assistance to residents in Tempe through a range of programs.

In the past two years, the city has added several new housing initiatives, including the HOME TBRA program to provide subsidized housing to domestic violence victims who are facing or experiencing homelessness and the MMIC BRIDGE program aimed at housing people with serious mental illnesses.

The new HUD-VASH program will initially serve 10 veteran families but could be expanded if additional landlords agree to participate, Lamy said.

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8. [Other](#)

8.1 - WVNS (CBS-59): [Deputies: Man arrested for threatening to blow up Beckley VA](#) (25 June, Katy Andersen, 21k uvm; Ghent, WV)

A Raleigh County man is charged with terroristic threats after he threatened to blow up the Beckley VA, according to deputies.

Keith Bailey was arrested on June 22, 2018.

Deputies report they were called to do a welfare check on Bailey on June 20 after he allegedly called the VFW in Washington DC and threatened to suicide bomb the closest VA center, which would have been the one located in Beckley.

Bailey denied threatening to bomb the VA and said he did not want to hurt himself or others, but did admit to calling the VFW. A warrant was issued for his arrest. He's being held in the Southern Regional Jail on a \$50,000 bond.

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Veterans Affairs Media Summary and News Clips

27 June 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Man Protesting VA Burns Self in Front of Georgia Capitol](#) (26 June, Ben Nadler, 24M uvm; Washington, DC)

A man who called himself a military veteran and says he was disgruntled with the Veterans Affairs system strapped fireworks to his chest and lit himself on fire Tuesday in front of the Georgia Capitol. The ordeal prompted the Capitol building to be evacuated and the surrounding streets to be shut down. No one else was hurt.

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1.2 - U.S. News & World Report (AP): [Low-Key Washington Insider Makes a Bid to Fix Struggling VA](#) (26 June, Hope Yen, 24 uvm; Washington, DC)

Modest and low-key, Robert Wilkie was hastily dispatched to lead the Department of Veterans Affairs after a furious President Donald Trump fired Secretary David Shulkin amid political infighting at the department. But what was supposed to be a temporary job could turn permanent. Wilkie wasn't Trump's first choice to replace Shulkin; his nomination of White House doctor Ronny Jackson withered in the face of late-surfacing allegations of workplace misconduct.

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1.3 - Washington Post (Video): [Trump's VA pick, once a defender of Confederate symbols, built his career serving polarizing figures](#) (26 June, Paul Sonne and Lisa Rein, 43.9M uvm; Washington, DC)

Robert Wilkie, President Trump's choice to lead the Department of Veterans Affairs, is a conservative Washington insider who would bring three decades of military policymaking and a deep list of Capitol Hill connections to a Cabinet post responsible for serving one of the administration's most crucial constituencies. But when he appears Wednesday for his Senate confirmation hearing, Wilkie also will draw on a career spent working shoulder to shoulder with polarizing figures in U.S. politics...

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1.4 - Wall Street Journal: [VA Nominee Faces Questions on Role in Jesse Helms Races - Robert Wilkie was an aide to the late N.C. senator and then a state GOP official during racially charged campaigns](#) (26 June, Ben Kesling, 43.6M uvm; Washington, DC)

President Donald Trump's nominee to head the Department of Veterans Affairs has been preparing for his Senate confirmation hearing Wednesday by meeting with lawmakers in recent weeks to explain his views and his 30-year career in government as well as fielding questions about any role he has played in racially-charged politics. Robert Wilkie, a lawyer and Air Force Reserve officer currently serving as a Pentagon undersecretary in the latest of his decades of government and defense contracting posts...

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1.5 - Atlanta Journal-Constitution (Video): [Disgruntled veteran ID'd who set himself on fire outside Georgia Capitol](#) (26 June, Steve Burns, John Spink, and Stephen Deere, 11.8M uvm; Atlanta, GA)

Disgruntled with the Department of Veterans Affairs, a veteran set himself on fire in protest Tuesday morning outside the state Capitol in downtown Atlanta, according to the Georgia State Patrol. The GBI identified the man as 58-year-old John Michael Watts. He has no current address, the agency said. About 10:45 a.m., the Air Force veteran parked a Nissan Sentra on Washington Street...

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1.6 - Atlanta Journal-Constitution: [Air Force veteran sets self on fire to protest treatment under VA](#) (26 June, Steve Burns, John Spink, and Stephen Deere, 11.8M uvm; Atlanta, GA)
An Air Force veteran set himself on fire outside the state Capitol in downtown Atlanta on Tuesday to call attention to problems with the Department of Veterans Affairs, authorities said. A Capitol police officer extinguish the flames and the man was taken to Grady Memorial Hospital. He suffered burns over 85 to 90 percent of his body. Although his condition was unknown...

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1.7 - WSBT (ABC-2, Video): [Veteran protesting VA set himself on fire in front of state Capitol, GSP says](#) (26 June, Linda Stouffer, Tom Regan, and Mark Winne, 4.8M uvm; Atlanta, GA)
A disgruntled Air Force veteran set himself on fire in front of the Georgia Capitol building Tuesday morning, police say. The Georgia Bureau of Investigation has identified the veteran as John Michael Watts, 58, of Mableton. Authorities say he drove up and parked on Washington Street, near the west entrance of the Capitol, around 10:30 a.m. Tuesday.

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1.8 - Kansas City Business Journal: [House panel will hold VA's 'feet to the fire' on Cerner health record project](#) (26 June, Elise Reuter, 4.7M uvm; Kansas City, MO)
Cerner Corp. may have finally landed its long-awaited \$10 billion contract to build a new health record system for the Department of Veterans Affairs, but the company's work is just beginning. A panel of lawmakers on the House Committee on Veterans Affairs grilled VA officials Tuesday about how they would manage the rollout of the new electronic health record system. Cerner President Zane Burke also was present at the meeting.

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1.9 - WHIO (ABC-7, COX Media Group, Video): [Veteran protesting VA sets himself on fire at Georgia Capitol](#) (26 June, 1.2M uvm; Dayton, OH)
An Air Force veteran disgruntled with the U.S. Veterans Administration set himself on fire Tuesday outside the Georgia state Capitol in downtown Atlanta, according to the Atlanta Journal-Constitution and WSBTV. Law enforcement officials were searching Tuesday afternoon for devices that might have been left in the area after the man, identified as a 58-year-old veteran from Mableton, Georgia...

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1.10 - Nextgov: [VA's Billion-Dollar Health Records Project Will Be Tracked by New House Subcommittee](#) (26 June, Heather Kuldell, 193k uvm; Washington, DC)

House lawmakers see 99 problems ahead for the Veteran Affairs Department's electronic health records rollout, but oversight ain't one. House Veterans' Affairs Chairman Phil Roe, R-Tenn., and ranking member Tim Walz, D-Minn., announced a new subcommittee to provide oversight for the department's technology modernization projects, including the multibillion-dollar effort to get the department on the same commercial electronic health records platform as the Pentagon.

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2. Greater Choice for Veterans

2.1 - Birmingham News: Sen. Doug Jones helps pass legislation to hold VA nursing homes accountable

(26 June, Abbey Crain, 11.5M uvm; Birmingham, AL)

Following a series of reports about the poor state of the Veterans Affairs nursing homes in Alabama, the Senate has passed legislation introduced by Senator Doug Jones to increase transparency and accountability in the VA. On June 17, USA Today published the results of an investigation into the secret internal rating systems that Veterans Affairs uses to track quality statistics on its nursing homes, but keeps from the general public.

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3. Modernize Our System

3.1 - Politico: Experts say quick action needed for VA's Cerner project

(26 June, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

As the House Veterans Affairs Committee today takes its first crack at oversight of the \$10 billion contract to transform the VA's digital health records, critics say the agency needs stronger leadership to assure the project succeeds, Morning eHealth's Arthur Allen reports. The VA made an apparent move in that direction late Monday, saying in an internal memo that it was reorganizing the office responsible for the implementation.

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3.2 - Pittsburgh Post-Gazette (Video): Lifeline offline: Unreliable internet, cell service are hurting rural Pennsylvania's health

(26 June, Kris B. Mamula and Jessie Wardarski, 4.8M uvm; Pittsburgh, PA)

Congestive heart disease, chronic breathing problems and behavioral health issues are among the top community medical issues identified in a survey done by the hospital. Registered nurse Vanessa Locke, 59, who has worked in home health for 27 years, has seen the value of telemedicine. One of her patients, a man in his 70s, had been hospitalized 10 times in one year for congestive heart disease, a condition that can turn life-threatening without careful attention.

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3.3 - WFED (AM-1500): VA offers more details on the cost, timeline and plan for EHR modernization

(26 June, Nicole Ogrysko, 854k uvm; Washington, DC)

The Veterans Affairs Department has a slightly better idea now of how much exactly it will cost to retire more than 100 instances of its current Veterans Information Systems and Technology Architecture (VistA) in favor of a new electronic health record that's interoperable with the Pentagon. VA told lawmakers Tuesday that it's estimated another \$5.8 billion for project

management costs, in addition to the 10-year, \$10 billion contract it signed with Cerner Corporation last month.

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3.4 - Healthcare IT News: [VA to Congress: First Cerner EHR install will go live by 2020 - But several representatives pressed the department on the “staggering” cost of the project during the VA House Committee meeting.](#) (26 June, Jessica Davis, 438k uvm; Portland, ME)

The U.S. Department of Veterans Affairs' EHR project will go live in the Pacific Northwest and be fully functional by March 2020, VA officials told the House Committee on Veterans Affairs on Tuesday. The VA will ensure the effectiveness of its pilot sites early in the process, assessing the planned sites in Spokane, Seattle and Medical Lake, Washington in July, September and August, said Acting VA Secretary Peter O'Rourke.

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3.5 - WGEM (NBC-10, Video): [Department of Veterans Affairs awards \\$4.1 million to support Vets' Home](#) (26 June, Jim Roberts, 155k uvm; Quincy, IL)

U.S. Senators Dick Durbin (D-IL) and Tammy Duckworth (D-IL) announced Tuesday that the U.S. Department of Veterans Affairs (VA) has awarded \$4,156,722 to the State of Illinois to support the cost of 2016 renovations of the domestic water system for Legionella control at the Illinois Veterans' Home in Quincy.

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3.6 - EHR Intelligence: [VA Cerner EHR Implementation to Go Live at IOC Sites By March 2020 -Officials tied to the VA Cerner EHR implementation expect the system will go live at IOC sites within 18 months of the project launch.](#) (26 June, Kate Monica, 50k uvm; Danvers, MA)

Care sites within the VA Cerner EHR implementation initial operating capability (IOC) in the Pacific Northwest should be live and fully-functional by March 2020, according to testimony from VA officials at a recent House Committee on Veterans' Affairs hearing. Department officials addressed plans to form an oversight panel to ensure the department's Cerner EHR implementation runs smoothly.

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3.7 - MeriTalk: [VA's \\$10 Billion EHR System Draws Oversight Calls From Congress](#) (26 June, 35k uvm; Alexandria, VA)

While the Department of Veterans Affairs (VA) is ready to move forward on a new electronic health records (EHR) system, members of Congress are asking for transparency and angling for oversight of an agency that has had its fair share of problems providing services. The House Veterans Affairs Committee looked at the VA's EHR plans at a hearing today where it was clear that oversight was on the minds of many members.

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3.8 - Maine Public Radio: [Poliquin Says He'll Help Hold VA Officials Accountable For Helping Veterans Get Health Services](#) (26 June, Mal Leary, 18k uvm; Lewiston, ME)

Second District Congressperson Bruce Poliquin is warning Veterans Administration Officials and their contractors that they need to fix their electronic medical records system and be held accountable. “Your job, and you know this better than I do, is to deliver a project that works, on budget and early,” says Poliquin. “And I am going to be one member on the committee that holds you accountable.”

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4. Focus Resources More Efficiently

4.1 - Wall Street Journal: [Opinion - The VA Continues a Centuries-Long History of Scandal - Fraud and waste plagued veteran pensions in 1820. Since then the problem has only expanded.](#) (26 June, Rebecca Burgess, 43.6M uvm; Washington, DC)

When Veterans Affairs Secretary David Shulkin was ousted earlier this year, most of Washington wrote it off as another result of President Trump’s chaotic management style. Perhaps, but the change also reflects the state of pandemonium long associated with the VA. Caring for veterans has never been a straightforward task in the U.S.

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4.2 - CNN (Video): [WaPo: VA nominee Robert Wilkie took controversial positions as congressional aide](#) (26 June, Veronica Stracqualursi, 29.8M uvm; Atlanta, GA)

A day ahead of his Senate confirmation hearing, controversial details about Veteran Affairs secretary nominee Robert Wilkie's former career as a congressional aide have emerged in a Washington Post report. As an aide to North Carolina's late GOP Sen. Jesse Helms, Wilkie publicly defended his boss's support of the United Daughters of the Confederacy, an organization whose logo included the Confederate flag, the Post reported Tuesday.

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4.3 - New York Daily News: [President Trump's Veterans Affairs pick publicly defended neo-Confederate groups, anti-gay policies](#) (26 June, Chris Sommerfeldt, 26M uvm; New York, NY)

President Trump’s nominee to head Veterans Affairs has a history of defending neo-Confederate groups and controversial positions on gay rights, revelations that will likely stir intense debate during his Senate confirmation hearing Wednesday. In a profile published by the Washington Post on Tuesday, Trump’s VA pick Robert Wilkie is described as having been “a fixture” at events organized by descendants of Confederate veterans...

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4.4 - The Hill: [Trump VA pick defended controversial remarks as congressional aide: report](#) (26 June, Ellen Mitchell, 11.8M uvm; New York, NY)

Controversial details about President Trump’s nominee to lead the Department of Veterans Affairs (VA) have emerged in a Washington Post report on the eve of his confirmation hearing, including that as a congressional aide he defended polarizing views on homosexuals. The Post reported that Robert Wilkie, who is set to appear for a hearing before the Senate Veterans Affairs Committee on Wednesday...

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4.5 - Vox: [Trump's pick to run the VA was an outspoken supporter of Confederate memorials, Robert Wilkie says he's reconsidered his beliefs.](#) (26 June, Jane Coaston, 10.6M uvm; Washington, DC)

President Donald Trump's nominee to lead the Department of Veterans Affairs, Robert Wilkie, has a long past in Republican politics and a long track record of working on veterans' issues. He also was a member and longtime supporter of organizations dedicated to preserving Confederate memorials and honoring the Confederacy.

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4.6 - Washington Examiner (Video): [Trump's VA pick once rebutted equal pay proposal, defended use of Confederate flag: Report](#) (26 June, Naomi Lin, 4.8M uvm; Washington, DC)

President Trump's nominee to lead the Department of Veterans Affairs is under scrutiny for defending controversial policies in his career as a Senate Republican aide, including pushing back on a resolution that called for equal pay for women and supporting an organization that wanted to incorporate the Confederate flag in its logo.

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4.7 - Military Times: [Allegations about VA secretary nominee's past expected to fuel debate during confirmation hearing](#) (26 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Key lawmakers on the Senate Veterans' Affairs Committee don't expect allegations regarding Veterans Affairs Secretary nominee Robert Wilkie's past political views to upend his confirmation process, but they do expect debate on the issues during his public hearing this week. On Tuesday, in a profile of the Wilkie, the Washington Post noted a number of controversial stances in the longtime bureaucrat's past, including advocacy for former Sen. Jesse Helms that had racist undertones and active work with the Sons of Confederate Veterans...

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4.8 - Commercial Appeal: [Acting VA chief Peter O'Rourke to make stops in Memphis on Wednesday](#) (26 June, 1.1M uvm; Memphis, TN)

Acting Veterans Affairs Secretary Peter O'Rourke will make stops in Memphis on Wednesday at the Memphis VA Medical Center and Shelby County Veterans Court. The visit to Memphis is part of the department's efforts to review operations at VA facilities across the country. O'Rourke will be at the hospital Wednesday afternoon before heading to the Shelby County Criminal Justice Center...

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4.9 - San Diego Union-Tribune: [President Trump's Veterans Affairs pick publicly defended neo-Confederate groups, anti-gay policies](#) (26 June, 493k uvm; San Diego, CA)

President Trump's nominee to head Veterans Affairs has a history of defending neo-Confederate groups and controversial positions on gay rights, revelations that will likely stir intense debate during his Senate confirmation hearing Wednesday. In a profile published by the Washington Post on Tuesday, Trump's VA pick Robert Wilkie is described as having been "a fixture" at events organized by descendants of Confederate veterans

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4.10 - KFSM (CBS-5): [Veterans Health Care System Holding Town Hall To Provide Update On Doctor Investigation](#) (26 June, 439k uvm; Fort Smith, AR)

The Veterans Health Care System of the Ozarks (VHSO) will hold a town hall for the public July 9 to update the public on the pathology reviews being conducted in the wake of a doctor's firing. The reviews center around a doctor who was found to be "impaired" during his work with the VHSO and the Veterans Affairs Medical Center in Fayetteville. The issue was announced by VA officials and federal legislators on June 18.

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4.11 - WUNC (NPR-91.5, Audio): [Three Months After Shulkin's Departure, Senate Considers New VA Secretary](#) (26 June, Carson Frame, 165k uvm; Chapel Hill, NC)

President Trump fired David Shulkin as secretary of the Department of Veterans Affairs in late March. Three months later, the department is still without a permanent leader, as the Senate has only now begun considering the nomination of a new secretary. The Senate Veterans' Affairs Committee is holding a confirmation hearing this week for Robert Wilkie, who is President Trump's second nominee to replace Shulkin.

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4.12 - Crain's Cleveland Business: [Citywide collaboration awarded \\$46 million grant to improve regional health](#) (26 June, Lydia Coutre, 141k uvm; Cleveland, OH)

The National Institutes of Health has awarded a \$46 million grant to a citywide collaboration among Case Western Reserve University, Cleveland Clinic, MetroHealth Medical Center, University Hospitals and the Louis Stokes VA Medical Center. It's the third consecutive time that the collaboration has received such funding. In total, the NIH has invested nearly \$175 million in the effort since 2007, according to a news release.

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4.13 - Up and Coming Weekly: [More jobs than workers](#) (25 June, Jeff Thompson, 16k uvm; Fayetteville, NC)

With an unemployment rate of 3.8 percent, U.S. officials say there are more jobs available than workers. Historically, a 4 percent rate is considered full employment. Thousands of jobs at Department of Veterans Affairs hospitals across the country remain vacant because VA leaders contend they can't find qualified candidates who want them, according to an internal report out this month.

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4.14 - WISR (AM-660): [New VA Director 'Impressed' With Butler's Facilities](#) (26 June, Kayla Molczan, 500 uvm; Butler, PA)

VA Butler Healthcare's newest director has been on the job for about two months and says he's impressed with Butler's facilities and staff. Alan Petrazzi started in May. He's worked for the VA system for 11 years and is a licensed physical therapist by trade. He said he was impressed when he first arrived in Butler.

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5. Improve Timeliness of Service

5.1 - Washington Post: Disgruntled veteran lights himself on fire to protest VA at Georgia Capitol (26 June, Erin B. Logan, 43.9M uvm; Washington, DC)

An Air Force veteran Tuesday set himself on fire while “wearing a vest lined with fireworks and flammable devices,” officials said in an email. The 58-year old man from Mableton, Ga., had been “disgruntled” with the Veteran Administration system, according to Commissioner Mark McDonough of the Georgia Department of Public Safety.

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5.2 - FOX News: Veteran protesting treatment by VA sets himself on fire near Georgia State Capitol, police say (26 June, Robert Gearty, 32.5M uvm; New York, NY)

An Air Force veteran disgruntled with the federal Department of Veterans Affairs was severely burned Tuesday after he set himself on fire outside the Georgia Capitol in Atlanta, according to reports. Police responded quickly to the chaotic scene shortly after 10:30 a.m., Fox 5 Atlanta reported.

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5.3 - CBS News: Man protesting Veterans Affairs sets himself on fire in front of Georgia Capitol (26 June, 26M uvm; New York, NY)

A man who says he was disgruntled with the Veterans Affairs system strapped fireworks to his chest and lit himself on fire in front of the Georgia Capitol on Tuesday. The incident prompted the Capitol building in Atlanta to be evacuated and the surrounding streets to be shut down. No one else was injured.

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5.4 - ABC News (Video): 'Disgruntled' Air Force vet sets himself on fire outside Georgia Capitol, authorities said (26 June, M.L. Nestel and Dominick Proto, 24.2M uvm; New York, NY)

Atlanta's Capital Square became a crime scene Tuesday when a man described by authorities as a “disgruntled” Air Force veteran stormed from his parked car strapped with incendiary devices and set himself on fire, authorities said. The unidentified man, 58, was transported to Grady Hospital and managed to tell first responders that he wanted to kill himself out of anger with the U.S. Department of Veterans Affairs...

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5.5 - U.S. News & World Report (AP): The Latest: More Details Emerge About Man in Capitol Fire (26 June, 24M uvm; Washington, DC)

Authorities say a man who set himself on fire in front of the Georgia Capitol is a 58-year-old who told police he's an Air Force veteran. The Georgia Department of Public Safety said in a statement Tuesday afternoon that the man wore a vest lined with fireworks and flammable devices shortly before 11 a.m. Tuesday. Law officers say he then doused himself with a flammable liquid and lit the fireworks.

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5.6 - The Hill (Video): [Veteran protesting VA sets himself on fire outside Georgia Capitol](#) (26 June, Max Greenwood, 11.8M uvm; Washington, DC)

A veteran set himself on fire outside the Georgia Capitol in Atlanta on Tuesday after he launched a "personal protest" against the Department of Veterans Affairs, the Georgia State Patrol said. "A veteran that was disgruntled with the VA did a personal protest in front of the Capitol, which involved gasoline and some fireworks and he was injured," Mark McDonough, the commissioner of the Georgia Department of Safety, told WSB-TV in Atlanta.

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5.7 - Washington Times: [Veteran protesting VA treatment sets himself on fire outside Georgia State Capitol](#) (26 June, Jessica Chasmar, 10.8M uvm; Washington, DC)

A veteran protesting against the Department of Veterans Affairs set himself on fire outside the Georgia state Capitol Tuesday morning, police said. Authorities said the veteran, a 58-year-old man from Mableton, used a combination of fireworks and gasoline to set himself on fire shortly after 10:30 a.m. "We have somebody who claims to be a veteran that is disgruntled by treatment by the VA," said Col. Mark McDonough...

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5.8 - MLive: [Veteran homes in Michigan earn perfect score on latest VA survey](#) (26 June, Julie Mack, 10.8M uvm; Farmington Hills, MI)

Two years after the release of a scathing audit criticizing care at Grand Rapids Home for Veterans, the facility has received a perfect score from the U.S. Department of Veterans Affairs. In fact, both state of Michigan-managed veteran homes met all 231 standards for nursing home and domiciliary care, according to a press release from the Michigan Veterans Affairs Agency.

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5.9 - NBC News: [Air Force veteran sets himself on fire to protest treatment by VA - John Watts, 58, was in serious condition after arriving at the Georgia Capitol wearing a vest lined with firecrackers and flammable devices, law enforcement officials said.](#) (26 June, Farnouch Amiri, 9.6M uvm; New York, NY)

An Air Force veteran was in serious condition on Tuesday after he set himself on fire in front of the Georgia Capitol to protest his treatment by the U.S. Department of Veterans Affairs, according to state and local law enforcement officials. John Watts, 58, arrived at the government building before noon wearing a vest lined with firecrackers and flammable devices...

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5.10 - Washington Examiner: [Veteran sets himself on fire outside of Georgia Capitol over frustration with VA](#) (26 June, Katelyn Caralle, 4.8M uvm; Washington, DC)

An Air Force veteran set himself on fire on Tuesday outside the Georgia state Capitol building in Atlanta because he was fed up with the Department of Veterans Affairs, according to the Georgia State Patrol. Georgia State Patrol Capt. Mark Perry told the Atlanta Journal-Constitution that the veteran began walking toward the Capitol at 10:30 a.m., then several loud explosions were heard.

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5.11 - We Are The Mighty: [A veteran just protested the VA by setting himself on fire](#) (26 June, Blake Stilwell, 3.6M uvm; New York, NY)

An unidentified veteran walked up to the Georgia State Capitol on the morning of June 26, 2018 and casually set himself on fire using a combination of gasoline and fireworks. He was protesting his treatment by the Department of Veterans Affairs. FOX's Atlanta affiliate is reporting that the veteran was quickly extinguished by officers of the Georgia State Patrol and that no one else was injured in the protest or its aftermath. No, the man was not rushed to a VA medical center.

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5.12 - Military Times: [Veteran sets himself on fire in protest outside Georgia Capitol](#) (26 June, J.D. Simkins, 2.1M uvm; Springfield, VA)

A veteran who was fed up with treatment by the Department of Veterans Affairs set himself on fire in protest outside of the Georgia state Capitol building in downtown Atlanta on Tuesday. The 58-year-old from Mableton, Georgia, who has not yet been identified, parked his car alongside the Capitol before walking toward the building, where he commenced self-immolation, the Atlanta Journal-Constitution reported.

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5.13 - WXIA (NBC-11, Video): [Veteran frustrated with V.A. set himself on fire | Ga. vets get among the worst healthcare in nation - An Air Force veteran set himself on fire in frustration with the V.A. system. There has been a lot of attention the past few years to problems with access to healthcare, in Georgia, it's the worst.](#) (26 June, Rebecca Lindstrom and Savannah Brock, 1.5M uvm; Atlanta, GA)

A man claiming to be disgruntled by the V.A. lit himself on fire Tuesday morning during a protest on the front steps of the Georgia State Capitol. According to a statement from the Department of Public Safety, around 10:45 a.m. 59-year-old John Watts pulled onto Washington Street on the west side of the Capitol, exited his car and approached the west side entrance of the Capitol wearing a vest lined with "fireworks and flammable devices."

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5.14 - WCMH (NBC-4, Video): [Precautions taken at Columbus VA clinic after veterans diagnosed with legionnaires](#) (26 June, Rob Sneed, 1.1M uvm; Columbus, OH)

Major precautions are being taken inside the Columbus VA ambulatory care center right now. Staff closed all water fountains at the outpatient clinic while officials continue to test for Legionella. This comes after doctors diagnosed two veterans with the legionnaires, but a total of five have the symptoms.

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5.15 - Bradenton Herald: [House bill to provide Agent Orange health coverage for 'Blue Water Navy' vets of Vietnam War passes 382-0](#) (26 June, James A. Jones Jr., 861k uvm; Bradenton, FL)

The U.S. House approved legislation co-sponsored by Rep. Vern Buchanan, R-Longboat Key, to restore health coverage for 90,000 Navy veterans who were potentially exposed to the toxic chemical Agent Orange during the Vietnam War. The bill passed the U.S. House in a bipartisan vote of 382-0 and now goes to the Senate for consideration.

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5.16 - WGCL (CBS-46, Video): [Man sets self ablaze at Georgia State Capitol](#) (26 June, 587k uvm; Atlanta, GA)

A crazy scene unfolded Tuesday morning as a man set himself on fire on the grounds of the state capitol as a press conference was being held detailing the new distracted driving laws to take effect on July 1. The Georgia State Patrol was holding the press conference and when Natalie Dale, media relations liaison for GDOT was speaking, several loud, banging noises were heard.

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5.17 - Becker's Hospital Review: [Viewpoint: Medical marijuana proposals leave out veterans](#) (26 June, Leo Vartorella, 441k uvm; Chicago, IL)

Though legislation was introduced earlier this month to limit the federal government from interfering with cannabis consumption and commerce in states where it is legal, the bill does not allow access to medical marijuana for veterans, according to an op-ed by Nick Etten, founder of the Veterans Cannabis Project, in The Hill.

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5.18 - Northwest Arkansas Democrat Gazette: [MIKE MASTERSON: Pathology errors](#) (26 June, Mike Masterson, 162k uvm; Fayetteville, AR)

An unnamed Veterans Health Care System pathologist in Fayetteville was dismissed in April after being found working while "impaired" as he diagnosed cases. It was the second time in two years the pathologist had been discovered in such condition (whatever impaired means). He had been monitored since completing a recovery program in 2016.

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5.19 - Merry Jane: [U.S. Senate Endorses Medical Cannabis for Military Veterans, Sends Bill to House](#) (26 June, Zach Harris, 154k uvm; New York, NY)

Senate lawmakers approved a bill to fund the federal government through 2019 on Monday, including an amendment that would allow Department of Veterans Affairs (VA) doctors to recommend state-legal medical marijuana to returning soldiers and for qualified veterans to use cannabis freely.

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5.20 - KSLA (CBS-12): [Overton Brooks VA Medical Center sharpens its focus on PTSD](#) (26 June, 192k uvm; Shreveport, LA)

Post Traumatic Stress Disorder, better known as PTSD, affects millions of Americans, including a large number of military veterans. That's why Overton Brooks VA Medical Center in Shreveport hosted a special information fair Tuesday for veterans, their families and providers. Organizers told us the good news is that PTSD is a treatable condition.

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5.21 - San Angelo Standard-Times: [Big Spring VA nursing home earns 5-star rating in its latest performance review](#) (26 June, Michelle Gaitan, 190k uvm; San Angelo, TX)

The West Texas Veterans Affairs Health Care System, also known as the Big Spring VA, announced last week its nursing home received five stars as part of its annual performance ratings. The announcement came days before USA Today and The Boston Globe reported that secret VA nursing home ratings were hiding poor care from the public.

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5.22 - WRBL (CBS-3, Video): [What is the truth behind PTSD? VA dedicates June to post traumatic stress awareness](#) (26 June, Mikhaela Singleton, 75k uvm; Columbus, GA)

What is PTSD? The U.S. Department of Veterans Affairs hopes to shed light on the subject by dedicating June as PTSD Awareness Month. News 3 took a trip to the Central Alabama Veterans Healthcare System office in Columbus to ask clinical professionals to debunk the myths surrounding PTSD.

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5.23 - KTAL (NBC-6, Video): [Resources available to vets dealing with PTSD](#) (26 June, Marquel Sennet, 62k uvm; Shreveport, LA)

Local veterans gain access to valuable resources to fight PTSD. Tuesday Overton Brooks VA Medical Center hosted a PTSD information fair. Veterans had the opportunity to meet the medical center's PTSD staff and learn about the symptoms and treatments that are available.

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[6. Suicide Prevention](#)

6.1 - West Virginia Public Broadcasting: [VA Medical Centers Host Workshop for Faith Leaders on Suicide Prevention](#) (26 June, Kara Leigh Lofton, 48k uvm; Charleston, WV)

Next month, the Beckley, Clarksburg and Huntington VA Medical Centers are hosting a joint outreach training event for West Virginia spiritual leaders to learn about veteran suicide prevention. The workshop will be held Tuesday, July 31st. at the West Virginia Capitol Complex. Called Operation S.A.V.E., the program is a one hour training provided by the VA suicide prevention team.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Dayton Daily News: [200K veterans overpaid in 2016: Proposed law would keep them from debt](#) (26 June, Max Filby, 1.1M uvm; Dayton, OH)

The Department of Veterans Affairs has accidentally overpaid hundreds of thousands sending some into debt when the government agency asked them to pay it back. But, new legislation sponsored by Sen. Sherrod Brown aims to prevent that from happening in the first place. The U.S. Senate earlier this week passed Brown's amendment to the Military Construction and Veterans Affairs Appropriations Act that requires the VA to track overpayments...

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7.2 - Pensacola News Journal: [Wisconsin man killed in Pearl Harbor bombing finally buried at Barrancas](#) (26 June, Melissa Nelson Gabriel, 439k uvm; Pensacola, FL)

Nearly 80 years after his father's death in the Japanese bombing of Pearl Harbor, Robert Schoonover said goodbye Wednesday to a man he barely knew. "I don't really have any memories of him," Schoonover said as he stood beside his father's casket at Barrancas National Cemetery. Using DNA matches, the Department of Defense recently identified the remains of Navy Pharmacist's Mate John Schoonover.

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7.3 - DTV (Video): [First ever veteran ID card clinic held at Clarksburg VA](#) (26 June, Kyleigh Rice, 172k uvm; Bridgeport, WV)

Veteran ID cards provide usable identification and resources for veterans. Today, Senator Capito's team partnered with the Clarksburg VA Medical Center to host a clinic showing veterans how to apply for a VIC. The clinic showed veterans how to use an online site to register for their VIC. Veterans in need of a card can go to access.va.gov and create a login.

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7.4 - WEAR (ABC-3, Video): [Pearl Harbor veteran to be laid to rest at Barrancas National Cemetery](#) (26 June, 161k uvm; Pensacola, FL)

Funeral services are Tuesday for a sailor killed in the attack on Pearl Harbor. Navy pharmacist's mate 1st class John Schoonover was among 429 killed when the Japanese attacked on Dec. 7, 1941. Most of the men were buried in mass graves. DNA tests are helping the military bring them home. Services will be held at Barrancas National Cemetery in the afternoon.

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7.5 - La Voz Nueva: [VA rolls out new Veterans identification cards](#) (27 June, Joseph Rios, 500 uvm; Denver, CO)

The Veterans Identification Card is an identification card used by eligible veterans at the United States Department of Veteran Affairs (VA) medical facilities. The Veterans Administration made changes to the Veterans Identification Card in 2015 for the first time in over ten years after Congress ordered the VA to provide free identification cards. Prior to the order, veterans would have to carry their discharge papers that contained private information like Social Security numbers.

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8. [Other](#)

8.1 - Press Democrat: [Future of Mare Island veterans cemetery sparks debate between vets and history buffs](#) (26 June, Meghan Herbst, 1.5M uvm; Santa Rosa, CA)

A 164-year-old cemetery on Mare Island that is the resting place of more than 800 veterans is gaining attention in Congress, where North Bay lawmakers and veterans groups are urging the federal government to take over the aging property and restore it like a national shrine. But volunteers with the Mare Island Shoreline Heritage Preserve are pushing back against lawmakers' characterizations that the condition of the cemetery is a disgrace to veterans...

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8.2 - Duluth News-Tribune: [For veterans with PTSD, the Fourth of July fireworks can cause panic, flashbacks](#) (26 June, John Lundy, 843k uvm; Duluth, MN)

John Marshall is a combat veteran of the first Gulf War, well known in the area as captain of the Duluth Honor Guard, which serves at military funerals. His patriotism is beyond question, but one aspect of Independence Day is difficult for Marshall. "The Fourth of July, when you've got the bangs and the smell of gunpowder, it drives me nuts," Marshall said recently.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Man Protesting VA Burns Self in Front of Georgia Capitol](#) (26 June, Ben Nadler, 24M uvm; Washington, DC)

A man who called himself a military veteran and says he was disgruntled with the Veterans Affairs system strapped fireworks to his chest and lit himself on fire Tuesday in front of the Georgia Capitol.

The ordeal prompted the Capitol building to be evacuated and the surrounding streets to be shut down. No one else was hurt.

"He had (fireworks) strapped to himself and as I understand doused himself with some additional flammable and set himself on fire," said Capt. Mark Perry of the Georgia Department of Public Safety. "I'm not sure if it was gasoline or kerosene or what it was."

Almost simultaneously, Perry said, "one of the Capitol troopers saw what was happening, came out, actually had a fire extinguisher and was able to douse him pretty quickly."

The man, 58, identified himself to law officers as an Air Force veteran, the Department of Public Safety said in a Tuesday afternoon statement. Authorities were notifying his family Tuesday afternoon and didn't immediately release his name.

Law officers have not provided details about the man's complaints about the U.S. Department of Veterans Affairs, saying only that he is disgruntled with the system.

"I'm not sure what his history is there, but he is disgruntled with the VA system and is trying to draw some attention to that. He stated something to the effect that he was looking for some help," Perry said.

Perry said the man's condition wasn't immediately known; he was burned but could still speak to officers. Perry said the man identified himself as a veteran. He was brought to Grady Memorial Hospital.

Loud explosions can be heard in video of a news conference that was going on at the time. In the video posted by WSB-TV, Georgia Department of Transportation spokeswoman Natalie Dale pauses several times and looks around nervously as the explosions are heard. Seconds later, the state troopers who were standing behind her hurry off to investigate. The news conference, on a Georgia law requiring hands-free electronic devices in automobiles, was then abruptly called off.

A Nissan Sentra possibly belonging to the man was parked in front of the Capitol and was investigated by a bomb squad unit on Tuesday afternoon.

"While we can't comment on the specifics of this veteran's case due to patient privacy laws, the department is ensuring he receives the VA care that he needs," Jan Northstar, a spokeswoman for the agency, said in a statement to The Associated Press.

Veterans groups in recent years have demanded changes in the nation's Veterans Affairs system. Some veterans say they've had to wait months for appointments. On June 6, President Donald Trump signed legislation aimed at allowing veterans more freedom to see doctors outside the system in an attempt to reduce wait times and improve care.

Associated Press Writer Jeff Martin in Atlanta contributed.

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1.2 - U.S. News & World Report (AP): [Low-Key Washington Insider Makes a Bid to Fix Struggling VA](#) (26 June, Hope Yen, 24 uvm; Washington, DC)

Modest and low-key, Robert Wilkie was hastily dispatched to lead the Department of Veterans Affairs after a furious President Donald Trump fired Secretary David Shulkin amid political infighting at the department.

But what was supposed to be a temporary job could turn permanent.

Wilkie wasn't Trump's first choice to replace Shulkin; his nomination of White House doctor Ronny Jackson withered in the face of late-surfacing allegations of workplace misconduct.

All the while, Wilkie was quietly working at the VA, signing a major \$10 billion deal to overhaul veterans' electronic medical records.

He was taken aback when Trump made an impromptu offer of the permanent job at a public event in mid-May.

"I do not know how long I will be privileged to serve as the acting secretary," Wilkie had disclosed in a message to VA employees, urging an improved department where people are "not talking at each other, but with each other." He privately told associates after Trump's announcement that he had been awaiting a meeting with the president before making commitments.

If confirmed, the longtime public official could end up steering some of the biggest changes to veterans' health care in decades.

A significant test comes Wednesday at his Senate hearing, where Democrats plan to question the Air Force and Navy veteran on his views on privatizing the government's second-largest department of 360,000 employees serving 9 million veterans. It's an issue that Shulkin says led to his ouster.

How he chooses to navigate a Senate in which Republicans hold a 51-49 majority could go a long way in whether he delivers on Trump's promise to steer more patients to the private sector. The reach of a newly signed law to expand private care will depend on the VA secretary, who will have wide leeway in deciding when veterans can bypass the government-run VA.

The last time the VA faced big changes involving the eligibility of health care was 1996.

"With a growing risk of funding shortages, VA has never before been more vital — or more vulnerable," said Paul Rieckhoff, founder and chief executive of Iraq and Afghanistan Veterans of America. "Mr. Wilkie will have to prove to millions of veterans nationwide that he is up to this mammoth, sacred leadership task."

Wilkie, 55, declined to respond to requests for comment on his VA nomination. Pending confirmation, he has returned to his role as Pentagon undersecretary, a post to which he was confirmed unanimously last November.

The son of an Army artillery commander, Wilkie received strong backing for the VA job from Defense Secretary Jim Mattis and White House chief of staff John Kelly, a retired Marine, after Jackson was forced to withdraw his bid. Kelly and Mattis prevailed on Trump to select Wilkie as a known quantity with a record of competence and hard work. Wilkie was an assistant secretary of defense in President George W. Bush's administration under Donald Rumsfeld.

Wilkie had also worked on Capitol Hill for more than a decade, serving as counsel to conservative Sen. Jesse Helms, R-N.C., and former Sen. Majority Leader Trent Lott, R-Miss. During his time at the Pentagon, he shepherded two defense secretaries through Senate confirmation.

Former colleagues describe him as a student of history who cites as a model President Dwight Eisenhower, an unflashy but quintessential Army general "who knew how to handle dysfunctional staff," according to Bob Carey, now a director of policy for the Independence Fund, a veterans group. During his time as senior adviser to Sen. Thom Tillis, R-N.C., from 2015 to 2017, the senator and his staff referred to him as "Forrest Gump," a likely reference to his ability to exceed expectations.

"His relationship networks in Congress are second to none," said Jordan Shaw, executive vice president of OnMessage Inc. and a former Tillis chief of staff who hired Wilkie. "He's not flashy or schmoozy, just one of the most decent human beings I've ever worked with. You can't be around him and not like him. In D.C., that's worth a lot."

Sen. Johnny Isakson, chairman of the Senate Veterans Affairs Committee, speaks positively about Wilkie, pledging to give his nomination speedy consideration. On Tuesday, after meeting with Wilkie, Isakson called him a "very qualified guy" and predicted that Wednesday's hearing will go well. "We'll wait and see," Isakson said.

In recent meetings, Wilkie told several veterans' groups and some lawmakers that he opposed "privatization."

His initial response helped soothe some senators, including top committee Democrat Jon Tester, whose staff compiled allegations against Jackson that led to his withdrawn nomination. Wilkie has drawn little congressional criticism so far, though Democrats say they intend to press him further on the topic after the White House recently argued that added costs of the private care program should be paid for by cutting spending elsewhere at VA.

"Right now I certainly don't have anything to cause me not to support him. He's a solid guy," Tester said late last month. Following a recent meeting with Wilkie, a spokeswoman for Tester said he was "pleased" with the nominee's responses regarding the VA's future direction.

Sen. Patty Murray, D-Washington, said she needs to be reassured that Wilkie could stand up to the White House when necessary. "It's critical for a VA secretary to demonstrate independence," she said.

Conservative veterans groups say he's up to the VA task, understanding federal bureaucracy and how to fix it.

"We're confident he's aligned with President Trump on VA's reform agenda," said Dan Caldwell, executive director of Concerned Veterans for America.

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1.3 - Washington Post (Video): [Trump's VA pick, once a defender of Confederate symbols, built his career serving polarizing figures](#) (26 June, Paul Sonne and Lisa Rein, 43.9M uvm; Washington, DC)

Robert Wilkie, President Trump's choice to lead the Department of Veterans Affairs, is a conservative Washington insider who would bring three decades of military policymaking and a deep list of Capitol Hill connections to a Cabinet post responsible for serving one of the administration's most crucial constituencies.

But when he appears Wednesday for his Senate confirmation hearing, Wilkie also will draw on a career spent working shoulder to shoulder with polarizing figures in U.S. politics and often defending their most divisive views.

Wilkie, 55, has impeccable credentials: Three decades at the center of the country's most important military policies. The son of an Army artillery commander severely wounded in Vietnam — and a reserve officer in the Air Force himself. A trusted lieutenant of Defense Secretary Jim Mattis with contacts in Congress spanning at least five administrations.

He started as a young aide to Jesse Helms (R-N.C.), the five-term Senate firebrand who denounced Martin Luther King Jr. and once called gay people "weak, morally sick wretches." He served as a top aide to Senate Majority Leader Trent Lott (R-Miss.), who lost his leadership post after defending a fellow senator's segregationist campaign for president decades earlier. And he joined the inner circle of former defense secretary and Iraq War architect Donald H. Rumsfeld before returning to the Pentagon last year to run military personnel policy for the Trump administration.

Throughout, Wilkie showed a willingness to fight on the front lines of his bosses' culture wars. Earlier this year he led efforts to justify Trump's near wholesale ban on transgender troops. In 1997, he rebutted a Democratic proposal to ensure equal pay for working women. And in 1993, he publicly defended a failed push by Helms to support an organization whose logo included the Confederate flag.

Wilkie grew up visiting U.S. battlefields with his father and developed a lifelong fascination with military history, including that of his ancestors, who fought for the Confederacy. He was, as recently as 2005, a fixture at the annual memorial ceremonies in Washington held by descendants of Confederate veterans around the birthday of Jefferson Davis. Wilkie also was a member of the Sons of Confederate Veterans, a group that defends public displays of the Confederate symbols.

A Pentagon spokeswoman said Wilkie no longer attends the ceremonies or counts himself a member of the group. In a statement, Wilkie said the commemorations were once a means to memorialize soldiers but now have become “part of the politics that divide us.”

Paul Rieckhoff, founder of Iraq and Afghanistan Veterans of America, a leading advocacy group, said Wilkie must demonstrate that he doesn’t hold antiquated views and that he can serve all veterans. “He has to show he is loyal to veterans and not a partisan agenda,” Rieckhoff said.

Helms acolyte

In many ways, Wilkie’s career has been defined by the years he worked for Helms, the famous bete noire of liberals from Wilkie’s home state of North Carolina. Friends say Wilkie admires the late senator as a political exemplar with a strong view of U.S. sovereignty and defense.

Wilkie declined to be interviewed for this story. Instead, the Pentagon provided a list of former colleagues and friends who could speak on his behalf. Those closest to Wilkie describe an intensely intellectual conservative policymaker who does not espouse Helms’s racial politics. They praise Wilkie’s commitment to public service and veterans, owing to a lifetime spent among the military.

Retired Marine Corps Maj. Gen. Arnold L. Punaro, a former Democratic staff director on the Senate Armed Services Committee, said that in more than 30 years of knowing Wilkie he never saw “any of the leanings of Jesse Helms when it comes to the issues people were concerned about.”

“If the implication is that because he is interested in [events that commemorate the Confederacy] he somehow doesn’t treat everyone with dignity and respect — I would say that doesn’t logically follow,” Punaro said. “Because if you know the guy, that’s just not who he is.”

Wilkie was not the president’s first choice to lead VA after the dismissal this spring of his first veterans affairs secretary, David Shulkin. Rather, the president made him acting secretary as he considered other possible candidates following the failed and embarrassing nomination of Rear Adm. Ronny L. Jackson, Trump’s White House physician, who stepped aside amid allegations of improper conduct.

Wilkie received strong recommendations from Mattis — whom Wilkie prepared for his confirmation hearing — and White House Chief of Staff John F. Kelly. He was seen as someone who could breeze through the confirmation process, having been approved by the Senate twice before for other posts.

Trump surprised Wilkie by announcing his nomination at a White House event in May. In conversations with friends, Wilkie has said he didn’t want to leave the Pentagon, where he felt comfortable as Mattis’s undersecretary of defense for personnel and readiness, but felt obliged to do so out of a sense of duty.

Apart from navigating the transgender policy reversal for Mattis, Wilkie had introduced a new sexual harassment policy at the Pentagon and was crafting high-profile policies on suicide and sexual assault prevention. He also was partnering with retired Army Maj. Gen. Robert H.

Scales, who served with Wilkie's father, on an effort to improve training for troops who experience violent close-quarters combat.

People who have worked with Wilkie say that while he lacks the executive résumé of his two immediate predecessors at VA, he has deep ties in Congress and a background that will help him succeed at the agency.

"It's a place for soldiers to go," Scales said. "Unless you have that close affinity with soldiers, that moral connection with soldiers, I just don't think a VA administrator can give it his all."

'I do not live in the past'

Wilkie was 7 years old when his father, while serving in Vietnam, was hit by multiple rounds of enemy fire during the invasion of Cambodia. The wounds nearly killed him, and the experience was formative for his son.

"It certainly makes me empathetic to anyone who has been wounded and what their families go through — all of that motivates me," Wilkie said in a statement.

Wilkie came to call Fayetteville, N.C., his home while his father was stationed at Fort Bragg. He married his high school sweetheart and began a career in Washington politics after graduating from Wake Forest University and Loyola University School of Law.

Working for Helms in the late 1980s, Wilkie handled military issues, a matter of critical importance to the senator's base in North Carolina. He quickly earned a reputation as a brainy legislative expert whose talent for floor tactics and Senate procedure made him an unflappable presence in the cloakroom as he scribbled proposed amendments on his yellow legal pad.

Helms returned Wilkie's drafts with so few corrections that fellow staffers joked that if anyone wanted their work approved by the stickler senator, they should just put Wilkie's name on it, recalled former staffer Jimmy Broughton.

Wilkie periodically came out swinging for Helms at divisive moments. In 1993, for example, the only African American in the Senate, Democrat Carol Moseley Braun (Ill.), opposed Helms's amendment to renew the patent on the insignia used by the United Daughters of the Confederacy because the logo featured the Confederate flag.

Moseley Braun ultimately rallied the Senate behind her in blocking the amendment. Wilkie attacked her efforts in statements made to The Washington Post. "What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history," the 30-year-old aide was quoted as saying at the time. "The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."

Around that time, Wilkie was attending ceremonies honoring fallen Confederate fighters at Arlington National Cemetery and the U.S. Capitol. The Pentagon declined to provide the speeches Wilkie delivered at those events. Maj. Carla Gleason, a spokeswoman, said Wilkie was participating in government-sanctioned events recognizing Civil War veterans more than a decade ago in his official capacity as a Senate staffer and executive branch official alongside Republicans and Democrats. He stopped attending, Gleason said, when the events became more politically divisive.

"Today, there would be much more consideration taken into attending this type of memorial event," Wilkie said in a statement. "While I honor the soldiers in my family, and I am a student of history, the past is the past, and I do not live in the past."

Wilkie left Capitol Hill in the mid-1990s to mount a failed bid for Congress. He later served as executive director of the North Carolina Republican Party as Helms was engaged in a contentious reelection campaign against Democrat Harvey Gantt, the former mayor of Charlotte.

Wilkie publicly defended a campaign flier the party issued showing Gantt, who is black, alongside the state's incumbent congressional Democrats. Two of the three also were black, including Eva Clayton, the first African American woman to represent North Carolina in Congress. "Eva's bad enough. Do you want Harvey too?" the fliers asked.

Democrats said the mailer was attempting to persuade white voters not to send another black representative to Congress. Wilkie told the New York Times the mailers also went to voters in a district represented by a white Democrat. "The racial charge has become so trite now that it's lost its meaning," he said at the time.

Gleason said that Wilkie maintains the flier was an attack against Gantt on the issues.

Wilkie also attacked Gantt for having "openly courted money from the homosexual community," according to a 1996 transcript from PBS's "NewsHour with Jim Lehrer." The Pentagon did not respond to a request for comment about the transcript.

Culture warrior

In the late 1990s, Wilkie returned to Washington as a top aide to Lott, the Mississippi senator who would later become majority leader. He was involved in critical national security matters, leading negotiations after the 9/11 attacks on legislation that authorized the use of military force against the perpetrators and helping defeat U.S. ratification of the Comprehensive Nuclear-Test-Ban Treaty.

But he continued to do battle in the culture wars. When the office of then-Senate Minority Leader Thomas A. Daschle (D-S.D.) promoted a resolution calling for equal pay for women and sent it to Wilkie in hopes of securing bipartisan support, Wilkie marked up the draft with edits that called on Congress to require young women to finish high school as a condition of receiving welfare, a Daschle staffer recalled.

"I think he was trying to suggest that the whole endeavor was by itself ridiculous," said Caroline Fredrickson, now president of the American Constitution Society. "I found it very insulting."

Gleason, the Pentagon spokeswoman, said Wilkie's "record on the way he treats his employees, on equal rights, equal opportunity and employment stands for itself on this matter."

Wilkie defended Lott in 2003, shortly after the Senate majority leader lost his post for praising Strom Thurmond's 1948 presidential campaign that opposed the intermingling of races. Speaking to the Associated Press, Wilkie said that Lott was simply trying to be "gracious to an American icon."

Today, liberals find cause for alarm in Wilkie's record of defending his past bosses.

“This toxic history is profoundly beneath the office Robert Wilkie has been nominated for,” said Andrew Bates, a spokesman for the liberal opposition research group American Bridge. Bates said Wilkie “championed the disgraceful, painful legacy of Jesse Helms.”

Conservative former colleagues of Wilkie see it otherwise, viewing Wilkie as one of Helms’s smartest acolytes. “He’s probably the most brilliant person I worked with,” said Broughton, the former staffer. “Probably as high a level of integrity as anybody.”

Wilkie joined the George W. Bush administration after his many years on Capitol Hill, first working for Condoleezza Rice at the White House National Security Council and later at the Pentagon, where he rose to become Rumsfeld’s point person with Congress. Later, while working for former defense secretary Robert M. Gates, Wilkie helped the Pentagon usher in an armored vehicle that saved American soldiers from being maimed by explosive devices in Iraq.

As he testifies before the Senate Veterans’ Affairs Committee this week, Wilkie is likely to emphasize his record of policy achievements, such as bipartisan legislation on sexual assault prevention. Bob Carey, who was a Senate staffer with Wilkie and now works at a conservative veterans group, said what veterans care about is whether VA can properly deliver health care and benefits.

“You look at this guy’s career, and I don’t think you’ll find a person more prepared to do that than Robert Wilkie,” Carey said.

Julie Tate contributed to this report.

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1.4 - Wall Street Journal: [VA Nominee Faces Questions on Role in Jesse Helms Races - Robert Wilkie was an aide to the late N.C. senator and then a state GOP official during racially charged campaigns](#) (26 June, Ben Kesling, 43.6M uvm; Washington, DC)

President Donald Trump’s nominee to head the Department of Veterans Affairs has been preparing for his Senate confirmation hearing Wednesday by meeting with lawmakers in recent weeks to explain his views and his 30-year career in government as well as fielding questions about any role he has played in racially-charged politics.

Robert Wilkie, a lawyer and Air Force Reserve officer currently serving as a Pentagon undersecretary in the latest of his decades of government and defense contracting posts, differs from many of the Washington outsiders usually preferred by Mr. Trump.

He also was a veteran of North Carolina’s election campaigns of the 1990s, including as an aide for the late Sen. Jesse Helms (R., N.C.). His work in those campaigns has been an issue raised by senators who have interviewed him in advance.

Mr. Wilkie was an aide to Mr. Helms in the early 1990s as the senator battled challenger Harvey Gantt, an African-American political leader, for the Senate seat in 1990. Mr. Wilkie also was the state GOP leader in North Carolina as the two men faced each other in a second contest in 1996.

Both campaigns featured what many consider veiled attacks on Mr. Gantt's race, including a TV ad remembered for its racial overtones. There has been no specific allegation that Mr. Wilkie had any role in the racially tinged aspects of the campaigns run by Mr. Helms, who retired in 2003 and died in 2008.

Mr. Wilkie also took part in the 1990s and early 2000s in ceremonies that commemorated Confederate dead from the Civil War, according to the Pentagon and an Arlington National Cemetery official.

Mr. Wilkie on Tuesday discussed those issues, among others, with Sen. Johnny Isakson (R., Ga.), the chairman of the Senate Committee on Veterans' Affairs, Mr. Isakson said.

Mr. Wilkie first brought the issues to the senator's attention weeks ago, Mr. Isakson said, and has explained his past adequately. "I certainly would be an advocate for him," he said.

Mr. Wilkie also met with Sen. Richard Blumenthal (D., Conn.) this week, Mr. Blumenthal said, adding he isn't fully satisfied and expects to ask Mr. Wilkie about his past during Wednesday's hearing.

"I want to hear an explanation on his role in campaigning and the extent of his participation," said Mr. Blumenthal, a member of the Veterans' Affairs Committee.

"These campaigns were ugly, there's no getting around it," Mr. Blumenthal said. He added that if Mr. Wilkie explains his role in the campaigns and shows he wasn't involved in the race-based campaigning, "they should not be disqualifying for him."

Neither Mr. Wilkie nor the Jesse Helms Center in North Carolina responded to requests for comment.

Mr. Wilkie released a statement through the Pentagon defending his participation in ceremonies commemorating Confederate war dead as a Senate staffer and Pentagon official in previous years, saying he no longer takes part.

"While I honor the soldiers in my family, and I am a student of history, the past is the past and I do not live in the past," he said.

After former VA Secretary Dr. David Shulkin was ousted by Mr. Trump earlier this year, the president nominated his personal doctor, Rear Adm. Ronny Jackson, to take over the department. But misconduct allegations—which Adm. Jackson denied—derailed his nomination.

Mr. Trump floated Mr. Wilkie's name in March, but did not make a formal nomination until last week. People familiar with the matter said that was due in part to questions about Mr. Wilkie's past, but the White House said it wasn't unusual.

"There was no delay in sending the nomination to the Senate. Within hours of the successful completion of the FBI background check, his nomination was sent to the Senate," said a White House official.

Sen. Thom Tillis (R., N.C.), who employed Mr. Wilkie as a senior adviser from 2015 to 2017, said Mr. Wilkie hadn't been involved in divisive politics. "If he had been, he'd never have worked for me," he said in an interview.

“It is ridiculous to assume that any staffer for an elected official personally agrees with all their views, and even more absurd to make that assumption nearly three decades later,” he added later in a statement.

In the 1990s, Mr. Helms fended off two challenges by Mr. Gantt, a well-known civil rights activist and politician in North Carolina who had been the first black student admitted to Clemson University, and later became the first black mayor of Charlotte.

“Helms’s races were epic races, everybody was all in,” said Anita Dunn, a longtime Democratic strategist, who recalled a defining moment: “In 1990, the ad that many people focused on was known as the ‘white hands’ ad,” she said.

The TV spot showed a close-up of a white man’s hands as he crumples up a job rejection letter. A narrator says, “You needed that job, and you were the best qualified. But they had to give it to a minority because of a racial quota. Is that really fair?”

Mr. Gantt, who said he barely recalls Mr. Wilkie, but knew he was involved in the 1996 campaign, remains critical about the tactics used against him.

“We were all very shocked,” said Mr. Gantt. “A lot of people thought no one in the country would do that, besides Jesse Helms. People who were associated with that can’t run from it unless they come out and right the wrongs that they did back then.”

—Byron Tau contributed to this article.

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1.5 - Atlanta Journal-Constitution (Video): [Disgruntled veteran ID’d who set himself on fire outside Georgia Capitol](#) (26 June, Steve Burns, John Spink, and Stephen Deere, 11.8M uvm; Atlanta, GA)

Disgruntled with the Department of Veterans Affairs, a veteran set himself on fire in protest Tuesday morning outside the state Capitol in downtown Atlanta, according to the Georgia State Patrol.

The GBI identified the man as 58-year-old John Michael Watts. He has no current address, the agency said.

About 10:45 a.m., the Air Force veteran parked a Nissan Sentra on Washington Street, stepped out of the car and walked toward the Capitol, GSP Capt. Mark Perry told AJC.com.

“He was strapped with some homemade incendiary devices (and) firecrackers, and doused himself with some kind of flammable liquid” before lighting the fireworks, he said.

Several loud explosions were heard, and a trooper quickly put out the fire with an extinguisher, according to authorities.

Watts was rushed to Grady Memorial Hospital with burns over 85 to 90 percent of his body, Perry said.

No other injuries were reported.

The Capitol and judiciary buildings were evacuated. Workers were forced to move children from a day care associated with Central Presbyterian Church to a neighboring Catholic church as a precaution, according to officials.

The area has been secured, Atlanta police said on Twitter.

Multiple agencies were on the scene earlier. The GBI emptied the car and bomb techs examined the contents.

— *Staff writer Chris Joyner contributed to this article.*

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1.6 - Atlanta Journal-Constitution: [Air Force veteran sets self on fire to protest treatment under VA](#) (26 June, Steve Burns, John Spink, and Stephen Deere, 11.8M uvm; Atlanta, GA)

An Air Force veteran set himself on fire outside the state Capitol in downtown Atlanta on Tuesday to call attention to problems with the Department of Veterans Affairs, authorities said.

A Capitol police officer extinguish the flames and the man was taken to Grady Memorial Hospital. He suffered burns over 85 to 90 percent of his body. Although his condition was unknown, Georgia State Patrol Capt. Mark Perry told The Atlanta Journal-Constitution that the man was able to talk with officers immediately after the incident.

The Georgia Bureau of Investigation identified the man as 58-year-old John Michael Watts. He has no current address, the agency said.

Out of fear that the vehicle the man arrived in might contain explosive devices, authorities closed several major streets around the Capitol and evacuated the building, along with the Judiciary for most of the day. Workers moved children from a day care associated with Central Presbyterian Church to a neighboring Catholic church as a precaution.

GBI agents used a robot to remove items from the man's Nissan Sentra.

The man had scrawled a message on piece of cardboard with a phone number that he asked people to call. Perry requested that no one call the number, cautioning that it might set off an incendiary device.

In recent years, the Department of Veteran Affairs has become one of the most maligned federal agencies. The agency is charged with providing health care to veterans and their dependants, but multiple investigations have uncovered long wait times and substandard care.

Authorities did not identify any specific problems the Air Force veteran was protesting at the agency.

About 10:45 a.m., the man parked his Nissan Sentra on Washington Street, stepped out of the car and walked toward the Capitol.

“He was strapped with some homemade incendiary devices (and) firecrackers, and doused himself with some kind of flammable liquid” before lighting the fireworks, Perry said.

Two bursts of loud pops resembling gunfire can be heard on a video of an unrelated press conference in the area at the time. Several more bursts followed for about 30 seconds. Sirens blared.

State patrol officers ordered pedestrians away from the area, as multiple agencies converged on the scene.

GBI agents spent at least four hours investigating the car.

At 3:15 p.m., Chris Riley, chief of staff for Georgia Governor Nathan Deal escorted Capitol staff back into the building to retrieve their belongings before leaving for the day.

As rush hour approached, the streets remained locked down. All four doors of the Sentra were open and the hood had been popped open.

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1.7 - WSBT (ABC-2, Video): [Veteran protesting VA set himself on fire in front of state Capitol, GSP says](#) (26 June, Linda Stouffer, Tom Regan, and Mark Winne, 4.8M uvm; Atlanta, GA)

A disgruntled Air Force veteran set himself on fire in front of the Georgia Capitol building Tuesday morning, police say.

The Georgia Bureau of Investigation has identified the veteran as John Michael Watts, 58, of Mableton. Authorities say he drove up and parked on Washington Street, near the west entrance of the Capitol, around 10:30 a.m. Tuesday.

Channel 2's Nefertiti Jaquez has the latest details for the Channel 2 Action News Nightbeat at 11 p.m.

Police said Watts got out of the car and walked toward the Capitol, with homemade incendiary devices and fireworks on him, troopers said.

He then doused himself in gasoline and set himself on fire.

All of Ga State Capitol square considered a crime scene. NEW from GSP: no injuries in Capitol. Also: veteran transported to Grady, he's under guard. Doused himself w gasoline and set off fireworks. @wsbtv #breaking pic.twitter.com/RmTRIPoz0L — Linda Stouffer (@LindaWSB) June 26, 2018

A trooper, who was in the Capitol, brought out a fire extinguisher and put out the flames.

Watts was taken to Grady Memorial Hospital in critical condition with burns covering 85-90 percent of his body.

Commissioner Mark McDonough with Ga State Patrol says veteran protesting set himself on fire. Had gasoline, Trooper put the flames out. Burns, injured extensively. @wsbtv pic.twitter.com/QSGKcCR6FV — Linda Stouffer (@LindaWSB) June 26, 2018

Troopers said Watts was alert and speaking after the explosion. He told them he fed up with treatment by the Department of Veterans Affairs.

Troopers said Watt's car was parked beside the Capitol, which became a crime scene as investigators made sure there were no other threats in the area.

They said there was a large sign in the car's windshield with a name and phone number.

They asked that no one call the number, in case the number was connected to a device inside or around the car.

No one inside or around the building was hurt in the explosion, troopers said. The Capitol and judiciary buildings were evacuated.

The scene was all clear by 5:45 p.m., according to the Georgia Bureau of Investigation.

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1.8 - Kansas City Business Journal: [House panel will hold VA's 'feet to the fire' on Cerner health record project](#) (26 June, Elise Reuter, 4.7M uvm; Kansas City, MO)

Cerner Corp. may have finally landed its long-awaited \$10 billion contract to build a new health record system for the Department of Veterans Affairs, but the company's work is just beginning. A panel of lawmakers on the House Committee on Veterans Affairs grilled VA officials Tuesday about how they would manage the rollout of the new electronic health record system. Cerner President Zane Burke also was present at the meeting.

"It is incredibly important that we get this right," said House Committee on Veterans' Affairs Chairman Rep. Phil Roe, R-Tenn. He announced the creation of a subcommittee to oversee the project last week.

Tuesday's discussion largely focused on unfilled leadership roles at the VA and concerns about reported problems at the DoD's four pilot sites. Since former VA Sec. David Shulkin was ousted from his post in March, the department's top leadership position has remained unfilled.

"We still don't have a confirmed secretary, deputy secretary, undersecretary of health or chief information officer," Rep. Tim Walz, D-Wisc., said at the hearing. "It's pretty important that those positions be filled with some stability."

Acting VA CIO Camilo Sandoval was not present at Tuesday's meeting, which Walz also found "deeply concerning."

Acting VA Secretary Peter O'Rourke gave a few details about plans to roll out the new health record system. The rollout will mirror Cerner's deployment of its EHR for the Department of Defense. Dubbed "MHS Genesis," that software also will be the basis for the VA's system.

O'Rourke said the department would evaluate pilot sites in Spokane, Seattle, and near American Lake in Washington this summer. In October, the VA will begin deploying the new health record system, with the goal of reaching full capability by March 2020.

O'Rourke also spoke to lessons learned from the DoD's health record implementation. A scathing Pentagon report in April said after reviewing the first four DoD pilot sites, the health record system was "neither operationally effective nor operationally suitable," leading to delays in filling prescriptions, processing referrals and a surge of help desk tickets.

"We've been working hand in hand with DoD and knew of some of implementation issues in report and how they were resolved. Have worked that into deployment strategy," O'Rourke said. "We've never approached this project with rose-colored glasses. We knew it was going to be an extreme challenge with the VA and DoD."

He provided few details on the specific problems that had been solved, and which ones remained, but stated the VA would work with the DoD to "see how they're resolving things that came up in that report and make sure we learn those lessons."

Roe, a physician, pointed out problems with transferring old health records to the new health record system during a visit to Fairchild Air Force Base near Spokane. Roe said he had to pull up prior records on lab results, X-rays, and doctor's notes from previous visits in a "joint legacy viewer," which slowed the process down.

"Are we able to put all of this information in where providers can access it without having to use two systems?" he asked. "What is the point of using Cerner, if we have to keep two systems live?"

Vice Admiral Raquel Bono, director of the DoD's Defense Health Agency, told Roe that viewer had since been embedded in the health record system so it was easier to access. O'Rourke added the intent was to correct this in the long term so the viewer would no longer be needed.

The total cost of the 10-year project is estimated at about 15 billion, with \$10 billion tied to the contract with Cerner. The VA is expected to need 260 full-time employees for the next phase of the health record system rollout.

With a few answers, legislators did not mince words when it came to oversight of the project.

"We're all behind you, but we're going to hold your feet to the fire," said Rep. Neal Dunn, R-Fla.

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1.9 - WHIO (ABC-7, COX Media Group, Video): [Veteran protesting VA sets himself on fire at Georgia Capitol](#) (26 June, 1.2M uvm; Dayton, OH)

An Air Force veteran disgruntled with the U.S. Veterans Administration set himself on fire Tuesday outside the Georgia state Capitol in downtown Atlanta, according to the Atlanta Journal-Constitution and WSBTV.

Law enforcement officials were searching Tuesday afternoon for devices that might have been left in the area after the man, identified as a 58-year-old veteran from Mableton, Georgia,

doused himself in an unidentified flammable liquid and set himself on fire around 10:30 a.m., WSBTV and the AJC reported.

Several loud explosions were heard during the incident, according to the AJC. Troopers told WSBTV that the man, who's name has not been released, had homemade incendiary devices and fireworks on him. No shots were fired.

A state trooper spotted the man and put out the fire with an extinguisher, officials told the AJC.

The man was taken to Grady Memorial Hospital with burns on 85 to 90 percent of his body, WSBTV reported. He was conscious and able to speak with law enforcement officials after the explosion.

Authorities said he told them he was upset with the Veterans' Administration, WSBTV reported.

Officials found a sign with a phone number on it in the Nissan Sentra that the man drove to the Capitol on Tuesday morning, according to WSBTV and the AJC. Police asked people not to call the number in fear that it might set off another device.

Emergency crews checking out the area around the Ga State Capitol for a secondary device. Calling in GBI bomb squad to examine this car on Washington St, after protestor set himself on fire. @wsbtv #breaking pic.twitter.com/rbGPud0I7u

— Linda Stouffer (@LindaWSB) June 26, 2018

No one else was injured in the incident.

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1.10 - Nextgov: [VA's Billion-Dollar Health Records Project Will Be Tracked by New House Subcommittee](#) (26 June, Heather Kuldell, 193k uvm; Washington, DC)

House lawmakers see 99 problems ahead for the Veteran Affairs Department's electronic health records rollout, but oversight ain't one.

House Veterans' Affairs Chairman Phil Roe, R-Tenn., and ranking member Tim Walz, D-Minn., announced a new subcommittee to provide oversight for the department's technology modernization projects, including the multibillion-dollar effort to get the department on the same commercial electronic health records platform as the Pentagon.

More details will come after the full committee's business meeting July 12, but Roe said the subcommittee will likely consist of three to five members who will intensely focus on the EHR implementation.

"We're on the team with you," Roe told VA, DOD and Cerner officials at a Tuesday hearing about the project. "We're not here to fuss at you, we're here to make you successful."

Veterans Affairs has tried to overhaul its EHR system before, wasting \$1.1 billion in six years on failed projects. This time, the department signed a 10-year contract worth up to \$10 billion with Cerner Corp. for a platform that can seamlessly share patient records between VA facilities, the

Defense Department and community care providers. It expects to spend another almost \$6 billion on infrastructure upgrades.

VA Acting Secretary Peter O'Rourke testified the department plans for an incremental, flexible implementation overseen by a properly staffed program management office and five functional governance boards. From July through September, the department expects to assess and validate initial operating capabilities at a handful of sites. In October, the EHR rollout will begin with full operating capability slated for March 2020. In the meantime, other legacy systems, such as VistA, will continue operating, he said.

Walz and Rep. Mark Takano, D-Calif., grilled O'Rourke about the department's many leadership vacancies that could cause problems during such a massive project. Robert Wilkie, President Donald Trump's nominee for secretary, is scheduled for a confirmation hearing Wednesday, but the roles of deputy secretary and undersecretary for health remain unfilled. O'Rourke told lawmakers department commissions had selected three different candidates for the undersecretary role but they weren't selected. Takano pressed O'Rourke to get the position filled.

Roe said the department's acting Chief Information Officer Camilo Sandoval wasn't invited to the hearing, but a few lawmakers brought up his absence. Sandoval faces a \$25 million lawsuit for sexual discrimination and workplace harassment from when he worked on Trump's presidential campaign, according to Politico. Rep. Ann Kuster, D-N.H., pressed O'Rourke on whether Sandoval was around to do his job and what happens if he ends up losing it.

O'Rourke said Sandoval has his full confidence and has been restructuring the Office of Information Technology.

"If the president decides to remove a political appointee, then we will have somebody else step in to that role just like he stepped into the role when somebody else left," he said.

GAO Director of IT Operations Dave Powner testified an agency CIO's involvement in large-scale projects often help ensure success and for this project, support from the Executive Office of the President and the federal CIO could also help.

Lawmakers also had concerns about the rollout Defense's electronic health records systems, MHS Genesis, when the department's own testing in April declared the system was "neither operationally effective nor operationally suitable."

Vice Adm. Raquel Bono, director of the Defense Health Agency, told lawmakers the biggest challenges MHS Genesis faces are governance and change management, lessons Defense passes on to its Veterans Affairs counterparts.

The departments have an interagency working group that meets formally for day-long sessions about once a month and has standing Friday calls, John Windom, Veterans Affairs' program executive officer for the EHR Modernization Program told lawmakers. They also are in constant contact with clinicians working in the field, he said.

"We're all behind you," Rep. Bruce Poliquin, R-Maine, said. "But we're going to hold your feet to the fire."

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2. Greater Choice for Veterans

2.1 - Birmingham News: Sen. Doug Jones helps pass legislation to hold VA nursing homes accountable (26 June, Abbey Crain, 11.5M uvw; Birmingham, AL)

Following a series of reports about the poor state of the Veterans Affairs nursing homes in Alabama, the Senate has passed legislation introduced by Senator Doug Jones to increase transparency and accountability in the VA.

On June 17, USA Today published the results of an investigation into the secret internal rating systems that Veterans Affairs uses to track quality statistics on its nursing homes, but keeps from the general public.

"Nearly half of VA nursing homes nationwide - 60 - received the agency's lowest ranking of one out of five stars." The investigation specifically pointed out the poor quality of VA nursing homes in Tuskegee and Tuscaloosa.

According to USA Today, Leslie Roe, of Coosada, placed her husband Earl James "Jim" Zook, who suffered from Dementia, in a VA home in Tuskegee. Three months later, he disappeared from the home in January 2017 after walking into the woods unsupervised. Zook has never been found.

"I was told how good it is - by VA, of course," Roe told USA Today. This year the home rose from one to two stars, too late for Zook.

An investigation by NPR was released shortly after detailing the backlash whistleblowers faced when reporting staff grievances. The report highlighted the Central Alabama Veterans Health Care System and the retaliation staff faced by management including physical isolation, verbal abuse and bullying in and outside the workplace.

In response to the story, Jones. filed legislation, co-sponsored by Sen. Bill Cassidy, R-La., that would require the VA to submit an annual report to Congress on the ratings given to VA-run nursing homes.

The amendment, which was included in H.R.5895, the Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, passed the Senate Monday evening in a 86-5 vote and was supported by Sen. Richard Shelby.

"Our veterans deserve better than this. As the son of an elderly veteran, learning that out of 133 VA nursing homes nationwide, Tuscaloosa and Tuskegee both rated well below standards our veterans deserve was quite frankly shocking and we need to get to the bottom of this issue," said Jones in a release.

The legislation had already passed the House and Jones' camp expressed confidence that his amendment will be included in the final version of the bill on President Donald Trump's desk.

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3. Modernize Our System

3.1 - Politico: [Experts say quick action needed for VA's Cerner project](#) (26 June, Mohana Ravindranath, 23.9M uvm; Arlington, VA)

EXPERTS SAY QUICK ACTION NEEDED FOR VA'S CERNER CONTRACT: As the House Veterans Affairs Committee today takes its first crack at oversight of the \$10 billion contract to transform the VA's digital health records, critics say the agency needs stronger leadership to assure the project succeeds, Morning eHealth's Arthur Allen reports.

The VA made an apparent move in that direction late Monday, saying in an internal memo that it was reorganizing the office responsible for the implementation. The formally established Office of Electronic Health Record Modernization will be led by a chief health information officer and a deputy chief, it said. (More on that for Pros here.)

Two sources — one inside the VA and one out — said Genevieve Morris, HHS's principal deputy coordinator for health IT, would henceforth lead the effort. At ONC, Morris has led work on a trusted exchange framework for the exchange of health information. She was detailed to the VA earlier this year. However, a VA spokesman said John Windom, who also led the Pentagon's Cerner acquisition, was still on the job.

Officials within the VA say that the various parts of the 330,000-employee agency — including the Office of Information and Technology, the Veterans Health and Benefits administrations, and the EHR project team — will need to coordinate better than they have to date.

"Right now there's complete chaos," said a mid-level official, speaking on condition of anonymity. He said many of his colleagues were unclear about the intentions of former Trump campaign officials who occupy senior leadership positions in the VA's EHR Modernization office.

The Senate is expected to confirm Robert Wilkie, a senior defense official, as the new VA secretary after his hearing Wednesday. But the agency has no permanent leader of its health administration or information and technology branch. Pros can read the rest of Arthur's story here.

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3.2 - Pittsburgh Post-Gazette (Video): [Lifeline offline: Unreliable internet, cell service are hurting rural Pennsylvania's health](#) (26 June, Kris B. Mamula and Jessie Wardarski, 4.8M uvm; Pittsburgh, PA)

The telemedicine opportunity

Congestive heart disease, chronic breathing problems and behavioral health issues are among the top community medical issues identified in a survey done by the hospital. Registered nurse

Vanessa Locke, 59, who has worked in home health for 27 years, has seen the value of telemedicine.

One of her patients, a man in his 70s, had been hospitalized 10 times in one year for congestive heart disease, a condition that can turn life-threatening without careful attention.

Through a special program around 2004, the patient received a home-monitoring unit, which recorded his weight and vital signs daily. Doctors kept tabs on the readings, tweaking his care plan accordingly, using a basic telephone connection.

After getting the unit, the patient did not have to be hospitalized once in the next four years, said Ms. Locke, who lives on a 300-acre farm in Shade Gap.

“It probably saved his life,” she said. “He did wonderfully.”

But the program that made the patient’s home-monitoring unit possible has since lapsed.

In January, Medicare began covering at-home patient monitoring while increasing the number of payments for patient consults with a distant physician at a doctor’s office or hospital. The payments rose 28 percent to \$28.7 million between 2016 and 2017.

Electronic home monitoring of vital signs isn’t technically considered telemedicine by Medicare, according to Foley & Lardner LLP, a law firm specializing in health regulations.

Even without an increase in reimbursement, a videoconference link between doctors and patients at home could save Medicare and other health insurance carriers \$5 million while avoiding more than 1,000 unnecessary hospital admissions annually at J.C. Blair, Dr. Gillio said, citing an internal study.

It would also dramatically shrink the cost of providing medical care, in part, by shrinking unnecessary hospitalizations. The hospital could start running in the black.

As it is, more than half of J.C. Blair’s patients don’t have internet access, said Dr. Gillio.

He wants to tap a high-speed fiber cable that runs through Huntingdon County to expand broadband coverage. Harrisburg nonprofit Keystone Initiative for Network Based Education and Research, which serves schools, hospitals and other clients, owns the cable. Details of connecting to it are not finalized.

Meanwhile, the Veterans Administration has monitored patients with chronic health conditions at home for years, including Pat Easton, 77, a retired military employee who lives with wife Carol, 61, on the Tussey Mountain Ridge in James Creek, “way back in the hills,” he said.

Diabetes and high blood pressure are among Mr. Easton’s medical problems, which the VA monitors with an ordinary telephone wire and a table top device that records blood pressure, heart rate and other vital signs.

If any of the readings are out of whack, he gets a call from a VA nurse.

“You need stability” in vital signs, he said. “This forces people to take their medications on time or it will show up. The whole idea is to track it.”

The Veterans Administration doesn't offer the technology to non-veterans.

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3.3 - WFED (AM-1500): [VA offers more details on the cost, timeline and plan for EHR modernization](#) (26 June, Nicole Ogrysko, 854k uvm; Washington, DC)

The Veterans Affairs Department has a slightly better idea now of how much exactly it will cost to retire more than 100 instances of its current Veterans Information Systems and Technology Architecture (VistA) in favor of a new electronic health record that's interoperable with the Pentagon.

VA told lawmakers Tuesday that it's estimated another \$5.8 billion for project management costs, in addition to the 10-year, \$10 billion contract it signed with Cerner Corporation last month.

Total costs, however, may be higher than VA's \$16 billion implementation estimate, said Dave Powner, director of IT management issues for the Government Accountability Office. VA's estimate doesn't account for additional government personnel costs, as VA adds more staff to project over time.

And it's still unclear exactly how much it will cost to operate and maintain the new Cerner system once it's deployed at the end of the 10-year timeline. VA currently spends roughly \$1 billion to operate and maintain VistA.

Cerner Corporation, however, said it believes operation costs for the new health record will ultimately be less than what VA spends now on the existing VistA system.

"Several of those items that reflect some savings will be around the fact that today, [there are] over 100 different instances," Cerner President Zane Burke told the House Veterans Affairs Committee Tuesday at a hearing on VA's EHR modernization project. "You have a number of different training people [and] upgrades, [and] the updates are significantly more expensive in those models. We do anticipate taxpayer savings over time."

For GAO, it's still unclear what's covered in the \$10 billion contract price and VA's \$5.8 billion project management estimate. But if the federal government's efforts to close and consolidate agency data centers are any indication, VA should realize some savings in the long run.

"I sure hope that it's a hell of a lot less than the \$1 billion that we currently spend," Powner said. "We have standardization, we won't have an old language, and we can save a lot of money in the hosting arena."

VA said the indefinite delivery/indefinite quantity contract with Cerner will allow for "maximum flexibility" as the department begins a massive task. The agency so far has awarded Cerner three firm, fixed-price task orders on the contract.

Cerner will build and provide project management, planning and pre-initial operating capabilities under the first task order. It will conduct facility assessments at three sites in the Pacific

Northwest under the second task order and provide an EHR hosting solution under the third, acting VA Secretary O'Rourke said in his written testimony.

VA will begin deployment in October, with the goal of fully implementing the system by March 2020.

To date, VA has designated 260 full-time employees to the department's new Electronic Health Record Modernization Program Office. VA will add more staff over time as the agency implements the new system to more sites, said John Windom, program executive officer for VA's EHR modernization office.

The department also stood up five governance boards to manage project risks, Windom added.

Tuesday's hearing before the House Veterans Affairs Committee was the first of what will likely be many oversight hearings on this topic from this group in Congress.

The House committee will form a specific technology modernization subcommittee to oversee the EHR. A small group of five members or so will sit on the subcommittee and will solely devote their attention to the project, House VA Committee Chairman Phil Roe (R-Tenn.) said.

For the most part, the VA and DoD witnesses, which included acting VA Secretary Peter O'Rourke and Defense Health Agency Director Vice Adm. Raquel Bono, said all the right things. Both departments said they're working together and meeting weekly. The Pentagon is sharing the lessons it learned so far in implementing a new electronic record at four military treatment facilities in the Pacific Northwest.

"We have a fair amount of experience now with the change management and the workflow adoption, and that's something that we want to be able to make sure [to] share with the VA," Bono said. "Because this is a single instance of a medical record, that is it's the same medical record, we recognize that being able to assist in the adoption of workflows that are common across DoD and VA will enable a faster deployment for us both."

Leadership and oversight

Members across the committee, however, said they were concerned by the gaping holes within VA's highest leadership ranks and the impact those vacancies will have on a massive project.

VA currently lacks a permanent secretary and deputy secretary. The Senate VA Committee is scheduled to hold the nomination hearing for Robert Wilkie, who briefly served as the department's acting secretary immediately following Secretary David Shulkin's removal in March. Wilkie currently serves as the Pentagon's undersecretary for personnel and readiness.

In addition, VA still doesn't have a permanent undersecretary for health. Three commissions have formed over the past year to choose candidates for this position to submit to the White House, but no name has surfaced.

The department also lacks a permanent chief information officer. Camilo Sandoval currently serves as VA's acting CIO, and Democrats have publicly questioned his ethics and qualifications.

"I remind you, we're undertaking a \$10-to-\$15 billion dollar initiative, and we don't have these critical positions filled," Rep. Mark Takano (D-Calif.) said.

"I agree," O'Rourke said.

Previous failed VA projects and high-profile scandals have erupted because of a lack of permanent leadership and high turnover, members said.

"The VA in particular, whether it's Denver, Phoenix or projects that have worked wonderfully and are moving forward ... leadership will make or break this project," Ranking Member Tim Walz (D-Minn.) said. "So will oversight."

"There are going to need to be eyes on this all the way," he added. "Every one of us up here, we own this now. We own this. We can complain about Denver, we can try to get fixes. We get to start fresh."

But for Walz, VA hasn't gotten off to the best start when it comes to transparency. Walz said he received an electronic notification from the department Tuesday morning, which included a status update on VA's EHR Modernization Office. The memo was the first piece of communication Walz said he's received from VA on this topic in months. The notification mentioned an attachment, but the message didn't include it, Walz said.

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3.4 - Healthcare IT News: [VA to Congress: First Cerner EHR install will go live by 2020 - But several representatives pressed the department on the "staggering" cost of the project during the VA House Committee meeting.](#) (26 June, Jessica Davis, 438k uvm; Portland, ME)

The U.S. Department of Veterans Affairs' EHR project will go live in the Pacific Northwest and be fully functional by March 2020, VA officials told the House Committee on Veterans Affairs on Tuesday.

The VA will ensure the effectiveness of its pilot sites early in the process, assessing the planned sites in Spokane, Seattle and Medical Lake, Washington in July, September and August, said Acting VA Secretary Peter O'Rourke.

In October, the VA will begin the EHR deployment to those sites.

But Committee Chairman Rep. Phil Roe, R-Tennessee, weighed in on the scope of the project, outlining concerns about the cost and significance of getting the project right.

"\$15.8 billion over 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency," said Roe. "The EHR modernization effort is not just a technology project. It will have a major impact on how the Veterans Health Administration operates."

"That means clinical and administrative workflows," he said. "It also changes the culture, as VistA has."

The EHR modernization project has been a long road already. Former VA Secretary David Shulkin, MD made the decision to sign with Cerner in June 2017. But the contract wasn't signed until May 2018 -- after a year of staffing changes, interoperability issues and concerns about aligning the project to match the Department of Defense as that project has hit its own technical issues.

Rep. Tim Walz, D-Minnesota shared those concerns and added that oversight and leadership will be crucial throughout the entirety of the project.

"There are going to need to be eyes on this all the way," said Walz. "The Government Accountability Office should be in attendance at every single governing board member.... GAO must have direct and frequent access to VA, Cerner, and program management support contractors."

Walz also wants the VA to provide the GAO with quarterly progress reports.

VA and DoD have been working closer than in previous attempts to align the EHRs. The idea is to take the lessons DoD has discovered during its own Cerner implementation -- MHS Genesis - - so that the VA can have a more seamless transition from its legacy VistA EHR to Cerner.

DoD and VA have already found areas where the two agencies can work closely together and share resources, while aligning DoD and VA EHR deployments especially at joint agency sites, explained Defense Health Agency Director Vice Admiral Raquel Bono.

Roe also formally announced the development of an oversight subcommittee that will oversee the EHR implementation to help with this process. And O'Rourke said the agency has set up five programmatic, technical and functional teams to support the project.

Those groups include a legacy EHR Modernization pivot workgroup, steering committee, governance integration board, a functional governance board and a technical governance board.

Walz expressed support of these groups to manage the project, but railed on the VA officials over the continued lack of permanent leadership.

"We still don't have a confirmed secretary, deputy secretary, undersecretary for health, or chief information officer: Pretty important those positions be filled with some stability," said Walz.

Rep. Jim Banks, R-Indiana reiterated that point, referencing a Politico report that claimed Genevieve Morris, Department of Health and Human Services principal deputy coordinator of health IT would lead the EHR project: "If that's true, when was the decision made, and why isn't she testifying today?"

While O'Rourke called her a candidate, stating she's "perfectly qualified," he didn't confirm those reports.

Indeed, VA leadership has seen an incredible amount of turnover in the last six months. Following negative reports on Shulkin, his Chief of Staff Vivieca Wright Simpson retired. President Donald Trump fired Shulkin shortly after, which began a long line of turnover.

A recent Congressional letter pointed to a loss of 40 senior staffers in the last five months, including its acting CIO Scott Blackburn -- a crucial role for any major EHR project.

But O'Rourke said he was confident in the agency's EHR plan, as they're working closely with DOD.

"We're listening to advice from respected leaders in healthcare," he said. "We're fully engaged with Cerner regarding all critical activities: establishing governance boards, conducting current state reviews, and optimizing the deployment strategy."

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3.5 - WGEM (NBC-10, Video): [Department of Veterans Affairs awards \\$4.1 million to support Vets' Home](#) (26 June, Jim Roberts, 155k uvm; Quincy, IL)

U.S. Senators Dick Durbin (D-IL) and Tammy Duckworth (D-IL) announced Tuesday that the U.S. Department of Veterans Affairs (VA) has awarded \$4,156,722 to the State of Illinois to support the cost of 2016 renovations of the domestic water system for Legionella control at the Illinois Veterans' Home in Quincy.

The VA provides reimbursements for 2/3 of eligible State Veterans' Home construction and renovations projects, in addition to providing ongoing financial and technical support to the Illinois Veterans' Home, but requires states to fully complete request paperwork in order to award reimbursement funding. This funding comes nearly two months after Governor Bruce Rauner announced a detailed plan of action for ensuring the safety of residents, family and staff at the Illinois Veterans' Home.

Durbin and Duckworth also spoke Tuesday with the new Director of the Illinois Department of Veterans' Affairs, Stephen Curda, to receive the latest status updates on the state's plan of action to address Legionnaires' disease outbreaks and discuss federal VA assistance.

"While the Illinois Veterans' Home is owned and operated by the State of Illinois, Senator Duckworth and I have been clear that the federal government is here to help," Durbin said. "This funding will be a needed boost to Quincy, but there is much more work to be done. We continue to push Governor Rauner to uphold his promise to the veterans, residents, and family members of those living at Illinois Veterans' Home to reach zero instances of Legionella infection."

"Senator Durbin and I are continuing to push for and deliver on our commitment to bring federal resources to the Illinois Veterans' Home," Duckworth said. "Congress recently passed a bipartisan funding bill that infuses hundreds of millions of dollars in extra funding for State Veterans' home construction projects. The State of Illinois must now do its part and follow through on plans to help ensure Quincy receives all federal funding its eligible for, without delay. Our Veterans—and their families—deserve the very best, and this funding is a step in the right direction."

Since 2015, Illinois state officials have been unable to contain an ongoing Legionnaires' disease crisis at the 132-year-old IVH facility in Quincy, which has claimed the lives of 13 veterans.

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3.6 - EHR Intelligence: [VA Cerner EHR Implementation to Go Live at IOC Sites By March 2020 -Officials tied to the VA Cerner EHR implementation expect the system will go live at IOC sites within 18 months of the project launch.](#) (26 June, Kate Monica, 50k uvm; Danvers, MA)

Care sites within the VA Cerner EHR implementation initial operating capability (IOC) in the Pacific Northwest should be live and fully-functional by March 2020, according to testimony from VA officials at a recent House Committee on Veterans' Affairs hearing.

Department officials addressed plans to form an oversight panel to ensure the department's Cerner EHR implementation runs smoothly.

House Veterans Affairs Committee Chairman Phil Roe (R-TN) formally announced the decision to develop the new subcommittee devoted to overseeing the EHR implementation on June 21.

At the June 26 committee hearing, Roe underscored the tremendous scope, size, cost, and significance of the VA EHR modernization project.

"It's time to delve into the details," said Roe. "\$15.8 billion over 10 years — including 10 billion to Cerner — is a staggering number for an enormous government agency," said Roe.

VA signed the \$10 billion EHR implementation contract with Cerner last month. While VA's IOC care sites in Spokane, Seattle, and American Lake, Washington were expected to go live with the Cerner system by the end of 2019, persistent delays in contract negotiations pushed the launch date into 2020.

"The EHR modernization effort is not just a technology project," said Roe. "It will have a major impact on how VHA operates. That means clinical and administrative workflows. It also changes the culture, as VistA has."

House Veterans Affairs Committee Ranking Member Tim Walz (D-MN) emphasized the importance of oversight and strong leadership throughout the EHR implementation project.

"There are going to need to be eyes on this all the way," said Walz.

"GAO should be in attendance at every single governing board member meeting," he continued. "GAO must have direct and frequent access to VA, Cerner, and program management support contractors. And I want GAO to review quarterly progress reports."

VA is working closely with the Department of Defense (DoD) to ensure VA benefits from all lessons learned during DoD's own MHS GENESIS EHR implementation, explained Acting VA Secretary Peter O'Rourke. MHS GENESIS is supported by a Cerner platform similar to VA's forthcoming system.

O'Rourke added VA has established five functional, technical, and programmatic teams to guide and manage the EHR implementation.

These teams include an EHR Modernization (EHRM) steering committee, EHRM governance integration board, functional governance board, technical governance board, and legacy EHRM pivot workgroup.

Walz stated he is hopeful these groups will be able to effectively manage the modernization project, but expressed concern about remaining gaps in VA leadership.

“We still don’t have a confirmed secretary, deputy secretary, undersecretary for health, or chief information officer,” said Walz. “Pretty important those positions be filled with some stability.”

Representative Jim Banks (R-IN) commented on a recent report from Politico in which two sources familiar with VA stated HHS Principal Deputy Coordinator for Health IT Genevieve Morris will spearhead the EHR implementation.

“If that’s true, when was that decision made and why isn’t she testifying today?” asked Banks.

“She’s definitely a candidate for that job,” said O’Rourke. “She would be perfectly qualified for that.”

While VA lacks stability in many crucial executive leadership positions, O’Rourke assured committee members the department is working closely with all partners — including DoD — to streamline the implementation.

“We’re working closely with DoD,” said O’Rourke. “We’re listening to advice from respected leaders in healthcare. And we’re fully engaged with the Cerner Corporation regarding all critical activities — establishing governance boards, conducting current state reviews, and optimizing the deployment strategy.”

As part of this effort to optimize the implementation strategy, VA has plans to assess the effectiveness of EHR system deployments at IOC care sites early on in the process.

“In July, August, and September, VA will assess and validate IOC and medical centers in Spokane, Seattle, and American Lake, Washington,” said O’Rourke. “In October, we’ll begin EHR deployment to these sites with a full capability goal of March 2020.”

Defense Health Agency (DHA) Director Vice Admiral Raquel C. Bono explained DoD and VA have identified areas where the two departments can work together, share resources, and align the MHS GENESIS and VA Cerner EHR implementation deployments at care sites — particularly at combined VA and DoD facilities.

“By working with VA we have identified areas where we do have some synergies that we want to capitalize on,” said Bono.

Ultimately, VA officials acknowledged the Cerner implementation will require strict oversight, strong leadership, and consistent communication between departments.

“We’ve never approached this project with rose-colored glasses,” said O’Rourke. “We know this is going to be an extreme challenge for VA and DoD — especially in collaboration.”

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3.7 - MeriTalk: [VA’s \\$10 Billion EHR System Draws Oversight Calls From Congress](#) (26 June, 35k uvm; Alexandria, VA)

While the Department of Veterans Affairs (VA) is ready to move forward on a new electronic health records (EHR) system, members of Congress are asking for transparency and angling for oversight of an agency that has had its fair share of problems providing services.

The House Veterans Affairs Committee looked at the VA's EHR plans at a hearing today where it was clear that oversight was on the minds of many members.

"EHR modernization is a big bet on the future of the VA. We simply must make sure it succeeds," said Rep. Phil Roe, R-Tenn., who announced that the Veterans Affairs Committee would form a subcommittee for oversight of the EHR project and other VA modernization efforts.

"There are going to need to be eyes on this all the way, and every one of us up here, we own this now," declared Rep. Tim Walz, D-Minn.

The push for VA oversight turned somewhat combative at today's hearing as the committee turned to complaints from the agency's inspector general about a lack of access to records from the agency's Office of Accountability and Whistleblower Protection.

Committee members also aired complaints about the late notice on VA's establishment of an office of electronic health modernization, and the absence from the hearing of VA's acting CIO Camilo Sandoval, among other issues. Throughout the hearing, the history of the VA's past service shortfalls cast a lingering shadow, with numerous subcommittee members mentioning a lack of transparency from the agency historically.

"I want to be clear here that going with the DoD solution [on EHR] is the right move, but given the complexity and the cost, and the fact that both VA healthcare and IT acquisitions and operations are on GAO's high-risk list, this acquisition needs to be effectively managed," said Dave Powner, director of IT management issues at the Government Accountability Office (GAO), at today's hearing.

While Congress may have taken an investigative tone at the hearing, witnesses at today's event spoke to the benefits of the new EHR system and VA's \$10 billion contract with Cerner to implement the system, particularly the new system's interoperability with the Department of Defense's EHR system.

"For transitioning service members and veterans, it will improve care coordination and delivery. It will provide clinicians the tools and data they need to support patient safety, and veteran data will reside in a single hosting site using a common system that enables health data sharing," said Peter O'Rourke, VA's acting Secretary.

To promote successful adoption of the EHR system, the VA has established five separate governance boards to deal with different aspects of the effort, as well as collaboration efforts with DoD. Vice Admiral Raquel Bono of the Defense Health Agency (DHA) highlighted the "relatively positive" user feedback DoD received during its EHR implementation trial, and VA officials noted the opportunity to learn from DoD's experience. The VA aims to begin trials by 2020, and finish full implementation by 2028.

At the end of the day, all parties acknowledged the importance of getting the VA's EHR transition done right. Rep. Bruce Poliquin, R-Maine, summarized the committee's sentiment: "We're all behind you, but we're gonna hold your feet to the fire."

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3.8 - Maine Public Radio: [Poliquin Says He'll Help Hold VA Officials Accountable For Helping Veterans Get Health Services](#) (26 June, Mal Leary, 18k uvm; Lewiston, ME)

Second District Congressperson Bruce Poliquin is warning Veterans Administration Officials and their contractors that they need to fix their electronic medical records system and be held accountable.

“Your job, and you know this better than I do, is to deliver a project that works, on budget and early,” says Poliquin. “And I am going to be one member on the committee that holds you accountable.”

The VA is plagued by the same problems found in many hospitals. Electronic medical records systems can't exchange health information, which prevents doctors from treating veterans who need help.

Poliquin says he will be among those monitoring a new VA contractor who will be paid \$1 billion per year over the next decade to develop a system that will allow medical records to be exchanged between the VA and other hospitals and providers. Poliquin says too many veterans have been hurt because one computer couldn't communicate with another.

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4. [Focus Resources More Efficiently](#)

4.1 - Wall Street Journal: [Opinion - The VA Continues a Centuries-Long History of Scandal - Fraud and waste plagued veteran pensions in 1820. Since then the problem has only expanded.](#) (26 June, Rebecca Burgess, 43.6M uvm; Washington, DC)

When Veterans Affairs Secretary David Shulkin was ousted earlier this year, most of Washington wrote it off as another result of President Trump's chaotic management style. Perhaps, but the change also reflects the state of pandemonium long associated with the VA. Caring for veterans has never been a straightforward task in the U.S.

Since its elevation to a cabinet-level department in 1989, the VA has shed secretaries faster than the Praetorian Guard knocked off Roman emperors. Seven of its nine confirmed secretaries have resigned out of frustration or over scandal. The secretary's employment background hasn't made a difference. Whether he came from the military, medicine, the corporate world or Congress, the result has largely been the same: Exit stage right, with little applause from veteran-service organizations or the broader public.

Scandals plagued veteran affairs before an official agency even existed. Fraud, overspending and waste nearly ended the relatively modest veterans pension program in 1820. The same trio of ills showed up in post-Civil War veterans programs. By 1921 Congress established the Veterans Bureau, which consolidated the majority of existing veterans programs. President Harding nominated Col. Charles Forbes to lead the bureau, and Congress tasked him with

building hospitals. Forbes promptly squandered the bureau's budget, was relieved of his duties, and served time at the U.S. Penitentiary in Leavenworth, Kan., for conspiracy to defraud the U.S. government.

In 1924 Brig. Gen. Frank T. Hines attempted reform, reorganizing the Veterans Bureau into six services—medical and rehabilitation, claims and insurance, finance, supply, planning, and control. By 1930, feeling political heat from the American Legion and Veterans of Foreign Wars, President Hoover decided that more was necessary to “coordinate Government activities affecting war veterans.” He created the Veterans Administration as an independent federal body, replacing three bureaus then separately overseeing all veterans programs. Two years later tens of thousands of veterans protested at the Capitol in what became known as the Bonus March.

Hoover's reorganization essentially created the modern VA. Under his administration, the agency overshot demand for hospital beds. The glut fueled the VA practice of expanding health benefits to veterans without service-connected injuries to justify increases in congressional appropriations. That often-overlooked decision still fuels contemporary debates about veterans care. Does “providing care” for veterans mean VA hospitals ought to provide cradle-to-grave care for anyone affiliated with the nation's uniform? Or should they focus on responding to a defined set of service-related injuries?

The Veterans Health Administration, created by Hoover, remains the VA's largest division—and its most visibly troubled. Yet the Veterans Benefits Administration spends the most money and badly needs reform. It faces an enormous backlog of claims, operates under an anachronistic disability model, and chronically miscommunicates with veterans regarding benefits. Meantime, the National Cemetery Administration cares for 3.6 million graves and supports a network of national, state and tribal burial grounds. Many of them can no longer accommodate veterans wishing to be buried there, partly due to an expanding legal definition of “veteran.”

The VA secretary is supposed to direct all of this—plus 20 or so other offices. He's accountable for a \$188.65 billion budget and the second-largest federal agency, serving nine million veterans directly. And he must do so within the parameters of a collective-bargaining agreement made with the American Federation of Government Employees, to which more than 250,000 VA employees belong. He also must defer to the Merit Systems Protection Board, a quasijudicial, largely independent body guarding the rights of senior-level employees.

How does this system serve America's veterans? Poorly, as the revolving door of VA secretaries implies. But Congress and several presidents haven't helped much. They tend to see veteran issues through the lens of lobbying efforts by veteran-service organizations. There's a reason a former VA official once called reforming the agency the “fourth, nuclear rail” of American politics. Each branch of government has favored expanding the parameters of “providing care” but avoided answering what the end goal of that care is. Nor have they given the VA secretary and his staff clear instructions on what they ought to prioritize to achieve it.

Little wonder that qualified prospective nominees decline offers to lead the agency and those who take on the task have short tenures. As currently constituted, the VA is simply ungovernable. A century removed from its formal origins, now is the time to rethink the agency from the bottom up. The president, Congress and veteran service organizations must be willing to think practically, rather than politically, about this problem.

Ms. Burgess manages the Program on American Citizenship at the American Enterprise Institute.

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4.2 - CNN (Video): [WaPo: VA nominee Robert Wilkie took controversial positions as congressional aide](#) (26 June, Veronica Stracqualursi, 29.8M uvm; Atlanta, GA)

A day ahead of his Senate confirmation hearing, controversial details about Veteran Affairs secretary nominee Robert Wilkie's former career as a congressional aide have emerged in a Washington Post report.

As an aide to North Carolina's late GOP Sen. Jesse Helms, Wilkie publicly defended his boss's support of the United Daughters of the Confederacy, an organization whose logo included the Confederate flag, the Post reported Tuesday.

"What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history," Wilkie was quoted as telling the Post in 1993. "The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."

According to the Post, Wilkie also rebutted a Democratic proposal for equal pay for women in 1997 when he was working for then-Senate Majority Leader Trent Lott, R-Mississippi.

Wilkie had suggested Congress require young women to complete high school as a condition of receiving welfare, the Post reported, citing a staffer of then-Senate Minority Leader Tom Daschle, D-South Dakota.

Pentagon spokeswoman Maj. Carla Gleason told the Post that Wilkie's "record on the way he treats his employees, on equal rights, equal opportunity and employment stands for itself on this matter."

As executive director of the North Carolina Republican Party in 1996-1997, Wilkie publicly defended a campaign flyer against Harvey Gantt, a Democratic challenger to Helms, according to the Post. Democrats slammed the flyer as attempting to sway voters not to send another black lawmaker to Washington, the Post reported.

The Post reported that Wilkie also attacked Gantt for "openly court(ing) money from the homosexual community," according to a 1996 transcript from "PBS NewsHour."

Gleason told the Post the flyer was an attack on the issues and did not respond to the Post's request for comment on the PBS transcript.

Wilkie attended annual memorial ceremonies honoring fallen Confederate fighters, even delivering speeches at the events, and was a member of the Sons of Confederate Veterans, a group that supports displaying symbols of the Confederacy, the Post reported.

A Pentagon spokesperson told the Post that Wilkie no longer considers himself a member and Wilkie told the Post in a statement that the commemorations have now become "part of the politics that divide us."

"Today, there would be much more consideration taken into attending this type of memorial event," Wilkie said in the statement provided to the Post. "While I honor the soldiers in my family, and I am a student of history, the past is the past and I do not live in the past."

"Someone who has defended treason against the United States, pines for the days of slavery and advocated for banning our brave transgender troops from serving is not fit to lead the VA," Chelsea Clinton, the daughter of former President Bill Clinton and former Secretary of State Hillary Clinton, wrote Tuesday morning on Twitter.

Wilkie was announced as President Donald Trump's pick in May after his previous nominee, Ronny Jackson, withdrew his name amid allegations of improper behavior during his time as White House physician.

Wilkie was the undersecretary of defense for personnel and readiness but had been serving as the VA's acting secretary since Trump fired former Secretary David Shulkin in late March.

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4.3 - New York Daily News: [President Trump's Veterans Affairs pick publicly defended neo-Confederate groups, anti-gay policies](#) (26 June, Chris Sommerfeldt, 26M uvm; New York, NY)

President Trump's nominee to head Veterans Affairs has a history of defending neo-Confederate groups and controversial positions on gay rights, revelations that will likely stir intense debate during his Senate confirmation hearing Wednesday.

In a profile published by the Washington Post on Tuesday, Trump's VA pick Robert Wilkie is described as having been "a fixture" at events organized by descendants of Confederate veterans honoring the birthday of the Confederacy's only president, Jefferson Davis, as recently as 2005. Wilkie was reportedly also a member of the Sons of Confederate Veterans, a group that defends public displays of Confederate symbols.

Wilkie, who currently serves as the Pentagon's undersecretary for personnel and readiness, started out his political career as an aide to former North Carolina Sen. Jesse Helms, who condemned Martin Luther King Jr. and once said homosexuals are "weak, morally sick wretches." After Helms, Wilkie went on to work for Trent Lott, the ex-Senate majority leader who lost his post after defending a segregationist presidential campaign ran by a fellow senator.

Wilkie, 55, has been a vocal defender of preserving Confederate monuments and displaying Confederate symbols — issues that have landed in the national spotlight since deadly violence broke out at a far right rally in Charlottesville, Va., last summer.

"What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history," Wilkie told the Washington Post in 1993 amid discussions in the Senate over Confederate symbols. "The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."

In 1996, Wilkie went after a Democrat running against Helms, accusing him of having "openly courted money from the homosexual community," according to a PBS transcript from the time.

More recently, Wilkie has spearheaded internal Pentagon efforts to justify Trump's contentious ban on transgender people serving in the U.S. military.

The Pentagon downplayed Wilkie's previous engagements and said he's no longer a member of the Sons of Confederate Veterans and has stopped attending events. Wilkie, who is a descendant of Confederate veterans himself, said in a statement, "while I still honor the soldiers in my family, and I am a student of history, the past is the past and I do not live in the past."

A spokesman for the Sons of Confederate Veterans did not return a request for comment.

Trump tapped Wilkie after his personal physician, Ronny Jackson, dropped out of the running to lead the VA amid damning reports about his drinking on the job, doling out drugs to co-workers and creating a hostile work environment.

Wilkie's checkered past is likely to come up during his confirmation hearing before the Senate Armed Services Committee on Wednesday.

Chelsea Clinton took serious issue with the revelations.

"Someone who has defended treason against the United States, pines for the days of slavery and advocated for banning our brave transgender troops from serving is not fit to lead the VA," the daughter of Hillary Clinton tweeted.

Will Fischer, an Iraq War veteran and director of the left-leaning VoteVets advocacy group, echoed that sentiment.

"The confederacy had at its foundation a commitment to preserve a slavocracy and preserve a system that kept people as chattel and believed in racism," Fischer told the Daily News. "If Robert Wilkie believes that the calls of the Confederacy were just, then how in the world can you expect he will provide benefits for all veterans?"

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4.4 - The Hill: [Trump VA pick defended controversial remarks as congressional aide: report](#) (26 June, Ellen Mitchell, 11.8M uvm; New York, NY)

Controversial details about President Trump's nominee to lead the Department of Veterans Affairs (VA) have emerged in a Washington Post report on the eve of his confirmation hearing, including that as a congressional aide he defended polarizing views on homosexuals.

The Post reported that Robert Wilkie, who is set to appear for a hearing before the Senate Veterans Affairs Committee on Wednesday, has throughout his career worked for polarizing lawmakers and officials with a history of defending their divisive views.

Wilkie, 55, ran military personnel policy at the Pentagon for the Trump administration before serving as acting VA secretary. While at the Defense Department he helped Defense Secretary James Mattis navigate Trump's transgender ban, first announced last July, taking a leading effort to justify the policy.

He stepped down from acting VA secretary after being nominated for secretary. The Washington insider has years of administrative experience working on Capitol Hill as well as in the Pentagon for two presidents.

Wilkie first worked as an aide for former Sen. Jesse Helms, who was known for denouncing Martin Luther King Jr. and his disparaging remarks towards homosexuals.

At divisive moments Wilkie would defend Helms, including in 1993, when Democrat Carol Moseley Braun – the only African American in the Senate – successfully blocked Helms's amendment to renew the patent on the insignia used by the United Daughters of the Confederacy. The logo featured the Confederate flag.

In statements made to The Washington Post, Wilkie called Moseley Braun's effort "an attempt in the name of political correctness to erase entire blocks of our history. ... The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."

And while executive director of the North Carolina Republican Party in the mid-1990s – while Helms was in a reelection campaign against Democrat Harvey Gantt – the Post noted that Wilkie defended a campaign flier the party issued showing Gantt, who is black, alongside the state's three congressional Democrats, two of which also were black. Included on the mailer was Eva Clayton, the first African American woman to represent North Carolina in Congress.

"Eva's bad enough. Do you want Harvey too?" the fliers reads.

Democrats argued the flier was an attempt to persuade white voters not to send another black representative to Congress.

Wilkie also accused Gantt of having "openly courted money from the homosexual community," according to a 1996 transcript from PBS's "News Hour with Jim Lehrer."

Later, while serving as top aide to Senate Majority Leader Trent Lott, Wilkie defended Lott's praise for former Sen. Strom Thurmond's 1948 presidential campaign, which advocated for segregation. Lott lost his leadership in 2003 after he made the comments.

Wilkie said Lott was trying to be "gracious to an American icon."

Wilkie, whose ancestors fought for the Confederacy, also as recently as 2005 attended annual memorial ceremonies in Washington held by descendants of Confederate veterans, to coincide with the birthday of Jefferson Davis.

He also was a member of the Sons of Confederate Veterans, a group that defends public displays of the Confederate symbols.

A Pentagon spokeswoman told The Post that Wilkie is no longer a member of the group and does not attend the ceremonies.

Wilkie said in a statement to The Post that the events were once meant to memorialize soldiers but are now "part of the politics that divide us."

“Today, there would be much more consideration taken into attending this type of memorial event. While I honor the soldiers in my family, and I am a student of history, the past is the past and I do not live in the past.”

Wilkie’s past comments have raised concerns in the veteran community.

Paul Rieckhoff, the founder of advocacy group Iraq and Afghanistan Veterans of America, told The Post Wilkie must show that “he is loyal to veterans and not a partisan agenda.”

But retired Marine Corps Maj. Gen. Arnold Punaro, - a former staff director for Democrats on the Senate Armed Services Committee - said he’s known Wilkie for more than 30 years and never saw “any of the leanings of Jesse Helms when it comes to the issues people were concerned about.”

Wilkie also has the backing of Mattis and White House chief of staff John Kelly.

Senate Veterans Affairs Committee ranking member Jon Tester (D-Mont.) said he believes Wilkie is qualified and “a good guy,” and is waiting to see Wilkie’s responses to questions on his past positions.

“That’s why we’re having a hearing. He’ll have an opportunity to answer some of those questions. Many of them happened 20 years ago,” Tester said.

Asked if he had any concerns, Tester replied, “I think that’s a better question to ask me after the hearing. Truthfully. We’ll delve in on it a little bit. I’m sure I won’t be the only one.”

Trump nominated Wilkie in May to succeed former VA chief David Shulkin, who was forced out after reports arose on his taxpayer-funded travel.

Shulkin argues he was fired because he opposed the administration’s attempts at expanding veterans’ access to private-sector care.

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4.5 - Vox: [Trump’s pick to run the VA was an outspoken supporter of Confederate memorials, Robert Wilkie says he’s reconsidered his beliefs.](#) (26 June, Jane Coaston, 10.6M uvm; Washington, DC)

President Donald Trump’s nominee to lead the Department of Veterans Affairs, Robert Wilkie, has a long past in Republican politics and a long track record of working on veterans’ issues.

He also was a member and longtime supporter of organizations dedicated to preserving Confederate memorials and honoring the Confederacy.

The Washington Post reported Tuesday on Wilkie’s past, including that, until 2005, he was “a fixture at the annual memorial ceremonies in Washington held by descendants of Confederate veterans around the birthday of Jefferson Davis.” He was also a member of the Sons of Confederate Veterans, the Post’s Paul Sonne and Lisa Rein reported.

During a 1993 debate over a patent renewal for the Confederate organization the United Daughters of the Confederacy (whose logo included the flag of the Confederacy), Wilkie said: "What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history. The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."

And in 2001, he was the most prominent Bush administration official to attend a wreath laying at a Confederate memorial in Arlington National Cemetery, joining other attendees in saluting the Confederate flag.

In a statement made to the Washington Post, the Pentagon said that Wilkie no longer attends the ceremonies or counts himself a member of the Sons of Confederate Veterans, and in a statement given to the paper, Wilkie said the commemorations of the Confederacy he once attended were now "part of the politics that divide us."

His reconsideration (or alleged reconsideration) of Confederate memorials comes as many localities across the country are taking down monuments to the losers of the American Civil War, causing consternation among those who believe that such memorials are a homage to Southern heritage.

Robert Wilkie has actually been running the VA for months, since his predecessor, David Shulkin, was fired, but Trump officially nominated him to officially lead the VA on May 18. His confirmation hearing will take place on Wednesday.

Before working with the VA, Wilkie served as the Pentagon's undersecretary for personnel and readiness. During his confirmation hearing for that role, he said that his life was deeply intertwined with the military, through his father's service in Vietnam and through his own service in the Navy and in the Air Force.

"I have been privileged to see this military life from many angles," Wilkie said, "as a dependent, as the son of a gravely wounded combat soldier, as an officer with a family in the military health care system, and as a senior leader in the White House and the Pentagon."

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4.6 - Washington Examiner (Video): [Trump's VA pick once rebutted equal pay proposal, defended use of Confederate flag: Report](#) (26 June, Naomi Lin, 4.8M uvm; Washington, DC)

President Trump's nominee to lead the Department of Veterans Affairs is under scrutiny for defending controversial policies in his career as a Senate Republican aide, including pushing back on a resolution that called for equal pay for women and supporting an organization that wanted to incorporate the Confederate flag in its logo.

Robert Wilkie, a top Pentagon official, in the 1990s served as a staffer for former Sen. Jesse Helms, R-N.C., who denounced Martin Luther King Jr. and described homosexuals as "weak, morally sick wretches," per the Washington Post. In addition, he worked for former Senate Majority Leader Trent Lott, R-Miss., and defended him in 2003 after he lost his leadership role for praising Strom Thurmond's 1948 pro-segregation presidential campaign.

The Post also reported that as recently as 2005 Wilkie attended ceremonies at Arlington Cemetery and Capitol Hill that honored fallen Confederate soldiers. In addition, he was a member of the Sons of Confederate Veterans, which defends the public use of Confederate symbols. Maj. Carla Gleason, a Pentagon spokeswoman, said they were government-sanctioned events that commemorated Civil War veterans and that Wilkie stopped taking part when they became “part of the politics that divide us.”

After leaving Congress, Wilkie – an officer in the Air Force Reserve – served as assistant secretary of defense during President George W. Bush’s administration from 2005 to 2009, according to his biography from the Department of Veterans Affairs.

Before his first stint at the Pentagon, he worked as the special assistant to the president for national security affairs and was a senior director of the National Security Council under former national security adviser Condoleezza Rice.

He is now Defense Secretary Jim Mattis’ undersecretary of defense for personnel and readiness.

Wilkie declined the Post’s request for comment. But Gleason, the Pentagon spokeswoman, said his “record on the way he treats his employees, on equal rights, equal opportunity and employment stands for itself on this matter.”

Wilkie’s Senate confirmation hearing is scheduled to start Wednesday. He was nominated by Trump on May 18 to head the second largest federal agency after former White House physician Ronny Jackson withdrew his candidacy following allegations about being drunk on the job, over-prescribing pain medication, and creating a hostile work environment.

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4.7 - Military Times: [Allegations about VA secretary nominee’s past expected to fuel debate during confirmation hearing](#) (26 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Key lawmakers on the Senate Veterans’ Affairs Committee don’t expect allegations regarding Veterans Affairs Secretary nominee Robert Wilkie’s past political views to upend his confirmation process, but they do expect debate on the issues during his public hearing this week.

On Tuesday, in a profile of the Wilkie, the Washington Post noted a number of controversial stances in the longtime bureaucrat’s past, including advocacy for former Sen. Jesse Helms that had racist undertones and active work with the Sons of Confederate Veterans, a group that defends public displays of the Confederate symbols.

Wilkie, a North Carolina native, also worked closely with former Sen. Trent Lott and former Secretary of Defense Donald Rumsfeld, and was seen as a vocal advocate for some of their controversial policies.

The allegations date back several decades in some cases, but drew concerns from some veterans advocates given the high-profile nature of the Cabinet post.

But committee chairman Sen. Johnny Isakson, R-Ga., said Wilkie discussed those issues with him weeks ago, and the senator considers it a non-controversy.

“Any time you find out about things ahead of time instead of after the fact, you know you have a good person,” Isakson said. “There’s nothing in there I see, unless you want to make something out of the history of our country and where he came from, there’s no issue.”

“There’s nothing to preclude him from doing a good job or working for veterans.”

Committee ranking member Sen. Jon Tester, D-Mont., said he expects the issue to be a major point of conversation in Wednesday’s confirmation hearing.

“I think he’s qualified and a good guy,” he said. “He’ll have an opportunity to answer those questions. Many of them happened 20 years ago. We’ll delve in a bit, and I think he’s a straight-up guy who will give us an answer.”

Wilkie, 55, currently serves as the Pentagon’s under secretary for personnel and readiness and was confirmed to that post without controversy by the Senate Armed Services Committee last fall.

He worked as acting VA secretary for two months following the sudden firing of former VA Secretary David Shulkin in March, and was tapped as the nominee after Rear Adm. Ronny Jackson withdrew his name from consideration for the job amid allegations of unprofessional behavior while working as White House physician. Defense officials are currently investigating those charges.

Wilkie is an Air Force Reserve colonel who previously spent time in the Navy Reserve. He is also the son of an Army artillery commander, and has spoken frequently about growing up on military bases and the challenges his family faced in dealing with his father’s combat injuries.

His nomination has largely been greeted with praise from veterans groups who saw him as a stabilizing force within the department in recent months. He also boasts a close relationship with Defense Secretary Jim Mattis, one of Trump’s most publicly popular Cabinet secretaries.

Wilkie was on Capitol Hill Tuesday to meet with lawmakers in advance of Wednesday afternoon’s confirmation hearing.

In a message to VA staff in April, Wilkie promised to move the department to a more customer-focused philosophy and “to set the standard for the millions coming into our VA and for the millions who will join the ranks down the years.”

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4.8 - Commercial Appeal: [Acting VA chief Peter O'Rourke to make stops in Memphis on Wednesday](#) (26 June, 1.1M uvm; Memphis, TN)

Acting Veterans Affairs Secretary Peter O'Rourke will make stops in Memphis on Wednesday at the Memphis VA Medical Center and Shelby County Veterans Court.

The visit to Memphis is part of the department's efforts to review operations at VA facilities across the country.

O'Rourke will be at the hospital Wednesday afternoon before heading to the Shelby County Criminal Justice Center, 201 Poplar, to meet with General Sessions Court Judge Bill Anderson, who presides over the county's veterans court.

It was established in 2012 and provides assistance to veterans facing criminal charges by helping them tap into available resources.

O'Rourke, a graduate of the University of Tennessee and the USAF Institute of Technology, served as VA chief of staff and executive director of the VA's Office of Accountability and Whistleblower Protection.

He was named acting secretary by President Donald Trump in late May.

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4.9 - San Diego Union-Tribune: [President Trump's Veterans Affairs pick publicly defended neo-Confederate groups, anti-gay policies](#) (26 June, 493k uvm; San Diego, CA)

President Trump's nominee to head Veterans Affairs has a history of defending neo-Confederate groups and controversial positions on gay rights, revelations that will likely stir intense debate during his Senate confirmation hearing Wednesday.

In a profile published by the Washington Post on Tuesday, Trump's VA pick Robert Wilkie is described as having been "a fixture" at events organized by descendants of Confederate veterans honoring the birthday of the Confederacy's only president, Jefferson Davis, as recently as 2005. Wilkie was reportedly also a member of the Sons of Confederate Veterans, a group that defends public displays of Confederate symbols.

Wilkie, who currently serves as the Pentagon's undersecretary for personnel and readiness, started out his political career as an aide to former North Carolina Sen. Jesse Helms, who condemned Martin Luther King Jr. and once said homosexuals are "weak, morally sick wretches." After Helms, Wilkie went on to work for Trent Lott, the ex-Senate majority leader who lost his post after defending a segregationist presidential campaign ran by a fellow senator.

Wilkie, 55, has been a vocal defender of preserving Confederate monuments and displaying Confederate symbols — issues that have landed in the national spotlight since deadly violence broke out at a far right rally in Charlottesville, Va., last summer.

"What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history," Wilkie told the Washington Post in 1993 amid discussions in the Senate over Confederate symbols. "The questions is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side."

In 1996, Wilkie went after a Democrat running against Helms, accusing him of having "openly courted money from the homosexual community," according to a PBS transcript from the time.

More recently, Wilkie has spearheaded internal Pentagon efforts to justify Trump's contentious ban on transgender people serving in the U.S. military.

The Pentagon downplayed Wilkie's previous engagements and said he's no longer a member of the Sons of Confederate Veterans and has stopped attending events. Wilkie, who is a descendant of Confederate veterans himself, said in a statement, "while I still honor the soldiers in my family, and I am a student of history, the past is the past and I do not live in the past."

A spokesman for the Sons of Confederate Veterans did not return a request for comment.

Trump tapped Wilkie after his personal physician, Ronny Jackson, dropped out of the running to lead the VA amid damning reports about his drinking on the job, doling out drugs to co-workers and creating a hostile work environment.

Wilkie's checkered past is likely to come up during his confirmation hearing before the Senate Armed Services Committee on Wednesday.

Chelsea Clinton took serious issue with the revelations.

"Someone who has defended treason against the United States, pines for the days of slavery and advocated for banning our brave transgender troops from serving is not fit to lead the VA," the daughter of Hillary Clinton tweeted.

Will Fischer, an Iraq War veteran and director of the left-leaning VoteVets advocacy group, echoed that sentiment.

"The confederacy had at its foundation a commitment to preserve a slavocracy and preserve a system that kept people as chattel and believed in racism," Fischer told the Daily News. "If Robert Wilkie believes that the calls of the Confederacy were just, then how in the world can you expect he will provide benefits for all veterans?"

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4.10 - KFSM (CBS-5): [Veterans Health Care System Holding Town Hall To Provide Update On Doctor Investigation](#) (26 June, 439k uvm; Fort Smith, AR)

The Veterans Health Care System of the Ozarks (VHSO) will hold a town hall for the public July 9 to update the public on the pathology reviews being conducted in the wake of a doctor's firing.

The reviews center around a doctor who was found to be "impaired" during his work with the VHSO and the Veterans Affairs Medical Center in Fayetteville. The issue was announced by VA officials and federal legislators on June 18. Officials said the pathologist saw 19,794 patients, and of those, 5,250 had died since 2005. Those deaths, along with the rest of the cases, are under review. It was not known at the time if any of the deaths were related to misdiagnoses from the pathologist.

At the time of the announcement, officials said they had seven cases of misdiagnosis by the pathologist so far based on internal reviews, and one of those cases resulted in a death.

The pathologist was part of the Veterans Health Care System of the Ozarks, the officials said.

The town hall is aimed to provide the most current information to veterans, their families and their beneficiaries, as well as to address their concerns, the VHSO said in a news release. The VHSO officials will be joined by representatives from the Veterans Benefits Administration to help answer any related questions.

The town hall will begin at 11 a.m. in the auditorium of Building 3 at the VHSO, 1100 N. College Ave., in Fayetteville.

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4.11 - WUNC (NPR-91.5, Audio): [Three Months After Shulkin's Departure, Senate Considers New VA Secretary](#) (26 June, Carson Frame, 165k uvm; Chapel Hill, NC)

President Trump fired David Shulkin as secretary of the Department of Veterans Affairs in late March. Three months later, the department is still without a permanent leader, as the Senate has only now begun considering the nomination of a new secretary.

The Senate Veterans' Affairs Committee is holding a confirmation hearing this week for Robert Wilkie, who is President Trump's second nominee to replace Shulkin.

Some advocacy groups say the shakeup has interrupted progress at the VA and left veterans uncertain about what's next for their care.

"We do want to impress upon the administration that these gaps in leadership that we've faced for several months now within the VA is so deeply troubling for veterans and for advancing our most pressing issues," said Melissa Bryant, the chief policy officer of the Iraq and Afghanistan Veterans of America.

Shulkin's departure was especially disappointing for Ron Brown, the president of the National Gulf War Resource Center. Since 2009, the group has helped veterans with Gulf War Illness, a group of ailments caused by toxic exposures during deployment.

An estimated 40 percent of Gulf War veterans suffer from the condition, which can manifest as chronic fatigue, fibromyalgia and gastrointestinal problems, among other issues.

Brown says Shulkin was an ally in the effort to improve the VA's claims process for Gulf War Illness. The former secretary helped advance one of Brown's highest priorities: making it easier for Gulf War veterans with brain cancer to receive VA benefits without having to go through the difficult process of proving their disease is related to their military service.

"Many veterans do not have military service treatment records," Brown said. "So therefore, they can't produce that evidence."

Shulkin pushed the White House Office of Management and Budget to consider adding brain cancer to a list of conditions that automatically qualify for compensation. But Brown doesn't know where that effort stands now. He had his last email exchange with Shulkin in April.

"Dear Dr. Shulkin, I wanted to thank you for the opportunity I had working with you during your time at the VA," wrote Brown.

Shulin responded: "Thank you Ron. I will always support your work. I am just disappointed we did not get it done before I left."

V.A. Without A Leader

President Trump nominated his personal physician, Rear Adm. Ronny Jackson, to replace Shulkin. But Jackson withdrew amid questions about his qualifications and past behavior. Wilkie, the undersecretary of defense for personnel and readiness, was tapped to become the VA's acting secretary. Weeks later, the President announced that he was nominating Wilkie for the permanent role.

As he awaited his confirmation hearing, Wilkie stepped down as acting secretary. Former VA Chief of Staff Peter O'Rourke moved into the acting secretary role.

Brown said that when he tried to reach Wilkie during his stint as acting secretary, emails went unreturned and an appointment got pushed back. While other members of VA senior leadership have been more accessible, Brown said they've been less forthcoming.

"Nobody gives much information," Brown said. "I don't know if they're not allowed to or what."

Another Gulf War veterans' advocate, Dave Winnett, said he's not surprised things have slowed down since the VA is without a long-term leader.

"I was very disappointed because every time you have a change of leadership, a change of command, there's this air of uncertainty. You don't know how things are going to play out," he said.

VA spokesman Curt Cashour, in a written statement, said VA is communicating regularly with veterans service organizations. The acting secretary met with eight of the major ones in May.

"Acting Secretary Wilkie made a deliberate decision to host individual meetings in order to maximize dialogue with these groups," Cashour wrote.

But in spite of that, some veterans service organizations say they need more from VA. Iraq and Afghanistan Veterans of America has pushed the VA for a short-term plan to carry veterans - and their advocates - through the transition.

"The VA secretary sets the tone and the culture for the VA in ensuring that veterans are receiving the care and benefits they need," Bryant said. "The secretary's the one who determines what the way forward should be."

New secretary will face challenges

The vacancy at the top comes at an especially critical time, according to Bryant. In June, President Trump signed the MISSION Act, which is designed to give veterans more options for where they can get medical care - allowing them, in some cases, to visit physicians outside the VA system.

Bryant says IAVA was pleased to see the legislation pass, but isn't sure who's overseeing the reform effort.

"The challenge for the VA side - what we want to ensure sound leadership can be in place for - is the monitoring and implementation of that bill."

Bryant said it's critical that the law balances investment in the VA along with investment in outside care.

Joe Plenzler, of the American Legion agreed, pointing out that more than 33,000 job jobs are vacant within the VA system.

"It's almost 10 percent of their total end strength," Plenzler said. "The more that these vacancies go on, the less capacity VA has to treat veterans - the more they have to push veterans out onto community care, which is more expensive."

Cashour, the VA spokesman, said concerns about custodianship of the MISSION Act are unfounded.

"The regulations governing the implementation of the MISSION Act won't be completed until long after a permanent secretary is in place," he said. "VA will remain transparent as we develop the plan"

For now, though, veterans groups remain frustrated that the vacancy remained unfilled for so long.

"The role of the VA secretary is critical to the lives of veterans," Bryant said.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting and the Bob Woodruff Foundation.

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4.12 - Crain's Cleveland Business: [Citywide collaboration awarded \\$46 million grant to improve regional health](#) (26 June, Lydia Coutre, 141k uvm; Cleveland, OH)

The National Institutes of Health has awarded a \$46 million grant to a citywide collaboration among Case Western Reserve University, Cleveland Clinic, MetroHealth Medical Center, University Hospitals and the Louis Stokes VA Medical Center.

It's the third consecutive time that the collaboration has received such funding. In total, the NIH has invested nearly \$175 million in the effort since 2007, according to a news release.

"Our thriving inter-institutional relationship among researchers is now well-established, and the fruits of that enterprise are paying off in a big way," CWRU School of Medicine Dean Pamela B. Davis — an associate principal investigator on the grant and its leader from 2007 through 2015 — said in a prepared statement. "This renewal grant is testimony to the idea that when experts are brought together from different institutions, and you provide them with the necessary resources, many of the complex problems facing medical science and health care today can be addressed."

The NIH's Clinical and Translational Science Award (CTSA) program supports cooperation among organizations to increase the number and diversity of research and patients involved. The program aims to help speed research breakthroughs to help patients, through direct interventions, changes in practice guidelines or other advances, according to the release.

"We are honored that the NIH recognized our outstanding multi-institutional biomedical research team in Cleveland with such a significant award," Serpil Erzurum, chair of Cleveland Clinic's Lerner Research Institute and an associate principal investigator for the full award, said in a prepared statement. "This collaborative CTSA grant will expedite the important work of our researchers as they translate discoveries to improve the health of patients in Northeast Ohio and beyond."

The applications are assessed on the value of proposed uses of new funds, as well as past accomplishments.

According to the release, the collaboration's achievements in the last decade include:

- Evidence-based guidelines that have lowered recommended blood pressure readings (research that involved, among others nationwide, Case Western Reserve, University Hospitals, and the Louis Stokes VA Medical Center).
- Patented algorithms that identify which breast cancer patients are candidates for hormonal therapy alone and which would also benefit from chemotherapy (research involving, among others nationwide, the Case School of Engineering).
- Discovery of a connection between certain gut flora and risks of cardiovascular disease (involving, among others nationwide, Cleveland Clinic).
- A portable, rapid, battery-operated test device for detecting malaria and sickle cell disease from a single drop of blood (involving CWRU's medical school and physics department).
- Prototype software that helps families make difficult end-of-life decisions (involving CWRU's Frances Payne Bolton School of Nursing).
- A new type of magnetic resonance imaging to track the effect of drugs on multiple sclerosis (involving CWRU).

"Case Western Reserve's CTSC program will continue to provide the best environment to conduct translational research and to develop the next generation of the translational workforce, ultimately raising the stature of Cleveland as a major contributor to improving human health not only in our region, but nationwide," Michael Konstan — vice dean for translational research at the School of Medicine, the program's overall principal investigator, and vice chair of clinical research at UH Rainbow Babies and Children's Hospital — said in a prepared statement.

According to the release: Dr. David Kaelber, MetroHealth's chief medical informatics officer and a CWRU professor, is co-lead of the informatics part of the CTSA collaboration. Dr. Lara Jehi, research director of Cleveland Clinic's Epilepsy Center, will co-lead the region's participation in a national network of CTSA programs' clinical trials. Dr. Raed Dweik, interim chair of Cleveland Clinic Respiratory Institute, will lead the portion of the grant that supports training of early-stage clinical and translational career research investigators.

Dr. Clifford Harding, chair of pathology at CWRU's School of Medicine, will lead the portion of the grant that provides students considering clinical and translational research meaningful

experiences in this area. Mark Chance, the medical school's vice dean for research, also is an associate principal investigator on the award.

The consortium of Northeast Ohio institutions also aims to raise awareness of health disparities and improve the health of residents living in Cleveland's inner-city neighborhoods, according to the release.

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4.13 - Up and Coming Weekly: [More jobs than workers](#) (25 June, Jeff Thompson, 16k uvm; Fayetteville, NC)

With an unemployment rate of 3.8 percent, U.S. officials say there are more jobs available than workers. Historically, a 4 percent rate is considered full employment. Thousands of jobs at Department of Veterans Affairs hospitals across the country remain vacant because VA leaders contend they can't find qualified candidates who want them, according to an internal report out this month.

Directors for 140 VA hospitals, including the Fayetteville VA, reported a total of 3,068 staff vacancies, indicated an annual VA Office of Inspector General report.

For the first time, the report included a breakdown of shortages for each hospital. The numbers don't include all vacancies, but rather the ones the hospitals can't fill. The report indicated the Fayetteville VA Medical Center had 43 clinical and non-clinical vacancies. The Durham VA had 51 shortages.

A lack of qualified candidates is not the only reason that VA directors can't fill some of their open positions. Noncompetitive salaries, undesirable hours and inflexible work schedules result in high turnover for about half of the hospitals. "(One) facility stated that when a position had high turnover, it resulted in significant overtime, which resulted in even more turnover," the report reads.

Mental health providers topped the list for the most-needed occupation. Of the 140 hospitals, 98 reported a shortage of psychiatrists, and 58 hospitals needed more psychologists. Congress passed legislation in August last year requiring the inspector general to report the shortages for each hospital. Each facility director provided the number of shortages as of the beginning of 2018.

The VA has hired 467 new mental health providers so far this year, and it's aiming for a net increase of 1,000 providers by 2019, officials said.

"There's no question VA needs to look at its hiring and retention programs nationwide, which is exactly why the committee required this OIG report," said Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs. "Clinician(s) and other medical facility staff shortages are not unique to VA, but the committee is continuing to look for opportunities to improve the department's hiring and retention programs."

"Appropriate staffing allows a medical facility to function at its full potential," IG official Nathan McClafferty said in a statement. "It is critically important that VA medical facilities are properly staffed to ensure veterans are provided the best possible health care."

A House subcommittee met June 21 to discuss the IG report and VA job vacancies in general. “This report should prompt meaningful discussions at both the local and national level about how to implement, support and oversee staffing in VA medical centers that will result in the highest possible quality of veteran care,” VA Inspector General Michael Missal said in a prepared statement.

President Trump has named Fayetteville native Robert Wilkie to be the nation’s next Secretary of Veterans Affairs. He has been acting VA secretary since late March. His appointment is subject to Senate confirmation.

The VA is the second-largest federal agency, with more than 360,000 employees.

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4.14 - WISR (AM-660): [New VA Director ‘Impressed’ With Butler’s Facilities](#) (26 June, Kayla Molczan, 500 uvm; Butler, PA)

VA Butler Healthcare’s newest director has been on the job for about two months and says he’s impressed with Butler’s facilities and staff.

Alan Petrazzi started in May. He’s worked for the VA system for 11 years and is a licensed physical therapist by trade. He said he was impressed when he first arrived in Butler.

“These are phenomenal facilities. They are brand-new, spacious and everything that veterans need...close to home,” Petrazzi said in an interview with Butler Radio. “I was equally as impressed with the staff. We have a number of very talented, dedicated staff in every area.”

Petrazzi says there is no backlog of patients waiting to get appointments at Butler’s VA facilities.

“We compare very favorably to how long community members wait to see their doctors,” he said.

As an example, he said if a veteran wanted to come in and see a primary care provider, the longest the veteran would wait, as a new patient, is two weeks. He said if a veteran has a mental health need, the VA in Butler will often see the patient the same day, or the next day, at several of the facilities.

Petrazzi’s technical title is “interim” director. He took over for Patricia O’Kane, who was appointed to the job in January when previous director David Cord stepped down. Petrazzi is from Connellsville, Fayette County.

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5. [Improve Timeliness of Service](#)

5.1 - Washington Post: [Disgruntled veteran lights himself on fire to protest VA at Georgia Capitol](#) (26 June, Erin B. Logan, 43.9M uvm; Washington, DC)

An Air Force veteran Tuesday set himself on fire while “wearing a vest lined with fireworks and flammable devices,” officials said in an email.

The 58-year old man from Mableton, Ga., had been “disgruntled” with the Veteran Administration system, according to Commissioner Mark McDonough of the Georgia Department of Public Safety.

A Georgia State Patrol trooper quickly put out the fire with extinguisher, and the man was transported to a hospital, McDonough said. About 85 percent to 90 percent of the man’s body has been burned, according to local reports. Authorities did not identify the man or provide details on why he was unhappy with VA but said he was able to speak during transport.

The Atlanta Journal-Constitution reports the man parked his Nissan Sentra on side of the Capitol after 10:30 a.m., walked toward the west entrance of the building and lit himself on fire.

The man “doused himself with some kind of flammable liquid,” GSP spokesman Mark Perry said.

Perry told reporters the vet did not indicate he had additional explosives but officials chose to check the area “out of an abundance of caution.”

Officials said they do not believe anyone else was injured.

Nearby streets have been closed off, and judiciary buildings and the Capitol have been evacuated, according to a local public radio station. Children at the Central Presbyterian church day care were moved by workers to a nearby church, according to AJC.

The Bureau of Alcohol, Tobacco, Firearms and Explosives and Atlanta Police are on scene alongside the Georgia Bureau of Investigation who inspected the car using K-9s and a robot, according to local reports.

Officials told local news there was a sign in the windshield with a phone number on it. “Please don’t call that number,” Perry told AJC, fearing it might be connected to another device.

The incident occurred in the middle of a news conference about a “hands-free” driving law set to go into effect July 1.

Gov. Nathan Deal (R) was not at the Capitol during the fire, according to his spokesman.

A spokesman for the U.S. Department of Veterans Affairs told The Post it cannot “comment on the specifics of this Veteran’s case due to patient privacy laws, the department is ensuring he receives the VA care that he needs.”

Officials said they are waiting to notify family members before releasing the name.

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5.2 - FOX News (Video): [Veteran protesting treatment by VA sets himself on fire near Georgia State Capitol, police say](#) (26 June, Robert Gearty, 32.5M uvm; New York, NY)

An Air Force veteran disgruntled with the federal Department of Veterans Affairs was severely burned Tuesday after he set himself on fire outside the Georgia Capitol in Atlanta, according to reports.

Police responded quickly to the chaotic scene shortly after 10:30 a.m., Fox 5 Atlanta reported.

Authorities said the man, who was injured and has not been identified, was protesting his treatment by the VA, according to the station.

“It looks like a veteran that was disgruntled with the VA did a personal protest in front of the Capitol which involved gasoline and some fireworks,” Commissioner Mark McDonough of the Georgia Department of Public Safety told reporters at the scene.

He said a trooper “actually put him out with his fire extinguisher.”

The Atlanta Journal Constitution reported that the vet was 58 and from an Atlanta suburb.

“He was strapped with some homemade incendiary devices, firecrackers and doused himself with some kind of flammable liquid,” Georgia State Patrol Capt. Mark Perry told the paper.

The veteran was burned over 85 to 90 percent of his body and rushed to Grady Memorial Hospital.

A bomb squad robot was brought to the scene to make sure there were no other explosives in the area, Fox 5 reported.

The sound of explosions could be heard during a nearby news conference by law enforcement officials about Georgia's new hands-free law, which takes effect on July 1, Fox 5 reported.

The news conference was interrupted as state troopers participating in the event rushed towards the sound of the explosions.

The Capitol and judiciary buildings were evacuated, the Journal Constitution reported.

Multiple agencies were on the scene, according to the paper.

The Bureau of Alcohol, Tobacco and Firearms said it also was responding.

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5.3 - CBS News: [Man protesting Veterans Affairs sets himself on fire in front of Georgia Capitol](#) (26 June, 26M uvm; New York, NY)

A man who says he was disgruntled with the Veterans Affairs system strapped fireworks to his chest and lit himself on fire in front of the Georgia Capitol on Tuesday. The incident prompted the Capitol building in Atlanta to be evacuated and the surrounding streets to be shut down. No one else was injured.

Mark Perry, Director of Public Information for the Georgia Department of Public Safety, said the man's condition wasn't immediately known, though he was burned but could still speak to officers.

The man, whose identity wasn't immediately known, was brought to Grady Memorial Hospital.

Perry said the incident occurred directly in front of the Capitol. A small Nissan Sentra possibly belonging to the man was still parked in front of the Capitol. It was being investigated by a bomb squad unit.

Several roads in the area are blocked off as police investigate the incident. They are asking residents to avoid the area, CBS Atlanta affiliate WGCL-TV reports.

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5.4 - ABC News (Video): ['Disgruntled' Air Force vet sets himself on fire outside Georgia Capitol, authorities said](#) (26 June, M.L. Nestel and Dominick Proto, 24.2M uvm; New York, NY)

Atlanta's Capital Square became a crime scene Tuesday when a man described by authorities as a "disgruntled" Air Force veteran stormed from his parked car strapped with incendiary devices and set himself on fire, authorities said.

The unidentified man, 58, was transported to Grady Hospital and managed to tell first responders that he wanted to kill himself out of anger with the U.S. Department of Veterans Affairs, Georgia State Patrol Capt. Mark Perry told reporters.

"He did indicate he is disgruntled with the V.A. system and he was seeking attention for that," Perry said.

The man pulled up to the fortified area at around 10:45 a.m. and walked across the street "strapped with some homemade incendiary devices and firecrackers," Perry said.

The man, who served in the Air Force, then "doused himself with some kind of flammable liquid and attempted to set himself on fire," Perry added.

Almost immediately, Perry noted, a Georgia State Patrol trooper "saw what was happening" and ran over with an extinguisher to smother the flames.

The man's car remained parked and "out of an abundance of caution" the Capital and Judiciary buildings were evacuated so the bomb squad can search for "any other explosive devices."

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5.5 - U.S. News & World Report (AP): [The Latest: More Details Emerge About Man in Capitol Fire](#) (26 June, 24M uvm; Washington, DC)

The Latest on a man who set himself on fire in front of the Georgia Capitol (all times local):

5:30 p.m.

Authorities say a man who set himself on fire in front of the Georgia Capitol is a 58-year-old who told police he's an Air Force veteran.

The Georgia Department of Public Safety said in a statement Tuesday afternoon that the man wore a vest lined with fireworks and flammable devices shortly before 11 a.m. Tuesday. Law officers say he then doused himself with a flammable liquid and lit the fireworks.

Authorities say the man, whom they didn't immediately identify, told police he was trying to bring attention to the Veterans Affairs system. Law officers have not elaborated on the man's complaints about the U.S. Department of Veterans Affairs.

Capt. Mark Perry of the Georgia Department of Public Safety the man's condition wasn't immediately known. He was being treated at an Atlanta hospital.

12:05 p.m.

A man who says he was disgruntled with the Veterans Affairs system strapped fireworks to his chest and lit himself on fire in front of the Georgia Capitol on Tuesday.

The incident prompted the Capitol building in Atlanta to be evacuated and the surrounding streets to be shut down. No one else was injured.

Mark Perry, Director of Public Information for the Georgia Department of Public Safety, said the man's condition wasn't immediately known, though he was burned but could still speak to officers.

The man, whose identity wasn't immediately known, was brought to Grady Memorial Hospital.

Perry said the incident occurred directly in front of the Capitol. A small Nissan SENTRY possibly belonging to the man was still parked in front of the Capitol. It was being investigated by a bomb squad unit.

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5.6 - The Hill (Video): [Veteran protesting VA sets himself on fire outside Georgia Capitol](#)
(26 June, Max Greenwood, 11.8M uvm; Washington, DC)

A veteran set himself on fire outside the Georgia Capitol in Atlanta on Tuesday after he launched a "personal protest" against the Department of Veterans Affairs, the Georgia State Patrol said.

"A veteran that was disgruntled with the VA did a personal protest in front of the Capitol, which involved gasoline and some fireworks and he was injured," Mark McDonough, the commissioner of the Georgia Department of Safety, told WSB-TV in Atlanta.

McDonough said a trooper put the blaze out with his fire extinguisher and that the veteran was transported to a hospital for medical treatment.

The Atlanta Journal-Constitution reported that roads around the Capitol are closed and officials are searching for additional threats in the area. The Georgia Bureau of Investigation's bomb squad is also on the scene to examine a vehicle.

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5.7 - Washington Times: [Veteran protesting VA treatment sets himself on fire outside Georgia State Capitol](#) (26 June, Jessica Chasmar, 10.8M uvm; Washington, DC)

A veteran protesting against the Department of Veterans Affairs set himself on fire outside the Georgia state Capitol Tuesday morning, police said.

Authorities said the veteran, a 58-year-old man from Mableton, used a combination of fireworks and gasoline to set himself on fire shortly after 10:30 a.m.

"We have somebody who claims to be a veteran that is disgruntled by treatment by the VA," said Col. Mark McDonough, the commissioner of the Department of Public Safety, a local NBC affiliate reported.

Georgia State Patrol Capt. Mark Perry told The Atlanta Journal-Constitution that the veteran parked his Nissan Sentra on the west side of the Capitol on Washington Street, exited the car and started walking toward the Capitol.

"He was strapped with some homemade incendiary devices [and] firecrackers, and doused himself with some kind of flammable liquid," Capt. Perry said.

A spokesperson for the Georgia State Patrol said officers quickly extinguished the man and he was rushed to Grady Memorial Hospital. His condition is unknown.

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5.8 - MLive: [Veteran homes in Michigan earn perfect score on latest VA survey](#) (26 June, Julie Mack, 10.8M uvm; Farmington Hills, MI)

Two years after the release of a scathing audit criticizing care at Grand Rapids Home for Veterans, the facility has received a perfect score from the U.S. Department of Veterans Affairs.

In fact, both state of Michigan-managed veteran homes met all 231 standards for nursing home and domiciliary care, according to a press release from the Michigan Veterans Affairs Agency.

This is the third year in a row that the D.J. Jacobetti Home for Veterans in Marquette has achieved a perfect survey result and the first year for the Grand Rapids home.

At GRHV, the 2018 survey results showed marked year-over-year improvement, rising from a met-rate of 87.8 percent of the 231 standards in 2015 to 90 percent in 2016, then 99.5 percent in 2017.

In February 2016, the state Auditor General's office released a report saying GRHV workers falsely claimed they were checking on patients after being alerted of possible falls, failed to

properly investigate allegations of abuse and neglect, and took too long to fill prescriptions. The veterans home also had inadequate staffing levels, the report said.

The director of the home resigned after the report came out, and Gov. Rick Snyder vowed reforms at the facility.

"It's encouraging to see continuous improvements in care at the Grand Rapids Home for Veterans," Gov. Rick Snyder said in today's press release. "The positive results of the federal survey are a direct result of action by MVAA leadership and hard work from the staff who have made it their mission to provide excellent care for our veterans across Michigan."

The two homes are now headed by Tracey Nelson, who started in late 2017.

Over the next decade, Michigan Veterans Affairs Agency looks to build 10 new homes across the state.

In April, the U.S. Department of Veterans Affairs authorized Michigan to spend up to \$38 million in federal dollars for a new Grand Rapids facility and up to \$42 million in federal dollars for the planned Southeast Michigan facility, in addition to the \$42 million in state funds approved by the state Legislature in 2016.

The new Grand Rapids veterans home, set to be built on the current 90 acre campus in Grand Rapids, will be significantly smaller than the existing facility, which currently houses about 355 residents.

Though the old home won't immediately close, the expectation is the new facility will ultimately replace it. The Southeast Michigan site hasn't yet been determined.

The Veterans Affairs Agency has been holding public meetings on the Grand Rapids site plans, which includes sessions from 6 to 7 p.m. July 19 and Aug. 2 at the Grand Rapids veterans home chapel.

A rezoning request for the northern portion of the site will be before the Grand Rapids Planning Commission June 28.

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5.9 - NBC News: [Air Force veteran sets himself on fire to protest treatment by VA - John Watts, 58, was in serious condition after arriving at the Georgia Capitol wearing a vest lined with firecrackers and flammable devices, law enforcement officials said.](#) (26 June, Farnouch Amiri, 9.6M uvm; New York, NY)

An Air Force veteran was in serious condition on Tuesday after he set himself on fire in front of the Georgia Capitol to protest his treatment by the U.S. Department of Veterans Affairs, according to state and local law enforcement officials.

John Watts, 58, arrived at the government building before noon wearing a vest lined with firecrackers and flammable devices, then doused himself with flammable liquid and lit the fireworks, according to the Georgia Department of Public Safety. A Georgia trooper witnessed the event and put out the flames with a fire extinguisher, the department said.

Watts was taken to Grady Memorial Hospital in Atlanta, where he told officials that he was an Air Force veteran and had immolated himself to call attention to the VA system, which had apparently failed him, the department said. In a tweet, the Atlanta Police Department said he was in serious condition.

“I’m not sure what his history is there, but he is disgruntled with the VA system and is trying to draw some attention to that. He stated something to the effect that he was looking for some help,” Mark Perry, a spokesman for the Department of Public Safety, told The Associated Press.

In an email to NBC News, a spokeswoman for the Department of Veterans Affairs said, “While we can’t comment on the specifics of this veteran’s case due to patient privacy laws, the department is ensuring he receives the VA care that he needs.”

The Capitol and Judiciary buildings were evacuated while the Atlanta police SWAT team and bomb-detecting robots swept the buildings for any explosives, law enforcement agencies said. Watts’ vehicle was also inspected as a precaution.

A recent VA study showed that veterans are twice as likely as civilians to die by suicide. While the reasons are not clear, psychiatrists and suicide experts say they could be a combination of lack of access to mental health care, feeling a sense of disconnection from society, and financial and relationship problems.

On June 6, President Trump signed legislation allowing veterans to receive VA-funded medical care from the private sector to minimize the waiting time that many veterans face seeking health care through the VA.

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5.10 - Washington Examiner: [Veteran sets himself on fire outside of Georgia Capitol over frustration with VA](#) (26 June, Katelyn Caralle, 4.8M uvm; Washington, DC)

An Air Force veteran set himself on fire on Tuesday outside the Georgia state Capitol building in Atlanta because he was fed up with the Department of Veterans Affairs, according to the Georgia State Patrol.

Georgia State Patrol Capt. Mark Perry told the Atlanta Journal-Constitution that the veteran began walking toward the Capitol at 10:30 a.m., then several loud explosions were heard.

“He was strapped with some homemade incendiary devices [and] firecrackers, and doused himself with some kind of flammable liquid,” Perry said.

According to authorities, a trooper witnessed the events and put out the fire with an extinguisher.

The 58-year-old veteran, whose name has not been released, was taken to Grady Memorial Hospital where he is being treated for burns that cover over 85 to 90 percent of his body.

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5.11 - We Are The Mighty: [A veteran just protested the VA by setting himself on fire](#) (26 June, Blake Stilwell, 3.6M uvm; New York, NY)

An unidentified veteran walked up to the Georgia State Capitol on the morning of June 26, 2018 and casually set himself on fire using a combination of gasoline and fireworks. He was protesting his treatment by the Department of Veterans Affairs.

FOX's Atlanta affiliate is reporting that the veteran was quickly extinguished by officers of the Georgia State Patrol and that no one else was injured in the protest or its aftermath. No, the man was not rushed to a VA medical center. Instead, an ambulance took the injured veteran to nearby Grady Memorial Hospital in Atlanta.

The explosion caused by the fireworks could be heard during press conferences happening elsewhere on the Capitol grounds, according to FOX 5 Atlanta, who was covering a discussion about Georgia's new hands-free traffic safety law, taking effect on July 1st. State troopers at that conference made a beeline for the self-immolating veteran.

You can hear the explosions and the reactions of the Georgia Patrol starting around 4:10.

It's a lucky thing a handful public safety officers from the Georgia State Patrol happened to be on hand for the hands-free law announcement.

Initially, the series of explosions was thought to be a series of actual bombs detonating around the Capitol area, and the Atlanta bomb squad was called on to the scene, according to FOX 5's Aungelique Proctor.

Later, the bomb squad's focus was on the white vehicle in which the still-unknown injured veteran arrived to the Georgia Capitol. The Georgia State Patrol and Georgia Bureau of Investigation is also on the scene as the story develops.

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5.12 - Military Times: [Veteran sets himself on fire in protest outside Georgia Capitol](#) (26 June, J.D. Simkins, 2.1M uvm; Springfield, VA)

A veteran who was fed up with treatment by the Department of Veterans Affairs set himself on fire in protest outside of the Georgia state Capitol building in downtown Atlanta on Tuesday.

The 58-year-old from Mableton, Georgia, who has not yet been identified, parked his car alongside the Capitol before walking toward the building, where he commenced self-immolation, the Atlanta Journal-Constitution reported.

"He was strapped with some homemade incendiary devices (and) firecrackers, and doused himself with some kind of flammable liquid," Georgia State Patrol Capt. Mark Perry told the AJC.

Loud explosions then began going off as the flames spread, sounds Perry attributed to fireworks strapped to the vet's body.

As the grisly scene unfolded, a nearby police officer rushed toward the veteran with a fire extinguisher in hand to smother the inferno, the AJC reported.

The veteran was then rushed to the nearby Grady Memorial Hospital with burns to 85 to 90 percent of his body, the report said.

Streets surrounding the Capitol have been cordoned off and a bomb squad has been dispatched to the scene for fear that the veteran may have planned an attack, the report said.

A sign was positioned in the windshield of the car the veteran drove listing a phone number and instructions to call it.

"Please don't call that number," Perry told the AJC.

Officials believe dialing the number could trigger an explosive device.

Authorities from various organizations are on scene investigating the incident.

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5.13 - WXIA (NBC-11, Video): [Veteran frustrated with V.A. set himself on fire | Ga. vets get among the worst healthcare in nation - An Air Force veteran set himself on fire in frustration with the V.A. system. There has been a lot of attention the past few years to problems with access to healthcare, in Georgia, it's the worst.](#) (26 June, Rebecca Lindstrom and Savannah Brock, 1.5M uvm; Atlanta, GA)

A man claiming to be disgruntled by the V.A. lit himself on fire Tuesday morning during a protest on the front steps of the Georgia State Capitol.

According to a statement from the Department of Public Safety, around 10:45 a.m. 59-year-old John Watts pulled onto Washington Street on the west side of the Capitol, exited his car and approached the west side entrance of the Capitol wearing a vest lined with "fireworks and flammable devices."

Authorities said Watts then doused himself in a "flammable liquid" and lit the fireworks. A quick-thinking state trooper saw the incident and was able to quickly grab his fire extinguisher.

While there is no word yet on why Watts, who identified himself as an Air Force veteran, was so frustrated with the V.A. system, there has been a lot of attention the past few years to problems with access to healthcare.

Despite promises of change, 11Alive Investigator Rebecca Lindstrom found not much has improved in Atlanta.

In 2014, the frustration with wait times at the V.A. was boiling over.

That year we learned Atlanta's V.A. Hospital was tied in third place for the worst wait times in the country for new patients trying to get in to see a primary care doctor. Local leaders at the hospital along with lawmakers in D.C. promised change.

Now, the U.S. Department of Veterans Affairs said 92 percent of new patients do get in to see a doctor within 30 days. However, in Atlanta, that wait time has only gone down by two days as the average wait is still 54 days.

The primary care clinics are not much better. In metro Atlanta, the wait at the Lawrenceville clinic is 57 days and the one in Decatur is 54 days. In Carrollton, the average wait is nearly three months.

Wait times to see a mental health provider still take about a week at the V.A. Medical Center in Decatur and three weeks at Ft. McPherson.

The V.A. Hospital told 11Alive in a statement that the "Atlanta VA Health Care System is experiencing a rate of growth averaging approximately 6 percent per year. We strive to meet the demand for care and we are hiring more staff and expanding the number of Community Based Outpatient Clinics to help meet this demand."

A new call center was opened in Atlanta to help respond to veterans in crisis. A spokesman for the V.A. Hospital told 11Alive they are reaching out to police to learn more about the man that set himself on fire to determine what kind of interaction he had with the system and where.

A spokesperson with the U.S. Department of V.A. told 11Alive in a statement that "the department is ensuring he receives the VA care that he needs."

The man was taken to Grady Memorial Hospital for treatment of serious injuries but was awake, authorities said.

in 2016, after reviewing Veterans Affairs and Department of Defense studies, 11Alive found an estimated 420,000 post-9/11 service members experience PTSD, TBI or both.

Our service men and women protect us from the horrors of war but what happens when the system set up to fight for them, fails?

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5.14 - WCMH (NBC-4, Video): [Precautions taken at Columbus VA clinic after veterans diagnosed with legionnaires](#) (26 June, Rob Sneed, 1.1M uvm; Columbus, OH)

Major precautions are being taken inside the Columbus VA ambulatory care center right now.

Staff closed all water fountains at the outpatient clinic while officials continue to test for Legionella. This comes after doctors diagnosed two veterans with the legionnaires, but a total of five have the symptoms.

According to the CDC legionnaires disease is a serious type of pneumonia caused by Legionella bacteria. People get sick when they breathe in a mist or accidentally swallow water into the lungs containing Legionella.

A spokesperson with the center says doctors diagnosed one of the patients at Mount Carmel East, where they're being treated now. Doctors diagnosed the other inside of the VA's urgent care center and that person is home right now.

VA officials tell us the Franklin County Health Department and Columbus Public Health have seen an increase in cases of Legionella over the past two weeks. The city health department has seen 20 cases in the month of June and a total of 40 for this year.

The county health department says it's seen 15 cases for June, which they say is not unusual considering rainier months generate a larger number of cases.

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5.15 - Bradenton Herald: [House bill to provide Agent Orange health coverage for 'Blue Water Navy' vets of Vietnam War passes 382-0](#) (26 June, James A. Jones Jr., 861k uvm; Bradenton, FL)

The U.S. House approved legislation co-sponsored by Rep. Vern Buchanan, R-Longboat Key, to restore health coverage for 90,000 Navy veterans who were potentially exposed to the toxic chemical Agent Orange during the Vietnam War.

The bill passed the U.S. House in a bipartisan vote of 382-0 and now goes to the Senate for consideration.

The Blue Water Navy Vietnam Veterans Act (H.R. 299) would provide VA health benefits for Navy veterans who served on ships and ports off the coast of Vietnam during the war. Navy veterans who served in Vietnam, commonly referred to as “Blue Water” veterans, were eligible to receive benefits under the Agent Orange Act of 1991, but their eligibility was discontinued in 2002 by the Department of Veterans Affairs.

And while Blue Water veterans have experienced identical diseases to their fellow soldiers who served on land in Vietnam just miles away from them, they don't have identical coverage. Currently, only veterans who served on land in Vietnam are eligible for benefits for illnesses tied to Agent Orange.

Veterans from the 16th Congressional District are among those who have been exposed to Agent Orange-contaminated water.

“We drank it, we bathed in it, we cooked in it and we climbed all over the planes that flew through it,” said Ronald Babcock, a Lakewood Ranch resident and Vietnam War veteran.

The U.S. Air Force sprayed nearly 11 million gallons of Agent Orange in Vietnam to defoliate jungles and remove cover used by the Viet Cong and North Vietnamese soldiers.

“Passage of this bill is long overdue,” Buchanan said. “Denying these veterans health coverage is a gross injustice that must be fixed. Navy veterans fought and sacrificed just like their fellow soldiers who served on land in Vietnam.”

Despite the VA's decision to terminate coverage, a 2005 study by the Australian Department of Veterans Affairs found that Australian Navy veterans who served in Vietnam had approximately twice the rate of cancer than Army veterans.

Buchanan said the arbitrary distinction between serving on land or on sea shouldn't be a factor in any veteran's access to VA health care. Regardless of where they were exposed to this deadly chemical, all veterans should be treated equally in their access to health care.

"The VA was created to care for veterans and promises 'to care for him who shall have borne the battle,'" Buchanan said. "In order to live up to that promise the VA cannot turn its back on Blue Water veterans."

Buchanan also co-sponsored this legislation in the previous Congress and has called on the House Veterans Affairs Committee to pass the legislation and "step up for Blue Water veterans."

The legislation is supported by several of the nation's leading veterans service organizations, including the Vietnam Veterans of America, Veterans of Foreign Wars, American Legion, Disabled American Veterans, Military Veterans Advocacy, Fleet Reserve Association, and Blue Water Navy Vietnam Veterans Association. A companion bill has also been introduced in the U.S. Senate.

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5.16 - WGCL (CBS-46, Video): [Man sets self ablaze at Georgia State Capitol](#) (26 June, 587k uvm; Atlanta, GA)

A crazy scene unfolded Tuesday morning as a man set himself on fire on the grounds of the state capitol as a press conference was being held detailing the new distracted driving laws to take effect on July 1.

The Georgia State Patrol was holding the press conference and when Natalie Dale, media relations liaison for GDOT was speaking, several loud, banging noises were heard.

A number of law enforcement officers were on hand behind her and when they heard the banging noises, they cleared the press conference and began pursuit.

Man sets himself afire on grounds of Capitol building

According to the Georgia Dept. of Public Safety, officers then discovered that a veteran had set himself ablaze by using fireworks because he was upset with the treatment he was receiving at the VA hospital.

The Georgia State Patrol said 58-year-old John Michael Watts pulled onto Washinton Street on the west side of the Capitol building, exited his vehicle and approached the west entrance of the building wearing a vest lined with fireworks and flammable devices. He doused himself with a flammable liquid and lit the fireworks.

According to the GSP, a Georgia State Patrol trooper witnessed the event and immediately put the flames out with a fire extinguisher. The man was transported to Grady Hospital. He was alert and breathing before he was transported, and he identified himself as an Air Force veteran and was trying to bring attention to the Veteran's Administration system.

The Department of Veteran's Affairs sent CBS46 the following statement:

While we can't comment on the specifics of this Veteran's case due to patient privacy laws, the department is ensuring he receives the VA care that he needs.

Several roads are blocked off around the area as police investigate. They're asking people to avoid the area, if possible. The Capitol and Judiciary Buildings have been evacuated while Georgia Bureau of Investigations agents and Atlanta police bomb technicians are on scene evaluating the vehicle as a precaution.

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5.17 - Becker's Hospital Review: [Viewpoint: Medical marijuana proposals leave out veterans](#) (26 June, Leo Vartorella, 441k uvm; Chicago, IL)

Though legislation was introduced earlier this month to limit the federal government from interfering with cannabis consumption and commerce in states where it is legal, the bill does not allow access to medical marijuana for veterans, according to an op-ed by Nick Etten, founder of the Veterans Cannabis Project, in The Hill.

Mr. Etten, a former Navy SEAL, says that under the States Act proposed by Sens. Cory Gardner, R-Colo., and Elizabeth Warren, D-Mass., the Veterans Health Administration would still treat cannabis as a schedule 1 substance, which bars veterans from pursuing it as a treatment option under VHA physicians.

"While VHA physicians have been quick to prescribe powerful and dangerous drug cocktails [opiates and benzodiazepines] in response to these and other service-related conditions, how could the federal government continue to deny veterans legal access to medical cannabis as a demonstrably safer alternative treatment option?" Mr. Etten writes. "It's an option veterans should not only have, it's one they clearly want."

According to an American Legion survey of veterans households, 82 percent of veterans want cannabis to be a federally legal treatment, and 83 percent believe the federal government should legalize medical cannabis.

"Veterans have been pleading with members of Congress and Trump administration officials to enact a law that will give them legal access. It's time for Republican leaders to acknowledge that federal cannabis reform is inevitable, and it's time for comprehensive action," Mr. Etten writes. "We are counting on President Trump and Congress to deliver a final cannabis reform deal that not only respects 'state's rights,' but respects veterans as well."

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5.18 - Northwest Arkansas Democrat Gazette: [MIKE MASTERSON: Pathology errors](#) (26 June, Mike Masterson, 162k uvm; Fayetteville, AR)

An unnamed Veterans Health Care System pathologist in Fayetteville was dismissed in April after being found working while "impaired" as he diagnosed cases. It was the second time in two years the pathologist had been discovered in such condition (whatever impaired means). He had been monitored since completing a recovery program in 2016.

The news account sounded darned near as if the sky had fallen. "We are treating this like a national disaster," Kelvin L. Parks, the interim medical director at the Veterans Health Care System of the Ozarks, told reporters. While I always appreciate strong opinions that cut to the heart of any matter, I'm not sure this problem yet qualifies as a national disaster.

Of course, the pathologist shouldn't have been found working while "impaired," especially for the second time in two years. An early review of some 900 recent cases he addressed professionally discovered seven missed diagnoses including one that proved fatal. That number thus far represents an error rate of 0.78 percent. Thirty fellow pathologists will review his 19,794 cases.

It seems relevant to me that the doctor had been a pathologist at the hospital since 2005 without recording a problem until 2016.

Reps. Steve Womack and Bruce Westerman and Sen. John Boozman attended a press conference at the Fayetteville VA the other day to demonstrate the potential problems this discovery creates. Staffers from the other three U.S. delegation members also attended. They wanted to make it clear how important they believe this matter is to veterans and their families. After all, 53,000 patients pass through the hospital each year.

At the same time, a search on the frequency of pathology errors and misdiagnoses shows this pathologist is not alone. In a surprising number of instances, pathology mistakes in the private sector are never reported to patients.

In a 2016 article published in the American Medical Association's Journal of Ethics, "Error Disclosure in Pathology and Laboratory Medicine: Review of the Literature," Dr. Ifeoma U. Perkins of Emory University reported that while there has existed a strong commitment to improving patient safety since the 1990s, there has been a reluctance by some doctors to be candid about their mistakes.

"Unfortunately, some medical errors are inevitable," Perkins' article says. "... While evidence suggests that most pathologists disclose serious medical errors, many do not disclose such errors to patients. A literature review of articles published on diagnostic error disclosure in pathology and laboratory medicine suggests that there are in fact persistent barriers to the disclosure of diagnostic errors that are specific to pathology.

"Error is defined by the Institute of Medicine as 'the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim.' Of particular relevance to pathology are diagnostic errors, which might be revealed by pathologists."

Perkins says, "[A]n important component of a clinician's response after a medical error is full and timely disclosure of that error. Disclosing medical errors not only maintains respect for patient autonomy and supports truth telling but also is strongly desired by patients, particularly if the medical error results in harm or injury."

Yet there are minimal guidelines on how to disclose errors offer minimal guidance about how to do so, Perkins said.

Research found that "while 95.2 percent of 169 surveyed anatomic pathologists and laboratory medical directors reported having been involved with an error at some point in their clinical

practices, only 88.8 percent reported disclosing an error. And a much smaller proportion--16.2 percent--reported disclosing a serious error directly to the patient whom it affected."

Perkins also found "studies historically have demonstrated that diagnostic errors are associated with poor patient outcomes. When errors occur in pathology and laboratory medicine, they have the capacity to generate profound diagnostic confusion."

Errors in laboratory medicine and clinical pathology can happen at any point from specimen retrieval, lab processing and on through the ultimate analysis. Then come post-analytic phase errors during the reporting of results and interpretation of those results, Perkins writes.

In other words, valued readers, there are many working parts in pathological analyses, creating ample opportunity for errors. While it's a serious matter when an impaired VA pathologist makes errors, it can be equally serious when pathologists everywhere too often make, then fail, to disclose them.

Such talk of errors calls to mind investigations I was previously involved with at the Arkansas Democrat. Those revealed the Arkansas Crime Laboratory's pathology errors, which prompted six individual exhumations. Later I invested four years investigating the laboratory's shocking pathology failures in the 1989 killing and two exhumations of 16-year-old Janie Ward. Each pathology error uncovered had disastrous consequences for many Arkansas families.

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5.19 - Merry Jane: [U.S. Senate Endorses Medical Cannabis for Military Veterans, Sends Bill to House](#) (26 June, Zach Harris, 154k uvm; New York, NY)

Senate lawmakers approved a bill to fund the federal government through 2019 on Monday, including an amendment that would allow Department of Veterans Affairs (VA) doctors to recommend state-legal medical marijuana to returning soldiers and for qualified veterans to use cannabis freely.

According to Marijuana Moment, the Senate approved the highly intricate budget plan by a landslide vote of 86 to 5, advancing the protections for veteran MMJ patients and doctors to a joint legislative committee before the government spending bill is eventually sent to the president.

If approved, the veterans' cannabis amendment would restrict any VA funds from being spent to "interfere with the ability of a veteran to participate in a medicinal marijuana program approved by a State; deny any services from the Department to a veteran who is participating in such a program; or limit or interfere with the ability of a health care provider of the Department to make appropriate recommendations, fill out forms, or take steps to comply with such a program."

For years, legislators and veterans alike have called for the VA to embrace medical marijuana, with clinical studies and anecdotal evidence demonstrating the controversial plant's ability to treat post-traumatic stress disorder (PTSD), anxiety, chronic pain, and other ailments common among those with military service.

Just last month, noted anti-cannabis congressman Pete Sessions used his power as House Rules Committee chairman to block a similar piece of legislation in the lower chamber of Congress.

"All they want is fair and equal treatment, and the ability to consult with their own physician on all treatment options," said cannabis advocate Rep. Earl Blumenauer after Sessions tanked the House VA amendment. "By blocking this vote, Chairman Sessions has turned his back on our wounded warriors, common sense, and the will of the American people. He should be ashamed."

If medical marijuana protections for veterans are going to make it into the final 2019 budget bill, a bicameral conference committee would need to side with the Senate's legislation.

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5.20 - KSLA (CBS-12): [Overton Brooks VA Medical Center sharpens its focus on PTSD](#)
(26 June, 192k uvm; Shreveport, LA)

Post Traumatic Stress Disorder, better known as PTSD, affects millions of Americans, including a large number of military veterans.

That's why Overton Brooks VA Medical Center in Shreveport hosted a special information fair Tuesday for veterans, their families and providers.

Organizers told us the good news is that PTSD is a treatable condition.

In fact, it has a specifically designed mental health clinic with a variety of resources available to help fit the needs of each individual.

"It takes a lot of courage. These veterans have been on the front line fighting for our freedom, fighting for our country," said James Patterson, the hospital's chief of mental health. "And so you think of them as strong, as courageous and they are."

"But it's a different kind of courage to come in to see a mental health provider such as psychiatrist a psychotherapist and get help for something that has stigma attached to it. My best advice for you is to do so."

PTSD is taking center stage this week with PTSD Awareness Day being observed Wednesday.

There's good reason for this heightened awareness.

Anywhere from 11 to 20 percent of war veterans from Operation Iraqi Freedom and Operation Enduring Freedom may battle PTSD in a given year, according to research by the VA.

Long after combat has ended, many veterans end up taking the war back home with them because of PTSD.

Just ask 70-year-old Army veteran Donny Lynch, an East Texan who compares PTSD to putting all of your emotions into a soda bottle.

"And when something stressful comes out, it's just like shaking it up. But you don't let, you don't take the top off. You don't let the fizz out; and that's what makes you sick, keeping it in."

Lynch said while he returned home from Vietnam in 1968, he did not seek help for PTSD until 1999, some 31 years later.

He credited his successful treatment to prolonged exposure therapy, a technique that confronts past trauma head-on.

"You relive it. Relive it every day over and over. One on one with a psychiatrist," Lynch explained.

Slowly, Lynch said, his nightmares faded away.

He now spends at least part of his time helping other returning veterans who have PTSD.

Lynch said that he knows there are plenty of veterans out there who are suffering in silence and that they've likely heard the messages about the need to seek help.

That's why he wanted to get one message across to them. "They got help here. But you've got to be willing to face it," he advised.

That was at least part of the inspiration behind Overton Brooks PTSD Information Fair.

Patterson said that's just a sampling of the services they provide for veterans with PTSD.

"We have a walk-in clinic available all the time during work hours. And the ER is always open for veterans."

There's a final grim statistic that stands out with PTSD. It involves suicide.

An estimated 20 veterans take their own lives each day in this country, according to the VA.

That's where the Veterans Crisis Line comes in.

That toll-free number is (800) 273-8255. Then press 1. It offers support 24 hours a day, seven days a week.

And for more information on the disorder, the U.S. Department of Veterans Affairs has created the National Center for PTSD.

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5.21 - San Angelo Standard-Times: [Big Spring VA nursing home earns 5-star rating in its latest performance review](#) (26 June, Michelle Gaitan, 190k uvm; San Angelo, TX)

The West Texas Veterans Affairs Health Care System, also known as the Big Spring VA, announced last week its nursing home received five stars as part of its annual performance ratings.

The announcement came days before USA Today and The Boston Globe reported that secret VA nursing home ratings were hiding poor care from the public.

According to the two news agencies, the Department of Veterans Affairs has for years assigned star ratings based on the quality of care at 133 VA nursing homes in 46 states, the District of Columbia and Puerto Rico. Internal documents show 60 of them received the lowest rating, only one out of five stars, as of Dec. 31, 2017.

The worst-performing VA nursing homes were scattered across 32 states, including Pennsylvania, which had five one-star facilities, as well as Texas and California, which had four each.

The Big Spring VA's nursing home, referred to as the Community Living Center, earned three stars as of Dec. 31, 2017, the story reported.

Shelia Austin, public affairs officer for the Big Spring VA, said the nursing home has improved since that performance review and has now earned a perfect five-star rating.

The new rating is based on reviews between the second quarter of fiscal year 2017 to the second quarter of FY 2018, which is January 2017 to March 2018.

The 40-bed facility, on average, treats about 31-35 long-stay and short-stay patients. Plus, the center offers services in respite, hospice and palliative care.

The five-star system is based a center's performance in unannounced onsite surveys and staffing and quality of care for long- and short-stay patients, said Rebekah Friday, associate director of patient services.

In each of the center's last two onsite surveys, only one area was found below standard out of 176 topics reviewed, such as communication between staff, medication passes by nurses, wound care and discharge outcomes, she said.

The unannounced onsite survey "is the highest weighted, because when the Long-term Care Institute comes in and does their unannounced survey it's truly unannounced," she said. "We can't prepare for it. We need to be doing the quality of care every day in order to do that well on a survey."

The only issue the center was knocked for in the last two surveys was proper documentation by nursing staff, which Austin and Friday said is being improved.

"We provide the quality of care; we do an excellent job of taking care of our veterans," Friday said. "What we don't do well is to document it well. In the medical world, if you didn't document it, you didn't do it."

A VA tracking system launched in May 2016 measures 11 indicators and assigns star ratings based on the indicators, which can point to larger problems with overall quality. For example, high rates of falls or bedsores may indicate neglect, the news agencies reported.

Friday said the VA makes its comparison to private sector nursing homes through the Center for Medicaid and Medicare Service's Nursing Home Compare data.

That system has 16 measures to determine quality of care in long-term nursing homes, and the VA uses 11 of those measures.

“Our ranking of five stars actually puts us in the top 5 percent of all private sector nursing homes” when it comes to quality of care, Friday said. “The veterans here only have positive things to say about our nursing staff, so that tells me the nurses are doing the job that we’ve hired them to do.”

The Big Spring VA hospital itself, however, was one of 15 low-performing medical facilities the Department of Veterans Affairs said was targeted for overhaul Feb. 1.

The VA announced it would begin a four-step “aggressive new approach” to improve the facilities that received the lowest score in its SAIL star rating system — a one-star rating out of five.

SAIL — or Strategic Analytics for Improvement and Learning Value Model — combines reviews of the VA’s hospital system performance, which assesses 25 quality measures in areas such as death rate, complications and patient satisfaction, with overall efficiency and physician capacity at individual VA Medical Centers.

Big Spring's facility received one star in the VA's end-of-year 2017 ratings. It also received one star in September 2017, September 2016 and December 2015, briefly rising to a two-star rating in June 2016.

Director Kalautie JangDhari, who has been with the Big Spring facility since 2016, said in February that for several months the hospital had been working to improve performance.

“If anything, I think it's going to let us continue our path but a lot more quickly,” she said at the time. “We've been working with the national offices probably for three or four months; we knew we were struggling a bit ...and I think this is only going to fast-track us a little bit more on our trajectory that we were already on.”

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5.22 - WRBL (CBS-3, Video): [What is the truth behind PTSD? VA dedicates June to post traumatic stress awareness](#) (26 June, Mikhaela Singleton, 75k uvm; Columbus, GA)

What is PTSD? The U.S. Department of Veterans Affairs hopes to shed light on the subject by dedicating June as PTSD Awareness Month.

News 3 took a trip to the Central Alabama Veterans Healthcare System office in Columbus to ask clinical professionals to debunk the myths surrounding PTSD.

“The first misconception is that a person with PTSD is crazy,” begins Gregory Gannon, a clinical social worker with CAVHCS. “It is an anxiety disorder that develops from trauma, with trauma being incidences of violence, combat, sexual assault, chronic maltreatment as a child, so there's lots of different traumas and it is basically something that overwhelms a person's capacity to cope.”

Gannon goes on to explain that PTSD symptoms manifest themselves over time and can do so equally in soldiers coming back from combat as well as civilians in a variety of different ways.

"They can be a little bit more wary of others. They may perceive people as a threat because there is that constant fear of being harmed, either physically, mentally, or emotionally," he says. "Then, because they are so hyper-vigilant and anxious, one small setback or problem can be met with overwhelming anger."

Gannon also adds he is no stranger to PTSD victims struggling, not only with their disorder, but also with asking for help.

"[PTSD] is also accompanied by depressive symptoms such as the tendency to isolate more. They feel as though they are a burden to others and that no one will understand them," he explains.

The VA has worked throughout June to publish PSA's and social media campaigns to show the real sides of soldiers with PTSD as well as remove the stigma against seeking treatment.

"When somebody comes in and I tell them all the symptoms, I tell them how they develop, and they say, wow, I'm not crazy this is an actual thing, I didn't realize this, and it feels really good, because a lot of these veterans are men. Although I do have a lot of female clients as well, a lot of the men feel really great about being able to just have somebody they can share their feelings with, feel validated and feel justified," Gannon says.

He suggests loved ones of PTSD patients and members of the community at large to try putting themselves in a patient's shoes by empathizing with something they themselves worry about.

"That's all anxiety is, it's a fancy word for worry," Gannon explains to News 3's Mikhaela Singleton. "I would encourage people to think of something they worry about, something they're afraid of. We think, well it's okay to be afraid of this, I have a reason. Now think about how someone with PTSD may feel in a situation we may take for granted, like being in a crowded mall."

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5.23 - KTAL (NBC-6, Video): [Resources available to vets dealing with PTSD](#) (26 June, Marquel Sennet, 62k uvm; Shreveport, LA)

Local veterans gain access to valuable resources to fight PTSD.

Tuesday Overton Brooks VA Medical Center hosted a PTSD information fair.

Veterans had the opportunity to meet the medical center's PTSD staff and learn about the symptoms and treatments that are available.

James Patterson says, "PTSD is kind of a silent killer. Veterans coming back they don't always understand what's going on... with how they interact with other people. They come back and they have to get readjusted to society."

Post traumatic stress disorder occurs after someone goes through a traumatic event - like combat, assault or disaster.

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6. Suicide Prevention

6.1 - West Virginia Public Broadcasting: [VA Medical Centers Host Workshop for Faith Leaders on Suicide Prevention](#) (26 June, Kara Leigh Lofton, 48k uvm; Charleston, WV)

Next month, the Beckley, Clarksburg and Huntington VA Medical Centers are hosting a joint outreach training event for West Virginia spiritual leaders to learn about veteran suicide prevention.

The workshop will be held Tuesday, July 31st. at the West Virginia Capitol Complex. Called Operation S.A.V.E., the program is a one hour training provided by the VA suicide prevention team. The training focuses on signs of suicide, asking about suicide, validating feelings, encouraging help and expediting treatment.

The joint training comes after a March training in Beckley for spiritual leaders that a VA press release says received positive feedback. The press release says training faith communities about suicide prevention is important because spiritual leaders impact many veterans' lives in a hands on way.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Dayton Daily News: [200K veterans overpaid in 2016: Proposed law would keep them from debt](#) (26 June, Max Filby, 1.1M uvm; Dayton, OH)

The Department of Veterans Affairs has accidentally overpaid hundreds of thousands sending some into debt when the government agency asked them to pay it back. But, new legislation sponsored by Sen. Sherrod Brown aims to prevent that from happening in the first place.

The U.S. Senate earlier this week passed Brown's amendment to the Military Construction and Veterans Affairs Appropriations Act that requires the VA to track overpayments to veterans which is known to lead to "veteran debt," according to the senator's office. The amendment will force the VA to verify whether the agency is at fault of overpayments and whether it is disputed by a veteran.

"Our veterans sacrifice so much already to serve our country," Brown said in a prepared statement. "They shouldn't be paying for the mistakes of the Department that's supposed to serve them. This amendment is a step in the right direction to address an issue that impacts so many veterans in Ohio and across the country."

Brown's amendment is part of a larger piece of legislation the Senator has been pushing called the Veterans' Debt Fairness Act.

The bipartisan bill would only allow the VA to collect on debts that occur due to an error or fraud on the part of veterans and their beneficiary.

It would also make it so the VA can only deduct up to 25 percent from a veteran's monthly payment to recoup debt and would prevent the VA from collecting debts incurred more than five years earlier, according to Brown's office.

Brown's legislation was inspired by veteran James Powers of Massillon, Ohio, a little more than three hours northeast of Dayton. Powers was one of the hundreds of thousands of vets impacted by the VA's overpayment mistake, according to Brown's office.

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7.2 - Pensacola News Journal: [Wisconsin man killed in Pearl Harbor bombing finally buried at Barrancas](#) (26 June, Melissa Nelson Gabriel, 439k uvm; Pensacola, FL)

Nearly 80 years after his father's death in the Japanese bombing of Pearl Harbor, Robert Schoonover said goodbye Wednesday to a man he barely knew.

"I don't really have any memories of him," Schoonover said as he stood beside his father's casket at Barrancas National Cemetery.

Using DNA matches, the Department of Defense recently identified the remains of Navy Pharmacist's Mate John Schoonover. The elder Schoonover died Dec. 7, 1941, along with 429 other sailors and Marines aboard the USS Oklahoma.

More: 'These men were heroes': Pensacola woman looks for closure on World War II tragedy

The younger Schoonover was just 4 when his father died. Schoonover, who lives in Panama City, chose to have his father buried at Barrancas National Cemetery at Pensacola Naval Air Station because he also plans to be buried at Barrancas.

"This is final closure for my father and it takes a load off my chest," Schoonover said after a brief graveside ceremony.

Dozens of members of the Patriot Guard Riders escorted the family and Schoonover's hearse through the street of Pensacola from Harper Morris Funeral Home on Airport Boulevard to the base. With American flags attached to the backs of their motorcycles, the group's members slowly made their way through the city as many bystanders saluted or placed their hands over their hearts.

More: Researchers solve mystery of World War II photo from Pensacola thrift store

Former Navy chaplain and retired Lt. Cmdr. Ken Griffin spoke during the graveside ceremony.

Although many years have passed since Schoonover's death, Griffin said his sacrifice and his family's sacrifice haven't been forgotten.

"God had a purpose and perfect plan for your father's life," Griffin told Robert Schoonover.

The elder Schoonover, a native of Port Edwards, Wisconsin, was 39 when he was killed at Pearl Harbor. His son followed his father's footsteps, serving 45 years in the Navy as a photographer's mate.

Robert Schoonover visited the National Memorial Cemetery of the Pacific while passing through Hawaii during his time in the Navy. His found his father's name engraved on a memorial to those killed on the USS Oklahoma.

Schoonover said a rosette has now been placed next to the name to indicate that his remains have been identified and returned to the family.

More: Pensacola researcher helps find remains of missing Americans from World War II

The remains of many of those killed at Pearl Harbor have been identified recently thanks to advances in DNA and a mandate from the Department of Defense that remains from mass grave sites at the Hawaii cemetery be exhumed and identified.

Bobbie Burger, Schoonover's granddaughter, stood beside her father during the ceremony.

"I think this is real closure for us," said Burger, who grew up hearing about how her grandfather was killed at Pearl Harbor.

"I've seen photos of him and I know that he was a very handsome man," she said.

Burger and her father said they were surprised by the show of support from the Patriot Guard, the Navy base and the local community.

Sailors from the base gave Schoonover a 21-gun salute.

"I am so glad so many people showed up to pay their respects," the younger Schoonover said.

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7.3 - WDTV (Video): [First ever veteran ID card clinic held at Clarksburg VA](#) (26 June, Kyleigh Rice, 172k uvm; Bridgeport, WV)

Veteran ID cards provide usable identification and resources for veterans.

Today, Senator Capito's team partnered with the Clarksburg VA Medical Center to host a clinic showing veterans how to apply for a VIC.

The clinic showed veterans how to use an online site to register for their VIC. Veterans in need of a card can go to access.va.gov and create a login.

Once logged in you can upload a photo of yourself and follow the online instructions to create your VIC and have it sent to you.

The cards give veterans access to deals, discounts, and other benefits they may not have access to otherwise.

"Not everybody carries their 2-14 with them," said Army Veteran Marina Bilyeu. "Not everyone carries something that says they're a veteran. And often times even though it says on your drivers license you're a veteran, places like Lowes or Home Depot don't accept that."

"So if you have the VIC that gets you the discounts and other benefits you may not be able to access otherwise."

The VA Center wanted to stress that these cards are through the Veterans Benefit Administration, and are requested online. You are not to come to the hospital to try and receive your VIC.

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7.4 - WEAR (ABC-3, Video): [Pearl Harbor veteran to be laid to rest at Barrancas National Cemetery](#) (26 June, 161k uvm; Pensacola, FL)

Funeral services are Tuesday for a sailor killed in the attack on Pearl Harbor.

Navy pharmacist's mate 1st class John Schoonover was among 429 killed when the Japanese attacked on Dec. 7, 1941.

Most of the men were buried in mass graves.

DNA tests are helping the military bring them home.

Services will be held at Barrancas National Cemetery in the afternoon.

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7.5 - La Voz Nueva: [VA rolls out new Veterans identification cards](#) (27 June, Joseph Rios, 500 uvm; Denver, CO)

The Veterans Identification Card is an identification card used by eligible veterans at the United States Department of Veteran Affairs (VA) medical facilities.

The Veterans Administration made changes to the Veterans Identification Card in 2015 for the first time in over ten years after Congress ordered the VA to provide free identification cards. Prior to the order, veterans would have to carry their discharge papers that contained private information like Social Security numbers.

The card came with added security features and they feature a personalized emblem of the veteran's branch of service. Each card has a photo of the veteran, the name of the veteran, two seals, an identification card and a title that says "Choose VA." There is also a statement on the card that reads "This card serves as proof of service in the Uniformed Services of the United States and does not reflect entitlement to any benefits administered by the Department of Veterans Affairs."

“The new Veterans Identification Card provides a safer and more convenient and efficient way for most Veterans to show proof of service,” VA Secretary Dr. David J. Shulkin said in a statement. “With the card, Veterans with honorable service to our nation will no longer need to carry around their paper DD-214s to obtain Veteran discounts and other services.”

There was only one problem with Congress’ new policy on Veterans Identification Cards. Congress didn’t approve any funding for the VA to create or ship the cards. Instead, Office Depot said it would provide the cards without charging the VA.

“Office Depot recognizes the sacrifices that our veterans have made, and its logo represents the company’s support as well as its partnership in print production and delivery of the ID cards,” Curtis Cashour said in a statement. Cashour is a spokesman for the VA. Office Depot will cover the cost of printing and mailing the Veteran ID card until September 2020.”

The VA announced in November that veterans with an honorable discharge from the military could begin the application process for the Veterans Identification Card. However, applicants were faced with setbacks, and the VA couldn’t start accepting applications until the beginning of this year because of a system crash. When the VA introduced its online application system for the Veterans Identification Cards, it immediately began to have issues. Veterans would receive a notice saying that online servers were experiencing a high volume of traffic.

Veteran Identification Cards were originally scheduled to be mailed out in March, but instead applicants barely started receiving their cards in May.

Around 98,270 applications for the card were received by the VA in the first few months after it reopened its application service, and 10,735 people received their card of the 26,034 people who were approved for one.

If you or someone you know wishes to apply for the Veterans Identification Card you can do so by visiting www.vets.gov/?next=%Fveteran-id-card%2F and create an account.. Applications can’t be completed at VA facilities, but Veterans can download and print a version of the card at the VA’s website.

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8. [Other](#)

8.1 - Press Democrat: [Future of Mare Island veterans cemetery sparks debate between vets and history buffs](#) (26 June, Meghan Herbst, 1.5M uvm; Santa Rosa, CA)

A 164-year-old cemetery on Mare Island that is the resting place of more than 800 veterans is gaining attention in Congress, where North Bay lawmakers and veterans groups are urging the federal government to take over the aging property and restore it like a national shrine.

But volunteers with the Mare Island Shoreline Heritage Preserve are pushing back against lawmakers’ characterizations that the condition of the cemetery is a disgrace to veterans, describing it as a historic resource worth preserving close to its original form.

The cemetery, created in 1854, lies just southeast of Sonoma County and has been owned by the city of Vallejo for the last two decades. Its 996 confirmed grave sites hold the remains of three Medal of Honor winners, the daughter of “Star Spangled Banner” composer Francis Scott Key and more than 800 veterans interred there before burials ceased in 1921.

“It’s in really deplorable condition. We need to get it to the point where it respects the people, the 900 people, that lie in rest there,” said state Sen. Bill Dodd, D-Napa, who has authored legislation supporting the transfer of the cemetery to the federal government.

Volunteers who help maintain the cemetery said they relish the old-time charm and historical richness of the site, which is listed on the National Register of Historic Places along with the entire area of the shipyard.

“Think of it as an archaeological site,” said Brian Collett, co-founder of the Mare Island Shoreline Heritage Preserve. “And we’re going to make (it) all shiny and new.”

The U.S. Navy transferred the property in 1996 to Vallejo, which has maintained the plot on a limited budget. The city’s Public Works department handles maintenance inside the cemetery, aided by volunteers with the preserve, a nonprofit that helped open the site to the public in 2007 and hosts monthly tours of the cemetery.

The debate over the future of the cemetery was revived in 2017, when retired Gen. Ralph Parrott visited the site. He was distraught to find toppled gravestones, sinkholes and a fallen tree that had taken out a section of fence. Parrott called it a “disgrace to the honor of our country” and published a letter in the Vallejo Times-Herald to bring attention to the matter.

In April, the Vallejo City Council voted to offer the cemetery to the Department of Veterans Affairs, spurring lawmakers in Sacramento and Washington, D.C., to draft a series of bills that would facilitate the shift of ownership.

Rep. Mike Thompson, D-St. Helena, brought the initial piece of legislation, H.R. 5588, to the House floor in April, and Sen. Dianne Feinstein brought a similar bill to the Senate floor. In California, Dodd wrote a supportive piece of legislation that passed the state Assembly.

Legislators hope a transfer of ownership to the VA’s National Cemetery Administration would bring funding for repairs and ongoing maintenance of the site.

“I think this is a reflection on how we value our military, particularly those deceased members of the military,” Dodd said.

Collett said the idea was “ridiculous” and wants lawmakers and veterans to coordinate their efforts with the National Park Service, which shares jurisdiction over the preserve and has standards for historical resource management.

Myrna Hayes, co-founder of the preserve, is concerned the historical character of the cemetery could be lost if the VA assumes ownership and delivers on its mandate to replace headstones and bring the grounds up to “national shrine conditions.”

“That’s like pulling out all your teeth. They’re part of your being,” Hayes said. “It takes away from the historical significance of the place.”

Hayes agrees that the site needs funding for short and long-term care, but believes that a public/private partnership or endowment would be a better approach.

She said she's kept the preserve open to the public through donations from private citizens and businesses over the past 11 years, and would like to expand fundraising efforts going forward.

But many supporting the VA acquisition of the plot are in favor of replacing the headstones and bringing the cemetery up to national standards.

"If the headstones are damaged and not in good condition, I would suggest they need to be replaced," Dodd said.

More than 55,000 people have signed a petition created by former Army Col. Nestor Aliga, urging President Donald Trump to repossess the cemetery. Aliga says he's visited cemeteries all over the world and the Mare Island cemetery gives the impression the United States is a "Third World country."

National Cemetery Administration staff helped the Vallejo apply for a Defense Department program that provides funding and engineering support from the National Guard. A decision on the city's application is expected next month and could jump-start repair efforts in the next fiscal year, which begins in October.

Congressional legislation is being reviewed by the Senate and House Veterans Affairs committees. Thompson, a Vietnam veteran and Purple Heart recipient, said he has 64 co-sponsors on both sides of the aisle. Even if the bill falters, he said he will continue to advocate for the cemetery's refurbishment.

"What I'm trying to do is get the cemetery fixed. So any effort that we put forward to create momentum to get where we need to be is my goal," Thompson said.

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8.2 - Duluth News-Tribune: [For veterans with PTSD, the Fourth of July fireworks can cause panic, flashbacks](#) (26 June, John Lundy, 843k uvm; Duluth, MN)

John Marshall is a combat veteran of the first Gulf War, well known in the area as captain of the Duluth Honor Guard, which serves at military funerals.

His patriotism is beyond question, but one aspect of Independence Day is difficult for Marshall.

"The Fourth of July, when you've got the bangs and the smell of gunpowder, it drives me nuts," Marshall said recently. "I don't go watch fireworks just because it causes me that much discomfort."

He's not alone. The National Center for PTSD at the U.S. Department of Veterans Affairs estimates that about 3 out of every 10 Vietnam veterans have suffered from post traumatic stress disorder in their lifetimes. The percentage is smaller, but still significant, for veterans of more recent conflicts in Iraq and Afghanistan.

And if they have PTSD, they probably struggle with regards to fireworks.

"Even back in 2000 when I was working with Vietnam vets, it was one of the questions we used to ask as a way of detecting if someone might have PTSD," said Christopher Erbes, a psychologist with the Minneapolis VA Health Care System. "We'd ask them, 'What do you do on the Fourth of July?' And if people would say, 'Oh I go to the fireworks show.' We're like, 'Huh, this person may not have post traumatic stress.'"

But for those who do have it, the season of bangs and booms and bright flashes can be intensely difficult.

"Some veterans, they'll just kind of hole up in a basement somewhere until all the real intense stuff gets finished," said Chris Roemhildt, veterans outreach specialist for the Duluth Vet Center at 4402 Haines Road. "You feel kind of isolated, especially if the rest of your family is going down to the big show at Bayfront."

Roemhildt had his own struggles with fireworks after serving with the First Armored Division in Iraq in 2003-4 and 2005-6.

"I had a lot of problems with it when I was first adjusting back to civilian life," he said. "The really large, professional fireworks, you can kind of feel the concussion in your chest. So that causes quite the physical and mental reaction. ...

"The ones that were in my neighborhood, the ones that I wasn't expecting, those ones would often catch me off guard, and that's what would create that response."

Concern from veterans with PTSD and their supporters has led to a backlash of sorts, particularly with regards to the neighborhood version of fireworks.

Around this time of year, red, white and blue-themed signs appear at this time of the year with the words "Military veteran lives here; please be courteous with fireworks."

The signs are sponsored by an organization called Military With PTSD with the purpose of bringing awareness of the concern, said Shawn Gourley, its executive director.

"We never wanted to stop fireworks," said Gourley, who lives in Evansville, Ind.

Roemhildt said he has mixed feelings about those signs.

"It depends on the spirit with which we're putting that sign out," he said. "If it's just simply to educate people and let them know, 'Hey, this is something I struggle with,' that's fine. But if you're putting it out there and expecting your neighbors to not enjoy the Fourth of July the way that we have for hundreds of years, I'm not sure if I agree with that."

Erbes agreed that the signs can have value if seen as a conversation-starter.

"I wouldn't necessarily say, 'Well, that means fireworks are forbidden in the neighborhood'," he said. "But it really would be a great opportunity to talk to the veteran and say, 'OK, that's really good to know. We're only going to do fireworks from 7 to 9, and then we're going to completely stop. Is that going to be OK?' If you can just give people that information, I think that helps them."

For veterans with PTSD, avoiding fireworks displays isn't a good long-term strategy, Erbes said. Studies, he said, support "exposure therapy," meaning taking in safe experiences that the brain might initially interpret as dangerous.

"The way that you treat PTSD, in treatment or just kind of in life sometimes, is you get around those things that used to remind you so much of the event," Erbes said. "And the more you get around it, and the more nothing bad happens when you're around those reminders, the better you are able to realize: Wait. This is safe. This isn't like being back in combat."

Of course, you already know it's safe on one level, he added. But down deep, it can take time for your traumatized brain to figure out what's safe and what isn't.

The strategy shouldn't be taken to an extreme, Erbes said. He wouldn't send a combat veteran suffering with PTSD to a military base. Depending on a client's progress, he might advise him or her to go to the fireworks show — but not this year.

"You want to work your way up to these things," he said.

Both Marshall and Roemhildt said their symptoms lessened over time, although even now, Marshall said, he's always in the "fight, flight or freeze mode."

Neighborhood fireworks used to push him into a panic attack or a flashback, Roemhildt said. If he's startled, the blast of fireworks still can cause him to flinch.

"But I do want to stress ... never once through all of these kind of trials and tribulations that I was going through when I got back, never once did I expect or want my neighborhood or my neighbors to not celebrate Fourth of July like they always have.

"I always knew that this is what we do in America, is we light off fireworks."

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Veterans Affairs Media Summary and News Clips

28 June 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Trump's Pick to Head VA: Time to 'Shake Up' Department](#) (27 June, Hope Yen, 24M uvm; Washington, DC)

President Donald Trump's pick to lead Veterans Affairs is promising to "shake up complacency" at the struggling department by expanding private care to better meet the growing health needs of veterans, but he is rejecting a wholesale dismantling of VA. Robert Wilkie, currently serving as a Pentagon undersecretary, stressed the VA must work faster and better to address a rapidly growing population of veterans. He said if confirmed, he will not tolerate continued problems of long waits and bureaucratic delays...

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1.2 - Washington Post: ['Failure is not an option': VA nominee Robert Wilkie told to fix the agency's morale crisis](#) (27 June, Lisa Rein, 43.9M uvm; Washington, DC)

Senate lawmakers told Robert Wilkie on Wednesday that he will face a workforce beset by poor morale if he is confirmed to lead the Department of Veterans Affairs, and that he must fix the problem if he is to stabilize the troubled agency. "Of all the challenges we have at VA, morale may be the biggest problem," Veterans' Affairs Committee Chairman Sen. Johnny Isakson (R-Ga.), told Wilkie during the 90-minute confirmation hearing...

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1.3 - Wall Street Journal: [Trump's VA Pick Stresses 'Customer Service' - Robert Wilkie, previously confirmed by the Senate for other posts, is considered likely to win approval](#) (27 June, Ben Kesling, 43.6M uvm; New York, NY)

President Donald Trump's pick to lead the Department of Veterans Affairs faced questions from senators about his vision for the future of private care for military veterans at his confirmation hearing Wednesday. Robert Wilkie, who has previously been confirmed by the Senate for other posts, is considered likely to win approval, though senators had said they would take the opportunity to closely question him.

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1.4 - USA Today: [VA nominee Robert Wilkie sees bureaucracy as biggest hurdle, pledges transparency](#) (27 June, Donovan Slack, 36.8M uvm; McLean, VA)

President Trump's pick to be the next secretary of Veterans Affairs, Robert Wilkie, said at his confirmation hearing Wednesday that he believes the most significant challenges facing the VA are "administrative and bureaucratic." Wilkie said that if confirmed, he will rely on his experience as undersecretary of Defense for personnel and readiness to improve morale and make the troubled VA more nimble.

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1.5 - CNN: [Trump's nominee to lead the VA: 'I welcome the scrutiny of my entire record'](#) (27 June, Juana Summers, 29.8M uvm; Atlanta, GA)

Robert Wilkie, President Donald Trump's pick to lead the Department of Veterans Affairs, defended his record in the wake of a Washington Post report that delved into his career, including his past membership and support of organizations dedicated to preserving

Confederate memorials and honoring the confederacy. Questioned by Hawaii Democratic Sen. Mazie Hirono, Wilkie said that he welcomes scrutiny of his "entire record."

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1.6 - Politico: [VA will have 3 Cerner-powered hospitals by 2020](#) (27 June, Darius Tahir, 23.9M uvm; Arlington, VA)

Implementation of Cerner's EHR will begin in October in three hospitals in Washington state and be completed by March 2020, acting VA secretary Peter O'Rourke said at a Congressional hearing Tuesday. While the headline suggests smooth sailing on untroubled seas between now and then, the remainder of the House Veterans Affairs Committee hearing focused on potential trouble spots with the department's \$16 billion Cerner contract.

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1.7 - NPR (Audio): [Trump's Uncontroversial VA Pick Sails Through Confirmation Hearing](#) (27 June, Quil Lawrence, 22M uvm; Washington, DC)

Back in March, President Trump fired his first VA secretary, David Shulkin. His first nominee to fill the post, White House physician Ronny Jackson, withdrew after charges of professional misconduct. His next pick Robert Wilkie was seen as uncontroversial, with decades of Washington experience. On Wednesday, Wilkie had a relatively smooth confirmation hearing.

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1.8 - News & Observer (McClatchy): [VA nominee deflects critiques over NC work and Confederate events, headed for confirmation](#) (27 June, Brian Murphy, 3.9M uvm; Raleigh, NC)

The son of a Vietnam combat veteran seriously injured in his second tour, Robert Wilkie faced little opposition from the Senate committee charged with vetting his nomination to be the next secretary of Veterans Affairs. Wilkie, 55, a longtime government official who has been through two previous confirmation hearings, earned praise this time from Democrats on the committee and deflected any controversy stemming from past work for former Sens. Jesse Helms of North Carolina and Trent Lott of Mississippi...

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1.9 - Columbus Dispatch: [VA clinic looking for source of two cases of Legionnaire's disease](#) (27 June, Holly Zachariah, 2.1M uvm; Columbus, OH)

The water fountains and ice makers have been shut off at the Chalmers P. Wylie VA Ambulatory Care Center in Whitehall until tests results show whether the water there was the source of the Legionnaires' disease contracted by two veterans. Both veterans visited the clinic's primary-care area sometime since May 28, VA spokesman Carl Higginbotham said Wednesday.

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1.10 - WMC (NBC-5, Video): [Memphis VA Medical Center vows changes after VA Acting Secretary's visit](#) (27 June, Jessica Holley, 592k uvm; Memphis, TN)

Veteran Affairs Acting Secretary Peter O'Rourke's tour of Memphis's VA Medical Center comes eight days after an inspector general's report on the hospital found serious breakdowns in communication, training, and consultations resulting in patient deaths and illness. Between

October 2015 and September 2017, "Sixteen surgical inpatients with serious treatable conditions died while receiving care at the facility."

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2. [Greater Choice for Veterans](#)

2.1 - The Hill: [VA nominee pledges to oppose privatization](#) (27 June, Nathaniel Weixel, 11.9M uvm; Washington, DC)

President Trump's nominee to lead the Department of Veterans Affairs on Wednesday said he doesn't believe in privatizing the agency and pledged to oppose privatization efforts. "My commitment to you is I will oppose efforts to privatize," even if it runs counter to the White House agenda, Robert Wilkie told a Senate panel.

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2.2 - The American Prospect: [Tapped: The Prospect Group Blog, Trump Administration Moves Forward on VA Privatization](#) (27 June, Suzanne Gordon, 239k uvm; Washington, DC)
Under the guise of reducing veteran suicides, the Trump administration has released a plan that could radically reshape veteran care in the United States. The stated goal is to expand mental health services for newly transitioned veterans, the proposal, which administration officials approved on May 31, contains provisions that could starve the Veterans Health Administration of needed resources, add impossible burdens to already struggling VHA staff...

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2.3 - Task & Purpose: [Privatized VA Healthcare Will Look Like the Private Prison Industry](#) (27 June, Jim Craig, 102k uvm; New York, NY)

This afternoon the Senate Veterans Affairs Committee will hold its nomination hearing for Robert Wilke to be the new VA Secretary. The challenges facing whoever becomes the next VA secretary are many and they are wicked. Among the most challenging issues the new secretary will face is the requirement to manage the political environment around the idea of increasing the privatization of veteran healthcare.

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3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [VA sets 1st Cerner go-live for 2020](#) (27 June, Julie Spitzer, 441k uvm; Chicago, IL)

The U.S. Department of Veterans Affairs plans to be fully functional on its new Cerner EHR at three test sites in the Pacific Northwest by March 2020, officials said in a hearing before the House Committee on Veterans Affairs June 26. The overhaul will follow a wave model, with the first go-lives slated at Washington VA facilities in Spokane, Seattle and American Lake this July. Implementation is set for October.

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3.2 - Federal Computer Week: [VA's new health record could yield savings – in 10 years](#)
(27 June, Adam Mazmanian, 189k uvm; Vienna, VA)

As the Department of Veterans Affairs embarks on a decade-long, \$16 billion journey to replace its homegrown electronic health records system with a commercial platform, there's some hope there will be savings on the post-implementation side. Currently, operation and maintenance costs for the 40-year-old Vista system exceed \$1 billion per year.

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3.3 - Healthcare Informatics: [VA Plans Cerner EHR Go-Live at Three Sites by 2020; Lawmakers Call for Close Project Oversight](#)
(27 June, Heather Landi, 158k uvm; New York, NY)

The U.S. Department of Veterans Affairs (VA) plans to begin deployment of a new \$16 billion electronic health record (EHR) system at three sites in the Pacific Northwest—Spokane, Seattle and American Lakes, all in Washington—in October 2018 with a goal of full capability by March 2020, according to VA officials.

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3.4 - Health Data Management: [VA efforts to implement Cerner EHR face close scrutiny from Congress](#)
(27 June, Greg Slabodkin, 143k uvm; New York, NY)

As the Department of Veterans Affairs looks to implement a new Cerner electronic health record system replacing the agency's legacy EHR, members of Congress are letting the VA know they are committed to seeing the project through. "\$15.8 billion over 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency," said Phil Roe...

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3.5 - Fierce Healthcare: [Lawmakers cite VA leadership holes in EHR implementation with first go-live scheduled for 2020](#)
(27 June, Evan Sweeney, 141k uvm; Washington, DC)

Representatives on the House Committee on Veterans Affairs grilled senior officials at the Department of Veterans Affairs about a lack of leadership that could derail the agency's ability to execute on a massive medical records modernization project with several positions still unfilled. Currently, the VA is operating without permanent appointments to three positions critical to the implementation of Cerner's EHR platform, a 10-year, \$16 billion project: The deputy secretary, the undersecretary for health and the chief information officer have yet to be confirmed.

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3.6 - KBIA (NPR-91.3, Audio): [Veterans Administration Plans to Open a Clinic in Springfield this Fall](#)
(27 June, Michele Skalicky, 57k uvm; Columbia, MD)

Work continues on an \$8.6 million clinic for military veterans under construction on the south side of Springfield. The 68,000 square foot Department of Veterans Affairs Gene Taylor Outpatient Clinic, near Kansas Expressway and Republic Rd., will replace the VA Clinic in Mt. Vernon once it's up and running. It's expected to open in the fall.

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3.7 - FedScoop: [Without key leadership, VA EHR modernization is off to worrisome start, lawmakers say](#)
(27 June, Billy Mitchell, 57k uvm; Washington, DC)

The Department of Veterans Affairs' \$10 billion electronic health record modernization contract with Cerner, lawmakers fear, is not off to a good start. After a yearlong battle to finalize the contract and get to a point where modernization work can begin, the lack of key leadership — namely a permanent CIO and undersecretary for health — could hurt its long-term success, members of the House Veterans Affairs Committee said Tuesday.

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3.8 - Illinois Business Journal: [Veteran Affairs outpatient clinic to open in Shiloh](#) (27 June, 28k uvm; Edwardsville, IL)

A ribbon-cutting ceremony will be held Thursday, June 28, in celebration of the opening of the Veterans Affairs outpatient clinic in Shiloh. The new St. Clair County VA Clinic will be double in size, replacing the 5,000-square-foot Belleville Clinic in west Belleville, with a full commitment of allied health providers. The clinic will have 21 employees, including four physicians, licensed practical nurses, medical surgical associates and one psychologist, telehealth technician, pharmacist and registered dietitian.

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4. Focus Resources More Efficiently

4.1 - Times Union: [Women who met working at VA still inspire each other - Tied together originally through work, these friends still bond after one got a different job](#) (27 June, Sara Tracey, 1.5M uvm; Albany, NY)

Jennifer Audette and Cindy Chan laugh easily together. Their relationship began as a working one, when Cindy was hired at the Albany Stratton VA Medical Center, where Jennifer is the chief of social work. Cindy's since taken a new job as the director of pharmacy services at Hudson Headwaters Health Network in Glens Falls, but the two still stay in touch.

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4.2 - WPEC (CBS-12, Video): [New report shows shortages of staff at local VA medical center](#) (26 June, 718k uvm; West Palm beach, FL)

If you're a veteran or someone you know is a veteran, here's a story that should concern you. A new study has just been released about VA medical centers around the country. The one in West Palm Beach has numerous occupations where it doesn't have enough staff. The findings are contained in a more than 200 page report just released by the VA Office of Inspector General.

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4.3 - WHBQ (FOX-13, Video): [VA secretary visits Memphis hospital, director touts improvements](#) (27 June, Zach Crenshaw, 618k uvm; Memphis, TN)

The top Veterans Affairs leader visited Memphis on Wednesday – just one week after a scathing Inspector's General report rated the VA hospital one star out of five, which categorized it in the bottom 10 percent of hospitals nationwide. In the five months since, the hospital director said things have dramatically improved and the culture is changing.

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4.4 - KTBS (ABC-3, Video): [Overton Brooks VA Medical Center celebrates Pride Month](#) (27 June, Bia Roldan, 298k uvm; Shreveport, LA)

Just at the tail end of June Overton Brooks VA Medical Center celebrates pride month. There was cake, balloons, freebies and educational pamphlets. Navy Veteran Rebecca Norris is the president of Louisiana Trans Advocates's Shreveport Chapter. Her organization was one of several that participated in the event.

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4.5 - KTVQ (CBS-2, MTN News, Video): [Veterans learn about VA health benefits in Billings](#) (27 June, David Jay, 192k uvm; Billings, MT)

Through their military service, veterans have earned health care benefits and may need help knowing what's available. On Wednesday, veterans heard from the Veterans Administration at the VA Health Care Center in Billings. People from nine departments in Billings explained the benefits to the veterans.

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4.6 - Tampa Bay Reporter: [Navy Vet Appointed Associate Director At Bay Pines](#) (27 June, 17k uvm; Saint Petersburg, FL)

The U.S. Department of Veterans Affairs has announced the appointment of Jonathan S. Benoit as associate director of the Bay Pines VA Healthcare System. His appointment took effect Sunday (June 24). As the associate director, Benoit is responsible for the executive level oversight of the healthcare system's Engineering Service, Environmental Management Service, Logistics, Nutrition and Food Service, the Office of Safety and Emergency Management and the VA Police.

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4.7 - Columbia Business Times: [The Impact of Truman Memorial Veterans' Hospital](#) (27 June, Kacen J. Bayless, 14k uvm; Columbia, MD)

Brown's mom, a veteran herself, informed her about the mental health care offered by the VA and advised her to get help. Once she learned more about the VA, one of her sergeants walked her to the VA admissions office in Columbia and told her, "They'll take good care of you."

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4.8 - WNJO (AM-1290, Audio): [Report: West Palm VA Medical Center Has Staff Shortage In 21 Occupations](#) (27 June, Danielle Gavish, 10k uvm; West Palm Beach, FL)

A new study on VA medical centers around the nation has been released and it shows that the facility in West Palm Beach has a number of occupations where it doesn't have enough staff. According to the VA Office of Inspector General, the local VA has shortages of staff in more areas than any other VA medical center in the state.

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5. [Improve Timeliness of Service](#)

5.1 - USA Today (USA Today Network, WXIA, Updated, Video): [Man protesting VA sets himself on fire at Georgia Capitol](#) (26 June, Kristen Reed, 36.8M uvm; McLean, VA)

A man who identified himself as an Air Force veteran set himself on fire Tuesday on the front steps of the Georgia Capitol to protest treatment by the Department of Veterans Affairs, state officials say. The man was identified by Georgia Bureau of Investigation spokesperson Nelly Miles as John Michael Watts, 58. The department said he has no current address.

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5.2 - Military.com: [It's Time for the VA to Approve Service Dogs as a Treatment Option](#) (27 June, Rory Diamond, 9M uvm; San Francisco, CA)

This month, which is National PTSD Awareness Month, K9s for Warriors published a study with Purdue University researchers in the prestigious Journal of Psychoneuroendocrinology showing that Service Dogs ameliorate the symptoms associated with PTSD in American veterans. This study is a breakthrough in PTSD research. For the first time, there is physiological evidence that Service Dogs affect and improve the brain chemistry of those suffering through PTSD.

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5.3 - We Are The Mighty: [How military sexual trauma victims can get service-connected](#) (27 June, Douglas Jackson, 3.6M uvm; New York, NY)

Sexual assault is a mortifying secret for far too many veterans. Although it is not often talked about, Military Sexual Trauma, or "MST" as it is often called, is a significant problem in the military. Some of this is due to hazing, dominance and other unexplained reasons. Regardless of the cause, individuals who are victims of MST can experience various mental health problems.

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5.4 - MedPage Today: [Magnetic Brain Stimulation Flops in VA Trial, Both sham and active rTMS produce high remission rates; unclear why](#) (27 June, Elizabeth Hlavinka, 1.5M uvm; New York, NY)

About 40% of patients with treatment-resistant major depression achieved remission in a randomized trial of repetitive transcranial magnetic stimulation (rTMS) -- but the rate was virtually the same with sham treatment versus active stimulation, researchers said. Among 81 patients in Veterans Affairs medical centers assigned to active rTMS, 33 (40.7%) achieved remission at the end of treatment, compared with 31 of 83 (37.4%) receiving sham treatment...

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5.5 - WRIC (ABC-8): [Virginia Senators call for answers about care at veterans care centers](#) (27 June, Catherine Shelor, 477k uvm; Richmond, VA)

U.S. Senators Mark Warner (D-VA) and Tim Kaine (D-VA) pressed the Department of Veterans Affairs (VA) Tuesday on the quality of care at nursing homes that serve Virginia's veterans. An investigation by USA Today and The Boston Globe found most of the VA's 133 nursing homes, known as community living centers, have a higher percentage of residents suffering from pain and preventable complications than at comparable private care facilities.

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5.6 - WIBW (CBS-13, Video): [Topeka's VA receives this check for PTSD programs, live on the Red Couch show](#) (27 June, 439k uvm; Topeka, KS)

Legion Post 400 riders raised the funding two months ago; get more of the story from our show during PTSD Awareness Day.

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5.7 - WATN (ABC-24, Video): [Acting VA Secretary Visits Memphis VA Medical Center, Promises Changes](#) (27 June, Kim Chaney, 54k uvm; Memphis, TN)

A week after a scathing federal report, the director of the Memphis VA Medical Center promised continued improvements and better results. David Dunning hosted and gave a tour to VA Acting Secretary Peter O'Rourke Wednesday. The inspector general's report cited preventable deaths, sanitary issues, and under-whelming patient satisfaction. It offered 13 recommendations which Director Dunning said the hospital is implementing in every corridor of the hospital.

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5.8 - Big Island Now: [Sen. Hirono Presses to Expand VA Care Options on Neighbor Islands](#) (27 June, 54k uvm; Hilo, HI)

Sen. Mazie Hirono pressed Robert Wilkie, President Trump's nominee to serve as the next Secretary of Veterans Affairs, for a commitment to expand VA care options for Hawai'i residents living on Neighbor Islands and in rural communities. Senator Hirono secured a commitment from the nominee to work with her to ensure the success and completion of outstanding projects should he be confirmed.

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5.9 - WPTZ (NBC-5, Video): [VA warns fireworks can trigger PTSD in veterans](#) (27 June, Ross Ketschke, 18k uvm; Plattsburgh, NY)

Officials from the VA hospital in White River Junction issued a reminder on Wednesday that fireworks can trigger post-traumatic stress disorder reactions in some veterans. Thousands of American veterans suffer from some form of PTSD. Acting chief of mental health at the Department of Veterans Affairs, Dr. Laura Elizabeth Gibson, said the noise, sight, or even smell of fireworks can trigger memories of potentially traumatic combat situations for vets.

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5.10 - WNMU (NPR-90.1): [Jacobetti Home for Vets gets perfect score from VA](#) (27 June, Nicole Walton, 300 uvm; Marquette, MI)

For the first time, both state of Michigan-managed veteran homes met all 231 standards for nursing home and domiciliary care. That's according to surveys conducted by the U.S. Department of Veterans Affairs. This is the third year in a row that the D.J. Jacobetti Home for Veterans in Marquette has achieved a perfect survey result...

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6. [Suicide Prevention](#)

6.1 - Christian Science Monitor: [A plan to help veterans from 'the first minute' they leave the service](#) (27 June, Martin Kuz, 16M uvm; Boston, MA)

The occasion of Chris Carter's 23rd birthday in 2015 brought together his parents, friends, and fellow soldiers in sorrow rather than celebration. An Army Ranger who served four combat tours

in Afghanistan, he had died by suicide two weeks earlier, his mind trapped within a distant war that trailed him home.

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6.2 - In Homeland Security: [VA Report Provides Updated Information on Veteran Suicide Rates](#) (27 June, Wes O'Donnell, 33k uvm; Charles Town, WV)

I argued that if hiring managers and recruiters focused on the number 22 without context, they could severely impair veterans' ability to find meaningful employment. After all, according to the now infamous Veterans Affairs report from 2012, the VA candidly said it was using data collected from only 21 states. My line of reasoning, whether right or wrong, was that assigning the number 22 to the younger generation of veterans perpetuated a destructive stereotype for post 9/11 veterans.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Dayton Daily News (Video): [Fairborn vet one of thousands pushed into debt by VA mistake](#) (27 June, Max Filby, 1.1M uvm; Dayton, OH)

Veteran Rodger Zink felt betrayed by his own government when he found out in early 2017 that he owed the Department of Veterans Affairs around \$15,000 even after he told the agency months earlier that he thought he was receiving benefits he shouldn't be. Zink, 35, of Fairborn, is one of hundreds of thousands of veterans who have fallen into debt due to mistakes by the VA, the very agency designated to help them once they leave the armed forces.

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7.2 - Alabama Today: [VA announces grant for Alabama State Veterans Memorial Cemetery at Spanish Fort](#) (27 June, Elizabeth Lauten, 51k uvm; Birmingham, AL)

The Department of Veterans Affairs (VA) National Cemetery Association (NCA) on Wednesday announced it has awarded the state of Alabama a grant in the amount of \$274,393 for the expansion and improvement of the Alabama State Veterans Memorial Cemetery at Spanish Fort. "Our state and tribal partners are critical in helping NCA achieve our strategic goal of providing 95 percent of the Veteran population...

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - Washington Post: ['Failure is not an option': VA nominee Robert Wilkie told to fix the agency's morale crisis](#) (27 June, Lisa Rein, 43.9M uvm; Washington, DC)

Senate lawmakers told Robert Wilkie on Wednesday that he will face a workforce beset by poor morale if he is confirmed to lead the Department of Veterans Affairs, and that he must fix the problem if he is to stabilize the troubled agency. "Of all the challenges we have at VA, morale may be the biggest problem," Veterans' Affairs Committee Chairman Sen. Johnny Isakson (R-Ga.), told Wilkie during the 90-minute confirmation hearing...

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8.2 - Wall Street Journal: [Trump's VA Pick Stresses 'Customer Service' - Robert Wilkie, previously confirmed by the Senate for other posts, is considered likely to win approval](#) (27 June, Ben Kesling, 43.6M uvm; New York, NY)

President Donald Trump's pick to lead the Department of Veterans Affairs faced questions from senators about his vision for the future of private care for military veterans at his confirmation hearing Wednesday. Robert Wilkie, who has previously been confirmed by the Senate for other posts, is considered likely to win approval, though senators had said they would take the opportunity to closely question him.

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8.3 - USA Today: [VA nominee Robert Wilkie sees bureaucracy as biggest hurdle, pledges transparency](#) (27 June, Donovan Slack, 36.8M uvm; McLean, VA)

President Trump's pick to be the next secretary of Veterans Affairs, Robert Wilkie, said at his confirmation hearing Wednesday that he believes the most significant challenges facing the VA are "administrative and bureaucratic." Wilkie said that if confirmed, he will rely on his experience as undersecretary of Defense for personnel and readiness to improve morale and make the troubled VA more nimble.

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8.4 - CNN: [Trump's nominee to lead the VA: 'I welcome the scrutiny of my entire record'](#) (27 June, Juana Summers, 29.8M uvm; Atlanta, GA)

Robert Wilkie, President Donald Trump's pick to lead the Department of Veterans Affairs, defended his record in the wake of a Washington Post report that delved into his career, including his past membership and support of organizations dedicated to preserving Confederate memorials and honoring the confederacy. Questioned by Hawaii Democratic Sen. Mazie Hirono, Wilkie said that he welcomes scrutiny of his "entire record."

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8.5 - U.S. News & World Report (AP): [Trump's Pick to Head VA: Time to 'Shake Up' Department](#) (27 June, Hope Yen, 24M uvm; Washington, DC)

President Donald Trump's pick to lead Veterans Affairs is promising to "shake up complacency" at the struggling department by expanding private care to better meet the growing health needs of veterans, but he is rejecting a wholesale dismantling of VA. Robert Wilkie, currently serving as a Pentagon undersecretary, stressed the VA must work faster and better to address a rapidly growing population of veterans. He said if confirmed, he will not tolerate continued problems of long waits and bureaucratic delays...

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8.6 - U.S. News & World Report (AP): [The Latest: Wilkie Says Private Care Needed to Help VA](#) (27 June, 24M uvm; Washington, DC)

President Donald Trump's pick to lead Veterans Affairs is promising to "shake up complacency" at the department and push changes to expand private care for veterans. Robert Wilkie's confirmation hearing before a Senate panel is set for Wednesday. In prepared testimony obtained by The Associated Press, the Pentagon undersecretary says the ranks of veterans are rapidly changing and more are in need of faster health care. He says that means veterans should see more private physicians when needed.

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8.7 - NPR (Audio): [Trump's Uncontroversial VA Pick Sails Through Confirmation Hearing](#)

(27 June, Quil Lawrence, 22M uvm; Washington, DC)

Back in March, President Trump fired his first VA secretary, David Shulkin. His first nominee to fill the post, White House physician Ronny Jackson, withdrew after charges of professional misconduct. His next pick Robert Wilkie was seen as uncontroversial, with decades of Washington experience. On Wednesday, Wilkie had a relatively smooth confirmation hearing.

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8.8 - NPR (Morning Edition, Audio): [What To Know About Trump's VA Secretary Nominee Robert Wilkie](#)

(27 June, Quil Lawrence, 22M uvm; Washington, DC)

President Trump is trying again to fill the post of secretary of Veterans Affairs. The president fired his first VA secretary. His second choice, the White House doctor, had to withdraw. And the third choice is Robert Wilkie, who's been a veteran federal official and faces a Senate committee today. What's at stake?

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8.9 - The Hill: [VA nominee on treatment of women, minorities: 'I will stand on my record'](#)

(27 June, Rebecca Kheel, 11.9M uvm; Washington, DC)

President Trump's nominee to become Veterans Affairs secretary on Wednesday defended his record on his treatment of women and minorities following a news article about statements he made as a congressional aide. "I welcome a scrutiny of my entire record," Robert Wilkie told the Senate Veterans Affairs Committee at his confirmation hearing.

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8.10 - Military.com: [VA Nominee Wilkie Pledges No 'Privatization' Of Vets Health Care](#)

(27 June, Richard Sisk, 9M uvm; San Francisco, CA)

Robert Wilkie, President Donald Trump's nominee to become the next VA Secretary, said Wednesday that he was against "privatization" of VA health care and would work to break the bureaucratic logjams on wait times and benefits appeals. At his confirmation hearing before the Senate Veterans Affairs Committee, Wilkie also rejected allegations that he supported "racially divisive" issues in his private life and in his past work as a staffer for conservative senators.

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8.11 - News & Observer (McClatchy): [VA nominee deflects critiques over NC work and Confederate events, headed for confirmation](#)

(27 June, Brian Murphy, 3.9M uvm; Raleigh, NC)

The son of a Vietnam combat veteran seriously injured in his second tour, Robert Wilkie faced little opposition from the Senate committee charged with vetting his nomination to be the next secretary of Veterans Affairs. Wilkie, 55, a longtime government official who has been through two previous confirmation hearings, earned praise this time from Democrats on the committee and deflected any controversy stemming from past work for former Sens. Jesse Helms of North Carolina and Trent Lott of Mississippi...

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8.12 - Military Times: [VA secretary nominee promises more medical choices for vets, but not privatization](#) (27 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs secretary nominee Robert Wilkie pledged to make that department more customer friendly and better integrated with outside health care systems without “privatizing” veterans services in a subdued Senate confirmation hearing on Wednesday. Wilkie, President Donald Trump’s third pick to lead the massive VA bureaucracy, said if he is confirmed his priorities would be to improve veterans access to medical care.

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8.13 - Stars and Stripes: [VA secretary nominee Robert Wilkie is headed for confirmation](#)

(27 June, Nikki Wentling, 1.5M uvm; Washington, DC)

After months of unsteadiness at the top echelons of the Department of Veterans Affairs, lawmakers and major veterans groups are looking for consistency at the agency – and they think Robert Wilkie could be the one to deliver it. Wilkie, President Donald Trump’s pick for VA secretary, faced a panel of senators Wednesday, most of whom seemed willing to approve his nomination. Wilkie, 55, was considered a safe choice for the job...

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8.14 - MedPage Today: [Mostly Softballs for VA Nominee at Confirmation Hearing, Swift confirmation now expected for Robert Wilkie](#) (27 June, Shannon Firth, 1.5M uvm; New York, NY)

Robert Wilkie, the nominee for Secretary of Veterans Affairs, sailed through his confirmation hearing with barely a hiccup on Wednesday afternoon. "You've gotten pretty good at this," Jon Tester (D-Mont.), the ranking Democrat on the Senate Committee on Veterans' Affairs, told Wilkie after the roughly two-hour hearing.

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8.15 - Government Executive: [VA Nominee Promises to Protect Against Privatization, Boost Pay for Some Employees](#) (27 June, Eric Katz, 870k uvm; Washington, DC)

President Trump’s third nominee to serve as head of the Veterans Affairs Department faced a relatively smooth confirmation hearing on Wednesday, with lawmakers on both sides demonstrating little interest in blocking his appointment. Robert Wilkie, who served as acting VA secretary after President Trump fired David Shulkin earlier this year...

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8.16 - Modern Healthcare: [Senate panel puts Wilkie on confirmation path for VA chief](#) (27 June, Susannah Luthi, 460k uvm; Chicago, IL)

President Donald Trump’s nominee Robert Wilkie sailed through a Senate confirmation hearing to clear him for the top post at the Veterans Affairs Department, despite thinly veiled sparring by Democrats and Republicans over whether his implementation of the VA Choice reforms could restart the privatization debate.

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8.17 - WISH (TV-8, Video): [US senators question nominee for Veterans Affairs secretary Wilkie](#) (27 June, Mark Meredith, 319k uvm; Indianapolis, IN)

President Donald Trump's pick to lead the U.S. Department of Veterans Affairs on Wednesday faced tough questions from lawmakers on Capitol Hill. Veterans Affairs has been without a permanent secretary since March. Robert Wilkie said, if confirmed as VA secretary, veterans can expect quicker access to health care. "Our prime directive is customer service ... when a vet comes to VA, it's not up to him to employ a team of lawyers to get VA to say 'yes,'" the nominee said.

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8.18 - KRTV (CBS-3, MTN News, Video): [Tester questions Trump's VA nominee](#) (28 June, 195k uvm; Black Eagle, MT)

U.S. Sen. Jon Tester told Wednesday President Trump's nominee to lead the Veterans Administration that he wants him to succeed. "We are seeing political interest groups given a seat at the table instead of veterans. I hope you agree that this type of behavior undermines the VA's mission to serve the millions of veterans who rely on the VA.

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8.19 - Courthouse News Service: [Pick for VA Secretary Eager to Resolve 'Instability'](#) (27 June, Brandi Buchman, 191k uvm; Pasadena, CA)

President Donald Trump's pick for secretary of veterans affairs defended his former enthusiasm for Confederate history, vowing Wednesday that he would oversee the department with an eye for all veterans, including minorities and women, if confirmed. Robert Wilkie has served as acting head of the Department of Veterans Affairs since President Trump fired former Secretary David Shulkin in March following a report from the agency's inspector general of multiple ethics violations...

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8.20 - Fierce Healthcare: [Trump's pick to lead VA testifies he opposes privatization in first Senate confirmation hearing](#) (27 June, Paige Minemyer, 141k uvm; Washington, DC)

President Donald Trump's pick to lead the Department of Veterans Affairs, Robert Wilkie, told senators on Wednesday that he would oppose efforts to privatize the VA health system as he testified in the first of his confirmation hearings for the job. Under questioning before the Senate Veterans Affairs Committee from Sen. Bernie Sanders, I-Vt., Wilkie said he believes in the "centrality" of the VA in caring for the nation's veterans.

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8.21 - Task & Purpose: [He's A Service Member And Child Of A War-Wounded Vet. Can He Succeed As The Next VA Chief?](#) (27 June, James Clark and Jeff Schogol, 102k uvm; New York, NY)

The son of a soldier wounded during the Vietnam War, he claims he was born in in "khaki diapers." Now, former Department of Defense under secretary for personnel and readiness Robert Wilkie seems poised to wade into the mess that is the Department of Veterans Affairs — and, if all goes according to plan, restore good order and discipline to the troubled agency.

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8.22 - KUFM (NPR-89.1, Audio): [Tester Urges VA Nominee To Resist Political Pressure](#) (27 June, Eric Whitney, 41k uvm; Missoula, MT)

In April, Democratic Senator Jon Tester endured a tweet-storm from Trump after Tester released a list of anonymous accusations that Trump's previous nominee was unfit for the job. That nominee, Admiral Ronny Jackson, subsequently withdrew his nomination. The President then tweeted that Tester should resign from the Senate, and said he'd come to Montana to campaign against his re-election this year.

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9. [Other](#)

9.1 - Post and Courier: [Charleston man who never served in military scammed VA for nearly \\$200,000 in benefits](#) (27 June, Angie Jackson, 318k uvm; Charleston, SC)

A Charleston man who never served in the military swindled nearly \$200,000 in health care benefits out of the Department of Veterans Affairs by claiming he fought in the Vietnam War and received two Purple Heart medals, federal prosecutors say. Keith Hudson, 70, pleaded guilty to health care fraud in U.S. District Court this week. He faces a maximum sentence of 10 years in prison for the scam...

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1. [Top Stories](#)

1.6 - Politico: [VA will have 3 Cerner-powered hospitals by 2020](#) (27 June, Darius Tahir, 23.9M uvm; Arlington, VA)

With help from Arthur Allen (@arthurallen202) and Mohana Ravindranath (@ravindranize)

VA WILL HAVE THREE CERNER-POWERED HOSPITALS BY 2020: Implementation of Cerner's EHR will begin in October in three hospitals in Washington state and be completed by March 2020, acting VA secretary Peter O'Rourke said at a Congressional hearing Tuesday.

While the headline suggests smooth sailing on untroubled seas between now and then, the remainder of the House Veterans Affairs Committee hearing focused on potential trouble spots with the department's \$16 billion Cerner contract.

— Staffing?: O'Rourke wasn't able to provide concrete answers to the questions swirling around the VA's leadership. The department had sent recommendations for potential hires at the department's permanent deputy secretary, chief information officer, and Veterans Health Administration leadership spots, he said, but the White House apparently rejected them all.

"I don't see how this is going to end well until we get the requisite positions filled," said Rep. Mark Takano (D-Calif.).

The identities of permanent IT leadership are similarly undefined, or otherwise controversial. Rep. Tim Walz, the committee's ranking member, questioned the role of acting CIO Camilo Sandoval, who is being sued for alleged sexual harassment during his time at the Trump campaign – and also doesn't have any health IT experience.

But O'Rourke signaled confidence in Sandoval, saying, "He's working to restructure the Office of Information Technology because of the poor leadership it's had in the past."

We reported Monday that Genevieve Morris is set to lead implementation of the new EHR, but O'Rourke called that notion "premature."

"She has been instrumental helping us in the past few months," O'Rourke said, adding, "She's a candidate for the job."

John Windom, the current leader of the EHR modernization, said it was structured to have 260 full-time employees — 35 of those positions are not filled. "We expect to grow," he added. Field staff will be brought in at different times but "it's imperative we don't disrupt care," he said.

—But will doctors like it? It doesn't matter how well-led the project is, or how slick its interfaces are if doctors aren't happy with the resulting EHR system.

"What does that money buy?" asked committee chairman Phil Roe. "EHR modernization is fine, but if the doctors reject it no amount of technology will save it."

Witnesses said lessons learned from the thus-far rocky rollout of the Pentagon's EHR project will help provide a happy answer to that question. "Frontline providers need to be involved in design and also testing," said the project's medical lead, Ash Zenoozi.

After the hearing, our colleague Arthur Allen chatted with Zenoozi about how the VA would determine whether doctors were happy — might it include polling? "We get a lot of feedback, regardless of polling. There's enthusiasm and excitement as well as anxiety. ... Naysayers are important to a process of this scale and size. If you don't bring them in you won't get success." Most frontline clinicians are excited about Cerner because it will provide more functionality in things like nationwide registries and analytics, she said.

"We need to start communicating with the field and getting them engaged, and hopefully that will get them to the table," she said. "If that doesn't happen I'll probably be the first one speaking out. I represent the clinicians, that's my job."

—Controversy over VA secretary nominee: Robert Wilkie will get his turn under the Senate Veteran Affairs' Committee's scrutiny before a confirmation vote today. Controversy has just touched off about Wilkie, as the Washington Post just published a profile noting his service to some of the nation's most controversial politicians, like former Sen. Jesse Helms.

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1.9 - Columbus Dispatch: [VA clinic looking for source of two cases of Legionnaire's disease](#) (27 June, Holly Zachariah, 2.1M uvm; Columbus, OH)

The water fountains and ice makers have been shut off at the Chalmers P. Wylie VA Ambulatory Care Center in Whitehall until tests results show whether the water there was the source of the Legionnaires' disease contracted by two veterans.

Both veterans visited the clinic's primary-care area sometime since May 28, VA spokesman Carl Higginbotham said Wednesday.

One was diagnosed at Chalmers, and the other at Mount Carmel East Hospital. Both veterans are being treated with antibiotics, Higginbotham said.

In addition to the two patients with an official diagnosis, five others have presented some symptoms of Legionnaires' disease, he said.

Clinic employees were notified Sunday night that the 26 drinking fountains were being shut off as a precaution. A company that tests the facility quarterly for legionella, the bacteria that causes Legionnaires' disease, tested the water Monday, and the results are expected soon, Higginbotham said.

For now, bottled water is being provided to employees and visitors at Chalmers. About 2,000 veterans a day visit the facility for appointments and care.

This is the time of year when Legionnaires' disease is most common, and, often, the cases are never connected and no "outbreak" is declared, health officials said.

Columbus Public Health has investigated 41 confirmed cases of Legionnaires' disease this year, with 26 of those coming in June. No two have been connected, said spokeswoman Kelli Newman Myers.

Franklin County Public Health has investigated 23 cases this year, 17 of those in June. No two of those have been connected, either, spokeswoman Mitzi Kline said.

Legionella bacteria can be found naturally in water, but when it spreads into building water systems and to places such as showers stalls, faucets and drinking fountains, it can become a health concern. The federal Centers for Disease Control and Prevention says that people with weakened immune systems can be vulnerable to the bacteria and develop Legionnaires' disease. Breathing in water droplets from the air that contain the bacteria can be the problem.

Legionnaires' disease usually develops two to 10 days after exposure to the bacteria, according to information from the Mayo Clinic. It often starts with flu-like symptoms of a headache, muscle pain and a high fever. Later symptoms can include a cough — which might bring up mucus and sometimes blood — shortness of breath, chest pain, vomiting and confusion.

The disease was named after an outbreak at the American Legion convention in a Philadelphia hotel in 1976.

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1.10 - WMC (NBC-5, Video): [Memphis VA Medical Center vows changes after VA Acting Secretary's visit](#) (27 June, Jessica Holley, 592k uvm; Memphis, TN)

Veteran Affairs Acting Secretary Peter O'Rourke's tour of Memphis's VA Medical Center comes eight days after an inspector general's report on the hospital found serious breakdowns in communication, training, and consultations resulting in patient deaths and illness.

Between October 2015 and September 2017, "Sixteen surgical inpatients with serious treatable conditions died while receiving care at the facility."

And more than 50 patients developed other illnesses while in the care of the Memphis VA or sustained injuries after surgeries.

"The 13 issues brought up in the IG report are very important things for us to look at. They are opportunities for us to make the better experience here even better," O'Rourke said.

The VA's new medical director, David Dunning, said the inspection of the hospital came in January and caught them mid-stride with some changes already implemented.

"It's not just the physical changes that you see in the organization, it's actually as you walk down the hall, you can feel the difference in the Memphis VA from what it was just a year ago," Dunning said.

Changes include the \$16 million purchase of new equipment, more oversight of daily operations, and additional training for staff.

"Yes, we do have an occasional where we do not make the mark, but when we don't make the mark, we learned a lesson, we institute the lesson, and we try to get better each and every time," Dunning said.

Dunning said Wednesday that while the hospital is working to boost its current one-star, out of five, rating, the hospital's main focus right now is improvement to veteran care.

After O'Rourke toured the Memphis VA, he stopped by Shelby County Criminal Justice Center at 201 Poplar.

Judge Bill Anderson Jr. asked O'Rourke to tour the courtroom. He said he hoped the visit would help O'Rourke see the need for an increase in the focus on female veterans and to see how current veterans court programs are succeeding.

"Veterans treatment courts across the country work. They take people out of the jail system which is what they are designed to do. They rehabilitate them and get them back to where they were before they came in," Anderson said.

Since 2012, more than 350 veterans who faced criminal charges have been through the program, giving them a second lease on life. The program provides treatment and other services for veterans who may struggle with substance abuse and/or mental health issues.

"We are just taking a segment of people that I think deserve more attention, who have earned more attention for their service to our country," Anderson said. "They earned what they deserve, what they fought for. They are in the right to live the good life in the United States. To be happy."

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2. Greater Choice for Veterans

2.1 - The Hill: [VA nominee pledges to oppose privatization](#) (27 June, Nathaniel Weixel, 11.9M uvm; Washington, DC)

President Trump's nominee to lead the Department of Veterans Affairs on Wednesday said he doesn't believe in privatizing the agency and pledged to oppose privatization efforts.

"My commitment to you is I will oppose efforts to privatize," even if it runs counter to the White House agenda, Robert Wilkie told a Senate panel.

Under questioning from Sen. Bernie Sanders (I-Vt.), Wilkie said he would keep the VA "central" to the care of veterans, but indicated there can be a balance.

Democrats and some veterans service organizations believe the White House is being influenced by Charles and David Koch, conservative billionaires who back the group Concerned Veterans for America (CVA), which is pushing to loosen current restrictions on veterans receiving private-sector care.

Trump has made reforming the VA a major political goal, and the ousting of former secretary David Shulkin in March stoked speculation that the White House wanted to drastically expand veterans' access to private-sector health-care providers.

Shulkin blamed his ouster on forces within the administration that he said are pushing hard for unfettered privatization.

Wilkie breezed through Wednesday's confirmation hearing with scant opposition from Democrats.

Aside from privatization, committee Democrats pressed him lightly about his record on treatment of women and minorities following a news article about statements he made as a congressional aide.

Senators expressed hope that Wilkie would be confirmed quickly. No committee vote has been scheduled, and Congress will be in recess next week.

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2.2 - The American Prospect: [Tapped: The Prospect Group Blog, Trump Administration Moves Forward on VA Privatization](#) (27 June, Suzanne Gordon, 239k uvm; Washington, DC)

Under the guise of reducing veteran suicides, the Trump administration has released a plan that could radically reshape veteran care in the United States. The stated goal is to expand mental health services for newly transitioned veterans, the proposal, which administration officials approved on May 31, contains provisions that could starve the Veterans Health Administration of needed resources, add impossible burdens to already struggling VHA staff, and privatize veteran mental health care by outsourcing it to non-VA providers. As studies have consistently shown, such private-sector providers are ill equipped to address veterans' complex needs.

Released on May 3, the Joint Action Plan represents an outline of how the Departments of Veterans Affairs, Defense, and Homeland Security propose to implement an executive order President Donald J. Trump signed in January. The order called for providing all service-members transitioning out of the military—about 245,000 a year—with 12 months of free mental health care. The impetus behind the plan—preventing veteran suicides—and a number of things in it are praiseworthy, even essential. But according to a careful analysis by the Veterans Healthcare Policy Institute, the plan could actually jeopardize the stellar suicide prevention and mental health programs that the VA has long pioneered.

The action plan stipulates that transitioning service-members will have access to 12 months of mental health benefits. Service-members must also be informed that they don't have to seek help from the VHA and are free to go to private-sector mental health providers, if they are, for any reason, not interested in VHA care. The plan calls for some VHA oversight of these private-sector providers, but provides no funding for staff needed to monitor their care.

The danger is that VHA veterans could be cared for by providers who may not understand their specific problems or provide evidence-based treatment for them. As studies have documented, private-sector care falls well short of the public sector in treating veterans. Unlike the care delivered at the VHA, which is well-coordinated, veteran care in the private sector would be uncoordinated and their providers largely unaccountable. Even worse, the funds to pay for

expensive care in the private sector will come directly from the VHA budget. Without new congressionally approved allocations, the VHA will be forced to cannibalize existing programs to pay for the mandates.

Such threats come at a time when the VA system is already plagued by underfunding and understaffing. On June 14, 2018, the VA Office of the Inspector General (OIG) issued a report that once again highlights the problems created by Congress's long-standing failure to fully fund and staff the Veterans Health Administration. Its detailed, facility-by-facility list of staff vacancies includes the mental health professionals needed to serve a growing number of veterans with serious mental health and substance abuse problems. (Seventy percent of facilities had shortages of psychiatrists and 40 percent of psychologists.)

The Joint Action Plan does not require that the Defense Department or others provide transitioning service-members with information about the high quality of programs the VHA has developed to deal with complex mental health problems. This kind of education is essential because any current or future problems the VHA faces provide fodder for right-wing critics—like Fox and Friends—as they churn out a steady stream of anti-VHA stories designed to convince veterans that the VHA can never serve their needs. Neither conservative nor liberal media do much reporting on the many innovations the VHA has pioneered in the delivery of integrated primary care, mental health care, or suicide prevention. Yet as studies have shown, the VHA has a far better track record on these issues than the private sector.

The Joint Action Plan doesn't even call for measuring whether newly discharged service-members receive such information. It does, however, recommend measuring how quickly department personnel are trained on the referral process to community-based support resources.

The plan's defects don't end there. Without offering additional funding, the plan requires the VA to train outreach workers and peer support staff, who then must repeatedly contact all 245,000 transitioning veterans. Staff will also have to provide care for an estimated 32,000 veterans each year. Finally, the VA will have to evaluate the success of all these and other programs.

Yet the plan does not suggest conducting an assessment of how many new VHA staff would need to be added, and thus funded, to accommodate these new caregiving and outreach responsibilities. Because twice as many veterans receive mental health treatment compared with ten years ago, VA mental health staff are already overwhelmed by their high caseloads. A recent report on VA mental health care from the National Academies of Science, Engineering, and Medicine said that the VHA's mental health-care system could be a model for the nation but that it was plagued by shortages of staff and clinical and exam space, which had created high staff burnout and turnover. Trying to accommodate thousands of new patients will lead to increased burnout and delays, which, absent attention to increased staffing, will fuel demands to outsource more and more care.

Because the Joint Action Plan claims that its provisions will advance the laudable mission of preventing veteran suicide, it may receive support from Congress and some Veterans Service Organizations. Like the recently passed VA Mission Act, the VA Accountability Act, and many other recent measures, it is rife with intended consequences. As advocated by representatives of the Concerned Veterans for America—a Koch brothers'-backed group whose representatives now advise the VA and White House—it is, in fact, just another step down the slippery slope of VHA privatization.

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2.3 - Task & Purpose: [Privatized VA Healthcare Will Look Like the Private Prison Industry](#)

(27 June, Jim Craig, 102k uvm; New York, NY)

This afternoon the Senate Veterans Affairs Committee will hold its nomination hearing for Robert Wilke to be the new VA Secretary. The challenges facing whoever becomes the next VA secretary are many and they are wicked. Among the most challenging issues the new secretary will face is the requirement to manage the political environment around the idea of increasing the privatization of veteran healthcare. (Recently the term “privatization” has fallen out of the lexicon in favor of a more focus-group approved term, “community care”.)

When the president fired the head of the Department of Veterans Affairs in March the overriding cause appeared to be that Secretary Shulkin was not moving fast enough to increase private options for veteran healthcare.

To be fair, that criticism was accurate.

During his year as the Secretary, Dr. Shulkin expanded the VA Choice Program, which is designed to use private sector health systems when wait-times are too long or medical specialties are not available through the Veterans Health Administration (VHA). But he was loathe to move further down the road of privatization. As he wrote in the New York Times on March 28, 2018, “Working with community providers to adequately ensure that veterans’ needs are met is a good practice. But privatization leading to the dismantling of the department’s extensive healthcare system is a terrible idea.”

As a veteran who uses VA healthcare and a Veterans Studies professor, I have been trying to better understand the distinction noted in Dr. Shulkin’s statement for myself and my students. What are the possibilities and the perils of privatized veteran health care?

At first glance, it makes sense that the private sector — with competition, innovation and a ready pool of talent — could help a Veteran Health Administration that continues to struggle under an unwieldy administrative structure and a patient load that is larger than any healthcare network in the country.

But upon further consideration, military-related health care may be so specific that the expertise developed in the VA can’t be replicated in private practice. Also, isn’t the health of those who have served on our behalf inherently a governmental responsibility, not a for-profit endeavor?

As I searched for an analog, I stumbled upon another intrinsically governmental responsibility that is regularly contracted to the private sector: incarceration. In 2017 there were over 125,000 Americans incarcerated in the \$5 billion for-profit prison sector. That figure does not count the tens of thousands of people held in privately run immigration detention centers.

As we consider what privatized veteran healthcare might look like, reviewing the record of the privatized prison sector may be instructive.

In theory, private prisons solve a problem for the government. When there are too many prisoners and not enough prison cells, private companies fill the gap. Private companies are more nimble. They can establish new prisons far faster than the government can get a new

prison-approved, funded and built. And because they are profit-driven, private companies can respond quickly to contract requirements and changing circumstances. The competition in the private sector should ensure that the most efficient and most effective companies get contracts, while bloated and ineffective companies go bankrupt. Finally, when the “demand” is low, private prisons can be closed as quickly as they were established. Given this, it would seem that privatizing our incarceration facilities minimizes government expenses while increasing capacity.

In practice, however, the track record of private prisons is not good. They tend to be less competitive, more opaque, more expensive, and uninterested in rehabilitation. By these measures, private prisons are actually worse than public ones.

The private prison sector is uncompetitive. After decades of mergers and acquisitions, there are essentially only two (massive) private prison firms, CoreCivic (formerly Corrections Corporation of America) and GEO Group. These firms trade in the same employee and management pool, processes and outcomes. This duopoly doesn’t provide the government with a legitimate market for its business.

Yes, public prisons have problems. The April 16th riot at Lee Correctional Institution in South Carolina highlights the serious (and dangerous) nature of this business. But at least infractions at public institutions are subject to public scrutiny, often leading to governmental action. In private prisons, public knowledge about internal operations are a business risk. These prisons appear more likely to have internal violence and the public is less likely to know about it. The private prison sector is so opaque that it does not respond to the most basic tenet of governmental openness – the Freedom of Information Act. Congress has tried (and failed) six times to make private correction facilities subject to FOIA requests.

Private prisons have a higher rate of prison escapes and inmate violence. Further, there is some evidence that private prisons don’t accept prisoners that may cost extra. Inmates with greater health needs are avoided because they are deemed less profitable.

Most importantly, private prisons have no incentive to rehabilitate. When a firm’s revenue stream is based on filled prison beds, programs to help prisoners return to society decline and time-based penalties for prison infractions increase. The small print on the last page of GEO Group’s 2017 annual report lists “our ability to activate the inactive beds” and “our ability to maintain or increase occupancy rates” as threats to their profitability.

Veteran healthcare is expensive and its administration is cumbersome, just like incarceration. But as long as the government is intimately engaged in the process, the veteran is the consumer. Shift to a privatized model and the veteran becomes a product to be monetized. Just as the incentive to rehabilitate prisoners is diminished in the for-profit prison system, the incentive to create treatments that actually heal veterans might be removed in favor of positive quarterly stockholder reports.

In many ways, veteran healthcare is different than civilian healthcare. The veteran population is aging with a health profile rarely seen in the private health industry. Massive privatization may mean losing governmental expertise in brain injury, trauma, burns, chemical and environmental exposure, infectious disease, and hearing loss. Because some veteran health issues are “unprofitable,” we can assume that the private sector will not be interested in maintaining expertise in those fields. What happens to the injured veteran when specific expertise is lost in both public and private sectors?

Veteran health issues are not all chronic. In the VHA, veterans can and do heal. They get better and move on with their lives knowing the safety net earned through honorable military service remains. In a setting where the patient is the product, the incentives to heal or to undertake long-term medical strategies are greatly diminished.

Finally and maybe most importantly, it appears that the VA may actually be better than private sector health systems. For all of the high profile coverage of failures and mismanagement at VHA facilities, a recent study determined that the VHA actually performs better than or similar to other health care systems in many areas. This favorable comparison includes wait times.

Our commitment to veteran healthcare is not new. In his second inaugural address, Abraham Lincoln identified the moral argument for the government's involvement in veteran health. He said: "...let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow, and his orphan." If sending our men and women to war is among the most serious decisions a society can make, then taking care of those injured by that decision must continue to be a societal imperative. That imperative should not be subcontracted away from the government without long and thoughtful deliberation.

Jim Craig is an Associate Teaching Professor at the University of Missouri-St. Louis and the founding Chair of the Department of Military and Veterans Studies. He is a retired infantry officer with deployment time in Iraq and cubicle time on the Army staff. He considers himself lucky because a Rumsfeld "snowflake" once fell onto his very small desk.

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3. Modernize Our System

3.1 - Becker's Hospital Review: [VA sets 1st Cerner go-live for 2020](#) (27 June, Julie Spitzer, 441k uvm; Chicago, IL)

The U.S. Department of Veterans Affairs plans to be fully functional on its new Cerner EHR at three test sites in the Pacific Northwest by March 2020, officials said in a hearing before the House Committee on Veterans Affairs June 26.

The overhaul will follow a wave model, with the first go-lives slated at Washington VA facilities in Spokane, Seattle and American Lake this July. Implementation is set for October.

VA finalized its contract with Cerner May 17, awarding the EHR vendor \$10 billion over the next 10 years to put the VA on the same records system as the U.S. Defense Department. The goal is to take lessons learned from DOD's early implementations to avoid similar mishaps and complications. DOD began its transition to Cerner in February 2017 and has been criticized for numerous problems, including the management and documentation of patient care, poor system usability, insufficient training and inadequate help desk support.

Committee Chairman Rep. Phil Roe, MD, R-Tenn., emphasized the project's scope and the need for strict government oversight. He proposed a new subcommittee June 21 that would monitor the EHR transition.

"\$15.8 billion over 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency," Dr. Roe said. "The EHR Modernization is not just a technology project; it will have a major impact on the way Veterans Health Administration operates. That means clinical and administrative workflows. It will also reshape the culture, as VistA has. However, if imposed on the clinicians from the top down, the culture will reject it, and no amount of technological savvy will be able to save it."

It is not yet clear who will lead the modernization project. VA has faced an internal leadership struggle since President Donald Trump fired former Secretary David Shulkin, MD, in March. Shortly after, acting CIO Scott Blackburn — a key figure in the project — resigned.

Since Dr. Shulkin left the agency, Robert Wilkie has been serving as interim secretary. His confirmation hearing is scheduled for June 27. However, a number of other posts remain vacant, including deputy secretary and undersecretary for health.

Despite the present lack of permanent leadership, Dr. Roe is hopeful about the Cerner transition.

"The scale is daunting and the ambition is impressive. That is evident," Dr. Roe said during the hearing. "I am interested in the benefit, at the end of the 10 years, to the veteran and the clinician. The lifetime health record has to be worth the potential disruption. The ease of use and the new analytics in the EHR have to be worth the learning curve."

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3.2 - Federal Computer Week: [VA's new health record could yield savings – in 10 years](#) (27 June, Adam Mazmanian, 189k uvm; Vienna, VA)

As the Department of Veterans Affairs embarks on a decade-long, \$16 billion journey to replace its homegrown electronic health records system with a commercial platform, there's some hope there will be savings on the post-implementation side.

Currently, operation and maintenance costs for the 40-year-old Vista system exceed \$1 billion per year.

At a June 26 hearing of the House Veterans Affairs Committee, a key tech oversight official said this figure could actually come down following the implementation of the Cerner system.

"I sure hope that it's a hell of a lot less than the \$1 billion we currently spend," said Dave Powner, the director of IT management issues at the Government Accountability Office. "We got standardization. We won't have an old language. And we can save a lot of money in the hosting arena," he said.

Especially with regard to hosting, VA historically has been "one of the worst agencies on consolidating their data centers," Powner said. "This is an opportunity to do that right with the Cerner implementation."

Cerner CEO Zane Burke told the panel that the future O&M "will be less than the ongoing costs of the current Vista system." Burke explained that Vista's complexity, with more than 100

different versions each with its own upgrades and training, creates a situation "significantly more expensive" than working with the single instance of Cerner.

"We do anticipate taxpayer savings over time," Burke said.

Committee Chairman Rep. Phil Roe (R-Tenn.), himself a physician, isn't so sure.

"Mr. Powner, I hope you're right. But in my experience in the private world was that I always spent more and more on technology, not less," Roe said.

The three-hour-plus hearing included testimony from Acting VA Secretary Peter O'Rourke and officials leading the VA's health record acquisition and implementation plan.

O'Rourke noted that the Cerner project falls under his direct control now, in the absence of a Senate-confirmed deputy secretary. Trump administration nominee Robert Wilkie will take over leadership, assuming he is confirmed. Several Democrats on the committee took the opportunity to prod the acting secretary on the lack of Senate-confirmed leaders in key agency positions, including the CIO job and the head of the Veterans Health Administration.

O'Rourke announced the first three task orders on the Cerner contract covering the overall project plan, site assessments and data hosting.

John Windom, the retired Navy captain who led the Pentagon's health record acquisition and is currently a senior executive at VA, explained that Cerner is now on the hook to deliver a master schedule within 60 days.

The system implementation for the initial operating capability sites will launch on Oct. 1 of this year. Full implementation at those sites is currently scheduled to take 18 months.

Windom also explained that in addition to the \$10 billion Cerner contract, the VA was planning on paying \$4.59 billion for infrastructure updates and \$1.2 billion for program management.

Powner is concerned that the planned \$16 billion spend could go up and wants better documentation of implementation costs. He's also looking for VA to nail down its analysis of how much of Vista is actually being replaced by Cerner. Estimates range between 50 percent and 90 percent.

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3.3 - Healthcare Informatics: [VA Plans Cerner EHR Go-Live at Three Sites by 2020; Lawmakers Call for Close Project Oversight](#) (27 June, Heather Landi, 158k uvm; New York, NY)

The U.S. Department of Veterans Affairs (VA) plans to begin deployment of a new \$16 billion electronic health record (EHR) system at three sites in the Pacific Northwest—Spokane, Seattle and American Lakes, all in Washington—in October 2018 with a goal of full capability by March 2020, according to VA officials.

During a House Committee on Veterans Affairs hearing Tuesday, Acting VA Secretary Peter O'Rourke updated lawmakers on the initial stages and planning for the VA EHR modernization

project as the agency transitions from its aging legacy VistA system, which it's been using for several decades, to a new Cerner EHR system.

The much-anticipated EHR modernization contract between the VA and Cerner was finally signed on May 17, after a delay of several months. A year ago, the VA announced that it would replace its aging EHR system by adopting the same platform as the U.S. Department of Defense (DoD), an EHR system from the Kansas City-based Cerner. The Cerner-VA project is a \$10 billion contract, but the VA estimates that \$5.8 billion will be needed for project support and infrastructure over 10 years.

"VA's EHR modernization will be a flexible, incremental process, welcoming course corrections as we progress. Effective program management and oversight will be critical, it will be critical to cost adherence as well as to timelines, to performance quality objectives, and to effectively implement risk mitigation strategies," O'Rourke said.

"We've designed a proactive and preemptive contract management strategy. We're working closely with DoD, listening to advice from respected leaders in healthcare, and we're fully engaged with Cerner, establishing governance boards and optimizing deployment strategy. We intend take advantage of lessons learned to mitigate risk, and strategy will adapt as we learn and technology evolves.

In the midst of this project, President Donald Trump's nomination to lead the VA, Robert Wilkie, has still not been confirmed; he faces a Senate confirmation hearing today. There has been tumultuous turnover among VA leadership in the past six months. Former VA Secretary David Shulkin was fired back in March and President Trump's initial nominee, Navy Rear Adm. Ronny Jackson, withdrew his nomination amid damaging professional allegations.

O'Rourke reported to lawmakers that the VA was moving forward to establish appropriate governance and to tackle change management issues. "This is deep change, and this is a technical and cultural challenge; the human component is central to success. We'll engage end users early to train facility staff and promote successful adoption. It's a user-centric approach to veteran-centric change," he said.

During the hearing, Congressional leaders voiced concerns on a number of issues and potential hurdles for the VA EHR modernization project.

Governance, Accountability and Leadership Vacancies

Committee chairman Rep. Phil Roe, M.D. (R-Tenn.) and ranking member Tim Walz (D-Minn.) announced last week the creation of a new subcommittee to focus on conducting oversight of the EHR modernization program and other technology projects at VA.

"Leadership will make or break this project, as will the oversight," Rep. Walz said. "This panel will be a small group of three to five committee members who will focus intensively on these issues. EHR modernization is a big bet on the future of VA and we simply must make sure it succeeds."

On the subject of governance and leadership, many committee members voiced concerns that there are still critical leadership roles that have yet to be filled, including a confirmed VA Secretary, a deputy secretary, an undersecretary for health and the CIO.

“I don’t see how this is going to end well unless we get top leadership positions in place,” Rep. Mark Takano (D-Calif.) said.

Committee members also questioned O’Rourke about media reports stating that Genevieve Morris, principal deputy national coordinator health information technology (ONC), will be leading the Electronic Health Record Modernization Program (EHRM) team. Morris was detailed to the VA earlier this year.

O’Rourke called those media reports “premature,” while acknowledging that Morris was a candidate for the position. “She has been instrumental in helping us in the past few months. She was loaned to us from HHS, and she has been critical to this team and helped us with broader perspectives of the industry and successful ways of implementing this project.”

DoD Cerner Implementation Issues

The DoD already is having issues with its Cerner implementations, according to a Pentagon report, and committee members pressed VA officials on these issues. Back in May, Politico detailed a Pentagon report which found that experts who have seen the DoD-Cerner deployments have cited highly damaging issues with that rollout, inclusive of problems so severe that they could have resulted in patient deaths. The DoD-Cerner EHR deal from 2015 is worth about \$4.3 billion.

One Congressional leader on the committee questioned O’Rourke about this report and whether it had any impact on the decision to adopt the Cerner platform. “We’re putting all eggs in one basket—every DoD and VA health record—did it give you pause?”

“We knew about implementation issues and how they have been resolved and we have integrated what we learned from them into our deployment strategy,” O’Rourke said. “We never had rose-colored glasses on; we knew that this would be an extreme challenge.”

Asked if he had any existing concerns, O’Rourke replied, “It’s cost scheduling performance, and our ability to track to the milestones that we’ve developed.”

Ashwini Zenooz, M.D., chief medical officer for the VA’s EHRM program, said one of the biggest lessons learned so far from the DoD Cerner implementation has been the need to engage frontline providers early, which the VA is currently doing, she said. “Frontline providers have to be involved, and especially in the testing process. Users will be an integral component of user testing to make sure it works before go-live, to ensure patient safety,” she said.

Rep. Gus Bilirakis (R-Fla.) asked Vice Admiral Raquel Bono, director of the Defense Health Agency at DoD, to define the top challenges of the DoD EHR modernization project. “The two most challenging parts is governance and change management, and I’m gratified to see VA is working on this up front. The ability to make decisions needed at an enterprise level to maintain that interoperability and connection with VA is extremely important.” She added, “Being able to involve clinicians right from the start is an important part of the change management effort.”

Interoperability and Sunsetting VistA

During the hearing, committee members also pressed VA and DoD officials about interoperability between the Cerner systems, once implemented. Interoperability between VA

and DoD has been an ongoing issue, and something that agency leaders have assured Congress will occur with the adoption of the same Cerner platform.

“Our goal is to have seamless data transference,” O’Rourke said.

Zenooz said, “A complete longitudinal record is the ultimate goal. We have learned lessons from the DoD implementation, and external implementations, and when we go live at the Cerner sites, we will have a single system that will ingest all the records, not only from DoD, but also community providers. That will include clinical notes, lab exams and radiology exams.”

On the subject of interoperability with community providers, Zenooz said, “More than 30 percent of care within VA is provided in the community. Our goal is to not only have data be available to them, but to build on it.” She added that the goal is to provide the ability for providers inside and outside the VA to have the “analytics tools and registries available to them, so that they participate and improve patient outcomes.”

Zane Burke, Cerner Corporation president, also testified about the EHR modernization project, telling lawmakers that he estimates the cost of operating the new EHR platform will be less than the current cost of \$1 billion annually that is spent to operate and maintain VistA. “Today, VistA has 100 different instances, so it requires different training and the upgrades and updates are more expensive. We believe there will be taxpayer savings over time.”

Burke also testified that, from a technical perspective, there has been progress to address the challenges around interoperability.

“There isn’t as big a challenge on interoperability today as in the past from a technical perspective, but there are still business processes within communities that create a different experience on the availability of that information. One of those challenges is who owns the personal health record. We’re offering personal health records for free, that’s ultimately one of the ways we move past those business model challenges in that space,” he testified. “It’s a complex arena, and we have spent significant time on that. We’re committed to this process.”

Burke added, “There is an opportunity for the VA and the DoD to lead in this space and I’m convinced that we have the capabilities to do that.”

One committee member also pressed VA and DoD officials on whether there would be multiple EHR systems in use. “Modernization will result in one and only one EHR system? Can you confirm that once the Cerner Millennium EHR is deployed, VA will stop using VistA and the joint legacy viewer?”

“Our intent is not to use VistA,” O’Rourke said. When asked if the Cerner EHR system will completely replace the DoD’s legacy system, Bono replied, “We will sunset the legacy system and we will maintain some connection to the legacy database, but the applications and programs, those will be sunset.”

However, David Powner, director of IT management issues at the U.S. Government Accountability Office (GAO), testified that an analysis indicates the Cerner EHR may not replace all of VistA’s functionalities. He reported that an application view of VA’s health IT environment identified over 330 applications that support healthcare delivery at a VA medical center. “About 128 of these are identified as VistA applications, and 119 have similar functionality to the Cerner solution. The bottom line here is it’s important to know how much of Vista the Cerner solution

will replace. Some analyses say 90 percent, but the application view suggests a much lower percentage.”

He added, “We want to avoid a situation down the road where there are surprises as to exactly what the Cerner solution is replacing.”

Powner noted that the 10-year price tag for the Cerner EHR implementation would likely be higher than \$16 billion. “Given the complexity and cost, and the fact that VA healthcare and IT acquisitions and operations are both on GAO’s high-risk list, this acquisition needs to be effectively managed.”

He outlined several key factors that would be critical to the success of the program, namely, Congressional oversight, business change management, building appropriate cybersecurity measures and interagency governance, noting, “This project needs a strong CIO role.”

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3.4 - Health Data Management: [VA efforts to implement Cerner EHR face close scrutiny from Congress](#) (27 June, Greg Slabodkin, 143k uvm; New York, NY)

As the Department of Veterans Affairs looks to implement a new Cerner electronic health record system replacing the agency’s legacy EHR, members of Congress are letting the VA know they are committed to seeing the project through.

“\$15.8 billion over 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency,” said Phil Roe, MD (R-Tenn.), chairman of the House Veterans’ Affairs Committee, during a hearing on Tuesday. “The EHR modernization is a big bet on the future of VA, and we simply must make sure it succeeds.”

Last week, the House Committee on Veterans’ Affairs announced plans to create a new subcommittee focused on providing oversight of the VA’s major information technology projects, including the \$10 billion EHR modernization contract awarded last month to Cerner.

“To get this done right is going to take transparency and oversight—the creation of this subcommittee is a great first step,” said Tim Walz (D-Minn.), the ranking member of the House Committee on Veterans’ Affairs. “I’ve seen too many VA projects fail because of lack of leadership...we still don’t have a confirmed secretary, deputy secretary, under secretary for health, or chief information officer—it’s pretty important that those positions be filled.”

Walz pointed out that the VA intends to create a single common EHR system with the Department of Defense using a shared Cerner Millennium platform, and that the agency’s planned acquisition calls for aligning the deployment and implementation of the system with DoD’s ongoing rollout of its own system—called MHS GENESIS—in order to achieve efficiencies.

However, he noted that DoD’s director of operational test and evaluation released a report last month that found that the military’s Cerner EHR system—installed at four initial sites in the Pacific Northwest—is neither operationally effective nor operationally suitable.

“The root cause must be identified and remedied—VA cannot fail veterans again,” Walz said. “VA and the White House must act now to remedy the deficiencies so that we have qualified leaders in place before the project implementation begins this fall.”

Acting VA Secretary Peter O’Rourke testified that the agency recognizes and fully appreciates the challenges that DoD has faced in its initial implementation of its own Cerner EHR. As a result, he told members of the House Committee on Veterans’ Affairs that the VA has adopted a “proactive and preemptive” contract management approach to deploying the system at targeted initial operating capability (IOC) sites to identify problems and correct them before installation at additional sites.

“The contractor will begin conducting site assessments for the IOC sites beginning in July 2018 and concluding in September 2018,” O’Rourke said in his written testimony. “VA anticipates the system implementation for the IOC sites to begin Oct. 1, 2018, with an estimated completion date set in March 2020. With this IOC site approach, we will be able to hone governance, identify efficient strategies and reduce risk to the portfolio by solidifying workflows and detecting course correction opportunities prior to deployment.”

He added that DoD and VA are working closely to ensure lessons learned at the military’s initial sites will benefit future deployments for both agencies.

Vice Admiral Raquel Bono, MD, director of the Defense Health Agency, testified that DoD is in the midst of making “important improvements” to software, training and workflows based on lessons learned from deploying the Cerner EHR at four initial military sites in the Pacific Northwest.

“The VA and DoD understand that the mutual success of this venture is dependent on our continued close coordination and communication,” said Bono, noting that by adopting the same EHR platform the two agencies will “fundamentally solve the problem of transitioning patient health record data between the departments by eliminating the need for moving data altogether.”

“These projects are very complex, and this will be a significant undertaking,” adds Cerner President Zane Burke. “All these kinds of projects have what I call ‘white knuckle’ moments—and, I would anticipate that this will have a handful of those. What I do feel good about is that we have a governance model to address those. And, that’s one of the key reasons for success or failure.”

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3.5 - Fierce Healthcare: [Lawmakers cite VA leadership holes in EHR implementation with first go-live scheduled for 2020](#) (27 June, Evan Sweeney, 141k uvm; Washington, DC)

Representatives on the House Committee on Veterans Affairs grilled senior officials at the Department of Veterans Affairs about a lack of leadership that could derail the agency’s ability to execute on a massive medical records modernization project with several positions still unfilled.

Currently, the VA is operating without permanent appointments to three positions critical to the implementation of Cerner's EHR platform, a 10-year, \$16 billion project: The deputy secretary, the undersecretary for health and the chief information officer have yet to be confirmed.

Robert Wilkie, tapped to replace former Secretary David Shulkin, will undergo confirmation hearings on Wednesday.

VA Acting Secretary Peter O'Rourke agreed that senior leadership involvement in the transition is "absolutely critical for success." He deferred questions about the deputy secretary to the White House and said the VA is establishing a search commission to fill the undersecretary position, recently vacated by the retirement of Thomas Bowman.

VA Acting CIO Scott Blackburn resigned abruptly in April. He was replaced by Camilo Sandoval, the former director of data operations during Donald Trump's presidential campaign. Committee Chairman Rep. Phil Roe, R-Tenn., said Sandoval was not invited to Tuesday's hearing.

"I don't see how this is going to end well unless we get the top leadership positions in place, especially [ensuring] the chief information officer is a highly qualified individual to oversee this project," said Rep. Mark Takano, D-Calif. "It's not on you, it's on the White House for leaving these positions unfilled, especially when we have a massive, massive contract we have to oversee."

Rep. Ann McLane Kuster, D-N.H., asked O'Rourke directly if he felt Sandoval, who is currently facing allegations he "slandered, harassed and sexually discriminated against" a Trump campaign employee, can effectively fill the role.

O'Rourke said he has "a lot of confidence in Sandoval," who is helping the VA restructure its office of information technology. But he added, "if the president decides to remove a political appointee then we'll have someone else to step into that role."

There also appears to be some confusion about who is leading the VA's Office of Electronic Health Record Modernization. On Tuesday, Politico reported that Genevieve Morris, the principal deputy national coordinator at the Office of the National Coordinator for Health IT, would lead the program moving forward.

When pressed, O'Rourke called the report "premature reporting" but stopped short of calling it inaccurate. He said Morris is "perfectly qualified" and "definitely a candidate for the job."

Go-live scheduled for 2020

Agency officials also detailed an implementation timeline for three initial VA Medical Centers in Washington: Mann-Grandstaff, American Lake and Seattle. The VA will begin deployment in October with a go-live date of March 2020, O'Rourke said Tuesday.

But those sites don't appear to be set in stone. When pressed by Rep. Jim Banks, R-Ind., Ashwini Zenooz, M.D., chief medical officer of the VA EHR Modernization Program, said they would "continue evaluating" VA sites.

"I think we're always evaluating what's best," she said. "We've had several discussions to see if we should be looking at other sites, but we've always been talking about it from day one to make sure we're going to the right place."

In addition to the \$10 billion contract with Cerner, the VA has set aside \$5.8 billion for project management support and infrastructure over the 10 years.

But David Powner, director of IT issues at the Government Accountability Office, said the price tag is even higher because VA did not include internal government employee costs. Powner added that he believes the move to Cerner was the right call, but given the VA's placement on the GAO's high risk list, "this project needs to be effectively managed."

Cerner CEO Zane Burke assured lawmakers that when all is said and done, the cost of running the Cerner system will be less than the annual cost of maintaining the old Vista platform, which is approximately \$1 billion a year. Rep. Phil Roe, R-Tenn., countered that the pace of changing technology will likely add new costs, and the EHR rollout in October will "look totally different in 2028."

"I think there will be added costs; I don't see how there couldn't be more costs," Roe said.

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3.6 - KBIA (NPR-91.3, Audio): [Veterans Administration Plans to Open a Clinic in Springfield this Fall](#) (27 June, Michele Skalicky, 57k uvm; Columbia, MD)

Work continues on an \$8.6 million clinic for military veterans under construction on the south side of Springfield. The 68,000 square foot Department of Veterans Affairs Gene Taylor Outpatient Clinic, near Kansas Expressway and Republic Rd., will replace the VA Clinic in Mt. Vernon once it's up and running. It's expected to open in the fall.

The first thing you notice when you walk in the clinic is the abundance of natural light with plenty of windows to let in the sun. The Veterans Health Care System of the Ozarks in Fayetteville, Arkansas is going for LEED Silver in constructing the facility. LEED is a national certification system developed by the U.S. Green Building Council that provides a framework to create healthy, highly efficient and cost-saving green buildings.

Wanda Shull, spokesperson for VHCSO, said it will be what the Veterans Administration calls a "super clinic" that will offer a variety of services: "Primary care, mental health, lab, radiology," she said. "We'll have audiology services, a sleep lab. Endoscopy and dental are two new services coming here that we don't currently offer in Mt. Vernon."

There will be two lactation rooms for nursing moms. The clinic will also provide the new Patient Aligned Care Team or PACT model. Jacque Long, facility planner for VHCSO, said each patient's primary care team consists of a doctor, a registered nurse, a licensed practical nurse and a clerk.

"Used to be that they were kind of in little silos, you know for their teams. Now they will be in open areas, and they will all be in one spot, so it will be easier to collaborate with each other," Long said.

The clinic will also house a homeless program for veterans. That will offer things like help finding HUD and VA-supported housing, case management, acquiring basic living skills and

more. A similar program will be offered at a new VA clinic currently under construction in Joplin, which is also scheduled to open this fall.

The Springfield clinic will also have a VA police force.

"This is a larger clinic, so the decision was made to have VA police as opposed to contracted security, which we would have at our other clinics," said Shull.

Mental health care will be a prominent part of the new clinic. Long says the VA has expertise in taking care of patients with post traumatic stress disorder or PTSD.

"As one veteran told us, 'we get it,' where the general public doesn't," said Long. "Our behavioral health has 25 consult rooms, so I think our capacity for our mental health needs are here."

According to Long, the VA trains providers on evidence-based practices in working with PTSD patients.

Around 200 people will be employed at the Springfield facility. Many will come from the Mt. Vernon clinic, and some will be moved to the new facility in Joplin. Additional staff will be hired. Those jobs will be posted at USAjobs.com.

Between 7,000 and 8,000 new enrollees are expected when the Springfield and Joplin clinics open. One of those is likely to be Al Wagner of Springfield who said he's "proud to be a Navy veteran."

Wagner is commander of VFW Post 3404 on E. Atlantic in Springfield. He's had private insurance most of his life and didn't want to make the drive to Mt. Vernon for care. But he said he'll probably use the new clinic in Springfield when it opens. Wagner was in the Navy from 1959 to 1964 and served as a boilerman onboard a ship during the Laos Conflict, which preceded the Vietnam War. He's old enough, he said, to remember when O'Reilly Hospital was in Springfield.

"And when they moved it out, that was a disaster to the Springfield area, so bringing this new clinic back to Springfield is a plus for all veterans in the area," said Wagner.

Wagner is happy to see a brand new, full-service clinic dedicated to veterans, getting ready to open in Springfield.

"The veterans served our country, and if we're going to repay them for their services and what they did for our country and what they sacrificed, if we can give them facilities that's convenient for them rather than having to all the way out of their way and spend time on the road rather than being with their family, that's a plus," he said.

Robert Boydston, vice commander at VFW Post 3404, served as a wheel vehicle mechanic in the Army for five and a half years. He deployed with the Tenth Mountain Division to Camp Victory, Iraq during Operation Iraqi Freedom IV. Boydston said he's looking forward to the opening of the Springfield clinic.

"I think it's going to be very convenient because I lead a very busy lifestyle. I actually do work outside of the post at a full-time job, so it's better than me having to drive all the way to Mt.

Vernon to try to go out of the way to just get some blood drawn and then, you know, come right back to where I need to be," Boydston said.

Boydston currently uses the Mt. Vernon VA Clinic as his primary care provider and has to drive to Fayetteville, Arkansas for some services.

"It's going to benefit the veterans locally here greatly," he said.

Veterans using the new facility, as with the VA Clinic in Mt. Vernon, shouldn't have to wait too long before getting in to see a doctor. According to Shull, they track wait times daily and work hard to keep them down. That sometimes includes holding Saturday clinics. At last check the current wait time in Mt. Vernon was eleven days. Shull says the goal is to get a veteran in to see a health professional within 30 days.

Shull hopes the new clinic will make it easier for veterans to have access to quality care. She points out that the VA is the best at serving the unique needs of veterans.

"The needs of a veteran are different based on their service, their military history, if they were injured during service in any way, and the VA really puts a lot of resources into their staff to help them to be able to work with those unique needs of veterans," said Shull.

If someone has served in the military but isn't enrolled in the VA, Shull encourages them to see if they're eligible for VA healthcare. They can do that, according to Shull, by going to any VA clinic or hospital or going to www.va.gov and filling out a form. And, she says they hope to host an eligibility fair at the clinic once it's open.

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3.7 - FedScoop: [Without key leadership, VA EHR modernization is off to worrisome start, lawmakers say](#) (27 June, Billy Mitchell, 57k uvm; Washington, DC)

The Department of Veterans Affairs' \$10 billion electronic health record modernization contract with Cerner, lawmakers fear, is not off to a good start.

After a yearlong battle to finalize the contract and get to a point where modernization work can begin, the lack of key leadership — namely a permanent CIO and undersecretary for health — could hurt its long-term success, members of the House Veterans Affairs Committee said Tuesday. The main concern is ensuring the 10-year project meets early milestones, the lawmakers said.

It was the committee's first oversight hearing on the EHR modernization since the VA inked the \$10 billion deal with Cerner in May. The program office leading the project's rollout expects to have the modernized EHR implemented at three sites in the Pacific Northwest by March 2020. By the end, the contract will likely cost closer to \$16 billion with requisite infrastructure and personnel needs, VA officials said Tuesday.

"I don't see how this is going to end well if we don't get the top leadership positions in place ... especially the chief information officer, as a highly qualified individual to oversee this project," said Rep. Mark Takano, D-Calif. "It's not on you. It's on the White House for leaving these positions unfilled especially when we have this massive, massive contract."

Currently, the VA is without a deputy secretary, who would be responsible for the EHR modernization. Thomas Bowman retired from that position June 15. Also, the department currently has an acting CIO — referred to as the executive in charge of the Office of Information and Technology — Camilo Sandoval. These two positions are primarily accountable for the success of the EHR project, but neither has seen permanent leadership since President Donald Trump took office in January 2017.

“I’ll remind you that we’re undertaking a \$10 billion ... initiative and we don’t have these critical positions filled,” Takano told Peter O’Rourke, who is VA’s acting secretary while the department awaits Senate confirmation of Trump’s latest nominee, Robert Wilkie. “I agree,” the fill-in VA chief said.

Without the deputy secretary in place — VA leadership has to form a commission to recommend a new nominee to the White House — ownership of the EHR project has fallen to O’Rourke. “[I]t’s very clear right now that a deputy has a pivotal and a critical role in this. Right now, without one, that rolls up to the secretary,” O’Rourke said. “It will stay with me until we have a new nominee confirmed, and then it will be with him until we have a deputy secretary in place.”

“Leadership will make or break this project,” ranking member Rep. Tim Walz, D-Minn., said, adding that “so will oversight,” telling his committee they have the opportunity this early on to make sure this project is a success.

Rep. Julia Brownley, D-Calif., agreed, saying that in her nearly six years on the committee, “Lack of leadership or turnover in leadership has caused delays in almost any endeavor that has been undertaken. I share the concerns of many in the committee that at the outset we’re worried about various deadlines and meeting the interim goals as we move forward on this.”

VA’s leadership has been scattershot at best over the past six months. The EHR contract had been a top priority of former Secretary David Shulkin, who first announced his intention in June 2017 to adopt Cerner’s off-the-shelf software in an effort to be interoperable with the Defense Department. He was fired by Trump in March. Since then, Wilkie stepped up to serve as acting secretary, as Trump initially nominated his personal White House doctor, Rear Adm. Ronny Jackson, to replace Shulkin. However, a scandal emerged around Jackson, and he removed his name from the running. Trump then nominated Wilkie to take over permanently, and by law, he cannot run the agency in an acting capacity as he awaits Senate confirmation. So the White House tapped O’Rourke, then VA chief of staff, to fill in in the meantime.

Back in April, Scott Blackburn, who had served as acting VA CIO since September 2017, also resigned. Sandoval, a former Trump campaign staffer, was picked to take over the acting CIO role. That choice was riddled with controversy, however, as Sandoval was sued by another former Trump campaign worker, Jessica Denson, who accused him of slander and sexual harassment. He initially worked in the Department of the Treasury after Trump’s election but was reportedly relegated to a basement office because he clashed with career staff. He later moved to the VA, where he was a key name in the reporting surrounding the internal struggle for power at the agency. That struggle ultimately led to Shulkin’s ouster.

Democrats from both chambers on Capitol Hill penned a letter in May unhappy with the White House’s choice to promote Sandoval.

Sandoval was notably absent from Tuesday's hearing to the dismay of many committee members. According to Chairman Rep. Phil Roe, R-Tenn., "VA did not offer him to be here."

Walz said he found it "deeply concerning the executive in charge of information technology, Mr. Sandoval, is not testifying today since the Office of Information and Technology is responsible for the EHR's successful implementation. We are kicking off a glorious day, we're at the beginning of the beginning, and the person responsible is not here."

O'Rourke said he's confident in Sandoval to fill that responsibility. "I have a lot of confidence in Camilo Sandoval and what he's been able to do ... he's been working with us to restructure the Office of Information and Technology because of some of the poor leadership it's had in the past."

But the thought by some on the committee, as expressed by Rep. Annie Kuster, D-N.H., is the Sandoval may be on the way out due to the allegations against him.

"If the president decides to remove a political appointee, then we will have somebody else step into that role, just like he stepped into that role when the previous executive in charge left," O'Rourke responded.

Kuster echoed the concerns of her colleagues: "It just seems that with an acting secretary waiting for confirmation, with a number of these offices that we've all discussed today including the chief information officer, I just have to note for the record we're not putting our best foot forward on this project, and it's a disappointment."

More hearings like this will be coming soon, as the committee Tuesday announced the creation of a new Subcommittee on Technology Modernization. Roe said it will "focus on oversight of the EHR modernization program as well as VA's other enterprise modernization projects and programs. The subcommittee will allow a small group, three to five people, of committee members to focus intensively on these issues and strengthen the work the staff has already been doing."

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3.8 - Illinois Business Journal: [Veteran Affairs outpatient clinic to open in Shiloh](#) (27 June, 28k uvm; Edwardsville, IL)

A ribbon-cutting ceremony will be held Thursday, June 28, in celebration of the opening of the Veterans Affairs outpatient clinic in Shiloh.

The new St. Clair County VA Clinic will be double in size, replacing the 5,000-square-foot Belleville Clinic in west Belleville, with a full commitment of allied health providers. The clinic will have 21 employees, including four physicians, licensed practical nurses, medical surgical associates and one psychologist, telehealth technician, pharmacist and registered dietitian.

St. Clair County VA Clinic uses the PACT Team model of care and includes expanded services. A "Whole Health program," which the VA calls a radical redesign of health care focusing on physical, emotional and social well-being of the whole person, will be employed at the clinic.

The event will take place at 2 p.m. and is open to the public. The clinic is located at 1190 Fortune Blvd.

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4. Focus Resources More Efficiently

4.1 - Times Union: Women who met working at VA still inspire each other - Tied together originally through work, these friends still bond after one got a different job (27 June, Sara Tracey, 1.5M uvm; Albany, NY)

Jennifer Audette and Cindy Chan laugh easily together. Their relationship began as a working one, when Cindy was hired at the Albany Stratton VA Medical Center, where Jennifer is the chief of social work. Cindy's since taken a new job as the director of pharmacy services at Hudson Headwaters Health Network in Glens Falls, but the two still stay in touch.

Q: How did you meet?

Cindy: At the VA. I took a job in 2012 as the business manager/administrative officer for the behavioral health department of the hospital. She was actually on my interview panel. I liked her immediately. She was heavily pregnant.

Jennifer: I delivered May 27.

Cindy: She was so... you could just tell that she's such an open, friendly person. And her bra strap was falling off. She's such a relatable person. We immediately clicked.

Q: How was Cindy in the interview?

Jennifer: Like she is now, herself. Very genuine, that's what connected for me for sure. You could think about what sort of connects you to someone in a relationship when you have a very busy life and children and things like that. I think what drew me to wanting to be friends with Cindy and maintain that when she left the VA. To be honest and straightforward with me; to call me out when I needed to be called out. And she has a great sense of humor. We work hard, and we play.

Q: Did you often work together at the VA?

Cindy: I was basically the administrative officer for the department. I saw myself as the support for each of the employees. Jen and I worked really close together. She had a lot of students coming in under her.

Jennifer: Social workers really make up a lot of the services we offer at the VA. So the administrative task of managing them is very large and it's not in my skill set, so I was always pretty amazed with Cindy and her background with her MBA. That's something that's amazed me: We share so many values like work ethic, things like that, but our training and where we grew up – she grew up on the island, I grew up here – is sort of different, but those core values are the same and that's what brought us together.

Even when we were solving a problem what was neat was I would come in with a challenge and she would flip that whole challenge on its head and see it in a completely different way. When we planned things to do training for things like clinicians, like for women's health for instance, committees and lots of people and lots of time. She pulled off a whole training by herself with maybe minimal support. It was sort of an interesting way to flip it: Why did we have to have so much support staff? She just did it with her laptop, checking people in. I offered to help, and she said, "No." But then it came to a panel piece, and I said, "This is my gig, this is my jam, I can do this." And (Cindy) said, "OK."

Q: Has it always been a good give-and-take professionally and personally between you two?

Cindy: Absolutely. Jen's always open to different things, different ideas, and that's what I thrive on. I wanted to help her. I was always asking, "Jen, what can I help with? Just let it go!"

Jennifer: You have to have that trust -- and here's the value piece -- we're both pretty driven people. We have a standard for which we expect things to be done, and it's hard to trust that someone will have your back with that. For many years I ran this by myself without any help and my hair falling out. So when she came in, it helped me build. Honestly, with new staff coming in and looking for those same values. She really pulled those things off.

Cindy: Why I even nominated Jen for this ... you could always hear her coming down the hallway. She's walk very fast and in those heels. She takes everything so seriously and dedicates herself to everything she's doing. I'd be like, "Jen, no one's life depends on you except your children." Her dedication is admirable in such a relatable way. There are some women who are so polished, but Jen does it and she ...

Jennifer: With my bra strap hanging off.

Cindy: But that's what I love about you! She's killing it. She's teaching at SUNY Albany, she's working this crazy full-time job being pulled in 1,000 different directions, and then she has her children

Jennifer: I have a special needs child.

Cindy: And her husband travels a lot. I don't know how she does it, but she does it.

Q: That's something Cindy put in her email to me, Jen. Does that balance come easily?

Jennifer: No, no. What I think is that there's always times in which you're not able to give fully in every area. But it's the ability to give on stuff when you can, and to find the support when you need it. Even if it's on the 10-minute drive to Albany when we get to connect, it gives you the juice to keep going. It gets you grounded again. That's the thing, is having those friends and connections where you value the same things. I see all those things (Cindy) says about me I see in you.

I just happened to pop by her house, and she was going to make me dinner. She has the same schedule, the same pressures, the same stressors as I do. She's showing me the house, and I see she's painting the cabinets. I was going through (Angie's List) to redo my cabinets. But you can do it yourself? I'm on it!

Q: So Jen, what inspires you about Cindy?

Jennifer: One, and it's something different about us but we have a great synergy, is that she's fearless. She will try a new project, a new idea. We did paddleboarding, we tried that.

Cindy: And she knocked me in the lake! In October!

Jennifer: She pushes me to think that there's more than I can do, there's more things to try. Which is nice, because you need to have that energy. I've been at the VA for a long time, I've been married to the same person for a long time, I've lived here for a long time. To have a friend that pushes you to do something new is really valuable.

Q: What do you think of that, Cindy?

Cindy: I'm driven by new experiences. Jen and I have had a lot of similar experiences and worked with a lot of the same people. We've supported each other through those, some of those tough times.

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4.2 - WPEC (CBS-12, Video): [New report shows shortages of staff at local VA medical center](#) (26 June, 718k uvm; West Palm beach, FL)

If you're a veteran or someone you know is a veteran, here's a story that should concern you.

A new study has just been released about VA medical centers around the country.

The one in West Palm Beach has numerous occupations where it doesn't have enough staff. The findings are contained in a more than 200 page report just released by the VA Office of Inspector General.

The bottom line is, according to the report, this VA has shortages of staff in more areas than any other VA medical center in Florida.

"Well, they need to hire," said Robert McQuaid, a veteran from West Palm Beach.

McQuaid spent 21 years in the U.S. Army, serving in Kuwait, Iraq and Afghanistan. He's also a married father of three.

He was surprised to learn about the new information on staffing shortages.

"It would be beneficial to have more doctors to be able to care for more veterans," McQuaid said.

Using figures supplied by each VA Medical Center in the U.S., the VA Office of Inspector General did a nationwide review of staffing shortages.

They found as of Dec. 31, 2017, the VA medical center in West Palm Beach had shortages in 21 types of occupations.

The top five areas with the greatest shortage of staff, ranked in order of importance by the VA are:

"It's upsetting," McQuaid said. "We need more psychiatrists."

Some veterans feel to be understaffed in a number of areas is unacceptable.

"The government should be backin' all this," said Chuck Boykin, a veteran from Lake Park. "We fought for the country."

Boykin is a Vietnam veteran who gets medical care at the West Palm Beach VA.

He feels without enough staff, it could mean longer wait times for veterans to get an appointment.

"We more or less gave our lives for this country," Boykin said. "Some of us made it back, some of us didn't and it's like they don't really appreciate it, you know?"

The West Palm Beach VA gave us a written statement, saying in part:

Although we recently had a few vacancies in areas and fields of expertise that are difficult to recruit nationwide, we have hired key positions that allow us to maintain access to excellent quality care.

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4.3 - WHBQ (FOX-13, Video): [VA secretary visits Memphis hospital, director touts improvements](#) (27 June, Zach Crenshaw, 618k uvm; Memphis, TN)

The top Veterans Affairs leader visited Memphis on Wednesday – just one week after a scathing Inspector's General report rated the VA hospital one star out of five, which categorized it in the bottom 10 percent of hospitals nationwide.

In the five months since, the hospital director said things have dramatically improved and the culture is changing.

He admitted, though, the hospital still has a long way to go.

Over the course of just one year, 16 veterans died with treatable illnesses. Memphis VA Director David

Dunning wasted no time addressing the recent report.

"What a shame," Dunning said. "I personally feel each and every one of those [deaths]. And I think we all do here. It hurts us that we may not have met the mark."

The director was eager to talk improvements, as the current head of the VA, Acting Secretary Peter O'Rourke, was touring the hospital.

"We have cut that mortality rate in half," said Dunning. "We are now better than the VA average."

He said patient satisfaction is also up from the report's abysmal 49 percent.

"Early on it was not a rare event, but now it is a rare event for a veteran to express displeasure or extreme displeasure," said Dunning.

O'Rourke noted the physical improvements.

"It's been very encouraging to see what director Dunning has done," said O'Rourke. "You can't walk through this hospital without seeing all the construction projects."

The hospital is still one star out of five though, in the bottom 10 percent of the VA.

Dunning said he expects the next report to be much better, because he said our veterans deserve better.

"When you walk down the hall you can feel the difference in the Memphis VA from what it was just a year ago," said Dunning. "Have we reached our end point? Have we reached perfection? Absolutely not."

O'Rourke has been acting secretary but will likely be replaced soon as the head of the VA. While he was in Memphis on Wednesday, Robert Wilkie was having his Senate confirmation hearing.

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4.4 - KTBS (ABC-3, Video): [Overton Brooks VA Medical Center celebrates Pride Month](#) (27 June, Bia Roldan, 298k uvm; Shreveport, LA)

Just at the tail end of June Overton Brooks VA Medical Center celebrates pride month.

There was cake, balloons, freebies and educational pamphlets.

Navy Veteran Rebecca Norris is the president of Louisiana Trans Advocates's Shreveport Chapter. Her organization was one of several that participated in the event.

"We're able to provide the information to people who otherwise would never hear about us," Norris said. That gives them opportunity to ask questions in a safe environment and possibly gather up materials either for themselves or for loved ones."

The event is part of an effort from the v-a to go from a "don't ask don't tell" mentality to their new motto, "we serve all who served."

"I'm very glad that we're evolving to something where people don't feel like they have to be quiet about who they are," Overton Brooks LGBT Veterans Liason Leilani Sullivan said.

The hospital established their LGBT program in march last year.

Its committee is comprised of medical center staff, community partners, and veterans.

One of the program's goals is to make sure veterans who identify as lgbt are treated fairly--with sentivity and respect.

"If one of our LGBT veterans feels that maybe they weren't treated as they should've been treated, they can come and see me and I will make sure we right the wrong," Sullivan said.

Army Nat'l Guard Veteran and LSUS Gay Straight Alliance member Paul Jackson said Overton Brooks is going in the right direction.

"I think it's beautiful, as a former combat veteran, I think it's absolutely wonderful that theyre doing this for our folks."

According to a study by The Williams Institute of UCLA back in 2010 there were 70 thousand lesbian, gay, and bisexual people serving in the US military.

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4.5 - KTVQ (CBS-2, MTN News, Video): [Veterans learn about VA health benefits in Billings](#) (27 June, David Jay, 192k uvm; Billings, MT)

Through their military service, veterans have earned health care benefits and may need help knowing what's available.

On Wednesday, veterans heard from the Veterans Administration at the VA Health Care Center in Billings. People from nine departments in Billings explained the benefits to the veterans.

"Sometimes it appears a bit complex and bureaucratic and so we want to break down those barriers by having events like this," said Ralph Gigliotti, the VA's Veteran Integrative Service Network (VISN) 19 Director.

Nationwide, every year, more than 1,200 health care facilities serve 9 million veterans.

"From my capacity, I think the most noble mission in federal government is to provide the services for these earned benefits that our veterans have done," Gigliotti said. "I've done it for 35 years and I'm just honored and humbled to be able to do that."

The VA's VISN 19 Rocky Mountain Region network hosted the town hall meeting.

The network includes Montana, Wyoming, Utah, Colorado and Oklahoma.

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4.6 - Tampa Bay Reporter: [Navy Vet Appointed Associate Director At Bay Pines](#) (27 June, 17k uvm; Saint Petersburg, FL)

The U.S. Department of Veterans Affairs has announced the appointment of Jonathan S. Benoit as associate director of the Bay Pines VA Healthcare System.

His appointment took effect Sunday (June 24).

As the associate director, Benoit is responsible for the executive level oversight of the healthcare system's Engineering Service, Environmental Management Service, Logistics, Nutrition and Food Service, the Office of Safety and Emergency Management and the VA Police. In addition, he will act as the organizational liaison to the Network Contracting Office, Office of Information and Technology, and the Veterans Canteen Service.

"As a U.S. Navy veteran and established health care administration professional, John has proven himself to be an outstanding leader in every position and assignment he has held," said Suzanne M. Klinker, director, Bay Pines VA Healthcare System. "I am excited that he will now be able to share his talents and expertise with us as a member of the executive leadership team."

Before his appointment as associate director, Benoit served as the acting assistant director since February 2018. Before that, he served as chief, Health Administration Service since August 2016 and also served in a similar capacity for Eastern Colorado VA Healthcare System in Denver before coming to Bay Pines.

Benoit began his VA career as a Graduate Healthcare Administration Training Program fellow with the VA Sunshine Healthcare Network, and then took a position with the Orlando VA Medical Center as the Chief of Data Quality for the center's Health Administration Service.

Benoit is a summa cum laude graduate from the University of North Florida with a bachelors of science degree in Community Health and holds a masters of science degree in Health Services Administration from the University of Central Florida. He is a Navy veteran and has earned the prestigious reputation of being one of the quickest promotions to the rank of chief petty officer in naval history. Benoit has more than 18 years of experience working in three different government sectors, many of those years in health care.

The Bay Pines VAHCS is one of the nation's leading VA healthcare systems, employing more than 4,300 medical professionals and support staff dedicated to providing the very best care to Veterans residing in southwest Florida.

The organization is one of the largest VA health care systems in the country in terms of patients served and is accredited by the Joint Commission, Commission on Accreditation of Rehabilitation Facilities, and several other nationally recognized accrediting organizations

. The Bay Pines VAHCS operates nine facilities including the main medical center located in Bay Pines and outpatient clinics located in Bradenton, Cape Coral, Naples, Palm Harbor, Port Charlotte, Sarasota, St. Petersburg, and Sebring.

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4.7 - Columbia Business Times: [The Impact of Truman Memorial Veterans' Hospital](#) (27 June, Kacen J. Bayless, 14k uvm; Columbia, MD)

After she got back from her deployment in Iraq, Heather Brown couldn't sleep. When she wasn't at work or attending class at MU, she shut herself off from others.

Asking for help can be painful for those experiencing a mental health crisis. For members of the military, the stigma surrounding mental health and treatment is debilitating. “I didn’t want to do anything,” Brown says.

When she came back from her deployment in April 2004, Brown tried to re-enter the life she had left as a student at MU. However, that life became challenging. She knew she needed help, but she waited a few months before asking for it.

“It was one of those things where I felt like there was something wrong with me, that I was broken,” she says. “It took a long time for me to understand that there’s nothing wrong with me, that this is a normal response to those kind of stimuli and really just look past that stigma.”

Brown’s mom, a veteran herself, informed her about the mental health care offered by the VA and advised her to get help. Once she learned more about the VA, one of her sergeants walked her to the VA admissions office in Columbia and told her, “They’ll take good care of you.”

A Hospital’s Coming of Age

Founded in 1972, Harry S. Truman Memorial Veterans’ Hospital is a 126-bed facility in Columbia offering full inpatient and outpatient services to about 40,000 veterans from 43 counties in Missouri and one county in Illinois. Veterans’ needs are met at Truman VA’s main campus in Columbia or through eight community-based outpatient clinics.

During the founding of Truman VA, Director David Isaacks says, there was a big push in the U.S. to support medical training and academic affiliate hospitals. Columbia was chosen as the location for the hospital in part due to its affiliation with the MU medical program. Isaacks said MU even deeded the land to the federal government for the purpose of building the hospital. When the hospital was first starting out, during the midst of the Vietnam War, it was primarily a psychiatric hospital. Over the years, Truman VA has morphed into the academic affiliate, research-based hospital that it is today. Now, the hospital offers veterans comprehensive primary care, behavioral health care, and all inpatient and outpatient care — basically everything besides pediatrics and labor and delivery. The mission of Truman VA is to “honor our Veterans through partnership in optimizing their health and well-being through exceptional care, education, and research,” according to the hospital’s Community Benefit Overview.

The bulk of the hospital’s focus centers around comprehensive primary care. However, the primary care provided by a VA hospital differs from that of a private sector hospital. VA patient care involves a patient-aligned care team, which means that veterans who come to the hospital work with health care professionals to improve their overall “whole person” health.

Instead of referring patients to outside medical providers for services such as psychological care, the VA’s comprehensive primary care includes those services.

“What happens in the VA is that when a patient comes in for their primary care, we wrap all the services around the patient,” Isaacks says. “What that does is it restores the veteran faster. Our goal is to keep them healthier and out of the hospital.”

Making Strides

As an academic affiliate hospital, Truman VA maintains strong affiliations with MU’s School of Medicine, the Sinclair School of Nursing, the School of Health Professions and other health

related programs. Truman VA trains about 900 medical students every year. The VA hospital and MU Health Care are the only academic affiliates in the middle of the state.

“There’s no way the university could produce that many doctors if there wasn’t an affiliate here,” Isaacks says. “If we weren’t producing these doctors, there’d be a significant shortage.” According to the hospital’s Community Benefit Overview, more than 70 percent of all U.S. physicians have received training at VA facilities.

Isaacks stated that the number of employees at the hospital has grown by about 80 people over the last two years, and now they have 1,654 positions filled. The bulk of the hospital’s employees are in Boone County, but 10 to 12 employees are located at each of the eight outpatient clinics.

Isaacks said the overall operating budget of the hospital, which continues to grow, is about \$330 million per year. This does not include Truman VA’s construction budget, which Isaacks said has been about \$60 million over the past two years.

Due to both patient and employee satisfaction, Truman VA has consistently received many national and local awards and recognition. Jeff Hoelscher, public affairs officer, said this year employees ranked Truman VA as one of the top VA health care systems in the U.S. in both the Federal Employees Viewpoint Survey and the VA All Employee Survey.

In April, Truman VA was designated as an LGBTQ Healthcare Equality Leader by the Human Rights Campaign Foundation. The hospital was one of only 418 hospitals nationwide and one of 14 in Missouri to earn this designation. Three Truman VA staff members also recently received national LGBT Veteran Services I Care Certificates of Excellence from the Department of Veterans Affairs LGBT Health Program for outstanding LGBT veteran service. The hospital was also recognized with the 2018 Award for Innovative Best Practices in the city’s Mayor’s Climate Protection Agreement Awards in April.

In May, the Truman VA was recognized for 20 years of service to the Columbia Public Schools’ Partners in Education program. The Truman VA has partnered with Frederick Douglass High School since 1998. More than 200 Douglass High students have participated in the program, and several have found permanent employment at Truman VA.

‘You’re not going to find a more friendly hospital.’

After being diagnosed with post-traumatic stress disorder, Heather Brown finally found the help she needed at Truman VA.

“It’s one of those things where you’d always heard the bad things about the VA, so I was kind of nervous,” she says. “They completely blew me away with how it was not anything like what people had told me.”

She said that if it hadn’t been for the enrollment staff and the staff members she met initially at the hospital, she doesn’t know if she would’ve come back after that first visit. She said the staff listened to her needs, and, eventually, she went through almost all of the services provided by the hospital.

Now, Brown works as the strategic partnership officer for the hospital. She says that she developed her passion for helping veterans when she first started working for the Truman VA as an enrollment coordinator.

“So, the person who helped me the most, I actually started working with that person and I learned all about benefits and it really kind of started that passion to help veterans to really let them know what their benefits are, to get them the help that they need,” she says.

That passion for helping veterans has grown into her current role at the hospital. Now, Brown talks with veterans in the community and lets them know what the VA is and that “it’s not what you think and that we really are a fantastic hospital to go to,” she says.

Brown says that the stigma of asking for help is one of the biggest problems facing military health care. She and her team are working to break this stigma by attending health fairs and hosting events like May’s Mental Health Awareness Day at Logboat Brewing Co. She says the goal of the event was to get the message out there that it’s OK to ask for help — there’s nothing wrong with receiving treatment.

“You’re not going to find a friendlier hospital,” she says. “There’s an honest-to-goodness warmth. People here genuinely care about their veterans’ healthcare. We really want them to know that we care.”

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4.8 - WNJO (AM-1290, Audio): [Report: West Palm VA Medical Center Has Staff Shortage In 21 Occupations](#) (27 June, Danielle Gavish, 10k uvm; West Palm Beach, FL)

A new study on VA medical centers around the nation has been released and it shows that the facility in West Palm Beach has a number of occupations where it doesn't have enough staff. According to the VA Office of Inspector General, the local VA has shortages of staff in more areas than any other VA medical center in the state. The report shows a shortage of staffing in 21 types of occupations with Psychiatry being among the top 5. The findings represent staffing numbers as of December 31st, 2017, and a written statement from the medical center points out that they have hired key positions that allow veterans to maintain access to excellent quality care.

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[5. Improve Timeliness of Service](#)

5.1 - USA Today (USA Today Network, WXIA, Updated, Video): [Man protesting VA sets himself on fire at Georgia Capitol](#) (26 June, Kristen Reed, 36.8M uvm; McLean, VA)

A man who identified himself as an Air Force veteran set himself on fire Tuesday on the front steps of the Georgia Capitol to protest treatment by the Department of Veterans Affairs, state officials say.

The man was identified by Georgia Bureau of Investigation spokesperson Nelly Miles as John Michael Watts, 58. The department said he has no current address.

He was taken to Grady Memorial Hospital in Atlanta for treatment of serious injuries but was awake, authorities said.

"He set himself on fire," said Col. Mark McDonough, the commissioner of the state Department of Public Safety. "One of our troopers happened to catch it immediately. Got his fire extinguisher and used his fire extinguisher to put it out."

According to a statement from the Department of Public Safety, the man drove up to the Capitol in downtown Atlanta at about 10:45 a.m., exited his car and approached the west side entrance of the Capitol wearing a vest lined with "fireworks and flammable devices."

Authorities said he then doused himself in a "flammable liquid" and lit the fireworks. A quick-thinking state trooper saw the incident and was able to quickly grab his fire extinguisher.

Law officers have not provided details about the man's complaints about the U.S. Department of Veterans Affairs, saying only that he is disgruntled with the system.

"We have somebody who claims to be a veteran that is disgruntled by treatment by the VA," McDonough said.

The Capitol was evacuated and the roads surrounding the Capitol closed while state agents checked the area for any possible explosives. This also involved the deployment of a bomb disposal robot into the Capitol.

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5.2 - Military.com: [It's Time for the VA to Approve Service Dogs as a Treatment Option](#) (27 June, Rory Diamond, 9M uvm; San Francisco, CA)

Rory Diamond is the CEO of K9s for Warriors.

This month, which is National PTSD Awareness Month, K9s for Warriors published a study with Purdue University researchers in the prestigious Journal of Psychoneuroendocrinology showing that Service Dogs ameliorate the symptoms associated with PTSD in American veterans.

This study is a breakthrough in PTSD research. For the first time, there is physiological evidence that Service Dogs affect and improve the brain chemistry of those suffering through PTSD. As the military and veteran audience likely knows, those symptoms include debilitating anxiety, night terrors, fear of public places, and more.

This study resulted from a research partnership between K9s For Warriors and Purdue University's College of Veterinary Medicine. Leading the project was Dr. Maggie O'Haire, and the OHAIRE lab dedicated to studying the human-animal bond. Researches used mouth swabs to measure cortisol levels of K9s For Warriors graduates with a Service Dog, and those on a waitlist to receive a Service Dog (the control group). Comparing these two groups' cortisol levels revealed new scientific evidence that Service Dogs work. We now have data that our Service Dogs:

What does all this look like in real life? Veterans reunite with their families. They go to their kids' sports games and music recitals. They re-enter the workforce. They graduate from college and pursue more education. They plan date nights with their significant others again. They can go to concerts, amusement parks, and even the grocery store by themselves. Most importantly, Service Dogs are dramatically reducing our graduates' suicidal thoughts and suicidal ideation.

We've witnessed incredible transformations like these every day since we began this organization in 2011. But the Department of Veterans Affairs - the establishment charged with taking care of our veterans after service -- has repeatedly denied the efficacy of Service Dogs. Instead, they've prescribed piles of pills to thousands of veterans to treat their PTSD, often creating more problems and rarely leading to reduction of symptoms.

With this new study, there are no more excuses: we proved Service Dogs work, and they work far better than conventional treatment.

K9s For Warriors' end goal is to give all veterans access to Service Dogs if they choose. Not only are we partnering for this and more research, but we've also created the Association of Service Dog Providers for Military Veterans, so other, similar organizations will benefit from the data. Ultimately, we're pushing the VA to accept this research, and consequently implement Service Dogs into standard PTSD treatment. Our warriors deserve that much and more.

Although K9s For Warriors is the nation's largest service dog provider for post-9/11 veterans, the demand far outweighs what we and other nonprofits can supply. With this data, and a forthcoming additional study funded by the National Institutes of Health (NIH), we'll be even closer to healing PTSD in every American hero.

-- The opinions expressed in this op-ed are those of the author and do not necessarily reflect the views of Military.com. If you would like to submit your own commentary, please send your article to opinions@military.com for consideration.

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5.3 - We Are The Mighty: [How military sexual trauma victims can get service-connected](#) (27 June, Douglas Jackson, 3.6M uvm; New York, NY)

Sexual assault is a mortifying secret for far too many veterans. Although it is not often talked about, Military Sexual Trauma, or "MST" as it is often called, is a significant problem in the military. Some of this is due to hazing, dominance and other unexplained reasons. Regardless of the cause, individuals who are victims of MST can experience various mental health problems.

According to Stephanie Cojocaru, Psy.D., a psychologist in Florida, screening conducted on veterans who are treated through the Department of Veterans Affairs (VA) medical centers and clinics shows that "one in four women and one in 100 men report experiencing [Military Sexual Trauma] while in the military." However, Dr. Cojocaru believes that those rates are much higher because "many service members do not report the [Military Sexual Trauma] at all."

Although the results of the VA screening indicate that women are more likely to suffer from MST than men, Dr. Cojocaru believes that the numbers are more evenly split than they might initially

appear. She bases this on a recent Department of Defense study of 21,000 service members who reported MST in the year of the study. Dr. Cojocarú explains that 52 percent of those who suffered MST were men. This means that many veterans, both male and female, have been victims of MST.

MST can affect different people in very different ways. For example, Dr. Cojocarú states that she has "seen many veterans who had been raped in the military ... who go on to develop severe depression, anxiety, PTSD or substance abuse." However, she has also "met many veterans who have been sexually assaulted in the military who went on to live seemingly normal lives, being somewhat unscathed by the event." This means that depending on the veteran and circumstance, the outcome can vary widely. Some individuals may be impacted so severely that they have difficulty maintaining employment, in social situations or even functioning in day-to-day life.

Because this is such a problem in the military, the VA has made special regulations to make it easier for MST victims to obtain disability benefits. MST will often present as a type of post-traumatic stress disorder. Although normally the VA requires that veterans provide some corroborative evidence of the event, in cases of MST, the veteran need only show evidence of a change in behavior. Change in behavior can be shown by a request to transfer to another unit, decline in work performance, substance abuse, depression, panic attacks, anxiety without an otherwise discernable cause or unexplained economic or social behavioral changes.

If the veteran can show that there was a change in behavior during military service and there is a current psychiatric diagnosis due to the MST, the VA will grant a service connection. Once the VA decides that the MST is due to military service, the next step is for the VA to rate the severity of the condition. Because the symptoms of MST can vary from person to person, so do the VA's ratings. However, often, a veteran still must appeal the VA's initial rating of MST to eventually obtain a rating as high as is actually deserved.

MST remains an ongoing problem in the military. However, in the meantime, victims of MST should seek treatment immediately and consider applying for VA disability benefits upon discharge. According to Dr. Cojocarú, "a good rule of thumb is to seek help sooner rather than later ... because it can more often than not lead to a better prognosis."

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5.4 - MedPage Today: [Magnetic Brain Stimulation Flops in VA Trial, Both sham and active rTMS produce high remission rates; unclear why](#) (27 June, Elizabeth Hlavinka, 1.5M uvm; New York, NY)

About 40% of patients with treatment-resistant major depression achieved remission in a randomized trial of repetitive transcranial magnetic stimulation (rTMS) -- but the rate was virtually the same with sham treatment versus active stimulation, researchers said.

Among 81 patients in Veterans Affairs medical centers assigned to active rTMS, 33 (40.7%) achieved remission at the end of treatment, compared with 31 of 83 (37.4%) receiving sham treatment, reported Jerome Yesavage, MD, of Stanford University School of Medicine, and colleagues in JAMA Psychiatry.

After a 24-week follow-up phase, 16 out of the 81 receiving active treatment (19.8%) remained in remission while 13 (15.7%) of the sham did.

"On the surface it's puzzling why the active would not be better than the sham and why both groups showed such a high resistance rate," Charles Nemeroff, MD, PhD, of the University of Miami, who wrote an editorial accompanying the study, told MedPage Today. Most other rTMS studies have shown benefit, though not always large, relative to control.

"When patients are enrolled in clinical trials and they get a great deal of attention from healthcare providers," Nemeroff said, "there's a therapeutic effect that I think would explain to some extent the higher rate of remission in the sham treatment."

Indeed, strong placebo responses and spontaneous remission with no treatment are common in major depression, as the FDA noted in a recent update to its guidance on antidepressant trials.

Treatment options for patients with treatment-resistant major depression are limited and typically invasive in nature, using monoamine oxidase inhibitors or electroconvulsive therapy. More recently, ketamine and derivative drugs have shown promise for rapid relief of severe depressive symptoms, but these have not been formally approved and are used clinically only in emergency situations.

Such methods may be necessary in suicidal patients, but for more moderate cases, researchers hypothesized that treatments such as rTMS could provide a less invasive solution, particularly in veterans, who often have multiple existing medical and psychiatric diagnosis that can reduce their response to treatments.

Previously, a similar sham-controlled study conducted by George Lisanby, MD, and colleagues (OPT-TMS) found that 14% of participants who received rTMS treatment successfully achieved remission, compared to 5% in the control group. Other studies in treatment-resistant depression, such as the landmark STAR*D trial, also found remission rates far lower than in the VA study.

In his editorial, Nemeroff said it was hard to explain the current trial's high rates. But he noted that the VA population differs in several ways from patients in most depression studies, most notably that VA patients are mostly male, whereas traditional study samples are typically two-thirds female.

Yesavage and colleagues also pointed out that their treatment sessions were about twice as long as those in the OPT-TMS study.

The researchers said they hope, in the future, to target more concentrated areas of the brain and use different types of stimulation such as theta burst and TMS coil type, depending on biological differences in participants. Nemeroff said future studies might also include sampling for genetic markers or brain imaging to control for potential confounding variables.

To enter the trial, participants had to have failed at least two prior drug therapies and meet DSM-IV criteria for major depressive disorder. Patients with certain psychiatric comorbidities were excluded, but not all: 49.4% of the sample had post-traumatic stress disorder and patients with substance use disorder comprised 53.7%. Of the 40 patients with PTSD, 13 (32.5%) demonstrated remission, as did 13 patients in the sham (31.7%). No significant effects were

seen at the end of acute or follow up phases across patients with PTSD, as well as across rates of suicidality and quality of life. Substance use disorder did not affect study results.

Of the 81 who received rTMS, 60 completed the treatment, nine discontinued treatment during the acute treatment phase, and 12 terminated during the follow-up phase, compared to 65 fully completing the treatment of the 83 in the control group, nine terminating during the acute stage, and nine withdrawing during follow-up. Subjects cited being lost to follow-up appointments, burden of visits, unable to return to clinic, adverse medical event, and withdrew from study as reasons for discontinuing their treatment. Other limitations included the small sample size and the fact that the study was conducted during 2012-2016, and hence newer rTMS protocols were not tested.

"It's fabulous that VA leadership in research agreed that this was an important question in our depressed veterans," Nemeroff told MedPage Today. "What we really want to know with a patient sitting in our office who's depressed is, out of the myriad of treatments available, what is the best treatment for them. This is a very active avenue of investigation."

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5.5 - WRIC (ABC-8): [Virginia Senators call for answers about care at veterans care centers](#) (27 June, Catherine Shelor, 477k uvm; Richmond, VA)

U.S. Senators Mark Warner (D-VA) and Tim Kaine (D-VA) pressed the Department of Veterans Affairs (VA) Tuesday on the quality of care at nursing homes that serve Virginia's veterans.

An investigation by USA Today and The Boston Globe found most of the VA's 133 nursing homes, known as community living centers, have a higher percentage of residents suffering from pain and preventable complications than at comparable private care facilities.

In a letter to the heads of four VA medical centers that serve large numbers of Virginia veterans – in Hampton, Va.; Richmond, Va.; Salem, Va.; and Washington, D.C. – Sens. Warner and Kaine asked what steps they are taking to address problems at their nursing home facilities, which include unacceptably high rates of bedsores and serious pain among residents, among other issues. You can see the full letter [here](#).

"It is critical for the VA to be transparent about the quality of care provided to our nation's veterans," said Kaine and Warner. "Our nation's veterans deserve the best care we have to offer. We must renew our commitment to ensuring that veterans have the high quality of care that is worthy of their service and sacrifice. It is imperative that you determine a plan to alleviate these issues in the coming weeks."

In response to the letter, McGuire VA Medical Center in Richmond released a statement.

"We appreciate the senators' concern for our nation's heroes, as always, and we look forward to talking with them further about the nature of Veteran care in VA. McGuire VA Medical Center, as most other VA medical centers, serve a population of clinically complex patients in our CLCs. This can be distinctly different to similar care for citizens across the community, and we will always strive to offer our Veteran patients the best possible care to meet their individualized needs. The release of these new measures to monitor the CLCs, allow us the opportunity to continually improve our processes.

To assist Richmond and other VA CLCs to improve overall quality of care and quality of life for the Veteran residents who live there, VA has offered a number of educational programs and support for continuous improvement activities."

- Darlene Edwards, Richmond VA Medical Center Public Affairs Officer

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5.6 - WIBW (CBS-13, Video): [Topeka's VA receives this check for PTSD programs, live on the Red Couch show](#) (27 June, 439k uvm; Topeka, KS)

Legion Post 400 riders raised the funding two months ago; get more of the story from our show during PTSD Awareness Day.

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5.7 - WATN (ABC-24, Video): [Acting VA Secretary Visits Memphis VA Medical Center, Promises Changes](#) (27 June, Kim Chaney, 54k uvm; Memphis, TN)

A week after a scathing federal report, the director of the Memphis VA Medical Center promised continued improvements and better results. David Dunning hosted and gave a tour to VA Acting Secretary Peter O'Rourke Wednesday.

The inspector general's report cited preventable deaths, sanitary issues, and under-whelming patient satisfaction. It offered 13 recommendations which Director Dunning said the hospital is implementing in every corridor of the hospital.

"We welcome every inspection that comes in here because it gives us a road map to get better," said Dunning. "We are working all these issues, it takes time to move an organization this big."

O'Rourke walked the halls with Dunning Wednesday, seeing the facility up close.

"We hold ourselves for this, that's half the reason I come to do these visits," said O'Rourke.

"This medical center has a great leadership team, I've been excited to see the ideas and some of the actions and the results from the Director, encouraging more of that."

The VA head's visit came days after the inspector general's office released a largely critical report after a weeklong visit in January. The report found between 2015 and 2017, 16 patients with serious treatable conditions died at the Memphis VA.

Director Dunning took over in May 2017.

"Mortality, what a shame, you know I personally feel each and every one of those and I think we all do here. It hurts us that we may not have met the mark," said Dunning. "Since we've started changing this culture, we've cut that mortality rate in half, we are now better than the VA average in mortality."

The 75-page report also showed a 49% patient satisfaction rate; a number Director Dunning promised to boost with executive leadership changes and a more encouraging culture to bring up issues.

"You can feel the engagement, you can feel that it's become more veteran centric. Have we reached our end point, have we reached perfection? Absolutely not," said Dunning. "I don't want to be the 49%, that's not acceptable in my book."

The VA Acting Secretary told reporters he's encouraged about the changes Dunning made since taking over.

Last year, VA leaders gave the Memphis facility one-star out of five; in the bottom 10% of VA hospitals nationwide.

Wednesday, Congress held a confirmation hearing for permanent VA Secretary nominee Robert Wilkie.

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5.8 - Big Island Now: [Sen. Hirono Presses to Expand VA Care Options on Neighbor Islands](#) (27 June, 54k uvm; Hilo, HI)

Sen. Mazie Hirono pressed Robert Wilkie, President Trump's nominee to serve as the next Secretary of Veterans Affairs, for a commitment to expand VA care options for Hawai'i residents living on Neighbor Islands and in rural communities. Senator Hirono secured a commitment from the nominee to work with her to ensure the success and completion of outstanding projects should he be confirmed.

Sen. Hirono said in her questioning:

"As an island state, veterans in Hawai'i face unique challenges accessing VA care. Oftentimes, veterans need to fly from the islands they live on to Honolulu if care is not available on their home island. It's why I've consistently fought for the construction of community-based care options for Hawai'i veterans living on Neighbor Islands, including the new VA clinics planned for Maui, Kaua'i and Hawai'i Island.

"There are a total of seven outstanding VA clinic projects at various levels in the procurement process that my office has been monitoring including the future Leeward O'ahu Outpatient Healthcare Access Multispecialty Clinic which I worked to authorize in the 2014 Choice Act. Can you commit to continuing to provide my office updates from VA on the status of these projects and ensure that they are completed in a timely manner?"

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5.9 - WPTZ (NBC-5, Video): [VA warns fireworks can trigger PTSD in veterans](#) (27 June, Ross Ketschke, 18k uvm; Plattsburgh, NY)

Officials from the VA hospital in White River Junction issued a reminder on Wednesday that fireworks can trigger post-traumatic stress disorder reactions in some veterans.

Thousands of American veterans suffer from some form of PTSD.

Acting chief of mental health at the Department of Veterans Affairs, Dr. Laura Elizabeth Gibson, said the noise, sight, or even smell of fireworks can trigger memories of potentially traumatic combat situations for vets.

Gibson said that if you are planning to use fireworks while celebrating Independence Day, please inform your neighbors so they can expect the loud noises.

If you are a veteran and are experiencing symptoms of PTSD call the Veterans Crisis Line at 1-800-273-8255.

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5.10 - WNMU (NPR-90.1): [Jacobetti Home for Vets gets perfect score from VA](#) (27 June, Nicole Walton, 300 uvm; Marquette, MI)

For the first time, both state of Michigan-managed veteran homes met all 231 standards for nursing home and domiciliary care.

That's according to surveys conducted by the U.S. Department of Veterans Affairs.

This is the third year in a row that the D.J. Jacobetti Home for Veterans in Marquette has achieved a perfect survey result, and the first year for the Grand Rapids Home for Veterans. Michigan Veterans Affairs Agency Director James Redford says at GRHV the 2018 survey results showed marked year-over-year improvement.

The surveys can be downloaded from the MVAA website at MichiganVeterans.com.

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6. [Suicide Prevention](#)

6.1 - Christian Science Monitor: [A plan to help veterans from 'the first minute' they leave the service](#) (27 June, Martin Kuz, 16M uvm; Boston, MA)

The occasion of Chris Carter's 23rd birthday in 2015 brought together his parents, friends, and fellow soldiers in sorrow rather than celebration. An Army Ranger who served four combat tours in Afghanistan, he had died by suicide two weeks earlier, his mind trapped within a distant war that trailed him home. The mourners gathered for his funeral at a church outside St. Louis, less than a mile from the high school where he had graduated five years earlier, when his future seemed incandescent and infinite.

During Mr. Carter's first tour in 2011, he lost a close friend in a bomb explosion and glimpsed the broken bodies of another soldier and an Afghan interpreter killed in the blast. He had little time to grieve. The Army deployed the Rangers – elite special operations units – for four-month tours during which the furious mission tempo seldom ebbed. Carter's platoon endured an unrelenting cycle of raids and firefights, adrenaline and carnage.

His first suicide attempt followed his final deployment in 2014. After learning the news, his mother, Beth Zimmer Carter, traveled to Joint Base Lewis-McChord near Tacoma, Wash., where he was stationed. There she saw what war had taken from her only child.

His natural charisma and openness had fallen prey to anxiety and self-isolation. His brain remained clenched by the extreme level of alertness required in combat, a condition called hypervigilance that ruptured his thought patterns and deprived him of sleep. He appeared adrift within himself.

Carter had sought counseling from military mental health providers before his fourth tour, his mother recalls, yet worried that revealing too much to them could jeopardize his Army career. Dr. Zimmer Carter, a private physician who had retired at the rank of lieutenant colonel after 23 years in the Army Reserve Medical Corps, tried to find treatment alternatives after arriving in Washington. But she felt stymied by the military mental health system and knew almost nothing about private sector options. As her concern intensified, time ran out. Her son's second suicide attempt was his last.

In Mountain West, how frontier ethos magnifies problem of suicide

"I wasn't aware of what resources were available or how to navigate the problem," says Zimmer Carter, who now serves as an advocate with the Tragedy Assistance Program for Survivors, a national nonprofit that aids families of deceased service members. "Even with my military experience, and even with my medical knowledge inside and outside the military, it was hard to locate the right resources and support."

Two federal agencies have launched a public health campaign with the intent to reduce that kind of confusion and lower the rate of 20 suicides a day among service members and veterans. The joint initiative by the Department of Veterans Affairs and the Substance Abuse and Mental Health Services Administration (SAMHSA) encourages cities to forge alliances between public agencies and private organizations to expand suicide prevention strategies.

The collaborative effort can unify a city's mental health and social services programs to catch more service members and veterans in crisis, explains Cicely Burrows-McElwain, the military and veterans affairs liaison for SAMHSA.

"When you look at the problem of suicide in the military and with veterans, it's not that there aren't enough services. It's that there isn't enough coordination of those services," she says. "We want to open up communication so that there's a better understanding throughout the community for how to help service members and veterans."

Cultural competency

The VA and SAMHSA selected eight cities across the country for the campaign's initial phase and will add another 20 later this year. The agencies chose metro areas with large veteran populations and high veteran suicide rates, including Houston, Las Vegas, Los Angeles, and Phoenix, along with Albuquerque, N.M.; Richmond, Va.; and the Montana cities of Billings and Helena.

A VA report on suicide released earlier this month showed that former service members made up 8.3 percent of the US population in 2015 and accounted for 6,300 of the country's 44,000

suicides, or 14.3 percent. The agency found that 14 of the 20 veterans who died by suicide every day either lacked access to or chose to forgo VA services.

The suicide prevention campaign provides cities with guidelines created by the Centers for Disease Control and Prevention for improving the breadth and depth of supportive services for people with mental health conditions. The initiative seeks to attune those likeliest to encounter veterans in crisis – first responders, medical practitioners, employers, educators, jail, and courthouse personnel – to their presence in the community.

“It’s an attempt to raise cultural competency about the military and veterans,” Ms. Burrows-McElwain says. “We want folks to understand that you don’t have to be an expert on the military or veterans to ask a person if they’re OK or if they served. The sooner we can identify someone is a veteran, the sooner they can get help, whether that’s through the VA or another provider.”

The veterans population exceeds 275,000 in the greater Phoenix metro area. The city’s plan to cultivate awareness about military and veterans culture will build upon a statewide program called Be Connected that works to reduce suicides among current and former service members.

The program has trained 3,700 “navigators” across Arizona who steer veterans in crisis toward mental health treatment and other services, and has offered cultural competency training to public agencies and private employers statewide. Wanda Wright, director of the Arizona Department of Veterans’ Services, regards the VA-SAMHSA campaign as another plank in a bridge linking the military to the civilian world.

“We’re trying to get into every corner of every community,” says Ms. Wright, a retired Air Force colonel. “We want to educate people so if they’re dealing with a veteran who’s in need, they’ll have ideas for what they can do to help.”

A recent CDC study showed that nearly 45,000 people died by their own hand in 2016, and suicide ranks as the country’s 10th leading cause of death. More than 500 members of the military’s active-duty, Reserve, and National Guard forces took their own lives last year. Zimmer Carter, who lives part of the year near Phoenix in the city of Mesa, believes the VA-SAMHSA initiative could benefit service members searching for treatment outside the military.

The Defense Department has devoted greater resources to behavioral health care over the past decade. The agency established a suicide prevention office in 2011, and senior leaders promote a message urging troops to ask for help. But many service members stay quiet for fear that a mental health diagnosis could stall or end their career.

Chris Carter realized he needed counseling after his third tour in Afghanistan and talked with a military clinician. At the same time, as one of his platoon’s team leaders, he felt an obligation to the soldiers under him. He steeled himself and deployed again in 2014.

After returning to Washington, he relied on marijuana to soften the symptoms of combat trauma, and when his commanders found out, they demoted him from corporal to private. Zimmer Carter recalls the mix of frustration and desperation she felt when, with her son spiraling after his first suicide attempt, Army commanders rebuffed her inquiries about his condition.

“Here I was with lieutenant colonel credentials and I was running into resistance,” she says. “But at the time, I didn’t have an idea of where else to turn except the military medical corps.”

The first minute

The VA's suicide report revealed that former service members age 55 and older accounted for 58 percent of the veterans who died by suicide three years ago. But the rate of suicide ran highest among veterans age 18 to 34, the generation that has borne the heaviest burden in the country's post-9/11 wars. In that demographic, suicide claimed 39 veterans per 100,000 people, compared with 25 veterans in the age group 55 to 74.

Las Vegas City Councilman Steve Seroka served as a commander during the Afghanistan War in the twilight of a 30-year Air Force career. The retired colonel, who belongs to the city's team working on the VA-SAMHSA project, describes the sense of dislocation that can afflict service members when they leave the military.

"There's no tribe," he says. "There's not the same feeling of common purpose when they return to civilian life, and there's not the same support group that they had in the service. It's easy to feel like an outsider, even in their own families, and that's when they can start to lose themselves."

Mr. Seroka endorses an approach to suicide prevention that begins long before a veteran exhibits symptoms of a mental health condition. He advocates tracking veterans as soon as they shed their uniforms, and he plans to nurture collaboration among employers, educators, and veteran services groups to expand post-military career opportunities.

"There needs to be a change in thinking," Seroka says. "We can't keep waiting until the last minute to save people. We need to start helping them from the first minute when they get out of the service. Some vets might push that help away, but at least we'll be making them aware of what's available."

Montana has the highest suicide rate among veterans in the country, at 68 per 100,000 people. A severe shortage of mental health providers contributes to the problem, and advocates involved with the VA-SAMHSA initiative in Billings consider online support services crucial to assisting more veterans in a largely rural state.

One national nonprofit, PsychArmor Institute, has joined with the VA to offer online suicide prevention training. The site also provides a range of free courses designed to smooth a veteran's re-entry to civilian life, tips for employers hiring former service members, and lessons about post-traumatic stress disorder, traumatic brain injuries, and other unseen wounds of war.

"The point is not to focus on suicide but to establish an understanding of the world of a service member or veteran," says Claire Oakley, a program director with RiverStone Health, a public health services provider in Billings. "We want everyone to be able to identify veterans and connect them to whatever kind of services can help them."

The Army restored Chris Carter's rank to corporal after his death. What his mother lost cannot be reclaimed. His suicide informs Zimmer Carter's advocacy, and she views the VA-SAMHSA campaign as a step forward in a ceaseless struggle to spare another military parent from an anguish unlike any other. The urgency remains as apparent to her as the day her son died, an uncounted casualty of war.

"We need a big community effort so that everyone is looking out for everyone else," she says. "We all need to come together."

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6.2 - In Homeland Security: [VA Report Provides Updated Information on Veteran Suicide Rates](#) (27 June, Wes O'Donnell, 33k uvm; Charles Town, WV)

Three years ago, I wrote a somewhat confrontational article about why 22 was not the correct number of how many veterans commit suicide each day in the United States.

I argued that if hiring managers and recruiters focused on the number 22 without context, they could severely impair veterans' ability to find meaningful employment. After all, according to the now infamous Veterans Affairs report from 2012, the VA candidly said it was using data collected from only 21 states. My line of reasoning, whether right or wrong, was that assigning the number 22 to the younger generation of veterans perpetuated a destructive stereotype for post 9/11 veterans.

The two key takeaways from my article were:

The number of daily suicides could potentially be much higher than 22.

The majority of veteran suicides were 50 years old and older.

In addition, by focusing on the wrong generation, Vietnam-era veterans were not getting the support and outreach they clearly needed.

Now, three years later, it's a good time to take a fresh look at veteran suicide. It's time to discuss what has changed, what has stayed the same, and who are the men and women on the front lines fighting to prevent veteran suicide. Fortunately, we no longer have to rely on incomplete data. military soldier

Finally, the VA Provides a Clearer Picture of Veteran Suicide

On June 18, the VA released a new report titled VA National Suicide Data Report 2005–2015; another report covering 2016 will be released this fall. These reports are a compilation of data collected from all 50 states.

It is worth noting that the methodology is sound, using information collected from a number of comprehensive population databases. This new report — which was long overdue — gives us the clearest snapshot to date of the ongoing suicide epidemic.

Perhaps the biggest revelation from the VA report is that the average number of daily veteran suicides “has always” included active-duty servicemembers and members of the Reserves and National Guard. This is a crucial point that the 2012 report did not make clear.

As a result, the new numbers show that from 2005 to 2015, an average of 16.5 veterans died by suicide every day. During the same period, 3.3 active-duty Guard or Reserve servicemembers committed suicide every day. That is a total of 19.8 total daily military and veteran suicides.

Understanding that even one veteran suicide per day is one too many, 16.5 is a far cry from 22. In my article three years ago, I argued that due to incomplete data, the number of daily veteran suicides in the U.S. was likely much higher than 22.

In fact, I was wrong and thankfully so. Still, there is a tremendous amount of work yet to be done in preventing suicides. vet suicide wordcloud

VA Veteran Suicide Report Notes that Total Veteran Suicide Rate Higher for Women
Interestingly, suicide rates were highest among younger veterans (ages 18–34) and lowest among older veterans (ages 55 and older) in 2015. However, veterans 55 and older accounted for 58.1 percent of all veteran suicide deaths that year.

In addition, after adjusting for differences in age, the rate of suicide in 2015 was 2.0 times higher among female veterans compared with non-veteran adult women.

The report also details the method of suicide, race as a consideration and the increased risk of female veteran suicides. There are also detailed statistics of suicide rates among veterans who sought mental health care at a VA medical facility. These demographic details are extremely important because they help policymakers focus resources on where they are needed most.

Turning Veteran Suicide Data into a Call to Action

What is the VA doing with this new data? To its credit, the department has been steadily improving patient outcomes over the past decade.

Historically, I have been critical of the VA, especially in the wake of the 2012 scandal at the Phoenix VA facility that led to the resignation of VA Secretary Eric Shinseki. However, in light of this new data, the VA has undertaken new measures to prevent suicide while bolstering already existing programs.

Among those measures are programs like SAVE Online Suicide Prevention Training in collaboration with PsychArmor Institute. SAVE is designed to prepare people who interact with veterans to demonstrate care, support, and compassion when they talk with someone who could be at risk for suicide.

Loneliness isolation

The VA is also implementing plans for the expansion of its Veterans Crisis Line. Since its launch in 2007, the Veterans Crisis Line has:

Answered over 3.5 million calls

Made nearly 397,000 chat connections

Responded to nearly 92,000 text message requests

The Veterans Crisis Line has dispatched emergency services to callers in immediate crisis almost 93,000 times. They have forwarded more than 582,000 referrals on behalf of veterans to local VA Suicide Prevention Coordinators (SPCs) to ensure continuity of care.

Perhaps most important is the VA's use of predictive analytics to identify and intervene early for those veterans who are at risk. Through screening and assessments, veterans in the top 0.1 percent at risk (who have a 43-fold increased risk of death by suicide within a month) are identified before clinical signs of suicide are evident. The goal is to save lives before a crisis occurs.

All of these measures point to an increased drive and renewed focus by the VA to get on top of this staggering epidemic.

But the VA isn't in this fight alone. Nonprofit organizations have had just as much of an impact in addressing PTSD, TBI, veteran addiction and suicide.

Nonprofit 22Kill Increasing Awareness of Suicides among Veterans and First Responders
According to its website, "22Kill's mission is to raise awareness to the suicide rate among veterans and first responders, educate the public on PTSD and other mental health issues, and focus on suicide prevention through empowerment."

22Kill logo Furthermore, the nonprofit organization "offers a variety of programs and resources for all service members. These programs provide many forms of traditional and non-traditional therapies for both mental and physical health, serving veterans, first responders, and their families."

I recently sat down with 22Kill CEO Jacob (Jake) Schick, USMC veteran, and Purple Heart recipient, to find out how his organization is combating veteran suicide.

Wes: Jake, thanks for taking the time to chat about your work at 22Kill. I think the work that you are doing has a tremendous impact. I first heard about 22Kill from a viral social media post a few years back called the #22Pushupchallenge. If "raising awareness" of veteran suicide was the goal, do you think you succeeded? Are people more aware today than they were three years ago?

Jake: Thanks for the opportunity, Wes. To answer your question, awareness has absolutely increased. The number 22 is one of the most well-known statistics in the military and veteran community, and now in the civilian community, thanks to campaigns to raise awareness by us and other nonprofits. It doesn't matter what the exact number is. What matters is that we have a serious problem that needs serious solutions.

Wes: What are some of the programs that you offer at 22Kill?

Jake: One of our most popular programs is called Camp Valhalla, which involves weekend retreats as well as single-day events. During the retreats, we like to rekindle that sense of brotherhood/sisterhood that they shared in the military and missed since leaving the service.

We also have counseling services and workshops for White Star Families. A White Star family is one who has lost a loved one to suicide, someone who served in the military or as a first responder.

Wes: Who is welcome at 22Kill and where are you located?

Jake: We're based out of Dallas/Ft. Worth. We like to say that we can't help everybody, but we never turn anyone away. If you come to our facility, we will try to help you.

But the bottom line is that we need resources to continue to provide the programs and services that we offer. Of course, we accept donations as a 501(c)3 nonprofit organization, but we also sell clothing and special engraved rings at our online store.

22Kill rings Support veterans with the 22Kill Honor Ring

We also make it a point to mention that we don't just treat the warrior. PTSD, depression, suicidal ideation — these are complex issues with multiple root causes. We treat the whole family because these issues affect the whole family.

We're very focused on getting the warrior out of his or her comfort zone. For instance, this weekend, we're hosting a meditation session. Some warriors might say, "Wow, that helped a lot." Others might say, "It wasn't for me." But the point is that we're trying to get warriors to try new things.

Wes: Jake, I think you're doing amazing things for veterans. Please keep it going.

Jake: My pleasure, Wes. Semper Fi.

It's Up to All of Us to Help Veterans at Risk for Suicide

The importance of organizations like 22Kill cannot be overstated. The Department of Veterans Affairs can only help those vets who touch its systems. For those veterans who don't engage with the VA, it's up to all of us to make sure that every door is the right door for a veteran in need of support.

Nonprofits like 22Kill as well as state-level, community and municipal organizations are essential. They need to take this new data and use it as a tool to lower suicide rates in the military and veteran community.

The number 22 is still a great rallying cry to engage civilians in this ongoing war. This is a war that may never be won, but each veteran saved is a victory worthy of a parade. Our nation's warriors deserve no less than our unconditional support.

If anything, the new data reveals that this is an all-hands-on-deck moment for our country. Recent high-profile suicides like Anthony Bourdain, Kate Spade and Chester Bennington simply reinforce what the veteran community has been struggling with for almost two decades. There is still intense work to be done in mental health care in the United States.

Resources for supporting veterans include:

Veterans Crisis Line – Call 1-800-273-8255 (Press 1), have a confidential chat at veteranscrisisline.net or send a text to 838255. This resource offers 24/7 access to a skilled, trained counselor at a crisis center. This crisis line also serves active-duty military.

BeThere Peer Support Program – This peer support call and outreach center is staffed by veteran service members and family members of veterans. It aims to provide support for everyday problems concerning career and general life challenges.

Make the Connection – This online resource is designed to provide veterans, their family members and friends, and other supporters with information, resources, and solutions to issues affecting their lives.

SAVE Online Training – In collaboration with PsychArmor Institute, the VA has developed free online SAVE training. It is designed to equip anyone who interacts with veterans to demonstrate care, support, and compassion when talking with a veteran who could be at risk for suicide.

Tragedy Assistance Program for Survivors (TAPS) – TAPS offers care to those grieving the death of a loved one serving in the U.S. Armed Forces. Established in 1994, TAPS operates 24 hours a day, seven days a week through a national peer support network. TAPS provides a connection to grief resources at no cost to surviving families and loved ones.

Wounded Warrior Project's Combat Stress Recovery Program – The Combat Stress Recovery Program (CSRP) addresses the mental health and cognitive needs of warriors returning from war. CSRP provides military rehabilitation services at key stages during a warrior's readjustment process.

VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide – These comprehensive guidelines outline a framework for structured assessments of adults suspected of being at risk for suicide. The guides also provide information about the immediate and long-term management and treatment that should follow when an individual is found to be at risk.

Give an Hour – Give an Hour's mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society, beginning with the mental health needs of those who serve and their families. This nonprofit organization provides free mental health services to military personnel and their families affected by the conflicts in Iraq and Afghanistan. While its focus is on veterans, Give an Hour also features a variety of resources available for active-duty military.

Defense Suicide Prevention Office (DSPO) – DSPO provides advocacy, program oversight, and policy for the Department of Defense. It focuses on suicide prevention, intervention and post-intervention efforts to reduce suicidal behaviors in servicemembers, civilians and their families.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Dayton Daily News (Video): [Fairborn vet one of thousands pushed into debt by VA mistake](#) (27 June, Max Filby, 1.1M uvm; Dayton, OH)

Veteran Rodger Zink felt betrayed by his own government when he found out in early 2017 that he owed the Department of Veterans Affairs around \$15,000 even after he told the agency months earlier that he thought he was receiving benefits he shouldn't be.

Zink, 35, of Fairborn, is one of hundreds of thousands of veterans who have fallen into debt due to mistakes by the VA, the very agency designated to help them once they leave the armed forces. Veterans often rely on their VA benefits to pay for daily needs such as health care and house payments, so a sudden change can throw their lives into chaos, said Seth Gordon, director of the Veteran and Military Center at Wright State.

"I literally don't know anybody that's like: 'Sure I'll just give you something like \$20,000 back,'" Gordon said. "That's not something almost anyone can do."

Zink, who served in Iraq and Afghanistan, was discharged from the National Guard in 2011 for a brain injury and was later placed back on active duty to get treatment for a brain tumor. Despite

Zink's concerned phone calls to the VA, the agency kept paying him around \$3,300 a month in disability.

"So the guy with brain damage is trying to straighten the VA out," he joked.

Luckily, Zink saved \$5,000 of the close to \$15,000 he had been overpaid. He paid that back immediately and then began making \$500-a-month payments.

Then in December 2017 a payment didn't go through even though Zink said he had plenty of money in his bank account. The VA sent the remaining \$8,000 or so to collection, which sunk Zink's credit score.

"All they had to do was call me," he said. "I'm the one that identified the problem. I'm the one that took proactive steps and then they go ahead and stab me in the back after I paid half of it back."

Now, Zink is one of several Ohio veterans working with U.S. Sen. Sherrod Brown's office to make sure what happened to him never happens to anyone else.

Just this week, the U.S. Senate passed Brown's amendment to the Military Construction and Veterans Affairs Appropriations Act which would hold the VA more accountable for over-payments. If it becomes law, it would require the VA to track over-payments to veterans, verify whether the agency is at fault and whether the over-payments are disputed by a veteran.

The amendment is part of a larger piece of legislation called the Veterans' Debt Fairness Act being sponsored by Brown.

The Story So Far

- Then: Reports emerged last year the the VA was overpaying benefits to veterans. The VA demanded vets repay it, sending some into debt.
- Now: The U.S. Senate recently passed an amendment and if it becomes law it would require the VA to track over-payments, among other measures to increase accountability.
- Next: Sen. Sherrod Brown is pushing the Veterans' Debt Fairness Act in congress that would only allow the VA to collect debts that occur due to fraud or an error on the part of veterans.

The bipartisan bill would only allow the VA to collect on debts that occur due to an error or fraud on the part of veterans and their beneficiary. It would also make it so the VA can only deduct up to 25 percent from a veteran's monthly payment to recoup debt and would prevent the VA from collecting debts incurred more than five years earlier, according to Brown's office.

"Our veterans sacrifice so much already to serve our country," Brown said in a prepared statement. "They shouldn't be paying for the mistakes of the department that's supposed to serve them. This amendment is a step in the right direction to address an issue that impacts so many veterans in Ohio and across the country."

Brown's legislation was inspired by veteran James Powers from Massillon, Ohio, who like Zink became a victim of debt he didn't think he was incurring.

The over-payments are just the latest in a long list of problems to plague the VA in recent years.

Long wait times became the subject of a 2014 scandal and in March of this year President Donald Trump fired VA secretary David Shulkin. Trump then nominated his personal physician Ronny Jackson who later withdrew his name from consideration.

While the VA “does an awful lot of good” it lacks accountability, Wright State’s Gordon said. The department is prone to problems, Gordon said, because of its outdated technology, bad business practices and frequent paperwork problems.

The VA typically does not publicly comment on pending legislation and Dayton VA spokesman Ted Froats declined to comment on it Tuesday.

Zink hopes Brown’s bill can fix those problems so future vets don’t end up owing the government thousands of dollars like he now does. Instead, it’s become a financial burden that Zink said could have been resolved right away if he had just been able to get someone on the phone at the VA who understood his concerns rather than dismissing them until it was too late.

“It just created a massive situation that was totally unnecessary,” Zink said. “It’s so preventable that it just infuriates me.”

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7.2 - Alabama Today: [VA announces grant for Alabama State Veterans Memorial Cemetery at Spanish Fort](#) (27 June, Elizabeth Lauten, 51k uvm; Birmingham, AL)

The Department of Veterans Affairs (VA) National Cemetery Association (NCA) on Wednesday announced it has awarded the state of Alabama a grant in the amount of \$274,393 for the expansion and improvement of the Alabama State Veterans Memorial Cemetery at Spanish Fort.

“Our state and tribal partners are critical in helping NCA achieve our strategic goal of providing 95 percent of the Veteran population with convenient access to a burial option within 75 miles of the home,” said Under Secretary for Memorial Affairs Randy Reeves. “We look forward to continuing to work with states like Alabama and provide grants that reflect the needs, resources and preferences of the local Veteran community.”

The grant will fund the construction of 430 in-ground cremains gravesite, a memorial wall containing 100 plaques, widened cortege lane, landscape, irrigation and supporting infrastructure. The project will develop approximately 0.5 acres and provide continued service for approximately 56,000 Veterans, spouses and eligible family members.

“Great news! The Department of Veterans Affairs has awarded a \$274,000 grant for the expansion and improvements to the Alabama State Veterans Memorial Cemetery in Spanish Fort,” Alabama 1st District U.S. Rep. Bradley Byrne posted on Facebook of the news. “This is excellent news for our local veterans and the entire community.”

The closest national or state Veterans cemetery to Spanish Fort is Barrancas National Cemetery in Pensacola, Fla. approximately 57 miles away.

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8. Mr. Wilkie nomination for VA Secretary

8.1 - Washington Post: 'Failure is not an option': VA nominee Robert Wilkie told to fix the agency's morale crisis (27 June, Lisa Rein, 43.9M uvm; Washington, DC)

Senate lawmakers told Robert Wilkie on Wednesday that he will face a workforce beset by poor morale if he is confirmed to lead the Department of Veterans Affairs, and that he must fix the problem if he is to stabilize the troubled agency.

"Of all the challenges we have at VA, morale may be the biggest problem," Veterans' Affairs Committee Chairman Sen. Johnny Isakson (R-Ga.), told Wilkie during the 90-minute confirmation hearing, where the senior Pentagon official pledged to "shake up complacency" at the second-largest federal department and implement a health-care overhaul that will expand private care for veterans.

"You are getting an agency that has problems, that's in need of help," Isakson said. "There are no excuses anymore. Failure is not an option. We want to fix it before things fester."

Isakson's Democratic counterpart, Sen. Jon Tester (Mont.), was more blunt, telling Wilkie that under the Trump administration, internal politics have undermined VA's mission of serving veterans.

"We are seeing VA leadership — none of whom have been confirmed — lash out at anyone seeking true transparency," Tester said, describing an agency that has become so politicized that career senior leaders are departing in droves.

"Recently we have seen VA political appointees work actively and publicly to undermine a secretary and deputy secretary who were unanimously-confirmed by the Senate," Tester told Wilkie, referring to President Trump's firing in March of former secretary David Shulkin and the ouster last month of the agency's No. 2, Thomas Bowman. Shulkin had accused political operatives at VA of undermining him and plotting to oust him.

Many of the departing career employees "are concerned that sound policies and ideas are being increasingly marginalized at the expense of political interests," Tester told Wilkie.

"I hope you agree that that type of behavior undermines the VA's mission."

Wilkie, 55, tried to reassure the committee that he would stand up to the White House and VA's political leadership to improve veterans' care even if it meant disagreeing with President Trump on occasion.

"I have been privileged to work for some of the most high-powered people in town," said Wilkie, who started his career as an aide to the divisive former Sen. Jesse Helms (R-N.C.) and served former Senate Majority Leader Trent Lott (R-Miss.) and former Defense Secretary Donald H. Rumsfeld.

"They pay me for my opinions and I give those to them."

Wilkie also promised not to interfere with the work of the agency's inspector general, who has said that acting VA Secretary Peter O'Rourke has denied him records for an investigation. O'Rourke has come under fire from lawmakers for inaccurately calling the watchdog someone who "works for him," according to internal correspondence released in recent weeks by Democrats.

Wilkie, an Air Force reserve officer and son of an Army artillery commander who was severely wounded in Vietnam, is now in charge of military personnel policy for the Trump administration. He has spent three decades working in Washington on military and national security issues, developing deep connections on Capitol Hill and in the White House.

Wilkie grew up visiting American battlefields with his father and developed a lifelong fascination with military history. His ancestors fought for the Confederacy.

He was pressed by some committee Democrats to explain his past embrace of divisive cultural issues during a long career working for polarizing political figures.

[Trump's VA pick is a longtime aide to polarizing figures in Washington]

Wilkie counts Helms, the five-term Senate firebrand who denounced Martin Luther King Jr. and once called gay people "weak, morally sick wretches," as a mentor. He defended Lott, who lost his leadership post after defending Strom Thurmond's segregationist campaign for president decades earlier.

Wilkie also was a member and supporter of organizations dedicated to preserving Confederate memorials and honoring the Confederacy.

"I will say, and I say it respectfully, I welcome the scrutiny of my entire record," he told Sen. Mazie Hirono (D-Hawaii). He said that an article published this week by The Washington Post "seemed to stop at my record about 25 years ago."

"If I had been what The Washington Post implied, I don't think I would have been able to work for Condoleezza Rice or Bob Gates or Jim Mattis," Wilkie said, referring to the former national security adviser and former and current defense secretaries.

Wilkie said he has passed as many as nine FBI background investigations.

As for his attendance at ceremonies honoring Confederate figures until the mid-2000s, Wilkie said, "those events in those days were big events" attended by senators and House members and sanctioned by Republican and Democratic administrations.

"I stopped doing many of those things at a time when that issue became divisive," he said.

"I do believe that . . . we honor all veterans."

Asked by Hirono how he came to rebut a Democratic proposal in 1997 to ensure equal pay for working women, Wilkie said proposed changes to the measure were made by others on Lott's staff. He also said he did not remember making the change in question.

Asked if he believed Wednesday that women, including veterans, should have to finish high school to receive government benefits, Wilkie said, “That would never enter my mind.”

Wilkie said that if confirmed, he would carry out the mandate of newly passed legislation that calls for expanding private health care for veterans. But he said private care will not replace VA, a long-standing fear among Democrats.

“VA for all intents and purposes is a socialized health-care system,” Sen. Bernie Sanders (I-Vt.) told Wilkie. “Will you vigorously oppose any effort to privatize it?”

Wilkie assured him that much of VA’s care “can never be duplicated.”

“When our veterans walk into any VA facility, they converse with men and women who speak the unique language of military service.”

Wilkie said he would work to make the agency “agile and adaptive” to a computer-savvy generation of veterans demanding better customer service than they receive now.

“When an American veteran comes to VA it is not up to him to employ a team of lawyers to get VA to say YES,” Wilkie said. “It is up to VA to get the veteran to YES — that is customer service.”

He pledged to hire doctors and nurses to fill thousands of vacancies across the VA system, particularly in rural areas.

He cited a raft of “administrative and bureaucratic” issues he saw firsthand during the eight weeks he has served as acting secretary. He pledged to fix them by modernizing VA’s cumbersome medical appointment system, shifting its paper-based disability claims to an electronic system and improving an antiquated human resources operation to serve a changing population of veterans, half of whom are under 65.

Previous VA leaders have had similar goals. Wilkie argued that the issue for VA is “not with the quality of medical care but with getting our veterans through the door to reach that care.”

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8.2 - Wall Street Journal: [Trump’s VA Pick Stresses ‘Customer Service’ - Robert Wilkie, previously confirmed by the Senate for other posts, is considered likely to win approval](#) (27 June, Ben Kesling, 43.6M uvm; New York, NY)

President Donald Trump’s pick to lead the Department of Veterans Affairs faced questions from senators about his vision for the future of private care for military veterans at his confirmation hearing Wednesday.

Robert Wilkie, who has previously been confirmed by the Senate for other posts, is considered likely to win approval, though senators had said they would take the opportunity to closely question him.

Mr. Wilkie stressed the need to improve the way the VA treats veterans.

"The prime directive is customer service," he said. "When an American veteran comes to the VA it is not up to him to employ a team of lawyers to get VA to say, 'Yes.'"

Mr. Wilkie talked about his past, including his father, who he said was wounded as a military service member in Vietnam, instilling in Mr. Wilkie a respect for wounded veterans and the VA.

He also stressed that he doesn't want to privatize services provided by the department, a hotly debated issue since a wait-time scandal in 2014 exposed systemic problems with delivery of care and led the department to expand the use of private sector medical care. Now, about one-third of all appointments are outsourced to private medical providers.

Sen. Johnny Isakson (R., Ga.), the chairman of the Senate Veterans Affairs Committee, who has said he supports Mr. Wilkie, said it is time to move beyond the bad news that has troubled the department recently.

"We want to make good headlines. We want to confront every tragedy when it happens," Mr. Isakson said to Mr. Wilkie during the hearing.

Sen. Jon Tester (D., Mont.) the ranking minority member on the committee, said the VA recently has been beset by internal problems but hopes they can be put to rest.

"I believe you're a straight shooter," Mr. Tester told the nominee.

Mr. Wilkie currently serves as a Defense Department undersecretary and was briefly the VA's acting secretary in the turmoil that followed Mr. Trump's ouster of then-Secretary Dr. David Shulkin in March.

As a Defense Department official, Mr. Wilkie has been vetted and faced the Senate confirmation process twice before and he has helped other defense officials navigate the process. Mr. Wilkie has also been a congressional aide and worked in the defense industry during his professional career.

Mr. Wilkie would take over a department in the midst of sweeping changes to the way it delivers health care to veterans. Earlier this month, Mr. Trump signed into law a measure that will redefine the way veterans get care from private sector doctors, that mandates a reshuffling of the department's sprawling physical assets and that seeks to fill gaps in staffing.

Mr. Wilkie will also oversee the implementation of a contract to replace the department's electronic health record system and will be forced to take sides in a standoff between the VA and its internal watchdog over access to documents.

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8.3 - USA Today: [VA nominee Robert Wilkie sees bureaucracy as biggest hurdle, pledges transparency](#) (27 June, Donovan Slack, 36.8M uvm; McLean, VA)

President Trump's pick to be the next secretary of Veterans Affairs, Robert Wilkie, said at his confirmation hearing Wednesday that he believes the most significant challenges facing the VA are "administrative and bureaucratic."

Wilkie said that if confirmed, he will rely on his experience as undersecretary of Defense for personnel and readiness to improve morale and make the troubled VA more nimble.

"For the VA to thrive as an integrated health care network, it must be agile and adaptive," he said.

Wilkie said that at the Pentagon, he regularly "walked the post" and spoke with employees. He said he was surprised when he recently explored VA headquarters as acting secretary and staff told him he was the first head of the agency they had ever met. Wilkie said as secretary, he would regularly get input from employees if confirmed.

"It has to be a bottom-up organization," he said.

Trump plucked Wilkie from the Pentagon to take over as acting VA secretary after he fired former secretary David Shulkin by tweet in March. He nominated Wilkie to take the post full time after his last nominee, White House doctor and Navy Rear Adm. Ronny Jackson, withdrew amid misconduct allegations.

If confirmed, Wilkie will take the reins of the VA at a critical time. The new secretary will be in charge of implementing a law Trump signed earlier this month paving the way for a major overhaul of the agency and expanding veterans' access to VA-funded care in the private sector when the agency can't meet their needs.

And there are also long-simmering problems that a succession of secretaries have been unable to fix. Even as the new law is implemented, thousands of veterans are still enduring lengthy waits for appointments years after revelations that veterans died while awaiting VA care. There are vast disparities in the quality of care provided at the more than 1,200 VA medical facilities across the country. And as Wilkie noted, bureaucratic breakdowns continue to put veterans lives at risk.

An investigation of the Washington VA medical center by the agency's inspector general concluded earlier this year that officials at every level — local regional and national — knew about dangerous conditions at the hospital for years but were either unwilling or unable to fix the problems.

The agency also has a touch-and-go record on transparency. VA officials for years concealed shoddy care and failed to report problem doctors to authorities who could stop them from endangering other patients, a USA TODAY investigation last year found.

Last week, USA TODAY and The Boston Globe revealed that the agency has kept detailed statistics for years on the quality of care at its nursing homes but has withheld them from the public. The news organizations published the quality data from 2017 Monday for all 133 VA nursing homes, which serve 46,000 veterans each year.

Members of Congress — many of whom had no idea before the reports that the VA tracked the data at all — wrote to the VA and demanded briefings. Some introduced legislation that would force VA to publish the information at least once a year going forward.

When senators questioned him Wednesday about being open with Congress, Wilkie said he believes "transparency is key with this committee and with the country."

In written responses to a questionnaire submitted before the hearing, Wilkie pledged "unsurpassed communication" with Congress, veterans' groups and veterans, as well as "even greater transparency."

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8.4 - CNN: [Trump's nominee to lead the VA: 'I welcome the scrutiny of my entire record'](#)
(27 June, Juana Summers, 29.8M uvm; Atlanta, GA)

Robert Wilkie, President Donald Trump's pick to lead the Department of Veterans Affairs, defended his record in the wake of a Washington Post report that delved into his career, including his past membership and support of organizations dedicated to preserving Confederate memorials and honoring the confederacy.

Questioned by Hawaii Democratic Sen. Mazie Hirono, Wilkie said that he welcomes scrutiny of his "entire record."

"I will say, and I say it respectfully, I welcome the scrutiny of my entire record," Wilkie told Hirono. "The Washington Post seemed to stop at my record about 25 years ago. If I had been what The Washington Post implied, I don't think I would have been able to work for Condoleezza Rice or Bob Gates or Jim Mattis."

Wilkie also said he had submitted to more than a half-dozen FBI background investigations. "They just finished an investigation going all the way back to my 18th year, so I will stand on my record," he added.

The Washington Post reported on Tuesday that Wilkie had defended Confederate insignia, attended Confederate memorial events and joined -- and later left -- the Sons of Confederate Veterans, an organization that has defended public displays of the Confederate flag.

In a statement to The Washington Post, Wilkie said he no longer attends ceremonies honoring fallen Confederate soldiers, and a Pentagon spokeswoman told the Post that Wilkie no longer counts himself a member of the Sons of Confederate Veterans.

Wilkie also addressed one specific assertion in the Washington Post report -- that in the 1990s he marked draft legislation with edits that called on Congress to require young women to finish high school as a condition of receiving welfare.

Wilkie said that, at the time, he was the floor manager for then-Senate Majority Leader Trent Lott, and that he took the legislation to Lott and that Lott and the staff made changes.

"Some of the changes I remember making did not get put in the Washington Post story," he said, adding later that he did not remember making the specific change in question.

Wilkie added that he did not believe women, including veterans, should have to finish high school to receive government benefits.

"That would never enter my mind," he told Hirono.

Wilkie, under questions from his former boss, Sen. Thom Tillis, addressed the Post's reporting that he participated in events honoring fallen Confederate soldiers at Arlington National Cemetery and the United States Capitol.

Wilkie told Tillis that he participated in three events, two sanctioned by the Department of the Army and Defense, and one by the Speaker of the House.

"Those events ... were big events, participation by Senate and House members," Wilkie said. "The last one, the only thing I did was introduce a fellow named Rod Maxwell, who's the producer of the famous movie Gettysburg. And I thanked President Obama for his support of an event that celebrated America's veterans, both Union and Confederate."

He also seemed to respond to questions regarding his past membership of the Sons of Confederate Veterans, a group that defends public displays of Confederate symbols, telling Tillis: "I stopped doing many of those things at a time when that issue became divisive."

Wilkie also played a leading role in justifying the White House's ban on transgender troops earlier this year but the issue did not come up during Thursday hearing.

Wilkie, an officer in the Air Force Reserves who worked on Capitol Hill as well as at the Pentagon under two different administrations, was nominated to lead the VA in an acting capacity after Trump fired his first VA secretary and the White House physician tapped to replace him withdrew his nomination.

In May, Trump announced that Wilkie was his pick to be the agency's permanent leader, putting him on tap to lead a sprawling agency that has grown more dysfunctional by the month, though reforming the VA was among Trump's campaign pledges.

Willkie will likely face questions from senators about how far he would shift medical appointments for the nation's veterans into the private sector while the government pays for the treatment -- the issue that led the President to fire his first VA secretary, David Shulkin, in March.

In the wake of Shulkin's tenure, during which he accused political operatives at the department of undermining his role and plotting to oust him, Wilkie will also likely face questions about his leadership and whether he would make sweeping changes to the VA staff. A slew of senior leaders have left the agency in recent months, many of whom said they had grown tired of the agency's internal politics.

Trump nominated Wilkie to lead the VA after attempting to name Rear Adm. Ronny Jackson, who served as the President's physician, to the job. Jackson faced criticism from lawmakers and veterans advocates over his lack of experience to lead the sprawling bureaucracy.

Ultimately though, Jackson withdrew from consideration after explosive -- though unsubstantiated ---allegations of misconduct from his time at the White House Medical Unit became public. Though he withdrew from consideration, Jackson has denied the allegations.

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8.5 - U.S. News & World Report (AP): [Trump's Pick to Head VA: Time to 'Shake Up' Department](#) (27 June, Hope Yen, 24M uvm; Washington, DC)

President Donald Trump's pick to lead Veterans Affairs is promising to "shake up complacency" at the struggling department by expanding private care to better meet the growing health needs of veterans, but he is rejecting a wholesale dismantling of VA.

Robert Wilkie, currently serving as a Pentagon undersecretary, stressed the VA must work faster and better to address a rapidly growing population of veterans. He said if confirmed, he will not tolerate continued problems of long waits and bureaucratic delays and will strive to quickly implement a newly signed law to ease access to private health care providers.

"There are no more excuses," he said in prepared remarks for his confirmation hearing Wednesday. "You have infused VA with a \$200 billion budget, you have passed the Accountability Act — to shake up complacency — and you have passed the Mission Act to bring the institutional VA, community care and caregivers closer together. The future is up to the department."

Still, he said the government-run VA could never be fully replaced by the private sector and that the quality of VA care remains high. The newly signed law easing restrictions on private care gives the VA secretary wide authority to decide when veterans can bypass the VA, based on whether they receive "quality" care.

Senators planned to dig deeper into his views on privatizing VA, the government's second-largest department, at his confirmation hearing. During the 2016 campaign, Trump promised to steer more patients to the private sector, saying last July he would triple the number of veterans "seeing the doctor of their choice. More than 30 percent of VA appointments are made in the private sector.

Sen. Johnny Isakson, chairman of the Senate Veterans Affairs Committee, speaks positively about Wilkie, pledging to give his nomination speedy consideration. On Tuesday, after meeting with Wilkie, Isakson called him a "very qualified guy."

Sen. Patty Murray, D-Washington, said she needs to be reassured that Wilkie could stand up to the White House when necessary. "It's critical for a VA secretary to demonstrate independence," she said.

Trump selected Wilkie for the post last month after firing VA Secretary David Shulkin amid ethics charges and political infighting and his replacement choice, White House doctor Ronny Jackson, was forced to withdraw his nomination after allegations of workplace misconduct surfaced.

Wilkie, 55, served as acting VA secretary after Shulkin's firing in March, before returning to his role as Pentagon undersecretary, a post to which he was confirmed unanimously last November.

He has generally received positive reviews from veterans' organizations, although they say they need to hear more about his views regarding the future direction of VA.

"Mr. Wilkie will have to prove to millions of veterans nationwide that he is up to this mammoth, sacred leadership task," said Paul Rieckhoff, founder and chief executive of Iraq and Afghanistan Veterans of America.

As the son of an Army artillery commander and VA's acting secretary for three months, Wilkie said, "I experienced what can never be duplicated in the private sector—the communal aspect of VA."

"What does that mean? It means that when our veterans walk into any of VA facility they converse with men and women who speak the unique language of military service," Wilkie said.

Previously, Wilkie was an assistant secretary of defense in President George W. Bush's administration under Donald Rumsfeld.

He had also worked on Capitol Hill for more than a decade, serving as counsel to conservative Sen. Jesse Helms, R-N.C., and former Sen. Majority Leader Trent Lott, R-Miss. During his time at the Pentagon, he shepherded two defense secretaries through Senate confirmation.

Former colleagues describe him as a student of history who cites as a model President Dwight Eisenhower, an unflashy but quintessential Army general "who knew how to handle dysfunctional staff," according to Bob Carey, now a director of policy for the Independence Fund, a veterans group.

During his time as senior adviser to Sen. Thom Tillis, R-N.C., from 2015 to 2017, the senator and his staff referred to him as "Forrest Gump," a likely reference to his ability to exceed expectations.

Conservative veterans groups say he understands the federal bureaucracy and how to fix it.

"We're confident he's aligned with President Trump on VA's reform agenda," said Dan Caldwell, executive director of Concerned Veterans for America.

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8.6 - U.S. News & World Report (AP): [The Latest: Wilkie Says Private Care Needed to Help VA](#) (27 June, 24M uvm; Washington, DC)

THE Latest on the Senate confirmation hearing for Robert Wilkie, the nominee to head the Department of Veterans Affairs (all times EDT):

2:30 p.m.

President Donald Trump's pick to lead Veterans Affairs is promising to "shake up complacency" at the department and push changes to expand private care for veterans.

Robert Wilkie's confirmation hearing before a Senate panel is set for Wednesday. In prepared testimony obtained by The Associated Press, the Pentagon undersecretary says the ranks of veterans are rapidly changing and more are in need of faster health care. He says that means veterans should see more private physicians when needed.

Still, Wilkie is making clear that private care is not a replacement to the government-run VA. He says the quality of care is high and VA offers something that "can never be duplicated" — doctors who fully understand battlefield injuries.

Democrats plan to question him on his views on privatizing VA. Trump has promised to steer more patients to the private sector.

9:30 a.m.

Modest and low-key, Robert Wilkie was hastily dispatched to lead the Department of Veterans Affairs after a furious President Donald Trump fired Secretary David Shulkin amid political infighting at the department. But what was supposed to be a temporary job could turn permanent.

If confirmed as VA secretary, the long-time public official could end up steering some of the biggest changes to veterans' health care in decades.

A significant test comes at his Senate hearing Wednesday, where Democrats plan to question the Air Force and Navy veteran on his views on privatizing the government's second-largest department serving 9 million veterans. It's an issue that Shulkin says led to his ouster.

In recent meetings, Wilkie has told several veterans' groups and some lawmakers that he opposed "privatization."

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8.7 - NPR (Audio): [Trump's Uncontroversial VA Pick Sails Through Confirmation Hearing](#) (27 June, Quil Lawrence, 22M uvm; Washington, DC)

Back in March, President Trump fired his first VA secretary, David Shulkin. His first nominee to fill the post, White House physician Ronny Jackson, withdrew after charges of professional misconduct.

His next pick Robert Wilkie was seen as uncontroversial, with decades of Washington experience. On Wednesday, Wilkie had a relatively smooth confirmation hearing.

Wilkie is a veteran of the U.S. Navy and currently an officer in the U.S. Air Force Reserves, though he's more identified as a veteran Washington official. He has worked as a Republican Senate staffer and in the Pentagon under President George W. Bush. Wilkie was already confirmed by the Senate late last year to his current Pentagon post as under secretary of defense for personnel and readiness.

Wilkie served briefly as acting VA secretary and got good reviews from Congress for helping shepherd through several major reforms. Now, he'll have the challenge of trying to implement those reforms, which are already putting the White House and Congress at odds over funding and congressional oversight.

This week The Washington Post reported on controversial comments made by Wilkie when he worked for Republican Sen. Jesse Helms of North Carolina, and others, and Wilkie's previous support for Confederate veterans organizations. He was also involved in implementation of President Trump's ban on transgender recruits to the military. While both issues were raised at the hearing, influential senators on the VA committee had indicated they would not derail the nomination

The Department of Veterans Affairs provides health care to about nine million veterans — it's the largest health care network in the country and the second largest federal department after the Pentagon.

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8.8 - NPR (Morning Edition, Audio): [What To Know About Trump's VA Secretary Nominee Robert Wilkie](#) (27 June, Quil Lawrence, 22M uvm; Washington, DC)

Pentagon official Robert Wilkie has his confirmation hearing Wednesday before the Senate Committee on Veterans' Affairs. He's President Trump's pick to lead the VA.

TRANSCRIPT:

STEVE INSKEEP, HOST:

President Trump is trying again to fill the post of secretary of Veterans Affairs. The president fired his first VA secretary. His second choice, the White House doctor, had to withdraw. And the third choice is Robert Wilkie, who's been a veteran federal official and faces a Senate committee today. What's at stake? Just overseeing the health and benefits of nearly 20 million American veterans. NPR's Quil Lawrence covers veterans issues. He's in our studios. Quil, good morning. Good to see you.

QUIL LAWRENCE, BYLINE: Good morning, Steve.

INSKEEP: What is the state of the agency that Wilkie would take over?

LAWRENCE: I mean, it's a large - it's the largest health network in the country where, on the one hand, vets generally love the care they get but universally despise the red tape. I mean, it's an entrenched, huge bureaucracy. There are over 350,000 employees at the VA. They've just passed a large set of reforms to try and make that work better. But it's all about this next secretary, how he's going to implement them. And there's already sort of some concerns set up that the White House is lukewarm on funding some of these new reforms. So that's a coming battle between Congress and the president.

INSKEEP: So questions about the direction of the agency, and you've been reporting on the agency itself and a controversy over how the agency polices itself in a sense, what happens with whistleblowers who call out problems.

LAWRENCE: Right, and some awesome (ph) reporting from our Eric Westervelt on this. Yeah, there's a big problem with whistleblowers when they call out problems at the VA. They often face reprisals. The current acting secretary is Peter O'Rourke, a Trump political appointee. And he is in a fight right now with the VA's inspector general, who's supposed to be looking into

these whistleblower complaints. The inspector general says O'Rourke is denying him access to these whistleblower complaints. And we can probably expect some questions about that at the hearing.

INSKEEP: And those would be questions, of course, for Robert Wilkie, the nominee. Who is he, and where does he fit into all of this?

LAWRENCE: So he's a veteran. He served in the Navy, and also, he's currently a reservist in the Air Force, so that's important to this community. He's worked for decades in the Pentagon and in Congress before that with senators like Jesse Helms, Trent Lott, people on the far-right Republican end of the spectrum. He's been doing personnel and readiness at the Pentagon, so he's got some experience with these sort of issues.

INSKEEP: Is there any sense of a controversy with Wilkie the way there was with the previous nominee?

LAWRENCE: No. I mean, the previous nominee, the White House physician, Ronny L. Jackson, really apparently had no vetting at all from the president. And that resulted in what could have been a private withdrawal turning into a very public rejection over all these charges of misconduct, which came to light. Wilkie's had a couple of hiccups. People have taken issue. The Washington Post reporting this week that some of the statements he made when he was working for Senator Jesse Helms in defense of the Confederate flag, et cetera, those might come up in the hearing. He was also involved in implementing the ban on transgender troops under the Trump administration. That might come up. But he's got a lot of experience with Congress, and they really want to fill this post.

INSKEEP: Very briefly, Quil, does he want to privatize any part of VA care, which is something that people have talked about?

LAWRENCE: You can absolutely expect the Congress to extract a promise from him that he will not. Veterans universally oppose privatizing VA care, but there is a push from Trump political appointees to move more VA money into the private sector.

INSKEEP: Quil, pleasure talking with you. Thanks very much.

LAWRENCE: Likewise.

INSKEEP: NPR's Quil Lawrence.

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8.9 - The Hill: [VA nominee on treatment of women, minorities: 'I will stand on my record'](#) (27 June, Rebecca Kheel, 11.9M uvm; Washington, DC)

President Trump's nominee to become Veterans Affairs secretary on Wednesday defended his record on his treatment of women and minorities following a news article about statements he made as a congressional aide.

"I welcome a scrutiny of my entire record," Robert Wilkie told the Senate Veterans Affairs Committee at his confirmation hearing. "If I had been what the Washington Post implied, I don't

believe I would have been able to work for Condoleezza Rice or Bob Gates or Jim Mattis. ... I will stand on my record.”

Wilkie's remarks came in response to a question from Sen. Mazie Hirono (D-Hawaii), who had inquired about a Washington Post story in which Wilkie defended past bosses' polarizing statements and his past membership in a Confederate group.

Wilkie has decades of experience as a congressional aide and in the executive branch, though that experience includes stepping up for previous bosses at divisive moments.

Wilkie defended former Sen. Jesse Helms (R-N.C.) in 1993 when Carol Moseley Braun (D-Ill.) — the only African-American in the Senate — rallied her colleagues to block Helms's amendment to renew the patent on the insignia used by the United Daughters of the Confederacy, which featured the Confederate flag.

At the time, Wilkie told the Post that Moseley Braun's effort was “an attempt in the name of political correctness to erase entire blocks of our history. ... The question is whether we're going to wipe out the history of millions of Americans who trace their heritage to the losing side.”

Wilkie, whose ancestors fought for the Confederacy in the Civil War, also attended annual memorial ceremonies held by other descendants of Confederate veterans as recently as 2005. The events, held in Washington, coincided with the birthday of Jefferson Davis, according to the Post.

Wilkie was also a member of the Sons of Confederate Veterans, a group that defends public displays of the Confederate symbols.

Later in his hearing, Sen. Thom Tillis (R-N.C.) — one of Wilkie's former bosses — gave the nominee further opportunity to defend himself. Wilkie said he went to three memorials, two sanctioned by the Army and Pentagon and one sanctioned by the speaker of the House.

“The broader issue of the flag, to address what The Washington Post said, I stopped doing many of those things at a time when that issue become divisive,” Wilkie said, adding that all veterans should be honored.

Wilkie also drew questions for edits he made to a draft resolution on equal pay for women while serving as an aide to Senate Majority Leader Trent Lott (R-Miss.). According to the Post, Wilkie marked up a draft resolution from Senate Minority Leader Thomas A. Daschle (D-S.D.) with edits that called on Congress to require young women to finish high school as a condition of receiving welfare.

Asked by Hirono about the edits, which she called “offensive and condescending,” Wilkie suggested he was not responsible for them.

“I don't remember,” he said when asked if he made the edit. “I passed it off to staff.”

Pressed by Hirono on whether conditional welfare for young women is a good idea, Wilkie said, “I would not make that requirement.”

“That would never enter my mind,” he added.

Sen. Sherrod Brown (D-Ohio) questioned Wilkie on whether he would commit to serving all veterans regardless of race, gender, ethnicity and sexual orientation. Wilkie responded, "Absolutely."

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8.10 - Military.com: [VA Nominee Wilkie Pledges No 'Privatization' Of Vets Health Care](#) (27 June, Richard Sisk, 9M uvm; San Francisco, CA)

Robert Wilkie, President Donald Trump's nominee to become the next VA Secretary, said Wednesday that he was against "privatization" of VA health care and would work to break the bureaucratic logjams on wait times and benefits appeals.

At his confirmation hearing before the Senate Veterans Affairs Committee, Wilkie also rejected allegations that he supported "racially divisive" issues in his private life and in his past work as a staffer for conservative senators.

Wilkie said he had previously attended events of the Sons of Confederate Veterans involving the display of Confederate flags but said he "stopped doing any of those thing at a time when that issue became divisive."

He said that former President Barack Obama had sent a wreath to a Southern heritage event, an episode noted in a Washington Post report.

Wilkie also dispute the charge that in the 1990s he marked up draft legislation calling for young women to finish high school before they qualified for welfare.

Wilkie, who was working at the time for then-Senate Majority Leader Trent Lott, R-Mississippi, said Lott and other staffers made changes in the legislation.

When asked by Sen. Mazie Hirono, D-Hawaii, whether he believed women should have to graduate from high school to receive government benefits, Wilkie said, "that would never enter my mind."

Sen. Sherrod Brown, D-Ohio, told Wilkie he expected his nomination to be confirmed. but added that Wilkie had worked for a "very racially divisive senator," meaning the late Sen. Jesse Helms, R-North Carolina.

"[And] you were appointed to this job by a very racially divisive president," Brown said.

In his opening statement, Wilkie said that there were no excuses for failing to address the VA's problems after Congress gave the department nearly \$200 billion in funding and passed the VA Mission Act to overhaul and consolidate the VA Choice Program on private health care options for veterans.

Wilkie said he favored private and community care when the VA could not meet the needs of the veteran, but added that he was opposed to privatization and would keep the Veterans Health Administration fully funded.

If confirmed, Wilkie said his goal would be to make the VA more "agile and adaptive" to meet the needs of a changing veterans population.

"It is clear that the veterans population is changing faster than we realize," he said. "For the first time in 40 years, half of our veterans are under the age of 65. Of America's 20 million veterans, 10 percent are now women. The new generation is computer savvy and demands 21st Century service -- services that is quick, diverse and close to home."

Wilkie, 55, of North Carolina, had been undersecretary of Defense for Personnel and Readiness when he was moved over to the VA in March as acting Secretary after Trump ousted then-VA Secretary Dr. David Shulkin.

This story will be updated.

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8.11 - News & Observer (McClatchy): [VA nominee deflects critiques over NC work and Confederate events, headed for confirmation](#) (27 June, Brian Murphy, 3.9M uvm; Raleigh, NC)

The son of a Vietnam combat veteran seriously injured in his second tour, Robert Wilkie faced little opposition from the Senate committee charged with vetting his nomination to be the next secretary of Veterans Affairs.

Wilkie, 55, a longtime government official who has been through two previous confirmation hearings, earned praise this time from Democrats on the committee and deflected any controversy stemming from past work for former Sens. Jesse Helms of North Carolina and Trent Lott of Mississippi or allegations of hostility toward women or minorities.

"I will stand on my record," Wilkie said to pointed questions about his past from Sen. Mazie Hirono, a Hawaii Democrat.

A Washington Post report, referenced repeatedly in the hearing, outlined past decisions from Wilkie, including participation in Confederate celebrations and advocating for keeping transgender people out of the military.

Wilkie said he attended the Confederate events at a time when they were sanctioned by the Department of Defense and Congress. At one, he introduced a "Gettysburg" filmmaker.

"I stopped doing many of those things at a time when that issue became divisive," Wilkie said. But he defended celebrating Confederate veterans, citing words from Union General William Tecumseh Sherman.

The allegations attracted attention from outside groups.

"Someone who has defended treason against the United States, pines for the days of slavery and advocated for banning our brave transgender troops from serving is not fit to lead the VA," Chelsea Clinton tweeted during the hearing.

A liberal veterans' group, VoteVets, called on Wilkie to declare the Confederacy fought on the wrong side of the Civil War and guarantee protection for all veterans.

"Wilkie has been described as the architect of the president's ban of transgender service personnel. How can he guarantee that he'll lead a VA that's able and willing to provide benefits to all veterans who've earned them?" said Will Fischer, an Iraq War veteran and the director of government relations for VoteVets.

Wilkie said during the hearing he supported a congressional measure to provide same-sex spouses in the Defense Department with Social Security and veterans' benefits.

Wilkie, who grew up in Fayetteville, was introduced by his former boss, Sen. Thom Tillis, a North Carolina Republican. Tillis said he knew from the time he hired Wilkie that he was "destined to serve the nation at a higher level."

Wilkie, who served in the Navy Reserves and now serves in the Air Force Reserves, was nominated to an undersecretary position in the Defense Department last year by President Donald Trump, and was confirmed by the Senate. He had previously been confirmed for a Pentagon position under President George W. Bush.

Trump tabbed Wilkie to serve as acting secretary of the VA earlier this year, then — in a surprise announcement — announced he was picking Wilkie to serve as secretary after the failed pick of Ronny Jackson.

Sen. Jon Tester, a Montana Democrat and the ranking member of the Senate committee, helped tank Jackson's nomination when he raised concerns about Jackson's leadership. Tester, however, has expressed no such qualms about Wilkie, whom he has called "a straight shooter" on several occasions.

"You've gotten pretty good at this. You ain't a rookie. You not only answer questions, but you anticipated questions as good as anyone I've ever seen in front of a Senate Committee," Tester said. "I would just say that I, as others, believe you're going to be confirmed. ... You will be held accountable."

The committee did not vote on Wednesday.

The VA has been strongly criticized in recent years for its failure to reduce wait times for veterans and its lack of progress on opioid abuse and suicide prevention among the growing veteran population. The agency faces challenges associated with an aging population of Vietnam-era veterans and an influx of younger veterans from wars in Afghanistan, Iraq and the global war on terrorism.

Wilkie noted that half of veterans are under the age of 65 and, thanks to medical improvements that save lives, some are dealing with more severe injuries. He outlined four areas of improvement for the agency: including offering world-class customer service, improving access to care, reducing the backlog of claims and payments and reforming the human resources system.

"The prime directive is customer service," Wilkie said.

He said the the VA should be an "industry leader" in opioid intervention and suicide prevention.

And he repeatedly stated his opposition to privatization of the VA, whose budget has quadrupled in the last 20 years and stands at more than \$188 billion, making it the second-largest agency in the government behind only the Department of Defense.

Democrats pressed him on privatization, which some Republicans and Trump have promoted. Trump's first VA secretary, David Shulkin, said he was fired in part because of his resistance to privatization efforts.

"I will oppose efforts to privatize," Wilkie said.

The VA is moving toward allowing more access to private doctors as part of the just-passed MISSION Act. And Wilkie said the VA must be "agile and adaptive" in meeting veterans' health care needs.

In a prepared opening statement, Wilkie detailed how the serious injuries suffered by his father changed his life.

"I watched the agonizing recovery," Wilkie said.

Robert Leon Wilkie Sr. died in May of 2017.

Wilkie recounted visiting a Civil War battlefield with his great-grandfather, himself a World War I veteran.

"In the short time that I was privileged to know him, he impressed upon me the cost paid by ordinary Americans caught up in the incommunicable experience of war," Wilkie said.

"That is why the VA must succeed. It is to remind Americans every day that freedom is not free," Wilkie said.

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8.12 - Military Times: [VA secretary nominee promises more medical choices for vets, but not privatization](#) (27 June, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs secretary nominee Robert Wilkie pledged to make that department more customer friendly and better integrated with outside health care systems without "privatizing" veterans services in a subdued Senate confirmation hearing on Wednesday.

Wilkie, President Donald Trump's third pick to lead the massive VA bureaucracy, said if he is confirmed his priorities would be to improve veterans access to medical care, reduce the backlog of benefits payments, reform the department's human resources systems and "improve the culture" at VA.

"Many of the issues I encountered as acting secretary were not with the quality of medical care but with getting our veterans through the door to reach that care," he told senators. "Those problems are administrative and bureaucratic ... That is where VA must go."

The 55-year-old Air Force Reserve colonel, who currently serves as the Pentagon's under secretary for personnel and readiness, served as acting secretary for two months following Trump's firing of former VA Secretary David Shulkin over Twitter for management problems at the department.

The confirmation hearing also came two months after Trump's previous pick to replace Shulkin, Rear Adm. Ronny Jackson, withdrew his name from consideration for the post amid allegations of unprofessional behavior while serving as White House physician.

Several senators at the hearing referenced that leadership turmoil at VA and questioned how much interference from the White House Wilkie will face as he works to restore public faith in the department.

"We have seen VA political appointees work actively and publicly to undermine a secretary and deputy secretary who were unanimously confirmed by the Senate," said Senate Veterans' Affairs Committee ranking member Jon Tester, D-Mont.

"As we speak, the secretary and deputy secretary positions are vacant, while those same political appointees continue to collect paychecks from VA. We are seeing non-partisan senior leaders and subject-matter experts leave the VA in droves – many are concerned that sound policies and ideas are being increasingly marginalized at the expense of political interests."

Wilkie said he was confident that he will have the ability to choose his own staff and advocate on behalf of policies that help veterans, even if his opinions run counter to White House staff.

The biggest of those issues is expected to be implementation of the recently passed VA Mission Act, which includes an overhaul of the department's community care programs.

Critics have said administration officials are pushing too aggressively to send federal money to private-sector doctors for veterans care, hollowing out the VA health system. Wilkie defended the idea, saying that the law still leaves department officials at the center of planning for veterans health care.

But he also said that veterans need to have broader access to medical care, whether that means more department options, more telehealth opportunities, or taxpayer-funded appointments in the community.

Senators mostly passed on questions about controversies facing Wilkie in recent days, including a series of news reports outlining his defense of potentially racist and sexist policies while working for former Sens. Jessie Helms and Trent Lott.

The strongest queries on those topics came from Wilkie's former boss — Sen. Thom Tillis, R-N.C. — who attacked the reports as unfair and misleading. Wilkie said his past work with the group the Sons of Confederate Veterans was only at military and congressionally backed events, and that his past policy work did not reflect any discriminatory views.

Most members on the panel predicted an easy confirmation process for Wilkie, the son of a wounded combat veteran and a confidant of Defense Secretary Jim Mattis. Since the top VA job became a Cabinet level post 30 years ago, no senator has cast a vote opposing a president's VA nominee.

But several members of the panel warned Wilkie not to expect that goodwill to extend indefinitely into his tenure.

Committee Chairman Sen. Johnny Isakson, R-Ga., noted that Congress has passed a host of major department reforms in recent months and provided consistent raises for the department's budget since 2001.

"There are no excuses anymore," he told Wilkie. "Failure is not an option."

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8.13 - Stars and Stripes: [VA secretary nominee Robert Wilkie is headed for confirmation](#) (27 June, Nikki Wentling, 1.5M uvm; Washington, DC)

After months of unsteadiness at the top echelons of the Department of Veterans Affairs, lawmakers and major veterans groups are looking for consistency at the agency – and they think Robert Wilkie could be the one to deliver it.

Wilkie, President Donald Trump's pick for VA secretary, faced a panel of senators Wednesday, most of whom seemed willing to approve his nomination. Wilkie, 55, was considered a safe choice for the job given his decades of experience working on military issues on Capitol Hill, the Pentagon and White House.

Sen. Jon Tester, D-Mont., the ranking Democrat on the Senate Veterans' Affairs Committee, praised Wilkie as a "straight-shooter." Sen. Sherrod Brown, D-Ohio, said he expected Wilkie to be confirmed by the Senate, and other senators addressed him as if certain he'd get the job.

"You are getting an agency that has its problems," said Sen. Johnny Isakson, R-Ga., the committee chairman. "We know what the problems are, we know what we need to do. We stand ready to be the wind at your back and to have your back to see to it our veterans get what they fought for."

If confirmed by the Senate, Wilkie will take over the second-largest federal agency, with a nearly \$200 billion budget and 375,000 employees. He'll be tasked with leading implementation of a massive VA reform bill Congress passed this month to overhaul the VA's private-sector care programs. He'll also oversee a multibillion-dollar project to establish a new electronic health record system.

During the two-hour hearing, Wilkie promised to focus on a host of issues, including opioid abuse, veteran suicide, medical staff shortages and a backlog of veterans' claims for disability compensation. He vowed to not allow the slow erosion of the VA in favor of the private sector, and he defended himself against a Washington Post report from Tuesday that criticized him for embracing divisive cultural views.

"You not only answered questions, but you anticipated questions as good as anybody I've ever seen in front of a Senate committee," Tester said near the end of the hearing. "I, as others, believe you are going to be confirmed. You have a lot of challenges in front of you, and I think you got the tools to do the job."

VA leadership turmoil

The VA has been without a permanent secretary since March 28 and without a deputy secretary since June 15. Another top spot in the department, the undersecretary for health, has been vacant for over a year.

Trump announced May 18 he planned to nominate Wilkie to replace former VA Secretary David Shulkin, who was fired in March following months of political infighting and a damaging inspector general report about an official trip he and his wife took to Europe.

Trump first nominated Rear Adm. Ronny Jackson, a White House physician, for the job. Jackson's nomination quickly fell apart after allegations of toxic leadership, drinking on the job and doling out controlled substances. He's now under investigation by the Defense Department Office of Inspector General.

Since Shulkin was fired, Deputy Secretary Tom Bowman retired and several VA health officials left, as did the agency's chief information officer.

"We are seeing non-partisan senior leaders and subject-matter experts leave the VA in droves – many are concerned that sound policies and ideas are being increasingly marginalized at the expense of political interests," Tester said.

Tester criticized political appointees Trump placed in the VA, blaming them for the leadership turmoil and for other recent controversies, including a fight between acting VA Secretary Peter O'Rourke and VA Inspector General Michael Missal over access to information, as well as the VA using its official Twitter account to attack news outlets as "fake news."

Tester expressed confidence in Wilkie to act in the best interest of veterans, even when faced with possible opposition from White House insiders.

"Sooner or later, you'll come to a crossroads with these folks," Tester said. "My only advice to you is to take your cues from veterans and do what you think is right, even if political forces threaten your job. Because I want you to succeed, I really do. And veterans across this country need you to succeed."

Defending his past

Wilkie, a former Reserve officer in the Navy and Air Force, has a history of military policymaking. He worked under Sen. Thom Tillis, R-N.C., and former secretaries of defense Robert Gates and Donald Rumsfeld. He currently serves as the Defense Department undersecretary of personnel and readiness.

The Post reported Tuesday that Wilkie has embraced and defended divisive cultural issues during his tenure in politics. He led efforts this year to justify Trump's ban on transgender troops, opposed an effort in the 1990s to ensure equal pay for working women, and was previously a member of the Sons of Confederate Veterans, the newspaper reported.

Wilkie mostly avoided questioning about the report Wednesday. Sen. Patty Murray, D-Wash., said she had concerns about it but wouldn't seek answers during the hearing. Instead, she told Wilkie she would later ask for written responses.

Sen. Mazie Hirono, D-Hawaii, spent the most time on the issue. In particular, she asked about part of the report that asserted Wilkie supported in the 1990s a proposal to require young women to finish high school as a condition of receiving welfare.

When asked by Hirono if he thinks that type of requirement is a good idea, Wilkie replied: "That type of requirement would never enter my mind."

Under questioning from Brown, Wilkie promised that he would work for all veterans.

"You've been appointed by a very racially divisive president," Brown said. "The VA secretary needs to serve all veterans despite race, ethnicity, gender and sexual orientation."

Tillis, Wilkie's former boss, defended him during the hearing, but said he should prepare for more scrutiny by the committee as VA secretary.

"Enjoy the honeymoon, because the floggings will be starting soon," Tillis said. "You're going to do a great job as secretary. You've got a keen insight into what works. I know you're going to bring the intensity that's necessary and that's been lacking for a long time."

The Senate Veterans' Affairs Committee still must vote on whether to send Wilkie's nomination to the Senate floor. A timeline for when the vote could occur was uncertain Wednesday.

Since the VA became a Cabinet-level department in 1989, there have been nine secretaries. All of them were unanimously approved by the Senate, meaning no senator has ever voted against a VA secretary nominee.

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8.14 - MedPage Today: [Mostly Softballs for VA Nominee at Confirmation Hearing, Swift confirmation now expected for Robert Wilkie](#) (27 June, Shannon Firth, 1.5M uvm; New York, NY)

Robert Wilkie, the nominee for Secretary of Veterans Affairs, sailed through his confirmation hearing with barely a hiccup on Wednesday afternoon.

"You've gotten pretty good at this," Jon Tester (D-Mont.), the ranking Democrat on the Senate Committee on Veterans' Affairs, told Wilkie after the roughly two-hour hearing.

Wilkie handily answered questions on everything from the high rates of sexual harassment within the agency, to VA leadership vacancies, to his past membership in a controversial neo-Confederate organization.

While Tester expects Wilkie will be confirmed, the senator also warned him that he would face challenges down the road.

At some point, every VA leader reaches a crossroads where political pressures will force him to make difficult decisions, Tester said.

"My only advice to you is to take the cues from the veterans and do what you think is right even if political forces threaten your job," Tester said.

Wilkie, whose most recent job was in the Defense Department, took over as acting secretary of the VA in late March after President Trump fired David Shulkin. Many argued Shulkin's ouster was due to his reluctance to privatize the VA.

Sen. Bernie Sanders (I-Vt.) said he believed Shulkin "did a pretty good job" but was forced out because he was not "moving forward on privatization" as quickly as the president wanted.

"Do you believe in the privatization of the VA?" Sanders asked Wilkie, who replied that he would "oppose efforts to privatize the VA."

Sanders said he remained concerned about "a drip by drip depletion of the VA" where dollars would be channeled into the Veterans' Choice program -- an initiative which allow veterans under certain circumstances to receive private care in the community.

And Wilkie continued to stress the "centrality of the VA" to care, ticking off the many VA services that he views as unparalleled: spinal cord injury, audiology, traumatic brain injury, and services for the blind.

Another frequent question from senators related to the challenges rural states have recruiting doctors and other clinicians to work for the VA.

Sen. Joe Manchin (D-W.Va.) said there are currently 93 job postings at VA facilities in his state, among them listings for psychiatrists and other physicians as well as nurses.

Wilkie responded that if confirmed he would focus on giving local leadership the ability to shift funding to address immediate medical needs.

He also suggested that he would explore other ways to incentivize clinicians to serve in areas where they're needed, such as medical school loan forgiveness in exchange for long-term service with the VA.

Sen. Mike Rounds (R-S.D) complained that dozens of providers in his state still have not been paid by the VA for care they delivered.

"We're talking hundreds of thousands of dollars to millions of dollars," Rounds said.

He asked whether Wilkie would commit to seeing that they are paid. "Absolutely," Wilkie said.

Asked about his involvement in a group known as the Sons of Confederate Veterans, an organization that supports the right to display Confederate symbols publicly, Wilkie said that he left the group and stopped attending their events -- celebrations honoring Confederate memorials -- when he saw that it had become "divisive."

And in response to dealing with the issue of sexual harassment at the VA, Wilkie said he had previous experience implementing programs targeting sexual harassment at the Department of Defense and that, if confirmed, he would commit to addressing the issue at the VA.

President Trump tapped Wilkie for the nomination in May, after his initial choice, White House physician Ronny Jackson, MD, became embroiled in controversy and withdrew from consideration.

Wilkie's father was an artillery commander who was wounded in Vietnam and Wilkie is himself a veteran having served as a reserve officer in the Air Force. Others, he said, have joked that he "was born in khaki diapers."

A lawyer with decades of military policy making experience, Wilkie also served for over 20 years on Capitol Hill as an aide to a string of Republican congressmen, including former Sen. Jesse Helms (R-N.C.) and Sen. Trent Lott (R-Miss.).

Wilkie stood behind these controversial figures and, recently, also backed deeply conservative positions such as President Trump's attempted ban on transgender troops.

On questioning, Wilkie committed more than once to treating all veterans with respect "regardless of race, gender, and sexual orientation."

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8.15 - Government Executive: [VA Nominee Promises to Protect Against Privatization, Boost Pay for Some Employees](#) (27 June, Eric Katz, 870k uvm; Washington, DC)

President Trump's third nominee to serve as head of the Veterans Affairs Department faced a relatively smooth confirmation hearing on Wednesday, with lawmakers on both sides demonstrating little interest in blocking his appointment.

Robert Wilkie, who served as acting VA secretary after President Trump fired David Shulkin earlier this year (until Wilkie was nominated to fill the position permanently), easily brushed aside the few potentially difficult questions lobbed his way. In particular, Wilkie assuaged various concerns by stating he has no interest in privatizing the department, promising to fill vacancies throughout VA, and knocking down reports questioning his commitment to diversity and antidiscrimination efforts.

Wilkie was nominated to the position after Trump's initial replacement for Shulkin, Ronny Jackson, was forced to withdraw when questions surfaced about his management experience and his record as a White House physician. Trump nominated and the Senate confirmed Wilkie last year to serve as the Defense Department's undersecretary for personnel and readiness. Democrats on the Senate Veterans' Affairs Committee expressed their approval for the nominee throughout the hearing, saying they expect him to sail through the confirmation process.

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"It's really important we have a strong leader," said Sen. Jon Tester, D-Mont., the top Democrat on the panel. "You have a lot of challenges in front of you and I would just say that I think you've got the tools to do the job."

Wilkie said his top priorities as secretary will be to improve access to care by implementing a recently signed law to ease veterans' access to private sector care on the government's dime, reduce the claims backlog, reform business systems such as human resources and improve the culture of VA to offer "world-class customer service." Despite the recent passage of the MISSION Act, Wilkie said he has no interest in broader efforts to eliminate the government's role in providing care and services to veterans.

“My commitment to you is I will oppose efforts to privatize the VA,” Wilkie said after facing questions from Sen. Bernie Sanders, I-Vt.

Wilkie acknowledged the law was a “radical change,” and promised to move quickly to find private sector partners to create a “community network” to supplement the department’s 1,200 VA medical facilities. Still, he pledged to keep VA central to any care veterans receive. The department’s biggest challenge, he said, is getting veterans in the door. He added he was not interested in taking a “blunderbuss approach” on filling vacancies at VA, saying he would focus on key priorities such as primary care clinicians, mental health professionals and women’s health specialists.

The nominee also promised to boost pay rates for low-ranking VA employees to address turnover.

“It is incumbent upon the secretary of the VA to have long discussions with the Office of Personnel Management to make sure that the secretary and those that work for him have the ability to adjust pay scales so that people who are there at the very ground level treat him respectfully and stay in that job and learn what it means to talk to veterans,” Wilkie said.

The secretary-designate promised to stand up to outside groups and Trump if they advocate policies not in veterans’ best interests. He also broke with the current VA acting secretary, Peter O’Rourke, in saying the department’s inspector general must maintain independence and is not a subordinate of the secretary.

A few senators pressed Wilkie on a recent Washington Post report noting his work for a former senator who faced frequent accusations of racism, his participation in ceremonies honoring the confederate flag, his advocacy against gender-based pay equality and other issues. Wilkie told the committee members the report focused disproportionately on his record from 25 years ago and said he stood on his record on issues of equality and diversity. Lawmakers showed little interest in pushing the matter further, though Sen. Patty Murray, D-Wash., said she still had lingering questions she would send to Wilkie in writing.

Sen. Johnny Isakson, R-Ga., the committee’s chairman, pointed to the huge surge of funding VA has enjoyed in recent years in demanding that Wilkie bring positive change to the department.

“There are no excuses anymore,” Isakson cautioned. “Failure is not an option.”

Despite the overall friendly nature of the majority of the hearing, lawmakers warned Wilkie not to get too comfortable.

“Enjoy the honeymoon,” said Sen. Thom Tillis, R-N.C., “because the floggings will begin soon.”

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8.16 - Modern Healthcare: [Senate panel puts Wilkie on confirmation path for VA chief](#) (27 June, Susannah Luthi, 460k uvm; Chicago, IL)

President Donald Trump's nominee Robert Wilkie sailed through a Senate confirmation hearing to clear him for the top post at the Veterans Affairs Department, despite thinly veiled sparring by Democrats and Republicans over whether his implementation of the VA Choice reforms could restart the privatization debate.

Wilkie, who stepped down from his post as acting VA secretary pending his confirmation, will have to wrangle the electronic health records overhaul for the VA and implement the massive VA Mission Act, which consolidates all seven disparate community-care programs under VA Choice. The legislation also significantly expands VA Choice, which is still plagued with logistical problems such as delayed or faulty payments for local hospitals and physicians who treat veterans in the program.

In his testimony, Wilkie attributed the problems with Choice to the hasty rollout and emphasized the integration of payment systems and EHRs as key to streamlining the program.

But tensions over how the Choice reforms could change the VA health system were still apparent as key senators pressed Wilkie on how he intends to steer the program through regulations. Veterans service organizations and conservative veterans groups are watching the regulatory process closely, particularly the quality and access standards that the VA clinics will be required to meet or else release veterans to community providers.

Sen. Jerry Moran (R-Kan.), who led the charge to require the VA secretary to set the access standards on the VA system, warned Wilkie that implementation will be "a monumental task" and asked for a guarantee that the department will follow congressional intent for the overhauled Choice program as he lays out the regulations.

Wilkie promised Moran that he would follow intent and support the community care programs, as Sen. Bernie Sanders (I-Vt.)—who opposed the VA Mission Act—asked for an absolute promise that Wilkie would not privatize the VA.

"Will you vigorously oppose, whether from the president or the Koch brothers, any effort to privatize the VA?" Sanders asked, referencing conservative megadonors Charles and David Koch, who funded the group Concerned Veterans for America, which came under fire from Democrats and unions for outsize influence on the White House and VA political appointees' work on the legislation.

Wilkie promised that he would oppose any privatization efforts, although VA officials and lawmakers say the word mischaracterizes efforts to reform the department's health system serving more than 9 million people.

The Senate VA Committee's ranking Democrat, Jon Tester, of Montana, also pressed Wilkie on whether there are any conditions attached to the job and whether Wilkie has full autonomy to appoint his own deputies.

The questioning came after former Secretary David Shulkin, fired in March by a tweet from Trump, complained that he faced hostility within the department from political appointees.

Wilkie, a member of the U.S. military reserves since 1997 who has seen active duty, has worked at the Pentagon and National Security Council, as well as assistant secretary of defense under President George W. Bush. Throughout his testimony, Wilkie touted his work as

undersecretary of defense for personnel and readiness at the Defense Department, where he had to implement long-passed but neglected legislation.

Since Trump's ouster of Shulkin, Wilkie has served as acting secretary and oversaw passage of the VA Mission Act.

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8.17 - WISH (TV-8, Video): [US senators question nominee for Veterans Affairs secretary Wilkie](#) (27 June, Mark Meredith, 319k uvm; Indianapolis, IN)

President Donald Trump's pick to lead the U.S. Department of Veterans Affairs on Wednesday faced tough questions from lawmakers on Capitol Hill.

Veterans Affairs has been without a permanent secretary since March. Robert Wilkie said, if confirmed as VA secretary, veterans can expect quicker access to health care.

"Our prime directive is customer service ... when a vet comes to VA, it's not up to him to employ a team of lawyers to get VA to say 'yes,'" the nominee said.

Lawmakers pressed Wilkie about what he sees as the future of Veterans Affairs.

U.S. Sen. Bernie Sanders, an independent from Vermont, said he is worried the Choice Act could leave the VA facilities shortchanged. The act allows veterans to choose between private or government clinics.

"My fear is that we're seeing a drip by drip depletion of funds for the VA and the services they provide, putting that into the Choice program," Sanders said.

But, Wilkie said, the VA's mission remains intact with the Choice program. He said he is ready to ensure veterans get quality care no matter where they live.

Wilkie was not Trump's first choice for the job. The president originally nominated White House physician Dr. Ronny Jackson for the post, but Jackson withdrew after lawmakers began investigating several allegations of misconduct.

U.S. Sen. John Tester, a Democrat from Montana, asked Wilkie where his loyalties will rest if confirmed.

"Are you empowered to do what you believe is best for our veterans even if that's in disagreement with the president?" Tester said.

Wilkie responded, "Yes, sir."

U.S. Sen. Johnny Isakson, a Republican from Georgia, said Wilkie is qualified for the post, but believes Wilkie must be held accountable for turning the VA around. "Mr. Wilkie, there are no excuses ... anymore."

The Senate has not said when Wilkie will receive a confirmation vote.

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8.18 - KRTV (CBS-3, MTN News, Video): [Tester questions Trump's VA nominee](#) (28 June, 195k uvm; Black Eagle, MT)

U.S. Sen. Jon Tester told Wednesday President Trump's nominee to lead the Veterans Administration that he wants him to succeed.

"We are seeing political interest groups given a seat at the table instead of veterans. I hope you agree that this type of behavior undermines the VA's mission to serve the millions of veterans who rely on the VA. The VA has larger challenges ahead. It simply cannot afford to get weighed down by unforced errors," Tester told VA secretary nominee Robert Wilkie at a Senate hearing.

Tester, a Montana Democrat, is the ranking minority member of the Senate Veterans' Affairs Committee, which is tasked with vetting Wilkie.

Tester was a key figure in the withdrawal of Trump's previous nominee, Ronny Jackson, who backed out after anonymous allegations of misconduct were raised against him. Tester said he had received those complaints from people who had worked with Jackson in the White House medical office.

The allegations prompted critical tweets from Republican Trump, who hinted at campaigning against Tester in his re-election bid.

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8.19 - Courthouse News Service: [Pick for VA Secretary Eager to Resolve 'Instability'](#) (27 June, Brandi Buchman, 191k uvm; Pasadena, CA)

President Donald Trump's pick for secretary of veterans affairs defended his former enthusiasm for Confederate history, vowing Wednesday that he would oversee the department with an eye for all veterans, including minorities and women, if confirmed.

Robert Wilkie has served as acting head of the Department of Veterans Affairs since President Trump fired former Secretary David Shulkin in March following a report from the agency's inspector general of multiple ethics violations, including Shulkin's use of taxpayer funds for a trip to Europe and his acceptance of improper gifts.

Then Shulkin's replacement, White House physician Ronny Jackson, withdrew his nomination amid allegations he harassed several women, sometimes drunkenly.

Wilkie told senators he is eager to resolve the instability at the department, assuring them his former membership with Sons of Confederate Veterans, a group that preserves Confederate memorials, wouldn't upset that stability.

"I will say it and I will say it respectfully, I welcome the scrutiny of my entire record," he said at his nomination hearing.

Wilkie said a Washington Post report mentioning his involvement with the controversial group was incomplete and failed to account for the last 18 years of his career.

He reminded senators that the Department of the Army sanctioned two of the three confederate memorial events he attended, and the Department of Defense approved of the third.

He also said one event featured President Barack Obama laying a wreath honoring veterans on both sides of the Civil War.

"I stopped doing these things when the issue became divisive," he said.

Senators also questioned edits Wilkie made on legislation during his tenure as floor manager for former Senate Majority Leader Trent Lott.

Senator Mazie Hirono, D-Hawaii, called an edit to the Personal Responsibility and Work Opportunity Reconciliation Act requiring women to finish high school before they could receive welfare "condescending."

Wilkie said he pointed the issue out for Lott, who "wanted to recognize American women who chose to stay at home."

But for him, the condition "would never enter my mind," he said.

Senators also grilled him on the potential privatization of the VA.

Trump has pushed for privatization despite opposition from groups like the Veterans for Foreign Wars.

Senator Bernie Sanders, I-Vermont, told Wilkie veterans in his constituency worry over the prospect of privatization when resources are already spread thin at the VA.

Pushing veteran services to outside providers means money leaves the VA, Sanders said.

"The sentiment isn't in favor of public or government-run health care, but the VA is a socialized health care system," Sanders said.

"I don't believe in the privatization of the VA," Wilkie said.

He will, however, shake off the "complacency" there so services for veterans as well as VA employees improve, he said.

A Merit Systems Protection Board Survey released in March found the VA was the worst federal agency on record for instances of sexual harassment, but Wilkie said he has already implemented new harassment policies.

The rollout of a new electronic health records system is also on his priority list, although he confessed progress may be incremental. A similar records platform to that used at the Defense Department will also be used by the VA, he said.

That rollout was not without hiccups, he admitted, but he wouldn't unleash the record system in full until after testing.

"Vets injured before May 7, 1975 will see a full accounting of their records go digital by 2019; those injured after the end of the Vietnam War will have access by 2022," he said.

The size and complexity of the VA means a "blunderbuss approach will not work" when it comes to addressing department inefficiencies that negatively affect veterans, Wilkie said.

Senator Jon Tester, D-Montana, reminded Wilkie that, as secretary, "the buck stops with you."

"Take cues from veterans and do what you think is right even if political forces threaten your job," Tester added. "I want you to succeed. This post requires integrity and honesty. Leading this nation's largest health care system is no small task."

"My life changed when my father returned from his second tour in Vietnam," Wilkie said. "When he came home, after a year in Army hospitals, he weighed less than half of what he did when he left. I watched the agonizing recovery and that experience was on my mind when I was asked to come to the VA."

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8.20 - Fierce Healthcare: [Trump's pick to lead VA testifies he opposes privatization in first Senate confirmation hearing](#) (27 June, Paige Minemyer, 141k uvm; Washington, DC)

President Donald Trump's pick to lead the Department of Veterans Affairs, Robert Wilkie, told senators on Wednesday that he would oppose efforts to privatize the VA health system as he testified in the first of his confirmation hearings for the job.

Under questioning before the Senate Veterans Affairs Committee from Sen. Bernie Sanders, I-Vt., Wilkie said he believes in the "centrality" of the VA in caring for the nation's veterans. "My commitment to you is that I will oppose efforts to privatize the VA," said Wilkie, a Department of Defense official who was appointed to head the Department of Veterans Affairs last month.

Privatization of the VA's health system is likely to be center stage as Wilkie's nomination makes its way through the Senate. The previous VA secretary, David Shulkin, M.D., said he was fired from the position because the Trump administration viewed him as an "obstacle" to privatization.

Trump tapped Wilkie to head the VA after former White House doctor Ronny Jackson took his name out of consideration amid allegations of on-the-job misconduct. Jackson also said he would oppose privatization.

Wilkie, if confirmed, will take over the VA as it rolls out the recently passed MISSION Act, which reforms the beleaguered Veterans Choice program and allows a veteran to seek care outside of the VA system if his or her doctor approves. He said that his belief that the VA is central to caring for veterans plays into how he views the Veterans Choice program, saying it is fair to ease access barriers by allowing veterans to see private doctors as long as they're also interacting regularly with the VA system.

"Many of the issues I encountered as acting secretary were not with the quality of care but were getting veterans through the door to get that care," Wilkie said.

Wilkie named several other priorities he'll focus on if confirmed, including the VA's ongoing rollout of its new electronic health record system, reforming business operations and human resources and addressing a backlog of claims. The lack of leadership at the top of the VA has hindered the rollout of the new Cerner EHR. Wilkie said it is crucial for him to hit the ground running on that issue.

The EHR updates will provide a template for automating the claims process, Wilkie said, and will better allow for interoperability between the VA, the DOD and other providers. Plus, he said, it will allow the VA to harness analytics to get out in front of some of the biggest issues impacting veterans.

"It's our opportunity to turn the corner and be an industry leader on opioid use, intervention and suicide prevention," Wilkie said.

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8.21 - Task & Purpose: [He's A Service Member And Child Of A War-Wounded Vet. Can He Succeed As The Next VA Chief?](#) (27 June, James Clark and Jeff Schogol, 102k uvm; New York, NY)

The son of a soldier wounded during the Vietnam War, he claims he was born in in "khaki diapers." Now, former Department of Defense under secretary for personnel and readiness Robert Wilkie seems poised to wade into the mess that is the Department of Veterans Affairs — and, if all goes according to plan, restore good order and discipline to the troubled agency.

At Wednesday's confirmation hearing, Wilkie fielded questions from the Senate Committee on Veterans Affairs regarding his personal connection to the U.S. military, his long career in public service, and his vision for the VA.

As Military Times' Leo Shane noted in April, while nobody who makes it that far is guaranteed the job, no senator has voted against a nominee for VA secretary since the position was elevated to a cabinet post in 1988. But in today's political climate — where, say, past support for Confederate memorials could complicate a nomination as much as toxic leadership — anything seems possible.

Here's what we know of Wilkie's personal and professional history — and how his resume prepares him for what's been described as: "One of the most difficult jobs in government."

For starters, who exactly is Robert Wilkie?

Wilkie served in the Navy Reserve from 1997 to 2008, during which he helped support operations in Liberia, Albania and the Middle East as a psychological and information warfare officer. Since 2008, Wilkie has served in the Air Force Reserve and is the special assistant to the Air Force vice chief of staff, according to his official biography. He's a graduate of the Air Command and Staff College, Joint Force Staff College, U.S. Army War College, and College of Naval Command and Staff, and has a stack personal commendations.

But his ties to the military stretch beyond his own "modest service" he said at the hearing.

Growing up, he passed the local veterans hospital on his way back from school in Fayetteville, North Carolina, where “we could not help but read the sign at the entrance: ‘The price of freedom is visible here,’” he said. His great grandfather fought in the Meuse-Argonne Offensive in 1918 during World War I, and as a child impressed upon him the “cost paid by ordinary americans caught up in the incommunicable experience of war,” Wilkie continued.

And he’s seen service from the perspective of a military child, even joking during his testimony that when he was sworn in at the Pentagon as the undersecretary of defense for personnel readiness, “it was referenced that I was born in khaki diapers and I think my attitudes toward that and leadership flow from having been in that world my entire life.”

Wilkie’s own father was the recipient of three Purple Hearts, and five Bronze Star Medals, one of which included a combat “V” device. The elder Wilkie, an Army artillery officer, was severely wounded during the invasion of Cambodia and spent a year in a Navy hospital in Hawaii.

“My own life changed when my father returned from his second tour in Vietnam,” Wilkie said at the hearing. “I watched the agonizing recovery and that experience was on my mind when I was asked to come to the VA.”

What are his qualifications?

The VA is the second-largest cabinet-level agency just behind the Pentagon. It’s comprised of three separate administrations, the Veterans Health Administration, Veterans Benefits Administration, and the National Cemetery Administration; accounts for a nearly \$200 billion budget for fiscal year 2019; and a workforce of more than 360,000 employees responsible for providing care and services to more than nine million veterans. The VHA alone oversees the country’s largest integrated healthcare system with 170 VA Medical Centers and 1,061 outpatient sites.

Fortunately, Wilkie has a history of managing, and operating in, massive bureaucracies, having spent years at the Department of Defense — the only agency larger than the VA — and his work there is instructive.

In November 2017, the Senate confirmed Wilkie as undersecretary of defense for personnel and readiness. Prior to then, he served as assistant secretary of defense for legislative affairs from 2006 to 2009. During his time at the Pentagon Wilkie helped draft the for the Use of Force Agreement in Afghanistan after Sept. 11, 2001, said Pentagon spokeswoman Air Force Maj. Carla Gleason. He also worked on the task force that helped usher in the MRAP, which saved countless lives on the IED-laden battlefields of Iraq and Afghanistan.

In his current capacity as undersecretary of personnel and readiness, Wilkie has led an effort to make close combat soldiers and Marines more lethal, which has included eliminating unnecessary training for service members — a major part of streamlining sprawling bureaucracies. He has also spoken with senior lawmakers about ending requirements that service members be promoted by a certain time in order to stay in the military. Nor is Wilkie without experience at the VA, or on Capitol Hill, and for two months filled in as acting secretary until he was tapped to be President Donald Trump’s pick for the post.

In other words, wrangling an institution’s unique manpower needs should come naturally to Wilkie.

How're things looking at the VA right now, and how did we get here?

Wilkie is coming into the VA at a turbulent time. Dr. David Shulkin was ousted from his position as VA chief in March after a travel scandal quickly snowballed, thanks in part to political sniping that played out in the media between the embattled chief, who alleged he was the target of a pro-privatization agenda, and those who argued he was attempting to shift attention from the original scandal.

The abrupt departure of Shulkin, an Obama-era holdover, preceded three months of uncertainty over who would lead the federal government's second-largest bureaucracy. Wilkie was tapped by President Trump to be his nominee for the top spot at the department after the previous pick, White House physician Navy Rear Adm. Ronny Jackson, withdrew his name amid accusations of unprofessional conduct — accusations that included creating a hostile work environment, drinking on the job, and improperly prescribing medication, all of which Jackson denied.

All of this is to say, that the VA has had a gap in stable leadership in recent months, and the lack of continuity poses some considerable challenges.

What are the major obstacles facing a new VA chief?

Staffing remains a problem at the VA, and not just at the top level: As of March, there were roughly 33,000 vacancies across the department, and more employees are leaving, according to NPR, and The Washington Post. But the impact of having top-level vacancies can't be dismissed out of hand.

"In these interregnums, department employees engage in hedging behavior" Joe Plenzler, American Legion's national director for media relations told Task & Purpose. This amounts to kicking "the can down the road on major decisions because they don't want to initiate long-term programs that the next secretary may abruptly change."

Which makes sense for a department that makes course corrections incrementally and relies on consistent efforts from the secretary to: improve access-to-care; ensure accountability; overhaul its medical record system; trim down its waitlist and appeals backlog; and plan for a future where there's mounting interest in supplementing VA health services with private-sector care.

"If confirmed as secretary, the biggest mission will be implementing the policy and procedures for the Mission Act," John Hoellwarth, a spokesman for AMVETs told Task & Purpose.

The VA Mission Act is designed to overhaul the troubled Veterans Choice program, which allows veterans to seek care outside of the VA in certain cases, and would also increase the assistance provided to caregivers for military families.

"One of the things that sticks out about the Mission Act, and one of the things he'll probably find most challenging, is trying to develop a system to insure that the community care veterans receive out in their community is up to snuff, that there's some degree of accountability," Hoellwarth said.

At the hearing, Wilkie addressed the concern — one that has been brought up by veterans groups and lawmakers in the past: Will privatizing aspects of veterans care ultimately reduce the quality of that care, given how complicated many vets' injuries are, and how specialized their treatments must be?

"I believe in the centrality of VA to care," Wilkie said. "I will also say that there are things that VA does that will never be replicated in the private sector: Spinal cord injury; traumatic brain injury; rehabilitative services; and prosthetics audiology services for the blind."

One idea, it seems, is to insist that the department keep one hand on the wheel at all times. That way it's less an issue of VA funds going to a private sector doctor, and more a matter of ensuring VA expertise gets to the patient.

"I do believe that if we believe that the veteran is central then we can also make the argument that as long as the VA is the central node with his care and he has a day to day experience with the VA," he added. "That reinforces, I think, the future of the VA."

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8.22 - KUFM (NPR-89.1, Audio): [Tester Urges VA Nominee To Resist Political Pressure](#) (27 June, Eric Whitney, 41k uvm; Missoula, MT)

Unlike in April, there were few fireworks Wednesday over President Trump's nominee for Secretary of Veterans Affairs.

In April, Democratic Senator Jon Tester endured a tweet-storm from Trump after Tester released a list of anonymous accusations that Trump's previous nominee was unfit for the job. That nominee, Admiral Ronny Jackson, subsequently withdrew his nomination. The President then tweeted that Tester should resign from the Senate, and said he'd come to Montana to campaign against his re-election this year.

At the confirmation hearing Wednesday for Robert Wilkie, Tester said, "I appreciate your willingness to step forward now, during what I believe are unprecedented times at the VA."

Tester is the ranking Democrat on the Senate Veterans Affairs Committee, which held the hearing. He was complimentary of Wilkie's previous military and government service, but criticized how the Trump administration is running the Department of Veterans Affairs.

"We have seen VA political appointees work actively and publicly to undermine a Secretary and Deputy Secretary who were unanimously confirmed by the Senate," said Tester. "We are seeing non-partisan senior leaders and subject-matter experts leave the VA in unprecedented numbers, many are concerned that sound policies and ideas are being increasingly marginalized at the expense of politics. We are seeing political interest groups given a seat at the table instead of veterans service organizations."

Trump fired his first VA secretary, Dr. David Shulkin, in March. Shulkin says it was because he opposed Trump's efforts to privatize the VA health system.

Tester told Wilkie he will be faced with a lot of hard decisions.

"The question is how that decision will ultimately be impacted by the influence of others, whether we're talking about political appointees at the VA or over in the White House. Sooner or later, you'll come to a crossroads with these folks. That is what happened to David Shulkin. My

only advice to you is to take your cues from veterans and do what you think is right, even if political forces threaten your job," said Tester.

Tester and the other senators on the Veterans Affairs committee said their top priorities for the VA include filling hundreds of empty jobs for doctors, nurses and other clinicians, responding to the growing need for women's health care among veterans, and combating sexual harassment in the agency.

No major objections to his confirmation were raised at the hearing.

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9. [Other](#)

9.1 - Post and Courier: [Charleston man who never served in military scammed VA for nearly \\$200,000 in benefits](#) (27 June, Angie Jackson, 318k uvm; Charleston, SC)

A Charleston man who never served in the military swindled nearly \$200,000 in health care benefits out of the Department of Veterans Affairs by claiming he fought in the Vietnam War and received two Purple Heart medals, federal prosecutors say.

Keith Hudson, 70, pleaded guilty to health care fraud in U.S. District Court this week. He faces a maximum sentence of 10 years in prison for the scam, which marked the second time authorities said he has posed as a U.S. Navy veteran for benefits.

Hudson was suspected of carrying out a similar scheme in Connecticut where he received medical care at VA facilities from 2003 until authorities caught on about two years later, according to federal court records. He was placed in a pretrial diversion program.

In the latest case, Hudson received more than \$197,000 in benefits after applying to the VA in Charleston in 2015.

Prosecutors said he went as far as to make up the name of a medal he claimed he received.

An investigation by the Veterans Affairs Office of Inspector General revealed Hudson submitted a forged Department of Defense separation from active duty document — the same falsified form that he used in the Connecticut case.

He said he saw combat as a medic and suffered wounds and other trauma when he served from August 1967 through October 1971. Hudson said he received two Purple Heart medals but the citation on the document was inaccurate.

The form also claimed Hudson received the Fleet Marine Force Medal with Marine Device, but no such medal exists. He said he received a Combat Medical Badge, but that award is only given for service in the U.S. Army.

The document had a stamp from the Alaska State Defense Force, which investigators said was suspicious because the force is a volunteer group and not an official military organization.

Additionally, the typeset of the Social Security number on Hudson's form was different than the rest of the document.

Employment and fingerprint records from the time frame Hudson said he was in the Navy showed he worked a variety of jobs in New York and Maine.

The VA Office of Inspector General declined speak about the ongoing case.

Anthony Anderson is a Columbia resident and retired Army staff sergeant who, for more than a decade, investigated cases of stolen valor and shamed the individuals on a website and outed them to authorities. He said VA benefits fraud is not uncommon because the paperwork is easy to forge.

"Anybody and their brother that knows how to forge these things can get benefits," said Anderson, who used to operate the website guardianofvalor.com.

Stolen valor is the common name for a political and legal effort to prosecute or publicly identify instances in which perpetrators falsely claim to have military experience, stories and recognitions.

U.S. Attorney Sherri Lydon said these types of cases of benefit fraud are on the rise. Over a period of six months in 2017, investigators made 80 arrests and recovered \$2.9 million in restitution, fines and penalties for offenses such as VA health care benefits fraud — more than twice the amount recovered over the same period 10 years ago.

"The VA has limited numbers of physicians and resources," Lydon said in a news release. "There is not much to spare. Every dollar and every minute of time stolen from the VA is something that is stolen from a veteran."

To report potential fraud, call the VA Office of Inspector General hotline at 1-800-488-8244 on weekdays between 8:30 a.m. and 2 p.m.

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Veterans Affairs Media Summary and News Clips

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [AP Fact Check: Trump's Week of Faulty Claims: MS-13, Russia](#) (30 June, Hope Yen, 23.9M uvm; Washington, DC)

TRUMP, on reducing wait times for veterans seeking medical care: "The vets would be in line for 13 days, 18 days, 3 weeks, 7 days and they'd start off and they wouldn't be in bad shape. And sometimes it would take so long before seeing a doctor that they would be terminally ill....Why don't they just go to a doctor — local — that's looking for the business? ...We got it done. I signed it." — remarks at Wednesday's rally in Fargo, North Dakota.

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[Hyperlink to Above](#)

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - The Intelligencer (Video): [New VA telemedicine clinic for veterans opens in Bucks County](#) (30 June, Jenny Wagner, 154k uvm; Doylestown, PA)

On Friday, officials from Bucks County and Veterans Affairs held a ceremonial ribbon cutting for a new telemedicine clinic for veterans at the Lower Bucks Government Services Center in Bristol Township.

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3.2 - Phelps County Focus: [Veterans home in St. James awarded \\$3.7 million for renovations, Construction to begin in spring 2019](#) (29 June, Paul Hackbarth, Rolla, MO)
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4. [Focus Resources More Efficiently](#)

4.1 - The Fayetteville Observer: [Put the Bibles back in the VA chapel](#) (30 June, Rev. Archie Barringer, 439k uvm; Fayetteville, NC)
The 4th of July is upon us and it's again time to celebrate America's birthday. It's a time for baseball games, a NASCAR race, hot dogs and hamburgers on the grill and, of course, fireworks. But, most important, it's a time to remember the freedoms that make our country great.

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5. [Improve Timeliness of Service](#)

5.1 - The Clarion-Ledger: [VA hospitals: Veterans deserve better](#) (30 June, Mac Gordon, 872k uvm; Jackson, MS)
Something didn't seem right that day more than a decade ago when I checked in early one morning at the G.V. (Sonny) Montgomery VA Medical Center for a colonoscopy procedure. There were about 20 of us dreading the call back. I never heard it because during a conference we were having with a VA staff member, I bailed, just as we got up to head to the endoscopic ward waiting room.

[Hyperlink to Above](#)

5.2 - KSFY (ABC-13, Video): [Fireworks can cause stress for veterans living with PTSD](#) (29 June, Jill Langland, 157k uvm; Sioux Falls, SD)
Fourth of July wouldn't be complete without fireworks, but, the light display can cause stress for veterans living with PTSD. PTSD varies from person to person. Some veterans love fireworks, and for others, it can cause distress.

[Hyperlink to Above](#)

5.3 - The Tribune-Democrat: [VA hospitals target veterans' needs](#) (30 June, Randy Griffith, 154k uvm; Johnstown, PA)
A year ago veterans from this region needing chemotherapy were loaded into buses and transported to a Pittsburgh VA hospital for the day. Now the cancer treatment is available at

James E. Van Zandt VA Medical Center in Altoona. “That was the most vulnerable population, riding a bus to Pittsburgh,” Director Sigrid Andrew said at the Altoona center.

[Hyperlink to Above](#)

5.4 - White Mountain Independent: [Gaps in care for rural veterans](#) (29 June, Rep. Tom O’Halloran (D-Ariz.), 37k uvm; Show Low, AZ)

Over the course of our nation’s history, millions of brave men and women stepped up and vowed to protect our communities from those who wish to do us harm. We have made a solemn commitment to support those returning brave soldiers and their families, but sadly, Congress has failed to address the most pressing issues impacting these Americans for too long.

[Hyperlink to Above](#)

5.5 - WVNews: [Wait times for care at the Clarksburg VA have improved, some better than the national average](#) (30 June, Matt Samples, 15k uvm; Clarksburg, WV)

Some wait times at Louis A. Johnson VA Medical Center lower than the national average. The average wait for primary care at the Clarksburg VA is 3.61 days, which is better than the national average of 4.44, according to Dr. Glenn Snider. The average time to wait for specialty care is 7.43 days, and the national average is 7.48 days.

[Hyperlink to Above](#)

5.6 - Phelps County Focus: [Gulf War veteran thinks depleted uranium accounts for health problems](#) (29 June, Andrew Sheeley, Rolla, MO)

Danny Guiles is the type of soldier some wish would silently fade away. During the Persian Gulf War he swept the backend of the frontline with a Battlefield Damage Assessment Team. His task was to forensically investigate destroyed combat vehicles to better understand the performance of their external armor, as well as ensure sensitive technology was secured.

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6. [Suicide Prevention](#)

6.1 - The Keene Sentinel: [‘Honor them’: Flag display in Gilsum a memorial to veterans who died by suicide](#) (29 June, Liora Engel-Smith, 161k uvm; Keene, NH)

Flag by flag, volunteers created the temporary memorial. When finished, 30 rows with 22 American flags apiece would line the field. Six hundred and sixty flags in total: One for every veteran who dies by suicide nationwide each month. The number comes from a 2012 U.S. Department of Veterans Affairs suicide data report. More recent data released last year puts that number at 20 veteran suicides a day.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Townhall: [The Left’s Stealth War on School Choice](#) (1 July, Terry Schilling, 8.9M uvm; Arlington, VA)

Another less well-known example is the effort of the U.S. Department of Veterans Affairs to control how military and veteran students use their GI Bill benefits to advance their education. Apparently sensing a long-term threat to union-infested, liberal state schools, under the Obama administration the Left embarked on an ideological mission to destroy the for-profit college industry.

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7.2 - Temple Daily Telegram: [Donation to aid homeless veteran programs](#) (30 June, Janice Gibbs, 157k uvm; Temple, TX)

The homeless program at the Central Texas Veterans Health Care System helps hundreds of homeless in the Temple and Waco area each year. On Friday, members of the Church of Jesus Christ of Latter-day Saints presented a check for \$10,000 to representatives of the VA homeless programs and voluntary services to be used to assist the homeless and their families. Half of the funds will go toward helping the homeless in the Waco and half to Temple.

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7.3 - The Guam Daily Post: [Six veterans complete court-run treatment program](#) (30 June, 16k uvm; Tamuning, GU)

Six former service members have successfully completed the Veterans Treatment Court Program, which is an intensive program designed to connect veterans suffering from substance use and/or mental health disorders with the benefits and treatment they have earned.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - The Fayetteville Observer: [Our View: Wilkie confirmation looks easy; job won't be](#) (30 June, 439k uvm; Fayetteville, NC)

No surprise, really, that Fayetteville native Robert Wilkie wowed the Senate Committee on Veterans Affairs during the panel's hearing on his nomination to become secretary of Veterans Affairs. Wilkie is an experienced government hand and a high-level policy expert who has served in a host of positions in the legislative and executive branches, including his current role as undersecretary of defense for personnel and readiness.

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9. [Other](#)

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [AP Fact Check: Trump's Week of Faulty Claims: MS-13, Russia](#) (30 June, Hope Yen, 23.9M uvm; Washington, DC)

WASHINGTON (AP) — President Donald Trump isn't willing to embrace the truth when it comes to immigration, violence and MS-13 gangs.

In speech after speech, he links weak border enforcement to pervasive crime and the "vile gang MS-13," with his administration suggesting MS-13 is surging.

They're incorrect.

The MS-13 gang hasn't been increasing in number. And much of the recent violence attributed to MS-13 appears to have been committed by U.S. citizens, not those who entered the country illegally.

His statements came during a week of hyped rhetoric, fabricated history and sometimes-dubious claims of campaign promises fulfilled.

On other issues, Trump repeated Russia's questionable claim that it didn't meddle in the 2016 election, glossed over the benefits of a popular provision of an Obama-era health care law in touting its repeal, and didn't tell the full story in angry tweets about Harley-Davidson.

A look at the claims:

[...]

TRUMP, on reducing wait times for veterans seeking medical care: "The vets would be in line for 13 days, 18 days, 3 weeks, 7 days and they'd start off and they wouldn't be in bad shape. And sometimes it would take so long before seeing a doctor that they would be terminally ill....Why don't they just go to a doctor — local — that's looking for the business? ...We got it done. I signed it." — remarks at Wednesday's rally in Fargo, North Dakota.

THE FACTS: No, fulfilling his campaign promise of reducing wait times by giving veterans access to private-sector care is not done.

Trump signed into law earlier this month a bill that would ease restrictions on private care. But its success in significantly reducing wait times for appointments depends in large part on an overhaul of VA's electronic medical records to allow for a seamless sharing of records with private physicians. That overhaul will take at least 10 years to be complete.

Currently, only veterans who endure waits of at least 30 days — not "13 days, 18 days, 3 weeks, 7 days" — for an appointment at a VA facility are eligible to receive care from private doctors at government expense. Under a newly expanded Choice program that will take at least a year to implement, veterans will still have to meet certain criteria before they can see a private physician.

A recent Government Accountability Report found that despite the Choice program's guarantee of providing an appointment within 30 days, veterans waited an average of 51 to 64 days. Pressed at his confirmation hearing Wednesday, VA secretary nominee Robert Wilkie declined to commit the VA to meeting the 30-day standard. He pledged to push interim fixes and better training for VA schedulers to help speed appointments.

[...]

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1.2 - U.S. News & World Report (AP): [Head of Long Island VA Hospital Quits After Year on the Job](#) (30 June, 23.9M uvm; Washington, DC)

NORTHPORT, N.Y. (AP) — The head of a Long Island veterans hospital that's been plagued by crumbling infrastructure and low staff morale is quitting after a year on the job.

Newsday reports that Scott Guermonprez announced his resignation Friday in an email to staff at Northport's VA Medical Center.

Guermonprez cited "personal and family reasons" for his July 12 departure. He'll be replaced on an interim basis by acting chief of staff Dr. Cathy Cruise.

She'll be the fourth director in less than two years.

Guermonprez, a retired Air Force colonel, took charge of Northport in June 2017 after three years in the leadership at an Albany VA hospital.

He quickly replaced Northport's medical, nursing and engineering directors, but was criticized for lacking vision to solve problems such as leaking roofs and bad roads.

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1.3 - The Free Lance-Star: [Spotsylvania man's case illustrates ongoing problems with VA facilities](#) (30 June, Cathy Dyson, 828k uvm; Fredericksburg, VA)

Moments after two congressmen described the reforms taking place in the U.S. Department of Veterans Affairs, Debra King described an ordeal that illustrated why change is needed.

The Spotsylvania County woman was among about 90 people at VFW Post 3103 in Fredericksburg Thursday afternoon for "Voices of Veterans," a session hosted by Rep. Rob Wittman, R-1st District.

The hall got so quiet when she talked, a person could have heard a pin drop. Some in the audience—peppered with veterans whose hats told where they'd served or that they'd earned Purple Hearts—shook their heads in disbelief as she relayed the tale of her husband, Vietnam War veteran Dave King, who served three years in the Army and 12 years with the National Guard.

"Please advise me what to do because I am his caretaker. I still have to work, but he is in so much pain," Debra King pleaded. "I don't know what to do anymore. I just feel like the VA has failed us."

Wittman pledged to look into the case, and that of others who spoke at the event, which included Tennessee Congressman Phil Roe, chairman of the Veterans' Affairs committee. The two praised the newly passed VA Mission Act of 2018, which is designed to offer veterans their choice of health care in VA facilities or elsewhere.

The reform comes in the wake of reports four years ago that veterans in Phoenix died while waiting to get appointments at VA facilities, and subsequent investigations showed problems throughout the VA system.

"We want to make sure that our veterans facilities provide the highest level of care," Wittman said, "and we want to make sure, too, that veterans have a choice of where to go, so if you are more than 40 miles by road from a VA facility, or if it takes you more than 30 days to get an appointment, we want to make sure you get that."

Debra King would say none of those happened in her husband's case.

CANCER EVERYWHERE

Dave King was 19 when he joined the service in 1969 and spent all of the next year in the jungles of Vietnam. He was with the 20th Engineer Brigade in South Vietnam, an area sprayed with Agent Orange.

The military used the herbicide to eliminate the enemy's forest cover and crops, but later discovered it contained a deadly cancer-causing chemical.

King, now 67, became a land surveyor and spent 39 years climbing up and down hills and roadside banks. He never had any health problems until recently and hadn't even seen a doctor since 1991.

All that changed in November when he felt what he described as a "god-awful stomach ache" and visited the McGuire VA Medical Center in Richmond. He and his wife of 47 years quickly realized how serious the situation was.

Doctors found cancer in his colon, liver, lung, lymph nodes and bones. Tissue samples were taken during two biopsies to try to determine where the cancer originated so they could classify what kind of cancer it was.

"We waited patiently for what seemed like forever" as biopsies were sent to three labs, "and they all came back not readable," Debra King said. "They said that possibly the needle biopsies were too small and dried out due to the length of time between the biopsy and the testing."

As a result, the veteran's condition is listed as "undifferentiated cancer." VA officials have told the Kings he can't qualify as disabled under Agent Orange guidelines unless the type of cancer is determined.

"He believes the VA is stalling until his death," said Dave King's brother, John, who lives in Arizona.

Doctors need to take a larger sample during another biopsy, but Dave King is weak and in a wheelchair.

He has received chemotherapy and radiation since the December diagnosis. He developed sepsis and was hours away from dying, according to medics who came to the Kings' home, and he's been diagnosed with diabetes.

Still, he wants the next biopsy.

"Why is the surgery important to him at this time?" King's wife asked at the meeting. "Because he's concerned about me and where that's gonna leave me when he's gone."

'MY DAYS ARE DONE'

Dave King said the same later, outside the VFW Post. Other Vietnam veterans came up to shake his hand and offer well-wishes, and King, who said he suffers from "chemo brain," needed to get away from the crowds.

It's been a tough haul, he said about the last eight months.

When he was hospitalized for sepsis, doctors told him he'd been given too much radiation and chemo at the VA facility, that his body couldn't take any more.

The cancer caused his ribs to break. He can't do anything, even go to the bathroom, without assistance.

He and his wife said the treatment from VA officials, who tried to send him home after a colonoscopy when he was too weak to get out of the wheelchair, disgusted him. She has spent 35 years working in medical records in two doctors' offices "and we would never send anyone home in that condition," she said.

Also, each time they asked if he could get treatment in Fredericksburg, they were told no, Debra King said.

Still, he wants to do what he can for his wife. If he's qualified as disabled because of Agent Orange, she would get a portion of his VA benefits when he dies.

"I want this to help her," Dave King said. "My days are done. My future's not looking all that bright. I don't know how much fight I got left."

Information about the veteran's case was forwarded to Wittman's office, and on Thursday, the congressman brought with him John Brandecker, director of the McGuire facility.

Brandecker told Debra King during the session that he didn't disagree with anything she said about Agent Orange, that sometimes "there is not always a direct link or correlation from one thing to the next."

He brought patient advocates and doctors with him, and he pledged they would work with the Kings and other veterans "to make sure that we help you."

Dave King hopes the help comes, for his sake, as well as that of his three children and seven grandchildren.

“I heard a lot of good comments,” he said. “Where it goes, God only knows.”

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1.4 - The Tribune-Democrat: [Veterans face unique medical needs](#) (30 June, Randy Griffith, 154k uvm; Johnstown, PA)

Experts say post-traumatic stress disorder and other mental health issues represent only a portion of medical conditions affected the nation's veterans.

Former service personnel are 67 percent more likely to have heart attacks, 62 percent more likely to develop coronary heart disease and 13 percent more likely to get cancer. The rates are based on data collected by United Health Foundation for its America's Health Rankings report.

Those who saw combat in the Gulf War from 2003 to 2011 or during Vietnam have elevated rates of medical conditions linked to each group of veterans, the Veterans Administration reports.

On the plus side, military veterans are more likely to be physically active, have regular dental visits, get their flu shots and have colorectal cancer screenings. Obesity rates are lower among those who served.

But rates for smoking and excessive drinking remain higher among veterans, the America's Health Rankings report shows.

For veterans, the good news is that a plethora of organizations are working to bring attention and resources to the unique health concerns. The groups focus on educating veterans about what's available through the Veterans Health Administration, while providing additional support to fill gaps in the VA benefits.

The James E. Van Zandt VA Medical Center in Altoona and its community-based outreach clinic at The Galleria complex in Richland are available to most former service members.

Tom Caulfield, executive director and president of Veterans Community Initiatives in Johnstown, said the groups have begun coordinating efforts to create a network of support.

“We have been fostering that relationship with the Altoona VA hospital and the Johnstown clinic,” Caulfield said in the Veterans Community Initiatives office in Hiram G. Andrews Center, 727 Goucher St.

“We want everybody to know each other,” he said.

Veterans often don't know what benefits are available to cover their health care costs, because the Veterans Benefits Administration has complicated eligibility rules. Enrollment is based on eight priority groups to ensure benefits are available.

Those who receive benefits can get medical needs covered through the Veterans Health Administration hospitals and clinics. The Veterans Benefits Administration, Veterans Health Administration and National Cemetery Administration are the three divisions of the federal Department of Veterans Affairs.

A majority of area veterans who do not qualify for federal benefits may still use the VA health system with coverage by private insurance or Medicare, Shaun Shenk, public affairs officer, said at the Altoona hospital.

"Most veterans are eligible to come to the VA," Shenk said.

"You actually can use the VA for all your health care."

Veterans can come to the VA or visit their county director of veterans affairs for help with benefits, he added.

"Every veteran is different, and there are several pieces of information that determine eligibility," Shenk said. "I would encourage all veterans who are uncertain about their eligibility to come visit us and sit down with one of our enrollment specialists."

In Cambria County, Veterans Affairs Director Josh Hauser says his biggest job is finding benefits for those who served in the military.

Eligibility changes over time, Hauser stressed, adding that veterans should check periodically to be sure they are receiving all the benefits they have earned.

In addition, the VA medical system has adapted to better serve its patients, Hauser said.

"One of the more overwhelming populations we are seeing is our Vietnam Era veterans," Hauser said. "It was, historically, a very turbulent time, and the VA was in a different place."

"These veterans have had no interaction with the VA or the military after leaving. Or they didn't have a pleasant experience 40 years ago and they are just coming back now."

Ischemic heart disease, diabetes, neuropathy, lung disease, prostate cancer and Parkinson's disease are among the conditions reported, he said.

All six of those diseases are on the list of 14 conditions with recognized links with exposure to Agent Orange, a defoliant used in Vietnam and other areas during the war era, Dr. Marquita Decker-Palmer, associate director, said at the 1889 Jefferson Center for Population Health in Johnstown.

There is a shorter list of conditions associated with Gulf War veterans, Decker-Palmer said at the population health center headquarters in the Crown American Building. The Gulf War list may grow as the Veterans Health Administration completes more research.

The Gulf War list includes a group of "medically unexplained illnesses" and applies to those who served in areas of Southwest Asia from 2003-11, including Operation Iraqi Freedom and Operation New Dawn.

The illnesses, characterized by a group of symptoms, include chronic fatigue syndrome, fibromyalgia and functional gastrointestinal disorders.

“There isn’t a specific, known disease, but the G-I tract does not function the way it should,” Decker-Palmer said. “It often includes irritable bowel syndrome explaining the gastrointestinal disorders.

Although the cause of the Gulf War syndromes is not known, some suggest they are linked to burn pits or lingering effects of infectious diseases, Decker-Palmer said.

In addition to seeking the VA health system’s expertise, veterans should take heed of the same advice given to anyone who wants to reduce their health risks and medical expenses, Michelle George, community projects manager, said at the population health center.

“What they need to do is get the preventive screenings, live healthier lifestyles and get the treatment they need,” George said.

“The biggest issue for veterans has been smoking,” Decker-Palmer said.

About 20 percent of men and women who served report that they smoke. That is about the same as the rate for men in the general population, but it is about 25 percent higher than the rate of 16 percent for women in the general population.

Veterans have been having more success with tobacco cessation, Decker-Palmer said.

Seventy percent of veterans who were smokers have been quit. That’s up from just 50 percent in 2012, Decker-Palmer said.

From a population health viewpoint, Decker-Palmer said more attention needs to be focused on mental health concerns among veterans. In addition to PTSD, veterans are more likely to report bouts of depression and anxiety.

Suicide rates for veterans remain high, accounting for about 20 percent of all deaths among veterans who served in Iraq or Afghanistan, Decker-Palmer said.

There has been increased attention to prevention and recovery following military sexual trauma, she said. One in 10 women who served say they experienced sexual assault in the military, with 40 percent saying they were sexually harassed.

About 0.5 percent of men experienced sexual assault and 4 percent were sexually harassed.

“The high percentage of military sexual assault among women, and the smaller but significant percentage of military sexual assault among men, indicates that research and health care service that address military sexual assault should continue the focus on veterans of both sexes,” the VA concluded in its report on the issue.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - The Intelligencer (Video): New VA telemedicine clinic for veterans opens in Bucks County (30 June, Jenny Wagner, 154k uvm; Doylestown, PA)

On Friday, officials from Bucks County and Veterans Affairs held a ceremonial ribbon cutting for a new telemedicine clinic for veterans at the Lower Bucks Government Services Center in Bristol Township.

Counting travel time, traffic and parking, any wait and then the visit, an appointment at the Corporal Michael J. Crescenzo VA Medical Center in Philadelphia and other area Veteran Affairs locations can sometimes take hours for Bucks County veterans such as Benjamin Mastridge Sr. and Dennis Bicking.

But thanks to a new telemedicine clinic, Mastridge, Bicking and others now will have to travel a only few minutes to see their VA health care providers.

“This telehealth clinic is an innovative concept that allows us to handle many of the routine visits without veterans needing to travel to Philadelphia or other outpatient clinics,” VA Medical Center Director Daniel Hendee said Friday during a ceremonial ribbon cutting at the new clinic at the Lower Bucks Government Services Center in Bristol Township.

Telemedicine is the delivery of health care using screens and technology. In the new clinic, the veterans and VA health care providers such as nurse practitioner Dave Clugston will be able to see and talk with one another via a computer screen, while an on-site VA technician will be able to take the veteran’s vital signs and help with the appointment.

“I get to see them, I go over their medications and we go over their medical problems, without having to physically see them,” Clugston explained.

Dan Fraley, director of Bucks County Veterans Affairs, said the new clinic will make a big difference for some veterans.

“Can you imagine a veteran on oxygen, an older veteran who has a hard time traveling ... or can you imagine a young veteran, an Iraq war veteran, new to the workforce, have to tell his employer that he’s going to have to take off time from work to come down to 39th and Woodland?” said Fraley referencing the VA Medical Center in Philadelphia. “If they can’t get there, they can’t get health care.”

Fraley and Bucks County Commissioners Rob Loughery and Charles Martin pointed out the strong partnerships between the VA and the county over the years that made the new clinic possible.

The VA previously operated an outpatient clinic in Bucks, and officials currently work together to provide transportation to the VA Medical Center in Philadelphia and the facility in Coatesville.

“I’d argue that you’d probably find no other county, certainly in the commonwealth, maybe in the country, that’s as committed to working with our veterans as Bucks County is,” Loughery said.

Rep. Brian Fitzpatrick, R-8, of Middletown, and surprise guest Rep. Michael McCaul, R-10, of Texas, who joined Fitzpatrick for a roundtable on the opioid crisis earlier in the day, also made remarks.

Appointments at the new clinic are available from 8:30 a.m. to 4 p.m. Wednesdays and Fridays. Veterans who are already VA patients and are interested in scheduling should talk with their health care provider and those who are interested in becoming VA patients can call 215-823-6000, or visit another VA outpatient clinic.

Hendee said the VA Medical Center also is in the process of opening two new outpatient clinics in West Philadelphia and Northeast Philadelphia.

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3.2 - Phelps County Focus: [Veterans home in St. James awarded \\$3.7 million for renovations, Construction to begin in spring 2019](#) (29 June, Paul Hackbarth, Rolla, MO)

New flooring. Updated nurse call systems and fire alarms. A renovated kitchen and expanded dining area.

These are some of the upgrades planned for the Missouri Veterans Home in St. James.

In April, then-Missouri Gov. Eric Greitens announced that the Missouri Veterans Commission had secured a total of over \$25 million from the United States Department of Veterans Affairs (VA) for construction projects at three of Missouri's veterans homes, including the St. James location.

Funding for the projects is part of the VA's State Home Priority Construction Grant List for 2018.

The grant for the St. James veterans home totals \$3,732,081.60 and will allow projects to be completed at the St. James home that were originally appropriated funding in fiscal year 2014-15 but were on hold until federal funding became available.

Missouri Veterans Commission public information coordinator Daniel Bell explained that the VA will cover up to 65 percent of the construction costs, while the state pays the other 35 percent.

"These updates will really modernize the facility," Bell said.

A news release from the governor's office when the announcement was made in April stated that projects at the St. James veterans home to be funded by the grant include renovations to the kitchen, flooring, walls, doors, bathrooms, nurse call systems and fire alarms.

"The kitchen will get new appliances, the bathroom will get updated fixtures and the dining room will be expanded, with a solarium built," Bell said.

Construction could begin around the spring of 2019, according to Bell.

"This funding will go a long way toward supporting much-needed renovations and upkeep that these facilities need to best serve our veterans," U.S. Sen. Claire McCaskill, a senior member of

the Senate Armed Services Committee and daughter of a World War II veteran, stated in a news release about the announcement.

The veterans home in St. James, which is a 150-bed facility, is more than 20 years old. Built in 1996-97, the St. James location is the fourth oldest veterans home in Missouri.

The funding from the VA also includes a grant for about \$8.7 million for the Cape Girardeau veterans home and two grants totaling \$13.1 million for the St. Louis facility.

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4. Focus Resources More Efficiently

4.1 - The Fayetteville Observer: [Put the Bibles back in the VA chapel](#) (30 June, Rev. Archie Barringer, 439k uvm; Fayetteville, NC)

The 4th of July is upon us and it's again time to celebrate America's birthday. It's a time for baseball games, a NASCAR race, hot dogs and hamburgers on the grill and, of course, fireworks.

But, most important, it's a time to remember the freedoms that make our country great. And the rights provided for us in the First Amendment are among the most notable because they provide us with freedom of speech, freedom of the press, freedom of religion and the right to assemble.

But in today's world, the problem is we are a pluralistic society which is fed in part by political correctness. Political correctness has become a disease, in effect, weakening the rights and privileges upon which our country was founded. And when taken to extreme, our rights are sometimes neutralized and nullified from what our framers of the Constitution intended. That is the level to which we have sunk today.

This is especially true of the religious atrocities we see in our VA medical centers. It exists in our own VA Medical Center here in Fayetteville, in the removal of Bibles from the chapel. What has been the reasoning for this to have happened? Well, in my opinion it is a misinterpretation of VA chapel policy and First Amendment rights. It also is a violation and offense to all veterans who served our great country to ensure the preservation of these rights. It has been a gradual movement to take God out of government. George Washington once said, "It is impossible to rightly govern a nation without God and the Bible."

Consequently, on a more widespread basis, we as a nation have gotten farther and farther away from God and the scriptures upon which our country was built. We have become a sad and broken people, mixed up and confused, without a moral consciousness. Unfortunately, this is seen in school shootings and unprecedented violence. It is reflected in our students not being given the right to invoke their faith publicly at graduation exercises. It is viewed on television as NFL players "take a knee" or stay in the locker room during the playing of our National Anthem.

And at VA Medical Centers it is demonstrated by taking the Bible out of chapels. It is like taking away hope to those whose souls have been darkened and scarred by war. The absence of the Bible represents the absence of God. There is an old saying, "there are no atheists in foxholes" Just as our veterans did not want Him absent then, they do not want Him absent in their lives

now. They deserve better, they've earned better and, we the American people, have a responsibility to see to it they have better. They've served us and now it is our turn to serve them. We are to do it by rising up, taking a stand and lifting up our voices to those who've been elected to represent the needs and freedoms of our people.

Our school teachers recently trumpeted their cause in Raleigh. And they were heard. Don't you think it is time for people of faith to do the same? It is time to take that stand in making us "One nation under God" if we expect God to bless America. John Adams, the second president of the United States, along with John Hancock, the first to sign the Declaration of Independence, said, "We recognize no sovereign but God, and no King but Jesus."

These men were truly among those who made America great. People and nations who have left God out of their societies are sad testimonials to these great truths. Do we want to be like them? There is a direct correlation between how we live our lives and the legacy we leave behind. The choice is up to us. And the reason we celebrate the 4th of July grants us the right to make that choice. The Bible says: "Choose you this day whom you will serve" (Joshua 24:15). It's high time that we do it and not allow political correctness to do it for us.

Rev. Archie Barringer, a Fayetteville area minister, is is former chief of chaplain services at the Fayetteville VA Medical Center.

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5. Improve Timeliness of Service

5.1 - The Clarion-Ledger: [VA hospitals: Veterans deserve better](#) (30 June, Mac Gordon, 872k uvm; Jackson, MS)

Something didn't seem right that day more than a decade ago when I checked in early one morning at the G.V. (Sonny) Montgomery VA Medical Center for a colonoscopy procedure.

There were about 20 of us dreading the call back. I never heard it because during a conference we were having with a VA staff member, I bailed, just as we got up to head to the endoscopic ward waiting room.

I thought to myself that this seemed something akin to a beef slaughterhouse, where the herds were getting ready for whatever method is utilized to stun them in preparation for further processing.

Don't get me wrong. I cherish the Jackson VA facility and Sonny Montgomery himself. He was a true statesman in both the state Legislature and in Congress, and the reason the GI education program is named for him is that he cared deeply about veterans and their lives. Perhaps it takes being the veteran that Sonny was to understand the veteran's plight. Someone deserves applause for first suggesting the center being named in his honor.

I have been there myriad times for treatment and tests, usually with success. I also went back after bailing on the colonoscopy, although I had some major explaining to do as to why I had departed that scene so abruptly.

(I will admit that the worst physical pain I ever endured was the 15-20 seconds it took for a medical student sent over to the VA from University Medical Center to extract a boil from my posterior — without anesthesia. He cited some technical reason for doing it that way and using a knife that closely resembled a potato peeler. Let that bit of TMI to sink in. I told him afterwards he should be ashamed for treating a fellow human like that. He apologized. I thanked him.)

In addition to the Jackson hospital and clinic, I am a steady customer of the Veterans Outpatient Clinic in McComb, certainly a bright shining star among such facilities. Veterans from a wide swath of Southwest Mississippi go there for treatment from Dr. Glenn Zeidman and his efficient staff. It isn't a chore to utilize that medical facility; it is a joy.

So it is with sadness and seriousness that I read news almost weekly about poor patient care at VA-run hospitals, clinics and nursing homes, the latest a scathing report about conditions at homes operated by the VA, including those in Biloxi and Jackson.

In typical government fashion, this abominable situation was kept under wraps by the Veterans Administration as long as possible, until an investigation by USA Today and the Boston Globe recently reported the inequities in a wide comparison with privately-run homes for the aged and infirmed.

As a veteran, one is required to wonder if The United States of America is really ever going to do an honest, thorough examination of the overall medical care received by truly needy (in terms of illness and finances) veterans at these facilities.

Haven't we heard enough already of campaign promises and carping by candidates from the President to Congress on down to the coroner about getting it right? When in the hell is the talk ending and the action starting?

Service men and women have come home from all the wars America has been engaged in with every injury and condition imaginable. I suspect the veterans returning from today's engagements have been treated worse than those from previous warfare because no one in government seems to give a damn, and Sonny Montgomery is no longer available for leadership on this matter.

Don't the vets deserve better? I say hell yes. So do most of you.

Then why are we still talking and not acting?

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5.2 - KSFY (ABC-13, Video): [Fireworks can cause stress for veterans living with PTSD](#) (29 June, Jill Langland, 157k uvm; Sioux Falls, SD)

Fourth of July wouldn't be complete without fireworks, but, the light display can cause stress for veterans living with PTSD.

PTSD varies from person to person. Some veterans love fireworks, and for others, it can cause distress.

"I think that it is always helpful to be sensitive and be aware that even though you are enjoying fireworks, it is possible that others are finding those distress," Dr. Summer Nelson, VA Medical Center clinic psychologist, said.

This time of year is known for fireworks, but those bursts can cause stress for some veterans.

"As long as you're doing the act it's not so bad," Michael Maske, Army National Guard veteran, said. "But, it's when you're congregating with other people or your family members and somebody two doors down blows up a giant firework.

But those pops, cracks, and booms affect each person with PTSD differently.

Be sure to check with your neighbors before lighting up the sky, if you notice a sign on the front lawn saying, please don't light fireworks, Maske says respect them by not lighting up.

"I used to basically lock myself in the basement and watch movies for five days straight because it had a loud noise," Maske said. "So, that way you don't hear stuff. When you go to sleep at 10, 11, 12, 1, 2 o'clock in the morning, they're still going off."

Maske says be cognizant of other people this Holiday weekend, whether they are a veteran or not.

For more information on PTSD, you can visit this website: <https://www.ptsd.va.gov/>

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5.3 - The Tribune-Democrat: [VA hospitals target veterans' needs](#) (30 June, Randy Griffith, 154k uvm; Johnstown, PA)

ALTOONA – A year ago veterans from this region needing chemotherapy were loaded into buses and transported to a Pittsburgh VA hospital for the day.

Now the cancer treatment is available at James E. Van Zandt VA Medical Center in Altoona.

"That was the most vulnerable population, riding a bus to Pittsburgh," Director Sigrid Andrew said at the Altoona center.

The Altoona VA hospital has been reexamining its programs and introducing services that fit the needs of veterans in its 14-county service area, Andrew said.

"We are trying to be population-specific," she said.

More orthopedic services have been introduced and colonoscopies are also available again at Altoona.

The full-service emergency room has been transformed into an urgent care center that operates 12 hours a day.

Even that continues to be reviewed, with thoughts of adding more hours in the future, said Shaun Shenk, public affairs officer.

“We are looking at and listening to the veteran’s needs, and what we see as the veteran’s needs,” Shenk said.

The Altoona VA hospital operates community based outpatient clinics in Johnstown, DuBois, Huntingdon, State College and Indiana.

In the Veterans Health Administration, as with community hospitals, much of health care is shifting to outpatient care. The James E. Van Zandt VA Medical Center has only 11 inpatient beds, and an average inpatient census of about six veterans, Andrew said.

There is also a 40-bed Community Living Center, which provides inpatient rehabilitation, hospice and long-term care.

In order to serve veterans’ needs, the VA hospital works with other health care providers in the region, coordinating VA benefits when necessary, Andrew said. Kidney dialysis for those enrolled in VA benefits is done at local clinics, she said, as an example.

“We are, sort of, becoming a network, if you will, because there is a very big need to maintain the other hospitals in the community,” Andrew said.

Any former member of the military should find out veterans benefits are available to him or her, Shenk said.

“I am a veteran,” Shenk said. “I use this facility for all my health care needs. The GI Bill paid for my education. The VA loan helped me pay for my first home. VA benefits helped me go back and complete additional schooling.

“On top of that, I work for the VA,” he said, noting that at least one-third of Van Zandt center employees are veterans.

Using the VA health system provides not only the same quality care as any hospital, but also offers another benefit, Shenk said.

“Any veteran who comes here is going to be treated the way they deserve; the way they have earned to be treated,” Shenk said.

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5.4 - White Mountain Independent: [Gaps in care for rural veterans](#) (29 June, Rep. Tom O’Halloran (D-Ariz.), 37k uvm; Show Low, AZ)

Over the course of our nation’s history, millions of brave men and women stepped up and vowed to protect our communities from those who wish to do us harm. We have made a solemn commitment to support those returning brave soldiers and their families, but sadly, Congress has failed to address the most pressing issues impacting these Americans for too long.

For years, Arizona veterans have experienced some of the worst health service in the nation from the Department of Veterans Affairs. While that care is slowly improving for veterans in urban areas, those living in our rural communities must still drive hundreds of miles for health

care and long-term nursing care. That problem is even worse for veterans in Indian Country where there are no veteran nursing homes or cancer treatment programs.

Earlier this year, I announced the culmination of months of hard work by local, state, and federal officials to secure funding for state veterans nursing homes in Flagstaff and Yuma. These communities have, for years, tried to receive VA funding to build these facilities, but a flawed priority list that favors metropolitan areas has prevented them from making it to the top of the list. To prevent rural communities from being forgotten, I introduced the Fairness for Rural Veterans Act, which would require the VA to revise the existing project funding formula to allow those in rural communities to compete for higher priority placement on the construction priority list.

To address the needs of tribal veterans in need of long-term nursing care, I introduced the Nursing Home Care for Native American Veterans Act with my Republican colleague, Congressman Walter Jones. This legislation would close a loophole that prevents veteran nursing homes on tribal lands from receiving federal construction grant money. The complete lack of nursing homes in Indian Country means veterans living in these areas who require nursing care must live away from their families and cultural support systems. These brave men and women come from varied backgrounds, cultures, and communities, but one thing unites them: they have served our country with honor. They deserve access to quality care near their homes and their loved ones, not hundreds of miles away.

Our returning veterans face hurdles as they seek to reenter the civilian workforce. While many return to school for a degree, many more struggle to acquire the skills they need for a good-paying job in their communities. My office has partnered with the Small Business Administration and Arizona veteran service organizations to host a Boots to Business Reboot event and other successful seminars that connect hardworking veterans with businesses who are hiring in Arizona. I recently joined my colleagues to introduce bipartisan legislation that gives veterans the skills to work in the solar energy industry.

While we can never fully repay the debt we owe our veterans for their service, I am committed to doing all I can to support these men and women who sacrificed for our nation. I have hosted a number of town hall-style meetings with rural veteran groups throughout the First Congressional District, and I look forward to continuing those events this summer. My door is always open to you, and I urge you to reach out if my staff can assist you with your Social Security, Medicare, or veterans benefits, or any other federal issues you and your family are facing.

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5.5 - WVNews: [Wait times for care at the Clarksburg VA have improved, some better than the national average](#) (30 June, Matt Samples, 15k uvm; Clarksburg, WV)

Some wait times at Louis A. Johnson VA Medical Center lower than the national average.

The average wait for primary care at the Clarksburg VA is 3.61 days, which is better than the national average of 4.44, according to Dr. Glenn Snider.

The average time to wait for specialty care is 7.43 days, and the national average is 7.48 days.

Average wait time for mental health is still above the national average though, with a 4.9 day wait time versus the national average of 3.3 days.

Snider said that programs had been developed that allowed for patients to be seen the same day that they call. "If they call this morning, 'I need to be seen today. I have to be seen today,' we see them today," he said.

Snider also said that they are in the process of hiring more mental health staff to bring the average wait for mental health help down.

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5.6 - Phelps County Focus: [Gulf War veteran thinks depleted uranium accounts for health problems](#) (29 June, Andrew Sheeley, Rolla, MO)

Danny Guiles is the type of soldier some wish would silently fade away. During the Persian Gulf War he swept the backend of the frontline with a Battlefield Damage Assessment Team. His task was to forensically investigate destroyed combat vehicles to better understand the performance of their external armor, as well as ensure sensitive technology was secured. In 1991, that mission didn't go as expected, as Guiles discovered each Bradley Fighting Vehicle and M1A1 Abrams tank he was dispatched to wasn't the victim of Iraqi weapons, but had been destroyed by friendly fire. In doing so, he further faced another trauma; depleted uranium, exposure to which he feels has led to decades of health problems.

"For 27 years I've been sick beyond sick and I've lost 85 percent of my muscle mass," Guiles says from his home 10 miles east of Salem. "For so long I've carried this burden. I need to talk about it, because when the first nine vehicles you see are full of your guys, who've been killed by your own people, you have to ask what the hell happened. This isn't about me. It's about the stories that didn't make the headlines due to the fact they didn't like the results."

Guiles first joined the Marines in 1976 after leaving his native upstate New York. He later transferred to the U.S. Army in 1980 and worked his way up to the rank of Sgt. 1st Class. By the late 1980s he was attached to the Aberdeen Proving Grounds in Maryland as an ordinance scholar and combat vehicle stowage and configuration expert. It was this specialization that led to his posting to a Battlefield Damage Assessment Team in 1991.

"My team and I had shot and blown up 450 vehicles before I went to Iraq, we'd hit them with everything you could name to make them tougher and stronger," Guiles says. "When we went to war everything we had was new and hadn't been tested in combat. Not the Bradley or the Abrams. So I was ordered by the Department of Defense to go to Iraq to see how our stuff stood up and make sure no top secret components fell out of our hands. During our inspections we'd also record data down to the minute details. Sometimes it would take days. We'd gauge the shot lines and relay that information in real time to the commanders."

Upon his deployment, Guiles says he encountered dreadful discoveries during his first mission to the site of a destroyed Abrams tank.

"I could tell something was wrong from where the shot was in the back," Guiles says of first approaching the tank. "You can't let the enemy behind you, it a rule of thumb in tank combat.

You never flank and you never turn your tank in a battle, you fight the enemy head-on. That made me think it was friendly fire.”

In that moment Guiles may have been the first in the military to realize the deaths of those inside was from friendly fire.

“There was a major in our group who went to go jump in the turret, but from what he saw, he dropped, hit his face on the side of the tank and threw up all over himself crawling around in the sand,” Guiles says. “That’s how bad it was inside. It was beyond description, seeing pieces of people lying around, and all I could do is sit there to figure out what’s missing. I just said a prayer and figured out what the damage was.”

The twisted metal further emitted another revelation which got Guiles’ attention.

“We had a Geiger counter with us and it was indicating the entrance holes and exit holes of these vehicles were radioactive,” he says. “That also told me this wasn’t something fired by the Iraqis.”

Munitions and armor utilizing depleted uranium were adapted for use by the U.S. Army prior to the Persian Gulf War due to the material’s extreme density and effectiveness as a weapon. It’s created by enriching natural uranium with additional radioactive isotopes. The process makes 60 percent as radioactive as natural uranium with physical properties of being denser than lead and prone to fragmentation or aerosolization akin to fiber glass. Used in armor, it can repel rounds fired by enemy tanks. Fired from a turret, it can slice through heavy armor from long distances and upon penetration ignite enemy ordinance by spontaneously combusting into heated particles.

Guiles says he was familiar with depleted uranium as an ordinance scholar at Aberdeen but wasn’t told the material would be used during the Gulf War. As he continued his mission in Iraq, he says he became intimately familiar with its deadly capacity.

“We went to dozens of vehicles, all of them destroyed by friendly fire, and I climbed into each one,” Guiles says. “It didn’t get easier. Each one was harder and harder.”

Guiles says one particular Abrams tank left him with scars beyond psychological trauma.

“As I got around inside I could feel my feet sliding like I was on oil and my gloves filled up with sweat,” Guiles says. “I looked up at a thermometer we would hang up on the turret and it was 200 degrees inside. Well, it wasn’t oil I was on, the depleted uranium was still hot and melting on the floor. It was orange and molten. It got so hot I couldn’t breathe, so I peeled my protective mask off as I was coming out I, but then a guy above me on the track stuck his foot on the hatch. He didn’t realize it, but he and dumped contaminated water which had pooled there all over me. It happened right as I was taking a deep breath and it went straight down my throat.”

Guiles says he stumbled off and was immediately worried.

“I was scared,” he says. “I was thinking anything but this. I knew from Aberdeen about all of the toxins which build up in a tank when it smolders.”

Guiles says he soldiered on through the nausea and continued his mission crawling into more than a dozen other scenes of twisted metal. In reporting his findings, Guiles says he encountered another hurdle in the form of top-down resistance with the army.

"I reported to them the tanks were radioactive but they didn't want to hear it," Guiles says. "Eventually some colonel started laying into me saying 'I'm here to teach you to read a Geiger counter because apparently you don't know how. Everything is radioactive? Where did they get you from?' I blew up on him! It was at that point I went from being somber and hurtful about what was happening to getting mad."

Guiles says the situation soon escalated to the point of threats. He also received additional injuries while on other missions in the desert. After five months he left his combat tour on bad terms with his superiors and with a broken body. He retired from the army the following year due to health problems and moved to Missouri with his family in the 1990s. Medical issues have since kept Guiles from holding down a permanent job.

The account offered by Guiles is confirmed in part by a 1998 U.S. Army report titled "Environmental Exposure Report: Depleted Uranium in the Gulf." It documents six Abrams tanks and 15 Bradley Fighting Vehicles were destroyed in friendly fire incidents during the Gulf War. It states eleven fatalities resulted from these incidents and approximately 50 casualties required medical attention. The incidents are explained as occurring due to low visibility from natural conditions and confusion brought on by a rapidly changing front.

The report details that fired munitions containing depleted uranium led to immediate Level 1 exposures for crew members in the vehicles hit by friendly fire, meaning they and their rescuers may have breathed in depleted uranium particles, ingested it through hand to mouth transfer or had it leached in their bloodstream through open wounds. Battlefield Damage Assessment Team personnel received Level II exposures, meaning they encountered aerosolized particles while working several hours within the destroyed vehicles.

Guiles thinks his days in the destroyed tanks led to decades of health problems. He has a plastic tub full of medical documents evidencing recurrent trauma. They're nestled in the tub alongside his military commendations and service records. The documents detail operations to remove multiple cyst growths from around his windpipe, reoccurring skin lesions and loss of muscle mass. Guiles today weighs more than 70 pounds less than his weight upon deployment to Iraq. He says he further struggles daily with vision problems, loss of balance and equilibrium as well as lethargy severe enough it leaves him often unable to leave his home.

"I've been to every VA in the state of Missouri but the moment I mention depleted uranium and tell them my story they shut the door in my face," Guiles says. "I just want somebody to understand. It hurts my feelings when they think I'm a liar. I don't know what to do except tell my story. But the moment you mention depleted uranium they start referring you for mental health services because they think you're crazy."

The military's official line on depleted uranium is spelled out in the same 1998 report which affirms Guiles' exposure. It concludes no link exists between exposure to depleted uranium and health problems many Persian Gulf War veterans faced since 1991.

Guiles feels that conclusion is one of many flaws contained in the document.

“It was a fabricated effort to satisfy the general public,” Guiles says. “The data in it isn’t accurate. The damage they describe to certain vehicles isn’t consistent with what my team and I saw and the number of vehicles destroyed by friendly fire isn’t consistent with how many we investigated.”

The only official diagnoses Guiles says he’s received from the VA are for diabetes and Gulf War Syndrome. Ongoing complications have led to more than 40 medical procedures and being airlifted from Salem for emergency treatment due to kidney failure. Guiles says after years of quiet, he’s decided to speak out about his experience due to concerns a new generation will face the same problems.

“I’m speaking out now because I’m getting to a point in my life where I know I’m not going to live much longer,” he says. “I sit in here every day and think about the guys who gave their lives or have gotten sick, and how their people don’t know what really happened to them. They just know they lost them. I can’t tell you how many souls I touched out there on the battlefield. I can feel them, I can feel them now. I relive this every day, and I want to share this with people. It’s a story which should be told. Desert Storm was fierce and we gave our all. The team I served with deserves to be recognized. Some bad things happened to my fellow soldiers. Anyone who perished will always be in my heart and in my mind. May they rest in peace and God bless our fallen. We must never forget them and their loved ones who suffer to this day. I will never forget.”

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6. Suicide Prevention

6.1 - The Keene Sentinel: 'Honor them': Flag display in Gilsum a memorial to veterans who died by suicide (29 June, Liora Engel-Smith, 161k uvm; Keene, NH)

GILSUM — Flag by flag, volunteers created the temporary memorial. When finished, 30 rows with 22 American flags apiece would line the field.

Six hundred and sixty flags in total: One for every veteran who dies by suicide nationwide each month. The number comes from a 2012 U.S. Department of Veterans Affairs suicide data report. More recent data released last year puts that number at 20 veteran suicides a day.

“This is just one month,” said organizer Howard Berry, surveying the yawning field. “If you were going to try to fit 12 months on this property, could you even put a year’s worth of suicides in this field? I don’t think so.”

The problem is felt in the Granite State, where 37 veterans took their own lives in 2014, according to the U.S. Department of Veterans Affairs.

Berry, a Cincinnati resident who lost his son, Army Staff Sgt. Joshua Berry, to suicide in 2013, looked at the first row of flags that had already been put in the ground. About 20 volunteers showed up to help at DV Farm in Gilsum Thursday, their job made easier by the steady drizzle. The ground was wet and pliable, and the work went quickly. The farm, also known as Dysfunctional Veterans Farm, offers long-term rehabilitation for homeless veterans through

animal therapy, structured work and “tough love,” according to its founder, Army veteran Michael Rivers.

Rivers said the memorial is helpful not only for families who have lost a loved one to suicide, but also for veterans who are in crisis.

“It shows that you care,” he told the group. “They have this feeling that nobody cares, and by you coming out here and doing this, ... it’s going to help show the people that need it that we do care.”

So many times, he said, even the smallest gesture can convince someone contemplating suicide to seek help.

By mid-morning, half the flags were already in the ground, the neat rows reminiscent of a military cemetery. The flags will remain on display at the farm on Whitney Stage Road for 30 days, according to Rivers, who said people are welcome during that time to visit and pay their respects.

Berry began creating memorials in 2017 to honor his son and others who died by suicide, calling the campaign “Flags for Forgotten Soldiers.”

“It’s something I’ve been doing for years and years. I’ve been putting flags on veterans’ graves, and I never thought that I’d be putting flags on my son’s grave,” he said. “It should have been the opposite.”

One day, Berry told the crowd at DV Farm, cemetery workers offered to give him flags they took off graves after Memorial Day weekend. He found himself with two carloads of flags and a thought: Honor them. Since then, he’s constructed temporary memorials in 25 states, he said, in memory of veterans who took their own lives. Thursday’s display was the organization’s first time in New Hampshire.

For Berry, conversation is the antidote to the silence that often accompanies suicide.

“Each flag represents a man or a woman that’s not here, and I feel they died of indifference.”

And it begins with access to care for veterans, according to Berry. His son, he said, wasn’t a patient at the VA when he took his own life.

In recent years, Veterans Affairs has come under attack for the quality of care it provides. Many clinics nationwide have long waiting lists, with some veterans dying before ever seeing a doctor.

Among those in attendance at Thursday’s event was Republican congressional candidate Dr. Stewart Levenson, who is vying for the 2nd Congressional District seat. Levenson, the former New England regional director of Veterans Affairs, is known for his role in The Boston Globe’s investigation of the Manchester VA Medical Center. Levenson has made veterans issues the center of his campaign.

He said the VA needs to get better at identifying people who are at risk for suicide by going out into the community.

“The VA doesn’t do a very good job even on the most superficial level,” he said. “People aren’t going to come in and say, ‘I’m about to commit suicide.’ ... Every level of risk, the VA needs to identify, (and) ask other veterans, go to veterans group meetings such as this and ask, ‘Hey, do you know of anyone who is having problems?’ ”

Paula Cunningham and her sister, Ann Shaughnessy, both of North Walpole, came to Thursday’s event to show their support. Cunningham said their father, Paul Shaughnessy, served in the Korean War and died from illness a couple of years back. She said she came because her father, who served in the Navy, felt the military was important and instilled those values in her.

As a paraprofessional in the Keene School District, Cunningham said, causes that support mental health are important to her.

“You just see it everywhere,” she said of suicides. “I feel bad. I don’t think some of the veterans are taken care of, and I feel like people need to respect them and take care of them.”

On his way to get a new batch of flags that would become part of the memorial, Berry reflected on the invisibility of veteran suicide. Hundreds of people, he said, die in silence.

“We name sections of roads after people who are killed in action,” he said. “But people who die by suicide? At best, you get thoughts and prayers.”

The national veterans crisis line offers 24/7 support at 1-800-273-8255, option 1. Confidential support is also offered by texting 838255, and an online chat is available at www.veteranscrisisline.net.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Townhall: [The Left’s Stealth War on School Choice](#) (1 July, Terry Schilling, 8.9M uvm; Arlington, VA)

Last December, Sen. Ted Cruz (R-Texas) and Senate Republicans scored what appeared to be a major victory for school choice by including the Student Opportunity Amendment in Congress’s tax cut package. The amendment expanded tax-advantaged 529 college savings plans to include K-12 education, giving families the ability to save up to \$10,000 per child per year for private schools or religious schools. And although Democrats at the time shamefully discriminated against homeschoolers and children with disabilities by successfully working to remove those groups from the amendment, Cruz has now introduced standalone legislation that would restore both groups’ access to the 529 educational savings plans.

Sen. Cruz has proven himself to be perhaps Congress’ strongest school choice advocate. He deserves serious credit for his efforts. But unfortunately, his 529 educational savings plan initiative is not enough on its own, and without seriously curtailing government control over education, could even unintentionally play into the Left’s hands.

The Left has been waging war on two separate fronts in the battle over school choice. While they continue to work relentlessly to defeat new legislation which would give parents further educational choice, they also have been equally hard at work behind the scenes fighting school choice by bending existing government education programs to serve their ends.

Such examples are numerous. For instance, it is well-documented how progressive bureaucrats have used No Child Left Behind waivers and Race to the Top grants to push Common Core on the states, exploiting the federal purse-strings to force a one-size-fits-all set of mediocre standards on millions of students nationwide.

Another less well-known example is the effort of the U.S. Department of Veterans Affairs to control how military and veteran students use their GI Bill benefits to advance their education. Apparently sensing a long-term threat to union-infested, liberal state schools, under the Obama administration the Left embarked on an ideological mission to destroy the for-profit college industry. Today, VA bureaucrats continue to interfere in the rightful – and explicitly established – role of states to determine which institutions could be certified for payment with students’s military benefits. While the VA’s intention was to force innovative education providers out of the market, the practical effect has been to limit the educational choices – and complicate the lives – of veterans who have served their country and deserve better from their government.

Democrats didn’t stop there, though. They even went on to start a phony veterans organization called Veterans Education Success (VES). VES’s president and founder, Carrie Wofford, is a former staffer at the Senate Committee on Health, Education, Labor and Pensions – where she led the charge against for-profit education institutions. VES poses as non-partisan but is funded by radical liberal donors. Its true mission is to advance a left-wing political agenda at the expense of our veterans.

If Democrats are willing to target our veterans and take away educational options for them, they will have no problem doing it to our kids. Given the Left’s history of manipulating government programs to undermine school choice, Sen. Cruz and Republicans should approach their latest education endeavor with caution. While expanding 529 plans to homeschoolers and beyond may be a laudable goal, if not done carefully, it could also potentially expose homeschooling families to interference by federal bureaucrats interested in imposing their policies on children previously out of their reach.

The Left is fighting their war against school choice on multiple fronts. Conservatives must make sure we are engaging on all of them by offering opportunities for choice in new legislation and ensuring that existing programs do not leave openings for government bureaucrats to pick winners and losers.

Terry Schilling is the executive director at American Principles Project.

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7.2 - Temple Daily Telegram: [Donation to aid homeless veteran programs](#) (30 June, Janice Gibbs, 157k uvm; Temple, TX)

The homeless program at the Central Texas Veterans Health Care System helps hundreds of homeless in the Temple and Waco area each year.

On Friday, members of the Church of Jesus Christ of Latter-day Saints presented a check for \$10,000 to representatives of the VA homeless programs and voluntary services to be used to assist the homeless and their families. Half of the funds will go toward helping the homeless in the Waco and half to Temple.

Chris Hammel with the Latter-day Saints said the congregations in the Waco and Temple collected donations for the VA homeless program for a couple of months and during that time learned there was a financial need.

"I am really humbled by the wonderful programs that are offered to the homeless through the VA," Chris Hammel said. "I just want you to know how much we appreciate what you do."

A goal of the VA program is to move homeless veterans into housing in the community. The VA will provide case management for the veteran once they move into their own apartment and funds to pay rent. However, no money is provided for things such as pots, pans, dishes, furniture and everything else needed to live in a home.

"This is just a small piece of what the VA does for the homeless," he said.

There are many ways the 11 Latter-day Saints churches in the Temple-Waco area can provide assistance and it doesn't end with the check the group presented Friday, Chris Hammel said.

"We want to help in any way we can," he said. "Think of this as a partnership, we want to do other things."

Karen Hammel said providing help to the men and women who chose to fight for the liberty, justice and safety of their country is a gift, particularly for those who return home physically and emotionally injured.

"I just can't think of a better program to help," she said.

"It so encouraging to us to have a group like this come forward and offer assistance, said Reggie Hardy, director of voluntary services for the Central Texas Veterans Health Care System.

JustServe.org is a website location that brings volunteers and organizations together across the country.

Area Mormon churches use JustServe to provide information to public and its members about the projects it is fostering and to respond to calls for volunteers for others' initiatives.

In May, church members participated in the VA2K Walk & Roll to benefit the homeless and learned the need goes beyond food and clothes donations.

Leaders of the Waco Stake of the LDS Church approached the Humanitarian Department of the church headquarters in Salt Lake City for additional funds.

The grant will go toward a number of items, including bus passes, gasoline, clothing for job interviews, identification papers, birth certificates, applications, whatever is needed to get people employed and housed, said Paul Wood, coordinator of the homeless program.

A Warriors Closet, a place where veterans can get clothes, will open soon at the Temple VA.

“This is the most generous donation we’ve received,” said Wood, who has been with the VA program since 2007. “I’m thrilled and so is my staff. We are very grateful.”

The number of homeless the VA homeless program works with varies, she said. There are previously homeless that are now housed but still need case management to maintain their housing.

“My staff is extremely dedicated and will go to great lengths to help a veteran,” Wood said.

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7.3 - The Guam Daily Post: [Six veterans complete court-run treatment program](#) (30 June, 16k uvm; Tamuning, GU)

Six former service members have successfully completed the Veterans Treatment Court Program, which is an intensive program designed to connect veterans suffering from substance use and/or mental health disorders with the benefits and treatment they have earned.

This is the fourth graduating class for the program since its launch on Sept. 10, 2015, bringing the total number of graduates since its inception to 26.

Veterans Treatment Courts expedite access to veteran-specific resources, including benefits and treatment earned through military service, by involving the U.S. Department of Veterans Affairs health care networks, the Veterans Benefits Administration, Departments of Veterans Affairs, volunteer veteran mentors, veterans and veterans family support organizations.

These courts not only allow veterans to go through the treatment court process with other veterans who are similarly situated and have common past experiences, but link them with Veterans Affairs services uniquely designed for the needs that arise from their substance abuse or mental health challenges.

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - The Fayetteville Observer: [Our View: Wilkie confirmation looks easy; job won’t be](#) (30 June, 439k uvm; Fayetteville, NC)

No surprise, really, that Fayetteville native Robert Wilkie wowed the Senate Committee on Veterans Affairs during the panel’s hearing on his nomination to become secretary of Veterans Affairs. Wilkie is an experienced government hand and a high-level policy expert who has served in a host of positions in the legislative and executive branches, including his current role as undersecretary of defense for personnel and readiness. During the Bush administration, he was assistant secretary of defense for legislative affairs. Both those posts required Senate confirmation, which made Wednesday’s hearing a familiar exercise.

But what really stood out about Wilkie's two-hour confirmation hearing last week was the way he easily navigated the committee's questions. He clearly knew what was coming and he was prepared. Wilkie took good advantage of the time he spent as interim VA chief after former Secretary David Shulkin was fired last November. He quickly got a handle in the many problems plaguing the federal government's second-largest bureaucracy — including political infighting that has made a shambles of the VA's upper management structure and prevented progress in modernizing its practices and procedures.

Wilkie pointed to several issues that will become his top priorities, including modernizing the VA's medical appointment system, moving its paper-based disability claims onto an electronic system and upgrading an aging human resources system to better serve today's younger veterans. The problem for the VA, Wilkie said, is "not with the quality of medical care but with getting our veterans through the door to reach that care."

The son of an artillery officer who was seriously wounded during the Vietnam War, Wilkie grew up around Fort Bragg and graduated from Fayetteville schools. He served in the Navy and is still an intelligence officer in the Air Force Reserve. He has firsthand experience with veterans' issues, which gives him a clear edge over some previous secretaries, and his Pentagon jobs add hands-on experience in running a huge bureaucracy. The VA is responsible for the care of nine million veterans and operates more than 1,700 health care facilities across the country — including two large ones in Fayetteville.

The senators made it clear that they support Wilkie and they expect he'll easily win Senate confirmation this time around, as he has in the past. But Sen. Johnny Isakson, the Veterans Affairs chairman and a Republican from Georgia, said their expectations are high as well. "Mr. Wilkie, there are no excuses anymore," Isakson said. "Failure is not an option."

Wilkie acknowledged the challenges and said his priorities would be to improve the VA's culture, expand access to care, reduce claims and payments backlogs and reform the VA's human resource systems. "We have to target where the VA has the greatest need," he said, which includes adding primary care, mental health and women's health specialists.

The nominee also had no hesitation in talking about a Washington Post story last week that detailed his associations with polarizing conservative figures and causes. That included starting his Washington career as an aide to former N.C. Sen. Jesse Helms and former Senate Majority Leader Trent Lott, as well as his former membership in the Sons of Confederate Veterans. "If I had been what The Washington Post implied," he said, "I don't think I would have been able to work for Coldoleezza Rice or Bob Gates or Jim Mattis." He added that the Post story "seemed to stop at my record about 25 years ago."

It seems certain that Wilkie will win a confirmation vote and soon take the helm of an agency that needs a lot of fixing, along with an infusion of calm. Sen. Thom Tillis, the N.C. Republican for whom Wilkie worked as a senior aide, suggested that Wilkie "Enjoy the honeymoon. The floggings will begin soon." Sen. Jon Tester, the Montana Democrat, concurred: "I, as do others, believe that you are going to be confirmed. I don't know if I would say it will be a public flogging. But you will be held accountable."

We wish the future VA secretary the best. He's going to need it.

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9. Other



VA Secretary's Stand-Up Brief

3 July 2018

Executive Summary

Outlets profiled a Battle of Mogadishu Veteran who recently became a VA pharmacist. *Politico* and industry outlets followed two System storylines. Social media volume declined after an active weekend.

Storyline	Outlets	Analysis	Trend	Priority
'Black Hawk Down' Veteran becomes VA pharmacist	FOX News , WFLA (FOX)	National and local coverage profiled Army Veteran Norman Hooten, who fought in the Battle of Mogadishu and was a character portrayed in the film 'Black Hawk Down.' The outlets reported the former Delta Force operator recently completed his residency at the West Palm Beach VAMC, and joined the staff at one of the Department's Orlando facilities.	Emerged	Resources
VA may scrap Epic scheduling	Politico , Becker's	<i>Politico</i> followed a potential decision by the Department to end a contract that would equip VA with Epic patient scheduling software despite a successful pilot program. The article included a response from Press Sec. Cashour.	Emerged	System
GAO: Billions spent to maintain VistA	Becker's , Clinical Innovation + Technology , HealthExec	Coverage of the GAO report that examined the cost of maintaining VistA reemerged among industry outlets. Reporting focused not only on the cost of maintenance, but on the challenges facing the Department as it transitions to the Cerner-based system. Challenges cited by the outlets included interoperability, governance for the new program, and identifying a scope of work for the transition.	Sustained	System
Other notable storylines	Military.com , MedicalXpress , WFED	<i>Military.com</i> published a 'how-to' guide for Veterans facing VA debt due to accidental overpayments or paperwork errors. <i>MedicalXpress</i> printed a synopsis of research, that found "rampant" inappropriate antibiotic prescribing at VA primary care clinics in the Pittsburgh HCS, from the <i>Journal of the American Society for Microbiology</i> . <i>WFED</i> examined the issues surrounding the VA staffing shortage.	Emerged / Sustained	Service Resources



VA Secretary's Stand-Up Brief

3 July 2018

Social Media Takeaway

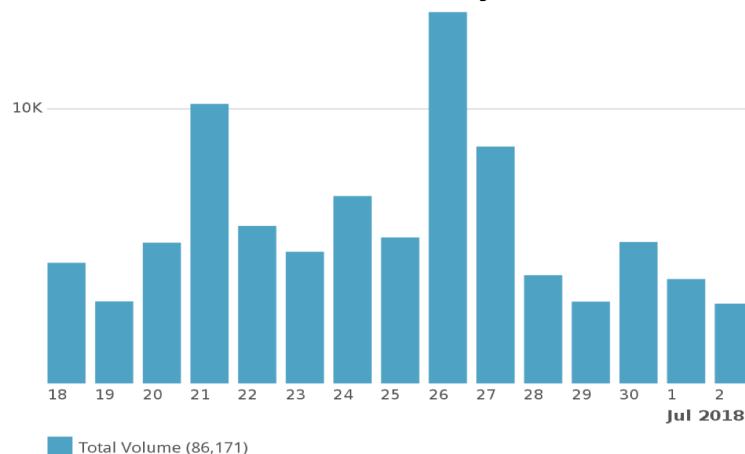
Social media declined as weekend activity faded. This trend applied to activity on both Twitter and Facebook, though it was more pronounced on the latter platform.

Key Points

- The 30 June post from *FOX News* contributor Tomi Lahren, in which she charged liberals were more concerned with illegal immigrants than “veterans dying in VA waiting lines,” sustained as the [most-retweeted](#) post, but with a much reduced level of activity. It garnered 230+ additional retweets and its share of total social media volume dropped by 80 percent.
- The only other Twitter post to exceed 100 retweets came from Georgia governor candidate Stacy Abrams (100+ retweets), who [highlighted](#) Veterans issues in an embedded video (4.6k views). This post was also the sole driver of several Georgia-related political hashtags and the most-shared URL on Twitter – to Abrams’ campaign website.
- Facebook user engagement was much reduced from the levels experienced during the weekend. The top VA post, the [Veteran of the Day](#) feature, garnered far below the nominal 500 reactions mark.
- Other notable activity on the VA Facebook pages gained even less engagement. A main VA page [post](#), which shared a 4th of July message on the [VAntage Point](#) blog, garnered 200+ reactions, and a [VBA post](#), with an announcement about the new Veteran ID cards, had 190+ reactions.

Twitter and Facebook Volume:

18 June – 2 July



Notable Social Media Items

Platform	Item	Relevance
Twitter	Top Post: @TomiLahren - Veterans dying in wait lines	8% of Volume
Facebook	Veteran of the Day: Paul Sparacino (USN)	280+ Reactions, 80+ Shares
Facebook	VAntage Point - 4th of July: A time to celebrate and remember	200+ Reactions, 120+ Shares

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Veterans Affairs Media Summary and News Clips

3 July 2018

1. [Top Stories](#)

1.1 - FOX News: ['Black Hawk Down' veteran now deployed in fight against opioids](#) (2 July, Greg Norman, 32.5M uvm; New York, NY)

An Army veteran who fought in the Battle of Mogadishu and later was portrayed in the film “Black Hawk Down” is now deploying on a new mission: the war against opioids. Former Delta Force operator and Master Sgt. Norman Hooten has obtained his doctorate's degree in pharmacy and says he is making the jump to the medical field to help fellow veterans who are suffering.

[Hyperlink to Above](#)

1.2 - Politico: [VA looks to scrap Epic scheduling contract](#) (2 July, Arthur Allen, 23.9M uvm; Arlington, VA)

The VA appears to have decided to scrap a \$624 million project to provide Epic patient scheduling software, although a pilot has been successful and the contractors say they can roll the software out nationwide for half the original cost and three years early. It's the latest turn in a grueling IT saga that began with the 2014 patient scheduling scandal at the Phoenix VA. The VA at present has five different scheduling systems in place in various locales.

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1.3 - Military.com: [How to Fight VA Debt](#) (2 July, Amy Bushatz, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs says you owe them money. You disagree. But how do you fight Uncle Sam when he comes for your cash? If there's one thing military members know, it's that when the Defense Department gives you too much money, it will come back for it eventually.

[Hyperlink to Above](#)

1.4 - MedicalXpress (American Society for Microbiology): [High prevalence of inappropriate antibiotic prescribing in a VA healthcare system](#) (2 July, 1.5M uvm; New York, NY)

Inappropriate antibiotic prescribing is rampant at primary care clinics within the Veterans Administration (VA) healthcare system in Pittsburgh, despite the rise of antibiotic resistance. About half of all prescriptions reviewed were prescribed unnecessarily. In another quarter of cases, the incorrect antibiotic was prescribed, or the duration of the prescription wasn't consistent with guideline recommendations.

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1.5 - WFED (AM-1500): [Why direct-hire authority isn't enough to resolve VA's staffing shortages](#) (2 July, Nicole Ogrysko, 854k uvm; Washington, DC)

When the health care industry sneezes, the Veterans Affairs Department has been to known to catch a cold. The sentiment is true today, as the Health and Resources Services Administration predicts the national demand for physicians will exceed the supply by 2025. At VA, 138 out of 140 medical centers cited staffing shortages for medical professionals, according to a recent assessment from the agency's inspector general.

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2. Greater Choice for Veterans

2.1 - City & State: The uncertain future of the Brooklyn VA hospital - Donovan introduces legislation amid privatization fears. (2 July, Max Parrott, 51k uvm; New York, NY)

The sudden closure of the ear, nose and throat clinic at the Brooklyn Veterans Affairs Medical Center due to staffing issues set off alarm bells for its patients. Veterans in Brooklyn and Staten Island, who rely on the facility for accessible care, have been worried about the facility's status for years. They said they have seen a slow decline in services and the closure of an inpatient surgery unit in 2015, despite protests from veterans.

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3. Modernize Our System

3.1 - Becker's Hospital-Review: VA might scrap Epic scheduling system (2 July, Julie Spitzer, 441k uvm; Chicago, IL)

The Department of Veterans Affairs may terminate its contract with Epic and Leidos for a \$624 million patient scheduling system, despite early success at an Ohio VA facility, according to Politico. Leidos, who is helping facilitate the project, previously said it could complete the rollout three years ahead of schedule for nearly half the planned budget. However, VA's decision to transition to the Cerner EHR may be the root of the reconsideration.

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3.2 - Becker's Hospital Review: GAO: VA spent \$3B on VistA EHR since 2015 (2 July, Jessica Kim Cohen, 441k uvm; Chicago, IL)

The Government Accountability Office released a report June 26 on the U.S. Department of Veterans Affairs' impending transition to a Cerner EHR. VA Secretary David J. Shulkin, MD, revealed plans to replace the agency's homegrown EHR VistA with a Cerner system in June 2017. The GAO's report, part of an ongoing review, highlights its preliminary observations regarding the VA's preparation for the Cerner EHR transition.

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3.3 - MetroNews: Potential awaits within construction projects at Clarksburg VAMC (2 July, Brittany Murray, 276k uvm; Charleston, WV)

Those visiting the Louis A Johnson VA Medical Center in Clarksburg would be hard pressed not to notice all of the construction happening at the facility. And while those projects may be an inconvenience to patients now, VAMC officials say their culmination will increase functionality within the hospital on a daily basis.

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3.4 - Temple Daily Telegram: Cedar Park VA Clinic to expand (2 July, 157k uvm; Temple, TX)

With the exponential growth of Cedar Park and surrounding areas, the Cedar Park VA Clinic has quickly exceeded its space at its current location at 600 North Bell Boulevard just two years

after its most recent move. To address this growth, CTVHCS has signed a lease with Welltower Inc., to secure almost 20,000 square feet in the Medical Office Building II adjacent to Cedar Park Regional Medical Center.

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3.5 - Williston Herald: [Williston's new VA clinic opens](#) (3 July, Renee Jean, 75k uvm; Williston, ND)

There were smiles and cookies and a full house at Williston's brand new VA clinic, which opened its doors Monday afternoon for a soft opening and some tours of the new digs. Jill Wiedrich, an RN giving tours, summed it up nicely. "It is Ah-mazing," she said. "It's so cool. We have so much more space here. It's really awesome."

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3.6 - KREX (CBS-5, Video): [Veterans Service Center To Be Built](#) (2 July, Camila Barco, 34k uvm; Grand Junction, CO)

People in the Grand Valley spent time honoring veterans who made the ultimate sacrifice for our freedom Monday morning. The Veterans Memorial Cemetery hosted their quarterly ceremony to recognize and pay tribute to 15 veterans who had no military honors during their burial. The veterans served in World War II, the war in Vietnam, the Korean War and the Gulf War. The service included a dove release, bag pipes, and a cannon shot.

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3.7 - Clinical Innovation + Technology: [GAO: Before Cerner transition, VA spent \\$1B a year on EHR](#) (2 July, Nicholas Leider, 21k uvm; Arlington, VA)

The U.S. Department of Veterans Affairs (VA) is about to undergo a massive, \$16 billion revamp of its electronic health record (EHR) system. A month after a \$10 million deal with Cerner was finalized, the Government Accounting Office (GAO) released a report that found the VA spent \$3 billion on EHR support between 2015 and 2017.

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3.8 - PatientEngagementHIT: [VA Deploys Text Message Appointment Reminders for Patient Outreach - Thus far, text message appointment reminders have reduced patient no-show rates, the VA says.](#) (2 July, Sara Heath, 21k uvm; Danvers, MA)

The Department of Veterans Affairs (VA) is trying its hand at text message appointment reminders in an effort to improve patient access to care and appointment attendance, according to a department blog post. The system, called VEText, aims to combat the nearly 9 million veteran healthcare appointments missed annually.

[Hyperlink to Above](#)

3.9 - HealthExec: [VA spent \\$3B on EHR between 2015-2017](#) (2 July, Nicholas Leider, 20k uvm; Providence, RI)

The U.S. Department of Veterans Affairs (VA) is about to undergo a massive, \$16 billion revamp of its electronic health record (EHR) system. A month after a \$10 million deal with Cerner was finalized, the Government Accounting Office (GAO) released a report that found the VA spent \$3 billion on EHR support between 2015 and 2017.

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3.10 - Nextgov: [Congress Studies the 3 Rs: Re-org, Re-clearance, Reauthorization](#) (2 July, Joseph Marks and Heather Kuldell)

Lawmakers on the House Veterans Affairs Committee made it clear that they'll be watching the Veterans Affairs Department's electronic health management modernization project closely. Chairman Phil Roe, R-Tenn., and ranking member Tim Walz, D-Minn., announced a new subcommittee will provide oversight for the department's technology efforts.

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4. [Focus Resources More Efficiently](#)

4.1 - WTVD (ABC-11, Video): [I-Team: Generation of WWII veterans are about to lose battle against time](#) (2 July, Jonah Kaplan, 869k uvm; Durham, NC)

They represent what's been called the Greatest Generation, and sadly, there's no stopping the inevitable fight against time. According to the U.S. Department of Veteran Affairs, at least 362 veterans of World War II die every day, and most - if not all - who remain are in their 90s.

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4.2 - KUTV (CBS-2): [Fireworks can trigger painful memories for war veterans](#) (2 July, Ginna Roe, 614k uvm; Salt Lake City, UT)

Fireworks and the 4th of July go hand in hand. It's a centuries old tradition that signifies America's freedoms. But, for some of those that fought for those freedoms, the booms and cracks can be a painful reminder. Vietnam Veteran Ed Santillanes said Independence Day festivities catches him off guard every year.

[Hyperlink to Above](#)

4.3 - WZTV (FOX-17, Video): [4th of July fireworks can send veterans into a panic](#) (2 July, Nikki Junewicz, 484k uvm; Nashville, TN)

A sound of celebration, sending our veterans into a panic. Fourth of July fireworks can trigger symptoms of PTSD in men and women who have served our country. It's an issue so serious, doctors at Nashville's VA Medical Center say they're expecting their emergency room to be packed on Wednesday, as patients come in for treatment after hearing the explosions.

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4.4 - Daily Telegram: [VA honors Adrian vet for his service](#) (2 July, Lonnie Huhman, 70k uvm; Adrian, MI)

Most people take time for themselves when they retire, but not David Loop. When he retired in 2006, he moved onto something that means a lot to him as U.S. Army veteran. He's been a mainstay for the volunteer transportation network for the past 12 years and is being recognized for his commitment and dedication for getting disabled veterans to their medical appointments at the Ann Arbor Veterans Administration Healthcare System.

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4.5 - WFLX (FOX-29): ['Black Hawk Down' veteran becomes pharmacist](#) (2 July, 56k uvm; West Palm Beach, FL)

A local veteran has experienced horror while deployed overseas. He's lost friends to war. He's also lost friends to another killer closer to home: opioids. On Friday, Norman Hooten joined the ranks in the battle against this epidemic by officially obtaining his doctorate in pharmacy so that he may help his fellow veterans in need.

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4.6 - Yo! Venice: [It's a New Day at the WLA VA](#) (2 July, Sam Catanzaro, 37k uvm; Los Angeles, CA)

A core group of us have been making the hospital and nursing home rounds at the VA once a month. This program will be expanded with an instruction tutorial and doctor led visits. Take the hand of a Vet recuperating in the hospital. Most have no family or visitors.

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4.7 - WVNS (FOX-59): [Former VA officer takes plea deal in assault case, will surrender law enforcement license](#) (2 July, 21k uvm; Ghent, WV)

A former officer with the Veterans Affairs Medical Center Police Department reached a plea agreement in his assault case. Court documents say last April, 27-year-old Michael Kaim injured a man during an arrest. The next day, authorities say Kaim falsified a police report, saying that the man resisted and acted aggressively. Officials say the victim was cooperative.

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4.8 - WVNS (FOX-59): [Fourth of July fireworks stressful to veterans with PTSD](#) (2 July, Caroline Foreback, 21k uvm; Ghent, WV)

On Independence day, Americans set off fireworks to celebrate our freedom, but those fireworks can be a source of stress for those who fought for it. Officials at the VA Medical Center in Beckley urge the public to be courteous of veterans when lighting fireworks this Fourth of July. The loud, explosive sounding noises can be a trigger for a veteran suffering from Post Traumatic Stress Disorder. According to the U.S. Department of Veterans Affairs...

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5. [Improve Timeliness of Service](#)

5.1 - U.S. News & World Report (AP): [Sprinkler Causes Flooding Damage at VA Hospital](#) (2 July, 24M uvm; Washington, DC)

A burst sprinkler head in the main building in Vermont's Department of Veterans Affairs Medical Center has prompted the cancellation of surgical procedures scheduled for this week. The VA says the sprinkler head in a third floor mechanical room at the White River Junction hospital burst just before 5 p.m. Friday.

[Hyperlink to Above](#)

5.2 - Virginian Pilot: [Column - Congress inches closer to rectifying putrid policy affecting Navy's Blue Water vets](#) (2 July, Roger Chesley, 1.5M uvm; Norfolk, VA)

Noxious fumes from a 16-year-old decision by federal bureaucrats are finally beginning to dissipate for the Navy's so-called "Blue Water" vets. They may be on course to again receive benefits for their exposure to Agent Orange during the Vietnam War. Shame on officials at the U.S. Department of Veterans Affairs for placing sailors in this predicament in the first place. A 2002 decision by the agency cynically elevated funding over science...

[Hyperlink to Above](#)

5.3 - WJLA (ABC-7, Video): [The Perils of Peace: Veterans & Asbestos Exposure](#) (2 July, Nathan Baca, 1.5M uvm; Arlington, VA)

A Maryland veteran with terminal pulmonary fibrosis is nearly bankrupt fighting to breathe, while the Department of Veterans Affairs continues their resistance in helping him. Richard Cook served from 1958-1961 in the Navy. Doctors say his symptoms possibly happened because of asbestos exposure on the ship. But Cook's status as a peacetime veteran prevented him from seeking VA hospital coverage...

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5.4 - Houston Chronicle: [Texas veterans deserve better options for retirement homes](#) (1 July, Editorial Board, 1.2M uvm; Houston, TX)

With Independence Day fast approaching, our country will soon celebrate the sacrifices our military personnel have made to maintain our country's freedom. Grateful citizens would like to believe that our nation demonstrates this appreciation all year by taking care of our aging soldiers, who are ensconced in good hands at quality nursing homes.

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5.5 - KVOA (NBC-4): [Southern AZ VA Healthcare System Nursing Home receives 2 stars; healthcare director responds](#) (2 July, Kendra Hall, 273k uvm; Tucson, AZ)

For years, the Department of Veterans Affairs has assigned star ratings based on the quality of care at VA nursing homes around the country. The Southern Arizona VA Healthcare System's ranking was recently released. They got an annual rating of two stars. That is out of five, with five being the best.

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6. [Suicide Prevention](#)

6.1 - CBS News: [Veteran who once contemplated suicide is now a Warrior Games winner](#) (2 July, Jeremy Bradley, 26M uvm; New York, NY)

Traumatic brain injury. Patellar tendon injured by a stingray. Years of rehabilitation, both physical and mental. These are the sacrifices Chief Navy Diver Julius McManus made while serving his country over the course of his career, for 21 years and counting. Ask him about it, and he says he would do it all over again.

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6.2 - KSNV (NBC-3): [Nevada veteran suicide rate drops, but remains among highest on West Coast](#) (2 July, Marvin Clemons, 610k uvm; Las Vegas, NV)

Efforts to lower the suicide rate among Nevada veterans have made some progress, yet remains well above the national average for all suicides. The 2015 statistics, the latest available, come from Veterans Affairs suicide data released Monday as a follow-up to its 2015 National Suicide Data Report, released June 18.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Politico: [Congress weighs new GI Bill protections](#) (2 July, Kimberly Hefling, 23.9M uvm; Arlington, VA)

Congress passed a law last year dubbed the “Forever GI Bill” that expands the popular Post-9/11 GI Bill in several ways. Most notably, it immediately lifted the 15-year time limit to use the benefit for new enlistees. Many of the other expansions roll out Aug. 1, including one that mandates that all post-9/11 Purple Heart recipients fully qualify for the benefit for up to three years.

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7.2 - Military Times (Home HQ): [The top VA loan counties: Did your neighborhood make this list?](#) (2 July, Kevin Lilley, 2.1M uvm; Springfield, VA)

While service members and veterans can use their VA loan benefits to purchase a home anywhere in the country, a few spots stand out when it comes to preferred real estate. VA backed more than new 411,000 purchase and refinance loans from Oct. 1, 2017, through May 31. Below are some hot spots for the various types, broken out by county. While traditional military...

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7.3 - WECT (NBC-6, Video): [Prepping Wilmington National Cemetery for the Fourth of July](#) (2 July, Bill Murray, 475k uvm; Wilmington, NC)

A sea of red, white and blue flew above the Wilmington National Cemetery Monday as part of the Avenue of Flags, an annual event leading up to remembrances on the Fourth of July. The New Hanover County Veterans Council will have its Independence Day Program, Wednesday morning at 11. The guest speaker will be Captain Wilbur Jones, USN (ret) and local Wilmington Historian.

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7.4 - KTNV (ABC-13): [Local veteran says benefits account compromised](#) (2 July, Austin Carter, 445k uvm; Las Vegas, NV)

For Jessica Chaundy and her family it has been a stressful two months, after she says that her husband's VA benefits account was hacked into. “We tried to go online to see what was going on and he couldn't log in,” says Chaundy. Justin Chaundy was severely injured while overseas in Iraq when an IED hit the humvee he was riding in, leaving him eighty percent disabled.

[Hyperlink to Above](#)

8. Mr. Wilkie nomination for VA Secretary

8.1 - Government Matters (Video): [VA Secretary Nominee Robert Wilkie testifies before Senate](#) (1 July, Andrew Wagner; Arlington, VA)

After David Shulkin was fired from the position of Veterans Affairs Secretary, Robert Wilkie was appointed acting head of the agency. Last week, the Senate held Wilkie's confirmation hearing to become the new permanent secretary. Senators questioned Wilkie on subjects like privatization and electronic health records. On the Sunday edition of Government Matters, Francis Rose spoke with a panel of three experts on Veterans Affairs for analysis.

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9. [Other](#)

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1. [Top Stories](#)

1.1 - FOX News: ['Black Hawk Down' veteran now deployed in fight against opioids](#) (2 July, Greg Norman, 32.5M uvm; New York, NY)

An Army veteran who fought in the Battle of Mogadishu and later was portrayed in the film “Black Hawk Down” is now deploying on a new mission: the war against opioids.

Former Delta Force operator and Master Sgt. Norman Hooten has obtained his doctorate’s degree in pharmacy and says he is making the jump to the medical field to help fellow veterans who are suffering.

“I lost a couple of close friends that died of drug related overdoses and they were really good guys – special operations guys,” Hooten said in an interview with the Department of Veterans Affairs last week. “Losing my fellow soldiers to substance abuse was almost as bad as losing them in combat. All their talent and potential was lost and I wanted to do something about it.”

Hooten on Friday completed his residency at a VA hospital in West Palm Beach, Florida, and is now part of the staff at one of the VA’s facilities in Orlando.

Hooten first wanted to pursue a career in medicine in August 2001 when he retired -- but he was soon recalled to active duty after the 9/11 terror attacks. He was deployed to Afghanistan, before spending eight years with the Federal Air Marshal Service and then working as a contractor in Jordan. In 2012 he headed back to medical school to complete his studies, the VA says.

“It’s never too late to make a difference and go back to learn and grow,” Hooten said. “You should give back until your last dying breath. I started [pharmacy] school at 52 and at 57 I’m finishing up my residency.”

Hooten said during an Army event in 2013 that one lesson he took from the Battle of Mogadishu was to be creative and adapt to any situation.

“Train like you fight,” he said. “Don’t train like you think you’re going to fight. Don’t train like you want to fight. Do a real good analysis of the enemy, because he’s 50 percent of that equation, and then train like you will fight. Get used to being creative and adapting to the enemy’s actions.”

Now he is telling the VA that he “can’t stand idle while veterans suffer with addiction.”

“If I can help just one veteran, or have just one call me later to tell me that I was able to help them get off opioids, then that would be tremendous,” Hooten said.

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1.2 - Politico: [VA looks to scrap Epic scheduling contract](#) (2 July, Arthur Allen, 23.9M uvm; Arlington, VA)

With help from Darius Tahir

EPIC SCHEDULING SOFTWARE FOR VA? A PROMISING NO-GO: The VA appears to have decided to scrap a \$624 million project to provide Epic patient scheduling software, although a pilot has been successful and the contractors say they can roll the software out nationwide for half the original cost and three years early.

— It's the latest turn in a grueling IT saga that began with the 2014 patient scheduling scandal at the Phoenix VA. The VA at present has five different scheduling systems in place in various locales.

— The original contract for Epic's Medical Appointment Scheduling System was signed in 2015 but delayed until last year while VA officials considered homegrown updates—which also have continued. The VA has spent \$23 million on the Epic project so far and expects it to cost \$28 million total, VA spokesman Curt Cashour said. VA will run the pilot through April 2019 "to collect and capture change management lessons learned," he said in an email to POLITICO. The Epic contract's long-term fate is still undecided, he said today.

— Under the \$10 billion, 10-year Cerner contract signed in May, work orders are parceled out piece by piece. That means that in theory, the VA could complete the Epic contract and plug Epic's scheduler into the Cerner EHR. There have also been proposals to let Epic install scheduling on one side of the country and Cerner on the other, in order to get a new system up and running quicker. But acquisition leaders fear that would end up being too complicated, sources tell us.

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1.3 - Military.com: [How to Fight VA Debt](#) (2 July, Amy Bushatz, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs says you owe them money. You disagree. But how do you fight Uncle Sam when he comes for your cash?

If there's one thing military members know, it's that when the Defense Department gives you too much money, it will come back for it eventually.

The VA is similar, but the system is worse. That's because, thanks to the many different levels of cash benefits and payments offered through a convoluted system, it can be exceptionally easy for veterans to get overpaid without realizing it's happening or truly understanding the consequences. It's also very easy for the VA to simply try to collect debt it's not actually owed thanks to paperwork errors.

But what most often causes the debts, and how can a veteran fight them or the collections process that often results?

According to officials with veteran service organizations, the solution has two parts: speedy reaction, and asking for help.

VA DEBT: LIKELY CAUSES

Veteran debt to the VA--or incorrect VA claims about debt--can be triggered by a whole host of accidental overpayments or paperwork errors. But there are a few types of problems that are especially common, officials with veteran service organizations said.

If a veteran is receiving compensation or pension based on their net worth, and that net worth changes but the VA isn't updated its records, the veteran can easily end up overpaid.

By law, veterans are not allowed to receive both VA disability compensation and a military paycheck from the Defense Department. That means if a veteran who receives disability payments returns to active duty or drill status in the Guard and Reserve and his or her VA payments aren't altered to offset that income, overpayments can stack up quickly. Sluggish paperwork processing also often contributes to this overpayment snafu.

Veterans who get divorced or have a change in marital or dependent status without notifying the VA can also easily get overpaid.

Overpayments are also common for veterans who find themselves in legal trouble, thanks to rules concerning VA pay and criminal convictions.

Widows often find themselves subject to VA debt collection after their veteran dies. Disability pensions are to stop on the day of death, but if a widow does not notify the VA that the veteran has died and that money continues to be paid, the VA will eventually come back to reclaim it.

Finally, the VA considers the veteran responsible to repay any money that is incorrectly given to his or her school through the GI Bill. That means if a school incorrectly accepts VA funds, the student must pay it back. If the school won't refund the student, that veteran could then be out thousands of dollars with no recourse.

VA DEBT: DON'T WAIT TO RESPOND

The VA worked through 600,000 debt cases last year, veteran support officials report. That's a lot of money problems.

And officials with the American Legion have helped veterans work through so many debt letters that they didn't have quick access to a full tally, they said.

But because of that, they know one action item is key: don't wait to deal with it.

"The biggest point I'd like to make is that [veterans] need to meet that first deadline," said Jim Vale, the Legion's assistant director for claims. His office works with the Legion's representatives nationwide to help veterans deal with VA debt problems.

Each debt letter or collection notice has two waiver deadlines: a waiver of collection deadline 30 days after the first notice, and a waiver of debt due to administrative error or financial hardship at 180 days.

Veterans need to work to make that first 30-day deadline, Vale said.

During that window, the collection process sits at an administrative level with big VA. After 30 days, however, it is filtered down to the VA Debt Management Center run by the Treasury Department where the collections process is started.

There is much more flexibility with appeals received during that 30-day window, he said. Getting an appeal in right away can help a veteran avoid paying while the debt is being fought.

But Vale finds that veterans often miss that first deadline.

"A lot of times they miss that 30-day deadline, and then the VA's hands are tied," he said. "They need to request that before the 30 days."

Veterans can still request a waiver and maybe even get one up until 180 days after the notice, but it gets harder, he said. Once it's sent to the Debt Management Center after the initial 30 days, the veteran will likely have to pay the debt whether he is fighting it or not, and then, if the battle is successful, get the money back later.

VA DEBT: ASK FOR HELP

Veteran service organizations such as the American Legion or the organization Veterans Education Success exist for one reason, officials who work for them say: to help veterans.

Those organizations have people on staff whose only job is assisting veterans with VA-related questions, including debt appeals.

Vale said veterans do not need to be Legion members to tap into their service officer network. And they can get expert help appealing their debt by simply getting in touch with their regional Legion Service Officer, Vale said.

"When they call their service officer ... just say 'I have an overpayment, I need to request a waiver and I have a deadline,'" he said.

Officials with Veterans Education Success specialize in GI Bill overpayment problems. They said veterans who have debt issues specific to the GI Bill can call them for help.

"My advice is that they should be in contact with us, and we can try to help them," said Carrie Wofford, the organization's president.

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1.4 - MedicalXpress (American Society for Microbiology): [High prevalence of inappropriate antibiotic prescribing in a VA healthcare system](#) (2 July, 1.5M uvm; New York, NY)

Inappropriate antibiotic prescribing is rampant at primary care clinics within the Veterans Administration (VA) healthcare system in Pittsburgh, despite the rise of antibiotic resistance. About half of all prescriptions reviewed were prescribed unnecessarily. In another quarter of cases, the incorrect antibiotic was prescribed, or the duration of the prescription wasn't consistent with guideline recommendations. The research was published in Antimicrobial Agents and Chemotherapy, a journal of the American Society for Microbiology.

"We found the vast majority of prescriptions for some commonly prescribed antibiotics, like azithromycin and ciprofloxacin, were inappropriate," said first author Nathan R. Shively, MD, now the Medical Director of the Antimicrobial Stewardship Program at Allegheny Valley Hospital, and Faculty in the Division of Infectious Disease at Allegheny Health Network. "Another interesting finding was that a third of all prescriptions we reviewed were prompted by a non-face-to-face encounter, such as a telephone call," said Dr. Shively. "The bottom line is that we have a lot of room for improvement in outpatient antibiotic prescribing."

For acute respiratory infections, antibiotics were not indicated in 74 percent of prescriptions. For urinary tract infections, antibiotics were not indicated in 30 percent of prescriptions, and 28 percent of patients for whom an antibiotic was indicated received one that did not fit the guidelines. That could mean, for example, that they received a broad-spectrum antibiotic rather than one that was more precisely targeted to their infection. Precise targeting reduces the likelihood of spreading antibiotic resistance.

Based on their findings, the investigators instituted an antibiotic education and feedback program in the Veterans Affairs Healthcare System primary care clinics in Pittsburgh, that participated in this study. "The program has achieved marked and sustained reductions in antibiotic use," said Dr. Shively. "These data will be presented at the [Infectious Disease Week] (IDWeek) meeting this October, and they will provide one model for how healthcare systems might improve their use of antibiotics."

In the study, "we collected all antibiotic prescriptions prescribed within our VA healthcare system from September 2015 through August 2016," said Dr. Shively. "We then reviewed a random subset of prescriptions to determine why they were prescribed, and based on guideline recommendations, whether the antibiotic was necessary, whether it was the right antibiotic, and whether it was prescribed for the right amount of time."

Many antibiotics prescribed in the United States are unnecessary or unnecessarily broad spectrum, said Dr. Shively. "This is a major cause for concern, as it leads to increasing bacterial resistance, making the antibiotics we have less effective when we really need them." One example: Azithromycin is no longer reliable to treat the most common cause of bacterial pneumonia—*Streptococcus pneumoniae*—due to increasing resistance.

Excessive use of antibiotics also leads to more adverse effects for patients, including complications such as the difficult to eradicate *Clostridium difficile* infections, which boost costs for health care systems, said Dr. Shively.

While other regions and healthcare systems were not included in the study, Dr. Shively said he doubts that the Pittsburgh VA Healthcare System is an outlier for inappropriate antibiotic prescribing. "I think our findings are more likely to be a hint that prior studies might have underestimated the extent of the problem."

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1.5 - WFED (AM-1500): [Why direct-hire authority isn't enough to resolve VA's staffing shortages](#) (2 July, Nicole Ogrysko, 854k uvm; Washington, DC)

When the health care industry sneezes, the Veterans Affairs Department has been known to catch a cold.

The sentiment is true today, as the Health and Resources Services Administration predicts the national demand for physicians will exceed the supply by 2025. At VA, 138 out of 140 medical centers cited staffing shortages for medical professionals, according to a recent assessment from the agency's inspector general.

The department isn't entirely sure exactly how many vacancies it has, because VA's human resources system doesn't track or include data on all positions, the Government Accountability Office recently told the House Veterans Affairs Committee. The department itself estimates it has anywhere between 35,000-to-40,000 vacancies.

But when it comes to the department's struggles to recruit and retain top medical professionals, VA has symptoms of a more serious, deeply-rooted illness.

The department can't hire and develop strategic plans to recruit and retain top medical talent quickly enough, because more than 90 VA medical centers cited shortages with one position in particular: human resources specialists.

Federal agencies broadly have a shortage of human resources talent, but the gap — again — is especially glaring at VA. The agency has several hundred vacancies for human resources specialists, and the HR experts VA does have must juggle and navigate the arcane rules of three separate personnel systems. The agency has 19 people who recruit for physicians to work at one of 1,252 VA facilities across the country.

Peter Shelby, VA's assistant secretary for human resources and administration, said the department has made some progress. VA filled more than 16,000 vacancies since March 2018 and increased its end strength by 3,000. As of April, it's hired 422 HR specialists.

For an organization of nearly 385,000 employees, VA's vacancy rates aren't as dire as they may seem, Shelby said.

"Taken in context, VA's vacancy and turnover rates are very low," he told the committee at a June 21 hearing. "We fluctuate between 9-and-10 percent, which compares very favorably with the private sector."

Others, however, have a different view of VA's retention challenges.

Roughly 32 percent of employees with less than two years of service quit their position at the Veterans Health Administration between 2011 and 2017, Max Stier, president and CEO of the Partnership for Public Service, said, citing data from the Office of Personnel Management.

More VHA employees left their positions in 2016 compared to the previous five years, GAO said, citing voluntary resignations and retirements as the main reason for their departures.

Specialty-care

Shelby said he's especially focused on vacancies in specific, specialty-care occupations rather than the total number.

“What’s critically important to focus on is our critical shortfalls,” he said. “Overall vacancy rate doesn’t tell me where we’re not meeting the needs of veterans. Focusing on critical shortfalls does.”

The department has stood up a specialty care working group, which is developing staffing models for these occupations, Shelby said. The working group is expected to finish those staffing plans by December.

Both VA and members on the House committee agreed: successful recruitment and retention happens when the agency has top leadership involved in leading the organization’s local HR strategy.

“The supervisors and managers have to get involved in talent management,” Shelby said. “They own their organizations. HR is a consultant to make sure we hire legally. They’re the experts that run their organizations and understand the talent they need, so they have to be more involved. We’re working toward that model, where HR is a consultant and a business partner and we have operations supporting every effort to find talent to bring into those organizations.”

Flexibility needed

Interest should start at the top with the medical center director. VA currently has vacancies for 20 medical center director positions.

Congress gave the department direct-hire authority for medical center directors when it passed the VA Choice and Quality Employment Act last summer.

But the direct-hire authority isn’t much help, when salaries for medical center directors are still capped at \$153,000 a year, often lower than what the senior executives in their own organizations make.

“It’s an extremely demanding job,” Shelby said of the medical center director job. “The counterparts in the private sector in some cases make four or five times what we’re capable of making in certain markets. [If] you combine that with the workload, it’s very difficult to retain them. In recruiting them ... we got direct hire authority, we moved to use that, and we’re capped on salary at \$153,000 a year. We tried direct hire authority on two medical centers. We went through the entire process, made the offer and they rejected the offer just because we could not meet their salary demands.”

Shelby estimated VA would need to offer a maximum of \$600,000 a year to lure talented professionals to lead the agency’s hospitals in certain markets.

“I want the flexibility within that market to compete with the local talent there, and I won’t have to pay as high,” he told the House Veterans Affairs Committee last month. “We have a compelling mission. The benefits packages that the federal government provides are better than most private sector benefits packages. That, combined with the mission of serving veterans, we can compete.”

VA is also seeking more flexibility in its personnel systems. The department currently has employees in three separate systems: Title 5, Title 38 and Title 38-Hybrid.

“Having three pay systems does not give us the agility that we need,” Shelby said. “As you saw in the IG report, it’s very unique and local, and having a market-based personnel system will give the agility we need in each market to target the talent and compete with the local competition there.”

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2. Greater Choice for Veterans

2.1 - City & State: The uncertain future of the Brooklyn VA hospital - Donovan introduces legislation amid privatization fears. (2 July, Max Parrott, 51k uvm; New York, NY)

The sudden closure of the ear, nose and throat clinic at the Brooklyn Veterans Affairs Medical Center due to staffing issues set off alarm bells for its patients.

Veterans in Brooklyn and Staten Island, who rely on the facility for accessible care, have been worried about the facility’s status for years. They said they have seen a slow decline in services and the closure of an inpatient surgery unit in 2015, despite protests from veterans. Though Martina Parauda, director of the VA NY Harbor Health Care System, has insisted that there are no plans to close the facility and that the other closures were due to temporary staffing issues, patients, advocates and representatives remain unconvinced.

Rep. Dan Donovan, who joined a rally on June 1 in opposition to the clinic’s closure, stepped in to rectify what he sees as a concerning trend in VA services. To support veterans in his district, Donovan recently introduced a bill that would require increased information sharing from the VA to local patients and elected officials, specifically related to planned service changes or closures at VA medical facilities.

The legislation would require VAs to announce any service changes or closures 60 days before the changes take place and to hold a forum where veterans and other stakeholders can testify. “So far, our advocacy has been able to keep everything open and will continue to do that,” Donovan said.

The closure of the Brooklyn campus, which sits on increasingly expensive real estate, would make thousands of veterans in Brooklyn and Staten Island either travel to sites in Manhattan or the Bronx, or seek private care. The uncertainty over the facility’s future comes as President Donald Trump signed legislation in early June that opened up the possibility for more VA-funded care in the private sector.

“In my personal opinion, I think under the current administration, they would like to close down all the federal VAs completely and give vouchers to veterans to go to a local doctor or a local hospital to get their services,” said Assemblyman Michael DenDekker, a Queens Democrat who chairs the Veterans’ Affairs Committee.

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3. Modernize Our System

3.1 - Becker's Hospital-Review: [VA might scrap Epic scheduling system](#) (2 July, Julie Spitzer, 441k uvm; Chicago, IL)

The Department of Veterans Affairs may terminate its contract with Epic and Leidos for a \$624 million patient scheduling system, despite early success at an Ohio VA facility, according to Politico.

Leidos, who is helping facilitate the project, previously said it could complete the rollout three years ahead of schedule for nearly half the planned budget. However, VA's decision to transition to the Cerner EHR may be the root of the reconsideration.

The contract for the Medical Appointment Scheduling System was awarded in 2015 but the first pilot didn't begin until April 2018, a delay implemented so VA officials could weigh whether it wanted to move forward with Epic or update its legacy system.

Now, the VA is gearing up to phase out the MASS project with Epic — which the agency has already spent \$23 million on — and instead, deploy Cerner's tool.

"VA expects the pilot to run through April 2019 in order to collect and capture change management lessons learned, which can be used by [the EHRs modernization office] for Cerner," VA spokesperson Curt Cashour told Politico.

Although the VA has signed a \$10 billion, 10-year contract with Cerner, it is divvying up work orders in a piece-by-piece fashion and, in theory, could merge the Epic scheduling system with the Cerner EHR. However, Mr. Cashour told Politico it will likely shift to Cerner's scheduling software.

"VA acquired a state-of-the-market scheduling module as part of the Cerner Millennium platform," Mr. Cashour told the news outlet. "Our assessments are ongoing regarding the optimum use of the Cerner and MASS contract vehicles in support of our veterans while fulfilling our fiduciary responsibilities to taxpayers."

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3.2 - Becker's Hospital Review: [GAO: VA spent \\$3B on VistA EHR since 2015](#) (2 July, Jessica Kim Cohen, 441k uvm; Chicago, IL)

The Government Accountability Office released a report June 26 on the U.S. Department of Veterans Affairs' impending transition to a Cerner EHR.

VA Secretary David J. Shulkin, MD, revealed plans to replace the agency's homegrown EHR VistA with a Cerner system in June 2017. The GAO's report, part of an ongoing review, highlights its preliminary observations regarding the VA's preparation for the Cerner EHR transition.

Here are three insights from the report:

1. The GAO noted the VA has begun preparation for its transition to a new EHR, including clarifying its approach to interoperability and establishing governance for the new program. The

VA is also developing a framework for joint governance with the U.S. Department of Defense, which has already begun deploying Cerner.

2. One of the VA's challenges is identifying the scope of system components that need to be replaced by the Cerner system. There's no single information source that fully defines the scope of VistA, according to the report, in part due to differences in various VA facilities' EHRs.

3. VistA, which is more than 30 years old, has been costly for the VA to maintain. The EHR system and its related costs totaled nearly \$3 billion during fiscal years 2015, 2016 and 2017, according to VA officials.

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3.3 - MetroNews: [Potential awaits within construction projects at Clarksburg VAMC](#) (2 July, Brittany Murray, 276k uvm; Charleston, WV)

Those visiting the Louis A Johnson VA Medical Center in Clarksburg would be hard pressed not to notice all of the construction happening at the facility. And while those projects may be an inconvenience to patients now, VAMC officials say their culmination will increase functionality within the hospital on a daily basis.

At the very front of the facility is the ongoing construction of an additional clinic for primary care, which is to be completed in less than two years.

“Our Ambulatory Care Unit (ACU), that is the main construction area, the focal point of everyone’s attention as soon as you drive up,” says Dan Young, chief of the VA’s Facilities Management Service. “That project is well underway with the foundation going in. Footers are starting at this point, and that building is going to expand to an additional 10 primary care clinics.”

While the ACU is certainly the most noticeable, the first to be completed is the Community Living Center (CLC) renovation on the facility’s fifth floor.

After a hectic few years of construction, the project is now at 90 percent completion and will be open by early spring.

“We should be moving into there sometime this year,” VAMC Director Glenn Snider said. “Of course that depends on the contractor and his timeline, but then we will have a new place for the CLC patients to reside and then we’re going to use that space on the sixth floor for even more patients.”

Other ongoing projects include an overhead paging project, the expansion of the facility’s residential rehab villas, which will house 15 veterans and thus double the enrollment in the rehab programs for PTSD and substance abuse, and modernized specialty clinics, referred to a “red firm areas,” which are currently 90 percent designed. The design documents are expected to be complete later this summer.

“It is exciting times. We’re looking forward to the Red Fern being completed so that the medical sub-specialties have the space that they need,” Snider said. “Right now they are very cramped.

They are making it work, but when we have more space, we will have better flow and we can improve access even further.”

And after many years of requests, the VAMC will soon be constructing a parking garage on its campus. It’s now 100 percent designed and will straddle the main driveway coming into the facility, Young said.

“The way we’re laid out, we’re essentially landlocked and our green space is fairly limited,” he said. “So we felt straddling and taking advantage of that main driveway was our best advantage to get as many parking spaces as we could with the space we have.”

With all of these projects in the works, Snider said he’s eager to see it all come to fruition within the next few years.

“We’re excited and we’re also a little disappointed about timelines,” he said. “The one gentleman mentioned that he thought it took too long. In the federal government, projects do take a long time. If you look at interstate projects and so forth, they don’t just happen overnight like they do in the private sector. We have to follow acquisitions rules, and that does take time.”

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3.4 - Temple Daily Telegram: [Cedar Park VA Clinic to expand](#) (2 July, 157k uvm; Temple, TX)

Central Texas Veterans Health Care System will announce the expansion of its Cedar Park VA Clinic at 11 a.m. Tuesday at 1401C Medical Parkway.

U.S. Rep. John Carter, R-Round Rock, will participate in the announcement.

With the exponential growth of Cedar Park and surrounding areas, the Cedar Park VA Clinic has quickly exceeded its space at its current location at 600 North Bell Boulevard just two years after its most recent move.

To address this growth, CTVHCS has signed a lease with Welltower Inc., to secure almost 20,000 square feet in the Medical Office Building II adjacent to Cedar Park Regional Medical Center. This new space will be used to expand services to the growing veteran population in and around Cedar Park.

Services planned for the new location include the primary care/mental health model aligned care teams along with laboratory and imaging services. The vacated space at the current clinic will be used for future expansion of specialty care and provision of Tele-Primary Care for Veterans in Texas.

“We are pleased to work with our community partners to continue to offer expanded services to our Veterans,” said Christopher Sandles, director and CEO of CTVHCS.

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3.5 - Williston Herald: [Williston's new VA clinic opens](#) (3 July, Renee Jean, 75k uvm; Williston, ND)

There were smiles and cookies and a full house at Williston's brand new VA clinic, which opened its doors Monday afternoon for a soft opening and some tours of the new digs.

Jill Wiedrich, an RN giving tours, summed it up nicely.

"It is Ah-mazing," she said. "It's so cool. We have so much more space here. It's really awesome."

Wiedrich took groups of 10 veterans at a time to see the new space, passing by a new blood drawing room, the tele-retinal and tele-health rooms, as well as four new patient exam rooms, and a fifth room dedicated to women's health.

Veterans touring the clinic seemed to agree with Wiedrich's assessment.

"It's a very good space," said Corey Moen, who is the Adjutant for disabled American Veterans Chapter 9 of Williston. "There's a lot more services they can provide right there. It's going to cut down on the travel to Fargo. That's a five to six-hour drive in the winter. That can be really long. This was definitely needed."

The new clinic has twice the space that the old one did, and, once the parking lot is finished, will also have more parking spaces.

"Another advantage of the clinic is we will expand our telemedicine, which we use a lot to provide specialty care," Liversage said. "The providers can be anywhere, but a lot of it goes back to Fargo. It's particularly helpful for mental health, but we use it for many other disciplines as well."

The new clinic will also have a full-time medical doctor on staff, Dr. David Keene.

He hails from Illinois originally, but got his medical degree from NDSU, where he met his wife, who is originally from the Ray area. She is an orthopedic surgeon with CHI, where Keene was also employed for a time.

When the opportunity came up to help veterans, he knew that was the right job for him.

"My dad was a veteran in World War II," he said.

Keene started out to become a veterinarian, but his father's medical issues made him rethink that. While he was in medical school, his father passed away from leukemia.

It solidified Keene's thinking that he had to finish and become a doctor, to help others like his father with their health.

"These guys need a stable physician to come in, someone who is not a traveling physician, to come in and help with their medical needs," He said. "They need someone who is going to stay with them and treat them on a regular basis."

The old clinic had been seeing 800 to 900 veterans. With a full-time MD and several nurses on staff, the new clinic is already set up to see at least 1,200 patients, and has the space to serve many more patients, if demand warrants it.

“We have unlimited capacity here,” Lavonne K. Liversage, director of the Fargo Veterans Health Clinic said. She was in town to help with the opening. “I would encourage any veteran not using the VA to check their eligibility either through the county veterans service officer, or contact the Fargo VA eligibility office.”

Grant Carns is the North Dakota Veterans Service Officer in Williams County. He can be reached at 701-577-4550. The Fargo VA number is 701-239-3700, extension 3428.

The new facility has 7,500 square feet and is located at 1542 16th St. W, Suite 300. It is fully operational, and the old clinic is now closed.

The hours of service are the same, from 8 a.m. to 4:30 p.m. Monday through Friday. The phone number to make an appointment is the same, 701-572-2470.

Liversage said they have done everything possible to make the transition as seamless as possible for veterans. There should be no change or interruption in medical services. All the medical records have been transferred to the new location.

Carns, with Veterans Services, said the new clinic is welcome.

“For the most part, veterans care in Williston has been extremely good,” he said. “Quite the contrary from what most people hear about in the rest of the country. It’s going to be a bigger facility with added telehealth options. And having an actual MD available full-time will be key as well.”

The clinic is actually one of two the Veterans Health Care System is opening up in the region. There’s also a new clinic opening today in Dickinson as well.

Both of the clinics have been contracted out to STGI, which is managing and operating them for the VA Health Administration. This is a different company than the one that held the previous contract.

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3.6 - KREX (CBS-5, Video): [Veterans Service Center To Be Built](#) (2 July, Camila Barco, 34k uvm; Grand Junction, CO)

People in the Grand Valley spent time honoring veterans who made the ultimate sacrifice for our freedom Monday morning.

The Veterans Memorial Cemetery hosted their quarterly ceremony to recognize and pay tribute to 15 veterans who had no military honors during their burial.

The veterans served in World War II, the war in Vietnam, the Korean War and the Gulf War. The service included a dove release, bag pipes, and a cannon shot.

During the ceremony the Veterans Memorial Cemetery revealed there will be a new service center built right near the VA Medical Center that allows non-profits to provide services to veterans, military members and their families.

The \$3.5 million project will include 12 offices, a computer room and a multipurpose room.

"This is a big veteran community that has been underserved for a number of years. We have similar facilities on the front range with the Bill Daniels Center, the Vets Center in Denver and in Colorado Springs. We identified a need it just took a while to get the funds to provide those services the veterans that earned those services," said David Callahan, Director of Divisions Affairs West.

The project plans to break ground on July 20 and the service center is expected to open next summer.

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3.7 - Clinical Innovation + Technology: [GAO: Before Cerner transition, VA spent \\$1B a year on EHR](#) (2 July, Nicholas Leider, 21k uvm; Arlington, VA)

The U.S. Department of Veterans Affairs (VA) is about to undergo a massive, \$16 billion revamp of its electronic health record (EHR) system. A month after a \$10 million deal with Cerner was finalized, the Government Accounting Office (GAO) released a report that found the VA spent \$3 billion on EHR support between 2015 and 2017.

The VA provides healthcare services to nine million veterans and families with Veterans Health Information Systems and Technology Architecture (VistA), it's current health information system. But since its initial implementation 30 years ago, VistA, according to the GAO, is costly to maintain and doesn't allow for interoperability with the Department of Defense (DOD) and private healthcare providers.

In the past three years, the VA spent \$2.99 billion on VistA between 2015 and 2017—roughly \$1 billion a year. The price tag lower than the expected \$16 billion cost over 10 years, but Rep. Phil Roe, MD, R-Tennessee, chairman of the house committee on veterans' affairs, argues the price includes positives in addition to efficiency and communication improvements.

"\$15.8 billion dollars over to 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency," Roe said. "However, EHR software is only a relatively small part of the overall price tag. What exactly does all that money buy?"

"The EHR Modernization is not just a technology project; it will have a major impact on the way VHA operates. That means clinical and administrative workflows. It will also reshape the culture, as VistA has. However, if imposed on the clinicians from the top down, the culture will reject it, and no amount of technological savvy will be able to save it."

The new Cerner EHR system will involve 48 "deployment waves" beginning in 2019 and finishing up in 2017. The implementation will follow the same path as the DOD rollout, beginning with the Pacific Northwest, which may go live with the Cerner platform by the end of 2019

“We expect this program to be a positive catalyst for interoperability across the public and private healthcare sectors, and we look forward to moving quickly with organizations across the industry to deliver on the promise of this mission,” Cerner president Zane Burke said in a statement when the contract was finalized.

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3.8 - PatientEngagementHIT: [VA Deploys Text Message Appointment Reminders for Patient Outreach - Thus far, text message appointment reminders have reduced patient no-show rates, the VA says.](#) (2 July, Sara Heath, 21k uvm; Danvers, MA)

The Department of Veterans Affairs (VA) is trying its hand at text message appointment reminders in an effort to improve patient access to care and appointment attendance, according to a department blog post.

The system, called VEText, aims to combat the nearly 9 million veteran healthcare appointments missed annually. Missed appointments are both economically inefficient and can pose a threat to overall veteran health. As the VA grapples with patient care access issues, it will also be important for the agency to ensure veterans are activated enough to attend the appointments they do have.

VEText sends short appointment reminders complete with capabilities to confirm or cancel appointments. The tool also allows VA employees to reschedule another veteran patient into the newly-opened time slot.

Veterans receive text messages seven and two days prior to an appointment, although the agency added that timing and frequency may vary depending on VA facility.

Since the end of May, the VA has sent text message appointment reminders to nearly five million individual veterans. Those reminders have yielded nine million exchanged text messages.

In total, 134,000 appointments have been canceled using the service, meaning another veteran could receive that newly-opened appointment slot. This facilitates more effective use of VA resources. Since its March implementation, VEText has reduced the national patient no-show rate from 13.68 percent to 12.22 percent.

Most veterans are currently enrolled for these text message reminders, but come October 1, the agency will grandfather all veterans into the program.

This will require all veterans to ensure the VA has access to updated veteran contact information. All veteran cell phone numbers currently entered into an EHR will qualify veterans for the program. Veterans should update this information at patient check-in during their next appointment or at one of VA's self-service patient information intake kiosks.

Of course, text messages may not be the best form of communication for all veterans, the agency recognized. Veterans who wish to opt out of the text messaging program should reply to their first message with “STOP” to end the text message reminders.

Veterans can opt out of the service at any time and consult instructions for doing so at the end of each confirmation message.

Veterans who want to resume the reminder service may text “START” to a previous text message reminder.

These text messages will not replace the mailings and phone calls VA already deploys as patient appointment reminders.

Text messages as appointment reminders are becoming an increasingly popular tool in healthcare. Text messages are accessible for many patients, as cell phone and smartphone use are at an all-time high. These messages are pushed straight to patient phones, instead of asking users to log into their emails or patient portals to see their appointment reminder.

A May 2018 MGMA Stat poll recently found that nearly two-thirds of healthcare organizations use text messages to send appointment reminders to patients. Most organizations use text messages for appointment confirmation, although some also allow patients to cancel or reschedule their appointments via text.

Twenty-four percent of organizations said they have not adopted text messages for appointment reminders, saying that they could not justify the cost when letters, email, telephone, and patient portal messages fulfill this need already.

However, proponents of text message appointment reminders said platform automation capabilities make this product essential for patient outreach. Text message appointment reminders tend to be generalized to most patient populations, although some platforms allow organizations to customize some messages to remind patients to bring medications or other materials.

Automation allows organizations to set the appointment reminders and then focus on other patient engagement efforts. Growing organizations do not need to use the manpower on making individual calls to patients, as well.

As more organizations work to get their patients in the clinic door, it will be important they conduct effective patient outreach. That will include creating touchpoints for patients to obtain appointment reminders and discuss appointment cancellation or rescheduling.

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3.9 - HealthExec: [VA spent \\$3B on EHR between 2015-2017](#) (2 July, Nicholas Leider, 20k uvm; Providence, RI)

The U.S. Department of Veterans Affairs (VA) is about to undergo a massive, \$16 billion revamp of its electronic health record (EHR) system. A month after a \$10 million deal with Cerner was finalized, the Government Accounting Office (GAO) released a report that found the VA spent \$3 billion on EHR support between 2015 and 2017.

The VA provides healthcare services to nine million veterans and families with Veterans Health Information Systems and Technology Architecture (VistA), its current health information system. But since its initial implementation 30 years ago, VistA, according to the GAO, is costly to

maintain and doesn't allow for interoperability with the Department of Defense (DOD) and private healthcare providers.

In the past three years, the VA spent \$2.99 billion on VistA between 2015 and 2017—roughly \$1 billion a year. The price tag lower than the expected \$16 billion cost over 10 years, but Rep. Phil Roe, MD, R-Tennessee, chairman of the house committee on veterans' affairs, argues the price includes positives in addition to efficiency and communication improvements.

"\$15.8 billion dollars over to 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency," Roe said. "However, EHR software is only a relatively small part of the overall price tag. What exactly does all that money buy?"

"The EHR Modernization is not just a technology project; it will have a major impact on the way VHA operates. That means clinical and administrative workflows. It will also reshape the culture, as VistA has. However, if imposed on the clinicians from the top down, the culture will reject it, and no amount of technological savvy will be able to save it."

The new Cerner EHR system will involve 48 "deployment waves" beginning in 2019 and finishing up in 2017. The implementation will follow the same path as the DOD rollout, beginning with the Pacific Northwest, which may go live with the Cerner platform by the end of 2019

"We expect this program to be a positive catalyst for interoperability across the public and private healthcare sectors, and we look forward to moving quickly with organizations across the industry to deliver on the promise of this mission," Cerner president Zane Burke said in a statement when the contract was finalized.

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3.10 - Nextgov: [Congress Studies the 3 Rs: Re-org, Re-clearance, Reauthorization](#) (2 July, Joseph Marks and Heather Kuldell)

[...]

So This VA Health Records Project Will Save Us Money, Right?

Lawmakers on the House Veterans Affairs Committee made it clear that they'll be watching the Veterans Affairs Department's electronic health management modernization project closely. Chairman Phil Roe, R-Tenn., and ranking member Tim Walz, D-Minn., announced a new subcommittee will provide oversight for the department's technology efforts.

VA acting Secretary Peter O'Rourke shared initial plans for the implementation of the \$16 billion project—\$10 billion of which will fund the EHR platform Cerner will provide while another nearly \$6 billion will go to infrastructure upgrades. O'Rourke told lawmakers they expect the project to stay within the budget and the 10-year timeframe and are working closely with Defense Department counterparts rolling out MHS Genesis EHR platform with Cerner.

One question that O'Rourke and Cerner President Zane Burke couldn't answer is what the savings will be once the system is in maintenance mode.

"I sure hope it's a whole hell of a lot less than the \$1 billion we currently spend," Government Accountability Office Director of IT Operations Dave Powner said, referring to the amount it costs the department annually to operate its VistA EHR system. He suggested the department reconsider how it hosts systems and optimize its data centers to ensure lowering costs.

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4. Focus Resources More Efficiently

4.1 - WTVD (ABC-11, Video): I-Team: Generation of WWII veterans are about to lose battle against time (2 July, Jonah Kaplan, 869k uvm; Durham, NC)

They represent what's been called the Greatest Generation, and sadly, there's no stopping the inevitable fight against time.

According to the U.S. Department of Veteran Affairs, at least 362 veterans of World War II die every day, and most - if not all - who remain are in their 90s.

Raleigh resident Anne Capucille, a U.S. Army Veteran who enlisted after the attack on Pearl Harbor, remembers the moment she heard news of the ambush on the radio.

"I knew there were problems in the world, and that an attack could've happened somewhere else - but not to us," Capucille recalled to ABC11. "We were the people who helped everybody. Next thing you know, here we are being attacked. So I signed up."

Even at 98, Capucille's memory is as sharp as a tack; she can still describe in full detail every aspect of her time in the Women's Auxiliary Corps.

The number of living WWII veterans is rapidly dwindling.

"The most exciting thing was driving an 18-wheeler truck," she said. "Everybody helped, and everyone was willing, everyone felt that loyalty. Everyone realized this was my country. It wasn't just a place that we hoped would get better. I've got to do what I could do to make it better."

As confident as she is coherent, Capucille is well aware of her status as being among the last of a dying generation. Of the more than 16 million Americans who helped defeat the Axis Powers, the National World War II Museum reports less than 558,000 were alive in 2017, including 13,302 in North Carolina. The Museum further estimates that the entire generation of World War II veterans will be gone within the next 10-15 years.

Anne Capucille, 98, talks about her experience serving in World War II.

"I'm proud of everything that I did," Capucille said. "I'm as proud of this country now as I was then."

She's also proud to share her story, and recruit others to do so as she has with artist and filmmaker Revere La Noue. Together with the Durham VA Health System, La Noue is working

on a project called My Life, My Story, and a series of podcasts recording veterans stories to share with VA medical staff and the general public.

"I was looking around for a way to give back, and this seemed like a great opportunity to express my patriotism in a way that's kind of hard to do sometimes," La Noue tells ABC11. "I realized that these stories can't vanish, and they are, they're vanishing very quickly. It was important not just for me to hear them, but for the next generations of people to hear them."

So far La Noue has interviewed nine World War II veterans, including Capucille.

"To hear that from the voice, unedited, un-Hollywood, is something that's very special and important. My job is to enable that voice to come out, and you sort of hear the veteran grow into the storytelling because so many times they want to tell their story."

As to what part of World War II history is most important to learn, Capucille insists it's "all of the above," including but not limited to Pearl Harbor, D-Day and the Holocaust.

Her message to future generations is equally all-encompassing: "You've got to keep working at what you can do, and you've got to respect people who are doing the same."

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4.2 - KUTV (CBS-2): [Fireworks can trigger painful memories for war veterans](#) (2 July, Ginna Roe, 614k uvm; Salt Lake City, UT)

Fireworks and the 4th of July go hand in hand. It's a centuries old tradition that signifies America's freedoms.

But, for some of those that fought for those freedoms, the booms and cracks can be a painful reminder.

Vietnam Veteran Ed Santillanes said Independence Day festivities catches him off guard every year.

"My instinct is to hit the ground and cover to survive. But you can't. Somebody sees you doing that... they'll think you're crazy," Santillanes said.

He's struggled with Post-Traumatic Stress Disorder (PTSD) for years. 4th of July fireworks trigger tough memories for the veteran.

"You starting thinking and the memories start popping all over the place and you got to calm down," he said.

Santillanes has come with a plan to drown out the noise. Each year, he stays in and turns up t.v. as loud as he can. His cats help comfort him, as well.

"I used to love it as a kid and it destroyed it. It destroyed it," he said.

That's the case for many war veterans. Dr. Steven Allen at the Salt Lake City VA said he sees it all the time.

“PTSD is a change in the way a person’s brain works,” Allen said, “Something like fireworks, for instance, to a person with PTSD, from combat especially, can represent a threat to their life.”

Santillanes said the flashbacks seem real. It’s a reminder that veterans war wounds aren’t always visible.

“Be more sensitive to them, kind of. We’re not trying to ask them to quit (fireworks) all together, but realize where we’re at,” he said.

Dr. Allen said each year after the 4th of July, Veterans Affairs (VA) sees an influx in veterans coping with PTSD. He believes fireworks can be the trigger that prompts people to seek help.

If you or a loved one are struggling with PTSD, there is help available.

Here is a link to some of the resources the VA offers or go to https://www.saltlakecity.va.gov/services/Mental_Health.asp.

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4.3 - WZTV (FOX-17, Video): [4th of July fireworks can send veterans into a panic](#) (2 July, Nikki Junewicz, 484k uvm; Nashville, TN)

A sound of celebration, sending our veterans into a panic.

Fourth of July fireworks can trigger symptoms of PTSD in men and women who have served our country.

It’s an issue so serious, doctors at Nashville’s VA Medical Center say they’re expecting their emergency room to be packed on Wednesday, as patients come in for treatment after hearing the explosions.

John Furgess is the VFW Past National Commander. He describes a moment during his service in Vietnam that was so terrifying, it haunts him 50 years later.

“Our base camp was hit with incoming rockets, it was a lucky strike I’m sure, they hit the ammo dump of this large base,” says Furgess. “When you survive things like that, you carry that memory with you all of your life.”

It’s those kinds of memories the sound of fireworks can trigger in veterans, causing an emotional and physical reaction.

“Just those booms, it hits the adrenaline response. These guys will say ‘doc, it’s like I get a pit in my stomach and I feel awful afterwards,’” says Dr. John Jackson, Associate Chief of Staff, Mental Health Nashville VA Medical Center.

Dr. Jackson says while some don’t know how they’ll react until it’s too late, the jumping, dodging, survival mode veterans can enter into can be symptoms of Post Traumatic Stress Disorder.

"It's a really hard time for people who have been in combat with explosives, I expect a lot of our veterans to struggle this time of year."

Dr. Jackson says the best thing you can do if someone you know gets upset during fireworks is to encourage them to seek help and be understanding.

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4.4 - Daily Telegram: [VA honors Adrian vet for his service](#) (2 July, Lonnie Huhman, 70k uvm; Adrian, MI)

Most people take time for themselves when they retire, but not David Loop.

When he retired in 2006, he moved onto something that means a lot to him as U.S. Army veteran. He's been a mainstay for the volunteer transportation network for the past 12 years and is being recognized for his commitment and dedication for getting disabled veterans to their medical appointments at the Ann Arbor Veterans Administration Healthcare System.

"It's quite an honor," Loop, 73, of Adrian said of being chosen as August 2018 Volunteer of the Month at the Ann Arbor VA.

According to the VA's volunteer newsletter, Loop has "donated more than 1,200 hours of faithful service to his fellow veterans."

"David has driven many miles to make sure that veterans from Lenawee County arrive at their appointments at VA Ann Arbor Healthcare System on time," the newsletter said.

Loop said he's just one of many volunteers, including a handful of others who drive veterans from Lenawee County's Veterans Affairs office to Ann Arbor. He said the volunteer help saves the VA up to \$2 million annually in Michigan.

He estimates he's made 146 trips and logged more than 11,000 miles.

This dedication to volunteering for his fellow vets has its origin in his own service. After graduating from Adrian High School in 1962, Loop was ready to spend his life in a job while raising a family. His life's direction was altered in 1968 when he was called in to service after being drafted.

He and his fellow soldiers were ready and waiting to be shipped to Vietnam, but instead he said they were sent to Hawaii. He said he did his role and always did what was asked, but he wasn't sent "in country." Because of that he said he has the utmost respect for those who did and he knows many of them paid a price for their service.

"They deserve a lot of gratitude," he said of his fellow veterans, "so my volunteering is one way I try to give back to them."

Loop also is an active member at the American Legion Post 97 in Adrian. He serves as its service officer, which is a person specially trained to provide expert assistance, free of charge, to veterans and their families. He's served in various other roles with the American Legion as

well, including as the vice and zone commander. He's also paid visits to local schools to talk about the importance of the American flag.

"In all that I do," he said, "I just try to give back."

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4.5 - WFLX (FOX-29): ['Black Hawk Down' veteran becomes pharmacist](#) (2 July, 56k uvm; West Palm Beach, FL)

A local veteran has experienced horror while deployed overseas. He's lost friends to war.

He's also lost friends to another killer closer to home: opioids.

On Friday, Norman Hooten joined the ranks in the battle against this epidemic by officially obtaining his doctorate in pharmacy so that he may help his fellow veterans in need.

You may recognize Hooten's name from his experience in the deadly Battle of Mogadishu in Somalia in 1993. The conflict was featured in the book and movie, "Black Hawk Down." Hooten was portrayed on the big screen by actor Eric Bana.

Hooten's dream to be a pharmacist were put on hold over the years due to life's unexpected turns. He is 57-years-old but has now finally realizing that dream.

"It's never, ever, ever too late to make a difference," he said at the West Palm Beach VA Medical Center, just days before his graduation with his doctorate from Palm Beach Atlantic University.

"A lot of people look at that and think it's difficult or even think it's crazy," he said of the journey to get there.

Hooten devoted much of his life to serving his country.

"The more I gave to the Army, the more it gave back," he said.

After several years of service following the tour in Somalia, he retired in 2001 and was ready to continue the pharmacy schooling he started all those years earlier. He re-enrolled in school in August 2001 and began his studies once more for the sake of pursuing a career outside of the military.

However, his life once again created another detour. Just a month after starting school, the World Trade Center towers collapsed in New York City.

"On 9/11, I was recalled back to the Army," he said.

Flash forward several more years of service to his country and in 2012, Hooten returned to school. However, he had a different reason for returning to pharmacy studies -- he had already witnessed his fellow veterans struggling with the adjustment back to civilian life.

"Because of the things I had seen in very close friends and family members, I was much more inspired the second time around," he said.

Opioid and alcohol abuse, and even suicide, claimed lives of dear friends.

"To me, even more difficult than losing them in combat. Because in combat, I could make sense of that," he said. "A lot of them suffered from addiction and I lost several friends to fatal overdoses related to their substance abuse."

He knew as a pharmacist, he could help put a stop to that opioid abuse and help come up with solutions to help veterans.

"My goal was to contribute in some way to solving the opioid crisis that has really devastated America," he said. "I'm committed to doing it, and I'm committed to doing it for the rest of my life."

He completed years of schooling and residency programs, including a residency at the West Palm Beach VA hospital.

"Great leadership here. Great mentors here. Very fortunate to have been able to spend my time here," he said. "Once I got into the VA, I realized just how truly impactful they are on the lives of veterans. I don't think there's any organization in the world that as much as the VA does for veterans."

Dr. Donna Beehrle-Hobbs, an ambulatory care clinical pharmacy specialist, is one of those mentors. She said her staff has been inspired by Hooten's drive to never give up.

"It's a very personal thing for him," she said. "Certainly at 57 years old, to do everything he's done is a true commitment to veterans."

Hooten already has a job lined up at the Veterans Affairs location in Orlando.

"My belief is it's never too late. You should keep trying to contribute and learn and grow and give back until your last dying breath," Hooten said.

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4.6 - Yo! Venice: [It's a New Day at the WLA VA](#) (2 July, Sam Catanzaro, 37k uvm; Los Angeles, CA)

Dogs! Did you know that dogs can be trained to sense and interrupt deleterious PTSD episodes?

If you want to see healing in action, go here: <http://www.healveterans.com/> and have a visit with Vicki Topaz who is documenting the healing effects of the Operation Freedom Paws' program we are hoping to bring to VAGLAHS. The link to this program's landing page is here <https://operationfreedompaws.org>. Watch the short video of the effect this program has on Veterans facing hopelessness after returning home from service. \$15,000 matches a dog and a Veteran. Contact us at info@villageforvets.org.

Our Fundraiser: This coming December we will hold our first fundraiser. Our plan is to bring a new style to the VA and we need you to do it.

Volunteer for our committee and help us mount this amazing event for Vets and the Community alike.

You can volunteer here: <https://villageforvets.org/contact.html>

Hospital Visits: A core group of us have been making the hospital and nursing home rounds at the VA once a month. This program will be expanded with an instruction tutorial and doctor led visits.

Take the hand of a Vet recuperating in the hospital. Most have no family or visitors. The smiles are unforgettable. You can volunteer here: <https://villageforvets.org/contact.html>

Operation Buzz: Keith Roberts from Valley hive is launching a Beekeeping Training Program which is free to Veterans. The initial introductory event, held on Sunday, May 27th, was eye-opening as Vets donned Bee Suits, learned a lot about honey, looked closely into the wax honeycomb to examine the queen laying live eggs and older bees tending the flock. Buzzworthy. Donate to support here: <https://villageforvets.org/donate.html>

Food Pantry: our large VA can use a permanent food pantry where Vets in need can go to stock up. We are working together with a local donor and the VA Central Office to see if we can open one. This might be a beacon to attract more Homeless Vets to trust and welcome VA services into their lives.

Income Stipends: We are expanding our Income Stipend Program from one to three. That means raising \$30,000 by December 31. Join us to prop up Veterans who have a hard time working in conventional settings with Income Stipends. We need more words in the English language for citizens who uplift the community but are unable to work...want to suggest vocabulary? Email us at info@villageforvets.org. Just put "new words" in the subject line.

Next month's issue will be our last article in the series we've been authoring to keep our communities eyes and hearts focused on the amazing changes going on at our VAGLAHS Take pride in helping the VA. We look forward to your support.

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4.7 - WVNS (FOX-59): [Former VA officer takes plea deal in assault case, will surrender law enforcement license](#) (2 July, 21k uvm; Ghent, WV)

A former officer with the Veterans Affairs Medical Center Police Department reached a plea agreement in his assault case.

Court documents say last April, 27-year-old Michael Kaim injured a man during an arrest. The next day, authorities say Kaim falsified a police report, saying that the man resisted and acted aggressively. Officials say the victim was cooperative.

The indictment said Kaim repeatedly struck the victim, whose name is redacted in the document, in the “face and head without legal justification.” The offense resulted in “bodily injury.”

Kaim “willfully deprived” the victim of the “right, secured and protected by the Constitution and laws of the United States, to be free from unreasonable seizure by one acting under the color of law, which includes the right to be free from the use of unreasonable force by a law enforcement officer,” the indictment said.

Kaim was indicted in January on a civil rights violation and obstruction of justice. He agreed to plead guilty to one count of deprivation of rights.

Per the plea agreement, Kaim will surrender his law enforcement license and won’t be allowed to seek other jobs in law enforcement.

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4.8 - WVNS (FOX-59): [Fourth of July fireworks stressful to veterans with PTSD](#) (2 July, Caroline Foreback, 21k uvm; Ghent, WV)

On Independence day, Americans set off fireworks to celebrate our freedom, but those fireworks can be a source of stress for those who fought for it.

Officials at the VA Medical Center in Beckley urge the public to be courteous of veterans when lighting fireworks this Fourth of July.

The loud, explosive sounding noises can be a trigger for a veteran suffering from Post Traumatic Stress Disorder. According to the U.S. Department of Veterans Affairs, up to 20 percent of military personnel who served in Iraq or Afghanistan experience P.T.S.D each year.

Kathy Lynch, mental health counselor at the VA Medical Center in Beckley, said that sound is associated with memories and can cause horrifying flashbacks.

"So many times the fireworks will sound like things that they experienced during combat, or even training, and so their mind doesn't go to 'It's the fourth of July and we're having a celebration'... they're right back in the moment in a combat situation," Lynch said.

An episode of P.T.S.D can cause sufferers to relive the trauma or experience a feeling of isolation or rage. Lynch said it is a good idea to call any veteran neighbors before lighting fireworks.

"Some of the components of P.T.S.D. are to be very on-guard and hyper-vigilant and they do not do well with surprises, so if they know that fireworks are going to happen they do better with it," said Lynch.

Lynch also said to be mindful of when setting-off fireworks so veterans are not woken up in the middle of the night.

The VA Medical Center in Beckley has many resources for veterans suffering from P.T.S.D. They can also contact the 24-hour Veterans Crisis Line at 1-800-273-8255.

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5. Improve Timeliness of Service

5.1 - U.S. News & World Report (AP): Sprinkler Causes Flooding Damage at VA Hospital (2 July, 24M uvm; Washington, DC)

A burst sprinkler head in the main building in Vermont's Department of Veterans Affairs Medical Center has prompted the cancellation of surgical procedures scheduled for this week.

The VA says the sprinkler head in a third floor mechanical room at the White River Junction hospital burst just before 5 p.m. Friday.

Administrative offices and the surgical suite were affected. No patient rooms were affected.

Crews are continuing to dry out and restore affected areas. But surgical cases that had been scheduled for this week at the hospital have been cancelled. It's unknown when the surgical suite will be functional again.

Staff is working with affected patients to ensure care is provided in a timely manner.

There's no word on what caused the sprinkler malfunction.

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5.2 - Virginian Pilot: Column - Congress inches closer to rectifying putrid policy affecting Navy's Blue Water vets (2 July, Roger Chesley, 1.5M uvm; Norfolk, VA)

Noxious fumes from a 16-year-old decision by federal bureaucrats are finally beginning to dissipate for the Navy's so-called "Blue Water" vets. They may be on course to again receive benefits for their exposure to Agent Orange during the Vietnam War.

Shame on officials at the U.S. Department of Veterans Affairs for placing sailors in this predicament in the first place. A 2002 decision by the agency cynically elevated funding over science, making it tougher for vets to get health care decades after that misbegotten war.

It was if too many of these sailors were still breathing, and the feds didn't want to be on the hook to assist them. That ploy broke faith with our service members, who were harmed by the stuff our own country dumped on them.

A belated congressional reprieve emerged last week.

The U.S. House of Representatives approved a bill restoring coverage for diseases tied to exposure from the herbicide. House members voted unanimously for the bill.

That's rare in the highly charged, partisan arena Congress has become, and it's an indication lawmakers knew just how badly they needed to act. They also provided a way to pay for the coverage.

The bill next goes to the Senate, where Sen. Johnny Isakson, R-Ga. and chairman of the Veterans' Affairs Committee, has said he'd prioritize the legislation.

It's none too soon for the tens of thousands of Blue Water vets still alive, or for the spouses who may survive them and be eligible for benefits, too.

"We were certainly heartened" by the unanimous vote, John B. Wells told me Monday. He's executive director of Military-Veterans Advocacy, a nonprofit organization that's been fighting to restore benefits.

Wells is a retired Navy commander who was a chief engineer on several ships. He says he has documented proof of Agent Orange's presence in Nha Trang Harbor, 20 years after the war.

Some background:

Blue Water vets didn't set foot on Vietnamese soil, where the spraying of the herbicide defoliated the forest cover used by North Vietnamese and Viet Cong forces. Still, Agent Orange washed out to sea. There, Navy vessels sucked in potentially contaminated water and distilled it for use aboard ships. The process concentrated the toxin.

We now know, of course, that Agent Orange is linked to serious illnesses, including Type 2 diabetes, prostate cancer, ischemic heart disease and psychological problems.

Despite all of that, the VA in 2002 started denying ailing Blue Water Navy vets compensation for Agent Orange exposure.

It said – with a straight face – that the placement of a comma in the original legislation made a distinction between those who served on the ground in Vietnam, and those who served elsewhere.

That's akin to thinking the herbicide would magically dissipate at the water's edge. Or that its appearance in water would somehow neutralize it.

Let's remember: The United States sprayed millions of gallons of this stuff during the Vietnam War. Agent Orange didn't discriminate between U.S. servicemen or Viet Cong fighters, civilian peasants or warriors. The herbicide continues to exact a toll decades after the war's end.

Yet, the VA has continued to make certain individuals jump through hoops to prove they were harmed by the herbicide.

The House has done its part, and I hope the Senate will follow. That's little comfort for the vets who have suffered for years – both from the pernicious defoliant, and the VA officials who contemptuously denied them help.

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5.3 - WJLA (ABC-7, Video): [The Perils of Peace: Veterans & Asbestos Exposure](#) (2 July, Nathan Baca, 1.5M uvm; Arlington, VA)

A Maryland veteran with terminal pulmonary fibrosis is nearly bankrupt fighting to breathe, while the Department of Veterans Affairs continues their resistance in helping him. Richard Cook served from 1958-1961 in the Navy.

Doctors say his symptoms possibly happened because of asbestos exposure on the ship. But Cook's status as a peacetime veteran prevented him from seeking VA hospital coverage, which also prevented him from collecting the documentation the VA required to file for service-related disability benefits.

WHAT IS A PEACETIME VETERAN?

Veterans who did not serve during the following times of war are considered peacetime veterans.

- World War II (December 7, 1941 – December 31, 1946)
- Korean conflict (June 27, 1950 – January 31, 1955)
- Vietnam era (February 28, 1961 – May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964 – May 7, 1975)
- Gulf War (August 2, 1990 – through a future date to be set by law or Presidential Proclamation)
- For more information on wartime periods to determine eligibility for VA pension benefits click [here](#).

Peacetime veterans are not eligible to free VA medical center care unless they can prove financial destitution. Peacetime veterans are eligible for help at state-run veteran centers, home and business loan assistance, and property tax exemptions, among other benefits which vary by state.

A group calling themselves American Cold War Veterans is pushing for a medal or memorial to commemorate the service of peacetime veterans, according to USA Today. 6 million of more than 22 million veterans nationwide fall in that category, including those who served in Lebanon, Grenada and Panama.

ON BOARD THE USS WILLARD KEITH

Richard Cook served as a radioman onboard the USS Willard Keith, a Sumner-class WWII-era destroyer, between 1958 and 1961. Cook constantly drilled to crouch into a crawlspace operating the emergency radio. "It was dusty and dark and confined," recalled Cook. US Naval vessels prior to 1980 were coated with asbestos fire-retardant.

"I was just like everybody else. I wasn't in during war. I tried to do my job," said Cook.

After an honorable discharge, Cook was a Maryland State trooper, restaurant franchise owner and local baseball league umpire. He and his wife Patricia settled into their Middletown, Maryland home in Frederick County. They raised a family in their home of 42 years.

Cook was originally diagnosed with heart blockage after having shortness of breath several years ago umpiring games. Later diagnoses revealed Cook's lungs were not getting enough oxygen to the heart. Cook had pulmonary fibrosis, requiring him to constantly use a breathing machine to supply his weakening heart.

"I really can't do anything. I read the paper. Drink a cup of coffee," explained Cook detailing his now-near sedentary life.

AN ACT OF CONGRESS

Believing the pulmonary fibrosis was from asbestos exposure during his navy service, Cook and his wife filed for service-related disability from the VA. Their application was denied, partially because of a lack of VA hospital documentation establishing the progression of pulmonary fibrosis. The Cook's attempts to visit the VA Hospital in Martinsburg, West Virginia were denied because peacetime veterans cannot receive VA hospital coverage without proving destitution. The Cooks reached that point with mounting medical bills last year and were finally able to see a VA doctor who wrote, "Asbestos exposure could have been the triggering factor."

"I was not going to let them win and they're set up to win and to ignore," said Patricia Cook.

When reached by the ABC7 I-Team, VA Assistance Benefits Director Kenesha Britton replied, "The VA is typically very liberal giving the benefit of the doubt if the veteran's MOS [Military Occupational Specialty] is considered high risk for asbestos exposure. Radio operators were not considered high risk for asbestos exposure, despite his constant time below decks and crawling against asbestos coated wiring during emergency combat drills. Only Congress can declare radio operators high risk for asbestos exposure, according to Britton."

BANK STOPS FORECLOSURE

The Cooks faced foreclosure and eviction because of falling behind in second mortgage payments due to medical bills. A notice of a sheriff's auction had been posted for their Middletown, Maryland home. After the ABC7 I-Team told Cook's story, original mortgage holder BB&T Bank purchased the mortgage from the current loan holder and arranged for the Cooks to live at their home without needing to make a mortgage payment for at least one year.

The Cooks plan to make their case to the Board of Veterans Appeals again, hoping this time it will take in new medical information from the VA's own doctors.

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5.4 - Houston Chronicle: [Texas veterans deserve better options for retirement homes](#) (1 July, Editorial Board, 1.2M uvm; Houston, TX)

With Independence Day fast approaching, our country will soon celebrate the sacrifices our military personnel have made to maintain our country's freedom. Grateful citizens would like to

believe that our nation demonstrates this appreciation all year by taking care of our aging soldiers, who are ensconced in good hands at quality nursing homes.

Unfortunately, facts don't always jive with our national hopes and dreams. For the first time, the Department of Veteran's Affairs has listed its ratings of the 133 nursing homes it runs across the country, and it's clear that too many veterans who may have risked their lives for our country will be spending the Fourth of July in underperforming facilities.

Although VA officials have tracked quality and safety measures for years, the agency has kept the information secret, potentially depriving veterans and their families of crucial health care information.

In-depth data on quality is essential to drive improvements across the VA nursing home system. The entire Texas delegation should throw its weight behind a bipartisan measure that passed the U.S. Senate last week that would require information gathered on VA nursing home performance to be published annually.

In its public assessments, each VA nursing home facility received an overall rating ranging from one to five stars. Texas — which boasts the second-largest veteran population in the country — had four of the worst performing VA nursing homes based on 2017 data.

In addition, it was disclosed that people in more than 100 VA nursing homes had more bedsores, more pain, more catheters in their bladders, which can lead to urinary or blood infections, and received more antipsychotic medicine than their counterparts in private nursing homes, according to internal documents obtained pursuant to a USA Today/Boston Globe report.

A VA statement in response noted that its nursing homes often serve residents with more numerous and challenging medical conditions than do private sector facilities. Specifically, VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness and PTSD.

But our military has a no-excuses culture, and there should be no excuse for inferior care for our aging vets.

The statement also points out that the VA has a lower percentage of one-star, or lowest rated, facilities than the private sector. While we should strive to treat all elderly patients with respect, any shortfall in the private sector shouldn't let the VA off the hook.

Veterans and their families deserve better care and the best information available about their nursing home options.

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5.5 - KVOA (NBC-4): [Southern AZ VA Healthcare System Nursing Home receives 2 stars; healthcare director responds](#) (2 July, Kendra Hall, 273k uvm; Tucson, AZ)

For years, the Department of Veterans Affairs has assigned star ratings based on the quality of care at VA nursing homes around the country.

The Southern Arizona VA Healthcare System's ranking was recently released. They got an annual rating of two stars. That is out of five, with five being the best.

News 4 Tucson spoke with the Healthcare Director to see if this rating is accurate.

"I think it depends on how you define the ratings," said Bill Caron, Southern Arizona VA Healthcare System Healthcare Director. "I think that's been the source of some confusion for a lot of people. The immediate bias when you see a 5-star rating is you think a range of poor to excellent when in actuality these ratings are looking at moving the needle from good to great."

He says the rankings were created through different data that looked at staffing approaches, scoring from Long-Term Care Institute, and 11 of the 16 Medicare data plans.

"The ratings were an effort through central office to try and create more parity and comparison between us and the private sector," said Caron.

He says they are constantly looking at ways to improve.

"Over 37 percent of our staff are veterans themselves, myself included, so when you're working for the VA, you're linked to a higher calling and a higher mission, so these individuals really take their job seriously," Caron said.

Caron says they are meeting all the industry standards and that they are working to move from good to great.

Phoenix's VA Nursing Home received 4 stars and Prescott's Va Nursing Home received just 1 star.

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6. Suicide Prevention

6.1 - CBS News: [Veteran who once contemplated suicide is now a Warrior Games winner](#)
(2 July, Jeremy Bradley, 26M uvm; New York, NY)

Every year since 2010, the Department of Defense's Warrior Games bring together wounded service members in a supportive and competitive environment to enhance their recovery and rehabilitation. This year, 300 athletes from all branches of the armed forces came to the Air Force Academy for the event. CBSN brings you five stories of these "American Warriors."

PTSD. Traumatic brain injury. Patellar tendon injured by a stingray. Years of rehabilitation, both physical and mental. These are the sacrifices Chief Navy Diver Julius McManus made while serving his country over the course of his career, for 21 years and counting.

Ask him about it, and he says he would do it all over again.

"There's nothing about my service I would change," McManus says. "I've had some great opportunities with repatriation of remains — bringing missing brothers home — to combat tours

where I'm supporting the guys doing the hard business, and leading my sailors. I wouldn't trade it for the world."

Those are very humble descriptions of the incredibly dangerous and challenging work he's done while in service. When McManus agreed to be interviewed by CBS News at the 2018 Department of Defense Warrior Games, it wasn't because he enjoyed the spotlight. It was because he wanted others who had gone through the same things he had to find hope and seek assistance. He'll tell you he's come a long way since allowing others to help him.

"I was in some dark places," McManus says. "I was looking at avenues to end my own life without causing harm to my family."

With the support of his wife and three sons, McManus says he has now come back from that dark place. He credits the camaraderie and competition he's found with other wounded service members at programs like the Warrior Games for helping change his outlook on life.

"It gave me light at the end of the tunnel," he says. "It showed me that I am worth something, that I'm not alone."

And aside from his family and his fellow service members, there's a new addition to his life that has deeply affected him — his service dog, Phoenix.

When McManus was stung by a stingray in service, he initially thought the injury would quickly heal. But after six patellar tendon repairs and years of wear and tear, his mobility is now permanently limited. Phoenix not only helps him physically — like helping him brace to stand up and get up and down stairs — he also provides emotional and anxiety support.

"If I go to a restaurant, he's watching the door so I don't have to," explains McManus. "He's always got my back."

McManus has set new goals for himself both in and outside of competition. He's seeking a sponsor or grant to help him buy a racing wheelchair, with the goal of completing an Ironman competition. At home, he says he'd like to be "the husband and father my family deserve."

He implores his fellow active service members and veterans to seek assistance if they're feeling lost. And his message to a wider audience is simple yet powerful.

"Recovering from the injuries I've sustain, the visible wounds are fairly easy. I pushed through them with a lot of physical training," says McManus. "The invisible wounds are a little bit more difficult. They're more challenging. There's a stigma that comes with them."

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6.2 - KSNV (NBC-3): [Nevada veteran suicide rate drops, but remains among highest on West Coast](#) (2 July, Marvin Clemons, 610k uvm; Las Vegas, NV)

Efforts to lower the suicide rate among Nevada veterans have made some progress, yet remains well above the national average for all suicides.

The 2015 statistics, the latest available, come from Veterans Affairs suicide data released Monday as a follow-up to its 2015 National Suicide Data Report, released June 18.

Nevada dropped from an estimated 44.6 veteran suicides per 100,000 residents in 2014 to 42.5 in 2015, but the state still ranks higher than the Western region average of 36.4 and national average of 29.7 veterans suicides per 100,000 residents respectively.

According to the VA report, the national suicide rate is 17.3 per 100,000 residents, the Western region rate is 18.8 per 100,000 people and the overall Nevada suicide rate is 24.4 per 100,000 people.

Alongside the state data sheets, the VA also published the National Strategy for Preventing Veteran Suicide, a strategic framework for the nation's collective efforts to prevent veteran suicides over the next decade.

The updated 2015 state data sheets offer an analysis of veteran suicide data by age, gender and suicide method for all 50 states, the District of Columbia and Puerto Rico.

"It's hard to do a raw state-by-state comparison, " Las Vegas VA Hospital spokesman Charles Ramey told News 3 in an email. "Varying state characteristics (i.e. health care access, unemployment rates, and firearm policy) make it difficult to compare veteran suicide rates between states.

"However, the Western region has the highest rate in the nation at 34.6 percent (The south is 31 percent, northeast is 22.2 percent, and Midwest is at 27.4 percent) Of the Western states, Nevada is in the middle at 42.5 percent."

Here's the rate for each state per 100,000 residents:

Wyoming, 52.3; Montana, 49.5; Idaho, 46.7; Utah, 44.1; New Mexico, 42.9; Nevada, 42.5; Arizona, 40.4; Alaska, 40.3; Colorado, 38.7; Oregon, 37.2; Washington, 31.1; California, 28.8; and Hawaii, 20.5.

"It is safe to say that after accounting for differences in age, the veteran suicide rate in Nevada and nine other states in the West was significantly higher than the national Veteran suicide rate," Ramey wrote.

Both the individual state data sheets and the National Strategy for Preventing Veteran Suicide underscore the fact that suicide remains an important national public health concern affecting both veterans and non-veterans in every state.

The state data sheets serve as a critically important tool that helps VA and its partners at the state and community levels design and execute the most effective suicide prevention strategies.

"(The) VA is working hard to prevent suicide among all veterans, including those who do not, and may not ever, use VA services and benefits," said Acting VA Secretary Peter O'Rourke. "Our work is driven by data that inform our efforts and our partners' efforts to prevent suicide through a national public health approach."

Suicide is a complex public health issue. While there is no single explanation for disparities in suicide rates between states, differences in population size, health-care access, and firearm

policy are relevant considerations. The interaction of these factors further highlights the need for a coordinated approach to suicide prevention that involves the broader community to support veterans before they reach a crisis point.

The National Strategy for Preventing Veteran Suicide reflects VA's vision for a comprehensive approach to suicide prevention that involves different sectors working together to build effective networks of support, communication and care, reaching veterans where they live and thrive. VA is leading efforts nationwide to understand suicide risk factors, develop evidence-based strategies and identify and care for veterans who may be at risk for suicide.

"The National Strategy for Preventing Veteran Suicide is more than a strategic plan — it's a call to action," said Dr. Carolyn Clancy, executive in charge of VA's Veterans Health Administration. "Only about half of the approximately 20 million veterans in the U.S. receive VA benefits or services. To end veteran suicide, we need organizations across sectors to adopt the strategy's framework and join us in delivering support to all veterans."

The updated 2015 state data sheets are available [here](#).

Download the National Strategy for Preventing Veteran Suicide.

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, should call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year at 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or send a text message to 838255.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Politico: [Congress weighs new GI Bill protections](#) (2 July, Kimberly Hefling, 23.9M uvm; Arlington, VA)

With help from Mel Leonor and Michael Stratford

BIPARTISAN PUSH TO ADD GI BILL PROTECTIONS: Congress passed a law last year dubbed the "Forever GI Bill" that expands the popular Post-9/11 GI Bill in several ways. Most notably, it immediately lifted the 15-year time limit to use the benefit for new enlistees. Many of the other expansions roll out Aug. 1, including one that mandates that all post-9/11 Purple Heart recipients fully qualify for the benefit for up to three years.

— While that's a cause of celebration for many veterans, there's concern that the changes could overwhelm a Veterans Affairs Department processing system that some veterans already complain leaves them financially strapped as they wait for their paperwork to be processed, said Sens. Elizabeth Warren (D-Mass.) and John Boozman (R-Ark.) in a press release.

— The two senators introduced legislation late last month that would prohibit colleges from collecting a late fee or requiring GI Bill users to take out additional loans because of delayed GI Bill payments, among other protections. Reps. Gus Bilirakis (R-Fla.) and Ann Kuster (D-N.H.) introduced a similar bill in the House, H.R. 3023 (115), which passed in May.

— The VA supports protecting the GI Bill users from late fees, the Military Times has reported. “We agree with Congressman Bilirakis that veterans don’t need that kind of treatment, especially when they know the VA is going to pay,” testified Robert Worley, VA’s director of education service, according to the publication.

— Already, some universities, such as the Metropolitan State University of Denver, where more than 900 students in the fall and spring semesters use the GI Bill, provide this protection. “We offer priority registration so enrollments can be processed ASAP to help mitigate VA delays,” Ted Jimenez, a university official who works on veterans issues, told Morning Education in an email. In addition to preventing service charges, he said the university advances financial aid payments to those eligible “so they do not have to wait on the VA to pay to get their refunds.”

[...]

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7.2 - Military Times (Home HQ): [The top VA loan counties: Did your neighborhood make this list?](#) (2 July, Kevin Lilley, 2.1M uvm; Springfield, VA)

While service members and veterans can use their VA loan benefits to purchase a home anywhere in the country, a few spots stand out when it comes to preferred real estate.

VA backed more than new 411,000 purchase and refinance loans from Oct. 1, 2017, through May 31. Below are some hot spots for the various types, broken out by county. While traditional military- and veteran-heavy areas are well-represented, the numbers also reflect simple census figures: Arizona’s Maricopa County, for instance, ranks fourth in the nation with about 4 million residents, and Los Angeles County’s 10 million-plus residents are enough to land it a spot on most any list, regardless of veteran concentration.

Don’t see your county on the list? Check out the full rundown, as well as stats from past years, [here](#).

VA PURCHASE LOANS

Rank	County	State	Loans
1	Maricopa	Ariz.	4,850
2	Bexar	Texas	3,899
3	El Paso	Colo.	3,822
4	San Diego	Calif.	3,792
5	Clark	Nev.	3,297
6	Riverside	Calif.	2,591
7	Pierce	Wash.	2,083
8	Hillsborough	Fla.	2,018
9	Harris	Texas	1,981
10	Tarrant	Texas	1,839

INTEREST RATE REDUCTION REFINANCE LOANS

Rank	County	State	Loans
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1	Maricopa	Ariz.	1,597
2	San Diego	Calif.	1,312
3	Riverside	Calif.	1,080
4	Bexar	Texas	1,017
5	Clark	Nev.	918
6	El Paso	Colo.	863
7	Los Angeles	Calif.	718
8	Pierce	Wash.	605
9	Tarrant	Texas	602
10	Bell	Texas	599

CASH-OUT REFINANCING LOANS

Rank	County	State	Loans
1	Maricopa	Ariz.	2,916
2	San Diego	Calif.	2,669
3	Riverside	Calif.	2,124
4	Clark	Nev.	1,955
5	Los Angeles	Calif.	1,679
6	El Paso	Colo.	1,668
7	Pierce	Wash.	1,414
8	San Bernardino	Calif.	1,274
9	Sacramento	Calif.	937
10	Hillsborough	Fla.	743

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7.3 - WECT (NBC-6, Video): [Prepping Wilmington National Cemetery for the Fourth of July](#) (2 July, Bill Murray, 475k uvm; Wilmington, NC)

A sea of red, white and blue flew above the Wilmington National Cemetery Monday as part of the Avenue of Flags, an annual event leading up to remembrances on the Fourth of July.

The New Hanover County Veterans Council will have its Independence Day Program, Wednesday morning at 11. The guest speaker will be Captain Wilbur Jones, USN (ret) and local Wilmington Historian.

"It's just cool to know things about this history of America," said organizer Frank Roberts. "If nothing else, the realization that every year it's not all about picnics and fanfare, it's about remembering us becoming an independent nation."

Volunteers spent much of Monday morning, helping to raise those flags at the cemetery. Roberts says they also help raise awareness. He doesn't have to look any further, than his own grandson for proof of that.

"[My grandson] came out with me this year, he's 9 years old and wanted to come with me to the cemetery this year," Roberts said. "It's a special day."

It's about honoring those who made a sacrifice. In some cases, the plots date back all the way to the 18th century.

Roberts and his role with the Veteran's Council has been helping to oversee this event for years, but he says this effort, isn't a part of his legacy.

The legacy he cares about, is the 9 -year-old boy by his side, learning about the effort of brave men and women, through generations and centuries of time.

"You know, he's the future. They're all our future" says Roberts. "Sometimes to be good in the future, you have to understand the past and it's history."

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7.4 - KTNV (ABC-13): [Local veteran says benefits account compromised](#) (2 July, Austin Carter, 445k uvm; Las Vegas, NV)

For Jessica Chaundy and her family it has been a stressful two months, after she says that her husband's VA benefits account was hacked into.

"We tried to go online to see what was going on and he couldn't log in," says Chaundy.

Justin Chaundy was severely injured while overseas in Iraq when an IED hit the humvee he was riding in, leaving him eighty percent disabled.

"Doing simple tasks like bending down, picking up heavy stuff, he's a trooper he's tries to go through it and do what we can."

Jessica says things went downhill in May when the family received a letter that changes were made to Justin's eBenefits account.

Ever since, they have been trying to get it all fixed but say the VA's office has yet to figure out the solution.

"They don't know whats going onm they say they have to re do it, it's very frustrating."

The family relies heavily on Justin's eBenefits to take care of their three kids and to pay for his mandatory medical appointments at the Southern Nevada VA Hospital.

"it was really hard for him to sit at home but those benefits made him feel that he was contributing in some way or another even though he physically couldn't't work at that point."

The U.S. Department of Veterans Affairs told 13 Action News that about 870 eBenefits accounts have been compromised so far in 2018.

They say there was no sort of major system hack, but that on occasion, accounts are compromised.

Jessica says she is disbelief that this has gone on this long, given that her husband could have paid the ultimate price.

"You know these veterans, they have a lot of issues from going over there in defending our country and keeping us safe and then when they come back here they have to deal with that kind of stress along with the other stress of everyday life of being a civilian," says Chaundy. "It's just horrible to have to deal with losing their benefits."

The Department of Veteran's Affairs in D.C. says they will investigate Chaundy's claim immediately.

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8. Mr. Wilkie nomination for VA Secretary

8.1 - Government Matters (Video): [VA Secretary Nominee Robert Wilkie testifies before Senate](#) (1 July, Andrew Wagner; Arlington, VA)

Colby Hochmuth reports on the Senate confirmation hearing of Trump's new pick to lead the Veterans Affairs Department, and Peter Levin, former Chief Technology Officer at VA, Rebecca Burgess, program manager at the American Enterprise Institute Program on American Citizenship and Louis Celli, DC executive director of the American Legion, provide a perspective on his answers.

After David Shulkin was fired from the position of Veterans Affairs Secretary, Robert Wilkie was appointed acting head of the agency. Last week, the Senate held Wilkie's confirmation hearing to become the new permanent secretary. Senators questioned Wilkie on subjects like privatization and electronic health records. On the Sunday edition of Government Matters, Francis Rose spoke with a panel of three experts on Veterans Affairs for analysis.

Peter Levin, former Chief Technology Officer at the Department of Veterans Affairs –

"I think the nominee did a fantastic job. I really appreciated what he said about maintaining his focus on the health record interoperability, making sure that we're going to have a successful, step by step, methodical deployment of the new electronic health record. I agree with him about privatizing the agency, and I appreciated Sen. Sanders question... and I think that the secretary nominee was unequivocal in his answers."

Louis Celli, DC executive director of the American Legion –

"Robert Wilkie certainly has a lot to tackle in these upcoming months and days, he is a professional witness, he did a wonderful job. He's been there before. He was able to work with these congressional leaders and give them the type of answers they were looking for and that's going to be half the battle for him moving forward... This is his third confirmation hearing.

He is someone who is comfortable at the witness chair and that's going to be important for him."

Rebecca Burgess, program manager at the American Enterprise Institute Program on American Citizenship –

"Any student of leadership or anyone who's ever worked in an office knows that the tone can be set by the person at the top.

It will be challenging but I think that by walking around the offices as he says he has done, he is signaling that he is interested and figuring out all the aspects that the VA covers.”

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9. Other



Veterans Affairs Media Summary and News Clips

5 July 2018

1. [Top Stories](#)

1.1 - Washington Post (AP): [Authorities say man who burned self to protest VA has died](#) (3 July, 43.9M uvm; Washington, DC)

State investigators say a man who identified himself as an Air Force veteran has died after he lit himself on fire in front of the Georgia Capitol last week to protest the Veterans Affairs system. The Georgia Bureau of Investigation tweeted Tuesday that 58-year-old John Michael Watts died Monday. Authorities say Watts strapped fireworks to his chest, doused himself with a flammable liquid and set himself on fire June 26.

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1.2 - FOX News (Video): ['Black Hawk Down' hero takes on opioid crisis](#) (4 July, 32.5M uvm; New York, NY)

After profiling the former Delta Force operator and Battle of Mogadishu Veteran, FOX News interviewed Retired Master Sgt. Norman Hooten about the opioid epidemic and his new role as a VA pharmacist.

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1.3 - U.S. News & World Report (AP): [Williston Gets New VA Clinic](#) (3 July, 24M uvm; Washington, DC)

North Dakota military veterans toured a new veterans' affairs clinic in a northwest city. The Williston VA Community Based Outpatient Clinic opened this week. The facility is twice the size of the old one at 7,500 square feet (697 square meters), the Williston Herald reported. "It's so cool," said Jill Wiedrich, a nurse at the clinic. "We have so much more space here."

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1.4 - Orlando Sentinel: [Florida congressman demands probe of misconduct at VA nursing home](#) (3 July Naseem S. Miller, 4.8M uvm; Orlando, FL)

US. Rep. Vern Buchanan has called for an immediate congressional inquiry into allegations of neglect and misconduct at VA nursing home across the country, including Florida, after an investigative report by USA Today and The Boston Globe showed that nearly half of VA nursing homes received the agency's lowest possible grade for quality – one out of five stars.

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1.5 - WXIA (NBC-11, Video): [Case of Georgia veteran who intentionally set himself on fire takes tragic turn - The retired Air Force veteran first used fuel and fireworks to set himself ablaze with fuel and fireworks on June 26 as part of a protest of the U.S. Veterans Affairs Office.](#) (3 July, Christopher Buchanan, 1.5M uvm; Atlanta, GA)

A man who set himself on fire on the steps of the Georgia State Capitol has died, agents confirmed Tuesday. According to a short statement released by the Georgia Bureau of Investigation, John Michael Watts died on Monday. The retired Air Force veteran first used fuel and fireworks to set himself ablaze with fuel and fireworks on June 26 as part of a protest of the U.S. Veterans Affairs Office.

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1.6 - KARE (NBC-11, Video): [Investigates: VA warns veterans of qualifications for emergency care - Veterans stuck with medical bills because they don't visit VA often enough](#) (4 July, A.J. Lagoe and Katie Wilcox, 1.5M uvm; Golden Valley, MN)

The Department of Veterans Affairs has begun taking enhanced steps to warn veterans about what they need to do to qualify for emergency medical care. The move comes in the wake of a yearlong KARE 11 investigation entitled “A Pattern of Denial.” That reporting led members of Congress to call for a nationwide Inspector General Investigation of VA emergency room bill denials.

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1.7 - Stars and Stripes: [Veteran using VA Choice program could get stuck with \\$30,000 medical bill](#) (3 July Nikki Wentling, 1.5M uvm; Washington, DC)

The Choice program allows veterans who can't get a VA appointment or who live in rural areas – such as Hart – to get treatment at private medical providers paid for by the VA. Hart has used the program to go to Passavant Area Hospital for nearly two years – but administrators there told him the VA hasn't paid them for his treatment since December.

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2. [Greater Choice for Veterans](#)

2.1 - Washington Times: [A new independence for America's veterans](#) (3 July, Joseph Chenelly and Erhardt Preitauer, 10.8M uvm; Washington, DC)

The birth of our great nation in 1776 was predicated on a few core tenets: life, liberty and the pursuit of happiness. Those tenets were preserved over the years by those who had volunteered, or in some cases, those who were conscripted, to take up arms and defend the ideal of “independence.” We have celebrated this ideal for the last 242 years in the United States on the Fourth of July.

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3. [Modernize Our System](#)

3.1 - KEYE (CBS-42, Video): [VA announces new healthcare clinic coming to Cedar Park](#) (3 July, Fred Cantu, 630k uvm; Austin, TX)

In Williamson County the Veterans Administration is making a move to increase healthcare options for our vets. And this move is taking them to the top. Tuesday. the Central Texas Veterans Health Care System announced it will be taking the top floor in one of the office towers next to Cedar Park Regional Medical Center. It's not much to look at yet, but it offers something lacking at the current local clinic... Space.

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3.2 - GCN: [Can AI improve user experience at the VA?](#) (3 July Susan Miller, 162k uvm; Vienna, VA)

With the increasing number, depth and breadth of questions from veterans and caregivers coming in via the White House VA Hotline, VA National Call Center Portals and the eBenefits

portal, the VA is finding it difficult to give veterans immediate assistance because its agents are busy assisting other customers.

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3.3 - KTBC (FOX-7, Video): [Cedar Park VA Clinic expanding, adding a 20,000 square feet space](#) (3 July, Bridget Spencer, 156k uvm; Austin, TX)

The Cedar Park VA clinic on Bell Boulevard simply doesn't have enough space. "That space was too small and there was no way they were going to survive a multi-year lease we had in place at that location," said Christopher Sandles, medical center director with the Central Texas Veterans Healthcare System.

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3.4 - Annals of Long-term Care: [Leadership Gaps At VA Could Hurt Cerner EHR Rollout](#) (3 July, 8.8k Malvern, PA)

Lawmakers expressed their frustrations with the lack of crucial leadership at the Department of Veterans Affairs as the agency prepares for implementation of a new, \$16 billion electronic health records (EHR) system. The VA is preparing to undergo a \$16 billion overhaul of its EHR system after finalizing a contract with the health information systems company Cerner. Additionally, a recent report from the Government Accounting Office (GAO) found that the agency has spent \$1 billion on EHR...

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3.5 - KZRG (AM-1310): [Joplin VA Clinic To Open In September](#) (4 July, Sarah Novotny, 1.6k uvd; Joplin, MO)

Progress is moving along for the new VA Outpatient Clinic in Joplin in the 3000 block of South Connecticut. The clinic will be much more convenient for veterans who currently have to travel to Mount Vernon for treatment. State Representative Charlie Davis tells News Talk KZRG this is a win-win for veterans and community.

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4. [Focus Resources More Efficiently](#)

4.1 - KING (NBC-5, Video): [Veterans in rural areas hit hardest by VA hospital vacancies, Thousands of vacancies remain within the VA health care system, having the greatest impact on veterans in rural communities.](#) (3 July, Natalie Brand, 3.2M uvm; Seattle, WA)

More than 30,000 vacancies remain within the VA health care system nationwide, including around 1,000 across Washington state. While the Veterans Administration says "phenomenal progress" has been made since 2017, a spokeswoman acknowledges rural communities and certain clinical specialties are still posing recruiting challenges.

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4.2 - WBNS (CBS-10): [10 Investigates uncovers problem affecting every Ohio VA facility](#) (3 July, Bennett Haeberle, 1.5M uvm; Columbus, OH)

Medical equipment used to care for veterans routinely goes missing at Ohio Veteran Affairs hospitals, clinics and offices, a 10TV investigation finds. 10 Investigates spent months going

over inventory records that detail the expensive items deemed lost. Items such as cellphones, iPads and computers "could not be located."

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4.3 - Press-Enterprise: [Riverside National Cemetery kicks off Independence Day early](#) (4 July, Ryan Hagen, 1.1M uvm; Riverside, CA)

The rockets' red glare gave proof Tuesday, July 3, that the only symphonic concert at a national cemetery was still held at Riverside National Cemetery. "Concert for Heroes," which was expected to draw thousands, featured the Inland Empire/Riverside Philharmonic Orchestra playing patriotic tunes. That concluded with "Stars and Stripes Forever" as fireworks burst over the cemetery.

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4.4 - KTBS (ABC-3, Video): [Overton Brooks VA Medical Center celebrates Independence Day](#) (3 July, Bia Roldan, 298k uvm; Shreveport, LA)

Veterans gathered at the Overton Brooks V-A Medical Center (OBVAMC) on Tuesday morning, a day before Independence Day. A representative raised each service flag and the state flags of Arkansas, Louisiana, And Texas. Lieutenant Bill Davis of the Bossier Parish Sheriff's Office raised the Navy flag. He served for 20 years.

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4.5 - FedSmith: [Legislation Introduced to Repeal Expedited VA Employee Removal Procedures](#) (3 July, Ian Smith, 276k uvm; Washington, DC)

Legislation recently introduced in the House would repeal the portions of the VA Accountability and Whistleblower Protection Act that make it easier to fire VA employees. The VA Personnel Equity Act of 2018 (H.R. 6101) was introduced in the House by Congressman Brian Fitzpatrick (R-PA). The bill would repeal the separate removal, demotion, and suspension processes for VA employees that were enacted under the VA Accountability and Protection Act.

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4.6 - WWBAY (CBS-10): [Dozens Come Out To Remember Importance Of Independence Day](#) (4 July, 189k uvm; Wilmington, NC)

Fourth of July is a day filled with hot dogs, burgers and fireworks. But for some people in Wilmington, it's important to remember the original meaning of Independence Day. "The meaning of what this is for the United States of America," Navy veteran and local historian Captain Wilbur Jones said.

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4.7 - Town Talk (Video): [Gardens at Alexandria VA Hospital provide recreation and therapy](#) (3 July, Miranda Klein, 185k uvm; Alexandria, LA)

Raised garden beds at the Alexandria VA Hospital are providing recreation and therapy for the veterans who tend to them daily. The gardens are located outside the hospital's nursing home and acute psychiatric units. They were planted in April, thanks in part to an outreach agreement between the Alexandria VA Health System and the Natural Resources Conservation Service, a USDA agency.

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4.8 - News-Review: [Office of Special Counsel rules against former VA surgeon](#) (4 July, Carisa Cegavske, 160k uvm; Roseburg, OR)

The U.S. Office of Special Counsel has rejected a claim by a surgeon who alleged retaliation after he was fired from the Eugene clinic of the Roseburg Veterans Affairs Medical Center last year. Retired Air Force Col. Scott Russi's case was prominently mentioned in congressional testimony about whistle-blower retaliation at the Roseburg VA and other VAs around the country.

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4.9 - KTVO (ABC-33): [Loebsack meets with local veterans to address V.A. frustrations](#) (3 July, Chris Arbino, 140k uvm; Kirksville, MO)

They fought overseas, now their battle is right here in the Heartland. Veterans who fought in Vietnam, Desert Storm, and the Global War on Terror are now in a fight with the very organization that is supposed to protect them at home. "In the state of Iowa, we do a pretty darn good job dealing with our veterans and with the healthcare issues," said U.S. representative Dave Loebsack.

[Hyperlink to Above](#)

4.10 - Muskogee Phoenix: [Veterans Connection: VA peer support specialists help reach road to recovery](#) (3 July, Marlene J. Diaz, 64k uvm; Muskogee, OK)

Peer support is a system of giving and receiving based upon the principles of respect and shared responsibility. Its mission is to provide opportunities for veterans to take control of their recovery, teach and support learning skills and to make them aware of available services and choices.

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4.11 - KAPP (ABC-35): [Walla Walla VA hospital provides safe haven for veterans this 4th of July](#) (3 July, Monica Hernandez, 5.2k uvm; Yakima, WA)

While many people are celebrating America's birthday by lighting off fireworks, some people are taking shelter. Military veterans are often triggered by the loud popping noises and it can lead to them having flashbacks to their time on the battle field. The Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla is inviting veterans across the area to spend the night in a quiet movie theater.

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[5. Improve Timeliness of Service](#)

5.1 - FOX News: [Veteran who set himself on fire to protest VA treatment has died](#) (3 July, Nicole Darrah, 32.5M uvm; New York, NY)

A veteran who set himself on fire last week in protest of the U.S. Department of Veterans Affairs has died, officials said. John Michael Watts, 58, formerly of the Air Force, died Monday, the Georgia Bureau of Investigation tweeted. He had set himself ablaze on June 26 outside the Georgia State Capitol in Atlanta.

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5.2 - Atlanta Journal-Constitution (Video): [Veteran who set himself on fire outside Georgia Capitol has died, GBI says](#) (3 July, Zachary Hansen, 11.8M uvm; Atlanta, GA)

The Air Force veteran who set himself on fire outside the State Capitol last week died Monday, the GBI said Tuesday. John Michael Watts, 58, was brought to the Grady Memorial Hospital on June 26 with burns over 85 to 90 percent of his body, the Georgia State Patrol said at the time.

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5.3 - Star Tribune: [My interactions with the VA on patient waiting times? In a word ... frustrating - There are more services, and that's good. But no eye appointment until November? Wait, now it's October \(but I had to be the bad guy\)](#) (3 July, Timothy Connelly, 10.8M uvm; Minneapolis, MN)

The other day I received a letter from the eye clinic at the Minneapolis VA Medical Center, to schedule an eye appointment. I called the listed number and got a message saying they were busy and to leave a message and someone would call back within a day. Of course, no one called back within a day. I e-mailed the patient advocate and was told that only two people answer the phones at the eye clinic and that's just how it is.

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5.4 - Star Tribune: [Veterans deserve answers on exposure to burn pits - Creating "Center of Excellence" within the VA would keep spotlight on troubling health issue](#) (3 July, Editorial Board, 10.8M uvm; Minneapolis, MN)

It was known as "Operation Ranch Hand" while the Vietnam War simmered, then boiled. From the skies and the roadways, the U.S. military sprayed almost 19 million gallons of herbicide over a period of nine years to clear away jungle. Eleven million gallons of that was a chemical called "Agent Orange."

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5.5 - Newsday: [Advisory committee wants VA to add outpatient clinic in North Hempstead - The town board has sought support and help with funding from Schumer, Gillibrand and others as advocates collect signatures as part of effort to offer satellite care closer to home for aging veterans](#) (4 July, Christine Chung, 3.2M uvm; Melville, NY)

North Hempstead veterans in need of medical care drive nearly an hour to the nearest Veterans Affairs Medical Center in Northport, a trip that many say is taxing and inconvenient and has spurred an effort to establish an outpatient clinic closer to the aging veterans.

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5.6 - WAGA (FOX-5, Video): [Veteran who set himself on fire at Georgia State Capitol dies](#) (3 July, 1.2M uvm; Atlanta, GA)

The family of the veteran who set himself on fire in front of the Georgia State Capitol building says the 58-year-old has passed away from his severe injuries Monday afternoon at Grady Memorial Hospital. The family told FOX 5 News retired airmen John Watts loved his country and loved people. Still, his oldest daughter Michelle Travers and his son-in-law Lee Travers...

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5.7 - Journal Gazette: [Low-rated Marion VA to get visit, Young to check on condition of nursing home](#) (4 July, Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Sen. Todd Young plans to visit the Department of Veterans Affairs nursing home in Marion on Thursday to receive an update on its low ratings for quality of care. Young “will speak with patients and press facility leadership for details on their plans to improve care at the facility,” his office said Tuesday in a news release.

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5.8 - WGCL (CBS-46, Video): [Veteran who set self-ablaze at Georgia State Capitol has died](#) (3 July, 587k uvm; Atlanta, GA)

The veteran who set himself on fire in front of the Georgia State Capitol building on June 26 has died. A crazy scene unfolded on the morning of June 26 as a man set himself on fire on the grounds of the state capitol while a press conference was being held detailing the new distracted driving laws to take effect on July 1.

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5.9 - WRIC (ABC-8, Video): [Loophole allows the VA to deny Marine's malpractice claim](#) (4 July, Kerri O'Brien, 477k uvm; Richmond, VA)

As we celebrate our freedom and our veterans who fought for it, a veteran is speaking out about a little known VA loophole. "We need to fix this," said Marine Corps veteran Brian Tally. The California veteran was misdiagnosed and left in permanent pain. However, a little-known loophole allowed the VA to deny his medical malpractice claim.

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5.10 - KCUR (NPR-89.3): [Court Slaps VA With Damages After Finding It Liable In Suicide Of Kansas City Veteran](#) (3 July, Dan Margolies, 198k uvm; Kansas City, MO)

After finding the Veterans Health Administration liable earlier this year for the suicide of an Iraq war veteran, a federal judge has awarded more than \$480,000 to his father and two children. In what was thought to be one of the few verdicts of its kind, U.S. District Judge Julie Robinson ruled in February that the negligence of the VA directly contributed to the death of Cpl. William Draughton of Kansas City.

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5.11 - Temple Daily Telegram: [Veterans Affairs: Accreditation group visits Central Texas Veterans system](#) (4 July, 157k uvm; Temple, TX)

The Central Texas Veterans Health Care System underwent a three-day visit by the Commission for Accreditation of Rehabilitation Facilities last week. The Commission for Accreditation of Rehabilitation Facilities surveyors assessed CTVHCS June 25-28 on its ability to conform in each standard applicable to the programs at the Temple, Waco, and Austin sites.

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5.12 - City & State: [Veterans' affairs - How well is New York serving those who served in the military?](#) (3 July, 51k uvm; New York, NY)

Landmark laws like the GI Bill have historically had a large impact on expanding military veterans' access to education and housing. But even with the progress that has been made,

many politicians and policymakers call for more to be done to support veterans transitioning back into civilian life.

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6. Suicide Prevention

6.1 - KPBS (NPR-89.5): [VA Suicide Data Reveals Troubling Trends In California](#) (278k uvm; San Diego, CA)

New Veterans Affairs data shows the suicide rate among California veterans is just under the national average, but it still shows troubling trends for veterans. The Veterans Health Administration recently released national data showing 29.7 out of 100,000 veterans commit suicide. New data shows in California, the suicide rate is slightly lower — 28.8 — among veterans. It is also lower in most age groups in California.

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6.2 - Patient Engagement HIT: [VA Partnership to Drive Veteran Access to Mental Healthcare - By expanding veteran access to mental healthcare, VA and VFR Healthcare hope to reduce veteran suicide rates.](#) (3 July, Sara Heath, 21k uvm; Danvers, MA)

The Department of Veterans Affairs (VA) has partnered with Veteran & First Responder Healthcare (VFR Healthcare) to improve patient access to mental healthcare. This comes as a part of the organizations' efforts to address rising veteran suicide rates. In 2015, veterans accounted for just over 14 percent of all deaths by suicide in the US, according to a recently-released report from the VA. An average of about 20 veterans died by suicide daily in 2015, the most recent year for which the agency has data.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Washington Times: [Volunteers work to ensure military burials for forgotten veterans' ashes: 'They earned it'](#) (3 July, Dave Boyer, 10.8M uvm; Washington, DC)

They sit on shelves, in tin cans or cardboard boxes, unclaimed and forgotten — the ashes of American heroes who never received the honor of a military burial. In funeral homes around the country, sometimes in mass crypts or storage sheds, thousands of veterans' remains are neglected in obscurity. Some of these ashes have been ignored for more than 50 years with no next of kin to claim them.

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7.2 - Fayetteville Observer: [VA work-study program at FTCC under fire](#) (3 July, Greg Barnes, 439k uvm; Fayetteville, NC)

A veteran who spent 15 years in the Army said he had no warning when he was released last week from his work-study job through Fayetteville Technical Community College's All American Veterans' Center. The veteran said he went to work at the center and saw a note on the time clock ordering work-study students to report to Room 200. When he did, the veteran said, he and other veterans in the program were told they no longer had jobs.

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7.3 - North Country Public Radio (American Homefront): [VA issues long awaited veteran ID card, but it comes with an ad on the back](#) (5 July, Bobbie O'Brien, 144k uvm; Canton, NY)

The VA is now mailing identification cards to veterans who want tangible proof that they served in the military. But after waiting almost three years for the new government-issued I.D., some veterans are not happy that the card contains an advertisement. President Obama signed the law creating the card in July 2015, but it included no funding, so it languished for more than two years.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Washington Examiner: [Trump Jr. hunting big game in Montana: Jon Tester, the senator who derailed his father's VA pick](#) (3 July, Daniel Chaitin, 4.8M uvm; Washington, DC)

Donald Trump Jr., President Trump's eldest son, is on the hunt in the state of Montana, setting his focus on ensuring that Sen. Jon Tester, a Democrat who has served in the U.S. Senate for more than 11 years, doesn't get re-elected this year. He has visited the Northwestern state to campaign for Republican candidates, including last month when he spoke at the Montana Republican Party's annual convention in Billings.

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1. [Top Stories](#)

1.1 - Washington Post (AP): [Authorities say man who burned self to protest VA has died](#) (3 July, 43.9M uvm; Washington, DC)

State investigators say a man who identified himself as an Air Force veteran has died after he lit himself on fire in front of the Georgia Capitol last week to protest the Veterans Affairs system.

The Georgia Bureau of Investigation tweeted Tuesday that 58-year-old John Michael Watts died Monday. Authorities say Watts strapped fireworks to his chest, doused himself with a flammable liquid and set himself on fire June 26. A state trooper who saw what was happening quickly put out the flames.

Authorities said Watts, who had no current address, was able to talk to officers after the flames were extinguished. Authorities said he had burns over 85 to 90 percent of his body. He was taken to Grady Memorial Hospital in Atlanta.

The GBI says its investigation continues.

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1.2 - FOX News (Video): ['Black Hawk Down' hero takes on opioid crisis](#) (4 July, 32.5M uvm; New York, NY)

After profiling the former Delta Force operator and Battle of Mogadishu Veteran, *FOX News* interviewed Retired Master Sgt. Norman Hooten about the opioid epidemic and his new role as a VA pharmacist. Video description: Retired Master Sgt. Norman Hooten speaks out on his latest battle.

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1.3 - U.S. News & World Report (AP): [Williston Gets New VA Clinic](#) (3 July, 24M uvm; Washington, DC)

North Dakota military veterans toured a new veterans' affairs clinic in a northwest city.

The Williston VA Community Based Outpatient Clinic opened this week. The facility is twice the size of the old one at 7,500 square feet (697 square meters), the Williston Herald reported.

"It's so cool," said Jill Wiedrich, a nurse at the clinic. "We have so much more space here."

Wiedrich took groups of 10 veterans at a time to see the new space Monday. The tours featured a new blood drawing room, tele-retinal and tele-health rooms, new patient exam rooms and a room dedicated to women's health.

"It's a very good space," said Corey Moen, adjutant for Williston's Disabled American Veterans chapter. "There's a lot more services they can provide right there. It's going to cut down on the travel to Fargo. ... This was definitely needed."

The clinic will also have a full-time medical doctor on staff. Dr. David Keene said he couldn't pass up the opportunity to help veterans, especially given that his veteran father was the driving force in his decision to pursue medicine.

"These guys need a stable physician to come in, someone who is not a traveling physician, to come in and help with their medical needs," he said. "They need someone who is going to stay with them and treat them on a regular basis."

The clinic is one of two that the Fargo VA Health Care System is opening in the region. A clinic in Dickinson has also opened up this week.

The Health Care System contracted STG International to manage and operate both clinics.

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1.4 - Orlando Sentinel: [Florida congressman demands probe of misconduct at VA nursing home](#) (3 July Naseem S. Miller, 4.8M uvm; Orlando, FL)

US. Rep. Vern Buchanan has called for an immediate congressional inquiry into allegations of neglect and misconduct at VA nursing home across the country, including Florida, after an investigative report by USA Today and The Boston Globe showed that nearly half of VA nursing homes received the agency's lowest possible grade for quality – one out of five stars.

The Department of Veterans Affairs made its nursing home ratings public for the first time recently. The report showed that three of the lowest-rated facilities are in Florida, one of which is in Orlando.

Buchanan wrote in a letter to the chairman of the U.S. House and Senate Veterans' Affairs Committee that the report is "a national disgrace."

"A congressional investigation should leave no stone unturned in finding out how this happened in the first place and how it can be prevented in the future. Those responsible for gross misconduct or negligence must be terminated immediately," he wrote in the letter.

The Orlando VA Medical Center's nursing home received one star for on-site survey, two stars for quality and five stars for staffing.

"On June 12 -13, 2018 the Long-Term Care Institute returned to the Orlando VA Medical Center's CLC for an unannounced survey. The official survey report should be available sometime next month and should reflect the hard work and dedication of the Orlando VA Medical Center's staff to continue to improve the quality of care," an Orlando VA Medical Center spokeswoman said in a statement.

She added that the nursing home in Lake Nona has restructured the internal processes to be in line with the new scoring methodology.

"It is important to note that the quality measures are adapted from Centers for Medicare and Medicaid Services criteria and do not always apply to Veterans receiving hospice and spinal cord care," she said.

Buchanan said in his letter, "Some of the more disturbing reports detail incidents involving a veteran found covered in a 'urine and feces-stained sheet,' another in which a veteran's leg had to be amputated after an infection went untreated for so long that 'his toes turned black and attracted maggots,' and one case in which a patient died while an aide who was supposed to check on him hourly failed to check on him at all and instead played video games on her computer."

"We need real accountability and transparency at the VA, and every agency employee needs to fulfill their mission of caring for those who have served our country. It's a national disgrace that any veteran should die from negligence. Heads must roll at the VA for those responsible for gross misconduct and negligence."

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1.5 - WXIA (NBC-11, Video): [Case of Georgia veteran who intentionally set himself on fire takes tragic turn - The retired Air Force veteran first used fuel and fireworks to set himself ablaze with fuel and fireworks on June 26 as part of a protest of the U.S. Veterans Affairs Office.](#) (3 July, Christopher Buchanan, 1.5M uvm; Atlanta, GA)

A man who set himself on fire on the steps of the Georgia State Capitol has died, agents confirmed Tuesday.

According to a short statement released by the Georgia Bureau of Investigation, John Michael Watts died on Monday. The retired Air Force veteran first used fuel and fireworks to set himself ablaze with fuel and fireworks on June 26 as part of a protest of the U.S. Veterans Affairs Office.

Members of the Georgia Department of Public Safety, who were having a press conference nearby, heard the explosions and ran to the scene where a fast-acting state trooper extinguished the man before paramedics rushed him to the Grady Memorial Hospital burn unit.

The resulting investigation led to the evacuation of the state capitol as agents checked the area for other explosives.

The protest by Watts also fell on the eve of PTSD Awareness Day. According to a recent June 2018 report released by the VA, the average number of veterans who die by suicide each day remains at 20.

The report says only six of them on average were able to get an appointment with the VA. That leaves 14 veterans who committed suicide without even being seen.

11Alive reached out to the Department of Veterans Affairs about the protest. The office of public affairs released the following statement:

While we can't comment on the specifics of this Veteran's case due to patient privacy laws, the department is ensuring he receives the VA care that he needs.

The VA also commented on wait times:

Atlanta VA Health Care System is experiencing a rate of growth averaging approximately 6% per year. We strive to meet the demand for care and we are hiring more staff and expanding the number of Community Based Outpatient Clinics to help meet this demand.

Watts never told officers his rank or where he served.

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1.6 - KARE (NBC-11, Video): [Investigates: VA warns veterans of qualifications for emergency care - Veterans stuck with medical bills because they don't visit VA often enough](#) (4 July, A.J. Lagoe and Katie Wilcox, 1.5M uvm; Golden Valley, MN)

The Department of Veterans Affairs has begun taking enhanced steps to warn veterans about what they need to do to qualify for emergency medical care.

The move comes in the wake of a yearlong KARE 11 investigation entitled “A Pattern of Denial.” That reporting led members of Congress to call for a nationwide Inspector General Investigation of VA emergency room bill denials.

That federal investigation remains underway; however, the VA is already making changes.

“Veterans may have questions about how VA’s payment process for emergency care works,” states the new video embedded on VA’s Office of Community Care website.

The video appears designed to help inform and protect veterans from what happened to Jay Hill, a veteran stuck paying an ER bill because of a little-known VA rule.

If a veteran has a medical emergency, they're supposed to go to the closest emergency room, just like anyone else. But as Hill learned the hard way, for veterans who only have insurance coverage through the VA, there's a real risk that the VA might not pay.

In 2014, Hill was visiting family for Christmas. In late December, he began feeling severe stomach pains and went to a nearby emergency room.

“I was just in agony, I couldn’t hardly walk,” Hill said. “It was just terrifying.”

Hill had been treated by the VA for similar problems with his stomach, but this time the VA was too far for him to travel. The hospital bill was sent to the VA, but in February 2015 his claim was denied.

“This Veteran has not received VA medical care within the past 24 months,” the letter said. It told him he had the right to appeal. He filed an appeal but was told it was after the appeals deadline, so it too was denied.

Nationwide, the VA has denied more than 219,000 emergency room claims for that singular reason during that same time period - January 2015 to September 2017. That amounts to \$791,842,386 in bills veterans are responsible to pay.

The rule was part of the Veterans Millennium Health Care and Benefits Act, or The Millennium Act, passed in 1999.

However, as KARE 11's investigation discovered, many veterans were not aware that the rule existed, or that it meant the VA wouldn't cover an emergency room bill.

"No one's aware of it," Hill said. "From my generation of people getting out, I had no idea this was a thing."

In March 2014, just 9 months before Hill went to the emergency room, the Government Accountability Office published a report stating, "most veterans" are "often not aware of specific eligibility criteria and assume that VA will cover their non-VA emergency care..."

It also specifically pointed out one veteran who felt he "should have been notified by the VA that he needed to be seen every 24 months to be eligible for Millennium Act coverage."

Randy Williamson, one of the authors of the report, testified before Congress in 2014, again pointing out that the rules are confusing, and not clear to veterans.

"Some veterans do not always understand their eligibility for coverage of emergency care," Williamson told members of the House Committee on Veterans' Affairs.

But KARE 11's investigation discovered little to nothing was done, and veterans are still footing high-cost emergency room bills they thought would be covered by VA.

Jay Hill's bill was sent to collections after the VA refused to pay. He did pay \$600 of the \$3,400 bill, but after the collections agency took Hill to court, he went on a monthly payment plan that could take years to pay off.

"I am responsible for all of it - they wouldn't cut me a break," Hill said.

Stories like Hill's have Randy Williamson, the now retired GAO investigator, questioning whether the VA followed up on his recommendations.

"One of our recommendations is that VA needs to do a better job informing veterans and finding out what the knowledge gaps are," Williamson told KARE 11 in December of 2017.

Now VA seems to finally be taking action.

The newly released video lays out in detail the steps veterans need to take for VA to pay their ER bills.

It's information Jay Hill wishes he'd had before ending up in collections facing a decade of debt.

"At the minimum payments, it takes like 9 years, 10 years to pay off," Hill said.

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1.7 - Stars and Stripes: [Veteran using VA Choice program could get stuck with \\$30,000 medical bill](#) (3 July Nikki Wentling, 1.5M uvm; Washington, DC)

Bob Hart, a 73-year-old farmer in central Illinois, always pays his bills. But that changed when the Vietnam War veteran was informed he owed \$30,000 for medical treatment he thought the Department of Veterans Affairs covered.

"I got a call from my hospital saying I owed them, or they'd take the money out of my bank account," Hart said. "I just thought, 'You've got to be kidding me.'"

Hart uses the VA Choice program to get treatment at his local hospital in Jacksonville, Ill., where he receives biweekly injections of anti-inflammatory medication for a condition linked to exposure to the chemical herbicide Agent Orange.

The Choice program allows veterans who can't get a VA appointment or who live in rural areas – such as Hart – to get treatment at private medical providers paid for by the VA. Hart has used the program to go to Passavant Area Hospital for nearly two years – but administrators there told him the VA hasn't paid them for his treatment since December.

Since he was informed of the bill several weeks ago, Hart has continued to go to the hospital for his injections feeling concerned about whether he will receive treatment.

Hart got his injection July 3 with no troubles. His next is scheduled for July 17.

"I don't know where I stand on this," he said. "If I don't get the shots, I'm in trouble. But I can't lose everything I've got."

Passavant is part of the Memorial Health System. A communications official there was reached by phone last week but did not respond to questions about Hart's bill or about troubles with the hospital getting paid by the VA.

VA Press Secretary Curt Cashour said Tuesday the agency was looking into Hart's situation. He also said Hart would encounter no interruptions in treatment and his credit wouldn't be affected. Cashour said the VA contacted TriWest, the third-party administrator that the government uses to pay private providers through the Choice program, to inquire about payments for Hart's care.

"We have contacted TriWest in order to resolve this as soon as possible," Cashour said. "In the meantime, VA will be reaching out to the veteran directly to ensure he is getting the care he needs."

Years of problems

Hart's situation isn't unique. The slow reimbursement of private-sector hospitals has been a chief complaint about the Choice program, which is often criticized as complex and bureaucratic.

"We're very aware that this is a problem for some veterans who've used the Choice program and community care," said Kayda Keleher, an associate director at the Veterans of Foreign

Wars. “It’s something we’ve worked hard with the House and Senate on. The VA should be paying the bill.”

Since the Choice program was created in 2014, some private medical facilities have experienced delays getting paid by the VA. When payments are stalled, veterans’ medical bills can be sent to debt collectors and their credit reports damaged.

The VA established a toll-free number, 877-881-7618, for veterans to call when facing billing issues through the Choice program. According to a letter sent last year by 40 lawmakers to the VA about the issue, the agency received more than 57,000 calls between the program’s launch in late 2014 and May 2017 from veterans facing adverse credit reports.

Elected officials have previously tried to step in. The House Financial Services Committee advanced a bill three months ago that would protect veterans’ credit scores when the VA is slow to reimburse private-sector doctors for their medical care. The bill has not yet been scheduled for a vote on the House floor.

In 2015, Sen. John Boozman, R-Ark., arranged meetings between VA officials and hospital administrators who said they were collectively owed millions of dollars for treating veterans.

Working on a fix

A massive VA reform bill passed last month by Congress aims to finally fix the problem.

The VA Mission Act overhauls Choice and instructs the VA to implement a new program for private-sector care by next summer.

The new law will require the VA to pay private-sector medical providers within a certain time, or possibly incur interest. The time is 30 days for electronic claims and 45 for paper ones.

The law also requires the VA to submit an annual report to Congress that lists the number of late claims, how many days that they were overdue and how much interest the agency had to pay out.

Rep. Bruce Poliquin, R-Maine, said the VA is behind on paying some hospitals in his state that can’t afford to wait for reimbursement. In March, Poliquin and Rep. Collin Peterson, D-Minn., founded the Congressional Rural Hospitals Caucus, which promises to ensure private hospitals receive timely and accurate payment from the VA.

“This is a problem when you’ve got a small hospital that might not have bills paid for one to two years,” Poliquin said when speaking in May on behalf of the Mission Act. “We need to make sure all of our rural hospitals get paid, and this bill says if they are not paid within 30 days, then interest starts accruing on that.”

The new law also permits the VA to contract with an outside company that could take on the duties of paying private-sector providers. That decision will likely be made in the next year as the VA goes through the rulemaking process to implement the Mission Act.

“This tells the VA they need to figure out how to handle this internally and do this efficiently, or allow them to contract out to a non-government entity,” Keleher said.

It's unclear what happened in Hart's situation. The VA confirmed Hart has approval from them to receive treatment at his local hospital through June 2019.

On Tuesday, Hart visited the billing department at Passavant hospital, attempting to understand the mix-up. He said it appeared there was a communication breakdown between the hospital, the VA and TriWest about whether his doctor was an authorized provider through the Choice program.

"This is a mess," Hart said. "I just don't understand it."

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2. Greater Choice for Veterans

2.1 - Washington Times: [Analysis/Opinion: A new independence for America's veterans](#) (3 July, Joseph Chenelly and Erhardt Preitauer, 10.8M uvm; Washington, DC)

The birth of our great nation in 1776 was predicated on a few core tenets: life, liberty and the pursuit of happiness. Those tenets were preserved over the years by those who had volunteered, or in some cases, those who were conscripted, to take up arms and defend the ideal of "independence." We have celebrated this ideal for the last 242 years in the United States on the Fourth of July.

However, this tradition would collide with a cruel twist of irony in 2014. That year, the Fourth of July would come to represent anything but independence for veterans, the very individuals who gave the day its meaning.

The Phoenix VA Medical Center became the flashpoint for what would be considered one of the biggest scandals in VA history after hidden waitlists were reportedly linked to the deaths of veterans awaiting health care.

The VA secretary and under secretary for Health were forced to resign soon after. The VA itself would become an easy target for politicians looking to demagogue the issue as well. And the story-hungry media could rely on the VA to eventually deliver bad news whenever the 24-hour news cycle needed an adrenaline shot.

This, as veterans continued to bear the brunt of a bureaucratic health care system that had otherwise employed well-intentioned people, but was plagued by a long-standing culture of inefficiency, complacency and moral hazard.

This Fourth of July, it's time for veterans to declare their independence from the status quo: A fragmented health care framework that's starving for innovation and limits access to care, rather than one that empowers veterans to overcome barriers to access through expanded care options. Thankfully, when it comes to health care, the veterans' declaration of independence was recently codified in the VA Mission Act.

The precursor to the Mission Act, the Veterans Access, Choice, and Accountability Act of 2014, while well-intentioned, unfortunately, was hastily implemented. This quickly enacted law

introduced the notion that veterans ought to be able to choose a health care provider, either in the VA or within their local communities.

But that choice created new problems in terms of how authorizations were administered and physicians were reimbursed for providing care, arguably leaving veterans even more disenfranchised than they were before the Phoenix VA scandal-era.

It also stoked fears of VA privatization, both real and imagined, as proponents on all sides fought in social media, cable news and print publications to advance their respective objectives.

This Fourth of July, veterans will enjoy a new sense of independence as a result of the VA Mission Act of 2018. The new law passed with bipartisan support in Congress and was signed into law by President Donald Trump on June 6, 2018, before an eclectic mix of veterans' advocates representing all sides of the "veterans choice" issue.

That's why AMVETS, the nation's most inclusive congressionally chartered veterans service organization, and CareSource, a leading non-profit managed care organization that offers health care options for those who need it most, have recently partnered to define what it means to provide real and viable independence in health care access for veterans, a joint effort that offers no easy answers or quick solutions.

The most famous line in the Declaration of Independence is "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." In this regard, the VA Mission Act is a declaration of independence for veterans:

All men are created equal — in this regard, the VA is supposedly a "separate but equal" health care system. Because veterans, at least, are equal to their civilian counterparts, they should have equal access to all types of health care, including both VA and non-VA care, depending on their individual needs.

Life — veterans have lost their lives as a direct result of their inability to access care. Greater access to care, both within the VA and outside of it, will help save veterans' lives.

Liberty — veterans will now have the autonomy to choose the option that is best for them, and will be free from the previous restrictions imposed by the Choice Act of living more than 40 miles from a VA medical center or being unable to access an appointment for 30 days.

The Pursuit of Happiness — health is precursor to happiness, and allowing veterans the freedom to pursue the health care choices that are right for them and their families allow them to live healthier, happier lives.

Thus, like the document we all honor on July Fourth, the VA Mission Act is a unified statement of independence, at a time when an appetite for consensus over conflict rules the day among legislators, veteran service organizations and a public starved for progress.

Independence, however, must be more than a matter of principle and compromise, especially where veterans are concerned.

It must be about the actual enjoyment of life through effective health care, liberty through the freedom to choose among viable choices and a pursuit of happiness through the full realization

of wellness for those who have faced the enemy, sacrificed on behalf of the nation, and now just want to be made whole. Then, and only then, does Independence Day in our country retain its true meaning.

• *Joseph R. Chenelly is the national executive director of AMVETS. Erhardt H. Preitauer is the chief executive officer of CareSource.*

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3. Modernize Our System

3.1 - KEYE (CBS-42, Video): [VA announces new healthcare clinic coming to Cedar Park](#) (3 July, Fred Cantu, 630k uvm; Austin, TX)

In Williamson County the Veterans Administration is making a move to increase healthcare options for our vets. And this move is taking them to the top.

Tuesday, the Central Texas Veterans Health Care System announced it will be taking the top floor in one of the office towers next to Cedar Park Regional Medical Center. It's not much to look at yet, but it offers something lacking at the current local clinic... Space.

At its new location the VA will have the room to offer local vets more primary care, mental health treatment along with laboratory and imaging services. Congressman John Carter believes the new space will allow the local clinic to build on its existing reputation. He says, "When you talk to veterans they really like the way they're treated here. So they're going to be very pleased they're going to get more services."

The VA says they outgrew their current space -- a repurposed bank -- simply because more veterans are moving into the area. Christopher Sandles, director of CTVHCS explains, "It's a rapidly growing population because of our proximity to Fort Hood. However, within that health care system the Cedar Park area is the fastest growing veteran population."

The new digs are in a medical complex which will only add to the health care options available to veterans. Sandles says, "If there are services we don't provide or we can't provide them timely, surrounding us are private practices from cardiologists to orthopedists to OBGYN. So we'll be able to share those."

Ethan Garner is leasing director for Welltower, the VA's new landlord. We asked about the VA's new neighbors in the area. He says, "We have oncology, we have orthopedics, we have lab services. There's a number of different things that the veterans can take advantage of actually in this facility, not to mention the proximity to the hospital is a huge plus."

And the current VA clinic on Bell Blvd. isn't going away. It will get a new focus on specialty care and tele-medicine.

No date on when we'll see the changes. They just know they now have the space to move forward.

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3.2 - GCN: [Can AI improve user experience at the VA?](#) (3 July Susan Miller, 162k uvm; Vienna, VA)

The Department of Veterans Affairs wants to use artificial intelligence to improve the experience of veterans who contact the agency with questions.

With the increasing number, depth and breadth of questions from veterans and caregivers coming in via the White House VA Hotline, VA National Call Center Portals and the eBenefits portal, the VA is finding it difficult to give veterans immediate assistance because its agents are busy assisting other customers.

The department believes AI can help minimize delays by speeding information retrieval and improving the quality and accuracy of information provided. AI-based chatbots or voice interfaces can be trained to answer common questions and help VA agents quickly locate information relevant to a customer's specific concern. The technology could also be used to increase the accuracy of data collected by agents and ensure files are routed to the proper facility, which would prevent delays downstream. By helping veterans and caregivers properly fill out claims documentation, AI can improve the accuracy and completeness of the information, speeding the claims decision process.

In a July 2 request for information, the VA said it is looking for an AI-based solution to give veterans, caregivers and survivors better access to health care and benefits information. The VA wants the software-as-a-service solution to be developed with agile methods in which design, configuration, testing and deployment builds are conducted on a continuous basis throughout the life of the contract.

The VA wants the following capabilities available across multiple formats including computer, tablet, voice and chat:

- Natural language processing that provides “human-like” communications that take advantage of context, memory and evaluating the emotional state of the user.
- Automated learning that allows the AI to learn from a session that was transferred to a subject matter expert.
- Application programming interfaces for bidirectional data integration across various VA systems and databases.
- Expertise that spans multiple areas such as disability, transition assistance, education and training, home loans and other services offered by VA.

Once the AI system is trained and put into production, the VA said, it can learn over time to expand and improve its own capabilities.

VA has already deployed some AI-based assistants. A voice-activated virtual assistant developed by Epic, the electronic health records, and Nuance, a firm specializing in conversational AI, that makes it easier for veterans to schedule appointments, which are then integrated with their health records and the VA's workflow.

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3.3 - KTBC (FOX-7, Video): [Cedar Park VA Clinic expanding, adding a 20,000 square feet space](#) (3 July, Bridget Spencer, 156k uvm; Austin, TX)

The Cedar Park VA clinic on Bell Boulevard simply doesn't have enough space.

"That space was too small and there was no way they were going to survive a multi-year lease we had in place at that location," said Christopher Sandles, medical center director with the Central Texas Veterans Healthcare System.

It's been at that location for two years, now VA officials want to expand, but what is different is, they want to integrate the VA system with the community at large.

The Central Texas Veterans Healthcare System secured almost 20,000 additional square feet inside the medical office building, near the Cedar Park Regional Medical Center. The space will be used to expand healthcare services to Central Texas Veterans. The Bell Boulevard space will still be used for tele-primary care the CTVHCS said.

"For any of us who receive healthcare in the private sector, you expect certain things when you walk in the door, you expect a healing environment. Should we need to refer them to care we don't provide at this location or other sites, we can utilize the multitude of private healthcare providers," said Sandles.

The announcement is an exciting one for U.S. Representative John Carter who has dedicated a lot of time to the topic.

"The 31st congressional district has the largest population of veterans in the state of Texas," said Carter.

In 2014, the VA received some bad press for extraordinary long wait times and negligence for veterans.

The officials in Central Texas say they are constantly working to fix what went wrong.

"There have been a lot of headaches we got in the middle of that three or four years ago. We worked hard on it, I think we've made corrections," said Carter.

For leaders and lawmakers, optimum healthcare something they feel is owed to America's heroes.

"It's part of what we promised people when we recruited them in the military. We promised them this was part of what they would receive as a veteran benefit," said Carter.

Carter authored a portion of the bill signed into law by President Trump, called the VA Mission Act. It will take the place of the Choice Program in 2019.

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3.4 - Annals of Long-term Care: [Leadership Gaps At VA Could Hurt Cerner EHR Rollout](#) (3 July, 8.8k Malvern, PA)

Lawmakers expressed their frustrations with the lack of crucial leadership at the Department of Veterans Affairs as the agency prepares for implementation of a new, \$16 billion electronic health records (EHR) system.

The VA is preparing to undergo a \$16 billion overhaul of its EHR system after finalizing a contract with the health information systems company Cerner. Additionally, a recent report from the Government Accounting Office (GAO) found that the agency has spent \$1 billion on EHR systems per year for the last 3 years. While this finding puts the VA's projected \$16 billion spending on EHR over the next 10 years at a higher cost compared to current spending, Phil Roe, MD, (R-Tennessee), of the House of Representatives, said that this price tag includes many improvements to the current system—which could cut costs in other areas.

“\$15.8 billion dollars over to 10 years, including \$10 billion to Cerner, is a staggering number for an enormous government agency,” Rep Roe said during a Committee on Veterans Affairs hearing. “However, EHR software is only a relatively small part of the overall price tag. What exactly does all that money buy? The EHR Modernization is not just a technology project; it will have a major impact on the way VA operates. That means clinical and administrative workflows. It will also reshape the culture.”

The VA has set the launch date for the implementation of Cerner's new EHR system for March 2020, according to Peter O'Rourke, acting secretary of the VA.

However, lawmakers expressed frustrations with the lack of qualified leadership in place to oversee the implementation of the new system in recent months. After Secretary David Shulkin, MD, was fired in April, a number of other VA officials left the agency. Currently, the deputy secretary, the undersecretary for health, and the chief information officer (CIO) are currently vacant at the VA. In early June, Thomas Bowman retired as deputy secretary, while Scott Blackburn, acting CIO, resigned after the ouster of Dr Shulkin. Meanwhile, the position of undersecretary for health has remained vacant for 16 months.

The former director of data operations for the Trump campaign, Camilo Sandoval, has temporarily replaced Scott Blackburn. However, Mr Sandoval was not invited to the recent hearing on Cerner implementation at the Committee on Veterans Affairs.

“I don't see how this is going to end well if we don't get the top leadership positions in place... especially the chief information officer, as a highly qualified individual to oversee this project,” Mark Takano, (D-California) said during the hearing. “It's not on you. It's on the White House for leaving these positions unfilled especially when we have this massive, massive contract.”

Julia Brownley (D-California) added that she is worried based on her experience with leadership issues at the VA causing problems in the past.

“Lack of leadership or turnover in leadership has caused delays in almost any endeavor that has been undertaken,” she said. “I share the concerns of many in the committee that at the outset we're worried about various deadlines and meeting the interim goals as we move forward on this.”

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KZRG (AM-1310): [Joplin VA Clinic To Open In September](#) (4 July, Sarah Novotny, 1.6k uvd; Joplin, MO)

Progress is moving along for the new VA Outpatient Clinic in Joplin in the 3000 block of South Connecticut. The clinic will be much more convenient for veterans who currently have to travel to Mount Vernon for treatment. State Representative Charlie Davis tells News Talk KZRG this is a win-win for veterans and community.

“For veterans who have served this country honorably to be able to stay local and get the care that they need locally is good, but it’s also going to create jobs in the community. We’re going to have a lot of people working there from within our community that are doctors, nurses, and even the cleaning staff.”

The Joplin VA clinic is set to open in September. It’ll serve veterans for everyday needs. For more serious illnesses and surgeries, veterans will still need to utilize VA hospitals, such as Fayetteville, St. Louis, Kansas City, and Little Rock.

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4. Focus Resources More Efficiently

4.1 - KING (NBC-5, Video): [Veterans in rural areas hit hardest by VA hospital vacancies, Thousands of vacancies remain within the VA health care system, having the greatest impact on veterans in rural communities.](#) (3 July, Natalie Brand, 3.2M uvm; Seattle, WA)

More than 30,000 vacancies remain within the VA health care system nationwide, including around 1,000 across Washington state.

While the Veterans Administration says “phenomenal progress” has been made since 2017, a spokeswoman acknowledges rural communities and certain clinical specialties are still posing recruiting challenges.

“The ones that really hurt when it comes down to this is the rural communities, and that’s where I come from,” said Washington’s American Legion Commander Gary Roach of Chewelah in Eastern Washington.

“The services are very, very limited,” Roach continued.

Roach, a Navy veteran, has not only received care through the VA health care system, but he’s worked at the Spokane hospital as a service officer.

“The people who are there doing their job are doing a great job, and they need to be helped with having staffing that’s appropriate because the veteran population is only going to continue to grow as we keep going into different conflicts,” he said.

However, as the patient population grows, the VA vacancies in the region persist. While the VA says it has increased hires by 15,000 over the past year, the system is still looking for 33,642 full-time employees. More than 30,000 of the positions are within the Veterans Health Administration.

Current FTEE numbers for VISN 20's Washington facilities.

"That's nurses, doctors, administrators," said Washington Congressman Adam Smith, the top Democrat on the House Armed Services Committee.

"We've had a major battle at the Seattle VA to get them to fill critical spots," Smith continued. "That's part of the reason why we have these long lines. Veterans can't get in as quickly as I think they should."

Congressman Smith says his office has been tracking this issue for the past couple of years. He believes factors contributing to the delay include bureaucracy and a lengthy approval process originating from headquarters in D.C.

"I think you can streamline the process, speed up the process of hiring people; eliminate some of the layers in order to get the approval to make some of the hires, and then we have got to provide the money," said Smith. "We have to adequately fund the VA, so they have the money to fund these positions."

The VA Northwest Health Network says the department remains "committed to aggressive recruitment," including offering incentives such as retention and relocation bonuses, tuition reimbursement, and competitive retirement and benefits packages, according to spokeswoman Megan Crowley.

Commander Gary Roach believes some of the recruitment challenges stem from pay or lack of research opportunities.

The American Legion is currently tracking several pieces of legislation to boost incentives and address the shortages. That includes a House bill called the VA Hiring Enhancement Act aimed at speeding up the hiring of newly recruited doctors.

A separate proposal would create a pilot program for pre-med students aimed at introducing future doctors to the challenges and needs of veteran care.

Roach says he believes Congress understands the urgency of the situation, as well as the uniqueness of the VA, an organization Roach says blends care, compassion, and camaraderie for those who have served.

"You sign that blank check. As far as I'm concerned, veterans should be the ones taken care of first and foremost," said Roach. "We're the ones responsible for holding the freedoms that we all hold dear."

"There's not too many people running around in our civilian population who have been shot at before. Most of the veterans who are coming out right now have been shot at numerous times. That care is specialized, and we need to stick to that specialized care," Roach continued.

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4.2 - WBNS (CBS-10): [10 Investigates uncovers problem affecting every Ohio VA facility](#)
(3 July, Bennett Haeberle, 1.5M uvm; Columbus, OH)

Medical equipment used to care for veterans routinely goes missing at Ohio Veteran Affairs hospitals, clinics and offices, a 10TV investigation finds.

10 Investigates spent months going over inventory records that detail the expensive items deemed lost. Items such as cellphones, iPads and computers "could not be located."

Records show expensive medical devices were also declared "lost." Some of the equipment listed include:

"You have a whole stack of papers that prove they're just letting money walk out the door, it's frustrating," said veteran Natasha Morrison.

Thursday on 10TV News at 11: find out what the VA is doing about this issue and why the fix has cost taxpayers hundreds of millions of dollars.

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4.3 - Press-Enterprise: [Riverside National Cemetery kicks off Independence Day early](#) (4 July, Ryan Hagen, 1.1M uvm; Riverside, CA)

The rockets' red glare gave proof Tuesday, July 3, that the only symphonic concert at a national cemetery was still held at Riverside National Cemetery.

"Concert for Heroes," which was expected to draw thousands, featured the Inland Empire/Riverside Philharmonic Orchestra playing patriotic tunes. That concluded with "Stars and Stripes Forever" as fireworks burst over the cemetery.

The inspiration for the Concert for Heroes came from the 1999 Congressional Medal of Honor Society Convention that was held in Riverside, according to the Riverside National Cemetery Support Committee. It has continued the day before Independence Day every year since.

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4.4 - KTBS (ABC-3, Video): [Overton Brooks VA Medical Center celebrates Independence Day](#) (3 July, Bia Roldan, 298k uvm; Shreveport, LA)

Veterans gathered at the Overton Brooks V-A Medical Center (OBVAMC) on Tuesday morning, a day before Independence Day.

A representative raised each service flag and the state flags of Arkansas, Louisiana, And Texas.

Lieutenant Bill Davis of the Bossier Parish Sheriff's Office raised the Navy flag. He served for 20 years.

"This is a remarkable place--the VA Overton Brooks. So, the honor to do it here is just remarkable... with these other veterans who served our country," Davis said.

OBVAMC Director, Richard Crockett said, "What's really nice is to have people coming from the outside celebrating what we celebrate everyday. "

Several dozen people attended the first annual ceremony.

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4.5 - FedSmith: [Legislation Introduced to Repeal Expedited VA Employee Removal Procedures](#) (3 July, 1an Smith, 276k uvm; Washington, DC)

Legislation recently introduced in the House would repeal the portions of the VA Accountability and Whistleblower Protection Act that make it easier to fire VA employees.

The VA Personnel Equity Act of 2018 (H.R. 6101) was introduced in the House by Congressman Brian Fitzpatrick (R-PA). The bill would repeal the separate removal, demotion, and suspension processes for VA employees that were enacted under the VA Accountability and Protection Act.

Since it was implemented, the new law at the VA has been used to remove employees for performance. One of the more high profile cases involved the former director of the VA Medical Center in Washington, DC. Brian Hawkins was terminated because a number of problems at the facility, however, the VA was forced to rehire him because of a stay order issued by the MSPB. The VA ended up removing Hawkins again using the provisions of the new accountability law.

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4.6 - WWBAY (CBS-10): [Dozens Come Out To Remember Importance Of Independence Day](#) (4 July, 189k uvm; Wilmington, NC)

Fourth of July is a day filled with hot dogs, burgers and fireworks. But for some people in Wilmington, it's important to remember the original meaning of Independence Day.

"The meaning of what this is for the United States of America," Navy veteran and local historian Captain Wilbur Jones said.

242 years of independence, celebrated at Wilmington National Cemetery. Many people were silent during the event as more than 50 American flags waved in the air.

"Seeing all the flags, all the people who are honoring the people who have gone before us and of course the current people. But it is such a great feeling and I will share that with my family and my neighbors," Judy LaBor said.

New Hanover County Veterans Council Chairman, Frank Roberts says even though fireworks and barbecues are great, it's important to remember the reason for the holiday.

"What is one of the reasons why we do it is so that we don't forget about it, because if all we do is the barbecues and the swimming and the boating and everything, we'll forget what Independence Day is. So, when you have a little ceremony like this you're bringing it back and

letting people know that there's a reason why we get off on July 4th, and why we celebrate July 4th," Roberts said.

Many other people, including the guest speaker Captain Wilbur Jones, encourage others in the community to still come out to the cemetery and take a few minutes to remember the importance of the holiday.

"Our nation has a lot of holidays, and very few are more important. Probably none more important than how we got started 242 years ago," Jones said.

Many of the people who came out encourage others to come out next year to start of their next Independence Day.

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4.7 - Town Talk (Video): [Gardens at Alexandria VA Hospital provide recreation and therapy](#) (3 July, Miranda Klein, 185k uvm; Alexandria, LA)

Raised garden beds at the Alexandria VA Hospital are providing recreation and therapy for the veterans who tend to them daily.

The gardens are located outside the hospital's nursing home and acute psychiatric units. They were planted in April, thanks in part to an outreach agreement between the Alexandria VA Health System and the Natural Resources Conservation Service, a USDA agency.

"For USDA and NRCS, there is a big focus on reaching out to veterans," said Amy Robertson, public affairs specialist for NRCS. " ... This was a way for them (the VA) to be able to use agriculture and gardening for recreation and therapy, and it was a great way for us to reach veterans. It's really a perfect partnership."

Garden beds outside the VA's Community Living Center are raised to a height that allows access for people in wheelchairs.

"I come out here three or four times a day," said Don Jones, a Navy veteran and resident of the Community Living Center. "It's therapeutic."

Studies back up the idea that gardening is a therapeutic outlet and good for mental health.

Robin Joffrion-Sawyer, the hospital's supervisory recreation therapist, said fresh air and sunshine also benefits patients, particularly in the psychiatric unit. In addition to PTSD, the psychiatric unit treats veterans for things like depression and substance abuse problems.

"In this setting, they can tend to focus on the negative aspects of what brought them into the hospital," she said. "Bringing them outside, giving them something to focus their attention on and a reason to socialize, I think that makes their mood better, makes their self-esteem improve, and it makes them more willing to interact with others."

Eric Smith worked for a landscaping business in the Lafayette area after serving in the military as an Air Force security officer. Gardening is something he's missed since moving into the Community Center.

"I like being outside, being in nature — even the bugs," he said.

So far, veterans are growing fruit and vegetables like tomatoes, bell peppers, cucumbers, watermelon, cantaloupe and strawberries. The cucumbers and a few tomatoes already have been harvested as a snack for patients to enjoy.

"It reminds of when I was a kid, and we got our vegetables out of the garden," said Gary Polk, another VA resident, who served in Vietnam. "... We ate pretty good, and our neighbors did, too."

"A goal of ours is to work with our dietary department to begin using the vegetables to cook for the patients," Joffrion-Sawyer said.

Everything in the gardens was planted during a workday coordinated by NRCS. From there, the agency has provided technical support as needed.

"At one point many years ago we had a big horticultural program. (Until recently,) we had the facilities. We had the ground. We just didn't have really the funding," Joffrion-Sawyer said.

"Once we were able to network with USDA and NCRS, they came in, provided the funding, but also gave us guidance as far education, because didn't know exactly what is was we needed to plant and what would work the best."

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4.8 - News-Review: [Office of Special Counsel rules against former VA surgeon](#) (4 July, Carisa Cegavske, 160k uvm; Roseburg, OR)

The U.S. Office of Special Counsel has rejected a claim by a surgeon who alleged retaliation after he was fired from the Eugene clinic of the Roseburg Veterans Affairs Medical Center last year.

Retired Air Force Col. Scott Russi's case was prominently mentioned in congressional testimony about whistle-blower retaliation at the Roseburg VA and other VAs around the country. Soon after that, Congress passed a law intended to protect whistle-blowers, and Rep. Peter DeFazio, D-Springfield, called for an investigation into whistle-blower retaliation at the Roseburg VA.

Russi, who had been deployed four times as a combat surgeon including tours in Afghanistan and Iraq, was the trauma medical director at Sacred Heart Medical Center at RiverBend in Springfield before joining the VA in January 2017. In August, he was fired.

Russi alleged he was fired because he complained that his agreed-upon salary wasn't fully paid, and because he challenged then-chief of surgery Dinesh Ranjan over a surgical procedure. Russi also said he challenged Ranjan over the VA's practice of not having surgeons on call, which meant patients with post-surgical complications couldn't contact surgeons. In one incident, Russi said, a patient who had a hernia operation was forced to sit in the emergency room overnight for 13 hours with an actively bleeding wound because the surgeon couldn't be contacted until morning.

Russi filed a claim saying he was wrongfully fired. Last week, the Office of Special Counsel ruled against him.

Russi said he plans to appeal the Office of Special Counsel's decision, which he said was disappointing because the office is supposed to protect veterans and it's "obviously not doing that."

"Corruption runs deeper than just at the local treatment facility level, it's at the national. It's even within the agencies that are put in place to protect the veterans from wrongdoing of the leadership," he said.

In a letter to Russi explaining the decision, Office of Special Counsel attorney Wonjun Lee said Russi did not have due process rights because he was a part-time employee.

Russi said he had been moved to full-time status in July, but Lee said a letter to that effect didn't count because additional approvals were needed. He said Russi was notified verbally about that, an assertion Russi denied.

Lee also characterized the dispute between Russi and Ranjan differently, saying Russi had objected to Ranjan's decision not to proceed with an operation to repair a hernia after the patient had been sedated.

Ranjan was the one who complained to the VA's credentialing committee about four of Russi's cases, the move that led to his firing. However, Lee said Ranjan didn't vote on the firing, and it was then-director Doug Paxton who made the final decision.

"While you have disputed the Agency's allegations of your providing substandard care, we have determined that reasonable minds could have supported your termination based on the concerns presented and your employment status," Lee wrote to Russi. He also said the he found no "evidence of animus" against Russi from either Paxton or the committee.

Russi said he couldn't see how Lee could find no animus. He said Office of the Medical Inspector officials investigating whistle-blower retaliation at the Roseburg VA found the "entire institution was rife with it."

The Office of the Medical Inspector, however, agreed with the Roseburg VA's decision to fire Russi.

Roseburg VA Interim Director Dave Whitmer said the surgeries underwent peer review after anesthesia providers and another surgeon expressed concerns. He said Ranjan directed the reviews, which were completed by surgeons at the VA Puget Sound Health Care System.

One of those cases involved a significant clinical complication, he said, and an anesthesia provider in Roseburg conducted an additional review of the veteran's pre-operative evaluation and "identified evidence of poor clinical judgement by Dr. Russi," Whitmer said.

The Office of the Medical Inspector found the Roseburg VA "followed all proper procedures in terminating Dr. Russi," Whitmer said.

"This matter is now in litigation and I'm confident the VA will prevail given the overwhelming evidence and documentation supporting our case. I met Dr. Russi in April and spoke with him

regarding this case. I respect his service to our country and wish Dr. Russi well in his future endeavors, but I support the decisions made by previous leadership regarding his termination,” Whitmer said.

The VA had not previously commented because it doesn’t comment on personnel issues unless a waiver is signed, but Russi signed a waiver for the VA to specifically discuss the OMI report.

Russi also provided The News-Review with copies of letters from six doctors who independently reviewed Russi’s work on the cases that allegedly led to his firing. All six, including VA Northern California Health Care System Chief of Surgery Scott Huldahl, found Russi’s work acceptable. Huldahl said two of the three cases he reviewed would not have triggered a review at his VA. The third, involving a nerve injury following the removal of a basal cell carcinoma, would have been reviewed but would probably have been found acceptable because it is a “known” and “notorious” complication, Huldahl said.

Russi also cited a recent decision by the Oregon Medical Board, which closed an investigation against Russi in April after ruling in his favor in a complaint initiated by VA officials.

Russi is currently practicing at a private clinic called Avante Surgical in Eugene.

Ranjan stepped down from his position in January, following the OMI investigation. He’s been reassigned to oversee surgical telehealth services for the regional VA Northwest Network.

Paxton also stepped down from his job following the investigation, and was reassigned in March as a portfolio manager for the VA’s Veterans Engineering Resource Center.

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4.9 - KTVO (ABC-33): [Loebsack meets with local veterans to address V.A. frustrations](#) (3 July, Chris Arbino, 140k uvm; Kirksville, MO)

They fought overseas, now their battle is right here in the Heartland.

Veterans who fought in Vietnam, Desert Storm, and the Global War on Terror are now in a fight with the very organization that is supposed to protect them at home.

“In the state of Iowa, we do a pretty darn good job dealing with our veterans and with the healthcare issues,” said U.S. representative Dave Loebsack.

For the last 7 years, Congressman Loebsack has held a workshop around the July 4th holiday with local veterans. He knows there are issues that need fixed right here in Iowa, but there are bigger issues to tackle nationwide.

“We have waitlists from time to time no doubt, but the kind of care they get is pretty darn good in Des Moines, in Iowa City, at the local community based outpatient clinic right here in Ottumwa. So there are issues, but they aren’t nearly as dire as issues in Phoenix and other places,” Loebsack continued.

Local Veterans Affairs Administrator Terry Bradley is not frustrated so much with the state level as he is with the federal level.

"The former undersecretary of the Veterans Benefits administration, he told us at the conference in San Diego, He call us inventory. That's not good. We are humans, we are the same humans, and we fought for this country."

He thinks a solution to the ongoing problem is getting federal administrators out of their D.C. offices and meeting with the Veteran's face to face, like he must everyday.

"I would love to see the undersecretary of the Veterans Benefit Administration and the Veterans' Health Administration come down here and get some skin in the game. Let's get you down here, boots on the ground. See what we do and see why we do it. Because they're up there, they're looking at paper. They're not looking at a human being."

Local veterans are reminded that it is never too late to start a VA claims process.

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4.10 - Muskogee Phoenix: [Veterans Connection: VA peer support specialists help reach road to recovery](#) (3 July, Marlene J. Diaz, 64k uvm; Muskogee, OK)

Peer support is a system of giving and receiving based upon the principles of respect and shared responsibility. Its mission is to provide opportunities for veterans to take control of their recovery, teach and support learning skills and to make them aware of available services and choices.

The Eastern Oklahoma VA Health Care System (EOVAHCS) has four peer support specialists who serve as role models for veterans by sharing their stories on how they recovered from trauma. They teach goal-setting, problem-solving, and how to manage symptoms with a variety of recovery tools. They also advocate for the veteran by working to remove or lower the stigma of mental illness, trauma, and Post Traumatic Stress Disorder (PTSD).

Although veterans can meet one-on-one with a peer support specialist, there are several peer groups available that can help veterans improve their social skills and lessen the sense of loneliness, rejection, discrimination and isolation.

Advantages of using the program include an improved ability to deal with mental illness, better communication with providers, fewer hospitalizations and a healthier quality of life. Peer support specialists are available Monday through Friday from 8 a.m. to 4:30 p.m., excluding holidays, and no appointment is necessary.

Another specialty group at EOVAHCS is the Project Hero Cycling Clinic. Its purpose is to use cycling as a way to help veterans combat a multitude of hurdles and stigmas. It helps prevent negative perceptions of how others see them and how they see themselves. It also gives veterans a sense of freedom.

Cycling is a minimal impact sport that increases your heart rate, builds muscle, burns fat, and releases endorphins. It helps with cardiovascular health, weight loss, pain management, and lowering hospitalizations (mental or physical). Riding with fellow veterans builds strong bonds and a dedicated support system, which makes them feel empowered.

In addition, the cycling clinic puts on several events throughout the year to help reduce depression, isolation and relapse (mental, physical, and/or substance) and help foster family support. The cycling clinic is open to all veterans, first responders and anyone who wants to support veterans.

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4.11 - KAPP (ABC-35): [Walla Walla VA hospital provides safe haven for veterans this 4th of July](#) (3 July, Monica Hernandez, 5.2k uvm; Yakima, WA)

While many people are celebrating America's birthday by lighting off fireworks, some people are taking shelter.

Military veterans are often triggered by the loud popping noises and it can lead to them having flashbacks to their time on the battle field.

The Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla is inviting veterans across the area to spend the night in a quiet movie theater. They hope this can serve as a safe haven for combat veterans and helps avoid PTSD triggers.

"When a veteran hears a loud sudden noise it takes them a long time to calm back down," said Linda Wondra, with the VA Medical Center. "Fireworks can sound like gun shots or explosions similar to what they experienced in combat and this can lead to veterans having intrusive memories about their traumatic experience."

She said people should keep in mind that unless your neighbor is an open book we just don't know what memories they are trying to forget so be mindful when lighting off fireworks.

The first movie will start at 7 p.m at the theater in building 78 at the Jonathan M. Wainwright Memorial VA Medical Center in Walla Walla. This is the first year they are hosting it but hope to make this an annual event.

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5. [Improve Timeliness of Service](#)

5.1 - FOX News: [Veteran who set himself on fire to protest VA treatment has died](#) (3 July, Nicole Darrah, 32.5M uvm; New York, NY)

A veteran who set himself on fire last week in protest of the U.S. Department of Veterans Affairs has died, officials said.

John Michael Watts, 58, formerly of the Air Force, died Monday, the Georgia Bureau of Investigation tweeted. He had set himself ablaze on June 26 outside the Georgia State Capitol in Atlanta.

Watts was transported to a nearby hospital, where 85 to 90 percent of his body was found to have been burned, Georgia State Patrol told The Atlanta Journal-Constitution.

Authorities said Watts, upset with the federal agency designated to aid veterans, attached a homemade incendiary device and fireworks to his body before pouring liquid on himself. He then ignited the fluid.

"It looks like a veteran that was disgruntled with the VA did a personal protest in front of the Capitol which involved gasoline and some fireworks," Commissioner Mark McDonough, of the Georgia Department of Public Safety, said.

The commissioner added a Capitol trooper "actually put him out with his fire extinguisher."

Watts had no current address.

Veterans groups in recent years have demanded changes in the Veterans Affairs system as some veterans say they've waited months for appointments.

President Trump last month signed legislation aimed at allowing veterans more freedom to see doctors outside the system in an attempt to reduce wait times and improve care.

Fox News' Robert Gearty and The Associated Press contributed to this report.

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5.2 - Atlanta Journal-Constitution (Video): [Veteran who set himself on fire outside Georgia Capitol has died, GBI says](#) (3 July, Zachary Hansen, 11.8M uvm; Atlanta, GA)

The Air Force veteran who set himself on fire outside the State Capitol last week died Monday, the GBI said Tuesday.

John Michael Watts, 58, was brought to the Grady Memorial Hospital on June 26 with burns over 85 to 90 percent of his body, the Georgia State Patrol said at the time.

Disgruntled with the Department of Veteran Affairs, authorities said he strapped himself with a homemade incendiary device and fireworks, doused himself in a flammable liquid and set himself on fire in protest.

He had no known address.

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5.3 - Star Tribune: [My interactions with the VA on patient waiting times? In a word ... frustrating - There are more services, and that's good. But no eye appointment until November? Wait, now it's October \(but I had to be the bad guy\).](#) (3 July, Timothy Connelly, 10.8M uvm; Minneapolis, MN)

I am pulling my hair out. And I really don't have that much hair left to be pulling out.

The other day I received a letter from the eye clinic at the Minneapolis VA Medical Center, to schedule an eye appointment. I called the listed number and got a message saying they were busy and to leave a message and someone would call back within a day. Of course, no one called back within a day. I e-mailed the patient advocate and was told that only two people answer the phones at the eye clinic and that's just how it is.

OK.

I wrote another e-mail to the patient advocate to say that her excuse was pretty lame. I thought the VA was going to be all about customer service from now on. She replied that she would pass my concerns on to higher-ups.

OK.

A couple of days later a fellow calls from the eye clinic. The earliest he can get me an appointment would be Nov. 14. Today is June 24. He says if I want an earlier appointment I could go to a VA satellite clinic 40 miles from my home.

I tell him that I live only 4 miles from the VA hospital. Why the heck would I want to go that far? I thought if I was service-connected at 100 percent that I had some priority and that I should get an appointment within 30 days. He said he didn't know anything about that. I know I shouldn't have, but I hung up the phone in frustration.

That describes most of my interaction with the VA ... frustration.

I started surfing the internet and found a newspaper article from May 2014 in the Star Tribune about a visit Rep. Tim Walz of Minnesota's First Congressional District, senior Democrat on the House Veterans' Affairs Committee, made to the Minneapolis VA Hospital to investigate patient waiting times. The hospital defended its waiting-time practices.

However, while Walz said there is no evidence of a secret waiting list at Minnesota VA centers, data provided to his office showed that some veterans experience extended waits for appointments, particularly those in need of specialized services such as audiology and ophthalmology.

Gee, ophthalmology. That was four years ago. It seems things have gotten ... perhaps worse. One would think that clinics such as audiology and opthamalmogy would be allocated more funds or restructured to meet a higher demand when these services were opened up to more veterans. It seems now that almost every veteran can get an eye exam and eyeglasses, which is a good thing. When I first came to the VA 30 years ago, you had to be service-connected to get the same benefits.

The other day I was running errands when a woman called from the eye clinic. My wife talked to her. She told my wife that I could get an earlier appointment, in October — unless I wanted to go to the clinic 40 miles away. My wife told her that was unacceptable. The clerk accused my wife of yelling at her. My wife said she wasn't yelling and indicated that I would take the October appointment at the hospital.

Thank you for your customer service.

There was a story in the paper about hearings to confirm a new VA secretary.

VA Secretary nominee Robert Wilkie said that removing red tape roadblocks to getting veterans “through the door” to see a doctor would be his top priority if he is confirmed by the Senate.

“Many of the issues I encountered as acting secretary were not with the quality of care, but were getting veterans through the door to get that care,” Wilkie told the Senate Veterans’ Affairs Committee at his confirmation hearing.

Good luck with that.

I am told to advocate for my health care, but when I do I always turn out to be the bad guy, as does my wife when she stands up to defend me. The VA is my primary health provider. I am 100 percent service-connected for PTSD and service-connected for heart disease and diabetes related to Agent Orange, but it means nothing these days. It’s supposed to mean more than just a disability check every month. I had my first contact with the Minneapolis VA Hospital 30 years ago this July. In my opinion, things have gotten worse, not better. And don’t get me started on dentures.

I hope I am still standing by October.

Timothy Connelly lives in Richfield.

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5.4 - Star Tribune: [Veterans deserve answers on exposure to burn pits - Creating "Center of Excellence" within the VA would keep spotlight on troubling health issue.](#) (3 July, Editorial Board, 10.8M uvm; Minneapolis, MN)

It was known as “Operation Ranch Hand” while the Vietnam War simmered, then boiled. From the skies and the roadways, the U.S. military sprayed almost 19 million gallons of herbicide over a period of nine years to clear away jungle. Eleven million gallons of that was a chemical called “Agent Orange.”

Although the risks of Agent Orange exposure are now commonly accepted, returning veterans had to wage legal and lobbying wars to force the chemical’s manufacturers and the U.S. government to compensate or adequately care for them. Conditions linked to Agent Orange include cancer, diabetes and Parkinson’s disease.

This shameful history should not be repeated for those who fought in Iraq and Afghanistan and have troubling health questions about exposure to smoke belching from waste disposal pits often in operation 24 hours a day.

A 2016 Star Tribune editorial made a similar point in support of legislation to create a burn-pit “Center of Excellence” within the U.S. Department of Veterans Affairs (VA) to study and treat illnesses that may be related to this exposure.

Over two years later, the legislation finally cleared the Senate in late June as an amendment to a recently passed funding bill. But a companion bill remains mired in the House.

The Senate approval is welcome, but it's frustrating that it has taken this long for significant progress. Although research has yet to definitively link burn-pit exposure to health conditions, the science is developing. It takes time to do this meticulous work, particularly when it can take years for medical problems to emerge.

The Helping Veterans Exposed to Burn Pits Act would sensibly develop expertise within the VA to ensure that veterans' medical concerns are understood and treated effectively. It also would ensure that the issue remains in the spotlight within the sprawling VA system.

Essentially, the bill would not place the burden of proof on veterans, as policymakers did with Agent Orange illness.

Instead, the VA would take a pro-active role to look for problems and deliver the best possible care.

The two bills certainly don't lack for broad bipartisan support. Minnesota's Democratic U.S. Sen. Amy Klobuchar teamed up with North Carolina Republican U.S. Sen. Thom Tillis to introduce the Senate version. U.S. Rep. Elizabeth Esty, a Connecticut Democrat, introduced a companion bill in the House that has eight GOP cosponsors. U.S. Rep. Tim Walz, a Minnesota Democrat and the ranking member of the House Committee on Veterans' Affairs, merits praise for pushing Republicans to hold a hearing on Esty's bill — a key step to progress.

Another burn-pit bill, one introduced by U.S. Rep. Tulsi Gabbard, a Hawaii Democrat, and U.S. Rep. Brian Mast, R-Fla., also merits swift support. It directs the U.S. Department of Defense "to include in periodic health assessments and during military separations an evaluation of whether a service member has been exposed to open burn pits or toxic airborne chemicals," according to congressional testimony in favor of the bill by Tom Porter, legislative director of Iraq and Afghanistan Veterans of America (IAVA).

If the answer is yes, then the service member or veteran is enrolled (unless he or she opts out) in an existing but underutilized registry intended to collect data on environmental exposure. "Although established in 2014, only 141,000 have completed the registry questionnaire out of the 3.5 million veterans the VA says are eligible to register," Porter testified June 7. "Only 1.7 percent of the post-9/11 veterans eligible to register have done so, and only 35 percent of IAVA members exposed have."

Porter's words are also a powerful argument for creating a burn-pit Center of Excellence within the VA — and to move quickly to do so. The nation too slowly came to the aid of Vietnam veterans suffering from Agent Orange exposure. Repeating this terrible mistake is not an option.

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5.5 - Newsday: [Advisory committee wants VA to add outpatient clinic in North Hempstead - The town board has sought support and help with funding from Schumer, Gillibrand and others as advocates collect signatures as part of effort to offer satellite care closer to home for aging veterans.](#) (4 July, Christine Chung, 3.2M uvm; Melville, NY)

North Hempstead veterans in need of medical care drive nearly an hour to the nearest Veterans Affairs Medical Center in Northport, a trip that many say is taxing and inconvenient and has spurred an effort to establish an outpatient clinic closer to the aging veterans.

Veterans on the town's Advisory Committee are collecting signatures from residents to petition federal representatives to place a community-based outpatient clinic in North Hempstead.

"Most of the veterans in Nassau County are up there in age, and it's difficult for them to get to the facility in Northport," said Richard DeMartino, 68, of New Hyde Park and a Vietnam War veteran who served in the Navy. "Sometimes they aren't able to get a ride . . . It's a long way to go."

The clinic would essentially act as a satellite location of the Northport VA Center and provide common outpatient services such as health and wellness checkups, according to the VA website.

The North Hempstead Town Board has formally requested funding and support from Sen. Chuck Schumer (D-N.Y.), Sen. Kirsten Gillibrand (D-N.Y.), Rep. Kathleen Rice (D-Garden City) and Rep. Tom Suozzi (D-Glen Cove).

"A CBOC [community-based outpatient clinic] would assist in the support system that many of these veterans have established near their homes, and friends, family and caretakers would breathe a sigh of relief to know that a clinic is open nearby to care for their loved ones," town Supervisor Judi Bosworth said in a news release.

There are 47 outpatient clinics in New York State, according to the VA website. Nassau County has two community-based outpatient clinics in Valley Stream and in East Meadow. There are three clinics in Suffolk County — Riverhead, Patchogue and Bay Shore.

A Veterans Affairs spokeswoman said the department annually prepares a capital plan identifying projects for future facilities and that "ultimate decisions" about when and where VA hospitals and medical facilities are both built and operated are "subject to the authorization and appropriations process, which is controlled by Congress."

"The total number of community-based outpatient clinics currently operating in the VA system is 1,242. The total number of new CBOCs opened in 2017 and 2018 is 30," a VA spokeswoman said.

Michael Aciman, a spokesman for Rice, said she agrees that another clinic in central Nassau County would be "of great service to local veterans."

"Our office has offered to facilitate a conversation between the Town of North Hempstead and the Northport VA to discuss the next steps in this process," Aciman added.

Kathy Garneau, a social worker and member of the town's veterans committee, said a clinic would provide "an overall service that they [veterans] deserve."

"We are definitely focusing on the needs of the older veterans," said Garneau of Stony Brook. "We have veterans of all ages and conflicts in the Town of North Hempstead. These people, they have served this country and they have served this country well."

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5.6 - WAGA (FOX-5, Video): [Veteran who set himself on fire at Georgia State Capitol dies](#)
(3 July, 1.2M uvm; Atlanta, GA)

The family of the veteran who set himself on fire in front of the Georgia State Capitol building says the 58-year-old has passed away from his severe injuries Monday afternoon at Grady Memorial Hospital.

The family told FOX 5 News retired airmen John Watts loved his country and loved people. Still, his oldest daughter Michelle Travers and his son-in-law Lee Travers believe he did not always get loved back the way he deserved.

The couple said they were stunned to hear about their loved one's bizarre attack on himself – setting himself on fire. However, they did know he had struggled for year with mental health challenges. they claim he also struggled to get treatment from the Veterans Administration. First in Maryland when Watts lived with them and again when he moved back home to the Atlanta area in the winter.

" And [we] were under the impression he was getting the help he needed," Travers said. "Through text messaging and phone calls, I was under the impression that he was OK."

It turns out Watts was homeless.

"This [incident] was his outcry for help," Travers said, theorizing.

Michelle said she knows there are are other veterans and families dealing with the same issues and has this advice:

"Keep an eye on them. Touch base with them. Make sure they are OK," she said. "I would hate to see this happen to anyone else."

Veterans Affairs provided this comment:

The Atlanta VA Health Care System is deeply saddened by this tragic incident and our thoughts and prayers are with the Veteran and his family during this difficult time.

All VA health care facilities provide same-day primary and mental health care services for Veterans who need them and we remain deeply committed to addressing the needs of Veterans at risk and in distress.

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5.7 - Journal Gazette: [Low-rated Marion VA to get visit, Young to check on condition of nursing home](#)
(4 July, Brian Francisco, 797k uvm; Fort Wayne, IN)

U.S. Sen. Todd Young plans to visit the Department of Veterans Affairs nursing home in Marion on Thursday to receive an update on its low ratings for quality of care.

Young "will speak with patients and press facility leadership for details on their plans to improve care at the facility," his office said Tuesday in a news release.

“We owe it to our veterans to improve the quality of care at veterans' nursing homes,” Young, R-Ind., said in a statement. “That has to start with a renewed commitment to transparency at the VA.”

Last month, VA made public for the first time its annual ratings of the agency's nursing homes. Young's office noted that they were released after an investigation by USA Today and the Boston Globe.

In a system where 5 stars is the highest quality and 1 star is the lowest, the 180-bed Marion facility received 2 stars overall, 2 for quality of care, 5 for staffing and 1 for unannounced on-site surveys.

But USA Today and the Boston Globe reported that it obtained information showing that, as of Dec. 31, the Marion facility was among 60 nursing homes to receive 1 star for quality of care from VA, which operates 133 nursing homes.

The Marion nursing home is run by VA Northern Indiana Health Care System. The Journal Gazette was unable to reach VA Northern Indiana officials Tuesday afternoon for comment about Young's visit, VA's nursing home ratings and efforts to improve care.

A VA Northern Indiana spokesman told USA Today in June, “We've seen a steady improvement” at Marion.

Young's office said five leaders from Fort Wayne-based VA Northern Indiana will meet with him Thursday at Marion, including director Michael Hershman and chief of staff Dr. Wayne McBride.

VA Northern Indiana is part of Veterans Integrated Service Network 10, which covers Ohio, Michigan's Lower Peninsula and most of Indiana. Its nursing homes in Cleveland and the Michigan cities Ann Arbor and Battle Creek received 5 stars for overall quality from VA; the Cincinnati nursing home received 4 stars; the Detroit nursing home received 3 stars; and the nursing homes in the Ohio cities Dayton and Chillicothe received 1 star.

Nationwide, VA gave 5 stars to 34 nursing homes, 4 stars to 39, 3 stars to 19, 2 stars to 29 and 1 star to 11. One home received a “null” overall rating.

Young co-sponsored an amendment to VA appropriations legislation that would require the department to publicly release detailed information about the quality of care at its nursing homes. The Senate approved the legislation last month, and it will be negotiated by a House-Senate conference committee before final votes are taken in each chamber.

When it released the ratings in June, VA said it had “extended its unprecedented 18-month record of transparency disclosures” under President Donald Trump. It also said its nursing home performance “compares very closely with that of the private sector” even though VA nursing homes “often serve residents with more numerous and challenging medical conditions than do private sector facilities.”

VA said its nursing homes “serve a much higher proportion of residents with conditions such as prostrate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness and other conditions rarely seen in private nursing homes.”

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5.8 - WGCL (CBS-46, Video): [Veteran who set self-ablaze at Georgia State Capitol has died](#) (3 July, 587k uvm; Atlanta, GA)

The veteran who set himself on fire in front of the Georgia State Capitol building on June 26 has died.

A crazy scene unfolded on the morning of June 26 as a man set himself on fire on the grounds of the state capitol while a press conference was being held detailing the new distracted driving laws to take effect on July 1.

The Georgia State Patrol was holding the press conference and when Natalie Dale, media relations liaison for GDOT was speaking, several loud, banging noises were heard.

A number of law enforcement officers were on hand behind her and when they heard the banging noises, they cleared the press conference and began pursuit.

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5.9 - WRIC (ABC-8, Video): [Loophole allows the VA to deny Marine's malpractice claim](#) (4 July, Kerri O'Brien, 477k uvm; Richmond, VA)

As we celebrate our freedom and our veterans who fought for it, a veteran is speaking out about a little known VA loophole.

"We need to fix this," said Marine Corps veteran Brian Tally.

The California veteran was misdiagnosed and left in permanent pain.

However, a little-known loophole allowed the VA to deny his medical malpractice claim.

He's now seeking the help of a Richmond lawyer because it could happen to any veteran.

"I wanted to be a Marine to be the best, to serve my country honorably," said Tally as he recaps his service to our country. He joined the Marines right out of high school.

Tally was active, healthy and after the Marines, ran a successful landscaping business in California to provide for his wife and four kids. That all suddenly changed in 2016.

"I couldn't get out of bed the next morning," recalled Tally.

Tally woke one day with terrible back pain.

"I was in severe pain. My pain levels were about a 10 of 10," he explained to 8News.

His wife rushed him to the emergency room at Loma Linda VA Hospital in California. They took an X-ray and sent him home with bottles of pain pills.

"They diagnosed me with having a low back sprain which was very strange to us, you know me and my wife because I had no trauma," he said.

Tally got progressively worse.

"I was in a wheelchair, I was in a walker," Tally said. "I was peeing in a bucket. I couldn't even get out my chair in my home."

He went back and forth to the VA hospital and got no answers.

"The most debilitating pain that one could go through," added Tally.

The veteran requested an MRI and the VA refused.

Frustrated, Tally went out on his own, paying out of pocket for the imaging.

The MRI showed he needed surgery right away. Still, the VA came back with even more frustrating news. They couldn't schedule it for another 9 months.

Fortunately, he got into the Veteran's Choice Program and had his surgery at a private hospital the next month. What the private surgeon found shocked everyone.

"I was literally being eaten alive," explained Tally.

The vet had a bone-eating staph infection, something that could have been detected with a simple blood test.

"Every single time that we went to the ER, there was never a blood test taken," said Tally.

Failure to take that blood test led to a misdiagnosis. Tally filed a claim with the VA for damages. The federal form is known as a Standard Form 95.

"I started receiving phone calls from VA attorneys stating to me that the VA failed to meet the standard of care and that there will be a settlement coming my way," says Tally.

However, about a year into settlement talks he said, "Right at the last minute, they pulled the rug underneath my feet and denied everything."

The VA suddenly told Tally the government was not to blame for his injuries because his primary care physician was not a VA doctor but a private contractor.

"They effectively blew him off," says Richmond attorney Glen Sturtevant.

By then, Tally decided it was time to hire Sturtevant. The medical malpractice lawyer who often tackles VA cases says he's seen this happen to other vets.

Sturtevant says many veterans don't know the legal in's and out's of VA doctors versus contractors.

"Even though the VA will often times tell the veterans they don't need a lawyer, they can go out and do this on their own. There are a lot of traps," said Sturtevant.

Sturtevant explained the little known VA loophole and says according to federal law, the VA is not responsible for medical malpractice committed by a contractor.

Yet, for any vet getting care, it can be almost impossible to tell who is a VA doctor and who is a contractor.

"Even though she was wearing a white coat, walking around the VA hospital with a VA badge, she was not a VA employee and instead an independent contractor," explained Sturtevant.

By the time the VA revealed this, the statute of limitations to sue the contractor for malpractice in state court had run out.

"Only once it was too late for him to do anything about it, he was told this doctor is an independent contractor, we're not responsible for them," says Sturtevant.

"That is unjust and it feels almost criminal," said Tally.

Today, Tally is left with permanent pain like nerve damage, stomach troubles and arthritis but continues fighting to help other vets.

He's working with his congressman and Sturtevant on a bill to require the VA to identify private contractors.

"I have made this my life goal to change this loophole," says Tally.

8News reached out to the Loma Linda VA Hospital and were told due to privacy restrictions they could not discuss details of Tally's treatment.

In Virginia the statute of limitations to file a malpractice suit against a private contractor is just two years, so one would need to get the ball rolling quickly to navigate the legal process.

Tally also set up a GoFundMe page to help raise money to support his family and pay for legal expenses.

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5.10 - KCUR (NPR-89.3): [Court Slaps VA With Damages After Finding It Liable In Suicide Of Kansas City Veteran](#) (3 July, Dan Margolies, 198k uvm; Kansas City, MO)

After finding the Veterans Health Administration liable earlier this year for the suicide of an Iraq war veteran, a federal judge has awarded more than \$480,000 to his father and two children.

In what was thought to be one of the few verdicts of its kind, U.S. District Judge Julie Robinson ruled in February that the negligence of the VA directly contributed to the death of Cpl. William Draughon of Kansas City.

Draughon was a squad leader and gunner in Iraq for seven months in 2004 before he was honorably discharged from the Marine Corps.

After he returned to the Kansas City area, he began drinking heavily and was diagnosed with post-traumatic stress disorder. During one of several hospitalizations at the Kansas City VA, he'd been flagged as being at high risk for suicide. Although no risk assessment was done, a suicide prevention coordinator at the hospital removed the high-risk flag from his electronic medical records 90 days later.

On St. Patrick's Day, 2010, after arguing with his girlfriend, Draughon shot and killed himself in front of his girlfriend and brother. He was 28 years old.

His family, believing the VA had been negligent in its care of Draughon, sued the agency. Robinson's order finding it liable is thought to be one of the few instances anywhere in the country where the VA has been held directly responsible for a veteran's suicide.

In her ruling Monday, she awarded noneconomic damages – for pain and suffering and loss of companionship – of \$125,000 to each of Draughon's two young children, \$75,000 to Draughon's father and \$1,000 to his biological mother. She also divided up another \$154,608 in economic damages between the children and Draughon's father.

"I think it's notable that she didn't decrease the award at all for what we call comparative fault or comparative negligence. The government had alleged that some of the fault should rest with Cpl. Draughon as well, and she didn't decrease the award at all on that basis," said Michael Raupp, an attorney at the Husch Blackwell firm who represented the Draughons.

Larry McMullen, another Husch Blackwell lawyer involved in the case, said they were hoping for a larger award, but the court was constrained by the cap Missouri imposes on noneconomic damages in medical malpractice cases. The cap used to be \$350,000 but was increased by the Legislature several years ago to \$700,000.

"We would have preferred she split the money three (equal) ways," McMullen said. "But she said, no, these kids are going to live a whole lot longer than his dad and therefore will be deprived of his comfort and support for a lot longer than him and therefore I'm going to give them a little bit more."

The VA has 60 days to appeal Robinson's finding of liability and award of damages. A spokesman for the agency did not immediately return a call seeking comment.

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5.11 - Temple Daily Telegram: [Veterans Affairs: Accreditation group visits Central Texas Veterans system](#) (4 July, 157k uvm; Temple, TX)

The Central Texas Veterans Health Care System underwent a three-day visit by the Commission for Accreditation of Rehabilitation Facilities last week.

The Commission for Accreditation of Rehabilitation Facilities surveyors assessed CTVHCS June 25-28 on its ability to conform in each standard applicable to the programs at the Temple, Waco, and Austin sites.

The areas reviewed included behavioral health, residential rehabilitation treatment program; mental health intensive case management; HUD/VA supportive housing health care for

homeless veterans program; compensated work therapy-transitional residence; and vocational rehabilitation program site visit.

During the visit, one recommendation was found but corrected during the survey, resulting in zero recommendations for all areas reviewed.

At the end of the assessment visit, surveyors made a special mention that there were zero recommendation in all sections of the Mental Health Intensive Case Management Program even though this was the first time this program was surveyed.

“Mental health treatment is a foundational service for VA, and we are so proud to have our excellence in this area commended by one of the most prestigious accrediting agencies in health care,” said Christopher Sandles, medical center director, in a written statement.

A three-year accreditation represents the highest level of accreditation available.

Commission for Accreditation of Rehabilitation Facilities is a national, independent, not-for-profit accrediting body and has established consumer-focused standards to help organizations measure and improve the quality of their programs and services.

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5.12 - City & State: [Veterans' affairs - How well is New York serving those who served in the military?](#) (3 July, 51k uvm; New York, NY)

Landmark laws like the GI Bill have historically had a large impact on expanding military veterans' access to education and housing. But even with the progress that has been made, many politicians and policymakers call for more to be done to support veterans transitioning back into civilian life. To get more insight into pressing veterans issues in New York, City & State spoke with several panelists participating in our upcoming A Lifetime of Service event, including state Sen. Joseph Addabbo Jr. and Assemblyman Michael DenDekker, as well as Rep. Dan Donovan and several other city and state officials.

Warning period for building violations at veteran facilities

Six years ago, a Queens veterans organization was fined nearly \$5,000 by the New York City Department of Health. The department classified American Legion Post 1424 as a food establishment because it had an ice machine, and therefore subjected it to the same standards as restaurants.

This fine inspired state Sen. Joseph Addabbo Jr. to sponsor a bill that passed the state Senate this session that would give these military veterans organization a 120-day window to address minor building and health code violations. [Read the full story here.](#)

The sudden closure of the ear, nose and throat clinic at the Brooklyn Veterans Affairs Medical Center due to staffing issues set off alarm bells for its patients. Rep. Dan Donovan, who joined a rally on June 1 in opposition to the clinic's closure, stepped in to rectify what he sees as a concerning trend in VA services. [Read the full story here.](#)

Some veterans struggle with mental health and substance abuse problems, which can land them in the criminal justice system. In response, the first veteran treatment courts in the country were established in Buffalo a decade ago. These courts are geared toward veterans with mental health or substance abuse issues who have committed low-level crimes. Read the full story [here](#).

Of all the requests that Assemblyman Michael DenDekker receives from veterans, the most common one is support for job seekers.

“They want a job to use all the training that they had in the military,” said DenDekker, the Veterans’ Affairs Committee chairman. Read the full story [here](#).

For years, various New York City agencies, veterans advocates and City Council members have disagreed on how best to support veteran-owned small businesses. The issue came to a head in 2013, when the City Council commissioned a report to investigate the potential of a small business program for veterans like the one the city funds for minority- and women-owned businesses, or MWBEs.

Between World War II and the repeal of “don’t ask, don’t tell” in 2011, more than 100,000 service members were discharged because of their sexual orientation. While LGBT veterans can now apply to remove their dishonorable or less than honorable discharge status, the 10- to 18-month application process to conduct a historical review of a case is often stretched by demand.

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6. [Suicide Prevention](#)

6.1 - KPBS (NPR-89.5): [VA Suicide Data Reveals Troubling Trends In California](#) (278k uvm; San Diego, CA)

New Veterans Affairs data shows the suicide rate among California veterans is just under the national average, but it still shows troubling trends for veterans.

The Veterans Health Administration recently released national data showing 29.7 out of 100,000 veterans commit suicide. New data shows in California, the suicide rate is slightly lower — 28.8 — among veterans. It is also lower in most age groups in California.

Some parts of the country still feel lingering stress from the great recession, said Dr. Neal Doran, director of Clinical Improvement Mental Health at VA San Diego.

“Things in California are perhaps a bit better economically. You might have seen the overall rate for California is better than the national average,” he said.

Veterans commit suicide at a much higher rate than the national average. Guns remain the preferred method. Nationally, 68 percent of veteran suicides involved a firearm. In California, 55 percent of veterans used a gun. Statewide, only 40 percent of Californians used that method.

The VA offers gun locks and counsels patients to consider turning over their guns to someone else, he said.

“It just adds that extra moment to think and maybe stop themselves or for somebody else to intervene,” Doran said.

The latest data shows the trend of suicide increasingly concentrated in younger veterans, 18 to 34 years old. The VA data is from 2015. That year the suicide rate among veterans leveled-off at a 10-year high.

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6.2 - Patient Engagement HIT: [VA Partnership to Drive Veteran Access to Mental Healthcare - By expanding veteran access to mental healthcare, VA and VFR Healthcare hope to reduce veteran suicide rates.](#) (3 July, Sara Heath, 21k uvm; Danvers, MA)

The Department of Veterans Affairs (VA) has partnered with Veteran & First Responder Healthcare (VFR Healthcare) to improve patient access to mental healthcare. This comes as a part of the organizations’ efforts to address rising veteran suicide rates.

In 2015, veterans accounted for just over 14 percent of all deaths by suicide in the US, according to a recently-released report from the VA. An average of about 20 veterans died by suicide daily in 2015, the most recent year for which the agency has data.

Veterans who had accessed healthcare through the VA were less likely to die by suicide than veterans who had not recently accessed VA healthcare, the agency said.

This most recent partnership between VA and VFR Healthcare aims to connect more veterans to mental and behavioral healthcare. Specifically, the two organizations plan to identify the risk factors associated with veteran suicide and connect veterans meeting that description with appropriate treatment.

“VA has made suicide prevention its top clinical priority and is implementing a broad public health approach to reach all Veterans – including Veterans who do not, and may never, seek care within our system,” says Keita Franklin, MD, executive director, suicide prevention, for VA’s Office of Mental Health and Suicide Prevention. “VA is leading national efforts to understand suicide risk factors, develop evidence-based intervention strategies, and proactively identify and care for Veterans who are in crisis or at risk for suicide.”

The two organizations will identify patients who have prior suicide attempts, have experienced stressful life events, or who have availability of lethal means. VA and VFR Healthcare will combat these risk factors with approaches such as developing veteran coping mechanisms, making connections to other people, and promoting access to mental healthcare.

These efforts are rooted in prevention, Franklin explained. VA is focusing on preventing a suicide attempt rather than mitigating the aftermath of the attempt, Franklin noted.

“Mental health and substance use disorders are both risk factors for suicide. By working with VFR Healthcare, we position ourselves to treat Veterans before they reach a suicidal crisis point,” Franklin says. “There is no wrong door to treatment, whether it is with VA or another

provider. Instead, our responsibility is to equip communities to help Veterans get the right care for them — whenever and wherever they need it.”

Additionally, VA and VFR Healthcare want to improve public understanding of mental and behavioral health, substance use disorder, and death by suicide, according to Robert L. Pyles, MD, Chief Medical Officer at VFR Healthcare and its owner, Strive Health.

“This partnership between VA and VFR Healthcare is groundbreaking for the service members, Veterans, and their families in need of substance abuse and mental health treatment services” Pyles said. “By working together as partners, we can advance the understanding of substance use disorder, mental health, and suicide among Veterans and provide the critical care to Veterans and their families in need.”

Specifically, the partnership will work to improve veterans mental and physical wellbeing and expand community involvement to facilitate veteran access to mental and behavioral health resources.

Additionally, VFR Healthcare and VA will identify areas with veterans who are underserved as it relates to mental and behavioral health. The two plan to build new VFR Healthcare clinics in these regions.

On a broader level, VA and VFR Healthcare will work to improve evidence-based psychotherapies research, practice, and implementation across the healthcare industry. The two plan to advocate for such advancement at national conferences, summits, and meetings related to mental and behavioral healthcare.

Program leaders who have also experienced mental and behavioral health needs following their own military service state that these resources are vastly needed across the country.

“We look forward to working in partnership with VA to pursue our shared mission of enhancing substance abuse and mental health services to Veterans and their families and reducing suicides” said VFR Healthcare CEO Eric Golnick.

“As a formal Naval Officer who suffered from PTSD and substance abuse after my separation from the Navy, I am acutely aware of the importance of advancing and improving Veterans’ mental health and well-being and expanding community collaboration,” Golnick added. “We are here to be ‘force multipliers’ for the Veterans Administration, and to complement their services in areas that need immediate attention.”

This partnership comes as a part of VA’s overarching clinical strategy to improve veteran health, according to Acting VA Secretary Peter O’Rourke, MD.

“Suicide remains a top clinical priority,” O’Rourke said following publication of VA’s veteran death by suicide report. “One life lost to suicide is one too many. Suicide is a serious public health concern in the Veteran population and across all communities nationwide. These data offer important insights to help VA to build effective networks of support, communication and care that reach Veterans where they live and thrive.”

In addition to this partnership, VA has worked to improve its crisis line, created systems to improve transition for armed service members during their transitions into civilian life, and launched suicide prevention and intervention training.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Washington Times: [Volunteers work to ensure military burials for forgotten veterans' ashes: 'They earned it'](#) (3 July, Dave Boyer, 10.8M uvm; Washington, DC)

They sit on shelves, in tin cans or cardboard boxes, unclaimed and forgotten — the ashes of American heroes who never received the honor of a military burial.

In funeral homes around the country, sometimes in mass crypts or storage sheds, thousands of veterans' cremains are neglected in obscurity. Some of these ashes have been ignored for more than 50 years with no next of kin to claim them.

But some volunteer-based veterans organizations across the U.S. are working steadily and painstakingly to locate these cremains and give them the dignified burials that their country promises to all service members.

In New Jersey last month, a volunteer nonprofit group called Mission of Honor buried 10 sets of cremains in engraved mahogany urns in the state's military cemetery near Fort Dix, with full honors and a eulogy for each one. Among them were six veterans of World War II, two from the Vietnam era, one from the Korean War and one from World War I.

"Those ashes are from the body that wore my country's uniform," said Jerry Skorch, the group's chaplain and a Vietnam-era Navy veteran. "That's why I'm involved. That's what we honor, and that's what we respect. In any branch of service at any time, they served our country and fought for our freedom."

A larger nonprofit organization, the *Missing in America Project, has been working since 2007 to locate veterans' cremains. The group's volunteers have visited 2,237 funeral homes across the U.S. in the past 11 years and found the ashes of 3,856 veterans to date.

The work involves sorting through all cremains found — a total of 16,830 sets so far — to determine which of the deceased have served in the military.

In one Missouri funeral home's vault known as the "Hall of Lost Souls," a volunteer faces years of work cataloging up to 4,000 sets of cremains resting on shelves, some dating back to the mid-19th century.

"We just discovered a funeral home and crematory in Newark [New Jersey] that we've been trying to get into for at least six years," Mr. Skorch said. "Most of the funeral homes are apprehensive about opening doors to us because they want to get paid [for unclaimed cremains]. I say if their ashes have been sitting on the shelves for 20, 30, 40 years, you're not going to get paid. Do the right thing and help us bury the veterans. That's our story."

Volunteer genealogists help with the research, using tools such as Ancestry.com. The Missing in America Project submits all the names of likely veterans for verification to the Jefferson

Barracks National Cemetery in Missouri, part of the National Cemetery Administration, to confirm eligibility for a military burial.

The veterans groups endeavor to find next of kin so the cremains can be turned over to the family for interment. After the discovery of a veteran's ashes, the Missing in America Project looks for relatives by publishing a notice for 30 days in newspapers nearest to the town where the cremains are found.

In most cases, there are no next of kin. Immediate family members have died. Sometimes families couldn't afford to pay for a funeral. Sometimes unclaimed ashes are a result of family dysfunction. The volunteer groups don't make judgments.

"Our No. 1 goal is, we always want them to go home to family," said Charlie Warthling, national vice president of the project. "If there is no family, that's where you, me and the rest of America stands there that day at a memorial service, and we do full military honors for them."

In 2013, the project brought four sets of cremains to Arlington National Cemetery for interment in a newly opened columbarium with room for 20,000 urns. Among them were the McCormack brothers, Zuinglius and Lycurgus, who served in the Union Army during the Civil War and died in 1912 and 1908, respectively. Their cremains were found by Missing in America Project members Burt Colvin and Rick Baum in a crypt in Indiana that held hundreds of unclaimed urns.

At Arlington, Virginia, the McCormack brothers' cremains were escorted in a horse-drawn caisson, with a full honor guard, for their interment.

The Mission of Honor in New Jersey has buried two veterans from the Spanish-American War. They were among the 252 veterans whom the group has interred since it was authorized by state law in 2009.

Laws have been a challenge for veterans groups.

Before 2009, funeral homes in New Jersey were not allowed to release cremains to anyone but a family member. Mission of Honor worked with the state Legislature to enact a law that allows, but doesn't mandate, funeral homes to turn over ashes to veterans organizations.

Even with the law, Mission of Honor volunteers often need to engage in gentle persuasion with funeral homes to get a look at their storage facilities, such as the establishment in Teaneck, New Jersey, that had the cremains of about 20 veterans stored in a garage.

"We convinced them to do the right thing and let us bury the veterans," Mr. Skorch said. "As we progress and do more and get more publicity, funeral directors are more aware of who we are and we're not a sham."

Once Mission of Honor takes possession of the ashes, the group holds a funeral procession to the state cemetery, escorted by dozens of motorcycle riders from clubs such as Rolling Thunder, Patriot Guard, American Legion Riders, the Blue Knights and two groups of Christian riders.

"Every cop stops traffic and lets us through with the hearse," Mr. Skorch said. "It's really an emotional event."

Mr. Warthling said the Missing in America Project has been instrumental in changing laws in at least 28 states to help open the process of finding veterans' cremains.

"Most important is to release the funeral home of any liability in case a family member shows up 10, 15 years later," he said. "We go to your neighborhood. We always let the funeral home make the decision. They've been the guardians of these cremains for all these years. We do not impose — we suggest they go to the closest national cemetery. If any family does show up, we want them to be able to find them easily."

The Missing in America Project does not charge for its services and is funded through donations. Among its largest expenses is liability insurance.

With about 330 active volunteers across the country, the group is focused on the goal of keeping a nation's promise to its veterans.

"As a vet, the military held me accountable," Mr. Warthling said. "We're just holding them accountable. It was one of the benefits promised for their service. They don't need to be sitting on a shelf or sitting in a storage facility. They need to be with their brothers and sisters. They earned it."

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7.2 - Fayetteville Observer: [VA work-study program at FTCC under fire](#) (3 July, Greg Barnes, 439k uvm; Fayetteville, NC)

A veteran who spent 15 years in the Army said he had no warning when he was released last week from his work-study job through Fayetteville Technical Community College's All American Veterans' Center.

The veteran said he went to work at the center and saw a note on the time clock ordering work-study students to report to Room 200. When he did, the veteran said, he and other veterans in the program were told they no longer had jobs.

The reason, according to FTCC officials, is at least some full-time center employees had been falsifying certifications to the U.S. Department of Veterans Affairs by overstating the amount of time actually worked by VA work-study students. The money being paid to the students for the work-study, which involved duties including helping other veteran students, was coming from the VA.

According to a statement from the college, FTCC President Larry Keen learned about the allegations on May 31 and reported them to state and federal officials the same morning. Later that afternoon, the statement says, the college had enough evidence to justify firing Diane Hooks, who had been a full-time center staff member since July 1, 2016.

In at least one instance, the statement says, Hooks received payments from a work-study student, allegedly in exchange for certifying VA hours in excess of what the student actually worked.

No criminal charges have been filed, FTCC officials said. The VA continues to investigate through its Office of the Inspector General. Three other full-time center employees, Breanna

Cox, 33, Ruby Saltpaw, 56, and John Bristow, 31, also lost their jobs, according to the college. Saltpaw declined to comment. Hooks and the others could not be reached.

The college said it appears the alleged “wrongdoing” began sometime during the 2016-17 academic year.

The veteran who was among the work-study students who lost his job agreed to speak to The Fayetteville Observer on condition of anonymity. He said he never participated in the alleged scheme and had heard only rumors about it before he was fired. He said he is being punished because of the actions of others.

“I told them you can check every single one of my pay stubs. I have never gotten any other pay,” said the veteran, who left the Army and Fort Bragg as a sergeant last year. He asked that his name not be used because he continues to attend FTCC and said he worries about retribution.

“Morally it’s wrong. It’s wrong, and the school doesn’t care,” he said. “The school is trying to damage control.”

FTCC says it has taken immediate action.

“Following our investigation into the matter, we began efforts to put into place robust supervision for the Veterans’ Center and additional internal controls to prevent this from occurring again,” the college said in a statement. “We are in the process of putting new leadership into our Veterans’ Center. In addition, certifications are now being made by a separate office that reviews the records of the Veterans’ Center and confirms the accuracy and completeness of the records. Rest assured that when FTCC learned of this problem, we investigated the matter and took immediate action to protect our students, the College and the VA.”

The veteran said he suffers from post-traumatic stress and anxiety and was homeless before he entered the FTCC work-study program in December. He said he now receives disability payments through the Veterans Affairs Administration, as well as tuition and housing assistance.

But he said his grades have slipped without the support of other veterans in the work-study program, and he is struggling without the extra income through the center.

The college said 10 VA work-study students were enrolled at the center at the beginning of the summer semester.

“Because of the serious nature of the allegations and the termination of several employees, the college decided not to use any work-study students during the summer whose time sheets did not match the certifications made to the VA,” the college said in its statement.

The college did not say how many of the 10 work-study students had time sheets that didn’t match the hours they worked.

The veteran who lost his job said he was not among them, but he was fired anyway.

The college plans to rebuild the program and have new work-study students enrolled by the fall.

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7.3 - North Country Public Radio (American Homefront): [VA issues long awaited veteran ID card, but it comes with an ad on the back](#) (5 July, Bobbie O'Brien, 144k uvm; Canton, NY)

The VA is now mailing identification cards to veterans who want tangible proof that they served in the military. But after waiting almost three years for the new government-issued I.D., some veterans are not happy that the card contains an advertisement.

President Obama signed the law creating the card in July 2015, but it included no funding, so it languished for more than two years. Eventually, the VA struck a partnership deal with Office Depot, in which the retail chain is paying to print and mail the cards.

The company logo appears on the back, along with the taglines, "Saluting you today and every day. Thanks for taking care of business."

That disappoints Air Force veteran Carl Hunsinger, chairman of the Manatee County Veterans Council in Florida. For years, he had lobbied Congress to create the card, because many of the 40,000 vets the council represents have little or no proof of their service.

"A majority of the ones I know are looking for a sign of professionalism. 'Hey, I'm a veteran this is my I.D. card,'" Hunsinger said.

But while he's pleased veterans finally began receiving their cards in May, Hunsinger is unhappy about the logo.

"So how do you show a veteran I.D. card - I'm a veteran, I'm proud of it - and you turn it over and you've got some business logo on the back of it?" Hunsinger said.

U.S. Rep. Vern Buchanan (R-FL), who sponsored the 2015 law, said the Office Depot partnership will save money for veterans. The law allowed the VA to charge veterans a fee for the card, but instead, the retailer will cover the cost until 2020.

"It's not a big logo or anything," Buchanan said. "They're really picking up a lot of the cost. So it's no cost to the taxpayer, no cost to the veteran. So I think at the end of the day it's a good tradeoff."

The new identification card, while issued by the federal government, cannot be used for entry onto military bases or as official I.D. at airport security checkpoints. It does not replace the veteran's VA health card, nor does it qualify vets for any additional government services.

But one reason that many veterans want the card is to qualify for veterans discounts at stores and restaurants. Some merchants require written proof of military service, forcing veterans to carry copies of their discharge papers or other government documents. But those forms also often contain sensitive information, such as social security numbers.

Veterans advocates hope merchants will now accept the new card, which carries no personal information.

While military retirees and veterans who use the VA health care system already have I.D.s, many former service members do not fit into either category.

"The most enthusiastic are the older vets, the Korean War vets, the Vietnam vets, who for so long have had basically nothing to show for their service," said Daniel Benedict, the superintendent of the Logan County Veterans Assistance Commission in Lincoln, Ill.

Benedict was so pleased when he finally got his I.D. in May that he promptly posted a picture of it on Facebook and wanted to encourage other veterans to apply.

He complimented the VA for finding a way to pay for the cards without charging veterans.

"Everybody is looking for resources," Benedict said. "The fact the VA partnered with Office Depot doesn't lessen the value in any way in my mind."

In a written statement, a VA spokesman referred to the Office Depot partnership as the kind of "outside the box thinking" that the Trump Administration has brought to the federal government. He referred questions about the costs of the I.D. card program to Office Depot, but the company declined to comment.

The VA began accepting online applications through its website late last year, but technical problems led the agency to halt applications shortly afterward. The VA said the online system now is working properly, and said more than 34,000 cards had been mailed as of early June.

This story was produced by the American Homefront Project, a public media collaboration that reports on American military life and veterans. Funding comes from the Corporation for Public Broadcasting and the Bob Woodruff Foundation.

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8. Mr. Wilkie nomination for VA Secretary

9. Other

9.1 - Washington Examiner: [Trump Jr. hunting big game in Montana: Jon Tester, the senator who derailed his father's VA pick](#) (3 July, Daniel Chaitin, 4.8M uvm; Washington, DC)

Donald Trump Jr., President Trump's eldest son, is on the hunt in the state of Montana, setting his focus on ensuring that Sen. Jon Tester, a Democrat who has served in the U.S. Senate for more than 11 years, doesn't get re-elected this year.

He has visited the Northwestern state to campaign for Republican candidates, including last month when he spoke at the Montana Republican Party's annual convention in Billings. There he appeared alongside Sen. Steve Daines, Rep. Greg Gianforte, and State Auditor Matt Rosendale, who is challenging Tester this November and recently won the GOP primary.

"I'm the son of a billionaire from New York City and I have much more of a Montana platform than the senator, the senior senator from this state. That doesn't make much sense," Trump Jr. said at the event, where he also panned Tester as being "all for illegal immigration, all for sanctuary cities" and for "writing and proposing legislation against the second amendment."

Tester found himself in the cross hairs of the president earlier this year when he contributed to the derailment of Trump's nomination of White House physician Ronny Jackson to be Veteran Affairs secretary, sharing stories from anonymous sources who claimed Jackson had a drinking problem and was not judicious in prescribing sleep medication or opioid painkillers.

In a flurry of tweets in April, Trump called Tester's actions "Very dishonest and sick!" and called for him to resign or lose his re-election bid — part of an offensive that gave Republicans a sense that they had a new opening against a Democratic incumbent.

But Tester appeared to be undeterred, saying, "I did my job as a U.S. senator. We vetted him (Jackson) we asked questions, we didn't get any answers and he pulled out," according to the Associated Press.

Trump's attacks against Tester have dissipated, but the offensive has been renewed by his son, who tweeted in June, after Rosendale won the GOP nomination: "I look forward to visiting Montana early and often to help Matt defeat #TwoFacedTester in Nov!"

After appearing at the GOP convention later that month, Trump Jr. and new flame Kimberly Guilfoyle of Fox News spent the weekend fishing in the Stillwater River. Trump Jr. has also been hunting in the state. In April 2017 he spent a weekend with then-candidate Gianforte hunting prairie dogs.

Trump Jr. kept the hits against Tester coming with an op-ed published Tuesday in the Great Falls Tribune, one of the state's largest newspapers. Touting his father's electoral appeal in the state — he won Montana by 20 points in 2016 — the headline of Trump Jr.'s blared: "Jon Tester is no partner of President Trump."

While Tester has aired an ad boasting of his ability to work with Trump, Trump Jr. declared the senator only "pretends he's willing to work with President Trump to Make America Great Again, but his Chuck Schumer-approved, liberal record proves otherwise." Calling the two-term senator a "liberal lapdog" to Senate Minority Leader Chuck Schumer, D-N.Y., Trump Jr. claimed Tester has a "voting record [that] is nearly as radical as liberal extremists like Elizabeth Warren."

"Tester has voted no on tax cuts, no on repealing and replacing Obamacare, no on cracking down on sanctuary cities, no on repealing stifling regulations, and has continually supported gun control measures that would restrict our precious 2nd Amendment rights — all of which runs directly counter to my father's America First agenda," Trump Jr. wrote.

Though he was just in the state, Trump Jr. is already slated to make a comeback in the next few days. The Great Falls Tribune reported Tuesday that Trump Jr. will join his father at a rally in Great Falls on Thursday, one day after the Fourth of July holiday.

Trump Jr.'s preferred candidate still appears to have an uphill battle, despite the high-profile support.

A Gavis poll taken last month showed Tester with an 8 percentage point lead over Rosendale. The margin is notable as Tester beat his GOP opponent Denny Rehberg by just over 4 points back in 2012, according to Ballotpedia.

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Veterans Affairs Media Summary and News Clips

6 July 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Loses More Than \\$1 Mill Worth of Medical Equipment](#) (6 July, 24M uvm; Washington, DC)

Inventory records show Veterans Affairs medical facilities across Ohio have lost track of more than \$1.1 million worth of medical equipment over a three-year period. WBNS-TV reports VA medical centers in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe all lost equipment between 2014 and 2017. Items that went missing range from iPads to a \$28,000 bedside monitor and a \$12,000 stretcher.

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1.2 - FOX News: [Veterans press on with new appeal in burn-pit case](#) (5 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Hundreds of military service members and private contractors who had dozens of class-action lawsuits thrown out by a court of appeals are refusing to give up the fight. Just last month, a three-judge panel of the 4th Circuit Court of Appeals agreed with a federal judge in Maryland, who last year threw out the lawsuits brought against KBR, a former Halliburton Corp. subsidiary.

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1.3 - Politico: [VA: Wilkie watch ending](#) (5 July, Darius Tahir, 23.9M uvm; Arlington, VA)

Wilkie watch will be ending soon. The Senate Veterans Affairs Committee announced Tuesday that it would be holding a panel vote on July 10 to consider the Department of Defense official's nomination for the secretary's job. It's not expected to be terribly dramatic, as committee leadership has given its collective thumbs-up to Wilkie's nomination.

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1.4 - Dayton Daily News: [Expansion of GI Bill benefits raises concerns about VA issues](#) (5 July, Max Filby, 1.1M uvm; Dayton, OH)

Upcoming changes to GI Bill benefits administered by the Department of Veterans Affairs are raising some concerns because of the agency's troubled history. The GI Bill is a benefits program that helps veterans cover the cost of getting a college education or job training. Last year, congress passed a law making several alterations to the GI Bill including six that went into effect right away, one in January and 14 that go into effect on Aug. 1.

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1.5 - WFED (AM-1500, Video): [How VA's longstanding tradition of research makes its mark on veterans, employees](#) (5 July Nicole Ogrysko, 854k uvm; Washington, DC)

The Veterans Affairs Department prides itself on nearly 100 years of research and medical advancements that benefit those who have borne the battle, but also leave a broader impact. After all, it was VA doctors and researchers who invented the cardiac pacemaker, developed the nicotine patch, and advanced prosthetics and wheelchair technology.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Lake Sun: Free app assists military personnel with potential VA benefits claims (5 July, 45k uvm; Camdenton, MO)

The National Veterans Legal Services Program (NVLSP) recently launched the first of its kind app for use by military veterans and their advocates, available for download through the NVLSP website, Apple App Store, or Google Play Store. The National Veterans Legal Services Program (NVLSP) recently launched the first of its kind app for use by military veterans and their advocates...

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4. Focus Resources More Efficiently

4.1 - Tucson News Now (Video): Volunteer honors veterans with handmade gifts (5 July, Janice Yu, 596k uvm; Tucson, AZ)

Jerry Sorrells volunteers at the Southern Arizona VA Health Care Center three days a week. During each visit, he brings pen holders he's crafted to hand out to veterans. Sorrells said it all started when he made his first pen holder and gave it to a World War II veteran he met inside of a grocery store. "He cried and that was really touching," Sorrells said.

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4.2 - KVOA (NBC-4, Video): Tucson man makes thank you pen holders for veterans (4 July, Julia Leon, 273k uvm; Tucson, AZ)

In honor of the Fourth of July, a Tucson man found a creative way to say thank you to our veterans. News 4 Tucson's photojournalist, Edgar Ybarra spoke to Jerry Sorrells, a local who makes thank you pen holders for veterans. "I'm not a veteran, but I appreciate veterans because I enjoy my freedom," says Sorrells.

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4.3 - Augusta Chronicle: VA employee rescues dogs, helps fellow veterans (5 July, Tom Corwin, 240k uvm; Augusta, GA)

Chenoa Shields, an employee of the Charlie Norwood VA Medical Center in Augusta, is a dog rescue force. In less than three years, she has saved more than 50 dogs from high-kill-rate shelters around Augusta and has found them homes. She is also a force inside the VA for fellow veterans seeking help and she is helping to find service dogs for some.

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4.4 - KGUN (ABC-9, Video): Local man builds pen holders for vets to show his gratitude for their sacrifice (4 July, Veronica Acosta, 192k uvm; Tucson, AZ)

Jerry Sorrells strolls through the halls of building one at the VA in Tucson saying hello and good morning to those he passes by. Wednesdays, in particular, have looked like this for the 78-year-old. He spends those days walking up and down the hallways of the building, not only greeting

those he comes across but also giving them something made with his own hands, wooden pen holders.

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4.5 - Times Herald: [Rolling Thunder riders give back to area veterans](#) (5 July, Brandie Kessler, 74k uvm; Morristown, PA)

Mike Mackin can't find the words to describe how it feels to roll up on his motorcycle outside of the Coatesville Veterans Affairs Medical Center, more than a hundred other riders around him, and be greeted by dozens of veterans there. Each year during the annual Day With A Vet event on the hospital grounds that feeling stirs in Mackin and the other riders who join him to honor veterans and give back.

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4.6 - FEDweek: [Second Thoughts Growing on VA Disciplinary Policies](#) (5 July, 51k uvm; Glen Allen, VA)

More second thoughts are emerging in Congress regarding a law enacted last year shortening the disciplinary process for VA employees and lowering the burden of proof for management in certain appeals—changes that have been widely viewed as a possible precedent for application government-wide.

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4.7 - St. Louis Record: [Judge sides with VA in granting summary judgment in age, race bias case](#) (5 July, Danielle Pacey, 13k uvm; St. Louis, MO)

A federal judge in the U.S. District Court for the Eastern District of Missouri recently granted summary judgment against a former employee of the U.S. Department of Veterans Affairs who claimed he was discriminated against when he was terminated by the agency. U.S. District Judge Catherine D. Perry, in her June 18 ruling siding with the VA, agreed that the plaintiff, LC Black, was unable to prove age and race were main factors of discrimination in his workplace termination suit in 2014.

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5. [Improve Timeliness of Service](#)

5.1 - Christian Science Monitor: [As war vets enter the fray, stigma lessens around cannabis](#) (5 July, Patrik Jonsson, 158k uvm; Boston, MA)

Among veterans, support for legalization is high: A 2017 American Legion study found 92 percent of veteran households support more research on cannabis and 83 percent support federal cannabis legalization. Supporters say a positive side effect is its potential to ease opioid addiction and lethal overdoses among veterans.

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5.2 - Military Times: [Air Force vet who set himself on fire to protest the VA dies of wounds](#) (5 July, JD Simkins, 2.1M uvm; Springfield, VA)

Investigators have confirmed that the Air Force veteran who set himself on fire on the grounds of the Georgia Capitol building in protest of the Department of Veterans Affairs has died. The

Georgia Bureau of Investigation announced this week that 58-year-old John Michael Watts died Monday, less than a week after self-immolating in downtown Atlanta.

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5.3 - New Haven Register: [VA Inspector General's report cites protocol shortcomings in vet's 2015 death under VA care](#) (5 July, Mark Zaretsky, 438k uvm; New Haven, CT)

A VA watchdog agency's report initiated following the late-2015 heroin overdose of a veteran being treated in a West Haven VA residential rehab program found a number of process and protocol shortcomings that were present at that time. But the report by the VA Office of the Inspector General says investigators could not determine how or to what extent the deficiencies contributed to the man's death, which was found to be the result of an accidental overdose.

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5.4 - WDIO (ABC-10, Video): [Sen. Klobuchar Pushes for Burn Pit Legislation to Support Veterans](#) (5 July, Taylor Holt, 77k uvm; Duluth, MN)

Senator Amy Klobuchar was in Duluth Thursday to highlight her bipartisan legislation aimed at helping veterans who have been exposed to toxic burns pits. During a press conference, she pointed out that it issue that is not new, but she's hoping the bill she is a co-sponsor of will help get ahead of problem that affects thousands of veterans, like Ryan Braaten, who shared his story.

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5.5 - McKnight's Long-Term Care: [Congressman condemns 'national disgrace' depicted in VA nursing home report, calls for investigation](#) (5 July, Meredith Beirne, 55k uvm; Northfield, VA)

Florida Congressman Vern Buchanan (R) has called for a national investigation into allegations of neglect and misconduct at Department of Veterans Affairs nursing homes. "A congressional investigation should leave no stone unturned in finding out how this happened in the first place and how it can be prevented in the future. Those responsible for gross misconduct or negligence must be terminated immediately," Buchanan wrote...

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5.6 - Exponent Telegram: [Opinion - VA must continue to improve wait times at Louis A. Johnson VA Medical Center](#) (6 July, John Miller, 15k uvm; Clarksburg, WV)

Our nation's veterans, from World War II all the way to the War on Terror and in peacetime, too, deserve our utmost respect. One way to honor them is to thank them for their service. But that's only one small way to pay them back. Making sure our military veterans have great medical care is something that they deserve and which we must demand they receive for their many different sacrifices.

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5.7 - Ponte Verda Recorder: [Study supports use of dogs to help veterans with PTSD - Purdue University's recent research findings come as no surprise to K9s For Warriors](#) (5 July, Paris Moulden, 13k uvm; Ponte Verda Beach, FL)

A recent research study released by Purdue University is reinforcing what K9s for Warriors has been saying all along: Dogs have a genuinely positive impact on the health and well-being of

veterans and service members suffering from Post-Traumatic Stress Disorder. Conducted by the Purdue University College of Veterinary Medicine and co-funded by the Human Animal Bond Research Institute and Bayer Animal Health...

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5.8 - Lakota County Times: [VA Black Hills Releases Nursing Home Report, Disputes Investigative Stories By National Media](#) (5 July Jim Kent, 13k uvm; Martin, SD)

Just days before the Boston Globe and USA TODAY published investigative stories on Veterans Administration nursing home care nationally, the VA Black Hills Health Care System sent out a press release noting its nursing home received 4 stars as part of its annual performance rating.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Chicago Sun-Times: [Chicago code camp ‘broadens access’ for veterans by accepting GI Bill benefits](#) (5 July, Yvonne Kim, 3.7M uvm; Chicago, IL)

Chicago veterans looking to use their GI Bill benefits now have the option of attending coding camp for little to no cost. Code Platoon, a Chicago-based nonprofit that trains veterans in web development, became the state’s first coding academy approved by the Department of Veteran Affairs to accept the GI Bill earlier this year. Its current cohort of nine students was the first to qualify to use their education benefits to cover tuition and housing costs.

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7.2 - Military Times (Reboot Camp): [Vets and other ‘nontraditional’ students have long been at the margins of higher education. Is that changing?](#) (5 July, Natalie Gross and Kim Clark, 2.1M uvm; Springfield, VA)

Adult learners, or college students aged 25 and older, are typically referred to as “nontraditional students,” in contrast to their younger, “traditional” student peers. But that’s an oversimplification of “tradition.” Adult students have long been an important part of the college student body – whether it was the World War II veterans who flooded campuses thanks to the GI Bill, or seemingly perennial students like James Franco.

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7.3 - Fayetteville Observer: [FTCC’s work-study program under investigation by VA](#) (3 July, Greg Barnes, 439k uvm; Fayetteville, NC)

A veteran who spent 15 years in the Army said he had no warning when he was released last week from his work-study job through Fayetteville Technical Community College’s All American Veterans’ Center. The veteran said he went to work at the center and saw a note on the time clock ordering work-study students to report to Room 200.

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7.4 - Minnesota Public Radio: [Minnesota sailor who died at Pearl Harbor to be buried in hometown this weekend](#) (5 July, Kathryn Hockman, 13k uvm; Saint Paul, MN)

After more than 70 years, a Minnesota sailor is finally coming home. Joseph M. Johnson of Rushford was serving on the USS Oklahoma in Pearl Harbor, Hawaii, when it was attacked on the morning of Dec. 7, 1941. Torpedoes from Japanese aircraft struck the ship, causing it to capsize. Johnson was among the 429 crewmen who were killed aboard the Oklahoma.

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7.5 - Moorpark Acorn: [The good, bad of VASH vouchers](#) (5 July, Rafael Stoneman, 12k uvm; Camarillo, CA)

In my introductory column, Mikey Simpson—a 57-year-old Camarillo veteran who's been homeless for three years—told me he preferred to live outdoors because of his background as an Army infantryman. But while I drove him to appointments at various VA medical centers, Simpson made it clear to me he wanted to receive a HUD-VASH voucher (HUD: Housing and Urban Development; VASH: Veterans Affairs Supportive Housing).

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - Politico: [VA: Wilkie watch ending](#) (5 July, Darius Tahir, 23.9M uvm; Arlington, VA)

Wilkie watch will be ending soon. The Senate Veterans Affairs Committee announced Tuesday that it would be holding a panel vote on July 10 to consider the Department of Defense official's nomination for the secretary's job. It's not expected to be terribly dramatic, as committee leadership has given its collective thumbs-up to Wilkie's nomination.

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9. [Other](#)

9.1 - Washington Post (PowerPost): [Sen. Jon Tester takes out newspaper ads welcoming Trump to Montana ahead of a hostile visit](#) (5 July, John Wagner, 43.9M uvm; Washington, DC)

Girding for a hostile visit to his state from President Trump, Democratic Sen. Jon Tester took out full-page newspaper ads Thursday welcoming the commander in chief to Montana and thanking him for signing 16 bills that Tester had pushed. Trump is scheduled to appear at a rally Thursday afternoon in Great Falls, where he hopes to give a boost to Tester's Republican challenger, State Auditor Matt Rosendale.

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9.2 - ABC News (AP): [Trump urges ouster of senator he blames for derailing VA nod](#) (5 July, Catherine Lucey and Matt Volz, 24.2M uvm; New York, NY)

In a campaign stop that was both political and personal, President Donald Trump targeted Democrat Jon Tester on Thursday in a bid to get more Republicans elected to the Senate but also to punish the lawmaker he blames for derailing his nominee to lead the Department of Veterans Affairs.

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9.3 - U.S. News & World Report (AP): [The Latest: Trump Imagines Giving Warren DNA Test in Debate](#) (5 July, 24M uvm; Washington, DC)

President Donald Trump is opening a Montana campaign rally with an attack on Jon Tester, the state's Democratic U.S. senator. Trump said Thursday that Tester showed his "true colors with shameful, dishonest attacks" on White House physician Ronny Jackson. Trump had nominated Jackson earlier this year to run the Department of Veterans Affairs.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Loses More Than \\$1 Mill Worth of Medical Equipment](#) (6 July, 24M uvm; Washington, DC)

Inventory records show Veterans Affairs medical facilities across Ohio have lost track of more than \$1.1 million worth of medical equipment over a three-year period.

WBNS-TV reports VA medical centers in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe all lost equipment between 2014 and 2017.

Items that went missing range from iPads to a \$28,000 bedside monitor and a \$12,000 stretcher.

Some facilities continued to lose items even after the VA in Ohio spent close to \$24 million on tracking technology. The contractor for the technology has not responded to requests for comment.

Cincinnati VA spokesman Greg Goins says Ohio facilities have issued a stay of future spending on the tracking technology.

When asked if taxpayer dollars are being wasted, he said "we aren't going to allow that to happen."

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1.2 - FOX News: [Veterans press on with new appeal in burn-pit case](#) (5 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Hundreds of military service members and private contractors who had dozens of class-action lawsuits thrown out by a court of appeals are refusing to give up the fight.

Just last month, a three-judge panel of the 4th Circuit Court of Appeals agreed with a federal judge in Maryland, who last year threw out the lawsuits brought against KBR, a former Halliburton Corp. subsidiary. The panel found that the military had unrestricted control over KBR, rendering company decisions on waste management and water services "de facto military decisions" not appropriate for judicial review.

Remember when customizing your bank card was about as personal as things got. Times change. Now you can customize your dashboard based on what's important to you. At B...

It was a crushing blow to those who filed the original class-action lawsuits, who maintain they were made ill by the use of open-air burn pits. On Tuesday, attorneys representing them filed a motion for the court of appeals to conduct an "en banc" review -- in which a case is heard before all judges of a court as opposed to the panel that made last month's decision.

“The panel acknowledged the district court’s finding that the evidence established that the military determined that hazardous materials were ‘to be segregated and disposed of by a method other than surface burning’ and were ‘not authorized to be placed in burn pits,’” reads a copy of the motion obtained by Fox News. “Yet the panel held that the district court did not clearly err when it wholly discounted both the evidence (sworn declarations) and the allegations in the complaint.”

More than 60 lawsuits allege that KBR's practice of dumping tires, batteries, medical waste and other materials into open burn pits created harmful smoke that caused neurological problems, cancers and other health issues in more than 800 service members.

Attorneys for the plaintiffs maintain in this recent motion that the evidence against KBR, about improper waste disposal methods at military bases during the wars in Iraq and Afghanistan, is hard to ignore.

“The panel’s decision cannot be squared with the evidentiary record, which establishes that KBR burned batteries and other hazardous materials in burn pits on thousands of instances,” reads another passage in the motion. “Given that 181 service members filed declarations both in 2011 and 2016, and another 525 service members filed declarations in 2016, the evidentiary record establishing KBR’s systemic burning of hazardous material is substantial and robust.”

The motion further states that a new review should be considered because the original panel’s decision was problematic.

“The panel’s desultory review of the record is all the more problematic because KBR did not rebut this evidence with contradictory submissions. Instead, KBR’s contract manager (David Palmer) admitted that hazardous materials should not have been burned, and testified that KBR was permitted to burn general waste but not hazardous materials.”

During arguments before the 4th Circuit last month, Susan Burke, a lawyer for the service members, argued that KBR repeatedly violated the terms of its contract with the military to handle waste disposal. She said KBR also disobeyed a military directive against burning hazardous materials.

KBR's attorney, Warren Harris, told the court that the decision to use burn pits was made by the military, which also made decisions on where the pits would be located, what hours they would operate and what would be burned in them.

In a recent statement to Fox News, KBR officials say the appeals court decision made last month was crucial in ending a long battle in court.

“KBR is pleased that the Court of Appeals has confirmed that the trial court made the correct decision and that this legacy case is one step closer to final resolution,” reads a statement from officials at the contracting firm. “As KBR has consistently stated, KBR operated burn pits at a very limited number of bases in Iraq and Afghanistan and KBR personnel operated safely and effectively at the direction and under the control of the U.S. military.”

The Associated Press contributed reporting to this story.

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1.4 - Dayton Daily News: [Expansion of GI Bill benefits raises concerns about VA issues](#) (5 July, Max Filby, 1.1M uvm; Dayton, OH)

Upcoming changes to GI Bill benefits administered by the Department of Veterans Affairs are raising some concerns because of the agency's troubled history.

The GI Bill is a benefits program that helps veterans cover the cost of getting a college education or job training. Last year, congress passed a law making several alterations to the GI Bill including six that went into effect right away, one in January and 14 that go into effect on Aug. 1.

The most prominent change was the elimination of a 15-year limit that post-9/11 veterans had to use their GI Bill benefits, according to the VA. That change went into effect right away last year.

Upcoming changes will make post-9/11 Purple Heart recipients eligible for full GI Bill benefits for up to three years. Another alteration will allow veterans to get nine additional months of post-9/11 benefits if they are pursuing a degree in science, technology, engineering or math, according to the VA.

Though the changes have been celebrated, Massachusetts Democratic Sen. Elizabeth Warren and Arkansas Republican Sen. John Boozman have expressed concerns because of the VA's recent problems.

Long wait times became the subject of a 2014 scandal and more recently the VA has been scrutinized for overpaying benefits to veterans and then demanding those vets pay them back thousands of dollars. The two senators introduced a bill recently to try to prevent such problems from occurring with the expansion of GI benefits.

This news organization has reached out to the offices of both Republican Sen. Rob Portman and Democratic Sen. Sherrod Brown for comment on the expansion of post-9/11 benefits and VA issues.

Though concern from past VA problems linger, they may be avoided this time, said Amanda Watkins, associate director of Wright State University's Veteran and Military Center. The incremental roll out of GI Bill changes was likely done on purpose so the agency could avoid issues that plagued it in the past, Watkins said.

"I think that they're looking at it a little bit wiser now and giving themselves time to update systems and train staff," Watkins said.

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1.5 - WFED (AM-1500, Video): [How VA's longstanding tradition of research makes its mark on veterans, employees](#) (5 July Nicole Ogrysko, 854k uvm; Washington, DC)

The Veterans Affairs Department prides itself on nearly 100 years of research and medical advancements that benefit those who have borne the battle, but also leave a broader impact.

After all, it was VA doctors and researchers who invented the cardiac pacemaker, developed the nicotine patch, and advanced prosthetics and wheelchair technology.

In 2018, the VA is conducting timely research on opioid use and its impacts, enrolling hundreds of thousands of veterans in a genetic research project and inventing a power wheelchair that can climb stairs and curbs.

VA doctors and engineers, along with veterans themselves, gave the public and members of Congress a snapshot of this work at the department's research fair on Capitol Hill in June.

"Research can be a little abstract. It sounds like people in white suits in laboratories," said Carolyn Clancy, executive in charge of the Veterans Health Administration. "We wanted to be able to show the public and our congressional sponsors, really how this research is helping veterans. It's really to give them a sense of the real human impact and how it's changing veterans lives. There are several here today, that it's impossible not to be moved by how different their lives are."

One of those veterans is Rory Cooper, the director of the University of Pittsburgh's Human Engineering Research Laboratories. He showed off the "me-bot," a power-wheelchair that sits high off the ground and can climb stairs and curbs, at the research fair.

His office has also invented a pneumatically-powered wheelchair that can be completely submersed in water, as well as a computer mouse for veterans who use a prosthetic hook. Cooper won a Service to America Medal for his work developing better wheelchairs, sports equipment and other assistive gear.

Meanwhile office stood up a new technology transfer assistance program to help veterans translate their own ideas for innovations from thought to reality.

Through these types of events and innovation days, Clancy and other top VA leaders have encouraged the agency's own employees and veterans to recognize problems and inconveniences in their lives and bring forward their own ideas to solve them.

But VA doctors and researchers are also regularly looking for the next big thing they adopt and pilot. Navy veteran Joseph Bailey Jr. is one beneficiary of a few different VA-led pilot projects.

He is testing the Keeogo, robotic exoskeleton developed in Canada which helps him to walk, sit, squat and stand. His doctors at the James J. Peters VA Medical Center in Bronx, New York, suggested he try wearing the device and sent videos of him walking with it back to the VA in Washington.

Bailey said he hopes that with as a test case, VA administrators and the Food and Drug Administration will realize the benefit of the robotic leg and will advocate for its approval in the United States.

"This allows me to have strength," he said. "It allows me to have endurance, and it's also something that's something that's going to be good for the quality of life for any veteran, and not only veterans, but anyone with the physical disabilities that I also have. [It] will help them later in life, because I have a very full and complete life."

Bailey is paralyzed on his left side and typically uses a power wheelchair to get around. But during the weekend before the research fair he walked the National Mall in Washington for a few hours with his family using the robotic leg.

"I know it works for me and hopefully with the acceptance of this and support, it will help many others," he said.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Lake Sun: [Free app assists military personnel with potential VA benefits claims](#) (5 July, 45k uvm; Camdenton, MO)

The National Veterans Legal Services Program (NVLSP) recently launched the first of its kind app for use by military veterans and their advocates, available for download through the NVLSP website, Apple App Store, or Google Play Store.

The National Veterans Legal Services Program (NVLSP) recently launched the first of its kind app for use by military veterans and their advocates, available for download through the NVLSP website, Apple App Store, or Google Play Store.

Named the NVLSP VA Benefit Identifier, the application helps veterans, with or without the assistance of a veteran's service officer, determine specific VA benefits to which they are likely entitled.

Veteran Rob Concklin found the app helpful and commented on Facebook. "I just wanted to write and say thanks for the benefits app. I went thru it, made a claim for five service connected conditions, three were granted immediately. I probably wouldn't have even made the claim if it weren't for your app." A fourth condition was granted later for Concklin and while one condition was denied, Concklin was pleased he filed a claim.

The app directs users to a logic based questionnaire that assists in verifying whether a veteran should file a claim for service-connected disability benefits or nonservice-connected disability pension. The survey addresses all possible disabilities covered by VA regulations.

Created in both English and Spanish, the app functions as a comprehensive logic tree, generating additional questions from previously supplied answers. To protect privacy, no data or personally identifiable information is retained. Once the questionnaire is completed, results can be emailed or printed and used as a reference when filing claims for VA benefits.

"We're hoping to maximize the benefit of this app for veterans by offering it as a free service, without any cost for downloading and utilizing," said Bart Stichman, co-founder and executive director of NVLSP. "We want to provide a supplementary means for veterans to decide what their best options are in filing a claim for disability benefits."

NVLSP's VA Benefit Identifier app does not assist with claims for a higher rating for disabilities the VA has already connected to military service; claims previously filed with the VA; or claims for disabilities resulting from VA health care, VA vocational rehabilitation or participation in a VA Compensated Work Therapy program.

In completing the Identifier questionnaire, veterans should have documents available about their military service (DD Form 214), information about medical conditions and any prior VA decisions or related communications.

Upon completing the survey, veterans are advised to schedule an appointment with a veteran's advocate chosen from a list of Veterans Service Organizations furnished in the app. Veteran's advocates are regularly available to assist with applications for VA disability benefits, free of charge.

A key highlight of the NVLSP VA Benefit Identifier is its ability to appropriately recommend when veterans should file for specific conditions, prompting them to submit an "intent to file" form with the VA, while further providing timelines and instruction on how to proceed with a formal claim. NVLSP's app features an easy to navigate interface allowing veterans to interact with a support point person, and can be downloaded from the NVLSP website to any web-enabled smart device.

NVLSP recently fixed some bugs in the app in May that had frustrated a handful of users, and the problems identified were corrected. Download the NVLSP VA Benefit Identifier app on NVLSP's website, from the Apple App Store, or from the Google Play Store.

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4. Focus Resources More Efficiently

4.1 - Tucson News Now (Video): [Volunteer honors veterans with handmade gifts](#) (5 July, Janice Yu, 596k uvm; Tucson, AZ)

Jerry Sorrells volunteers at the Southern Arizona VA Health Care Center three days a week. During each visit, he brings pen holders he's crafted to hand out to veterans.

Sorrells said it all started when he made his first pen holder and gave it to a World War II veteran he met inside of a grocery store.

"He cried and that was really touching," Sorrells said.

He wanted to find more veterans to give pen holders to and that's when he stumbled upon the Southern Arizona VA.

"I realized I hit the mother load. There are veterans everywhere," he said.

In the last three years, Sorrells has handed out more than 11,000 of his creations to veterans all across southern Arizona.

On the days Sorrells isn't volunteering at the VA, he's preparing for his visit.

"I have to go out in the desert and cut it. Its 64 miles from my house but they allow me to go in and cut limbs off the mesquite trees," Sorrells said.

While it may seem like a lot of work, Sorrells said he enjoys the work.

"When I get up, I don't have to think about what I'm going to do today. I know what I'm going to do. I'm going to be making pen holders."

He said it's a small token of appreciation for the men and women who protect our freedom.

"If you enjoy your freedom, thank a veteran," Sorrells said.

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4.2 - KVOA (NBC-4, Video): [Tucson man makes thank you pen holders for veterans](#) (4 July, Julia Leon, 273k uvm; Tucson, AZ)

In honor of the Fourth of July, a Tucson man found a creative way to say thank you to our veterans.

News 4 Tucson's photojournalist, Edgar Ybarra spoke to Jerry Sorrells, a local who makes thank you pen holders for veterans.

"I'm not a veteran, but I appreciate veterans because I enjoy my freedom," says Sorrells.

Sorrells worked on 11,000 pen holders for veterans for the Fourth of July.

"If you enjoy your freedom, thank a veteran," he says.

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4.3 - Augusta Chronicle: [VA employee rescues dogs, helps fellow veterans](#) (5 July, Tom Corwin, 240k uvm; Augusta, GA)

Chenoa Shields, an employee of the Charlie Norwood VA Medical Center in Augusta, is a dog rescue force. In less than three years, she has saved more than 50 dogs from high-kill-rate shelters around Augusta and has found them homes. She is also a force inside the VA for fellow veterans seeking help and she is helping to find service dogs for some.

It all began with Delilah.

Chenoa Shields had seen the high kill rates for animal shelters in Augusta and Aiken but feared there was nothing she could do about it. Then one night, she saw a post about a pitbull named Delilah.

"She slept under a shed, she lived life on a chain," Shields said, choking up a little. "She needed a place to have her puppies. I volunteered. And that kind of changed everything."

Within hours of being delivered to the house, Delilah started giving birth. Instead of crawling off into a corner to have them, Delilah would cry whenever Shields left the room.

“She wanted us to be there with her,” Shields said. While Delilah went back to her owner but under better circumstances, Shields found homes for all five puppies and was on her way.

Since she left active duty with the Navy in 2015, Shields has rescued and found homes for more than 50 dogs in a little less than three years. A program specialist with the Charlie Norwood VA Medical Center, she likes to rescue dogs that can become service dogs for veterans through the local group, Veterans K9 Solutions. Shields currently has a dog who was found starving on the side of the road in Lincoln County she is hoping will become a service dog through that group once it finds the right veteran to pair him up with.

“This is a special boy,” she said.

Shields works with different rescue groups but prefers to be independent. Journalist Martha Anne Tudor writes her appeals through Facebook and Shields considers them a team. She’ll take her dog, Katy, with her to the Aiken County Animal Shelter to find a new dog to foster.

Katy, a short-haired collie, is a “foster failure” that Shields rescued from the Aiken shelter and then couldn’t bear to adopt out. Shields will work with the staff on rescuing dogs whose time might be up or who are having a hard time getting adopted and Katy lets her know whether the dogs will work for her household.

“Sometimes, great dogs just get overlooked,” Shields said. She might foster the dogs for a couple of weeks or a couple of months, getting them ready for new homes, while working through Facebook to find adopters. And she will literally go the extra mile to get the dogs to them.

Chenoa Shields does not run an organized charity so she herself cannot accept donations. If people would like to help with animal rescue or veterans, she suggested giving to Veterans K9 Solutions, which takes dogs from local shelters or foster homes and trains them to be service dogs. You can donate through their website: veteransk9solutions.org.

“I’ve gone to Chicago,” she said. “I’ve gone to New York to deliver dogs. Gettysburg, Pa., Richmond, Va., all sorts of places. Birmingham.”

She pays for it all herself and deliberately does not add up what it costs her, though it is probably several thousand dollars a year.

“This is my contribution,” Shields said. “I have the means, so why not contribute?”

The right dog will find the right owner and she is happy when that is a fellow veteran. Shields rescued a dog who had a leg amputated after it was nearly shot off by a high-powered rifle.

“I brought her home and she just seemed to be such a special, loving, intelligent dog,” she said. “Every time I looked at her, I thought, ‘How can anyone feel sorry for themselves when they look at this dog adapting to a completely new lifestyle?’ ” She was hoping to make it a service dog and Veterans K9 Solutions found the perfect match.

"The gentleman needed a dog that was a little less active, a little slower moving because he also walked with a limp," Shields said. The dog and the veteran met on Veterans Day and hit it off.

"It was a great happy ending," she said.

Then there was the Yorkshire terrier found in a grocery store parking lot. While there was a lot of interest, the dog went to a Vietnam veteran who suffers from post-traumatic stress disorder and flashbacks whose daughter appealed for the dog because the veteran had just lost his own Yorkshire terrier.

"It was such a great comfort to him, when he was having flashbacks, to hold the dog," Shields said.

Those are the rescues Shields likes best, when her passion for animal rescue can combine with her passion to serve other veterans. She used to work in the director's office and also handle what the VA refers to as "congressional," inquiries from members of Congress that need an answer. Shields is good at getting those answers.

"Sometimes it is just getting through the red tape of figuring out who you need to talk to," she said. "That's why I work at the VA."

Shields recently received the Animal Rescue Hero award from the American Red Cross of Augusta but that's not why she does it. She is one person trying to make a difference for animals and veterans in her own way.

"Someone once told me that you eat an elephant one bite at a time," Shields said. "I'll see people on Facebook and they get very frustrated with the situation but I think we all have to take a step back and say, 'Okay, what can I do to make a difference?' It may not be a big thing but all of those little things add up into a big thing. I think whether you're looking at animal rescue or working at the VA, it is the same message."

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4.4 - KGUN (ABC-9, Video): [Local man builds pen holders for vets to show his gratitude for their sacrifice](#) (4 July, Veronica Acosta, 192k uvm; Tucson, AZ)

Jerry Sorrells strolls through the halls of building one at the VA in Tucson saying hello and good morning to those he passes by.

Wednesdays, in particular, have looked like this for the 78-year-old. He spends those days walking up and down the hallways of the building, not only greeting those he comes across but also giving them something made with his own hands, wooden pen holders.

"I wanted to make something and so I just, I made one and then that's how I got started," Sorrells said.

The wooden pen holders, a small way for Sorrells to show the men and women who he encounters he appreciates them.

The journey that has gotten him to where he is now, however, has been a long and touching one for Sorrells.

"One day I made one and it just said thank you on it and i put a flag on it and I went to Fry's grocery and I found a veteran and I gave it to him and he teared up and that was just real emotional and i got back to my truck and i thought man that really felt good and I've been doing them ever since," he said.

As for his mission, that's simple, showing his thankfulness.

"Some of them have never been thanked, I've had that remark before, they say nobody has ever thanked me, and so well it's happening now," said Sorrells.

Through it all, he never doubts what he does, what he makes, or who it's for.

"Each day I don't have to say what am I going to do today, I know what I'm gonna do, it's to make more pen holders," Sorrells said.

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4.5 - Times Herald: [Rolling Thunder riders give back to area veterans](#) (5 July, Brandie Kessler, 74k uvm; Morristown, PA)

Mike Mackin can't find the words to describe how it feels to roll up on his motorcycle outside of the Coatesville Veterans Affairs Medical Center, more than a hundred other riders around him, and be greeted by dozens of veterans there.

Each year during the annual Day With A Vet event on the hospital grounds that feeling stirs in Mackin and the other riders who join him to honor veterans and give back.

Maybe it's a little bit of pride that so many people come together to show their support for veterans who have served their country: About 150 motorcycles participated at this year's event last month, and countless people lined the parade route to send the riders off.

The riders leave from the Lowe's parking lot in Oaks and travel about 30 miles behind a police escort to the Coatesville veterans hospital, with police directing traffic to keep the motorcycles moving the entire way.

Without a doubt, some of what Mackin and his fellow riders and Rolling Thunder members feel is gratitude.

"You go up there, you see the impact, you see the vets in the hospital," said Mackin, president of Rolling Thunder, Pennsylvania Chapter 1. "Some of them don't get any visitors."

But when the members of Rolling Thunder, Pennsylvania Chapter 1 and other chapters, including some from New Jersey and New York, arrived at the hospital on a recent Sunday, the engines of their motorcycles roaring, it brought a smile to the veterans' faces.

Veterans were treated to a free picnic lunch, with hot dogs and hamburgers made by volunteers. They had musical entertainment from a live band. And they got to take a close look at dozens and dozens of motorcycles.

"You've just got to experience it," Mackin said.

Mackin and many members of his chapter aren't veterans, but they have tremendous gratitude for veterans whose service and sacrifice have provided them and their families with freedom.

You don't have to be a veteran to be a member of Rolling Thunder. Nor do you have to have a motorcycle, Mackin said.

You just have to want to support veterans and donate your time because you believe in the mission.

The organization was founded 30 years ago to bring attention to POW/MIA from various wars and conflicts who haven't returned home. It continues today to serve veterans in many ways.

It's not a biker group, it's a veterans support group, with more than 90 chapters across the country.

Chapter 1 Pennsylvania organizes several events throughout the year, including events to benefit veterans at the Coatesville veterans hospital and the Southeastern Veterans' Center in East Vincent Township, Chester County.

Mackin said it was attending the Day With A Vet event several years back that gave him the itch to join Rolling Thunder. He'd heard about the organization since he was younger, when the father of a good friend of his was a member.

Seeing first-hand the impact the organization has on veterans who might sometimes feel forgotten or tossed aside by a general public that doesn't understand their sacrifices was enough to reel Mackin in.

"When you get out there and you see what they do for the vets," Mackin said, "I just wanted to give back to the vets. They're the whole reason for our freedom."

Rolling Thunder is a nonprofit organization, and most donations are tax-deductible.

Rolling Thunder, Chapter 1 Pennsylvania is now starting to fundraise for an annual Sweats For Vets drive where they buy sweatpants and other items for veterans at the Southeast Veterans Center.

Mackin said he hopes the group can raise \$2,000 in the coming months for the effort, and that pay for sweatpants for each veteran.

"It's almost like a Christmas present for them," he said.

To make a tax-deductible donation to Rolling Thunder, Pennsylvania Chapter 1, send a check made payable to "Rolling Thunder Charities" to: Rolling Thunder Chapter 1 PA, PO Box 463, Eagleville PA 19403.

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4.6 - FEDweek: [Second Thoughts Growing on VA Disciplinary Policies](#) (5 July, 51k uvm; Glen Allen, VA)

More second thoughts are emerging in Congress regarding a law enacted last year shortening the disciplinary process for VA employees and lowering the burden of proof for management in certain appeals—changes that have been widely viewed as a possible precedent for application government-wide.

Four Senate Democrats active in veterans issues have asked the IG of the department to “conduct a thorough review” of how the agency is carrying out the law, adding that the department has not provided Congress with sufficient information, including some that is legally required, to assess whether implementation is consistent with the law’s intent.

“We have had numerous VA employees and their representatives contact our offices about the law’s implementation, indicating that the authorities provided by the law are being used in an inconsistent and inappropriate manner,” they wrote.

While the letter did not provide details, unions representing VA employees have complained that the shortened process denies employees an opportunity required by law to show improvement before being disciplined for poor performance, and that disciplinary actions in general have fallen disproportionately on lower-level employees. Some of the same senators earlier had expressed similar concerns directly to the department.

Meanwhile, HR-6101 has been introduced in the House to repeal those authorities and the House Veterans Affairs Committee has said it will hold hearings in the next month on how the law is being applied.

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4.7 - St. Louis Record: [Judge sides with VA in granting summary judgment in age, race bias case](#) (5 July, Danielle Pacey, 13k uvm; St. Louis, MO)

A federal judge in the U.S. District Court for the Eastern District of Missouri recently granted summary judgment against a former employee of the U.S. Department of Veterans Affairs who claimed he was discriminated against when he was terminated by the agency.

U.S. District Judge Catherine D. Perry, in her June 18 ruling siding with the VA, agreed that the plaintiff, LC Black, was unable to prove age and race were main factors of discrimination in his workplace termination suit in 2014.

Perry granted acting VA Secretary Peter O'Rourke and the VA summary judgment, saying there was not enough evidence to conclude discrimination, retaliation or a hostile work environment did in fact exist.

Black filed suit in 2014 under Title VII of the Civil Rights Act of 1964 and the Age Discrimination In Employment Act.

He believed he was wrongfully discriminated against by the VA while he was working at the VA Medical Center's Jefferson Barracks warehouse facility in St. Louis.

Black also alleged he was wrongfully terminated because he had made previous complaints of discrimination to his supervisors and he was terminated for retaliation purposes.

Black was the only African-American working in the VA warehouse at the time and he was among the oldest of their employees, court filings said. He was 63 years old when he was terminated.

Black cited two incidents in February and April of 2014 that he believed created a hostile work environment and were discriminatory.

He believed the VA failed to act when a co-worker broke his finger by throwing a pallet and he reported it to a supervisor in February 2014. The filing also said a volunteer employee attacked Black and used a racial slur in April 2014. He reported the issue to a co-worker and he believed the VA failed to act again based on his age and race.

He alleged the failure to act in both incidents established discrimination and harassment, as well as created a hostile work environment.

Black was not without his own complaints, court filings said. In July 2014, a co-worker said Black threatened him with a box cutter. Black was put on leave and ultimately terminated shortly after in September 2014. Police charges were filed against Black, filings said.

The VA requested a motion for summary judgment based on the fact that no material evidence linked to the discrimination and hostile work environment existed. Black was terminated strictly on his actions by bringing a weapon into the workplace, the VA said. The VA attributed Black's termination due to the unlawful use of a weapon.

Black was unable to prove that his broken finger was due to age or race discrimination in February 2014, the ruling said. When Black was attacked in April by the volunteer employee, he needed to establish that those incidents and the VA's failure to act were based on his age or race.

Also, to prove workplace discrimination, Black needed to show he is a member of a protected group, subject to harassment based on his protected group and the harassment affected his employment.

Black's circumstantial evidence was only enough to speculate discrimination based on age and race. He needed more than speculation to win the case, the ruling said.

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5. Improve Timeliness of Service

5.1 - Christian Science Monitor: [As war vets enter the fray, stigma lessens around cannabis](#) (5 July, Patrik Jonsson, 158k uvm; Boston, MA)

WHY WE WROTE THIS

Republicans have long embraced the war on drugs. But recently many Republicans, including leaders such as John Boehner, have shifted their stance on legalizing marijuana, thanks in part to veterans who say cannabis softens the symptoms of combat trauma.

Vietnam War veteran Terry Chambers gets up every morning and promptly commits a state and federal crime in his hometown of Marion, Ind.: He crunches on a cannabis cookie.

It remains illegal to possess marijuana in the United States, yet 60 percent of Americans now live in states that allow either medical or recreational cannabis.

Indiana began allowing the medical use of non-psychoactive cannabis extracts in March, but Mr. Chambers is still committing a criminal misdemeanor with his illicit scratch baking. No matter, he says. A teetotaler who doesn't smoke, he credits the cookies with breaking a 21-year-long opioid addiction that he says, "took my manhood."

"I can care less if they arrest me," he says, "What are they going to do? All I'm trying to do is stay alive."

Chambers is part of a phalanx of veterans advocating for recognition of cannabis as a safe and effective painkiller to relieve the mental aches and physical wounds of war. The shift in national attitudes, especially among Republican lawmakers, comes amid a backdrop of high opioid addiction and suicide rates among veterans.

A plan to help veterans from 'the first minute' they leave the service

Among veterans, support for legalization is high: A 2017 American Legion study found 92 percent of veteran households support more research on cannabis and 83 percent support federal cannabis legalization. Supporters say a positive side effect is its potential to ease opioid addiction and lethal overdoses among veterans.

Deep concerns remain that removing the federal stigma from cannabis may worsen a situation where millions of Americans are using illegal chemicals to get high. The focus, critics argue, should be on making Americans, including veterans, whole and productive without taking a hit.

Nevertheless, the US could be on the brink of reversing course on 50 years of federal marijuana prohibition. President Trump signaled on June 8 that he would sign a bipartisan bill called the STATES Act to deregulate marijuana at the federal level.

Veterans "have been pushed to the brink by the government not helping them with their problems," says Chris Conrad, a political scientist at Oakland University in Oakland, Calif., which bills itself as "America's first cannabis college," adding that they "have become a fulcrum point" in the push to bring the US marijuana market, projected to hit \$50 billion by 2026, to light.

Already, they are leading the trend: The share of veterans diagnosed with post-traumatic stress disorder (PTSD) who treat their symptoms with marijuana grew from 13 to 23 percent between 2002 and 2014, according to data from the Department of Veterans Affairs (VA).

Veterans take on Washington and weed

Former Navy SEAL Nick Etten, founder of the Veterans Cannabis Project, stands astride the nexus of Washington and weed.

As part of the drug war in Central America in the 1990s, Mr. Etten projected America's prohibitionary stance to the world. Later, after he returned home, he watched as the opioid epidemic began to rage, especially among veterans returning from the Middle East.

And as his former military buddies began touting the potential of cannabis to end nightmares, ease pain, relieve head injury, and end opioid dependency, Etten began making the rounds, this time armed with a suit, tie, and talking points, on why the VA should consider cannabis as an alternative to powerful pharmaceuticals.

In fact, the Food and Drug Administration in June approved the first drug in the US that contains CBD, a compound found in cannabis. It may pave the way for more research and mainstream acceptance of medical marijuana.

"We owe it to veterans to unpack the medicinal capabilities of this plant," says Etten. "This is where the rubber is going to meet the road at the federal level [on marijuana], is around veterans' health."

Judging by veteran-heavy states moving toward legalization, he may be right.

Last Tuesday, Oklahoma, where 9 percent of residents are veterans, legalized possession of up to 8 ounces of marijuana with a doctor's note.

In Texas, which has more veterans than any state except California, the state GOP recently amended its platform to decriminalize medical marijuana.

And in early June, the Veterans of Foreign Wars Department of Indiana passed a resolution to "petition the Congress to enact legislation that would provide our veterans with legal, safe medical cannabis programs."

To be sure, much of the movement toward federal deregulation has to do with changes in the Republican Party, where veterans have joined a broader libertarian movement to get government out of people's lives.

"There is a feeling by some of the Trumpian antigovernment faction that the dysfunctionality of federal laws on marijuana are just symptomatic of broader government dysfunctionality, so getting rid of federal regulations makes sense from that standpoint," says Dale Gieringer, author of the "Medical Marijuana Handbook."

Amid opioid epidemic, marijuana offers solution

What's giving the issue urgency is a national disaster of overdoses and suicides among veterans. Last week, an Air Force veteran, angry with the VA, lit himself on fire on the steps of the Georgia Capitol in Atlanta.

A 2016 study by the South Texas Veterans Healthcare system found a nearly 400 percent increase in overdoses and suicidal behavior by Iraq and Afghanistan war veterans taking five or more drugs that affect the central nervous system.

The VA's prescription rate of pain medications such as morphine surged 259 percent between 2001 and 2013. In West Virginia, the VA in Huntington has prescribed take-home opiates at a rate about 230 percent higher than the national average. During a four-hour period in 2017, 28 people in the town overdosed from heroin.

In response to the opioid epidemic, the VA has slashed its opioid prescription rate by 41 percent between 2012 and 2017, according to VA data.

Studies have shown that suicide and overdose deaths are on the decline in medical marijuana states. And even though VA doctors are not allowed to recommend medical marijuana, veterans are encouraged to discuss its use with VA staff.

Indiana veteran Jeff Staker returned from duty to see fellow soldiers become shadows of themselves, riven by nightmares, pain, and addiction. When unable to procure opioids, some turned to heroin and other powerful street drugs, sometimes with lethal impact, he says. He used marijuana to wean himself off opioids prescribed by the VA for pain, and says he worries about those who don't have that option as the VA turns to alternative therapies, including yoga, to replace opioids.

"Veterans see the danger," says Mr. Staker, founder of Hoosier Veterans for Medical Cannabis. "If you look at all the stuff that I did as a Marine sniper, I see the battleground," he says, referring to veterans struggling and dying back home after having been diagnosed with PTSD and addiction.

"Politicians say we're just adding more drugs to the street," he adds. "We're not. People have problems.... It isn't about getting high."

At the same time, he acknowledges concerns about deregulation by veterans like Attorney General Jeff Sessions, a former Army Reservist who has rescinded Obama-era protections for medical marijuana, and who told Congress in 2016 that the US government should send a clear message that "good people don't smoke marijuana." In Congress, Rules Committee chairman Pete Sessions, (R) of Texas, has scuttled several bills in committee, including bipartisan ones that would open the door to VA research into cannabis and allowing them access in states where medical marijuana is legal.

Mixed reaction from lawmakers

"Some folks suggest [cannabis] is a less evil replacement for other pain medications, but my answer is that we need to be able to feel some pain in this country and stop trying to eliminate all pain and feeling from our lives," says David Powell, executive director of the Indiana Prosecuting Attorneys Council, and a former Army judge advocate general. "We need an America that gets up in the morning, is clearheaded, motivated to go to work, can tolerate a moderate amount of pain, and follows the rules that are set for us. If that's ridiculous, well, then it's ridiculous."

But other veterans say the debate is more nuanced.

Growing up, Ryan Miller says he smoked pot twice and "felt horrible." In high school, the self-described jock would ridicule teammates for smoking marijuana. He ended up joining the Army and becoming an infantry captain before his life changed, irrevocably.

“In 2007, I get blown up, legs mangled – any other war I’d be dead,” says Mr. Miller, recounting the events that led up to amputation. “I was all [expletive] up for a couple of years. At first I found marijuana as a nice alternative to pain medication. Two days after [using] my body felt calmer. Yeah, guys can exaggerate stuff [about the benefits of marijuana] but I know people who would be alive today if they had access to cannabis.”

Such stories resonate with Rep. Tom Garrett (R) of Virginia, an Army veteran and former prosecutor.

A longtime medical marijuana skeptic, Congressman Garrett took note when the American Legion, a congressionally-chartered organization, began advocating for marijuana reform. “That was a watershed moment,” he says. “There is no more mainstream, red-blooded, mom and pop and apple pie organization than the Legion. That was stuff that needed to be said.”

Since then, Garrett, who recently said he is battling an alcohol addiction and will not seek re-election, has spent the bulk of his time on the Hill lobbying for a federalism bill he filed last year.

Federal oversight of marijuana overextends the Constitution, he says, and creates a “tyranny of good intentions.” Reverting regulation to the states will, he says, “let people be people.”

Other conservative lawmakers have been looking to Rep. Phil Roe (R) of Tennessee, an Army Medical Corps veteran, for guidance.

Congressman Roe, chairman of the House Veterans’ Affairs Committee, says he won’t trust anecdotal claims until double-blind studies are done. He is chief sponsor of a bill that will let the VA do that work.

“[Cannabis] is a chemical. You don’t want state legislators deciding what medicine to prescribe. It has not been FDA approved,” says Roe. “But I also think that the VA is a great place to take up the banner and do the research.”

In mid-June, a ragtag troop of veterans, including Chambers and Staker, gathered outside the VA in Marion, Ind.

After long discussions about symbolism and framing, they took a photo designed to catch Mr. Trump’s eye: Some kneeled like NFL players protesting police brutality. Others held upside-down American flags.

“A soldier will understand the upside-down flag for what it is,” says Staker. “A duress call.”

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5.2 - Military Times: [Air Force vet who set himself on fire to protest the VA dies of wounds](#) (5 July, JD Simkins, 2.1M uvm; Springfield, VA)

Investigators have confirmed that the Air Force veteran who set himself on fire on the grounds of the Georgia Capitol building in protest of the Department of Veterans Affairs has died.

The Georgia Bureau of Investigation announced this week that 58-year-old John Michael Watts died Monday, less than a week after self-immolating in downtown Atlanta.

Watts, of Mableton, Georgia, stood outside the Capitol building on June 26 with fireworks strapped to his body and proceeded to douse himself with a flammable liquid and set himself on fire.

Loud explosions could be heard as the blaze spread.

As the grisly scene unfolded, a nearby police officer rushed toward the veteran with a fire extinguisher in hand to smother the inferno. Authorities said Watts was able to communicate with officers after the flames were extinguished.

Watts was rushed to Grady Memorial Hospital with burns to 85 to 90 percent of his body.

With the streets surrounding the Capitol cordoned off, a bomb squad was dispatched to the scene for fear that the veteran may have planned a large-scale attack.

Watts had positioned a sign in the windshield of his car that listed a phone number and instructions to call it, which authorities feared may have triggered an explosive device.

The investigation into the incident is ongoing.

The Associated Press contributed to this report.

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5.3 - New Haven Register: [VA Inspector General's report cites protocol shortcomings in vet's 2015 death under VA care](#) (5 July, Mark Zaretsky, 438k uvm; New Haven, CT)

A VA watchdog agency's report initiated following the late-2015 heroin overdose of a veteran being treated in a West Haven VA residential rehab program found a number of process and protocol shortcomings that were present at that time.

But the report by the VA Office of the Inspector General says investigators could not determine how or to what extent the deficiencies contributed to the man's death, which was found to be the result of an accidental overdose.

While several of the shortcomings were fixed and new protocols were put in place after the incident, a subsequent investigation found that even after new protocols were in place, they were not always effectively communicated or understood by staff.

"The OIG reviewed the care provided to a Program patient who died of a drug overdose and determined that Program protocols, processes and policies were not in place for initiating (medication assisted therapy,) for tracking patients' (substance abuse day program) no-shows, and updating (urine drug testing) procedures

"OIG staff also found deficiencies in the CPR Committee's review of code delays," the report said.

A Chief Medical Examiners Office investigation found that the death appeared to be accidental and that man who died was not in a locked inpatient facility, was free to come and go and likely got the drugs that killed him out in public, officials have said.

Because of privacy laws, nowhere in the report, dated July 2, 2018, does it mention either the specific VA facility involved or the name of the patient.

A VA Connecticut Healthcare System spokesman said that “due to patient and privacy concerns and the way that they released the report, we cannot confirm nor deny that the medical center mentioned is VA Connecticut.”

He declined any further comment.

But the facts detailed in the report closely mirror the facts of the death on Dec. 22 or early Dec. 23, 2015, of Zachary Greenough, a former U.S. Army medic who grew up in eastern Connecticut, served in the Iraq war and died while an inpatient at the VA Connecticut Healthcare System’s West Haven Campus.

The New Haven Register covered Greenough’s death at the time, reporting that Greenough may have obtained the drugs that killed him while a patient in the hospital.

Greenough was believed by a friend and fellow veteran to be 29. The Inspector General’s report identifies the patient who died as being under 30.

Shortly after Greenough’s death, U.S. Sen. Richard Blumenthal, D-Conn., ranking member on the Senate Committee on Veterans Affairs, requested that the VA Office of the Inspector General investigate the incident.

Officials speaking off the record confirmed that the July 2 report is the one Blumenthal requested.

While Blumenthal didn’t confirm the report refers to the West Haven VA hospital and Greenough’s death, he spoke in scathing terms about the VA’s need to improve.

“This report shows a life tragically lost — with heartbreaking lapses and failures at so many turns,” Blumenthal said in a written statement. “This failure must be an occasion for soul searching and self-evaluation at the VA, as well as strong outside scrutiny.

“Supervision and care were simply lacking,” Blumenthal said. “The VA must take a hard look at these findings and immediately implement all recommendations to ensure no veteran struggling with post-traumatic stress, mental health conditions, and/or substance abuse disorders falls through the cracks.

“As a member of the Senate Veterans Affairs Committee, I will ensure these reforms are made and continue to fight for legislation and resources to support veterans and Connecticut constituents who suffer from substance abuse and mental health challenges,” he said.

Among other things, the Inspector General’s report found that:

In 2015, the facility “lacked a protocol” to initiate medication-assisted therapy — treatment with methadone and similar drugs.

2017, the OIG determined that a process for patients to obtain that therapy had been put in place “but that some (mental health) staff were unable to articulate the pathway” and protocols to do so “were not well understood by staff.”

In 2015, “there was no process in place to track patients who no-showed for required (substance abuse day program) therapy. A tracking spreadsheet was created and put into use after the patient’s death, but it “lacked some key information, such as the time entries were made and which Program staff were notified.”

The facility developed a urine drug testing policy on how to handle patients who refused (or like the man who died, said they were unable) to provide a urine sample. The report found that the facility was following that policy for the period of time reviewed.

The report made three recommendations, including that the facility director ensure that:

Staff receive education about the processes to initiate medication assisted therapy,

A standard operating procedure is issued to track patients who fail to show for off-site substance-abuse day programs, and,

All appropriate staff receive training regarding standard operating procedures to track patients who fail to show for off-site appointments for substance-abuse day programs.

According to an Aug. 23, 2009, article in the Norwich Bulletin, Greenough — then Army Pvt. Zachary P. Greenough — graduated from basic combat training at Fort Sill in Lawton, Okla., and was the son of Kenneth and Debbie Hvarre of Uncasville and the nephew of Jill DeClerck of Ledyard.

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5.4 - WDIO (ABC-10, Video): [Sen. Klobuchar Pushes for Burn Pit Legislation to Support Veterans](#) (5 July, Taylor Holt, 77k uvm; Duluth, MN)

Senator Amy Klobuchar was in Duluth Thursday to highlight her bipartisan legislation aimed at helping veterans who have been exposed to toxic burns pits.

During a press conference, she pointed out that it issue that is not new, but she's hoping the bill she is a co-sponsor of will help get ahead of problem that affects thousands of veterans, like Ryan Braaten, who shared his story.

The veteran deployed to Kuwait and served as a combat medic in Iraq in 2011. There he was stationed near a burn pit. For him, it started as asthma.

"I learned that that (asthma) was linked to burn pits. That 's actually one of the first signs is what I've been told," said Braaten.

As time went on it got worse for the husband and father of two that lives in Duluth.

"Now, if I stand for a period of time, it varies from day to day, and I end up going into basically seizures," Braaten added. "It makes it a little tough when you have a two-year-old that just wants to play, and you can't do anything."

It's stories like that that Senator Amy Klobuchar says need to be heard and acted on. She believes her bill, the 'Helping Veterans Exposed to Burn Pits Act' will do that.

"It (the bill) establishes a center for excellence in the VA so that we can make sure the vets are getting treated with best practices available," said Klobuchar.

The senator joined by medical professionals and advocates spoke on the bill, that would also better study the health effects caused by burn pit exposure.

"I believe the clock is ticking and that we need to address this problem as soon as possible," said Dr. Ron Bach, Chair of the Research and Development Committee with the Minneapolis VA.

It would be a step forward for those who've fallen victim like Amie Muller, an Airman with the 148th Fighter Wing, who died a year ago from Pancreatic Cancer she believed was caused by exposure to toxic burn pits in Iraq.

"We have seen this movie before. We saw it during Vietnam with Agent Orange," said Klobuchar.

In the meantime progress is being made. A national registry has been established to document those affected, to help in their effort. More than 149,000 veterans have signed up as of Thursday.

"We have to bring it up the next step and that's what our bill is about," Klobuchar added.

The bill passed the Senate as part of a larger funding bill earlier this month. It now goes to the House.

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5.5 - McKnight's Long-Term Care: [Congressman condemns 'national disgrace' depicted in VA nursing home report, calls for investigation](#) (5 July, Meredith Beirne, 55k uvm; Northfield, VA)

Florida Congressman Vern Buchanan (R) has called for a national investigation into allegations of neglect and misconduct at Department of Veterans Affairs nursing homes.

"A congressional investigation should leave no stone unturned in finding out how this happened in the first place and how it can be prevented in the future. Those responsible for gross misconduct or negligence must be terminated immediately," Buchanan wrote in a letter to the chairman of the U.S. House and Senate Veterans' Affairs Committee.

The call for action comes after a report by USA Today and The Boston Globe that showed nearly half of VA nursing homes, which only made its rating public for the first time recently because of the newspapers' investigation, received one out of five stars - the agency's lowest

possible grade for quality. The report also showed that three of the lowest-rated facilities are in Florida.

“We need real accountability and transparency at the VA, and every agency employee needs to fulfill their mission of caring for those who have served our country. It’s a national disgrace that any veteran should die from negligence. Heads must roll at the VA for those responsible for gross misconduct and negligence,” said Buchanan.

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5.6 - Exponent Telegram: [Opinion - VA must continue to improve wait times at Louis A. Johnson VA Medical Center](#) (6 July, John Miller, 15k uvm; Clarksburg, WV)

Our nation’s veterans, from World War II all the way to the War on Terror and in peacetime, too, deserve our utmost respect.

One way to honor them is to thank them for their service. But that’s only one small way to pay them back.

Making sure our military veterans have great medical care is something that they deserve and which we must demand they receive for their many different sacrifices.

In Northern West Virginia, the Louis A. Johnson VA Medical Center performs this key function. And in the past, it has been found wanting when it comes to the amount of time it takes for veterans/patients to receive care.

That’s improved, according to a recent report.

For example, the average wait for primary care is now 3.61 days, which is better than the national average of 4.44 days.

Meanwhile, the average time to wait for specialty care is 7.43 days, about the same as the national average of 7.48 days.

And finally, the average time for mental health care is 4.9 days, still higher than the national average of 3.3 days.

Officials at Louis A. Johnson say they’ve developed programs to allow for patients to be seen the same day they call, and they’re also working to hire more mental health professionals.

All this is a step in the right direction.

But these efforts need to be continued with vigor.

Many veterans have special needs. For instance, it’s no secret that veterans have a high suicide rate.

Many also spend a lifetime dealing with stress brought on by their experience in the military, which is far from an ordinary life experience even when soldiers aren’t in a combat zone.

If a veteran needs help and doesn't get it in time, it might mean a bad cold moves into a bacterial infection, which is bad enough. But it also could mean another veteran takes his or her own life, which is horrible.

Think of it this way: What if we'd asked our veterans to answer the call at Iwo Jima, and they'd said get back to them in a week? Or what if we'd asked them to head into the fight at "Frozen Chosin," and they'd said they'd get there as soon as possible, maybe in three or four days?

The list could go on to include the many sacrifices made throughout the modern wars of our nation.

We owe our veterans an incredible debt, starting with still being able to enjoy the many freedoms of our 242-year-old republic.

These veterans deserve every ounce of help, every hand up, that we can give them when they are in a time of need. It's the least we can do.

John Miller - Executive Editor

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5.7 - Ponte Verda Recorder: [Study supports use of dogs to help veterans with PTSD - Purdue University's recent research findings come as no surprise to K9s For Warriors](#) (5 July, Paris Moulden, 13k uvm; Ponte Verda Beach, FL)

A recent research study released by Purdue University is reinforcing what K9s for Warriors has been saying all along: Dogs have a genuinely positive impact on the health and well-being of veterans and service members suffering from Post-Traumatic Stress Disorder.

Conducted by the Purdue University College of Veterinary Medicine and co-funded by the Human Animal Bond Research Institute and Bayer Animal Health, the study used physiological markers to document a service dog's effect on veterans diagnosed with PTSD by measuring the stress hormone cortisol when they wake up.

The research was led by Maggie O'Haire, assistant professor of human-animal interaction in the College of Veterinary Medicine, and Kerri Rodriguez, human-animal interaction graduate student, with the help of K9s For Warriors, a nonprofit based in Ponte Vedra Beach that pairs veterans with PTSD with rescue dogs.

"We found that military veterans with a service dog in the home produced more cortisol in the mornings than those on the waitlist," Rodriguez said in a news release. "This pattern is closer to the cortisol profile expected in healthy adults without PTSD. Having a service dog was also associated with less anger, less anxiety and better sleep."

The veterans used in the research were part of the K9s for Warriors program. To measure morning cortisol, saliva samples of veterans with PTSD who had been paired with a service dog were compared to veterans with PTSD who are on the waitlist to get a service dog. In healthy adults without PTSD, there is generally a rise in morning cortisol or the "cortisol awakening response." In people with PTSD, morning cortisol levels don't show an increase. The Purdue

study found veterans who have a service dog had an increase in morning cortisol as opposed to veterans without dogs.

“If you have a healthy brain with no PTSD, you wake up and get this slow morning cortisol rise that lasts throughout the day,” K9s for Warriors CEO Rory Diamond said. “Warriors with severe PTSD have no morning cortisol; they just flatline. So, we swabbed the warriors in the morning to test their morning cortisol, and the ones on the waitlist just flatlined. The ones who had a dog for the last six months had a near-normal morning cortisol. That’s the physiological biomarker we were able to prove.”

Diamond said the results of this study are important because they provide scientific support for what his organization is doing.

“For the last several years, we wanted to prove with hard science that our dogs work,” Diamond said. “We know they work. We see it every single day with these warriors that we work with. We see their lives change. We see them become the people they used to be before they went off to war. But the U.S. Department of Veterans Affairs and other funders have told us, ‘We don’t believe you and you can’t prove that your dogs work.’ Now we can.”

Diamond said an earlier study done by the organization focused on monitoring how the veterans felt mentally and emotionally in the months after getting a service dog, but that study was met with criticism by the US Department of Veterans Affairs (VA), which suggested respondents might not be completely honest about their feelings.

“This study, you can’t fake,” Diamond said. “It’s morning cortisol. And now we’ve proven that warriors, in the mornings, who have a dog for at least six months, have near healthy morning cortisol levels.”

The next step is a study currently being done by the National Institutes of Health (NIH). The new study will continue with the cortisol mouth swabs on veterans with PTSD, but will also use a Fitbit-like device to measure sleep patterns, overall anxiety, heart rate and how far warriors are straying from their homes before and after receiving a service dog.

“This is the first time anyone in the history of the world has shown that a service dog, or any dog, actually changes the physiology of the brain, which is kind of amazing,” Diamond said.

K9s for Warriors is also planning to conduct a study on how much money programs like theirs end up saving the VA per warrior, who are often prescribed medication to treat the symptoms of PTSD.

“Two-thirds of our warriors are off some of their medication within six months, and a third are off all of them,” Diamond said. “These prescription drugs are lethal cocktails. They have all sorts of terrible side effects. The worst thing that can happen if our program doesn’t work is that the warrior has a nicely trained dog. It’s a good tradeoff.”

K9s for Warriors is in the process of opening a second facility outside of Gainesville to assist more warriors, and Diamond said while the scientific studies will hopefully open the eyes of the VA and other government organizations, actually seeing the program in action was proof enough for him that it works.

“On the first day of the program, I typically welcome the warriors here, and you see what I call ‘dead eyes,’” Diamond said. “Just spacing out, overmedicated, anxious, nervous, suspicious, all those things. And then over the course of the three-week program, you see the warriors get more and more comfortable with their dogs, more and more comfortable going out into the world again, and then you start to see their personalities come back. And when we hear the warriors laughing together, we know we’ve broken through some pretty significant barriers.”

But Diamond appreciates that the studies back up what he already knows.

“It is reassuring,” he said. “I personally knew with every fiber of my being it was true, but to have independent, really smart scientists prove it is really awesome.”

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5.8 - Lakota County Times: [VA Black Hills Releases Nursing Home Report, Disputes Investigative Stories By National Media](#) (5 July Jim Kent, 13k uvm; Martin, SD)

Just days before the Boston Globe and USA TODAY published investigative stories on Veterans Administration nursing home care nationally, the VA Black Hills Health Care System sent out a press release noting its nursing home received 4 stars as part of its annual performance rating.

The statement noted that the local VA announcement came after the national VA extended “its unprecedented 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.”

It also read that, overall, the VA’s nursing home system of more than 130 community living centers in the country “compared closely with private sector nursing homes, even though the department on average cares for sicker patients in its nursing homes than do private facilities.”

“In fact, the overall star rating for VA nursing homes compared to the 15,487 private sector nursing homes rated by the Centers for Medicare and Medicaid Services (CMS) shows that VA has a significantly lower percentage (34.1 percent lower) of one-star, or lowest rated, facilities than the rest of the nation.”

Yet the joint national story by the Boston Globe and USA Today saw the situation differently, beginning with the advisement that the VA had “tracked detailed quality statistics on its nursing homes for years, but has kept them from public view.”

Moreover, the national papers reported that “The VA made its ratings public last week after receiving questions from the Globe and USA Today about all the secrecy.”

The publications also shared that “nearly half of the VA nursing homes nationwide – 60 – received the agency’s lowest ranking of one out of five stars as of Dec. 31, 2017, according to documents obtained by USA TODAY and The Boston Globe.”

While speaking with Teresa Forbes, Public Affairs Officer for the VA Black Hills Health Care System, this publication first questioned the confusion among some local VA staff and veterans regarding the existence of a VA nursing home within the Black Hills area, either at its Hot Springs or Ft. Meade locations.

Forbes replied that part of the explanation for that confusion may lie in terminology.

“The VA uses the term Community Living Centers,” Forbes commented. “Like the name suggests, VA Community Living Centers resemble a home-like setting as much as possible. The environments are family friendly, activity oriented, and veteran centered.”

The VA CLC beds can be used to serve veterans for short-stay rehabilitation, skilled nursing care, hospice/end-of-life care services, complex and challenging behavior issues, and spinal cord injury and disease. VA Black Hills CLCs also provide respite care, social work services, dementia care, and caregiver support.”

“The Hot Springs Community Living Center is composed of 7 beds with an average daily census of 5,” added Forbes, “while the Fort Meade CLC has 23 beds for long term care with an average daily census of 22 and 22 beds for short-term rehabilitation stay with an average daily census of 23.”

She stated that VA Black Hills compares favorably with private nursing homes in staffing with an average of two times the hours per day spent caring for patients versus that in the private sector.

Forbes didn’t have an exact number but noted that Native American veterans are absolutely being served in the VA Black Hills nursing homes. Tribal members from the Pine Ridge, Rosebud and Cheyenne River Sioux reservations regularly use services provided by VA Black Hills.

In reviewing the methodology used to determine the VA Black Hills’ 4-star rating, Forbes explained that the Center for Medicare and Medicaid Services (CMS) awarded the rating with scoring in 3 different domains: Health Inspection Surveys, Staffing (which Forbes said VA Black Hills scores very well in) and Quality.

Regarding that Quality rating, however, Forbes advised that the VA has some unique aspects to its care.

“Because in the private sector they may be able to not accept all patients,” Forbes observed. “In the VA we accept all eligible veterans. So, for us that means veterans who may have other complications. Maybe behavioral issues. Maybe homelessness. Maybe pain issues. I mentioned end-of-life care. Now that may be something that the private sector doesn’t have as part of their compare. So, because the VA is unique in providing these services versus the private sector, that’s where we don’t always compare well with the private sector.”

When questioned whether she or the VA national office wrote the VA Black Hills press release, Forbes replied: “We put in some of our unique...just some of our local observations on it but, yes, most VAs were sent that information.”

When it was noted that the Boston Globe/USA Today story showed a map with every VA nursing home in the country in which both the VA Black Hills nursing home sites were listed as receiving a 1-star, or the lowest possible score, and not a 4-star rating as indicated in the VA Black Hills press release, Forbes offered this explanation.

"If you look at, the overall rating is judged in those 3 areas," she said. "The staffing, the surveys and the quality. So, the overall star rating based on those 3 domains, is a 4 star. They happened to pick up the 1 star in quality, and that's what they highlighted. So, if you didn't understand that whole context, it's a little misleading. We are a 4-star overall with all of those 3 factors put together.

One star was for quality, but that was because we take some of the most challenging patients out there based on their needs and we would never turn anyone away."

Forbes chose not to respond when asked if she considered the Globe/USA TODAY article misleading, preferring to end her interview with a reference aimed at veterans in the area.

"I just think it's very important for veterans to feel comfortable with their local facility," she commented. "We welcome our local veterans to take a look at our information, take a look at our data and ask us any questions that they have. We think that we have a high level of trust with our veterans. We have a high level of transparency with the work and the services that we provide to veterans. It's just important to take a look at the whole story in the context."

The 5 areas of Quality the Boston Globe/USA TODAY article noted in comparing VA and private sector nursing homes were the percentage of patients who: reported pain within the past 5 days; received antipsychotic medicine that the FDA associates with increased risk of death in elderly dementia patients; experienced marked decrease in ability to perform daily activities like bathing, eating and using the bathroom; had a catheter left in their bladder, which can lead to urinary or blood infections and other complications; were high risk patients with serious bedsores, which may be prevented by repositioning or cushioning.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Chicago Sun-Times: [Chicago code camp 'broadens access' for veterans by accepting GI Bill benefits](#) (5 July, Yvonne Kim, 3.7M uvm; Chicago, IL)

Chicago veterans looking to use their GI Bill benefits now have the option of attending coding camp for little to no cost.

Code Platoon, a Chicago-based nonprofit that trains veterans in web development, became the state's first coding academy approved by the Department of Veteran Affairs to accept the GI Bill earlier this year. Its current cohort of nine students was the first to qualify to use their education benefits to cover tuition and housing costs.

Founder and executive director Rod Levy said though Code Platoon offers scholarships of more than \$10,000, many veterans specifically seek out places where they can use GI Bill benefits.

“It has really broadened the access for the veterans,” Levy said. “They want to find a place that they can use their benefits specifically, so by virtue of that now we are able to offer this ... and broaden our audience significantly.”

Veterans with Post-9/11 GI Bill benefits have 15 years from their last discharge date to use them. Participants taking Code Platoon courses through its online remote program do not qualify, which approves institutions on a state-by-state basis, Levy said.

For John Conway, a monthly \$1,800 housing allowance serves as incentive to attend Code Platoon through the Post-9/11 GI Bill.

A retired marine, Conway said he likely would not have chosen to attend development boot camp if it did not accept his benefits. Though he had prior coding experience as a hobby, he is “using the last of my GI Bill to round out my skills.”

Conway said unaccredited colleges accepting the GI Bill is not always a good thing, as many use their GI Bill approval to “rob” veterans of their benefits without offering a quality education. Code Platoon, however, is “a genuine school that is interested in teaching.”

In 2016, all eight Code Platoon graduates went on to become full-time software developers, earning a median salary of \$65,000, according to its website.

With GI Bill approval, Code Platoon hopes to grow class sizes and “allow more veterans to become software development professionals,” development director Alicia Boddy said in a news release in February.

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7.2 - Military Times (Reboot Camp): [Vets and other ‘nontraditional’ students have long been at the margins of higher education. Is that changing?](#) (5 July, Natalie Gross and Kim Clark, 2.1M uvm; Springfield, VA)

Adult learners, or college students aged 25 and older, are typically referred to as “nontraditional students,” in contrast to their younger, “traditional” student peers.

But that’s an oversimplification of “tradition.” Adult students have long been an important part of the college student body – whether it was the World War II veterans who flooded campuses thanks to the GI Bill, or seemingly perennial students like James Franco.

In fact, thanks to economic recessions and generous veterans’ education benefits, adults have sometimes made up more than 40 percent of the nation’s college student body. Today, adult college students number 6.6 million. That’s about 35 percent of those enrolled in higher education currently. And the adult student population is expected to grow much faster than that of younger students for the next several years.

Little wonder, then, that colleges eager to enroll more students are turning their sights on the booming adult population.

Unlike “traditional” students, many of whom can devote themselves to their classes full-time, adults tend to be juggling family and work responsibilities along with their studies. That need for

flexibility has sparked colleges to experiment with new delivery systems, schedules and instructional alternatives.

Colleges have found that different kinds of adult students need different kinds of flexibility: active duty military may need a different schedule than, say, a working mom who's studying at night.

"It's not a homogeneous group," said Michael Cunningham, the chancellor of the San Diego-based National University System, which offers more than 100 online degree programs and also has campuses in California, Nevada and on a few military bases. National University, a private nonprofit school established in 2001, is one of the top enrollers of active-duty service members, who sometimes get deployed on short notice, and student veterans. That's one reason National University offers courses that are compressed into as little as four weeks.

Many colleges aiming at the adult population have focused on online courses, noted former U.S. Rep. George Miller, currently a senior education advisor at Cengage Learning, who joined Cunningham on a panel of adult education experts and college leaders at the recent national conference of the Education Writers Association in Los Angeles. Miller said he was once a skeptic of online education, but now realizes the opportunity it brings.

Some colleges are trying out innovations such as "competency-based" programs, which typically involve students studying at their own pace (though, often, with help from college staff) for credit-bearing tests. Northern Arizona University professor Corrine Gordon, the lead faculty member for NAU's Personalized Learning liberal arts program, said NAU's program allows students to turn skills or knowledge they may have learned in the school of hard knocks into official college credit. The curriculum starts from the question of what a graduate should be able to do and moves backwards, using assessments to test real-life skills, she said.

Once students reach the established level of competency, they move on, often working their way through the curriculum faster than a student learning the subject matter in a more traditional way. This method helps reach the adult student population that can't spend hours on campus at a time, and even those who may have once thought college wasn't a good fit, Gordon said.

"I think our students need a real point of entry," she said during the panel. "They need real opportunities to draw on their past experiences and give them a place where that's not only OK, it's celebrated."

Despite the many different delivery systems and instructional styles, the experts said there were at least two common qualities any college serving adult students should provide: practicality and support.

"One common theme is (adult learners) need a lot of support because ... there's a lot of other things going on in their lives," said National University's Cunningham.

Brian Jones, president of Strayer University, also among the most popular college destinations for users of military education benefits — and where adults make up 89 percent of the student body — added, "They're coming to us with a very practical demand. They're looking to earn more money, or they're looking to credential themselves for a career change."

How can taxpayers and students hold colleges accountable?

As these once-unconventional educational strategies gain more ground, and the adult learner population grows, so does the debate over the best way to hold colleges accountable for the education they deliver.

Many of the schools that serve adults have single-digit graduation rates, and produce alumni who struggle to pay back their student loans. One new report found that over half of the graduates of for-profit colleges – which disproportionately serve adult students – had defaulted on their student loans within 12 years.

But President Donald Trump’s education secretary, Betsy DeVos, has scaled back Obama-era regulations on for-profit college and vocational programs that could have helped consumers avoid the most problematic choices. In June, for example, she delayed implementation of a rule requiring college vocational programs to publicly disclose data about their alumni’s employment rates or debt levels.

Many adult-serving colleges have fought accountability efforts, noting, for example, that some standard accountability metrics don’t adequately capture the success of the nontraditional student population. The standard college graduation rate is calculated by tracking the number of full-time freshmen who end up earning a bachelor’s degree from the institution within six years. That number misses part-time students and transfers. In response, the Department of Education recently started to publish data on the graduation rates of transfer and part-time students. That data is freely downloadable through the Integrated Post-secondary Education Data System, or IPEDS.

But the panelists argued for different kinds of metrics, some of which may not have been invented yet.

“At some point, we have to have a robust policy debate about how do we cultivate innovation in higher ed while making sure we have accountability,” Jones said. “At the end of the day, I think what all of us are focused on is ... enabling economic mobility.”

Gordon said she believes hearing from students could be the best way to gauge how schools are doing.

“I think there’s a measure yet to be determined or to be devised that could get us closer to what and how we can measure our success,” she said.

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7.3 - Fayetteville Observer: [FTCC’s work-study program under investigation by VA](#) (3 July, Greg Barnes, 439k uvm; Fayetteville, NC)

A veteran who spent 15 years in the Army said he had no warning when he was released last week from his work-study job through Fayetteville Technical Community College’s All American Veterans’ Center.

The veteran said he went to work at the center and saw a note on the time clock ordering work-study students to report to Room 200. When he did, the veteran said, he and other veterans in the program were told they no longer had jobs.

The reason, according to FTCC officials, is at least some full-time center employees had been falsifying certifications to the U.S. Department of Veterans Affairs by overstating the amount of time actually worked by VA work-study students. The money being paid to the students for the work-study, which involved duties including helping other veteran students, was coming from the VA.

According to a statement from the college, FTCC President Larry Keen learned about the allegations on May 31 and reported them to state and federal officials the same morning. Later that afternoon, the statement says, the college had enough evidence to justify firing Diane Hooks, who had been a full-time center staff member since July 1, 2016.

In at least one instance, the statement says, Hooks received payments from a work-study student, allegedly in exchange for certifying VA hours in excess of what the student actually worked.

No criminal charges have been filed, FTCC officials said. The VA continues to investigate through its Office of the Inspector General. Three other full-time center employees, Breanna Cox, 33, Ruby Saltpaw, 56, and John Bristow, 31, also lost their jobs, according to the college. Saltpaw declined to comment. Hooks and the others could not be reached.

The college said it appears the alleged “wrongdoing” began sometime during the 2016-17 academic year.

The veteran who was among the work-study students who lost his job agreed to speak to The Fayetteville Observer on condition of anonymity. He said he never participated in the alleged scheme and had heard only rumors about it before he was fired. He said he is being punished because of the actions of others.

“I told them you can check every single one of my pay stubs. I have never gotten any other pay,” said the veteran, who left the Army and Fort Bragg as a sergeant last year. He asked that his name not be used because he continues to attend FTCC and said he worries about retribution.

“Morally it’s wrong. It’s wrong, and the school doesn’t care,” he said. “The school is trying to damage control.”

FTCC says it has taken immediate action.

“Following our investigation into the matter, we began efforts to put into place robust supervision for the Veterans’ Center and additional internal controls to prevent this from occurring again,” the college said in a statement. “We are in the process of putting new leadership into our Veterans’ Center. In addition, certifications are now being made by a separate office that reviews the records of the Veterans’ Center and confirms the accuracy and completeness of the records. Rest assured that when FTCC learned of this problem, we investigated the matter and took immediate action to protect our students, the College and the VA.”

The veteran said he suffers from post-traumatic stress and anxiety and was homeless before he entered the FTCC work-study program in December. He said he now receives disability payments through the Veterans Affairs Administration, as well as tuition and housing assistance.

But he said his grades have slipped without the support of other veterans in the work-study program, and he is struggling without the extra income through the center.

The college said 10 VA work-study students were enrolled at the center at the beginning of the summer semester.

“Because of the serious nature of the allegations and the termination of several employees, the college decided not to use any work-study students during the summer whose time sheets did not match the certifications made to the VA,” the college said in its statement.

The college did not say how many of the 10 work-study students had time sheets that didn’t match the hours they worked.

The veteran who lost his job said he was not among them, but he was fired anyway.

The college plans to rebuild the program and have new work-study students enrolled by the fall.

Staff writer Greg Barnes can be reached at gbarnes@fayobserver.com or 486-3525.

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7.4 - Minnesota Public Radio: [Minnesota sailor who died at Pearl Harbor to be buried in hometown this weekend](#) (5 July, Kathryn Hockman, 13k uvm; Saint Paul, MN)

After more than 70 years, a Minnesota sailor is finally coming home.

Joseph M. Johnson of Rushford was serving on the USS Oklahoma in Pearl Harbor, Hawaii, when it was attacked on the morning of Dec. 7, 1941. Torpedoes from Japanese aircraft struck the ship, causing it to capsize. Johnson was among the 429 crewmen who were killed aboard the Oklahoma.

Many of the remains later recovered from the ship were unable to be identified with the technology available at the time. The unidentified remains were interred at the National Memorial Cemetery of the Pacific, marked as non-recoverable.

But in 2015, the deputy secretary of defense issued a policy memorandum, ordering the disinterment of the unidentified remains from the USS Oklahoma to attempt to establish their identity. With new developments in technology, scientists were able to match the DNA from some of the remains, including those of Johnson, to living family members.

Johnson will be reburied this Saturday with full military honors at Rushford Lutheran Cemetery in the southeastern Minnesota community.

He is the fifth recently identified USS Oklahoma sailor from Minnesota to return home. In May, a Mankato soldier was laid to rest at Fort Snelling National Cemetery.

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7.5 - Moorpark Acorn: [The good, bad of VASH vouchers](#) (5 July, Rafael Stoneman, 12k uvm; Camarillo, CA)

In my introductory column, Mikey Simpson—a 57-year-old Camarillo veteran who's been homeless for three years—told me he preferred to live outdoors because of his background as an Army infantryman.

But while I drove him to appointments at various VA medical centers, Simpson made it clear to me he wanted to receive a HUD-VASH voucher (HUD: Housing and Urban Development; VASH: Veterans Affairs Supportive Housing).

VASH vouchers would pay 70 percent of his rent and provide a case manager to ensure he remains in his housing.

But there are many challenges in issuing VASH vouchers—especially in the Camarillo area.

One challenge is that Simpson insists on living in Camarillo, even though it would be easier to place him in Ventura or Oxnard.

Now, I know from personal experience that you may shrug and say, too bad, buddy, beggars can't be choosers. Take a place wherever they give you one. That was certainly my first reaction. But spending time with Simpson gave me insights into his affinity for Camarillo.

He often reminisces about when he first moved to the city as a kid. The neighborhood he grew up in used to be surrounded by orchards. He has longtime connections at various businesses. He goes to movie night at the library. He knows all the shortcuts to his friends' homes. He frequents various shopping centers, where he greets shoppers in a friendly and positive way.

He is very much involved and engaged with Camarillo.

Telling Simpson to give all that up and go live in another city just because it is difficult to obtain a VASH voucher in Camarillo is, in my view, insensitive.

If he wants to live in Camarillo, doesn't the VA have a responsibility to accommodate him? The additional \$40 million in national funding for 2018 HUD-VASH vouchers is money earned through service to our country promised to Simpson and other veterans who are living on the streets and in their cars.

From my own experience as a homeless veteran and now as a volunteer helping other veterans find a home, I learned that the only way to look for housing in Ventura County is to first start out in Ventura or Los Angeles. Then when we receive a VASH voucher, we have to try and "port it" to other cities where we might want to live.

Although this is a roundabout way of doing things, it worked relatively well—until a key social worker went out on sick leave.

With this employee out, and other social workers who help veterans in Ventura County spread too thin, there wasn't much chance for a homeless veteran in the county, like Simpson, to apply for a voucher to live in a city of their choice, like Camarillo. And last time I checked, there was a waiting list of approximately 40 county veterans awaiting a VASH voucher.

Frustrated that so much was relying on one social worker, I contacted a public affairs representative for the Veterans Affairs of Greater Los Angeles Healthcare System who works with veterans throughout Kern, Los Angeles, San Luis Obispo, Santa Barbara and Ventura counties.

Great news! The VA Greater L.A. Healthcare System has hired two new social workers for the Oxnard/Ventura area for a total of four social workers. They also recently hired a supervisor—new position—specifically for the Oxnard, Ventura and Santa Barbara area. In addition, they are in the process of hiring housing locators to assist all area veterans with housing options.

Meanwhile, there is one formidable final obstacle to helping a deserving veteran like Simpson: finding a Camarillo property owner or property manager—perhaps a veteran—who will read or hear about Simpson's situation and step up, go above and beyond the call of duty, and refuse to leave their fellow veteran behind.

Let's not kid ourselves. This will not be easy. I am familiar with the stigmas, stereotypes and misconceptions revolving around the homeless—especially homeless veterans.

But one of the positives about the VASH voucher program is how, beyond providing a rental subsidy, the program also connects veterans to a wide range of health and human services intended to empower them to remain in their permanent homes.

If you are or know of a property owner/manager in Camarillo who empathizes with the plight of veterans trying to get back on track, we ask that you contact Gold Coast Veterans Foundation for more information on how to partner with HUD to make one of your rentals available to a veteran.

There is a reason we don't refer to Simpson as "houseless"—he is homeless. And Camarillo is his home, where he feels a sense of community, a sense of belonging and has a rich historical connection to his childhood.

Rafael Stoneman, a former Ventura County homeless veteran, now volunteers for the Camarillo-based Gold Coast Veterans Foundation, a nonprofit organization.

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8. Mr. Wilkie nomination for VA Secretary

8.1 - Politico: [VA: Wilkie watch ending](#) (5 July, Darius Tahir, 23.9M uvm; Arlington, VA)

With help from Arthur Allen (@arthurallen202) and Mohana Ravindranath (@ravindranize)

VA — WILKIE WATCH ENDING: Wilkie watch will be ending soon. The Senate Veterans Affairs Committee announced Tuesday that it would be holding a panel vote on July 10 to consider the Department of Defense official's nomination for the secretary's job. It's not expected to be terribly dramatic, as committee leadership has given its collective thumbs-up to Wilkie's nomination.

If Wilkie gets the committee's imprimatur — followed by the approval of the full Senate — it would mark an end to a period of turbulence at the department. The first secretary in the Trump administration, David Shulkin, began negotiations with Cerner for a new EHR. But Shulkin was stalked by allegations of ethical misconduct on trips to Europe and spent large portions of his tenure feuding with other political appointees and the White House over the ultimate direction of veterans' policy in the country. It was a clash that ended with Shulkin's dismissal.

The first try to replace Shulkin didn't go well, as President Trump nominated his personal physician, Ronnie Jackson, to fill the role. Jackson faced allegations of on-the-job misconduct that eventually prompted his withdrawal from consideration.

Third time's the charm, apparently, as Wilkie appears on track for Senate confirmation. Meanwhile, the Cerner project keeps on keeping on.

— Some helpful kibitzing...: As Wilkie attempts to implement the Cerner EHR, he'll be overseen by a IT oversight subcommittee, newly created in the House Veterans Affairs Committee. There'll be a couple of kibitzers in the subcommittee: a bipartisan pair, former Reps. Jeff Miller (R-Fla.) and James Moran (D-Va.), both with McDermott Will & Emery, registered to lobby on behalf of Cerner May 17. That's a noteworthy date: it was the same day the contract was signed.

Miller is perhaps particularly high-powered, as he served as chair of the House Veterans Affairs Committee during his time in Congress. He also had a place in the rumor mill as a potential replacement for Shulkin. Moran, a bipartisan type who served 14 years in Congress, will be handy for Cerner if the House flips to Democrats.

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9. [Other](#)

9.1 - Washington Post (PowerPost): [Sen. Jon Tester takes out newspaper ads welcoming Trump to Montana ahead of a hostile visit](#) (5 July, John Wagner, 43.9M uvm; Washington, DC)

Girding for a hostile visit to his state from President Trump, Democratic Sen. Jon Tester took out full-page newspaper ads Thursday welcoming the commander in chief to Montana and thanking him for signing 16 bills that Tester had pushed.

Trump is scheduled to appear at a rally Thursday afternoon in Great Falls, where he hopes to give a boost to Tester's Republican challenger, State Auditor Matt Rosendale.

Montana is one of a handful of states that Trump won by a large margin in 2016 and that Republicans see as targets to pick up Senate seats this fall.

The president has trained his sights on Tester, in particular, saying he would "have a big price to pay" for his role in sinking Trump's nomination of Ronny L. Jackson to lead the Department of Veterans Affairs in April.

In his role as the ranking Democrat on the Senate Veterans' Affairs Committee, Tester released a list of allegations that created a portrait of a long history of professional misconduct by Jackson. Those included claims that Jackson had a “pattern” of distributing medication with no patient history and that he crashed a government vehicle while intoxicated after a Secret Service going-away party.

Trump continued to defend Jackson, a rear admiral in the Navy and longtime White House physician, after he withdrew his nomination. And several pro-Trump groups have launched television and digital ads targeting Tester, including one that branded him a “disgrace.”

The inspector general of the Department of Defense has since opened an investigation into the allegations against Jackson.

Tester’s ad, which ran in a dozen newspapers, highlights legislation related to veterans affairs and other issues on which the senator and Trump have worked together.

“Welcome to Montana & THANK YOU PRESIDENT TRUMP for supporting Jon’s legislation to help veterans, hold the VA accountable, and get rid of waste, fraud and abuse in the federal government,” the ad reads.

It also features a picture of the two-term senator with a large smile.

“Washington’s a mess — but that’s not stopping Jon from getting things done for Montana,” the ad says.

Radio ads with a similar message are also airing.

Trump’s visit to Montana comes less than two weeks after his eldest son, Donald Trump Jr., campaigned there for Rosendale.

During a rally in Billings, Trump Jr. sought to portray Tester as out of touch with the state’s voters.

“I’m the son of a billionaire from New York City, and I have much more of a Montana platform than . . . the senior senator from this state,” Trump Jr. said. “That doesn’t make much sense.”

Trump won Montana by more than 20 percentage points over Democratic nominee Hillary Clinton in the 2016 presidential election. Tester won reelection in 2012, besting his Republican opponent by just four percentage points.

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8.2 - ABC News (AP): [Trump urges ouster of senator he blames for derailing VA nod](#) (5 July, Catherine Lucey and Matt Volz, 24.2M uvm; New York, NY)

In a campaign stop that was both political and personal, President Donald Trump targeted Democrat Jon Tester on Thursday in a bid to get more Republicans elected to the Senate but also to punish the lawmaker he blames for derailing his nominee to lead the Department of Veterans Affairs.

Appearing in a state he dominated in 2016, Trump cast Tester as a "liberal Democrat," railing against his voting record on issues like abortion, immigration and taxes. While Tester opposed Trump's first Supreme Court nominee, Neil Gorsuch, and the Republican tax bill, he also took flak from the left for a bill easing the rules on banks.

Tester tried to counter Trump's visit by taking out a full-page ad Thursday in more than a dozen newspapers across the state thanking him for signing 16 bills the Democrat sponsored or co-sponsored.

Trump rallied in Great Falls to boost the candidacy of Tester's Republican challenger, state Auditor Matt Rosendale, who is seeking to deny Tester a third term and give Montana an all-Republican congressional delegation. The president has made the Montana race a priority as he hopes to help Republicans tighten the party's hold on the Senate. He welcomed Rosendale onto the stage, calling him a "very special person."

"You deserve a senator who doesn't just talk like he's from Montana. You deserve a senator who actually votes like he's from Montana," Trump said.

In the crowded arena, Trump made clear the campaign stop was personal as he lamented the failed nomination of White House physician Ronny Jackson to lead the VA. Trump blamed Tester for "shameful dishonest attacks on a great man, a friend of mine."

Tester is one of 10 Democrats running in states Trump won in 2016. Trump singled out Tester in April, saying the farmer from Big Sandy "will have a big price to pay" for releasing allegations against Jackson that included drunkenness, overprescribing medication and fostering a hostile work environment. Jackson denied the claims but withdrew his nomination. The Pentagon is investigating.

"Tester said things about him that were horrible and they weren't true," Trump said. "And that's probably why I'm here. Because I won Montana by so many points, I don't have to come here."

He repeated slams on key Democrats, including Sen. Elizabeth Warren, D-Mass., a possible 2020 presidential challenger, and Rep. Maxine Waters, D-Calif., who has called for Trump's impeachment for more than a year. And Trump also returned to the themes of his presidency, stressing his hard-line immigration policies, his support for law enforcement and his economic policies.

"If you want to protect your families and your community, then you have no choice," Trump said. "You have to vote for Republicans."

Trump launched a similar attack on Sen. Heidi Heitkamp, D-N.D., last week, labeling her a "liberal" though she is considered a moderate and one of the least reliably partisan Democratic votes in the Senate.

Trump's eldest son, Donald Trump Jr., received deafening applause as he opened his father's rally, quickly going on the attack against Tester and welcoming Montana Republicans Sen. Steve Daines and Rep. Greg Gianforte onto the stage.

Tester, in his ad, sought to undermine Trump's efforts to boost Rosendale by pointing out that he and the president agree on several issues.

"Welcome to Montana, and thank you President Trump for supporting Jon's legislation to help veterans and first responders, hold the VA accountable, and get rid of waste, fraud and abuse in the federal government," the ad read.

The Tester campaign also planned a statewide radio ad campaign to run through the weekend touting his bills that Trump has signed.

Hundreds of people began lining up outside the arena a full eight hours before Trump was scheduled to speak. The number swelled to thousands by midday. Mechanic Shane Hegle said he drove 120 miles (195 kilometers) from his Cut Bank Home to be among the first in line.

Hegle said he voted for Tester in past elections but was undecided this time. Trump's message will influence his decision, he said.

"This is going to help a bunch," Hegle said. "I'll see what Trump has to say and how he delivers his magic words."

Montana is the latest stop on Trump's midterm campaign tour, designed to boost Republicans and advocate for his first 18 months in office. He is expected to travel throughout the summer.

Montana, which elects both Republicans and Democrats to statewide office, strongly supported Trump in the 2016 presidential election, leading both Senate candidates to compete for Trump supporters. Rosendale said he'll back Trump's agenda, while Tester said he'll support the president when it's in the state's interests and oppose him when it's not.

Tester planned to spend Thursday listening to farmers' and business owners' concerns about Trump's import tariffs, spokeswoman Marnee Banks said.

Associated Press writer Darlene Superville in Washington contributed to this report.

This story has been corrected to delete an erroneous reference to Jackson being Trump's first Veterans Affairs nominee.

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9.3 - U.S. News & World Report (AP): [The Latest: Trump Imagines Giving Warren DNA Test in Debate](#) (5 July, 24M uvm; Washington, DC)

The Latest on President Donald Trump's rally in Montana (all times local):

6:05 p.m.

In a freewheeling speech in Montana, Trump cycled through many of his favorite themes but repeatedly returned to vigorous campaign-year attacks on Democrats.

He again referred to Sen. Elizabeth Warren of Massachusetts as "Pocahontas" to ridicule her claims of Native American ancestry.

Trump said Thursday: "I'm going to get one of those little DNA kits and if I'm debating her, we will toss it to her, very gently so it doesn't injure her arm, and we'll say, 'Pocahontas, I'll give you a million dollars if you take the test to show you're an Indian!'"

Warren is among the Democrats considered a potential 2020 candidate.

Trump also went after U.S. Rep. Maxine Waters of California, calling her a "low-IQ individual." She has been calling for his impeachment for more than a year.

5:45 p.m.

While rallying in Montana, President Donald Trump is claiming the Democratic Party's new platform is to "abolish ICE," the acronym for Immigration and Customs Enforcement.

No top Democrats in the U.S. House or Senate have called for such a move, though Democratic senators considered possible 2020 challengers to Trump, such as Kirsten Gillibrand and Kamala Harris, have floated the idea of scrapping the agency.

Calls to abolish the agency sprang up after Trump's administration began separating migrant children and adults entering at the U.S.-Mexico border.

Trump leaned heavily into the immigration issue as he rallied supporters Thursday in Montana. He says they have to vote Republican in November if they want to protect their families and communities. Trump also claims that Democrats "couldn't give a damn" about law enforcement.

5:05 p.m.

President Donald Trump is mocking journalists for questioning his readiness for his upcoming summit with Russian President Vladimir Putin.

Trump vowed Thursday at a campaign rally in Montana that he'll be prepared for the July 16 summit in Finland.

The president says, "I've been preparing for this stuff my whole life." He adds that journalists questioning his readiness "don't say that."

Trump motioned to news media covering the Great Falls rally and said 75 percent "of those people are downright dishonest."

His barbs against the media came on a day when newsrooms across the U.S. held a moment of silence in remembrance of five Maryland newspaper staffers who were fatally shot last week by a man who authorities say held a grudge against the publication.

4:55 p.m.

President Donald Trump is opening a Montana campaign rally with an attack on Jon Tester, the state's Democratic U.S. senator.

Trump said Thursday that Tester showed his "true colors with shameful, dishonest attacks" on White House physician Ronny Jackson. Trump had nominated Jackson earlier this year to run the Department of Veterans Affairs.

But Tester, in his role as the top Democrat on the Senate Veterans Affairs Committee, released a slew of anonymous allegations against Jackson, accusing him of overprescribing medication and other misconduct.

Jackson denied the allegations but ultimately withdrew his nomination.

Trump is boosting Tester's challenger, State Auditor Matt Rosendale, at Thursday's rally in Great Falls.

Trump tells the rally that Rosendale is a "tough cookie" who will "fight for you."

4 p.m.

President Donald Trump has arrived in Montana to campaign against Democratic U.S. Sen. Jon Tester.

Trump planned to rally supporters Thursday in Great Falls in a bid to boost the candidacy of state Auditor Matt Rosendale, the Republican challenger to Tester.

Trump has made the Montana Senate race a priority for the November elections. He blames Tester for derailing the nomination of White House physician Ronny Jackson as Veterans Affairs secretary. Tester is the top Democrat on the Senate Veterans Affairs Committee. He went public with multiple allegations of misconduct against Jackson.

Jackson denied the allegations but ultimately withdrew his nomination.

Tester has said he would not have handled the situation differently.

Midnight

U.S. Sen. Jon Tester is giving President Donald Trump a tongue-in-cheek welcome to Montana by taking out a full-page ad in 14 newspapers thanking the president for signing 16 bills that the Democrat sponsored or co-sponsored.

Trump is holding a rally Thursday in Great Falls to campaign for Tester's Republican challenger, State Auditor Matt Rosendale.

Tester's ad runs Thursday in the Great Falls Tribune and other papers across northern and eastern Montana. It says, "Welcome to Montana, and thank you President Trump for supporting Jon's legislation to help veterans and first responders, hold the VA accountable, and get rid of waste, fraud and abuse in the federal government."

The Tester campaign also plans to run a radio ad across the state touting his bills that Trump has signed.

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Veterans Affairs Media Summary and News Clips

7 July 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Ohio VA Medical Centers Lose \\$1 Million in Equipment](#) (6 July, Alexa Lardieri, 23.9M uvm; Washington, DC)

VETERANS AFFAIRS medical facilities in Ohio have lost more than \$1 million in medical equipment and other electronics over the past three years. VA facilities in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe lost track of equipment worth approximately \$1.12 million between 2014 and 2017, according to an investigation by WBNS-TV.

[Hyperlink to Above](#)

1.2 - FOX News: [The Daily Spike: Make every day Independence Day](#) (6 July, Jennifer Williams, 32.5M uvm; New York, NY)

"She gives me purpose." That was one of the first things Caleb Davisson said about his service dog, Velvet, when we had him on the show this Fourth of July to talk about what Canine Companions for Independence service dogs can do for veterans with PTSD.

[Hyperlink to Above](#)

1.3 - NPR (Morning Edition, Audio): [Congress Calls On VA To Study Medical Marijuana To Treat PTSD](#) (6 July, Krista Almanzan, 22M uvm; Washington, DC)

In California, where marijuana is legal under state law, veterans are advocating for its use to treat service-related disorders such as PTSD and chronic pain.

[Hyperlink to Above](#)

1.4 - Military Times: [Trump suggests previous VA secretary nominee didn't want the job](#) (6 July, Leo Shane III, 2.1M uvm; Springfield, VA)

During a rally in Montana Thursday, President Donald Trump suggested that his previous pick to run the Department of Veterans Affairs "didn't really want to do it," but would still have been an exemplary choice for the job.

[Hyperlink to Above](#)

1.5 - Citizen-Times (Video): [In wake of one-star report, VA nursing home addressing pain management, falls](#) (6 July, John Boyle, 318k uvm; Asheville, NC)

Officials at the Charles George VA Medical Center acknowledge the center's nursing home fared poorly in recent internal ratings detailed as part of a newspaper investigation. But leaders at the Community Living Center, a 73-bed, two-story nursing home on the main hospital's campus, stress their population is different from private nursing homes, which the internal report compared them to.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - WBNS (CBS-10, Video): [VA facilities across Ohio lost \\$1 million worth of medical equipment](#) (5 July, Bennett Haeberle, 1.5M uvm; Columbus, OH)

VA medical facilities across Ohio lost track of more than \$1.1 million worth of medical equipment and other electronics over the past three years, a 10 Investigates' months-long investigation has uncovered.

[Hyperlink to Above](#)

3.2 - Cleveland Scene: [Ohio Veterans Affairs Facilities Have 'Lost' More Than \\$1.1 Million in Medical Equipment Since 2014](#) (6 July, BJ Colangelo, 839k uvm; Cleveland, OH)

Between 2014 and 2017, inventory records show Veterans Affairs (VA) medical facilities throughout Ohio have lost track of more than \$1.1 million worth of medical equipment. As first reported by WBNS-TV on Tuesday, VA medical centers in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe all reported losses of varying degrees, with higher price-tag losses including a patient sign-in kiosk worth \$8,500, a portable patient lift worth \$5,000, a \$28,000 bedside monitor and stretcher listed at \$12,000.

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3.3 - WFED (AM-1500, Audio): [VA's digital service head spreading the word about single point of contact for online](#) (6 July, 831k uvm; Washington, DC)

Until recently, the only thing worse than visiting a Veterans Affairs facility in person with questions was visiting it online. Over the years VA had developed a tangle of web sites, logins and forms. Now it's much easier with the digital equivalent of a single point of contact. Marcy Jacobs has been leading the word. The executive director of the VA's digital services, and a finalist in this year's Service to America Medals program, joined Federal Drive with Tom Temin for more.

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3.4 - GCN: [Putting AI to work for veterans' health](#) (6 July, Dr. John Showalter, 162k uvm; Vienna, VA)

Across the United States, millions of veterans are waiting too long for health care. To address this, Veterans Health Administration hospitals are working diligently to speed up and improve the quality of care delivered to veterans through multiple programs. Fortunately, the power of artificial intelligence can be leveraged to not only improve care immediately, but also to predict health care needs and determine the best way to prevent illness and deterioration.

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3.5 - Healthcare Analytics News: [How Telemedicine Helps Victims Heal After Tragedies](#) (6 July, Ryan Joseph, 17k uvm; Cranbury, NJ)

When a 19-year-old shot and killed 17 people at Marjory Stoneman Douglas High School in Parkland, Florida, on Valentine's Day, Rich Berner, CEO of telehealth service MDLIVE, felt compelled to help. His company is headquartered in the same county, and three of his employees have children who attended the school on the day of the shooting.

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4. [Focus Resources More Efficiently](#)

4.1 - Newsday: [Keep VA's progress on track amid changes in D.C. and Northport](#) (6 July, Editorial Board, 3.2M uvm; Melville, NY)

Taking good care of military veterans might be the most uniformly bipartisan priority in the United States. Providing them with accessible, high-quality health care is the primary way we can meet that obligation. But too often we fall short.

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4.2 - The Daily Courier: [Veterans to keep legal addresses, mail services in Prescott. Local VA postal service to alter personnel, but service to remain the same](#) (6 July, Nanci Hutson, 490k uvm; Prescott, AZ)

For as long as anyone can remember, the local VA campus has had its own U.S. Postal Service branch office in the basement of Building 15, home to the theater/auditorium and other office space. A few months ago, though, the Northern Arizona Veteran Affairs Health Care System was notified the contractor hired to oversee the mail operation was scheduled to retire by the end of the summer.

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4.3 - The Fayetteville Observer: [Letter: Bibles and VA chapels](#) (6 July, James A. Laterza, 439k uvm; Fayetteville, NC)

We thank Rev. Archie Barringer ("Put the Bibles Back in the Chapel," July1) for a chance to address a misconception. Spiritual care is a critical component of Fayetteville VA's mission. Some 10-plus years ago, national VA made a concerted effort to return to a longstanding policy of VHA Chapels being used for religious services of all faiths. Capels were to reflect religious neutrality as clearly spelled out:

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4.4 - KHBS (ABC-40/29): [Oklahoma service dog to get new prosthetic leg](#) (6 July, 273k uvm; Fort Smith, AR)

The service dog at the V.A. Medical Center in Muskogee can get a new prosthetic leg. Honor was born without her back right paw, and started having problems with the prosthetic she's used since she was a puppy. The center set up a Go Fund Me page to help raise money to pay for a new limb. That page reached its initial \$3,000 goal.

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4.5 - KXRM (FOX-21, Video): [New collaboration aims to create independence for veterans in rural areas](#) (6 July, Abbie Burke, 60k uvm; Colorado Springs, CO)

A new collaboration between Anschutz Medical, The Independence Center, and the Geriatric Research, Education, and Clinical Centers made up of the Denver VA Medical Center and the University of Colorado Anschutz Medical Campus aims to create independence for veterans in rural areas. Marsha Unruh, program manager for The Independence Center, joined us on FOX21 Morning News with all the details.

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5. [Improve Timeliness of Service](#)

5.1 - The Florida Times-Union: [Lack of VA hospital in Jacksonville means long drives for certain types of care](#) (6 July, Joe Daraskevich, 2.1M uvm; Jacksonville, FL)

The three-hour round-trip drive from Jacksonville to Gainesville is a pretty familiar trek for Air Force veteran Richard Marohn. The Department of Veterans Affairs doesn't offer the treatment he needs closer to home. This fall he'll make that drive a sixth when he goes down for another follow-up appointment related to a June 2016 nasal surgery.

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5.2 - The Bulletin: [Courtney meets with Navy vets exposed to Agent Orange](#) (6 July, Stephanie Menders, 269k uvm; Norwich, CT)

Paul Dillon and Bill Johnstone have a lot in common -- both men served aboard the USS Providence and the USS Oklahoma City during the Vietnam War and now both men are struggling with the impacts of Agent Orange exposure. But soon, Navy veterans like Dillon and Johnstone may be eligible for health benefits under a new congressional agreement.

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5.3 - Wayne Post: [Report on VA nursing homes intensifies US scandal](#) (6 July, Joel Freedman, 13k uvm; Canandaigua, NY)

The Department of Veterans Affairs assigns star ratings, similar to those used by the federal centers for Medicare and Medicaid services to evaluate nonprofit and for-profit nursing homes, to our country's 133 VA nursing homes. The VA relies on an outside company, the Long Term Care Institute, to conduct inspections of VA nursing homes.

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6. [Suicide Prevention](#)

6.1 - Tampa Bay Times: [Hillsborough joins new national military suicide prevention effort](#) (6 July, Howard Altman, 4.8M uvm; Saint Petersburg, FL)

Florida veterans have a significantly higher rate of taking their own lives compared to the national veteran suicide rate, according to the most recent data released by the Department of Veterans Affairs. But in Hillsborough County, that figure is far below the state and national averages, according to a Tampa Bay Times review of suicide figures.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KFVS (CBS-12, Video): [He sexually abused dozens of Hawaii boys over decades. And he's buried at Punchbowl](#) (6 July, 438k uvm; Cape Girardeau, MO)

Among the 55,000 service members laid to rest at the National Cemetery of the Pacific at Punchbowl is a child predator: Dr. Robert McCormick Browne. Those who were abused by the prominent psychiatrist, take issue that Punchbowl is his final resting place.

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7.2 - KCEN (NBC-9, Video): [Army sergeant buried at Houston National Cemetery with full military honors](#) (6 July, 191k uvm; Eddy, TX)

Army Sergeant John Hall was captured as a prisoner of war and killed on January 26, 1951. His remains were returned to his family earlier this week.

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7.3 - WJFW (NBC-12, Video): [Crews break ground on national cemetery in Harshaw](#) (6 July, 53k uvm; Rhinelander, WI)

Almost three years ago, the Department of Veterans Affairs bought six acres of land in Harshaw to build a rural national cemetery. About a month ago, crews finally broke ground. Right now, Wisconsin only has one national cemetery, but it has been full since 2001. The closest open national cemetery is in Minneapolis.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - CNN (Video): [Trump mocks #MeToo movement in riff on Elizabeth Warren's heritage during Montana rally](#) (6 July, Dan Merica, 29.8M uvm; Atlanta, GA)

President Donald Trump on Thursday mocked the #MeToo movement as he repeatedly attacked Massachusetts Sen. Elizabeth Warren over her heritage, said Democratic Rep. Maxine Waters had an I.Q. in the "mid-60s," and made thinly-veiled swipes at fellow Republicans John McCain and George H.W. Bush, who are both in ailing health.

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9.2 - ABC News: [Life in Trump's Cabinet: Putdowns, perks, and power](#) (6 July, Jonathan Lemire, Catherine Lucey and Zeke Miller, 24.1M uvm; New York, NY)

Commerce Secretary Wilbur Ross came in for an Oval Office tongue-lashing after he used a mundane soup can as a TV prop. Defense Secretary Jim Mattis got overruled by President Donald Trump's announcement that a new "Space Force" is in the offing.

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9.3 - KARE (NBC-11, Video): [Veterans targeted by robocalls](#) (6 July, 1.5M uvm; Minneapolis, MN)

"They call a lot," said John Fantauzzi. "I've had two of them in the last two days." The Air Force veteran contacted KARE 11 tired of being plagued by the seemingly daily robocalls. "They claim to be from the VA or something about VA benefits," he said while picking up his phone to play one of the voicemails left on his answering machine.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Ohio VA Medical Centers Lose \\$1 Million in Equipment](#) (6 July, Alexa Lardieri, 23.9M uvm; Washington, DC)

VETERANS AFFAIRS medical facilities in Ohio have lost more than \$1 million in medical equipment and other electronics over the past three years.

VA facilities in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe lost track of equipment worth approximately \$1.12 million between 2014 and 2017, according to an investigation by WBNS-TV.

Of the equipment that was lost, facilities in Columbus were responsible for approximately \$318,000 worth, while Chillicothe facilities lost about \$280,000 worth, Cleveland facilities lost some \$235,000 worth, Cincinnati lost \$200,000 in goods, and Dayton lost track of approximately \$90,300 worth of equipment, according to WBNS.

Although most of the lost equipment includes smaller things like iPads, cellphones or laptops, some items include expensive medical equipment and instruments worth tens of thousands of dollars. WBNS reported that among these items were a portable patient lift worth \$5,000, a patient sign-in kiosk worth \$8,500, a stretcher worth \$12,000 and a bedside monitor worth \$28,000.

The VA employees could either not find the equipment or they believed the items were sold or turned in. However, no record or receipt could be produced to prove either.

In some instances, the Ohio facilities lost the equipment after the VA spent almost \$24 million in the state on technology meant to install tracking devices on it.

The real-time location systems is dependent on Wi-Fi, radio frequency identification tags and computer databases that allow employees to scan equipment to keep track of it or that send out its location in real-time. However, WBNS reported that signal interference meant that the technology didn't always function properly. Additionally, the technology wasn't always properly installed or employees couldn't find certain items listed in the database.

Federal inspectors at the VA Office of Inspector General testified recently that the department was in a rush to roll out the tracking technology in 2013 without thoroughly testing it first, according to the WBNS investigation.

Sen. Sherrod Brown of Ohio told WBNS that he has "been troubled" and "disappointed the last year and a half." He said "clearly there are still holes" in the VA, and although it was improving, it "has started back a downward spiral," which must be turned around. The tracking devices were also questioned during a May hearing of the House Committee on Veterans Affairs when it was revealed that the VA would not be renewing a \$543 million contract from 2013 with Hewlett Packard to install the technology in all 152 VA centers nationwide.

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1.2 - FOX News: [The Daily Spike: Make every day Independence Day](#) (6 July, Jennifer Williams, 32.5M uvm; New York, NY)

"She gives me purpose."

That was one of the first things Caleb Davisson said about his service dog, Velvet, when we had him on the show this Fourth of July to talk about what Canine Companions for Independence service dogs can do for veterans with PTSD.

It's also one of the reasons why I'm raising Spike to become a service dog.

We could all use a little extra help some days. And if a sweet pup like Spike can help one of our veterans returning from war and bring some purpose back into their lives, that makes giving him up easier.

Don't get me wrong, though. I'll be crying like a baby for days.

Caleb joined the Marine Corps in 2007 as a sniper, doing tours in Afghanistan until 2012. His tours left him with invisible scars, in the form of hypervigilance, flashbacks and anxiety.

Caleb was one of the first veterans to volunteer for a joint study between the Department of Veterans Affairs and Canine Companions for Independence to document whether veterans with post-traumatic stress disorder (PTSD) can be helped by partnering with a highly trained service dog.

Velvet, a black Labrador/Golden Retriever cross, was one of the first dogs specially trained by Canine Companions as part of the study to assist with symptoms of PTSD by performing specific commands.

Velvet and Caleb were matched through the VA Study in 2015. "Her purpose is so much deeper than the tasks she performs," says Caleb. "She provides me with companionship and relies on me to care for her needs too."

Velvet's duties include creating a buffer between Caleb and other people by standing in front of or behind Caleb, turning on the lights before Caleb enters a room, and even letting Caleb know if someone is in the room when he's experiencing hypervigilance.

The results of the VA study won't be released until 2019, but Caleb enthusiastically believes Velvet helps him tremendously in his everyday life.

Encouraged by the how far veterans like Caleb have come in the VA study, Canine Companions has started a separate pilot program to train assistance dogs for veterans with PTSD.

Currently, the pilot program is located in Santa Rosa, Calif., at Canine Companions' National Headquarters, and works with local agencies to identify veterans living within 90 miles of the center who may benefit from a highly-trained assistance dog.

These exceptional dogs are trained in nightmare interruption, retrieving items from a distance, turning on lights, and acting as a buffer by taking specific positions next to their handler.

Since partnering through the VA study, Caleb and Velvet are thriving as a team, and are also great ambassadors for Canine Companions, which until now has only served individuals with physical disabilities.

Velvet helps bring awareness to Caleb's invisible disability, and like the future placements in Canine Companions' own pilot program, helps enhance independence for a veteran who has bravely served our country.

As the Canine Companions pilot program grows, it will roll out across the country to veterans and first responders with PTSD.

Learn more about Caleb, Velvet and Canine Companions at CCI.org.

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1.3 - NPR (Morning Edition, Audio): [Congress Calls On VA To Study Medical Marijuana To Treat PTSD](#) (6 July, Krista Almanzan, 22M uvm; Washington, DC)

In California, where marijuana is legal under state law, veterans are advocating for its use to treat service-related disorders such as PTSD and chronic pain.

Transcript:

STEVE INSKEEP, HOST:

Members of Congress are calling on the Department of Veterans Affairs to study medical marijuana for treating veterans diagnosed with post-traumatic stress and chronic pain. Now, if the VA does this, it'd actually be a little late to the game. From member station KAZU in California, Krista Almanzan on reports.

KRISTA ALMANZAN, BYLINE: The walls of Lenny and Evelyn Bernstein's house are covered with the signs of lives well lived. Abstract portraits of each hang alongside crisp jazz photographs taken by Lenny. Tucked in a corner just past the kitchen is a wall dedicated to his military service. There's a picture of his unit after basic training in 1943 and a case full of medals.

LENNY BERNSTEIN: Well, the ones I'm most proud of - the Purple Heart, the Bronze Star.

ALMANZAN: Bernstein is a World War II veteran. He was an Army combat ranger. If you want stories, he has thousands. Some he'd prefer to forget.

BERNSTEIN: Death was all around us all the time. And explosions were around us all the time. So all of that stuff, you know, comes together. And they form - I didn't know at the time - but lifelong memories. I couldn't sleep.

ALMANZAN: Back then, doctors called that combat stress reaction. The condition is now known as PTSD and is better understood. Forty years later, Bernstein was still suffering when a doctor told him to try marijuana.

BERNSTEIN: Having known, you know, what marijuana was and how it made me feel, you know, I felt that - all right, this is now sanctioned.

ALMANZAN: But what's legal in California remains illegal in the eyes of the federal government. And that prevents the Department of Veterans Affairs from prescribing cannabis or even conducting research into its use.

LOU CORREA: Our veterans deserve better.

ALMANZAN: That's California Democratic Congressman Lou Correa. He's been pushing legislation that explicitly tells the VA it has the legal right to do the research.

CORREA: To not acknowledge that our veterans are using cannabis - I think it's just plain criminal.

ALMANZAN: The bill has made it out of committee and is slated to get voted on by the full House in June. This type of sea change is exactly what Afghanistan War veteran Aaron Newsom has been preparing for. He dumps a bag of dried cannabis flowers onto a metal grate over a wooden box and shakes it.

(SOUNDBITE OF SIFTER SHAKING)

AARON NEWSOM: I mean, ultimately, we would love to get a government contract to be able to grow on a national level for the VA, for veterans.

ALMANZAN: Newsom is co-founder of the Santa Cruz Veterans Alliance. Part of its mission is to provide local veterans with a monthly ration of what he calls medical-grade cannabis free of charge. It started back in 2011. Newsom and his co-founder began growing and sharing pot as an alternative to the drugs the VA had them on. It has since grown to serve about 1,000 veterans. The office where he's sorting the cannabis sits above one of their grow operations. Next door is his marijuana dispensary. Although using cannabis is a violation of federal law, Newsom says this is about doing what is right.

NEWSOM: At some point, you know, realize that doing the right thing was taking care of myself. And so that's when I, you know, kind of kicked the stigma, didn't care about the stigma anymore and pursued what was going to make me happy.

UNIDENTIFIED PERSON: Every veteran who's here, just have your - any kind of proof of veteran status and your ID out in your lap.

ALMANZAN: Each month, the alliance meets with veterans who receive a voucher for free cannabis and talk to others who are self-medicating.

NEWSOM: So we're definitely not doctors. We are farmers. And so we're here to provide free medicine and provide as much information as we possibly can.

ALMANZAN: Newsom envisions a day when the VA will prescribe cannabis and offer his product in its pharmacy. It's something hard for World War II veteran Lenny Bernstein to imagine.

BERNSTEIN: Yes, I think it would help other people because they could get it prescribed.

ALMANZAN: When he first started smoking pot for his PTSD, Bernstein bought it on the street. Now the 92-year-old gets his stash free from the Santa Cruz Veterans Alliance.

For NPR News, I'm Krista Almanzan in Santa Cruz, Calif.

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1.4 - Military Times: [Trump suggests previous VA secretary nominee didn't want the job](#)
(6 July, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — During a rally in Montana Thursday, President Donald Trump suggested that his previous pick to run the Department of Veterans Affairs “didn’t really want to do it,” but would still have been an exemplary choice for the job.

He also accused the Senate Veterans Affairs Committee’s ranking member, Jon Tester, D-Mont., of being the ringleader of a smear campaign against his pick, former White House physician Rear Adm. Ronny Jackson, during his month as the nominee for the Cabinet post.

“Jon Tester showed his true colors with his shameful, dishonest attacks on a great man, a friend of mine,” Trump told the crowd at the event in Great Falls, packed with cheering supporters. “A man who I said, ‘Why don’t you run the VA, you’d be great?’”

“I put (Jackson) into the world of politics. How vicious is that world? But Jon Tester said things about him that were horrible and weren’t true.”

Jackson is currently under investigation by Navy officials for accusations of unprofessional behavior during his time at the White House Medical Unit that surfaced during his brief confirmation process.

Among the charges were reports made public by Tester in March that Jackson was allegedly careless with prescribing and handing out medication to White House staffers, bullied and insulted subordinates in the office, and abused alcohol during work hours, in one case crashing a government vehicle while intoxicated.

Jackson’s nomination had already raised concerns among veterans groups before those allegations because of his lack of experience with the VA system. When Republicans on the Senate veterans committee announced plans to delay his confirmation hearing amid the workplace accusations, he withdrew his name from consideration.

Jackson still works in the White House medical office but did not return to his post as the leader of that unit.

Trump repeatedly called him a “great family man” during the Montana event and appeared to claim that Jackson has been cleared of all the charges. Secret Service officials have disputed some of the accusations — in particular, they say they have no record of the drunk driving incident — but Navy officials have not yet issued their investigation results.

The president also said he feels “guilty” for putting Jackson through the confirmation process.

"I said, 'Doc, why don't you run the VA? You're a leader, you're an admiral, people admire you.' He's an admired guy or I wouldn't have done it," Trump said.

"He said, 'Sir, whatever your order, I will do it ... If you ask, I will do it.' But he didn't really want to do it."

The Jackson nomination saga was just part of Trump's broad attack on Tester, who is up for re-election this fall. He is seen as one of the most vulnerable Democrats in the Senate, since Trump carried the state by more than 20 percentage points in the 2016 election.

The president attacked Tester for his opposition on a host of policy priorities, including border security, the nomination of Supreme Court Justice Neil Gorsuch, and health care reform.

For its part, Tester's campaign in recent days took out several prominent statewide ads thanking the president for "supporting Jon's legislation to help veterans and first responders, hold the VA accountable, and get rid of waste, fraud and abuse in the federal government."

Jackson was nominated to replace former VA Secretary David Shulkin, who was fired from the post by Trump via Twitter after weeks of infighting at the department.

Jackson's replacement was Pentagon Undersecretary for Personnel and Readiness Robert Wilkie, who had a confirmation hearing on June 27. Tester and other prominent members of the committee have already signaled their support for Wilkie to take over the post[.]

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1.5 - Citizen-Times (Video): [In wake of one-star report, VA nursing home addressing pain management, falls](#) (6 July, John Boyle, 318k uvm; Asheville, NC)

Officials at the Charles George VA Medical Center acknowledge the center's nursing home fared poorly in recent internal ratings detailed as part of a newspaper investigation.

But leaders at the Community Living Center, a 73-bed, two-story nursing home on the main hospital's campus, stress their population is different from private nursing homes, which the internal report compared them to.

They are taking the findings seriously, officials said, making improvements in areas including pain recognition and treatment, which the ratings pinpointed as being troubled.

The USA Today/Boston Globe report on all VA nursing homes found the Charles George Community Living Center received an overall quality score of 515, making it a one-star facility, the lowest ranking.

The June report found 40 VA nursing home facilities out of 133 scored worse on quality than Asheville and 93 were ranked higher, according to the VA's internal numbers. The Asheville facility was ranked in 11 categories over a four-quarter average that covered 2017.

VA pain management is complex

The nursing home scored poorly in measurements for residents reporting moderate to severe pain or very severe horrible pain within past five days, with a four-quarter rate of 40.89 (patients in pain compared to total number of patients). That's higher than the VA average of 32.59 and well above the private nursing home national average of 13.32.

The Asheville VA nursing home also was ranked poorly on for the proportion of residents reporting almost constant or frequent moderate to severe pain or very severe horrible pain within past five days, with a 33.51 rate. That's about a point higher than the VA average but well above the national private average of 5.59.

The internal scoring measurement for pain focused on whether a veteran, in the past five days, had moderate to severe pain, meaning from level 4 through 10.

Asheville VA staff point out that gauging a veteran's true pain level can be different than assessing patients with civilian backgrounds.

"What really brought this home to me is I asked a veteran one time, 'What's your pain level right now?' said Gina Van Kaupp, a registered nurse at center. "And he said, 'About a two.' Me, looking at him, would go, 'Oh, my gosh. You're a two?' To me, that should be like a 20."

The veteran's pain tolerance was exceptionally high because of his service history. He had been a prisoner of war.

"In his level of pain, a 10 was pulling his fingernails out," Van Kaupp said, choking back tears. "This is a different population."

Nationally, the VA's internal quality tracking found that VA nursing home residents were five times more likely to report being in pain than private nursing home residents.

But pain management in particular can be complex, and the recent poor score is not indicative of overall care, according to the center.

"We always say, 'What is tolerable for you?'" said Dr. Sal D'Angio, a geriatric and extended care physician at the center. "It's not uncommon for our vets, who are stoic and long-term dealing with chronic pain, that they'll say, 'Well, I'm an eight right now,' which is a pretty high level of pain. Then we ask them what they'd be comfortable with and they say, 'Like a six.'"

The center will then medicate to that level.

"So, if somebody is comfortable at a level six and they're like, 'If you get me to level six, that's all I want.' Then that is success," said Dr. Molly McGaughey, the center's chief of geriatrics and extended care. "But we're not going to change the scores to meet a measurement. We're going to treat the veteran."

Nationally, statistics paint a picture of government nursing homes that scored worse on average than their private sector counterparts on nine of 11 key indicators last year, including rates of anti-psychotic drug prescription and residents' deterioration.

Falls were also a concern, with the Charles George facility tallying a 6.42 rate, compared to the VA average of 2.23 and the national average of 3.37.

Asheville VA responds

Armenthis Lester, spokeswoman for the Charles George VA Medical Center, said the USA Today/Boston Globe report “does not accurately reflect the quality of care veterans receive” in Asheville.

The local facility often receives patients who are sicker than those in other facilities, and it provides care for all eligible veterans, whereas some private nursing homes can decline to accept more complex cases, she said.

Also, 40 percent of the local Community Living Center's patients are in hospice care, which inherently involves more end-of-life pain.

Lester said the VA/private sector nursing home comparison did not factor in “the complex and diverse health care needs of our veteran population, which includes, dementia, hospice/palliative care, and chronic musculoskeletal ailments.”

While the local VA does not dispute it got a one-star rating, Lester said that was for just one of three measures. The comparison was based on three factors — surveys, staffing and quality measures — “with the quality score being only one component of those three factors.”

“We are an overall two-star facility via the compare data, with steady improvement and anticipation that we shall soon be a three- or four-star,” Lester said.

She also contended comparing VAs in different states could lead to inaccurate conclusions because of different fact-gathering criteria.

VA facility puts an emphasis on comfort

The Charles George nursing home opened in 1995 and has had a series of renovations. The first floor houses veterans in extended care or in hospice care, while the upstairs houses those in need of shorter stays after procedures such as knee replacements or amputations. Each floor has a dining area and an outdoor patio or porch.

The facility is modern, bright and clean, with personal touches for veterans, such as shadowboxes outside their rooms that contain pictures and other personal items that express their likes and interests, ranging from pictures of their beloved mountains to a Burger King insignia.

Staffers take veterans who are mobile out for trips to stores or entertainment sites, among other places.

In one room on a recent weekday, 86-year-old Navy veteran William Thomas was getting a haircut and a shave. He's been at the Community Living Center for five years.

“These people are so nice to me — very, very nice,” said Thomas, a retired upholsterer. “They help me in every way possible.”

Some of the residents have informal jobs at the facility, such as delivering mail or painting something for each new patient. The front entrance features a juke box, and another area is a small lounge with relaxing music and images on a television.

Veteran Stan Mosher, 73, had stationed himself in front of the TV in his wheelchair. He recently had a leg amputation and has been fitted with a prosthetic leg but says he hasn't learned how to walk with it yet.

During his work life, he managed stores for Lowe's Home Improvement and "lived everywhere."

He has nothing but good things to say about the center.

"This is my home," he said. "I love it. This is heaven on Earth."

Going after pain management

McGaughey said the facility has worked to improve, especially in addressing pain management, a topic with multiple levels and nuances, she said. They've also worked to reduce falls.

"You have psychological pain, you have physical pain, you have spiritual pain," McGaughey said. "And all of those have to be addressed in order to adequately control what we refer to as just the physical pain. That's what the community kinds of grasps onto, that physical pain."

She also noted that two-fifths of the facility's admissions are for hospice care — patients who are receiving end of life care.

"That's a huge percentage," McGaughey said. "And we have a very strong, active, physical therapy department on top of that, so it's trying to address that whole complementary care system of how do you address pain."

In the hospice care rooms, the VA has renovated and included small beds for visiting family to sleep in. The rooms incorporate fans and white noise machines, as well as aromatherapy to help with pain management.

"We certainly want to address pain any which way we can," said Kristie King, chief nurse for geriatrics and extended care. "So we do pharmacological, nonpharmacological, that kind of thing."

The center sees a lot of patients with heart failure, chronic obstructive pulmonary disease, cancer and other conditions that can bring severe pain and discomfort.

Beyond the 1-10 scale

The Community Living Center has taken steps to better address pain, including using a different scale for gauging pain, implementing projects to reduce patient falls and upgrading computer equipment and adding kiosks to record more data about incidents.

The new pain scale goes beyond the standard "rate your pain from 1-10" model used in most hospitals and nursing homes. The new scale allows nurses to assess physical symptoms in the patient, including the ability to sleep and eat.

For those with dementia or other problems that leave them unable to communicate, it allows nurses to assess for anxiety, restlessness, writhing or other signs of discomfort.

"That is a huge cultural difference," King said. "So, determining where the pain is, how it impacts their function — if they can't answer those we have another way to get that information. And we assess for pain all the time."

On pain, McGaughey said the center also want to avoid overmedicating patients, especially in an era of opioid abuse.

The "nonpharmacological approaches to pain management," has been "a shift in all of our culture" for staffers, McGaughey said, noting that recently all the providers did in-service for "battlefield acupuncture." Also called auricular acupuncture, it helps provide pain control through stimulation of points on the outer ear surface that correlate to other areas of the body.

"So I think we're broadening what we can do, and it's not just about opioids," McGaughey said. "The pain management is: what are the different interventions that meet the individual needs of the veterans."

Lester, a former occupational therapist, said ultimately the high number of hospice patients leads to more reports of pain.

"Unfortunately, pain is a part of the dying process," Lester said. "So if you have hospice patients who will report pain, that negatively impacts the score."

Addressing falls

The Community Living Center has also become a "no-lift facility," meaning instead of nurses or aides trying to lift patients manually or with mobile lifts, the facility has installed lift tracks in the ceiling of each room. They run across the room and into the bathroom, allowing patients a more gentle lifting and mobility experience.

That should help reduce falls, which obviously contribute to higher pain scores.

King noted that the center is also a restraint-free facility, meaning patients who can wander off or who are unstable are not restrained.

"We could impact our fall rate if we had restraints," King said. As restraints can be seen as a harsh remedy, the VA does not use them.

The facility also promotes "functional movement," meaning they allow patients who are in decline but still mobile to attempt tasks such as walking to the bathroom to brush their teeth, or walking, with assistance, to the dining room.

"Sometimes it'll take an extra 10, 15 minutes to walk to the dining room, but that five or 10 minutes not only brings great satisfaction to the veteran and quality of life, it also makes sure they're getting that exercise," McGaughey said. "That takes more time than just pushing them to the dining hall in a wheelchair. That's the type of home environment we're trying to make sure we promote, but that can sometimes cause falls."

They also emphasize with nurses the importance of documenting the patient's pain levels, and the VA has installed computer kiosks throughout the center to encourage more reporting.

"On any given day, I would say the nurses are documenting well over 2,000 items," King said. "We have complex patients. What we provide is complex and thorough, so we have to account for what we do. In full honesty and disclosure, we have found that some people aren't as good at that as others."

The lack of reporting can negatively impact the pain scores.

While the VA receives more complex patients and some of the internal scoring figures compared "apples to oranges" in D'Angio's opinion, the USA Today/Boston Globe report did not come as a shock.

"I think we knew pretty much going in, because I think we had been looking at these things," D'Angio said. "As you know, this is kind of a new system with us looking at VAs in comparison to private sector nursing homes. But we had been looking at some of these things over time previously. We knew we were seeing some of these issues with pain, but we have a whole pain management protocol that we're working on."

McGaughey is confident the center will continue improving, and the stats will bear that out.

"We know what we do here is really quite exceptional," McGaughey said. "We'll get the numbers to match it."

Charles George VA Medical Center Community Living Center, by the numbers
Beds: 73

Year opened: 1995

Admissions: In 2017, the CLC admitted just over 500 veterans.

Increased demand: Since 2012, CLC admissions have increased by 42 percent, which includes hospice admissions.

Aging population: The facility has seen a significant increase in the percentage of veterans 65 and older. From fiscal year 2013-FY 2017, the percentage rose from 50-58 percent.

Staffing: One full-time physician, two part-time physicians, four full-time nurse practitioners, two pharmacists, one full-time Ph.D. geropsychologist, one nutritionist, three recreation therapists, a little over 100 nursing staff, two social workers, and a team of physical, occupational and speech therapists, and clinical chaplain.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - WBNS (CBS-10, Video): [VA facilities across Ohio lost \\$1 million worth of medical equipment](#) (5 July, Bennett Haeberle, 1.5M uvm; Columbus, OH)

COLUMBUS - VA medical facilities across Ohio lost track of more than \$1.1 million worth of medical equipment and other electronics over the past three years, a 10 Investigates' months-long investigation has uncovered.

Through numerous Freedom of Information Act requests 10 Investigates examined hundreds of pages of annual inventory records from VA medical centers in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe between 2014 and 2017.

Using those records, 10 Investigates discovered that the facilities lost track of electronics and other medical equipment used to care for veterans each day.

Here's the breakdown of how much was lost at each VA facility in Ohio between 2014 and 2017:

Columbus = \$318,068.38
Chillicothe = \$279,912.45
Cleveland = \$234,867.70
Cincinnati = \$200,634.76
Dayton = \$90,305.60

In some cases, the facilities continued to lose equipment even after the VA spent nearly \$24 million in Ohio (and roughly \$400 million nationwide) on technology designed to install tiny tracking devices on the medical equipment and other devices.

The technology, known as real-time location systems or RTLS, relies on computer databases, wi-fi signals and radio frequency identification tags that either ping out a device's location or allow a VA employee to scan for the items individually with the goal of keeping track of the equipment's whereabouts in real-time.

But there were problems.

The technology experienced interference and signals that didn't always work. Records show the RTLS tags sometimes weren't installed properly or couldn't find certain items listed in the inventory.

Federal inspectors with the VA's Office of Inspector General recently testified that the VA rushed to expand the program nationwide in 2013 without first thoroughly testing the program to ensure it worked.

"First, I thank WBNS for this investigation. I have been troubled. I am the first Ohioan ever to serve a term or more on the veterans committee," Sen. Sherrod Brown, D – Ohio, told 10 Investigates during a recent interview. "Clearly there are still holes there and I've been disappointed the last year and a half, the VA which was improving, improving, improving, has started back a downward spiral. We've got to turn that around. I think the WBNS investigation helps us with that."

Last week, Sen. Sherrod Brown questioned the VA secretary nominee Robert Wilkie about the findings of 10 Investigates' report.

Wilkie told Brown during his Senate confirmation hearing that he would work to get Brown's office more information.

The RTLS program also came under fire during a May hearing of the House Committee on Veterans Affairs after it was discovered the VA was not renewing a \$543 million contract it inked with Hewlett Packard in 2013 to install real-time location systems in all 152 VA medical centers nationwide.

Because of the problems tracking the devices and a miscommunication between the VA and HP, the contract at one point was put on hold, modified and the two sides agreed to drastically scale down the scope of the installation.

"The test results in March of 2015 were troubling, there were over 200 defects and the RTLS could only track equipment accurately 40 percent of the time. This led to conflict between VA and the contractor," Rep. Jack Bergman, R – Michigan said during the May 9 hearing. "The facilities slated to receive the RTLS asset tracking capability (as) its main components were cut from 92 to 47. The facilities scheduled to receive RTLS in the catheterization labs and sterile processing departments were also pared down. The temperature monitoring departments of RTLS was almost completely eliminated."

The contract between the VA and HP expired in June after the VA spent nearly \$400 million, according to a May hearing in House Committee on Veterans Affairs.

"We can't have this kind of money wasted," Rep. Scott Peters, D – California, said during the May hearing.

Congresswoman Kathleen Rice, D – New York, told VA officials during the same hearing: "This mismanagement caused delays in veterans care and waste taxpayer dollars – it is beyond unacceptable."

According to testimony from Nicholas Dahl, with the VA's Office of Inspector General: "Despite guidance, the RTLS project management office did not ensure the vendor (HP) could meet the contracted functionality requirements such as accurate asset tracking on the initial \$7.5 million task order before ultimately committing a total of \$431 million dollars for further RTLS deployment."

Here in Ohio, the VA used a separate contractor known as VetFed, spending roughly \$24 million on RTLS technology since 2011, according to a VA spokeswoman.

10 Investigates reached out to VetFed employees, all of whom referred calls to its president, who did not return our phone calls or emails seeking comment.

Natasha Morrison, an Air Force veteran from Pickerington, told 10 Investigates she was not surprised by our findings. She's had her own struggles with VA's technology – namely tracking her prescriptions online.

"You have a whole stack of papers that proves they're just letting money walk out the door, it's frustrating," Morrison said.

10 Investigates also discovered while many of the lost items were small like Apple iPads, cell phones or laptops, others items deemed to be “lost” including expensive medical instruments worth tens of thousands of dollars.

Some of those items like a patient sign-in kiosk worth \$8,500, a portable patient lift worth \$5,000, a \$28,000 bedside monitor and stretcher listed at \$12,000. All of those items were deemed “lost.”

In some cases, VA officials could not locate the items, in others, it was believed that the items had been turned in or sold but there was no inventory record or receipt to prove that. The VA’s own internal documents uncovered by 10 Investigates indicated that – in some cases – the lost items were the result of poor record keeping.

Despite these problems, VA officials have defended portions of the program.

“RTLS has made significant improvements in the health and safety of our veterans. It’s critical that we continue to move forward with the gains that we have made thus far,” said Tammy Czarnecki, the Assistant Deputy Under Secretary for Health for the VHA, during the May 9 hearing.

During an interview in late January, Greg Goins with the Cincinnati VA told 10 Investigates that RTLS technology had worked well in both surgical instrument tracking and the VA’s cardiac catheterization lab.

But he also said that VA facilities in Ohio had issued a stay on future spending of RTLS in 2017 and that the VA was not afraid to walk away from the technology.

“I think in general, it’s always unacceptable to lose equipment, period. Whether it’s a penny or several million dollars - or the mark you are talking about - a million bucks.” Greg Goins told 10 Investigates.

When asked directly if the VA was wasting taxpayer dollars on the program, Goins said: “I would say that my gut tells me as an administrator in the VA I will do everything I can to not allow that to happen, I can tell you just from a personal basis – the real conversations I’ve had... is that we aren’t going to allow that to happen.”

10 Investigates has reached out repeatedly in the last few days with VA officials to ask about future spending with RTLS technology at VA facilities in Ohio. No one was provided for a follow-up on-camera interview and we were told that future spending is still being evaluated.

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3.2 - Cleveland Scene: [Ohio Veterans Affairs Facilities Have 'Lost' More Than \\$1.1 Million in Medical Equipment Since 2014](#) (6 July, BJ Colangelo, 839k uvm; Cleveland, OH)

Between 2014 and 2017, inventory records show Veterans Affairs (VA) medical facilities throughout Ohio have lost track of more than \$1.1 million worth of medical equipment.

As first reported by WBNS-TV on Tuesday, VA medical centers in Columbus, Cleveland, Cincinnati, Dayton and Chillicothe all reported losses of varying degrees, with higher price-tag

losses including a patient sign-in kiosk worth \$8,500, a portable patient lift worth \$5,000, a \$28,000 bedside monitor and stretcher listed at \$12,000.

These gigantic items were all reported as "lost."

Back in May, Congresswoman Kathleen Rice (D – New York) told VA officials during a hearing for the House Committee on Veterans Affairs, "This mismanagement caused delays in veterans care and waste taxpayer dollars – it is beyond unacceptable."

As of 2017, the price of these losses were recorded as follows:

Columbus = \$318,068.38
Chillicothe = \$279,912.45
Cleveland = \$234,867.70
Cincinnati = \$200,634.76
Dayton = \$90,305.60

Even after the VA spent approximately \$24 million in Ohio (part \$400 million spent nationwide) on tracking device technology, some of these facilities still continued to lose equipment.

The tracking technology, known as real-time location systems or RTLS, relies on computer databases, Wi-Fi signals and radio frequency identification tags that either ping out a device's location or allow a VA employee to scan for the items individually with the goal of keeping track of the equipment's location at any time.

Unfortunately, the technology frequently experienced interference, lack of signal, and RTLS tags weren't installed properly or couldn't find certain items listed in the inventory.

In some of these cases VA officials legitimately could not track down the items, in others, it appears the items had been turned in or sold but there was no inventory record or receipt to prove that.

The VA's own internal documents uncovered by 10 Investigates indicated that, in some cases, the "lost" items were simply the result of poor record keeping.

According to the Associated Press, Cincinnati VA spokesman Greg Goins says Ohio facilities have stopped buying tracking technology. When asked if taxpayer dollars are being wasted, he said officials "aren't going to allow that to happen."

Yeah, okay.

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3.3 - WFED (AM-1500, Audio): [VA's digital service head spreading the word about single point of contact for online](#) (6 July, 831k uvm; Washington, DC)

Until recently, the only thing worse than visiting a Veterans Affairs facility in person with questions was visiting it online. Over the years VA had developed a tangle of web sites, logins and forms. Now it's much easier with the digital equivalent of a single point of contact. Marcy Jacobs has been leading the word. The executive director of the VA's digital services, and a

finalist in this year's Service to America Medals program, joined Federal Drive with Tom Temin for more.

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3.4 - GCN: [Putting AI to work for veterans' health](#) (6 July, Dr. John Showalter, 162k uvm; Vienna, VA)

Across the United States, millions of veterans are waiting too long for health care. To address this, Veterans Health Administration hospitals are working diligently to speed up and improve the quality of care delivered to veterans through multiple programs. Fortunately, the power of artificial intelligence can be leveraged to not only improve care immediately, but also to predict health care needs and determine the best way to prevent illness and deterioration.

The same AI that is embedded in sophisticated search technology and personal assistants can now be used to help veterans. The most effective AI solutions leverage eigenspace -- a platform for solving complex challenges such as quantum mechanics, facial recognition, search and analysis of consumer behavior.

A simplified analogy is a personalized radio station provided by a service like Pandora. Starting from a small amount of data, the service is constantly improved by whether listeners like or dislike songs provided to them. The system "learns" very quickly, becoming extremely proficient at picking songs the listener will like based on past behavior. The same kind of technology can be put to work for the more vital purpose of saving lives.

An eigen-based approach provides a comprehensive patient view that can predict future health complications and the interventions that will reduce risk, thereby greatly increasing veteran health and fiscal efficiency. Some of the common conditions that can be improved with AI include better prevention of veteran suicide, hospital-onset infections and readmissions caused by ineffective outpatient care.

AI is empowering providers with a solution that extends to all aspects of patient care, across ambulatory and inpatient settings. It provides at scale the capability to "think" about patients the way clinicians do -- as complex, constantly changing individuals -- and translates patient data in a way that directs the right clinical actions care to the right patients at the right time, effectively reducing clinical overload.

AI solutions have proved effective at more than 300 hospitals and institutions, including the Cleveland Clinic, the Mayo Clinic and InterMountain Health Systems. The results have been immediate and impressive:

- Readmissions: A recent hospital trial aimed at reducing readmissions prevented 227 readmissions, improved care and delivered a cumulative ROI of \$2.5 million.
- Pressure injuries (bed sores): Leveraging AI resulted in a 45 percent incident reduction and savings of over \$770,000.
- Employee health: Integrating AI analysis resulted in a 31 percent reduction in employee ER visits, a 36 percent reduction in inpatient visits and a 50 percent reduction in care costs.

- Avoidable admissions: A health care facility saw a 30 percent reduction in admissions from a targeted, high-risk population, while delivering better care and saving \$700,000, a 500 percent return on the program.

The digitized nature of AI means that it easily integrates with current clinical technologies, including Vista, the VA's homegrown health record system. EHR data is processed through the eigenspace, producing risk and recommendation outputs with little to no impact to the current VA workflow.

Improving the care veterans receive is literally a life-or-death issue. The amazing pace of technological development has put powerful AI tools at our disposal, tools that are being used elsewhere in the private sector. This technology must be leveraged as soon as possible by every VA facility.

To not do so to improve veterans' health care would be a sign of misplaced societal priorities.

Dr. John Showalter is the chief product officer at Jvion.

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3.5 - Healthcare Analytics News: [How Telemedicine Helps Victims Heal After Tragedies](#) (6 July, Ryan Joseph, 17k uvm; Cranbury, NJ)

When a 19-year-old shot and killed 17 people at Marjory Stoneman Douglas High School in Parkland, Florida, on Valentine's Day, Rich Berner, CEO of telehealth service MDLIVE, felt compelled to help. His company is headquartered in the same county, and three of his employees have children who attended the school on the day of the shooting. Like many in his South Florida community, he and his workforce were directly affected—and moved—by the massacre.

"It was an incident that hit very close to home for us," he says. "And we look for opportunities to give back."

Acting quickly, Berner and MDLIVE offered free, unlimited behavioral counseling services, beginning the next day and through March, to any affected students, school employees, parents, and family members. All they had to do was dial a number and give a code (MDLIVECARES), and then a behavioral health specialist would assist them.

MDLIVE reached out to the district that oversees Marjory Stoneman Douglas to coordinate distribution of the offer, but school officials declined, according to Cathleen G. Brennan of the Broward County Public Schools information office. Brennan says via email that the district instead decided "to provide intense therapeutic services through a face-to-face modality due to the gravity of the situation early on and the ensuing trauma experienced by the students and staff."

Although the district opted for face-to-face treatment, the fact that telehealth provided a non-district-aligned option for victims of the Parkland shooting shows how far digitized behavioral health has come, especially as it relates to treating patients who've suffered from cases of extreme trauma. Thanks to easier-to-use apps and a growing acceptance of patients to seek

treatment through smartphones and computers, telemedicine is making it easier to recover from disasters and other traumatic events.

Telemedicine Is Becoming More Popular

The numbers behind the increase in behavioral health treatment via telemedicine bear this out. According to a 2017 National Business Group on Health study, in states where telehealth is allowed, the majority of employers that offer the service planned to give covered employees behavioral-health telemedicine treatment options. That same study also claims that “nearly 20 percent of employers [experience] employee utilization rates of 8 percent or higher.”

Although Berner declined to say how many people took up MDLIVE’s offer (and the only student who replied to Healthcare Analytics News™ says that neither she nor her classmates were aware of the offer), he noted that the company saw a 41 percent increase in visits from the state of Florida since February 14.

On the whole, he points to the destigmatization of mental health issues and the fact that MDLIVE employs more than 100 psychiatrists and 400 therapists, in addition to licensed social workers and family and marriage counselors, to account for the six sessions it conducts for the typical patient. Once patients commit, receiving help via telemedicine from a behavioral health specialist is no different from attending an in-person session.

“You can research [and] look through the counselors that are available, and you can decide when you want to do it,” Berner says. “You can try multiple folks if you want and find the counselor that you like. You set up the time, and you can do it via your computer or mobile device, and you can do it at the location that you want.”

Can the VA Revolutionize Behavioral Health?

For the US Department of Veterans Affairs (VA), the accessibility of behavioral health sessions is one of telemedicine’s biggest advantages. The agency has offered a form of telehealth since 1959, when it first offered mental health services through two-way televisions at the Grand Island, Nebraska, VA hospital with the assistance of the Omaha VA and the University of Nebraska Medical Center. However, the agency is now transitioning into telemedicine services for behavioral health at a scale previously unimagined.

According to John Peters, deputy director of telehealth services, the bulk of the behavioral health services the VA offers involves psychotherapy, but significant resources have been dedicated to treating posttraumatic stress disorder (PTSD) and insomnia too. The VA doesn’t actively push veterans toward telehealth, but when a veteran visits the primary care facility in their home region, a discussion about moving the patient to sessions via telemedicine will be broached if the desired treatment warrants it. If a veteran gives consent, often they will begin treatment via teleconferencing with a doctor at a primary care facility from a closer VA community-based outpatient clinic, otherwise known as a CBOC.

The VA found that in fiscal year 2017, it delivered 473,000 telemental health consultations to 156,000 veterans.

“That mental health service is almost exactly the same,” Peters explains. “The doctors and the patients say after the first I-don’t-know-how-many-seconds that technology kind of falls away: the screen, the monitor, the keyboard. Then it’s just two people talking.”

What the VA hopes to specifically expand in the near future, however, is the use of its VA Video Connect app. Similar to app-based services already provided by private services like MDLIVE, VA Video Connect allows veterans to receive treatment from anywhere they feel most comfortable—like their own home. According to Peters, veterans who use the app don't need to download any software to access their sessions; they need only to click a link that's emailed to them at the time of their appointment to receive treatment.

There's an obvious benefit for battle- and war-scarred patients.

"There are stories of veterans with [PTSD]...They know they need care, they made an appointment, they go out to their car and put the key in the ignition, and they just can't do it," Peters says. "There's something that's keeping them back. We think [VA Video Connect] is a great solution. They can do it from the privacy of their own homes."

The Future of Telemedicine

Peters and his team plan to expand the VA Video Connect app. And before the Parkland tragedy, Broward County Schools had already been investigating a telehealth option for its students, which it plans to run with one of its partners, Memorial Healthcare Systems, and it has since reopened conversations about providing that service. For Berner and MDLIVE, the future is all about increasing the use of artificial intelligence and integrating their new chatbot, Sophie, into the triage process.

It's Berner's hope that Sophie will more quickly and accurately identify patients' symptoms and get them to a clinician, a counselor, or a psychiatrist sooner. Ultimately, though, Berner thinks the technology and ease of use will encourage people to pursue behavioral, mental, and trauma-related health treatment if they need it.

"We've seen research that shows over 20 percent of Americans suffer from behavioral health conditions," he says. "And oftentimes people don't recognize [they need help], and/or they might be embarrassed to ask for help. It's a great way to leverage the technology to get the high-quality care you're looking for and counseling advice but also in the privacy of your own home."

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4. [Focus Resources More Efficiently](#)

4.1 - Newsday: [Keep VA's progress on track amid changes in D.C. and Northport](#) (6 July, Editorial Board, 3.2M uvm; Melville, NY)

Taking good care of military veterans might be the most uniformly bipartisan priority in the United States. Providing them with accessible, high-quality health care is the primary way we can meet that obligation. But too often we fall short.

Across the country and for years, the Department of Veterans Affairs has been beset by scandal. On Long Island, the VA Medical Center at Northport, which veterans once praised, has come under fire for crumbling infrastructure, poor management and inadequate staffing.

Over the past year, champions and critics of the federal department and the Northport facility began to see signs of improvement. Now, with leadership changes at both underway, momentum could be lost.

That cannot be allowed to happen.

In Washington, the VA is about to get its fourth secretary in four years, with the nomination of Robert Wilkie expected to be approved by the Senate Veteran Affairs Committee this week, then quickly affirmed by the full Senate. But Wilkie will come on board facing big challenges.

Since 2014, the VA has been rocked by one outrage after the other. Understaffing that left veterans without care for as long as 125 days was uncovered across the nation, along with falsified records hiding these delays. More than 40 veterans in Arizona died while waiting to get care in a facility that falsified wait times.

Since then, wait times have been reduced somewhat, but epidemics of suicide and opioid addiction have added to the agency's challenge. And politics have increasingly bedeviled the VA. When Secretary David Shulkin stepped down in March, scandals involving ritzy travel for him and his wife were partly to blame, but Shulkin's opposition to privatizing the VA, an issue on which he is correct, hurt his cause with many in the GOP.

With the resignation in June of Northport VA Director Scott Guermonprez, who is leaving for personal and family reasons, that facility will have its fourth director in 18 months. Northport's facility has suffered crumbling buildings, leaking roofs, surgical wards closed by dangerous air-conditioning malfunctions, understaffing and an angry workforce. But the consensus is that in his year in Northport, Guermonprez made progress. He replaced department heads, was more aggressive about maintenance, and got two eyesore buildings that are falling down on a federal schedule to be demolished in the next 12 months.

Nationally and locally, the challenge for the VA is to keep and improve the hospitals that are skilled at providing specialized veteran care intact, but also to become nimbler. That means more telemedicine and access to private doctors for veterans who have trouble getting to the hospitals or who need specialists the VA cannot easily provide. It means letting the VA's community-based outpatient clinics, like the five on Long Island, provide more services. It means recognizing when more such clinics need to be opened and when other solutions, like providing transportation to appointments, make more sense.

We made a deal with veterans when they signed up. They did their part. Now we have to do ours on Long Island and across the nation.

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4.2 - The Daily Courier: [Veterans to keep legal addresses, mail services in Prescott. Local VA postal service to alter personnel, but service to remain the same](#) (6 July, Nanci Hutson, 490k uvm; Prescott, AZ)

For as long as anyone can remember, the local VA campus has had its own U.S. Postal Service branch office in the basement of Building 15, home to the theater/auditorium and other office space.

A few months ago, though, the Northern Arizona Veteran Affairs Health Care System was notified the contractor hired to oversee the mail operation was scheduled to retire by the end of the summer. The U.S. Postal Service did not renew the contract because it was no longer deemed to be cost efficient, VA officials said.

Yet, some 170 VA patients and homeless veterans depend on the campus post office to handle their mail and provide them with a legal address. Several patients and patient families expressed concern about losing the service, as local branches are a good distance away from the VA campus and without transportation the patients are unable to get to a post office.

VA officials heard those concerns and were clear they were negotiating to at least maintain a portion of the service, including an arrangement to keep more than 100 post office boxes maintained on the campus.

On Wednesday, the United States Postal Service spokesman from Phoenix Carl Fondelheit IV confirmed that the Independent Contract Postal Unit contractor has elected not to renew the contract with the VA, but customers will see no “interruption or degradation in service.”

“As a top employer of military veterans, we appreciate our role in serving this facility,” Fondelheit said. “Nothing’s going to change.”

Beginning Aug. 15, the plan is for what is called a “Commercial Mail Receiving Agency,” an entity similar to the private mail operation that is available at Twin Lakes Market located at 3122 Highway 89 in Prescott, Fondelheit explained. The office will be operated by VA personnel trained by postal service employees, he said.

For a time, VA officials said it appeared that other than the donation of post office boxes the service would be limited to collection and delivery of mail, with no ability for patients to purchase mailing supplies or stamps. Fondelheit said the actual plan will enable patients to receive or mail out packages, as well as buy stamps.

The VA will continue to have employees who sort and distribute the mail that comes into the office.

VA Public Affairs Officer Mary Dillinger said officials received at least three dozen letters concerned about the possible closing of the office. She said it proved a priority issue to resolve.

She expressed appreciation to the postal service leaders who have been working closely with the VA to figure out a compromise that would benefit the veterans who rely on this service while meeting their needs.

“We appreciate the community’s understanding as we work with the VA to continue to offer the services our customers expect and deserve,” Fondelheit concluded.

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4.3 - The Fayetteville Observer: [Letter: Bibles and VA chapels](#) (6 July, James A. Laterza, 439k uvm; Fayetteville, NC)

We thank Rev. Archie Barringer (“Put the Bibles Back in the Chapel,” July1) for a chance to address a misconception. Spiritual care is a critical component of Fayetteville VA’s mission. Some 10-plus years ago, national VA made a concerted effort to return to a longstanding policy of VHA Chapels being used for religious services of all faiths. Chapels were to reflect religious neutrality as clearly spelled out:

“The chapel, or a room set aside exclusively for use as a chapel, must be reserved for patients’ religious and spiritual activities, such as: worship, prayer, meditation, and quiet contemplation. Such chapels are appointed and maintained as places for meditation and worship, and when VHA Chaplains are not providing or facilitating a religious service for a particular faith group, the chapel must be maintained as religiously neutral, reflecting no particular faith tradition.” (VHA Handbook 1111.2)

Some viewed this as hostile to Christianity when in fact the intent was to make a space most could grow in their spiritual connection. Though the Bible is not on display other than during the worship services, Bibles are available in the Chaplain’s office at no cost to the veteran, as well as other sacred writings. Since 2013, our Chaplain Service has provided more than 4,900 Bibles in hard copy and 3,000 New Testaments on MP3 player to veterans, at no cost to the government. The numbers speak volumes.

Our message to the veterans we serve is simple, their care isn’t about us, administrators and staff of Fayetteville VA, but about them and what they need, including spiritual wellbeing. Veterans are experts about themselves; we are here to serve them, without regard to race, gender, faith or lack thereof. That’s not political correctness, that’s about fairness and equality.

James A. Laterza, Director, Fayetteville Coastal Health Care System

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4.4 - KHBS (ABC-40/29): [Oklahoma service dog to get new prosthetic leg](#) (6 July, 273k uvm; Fort Smith, AR)

MUSKOGEE, Okla. — The service dog at the V.A. Medical Center in Muskogee can get a new prosthetic leg.

Honor was born without her back right paw, and started having problems with the prosthetic she's used since she was a puppy.

The center set up a Go Fund Me page to help raise money to pay for a new limb. That page reached its initial \$3,000 goal.

If you would like to help the center and Honor, you still have time.

You can donate to that Go Fund Me page here.

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4.5 - KXRM (FOX-21, Video): [New collaboration aims to create independence for veterans in rural areas](#) (6 July, Abbie Burke, 60k uvm; Colorado Springs, CO)

A new collaboration between Anschutz Medical, The Independence Center, and the Geriatric Research, Education, and Clinical Centers made up of the Denver VA Medical Center and the University of Colorado Anschutz Medical Campus aims to create independence for veterans in rural areas. Marsha Unruh, program manager for The Independence Center, joined us on FOX21 Morning News with all the details.

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5. Improve Timeliness of Service

5.1 - The Florida Times-Union: [Lack of VA hospital in Jacksonville means long drives for certain types of care](#) (6 July, Joe Daraskevich, 2.1M uvm; Jacksonville, FL)

The three-hour round-trip drive from Jacksonville to Gainesville is a pretty familiar trek for Air Force veteran Richard Marohn. The Department of Veterans Affairs doesn't offer the treatment he needs closer to home.

This fall he'll make that drive a sixth when he goes down for another follow-up appointment related to a June 2016 nasal surgery.

"We've got so many veterans living here, it's just too bad we don't have a VA hospital where we can get the care we need," Marohn said.

He's one of 144,569 veterans living in the Jacksonville metro area, according to the 2016 American Community Survey. Larry "Hawk" Hawkins is another.

One Friday night Hawkins tripped over a hose that someone left out after watering a tomato garden. The tomatoes were held up by a metal rod; and when he fell, the rod went through his ear. He got the rod out and the bleeding stopped, but it 11:30.

"I looked at the time and realized there was no VA [clinic] open, and the closest treatment was either to drive to Lake City or to Gainesville," Hawkins said.

The lack of a VA inpatient hospital in Jacksonville is something that U.S. Rep. Al Lawson has been hearing a lot about. The freshman Congressman said that since taking office in January 2017 he's received more than 40 complaints about veterans having to drive to Gainesville for treatment.

He spent time in June meeting with VA patients in Jacksonville to discuss their issues with healthcare and what improvements are needed.

"Many of them expressed the vital need for a VA hospital to be established in Jacksonville — a city with one of the highest veteran populations in our nation," Lawson said. "I told the audience during my town hall meeting I believe a VA hospital needs to be built in Duval County."

Last week Lawson introduced a bill to authorize the secretary of Veterans Affairs to establish a hospital for veterans in Jacksonville. In announcing the bill, he emphasized veterans in

Jacksonville should not have to travel more than 60 miles to the nearest VA hospital for emergency care and specialized services.

U.S. Rep. John Rutherford isn't being as vocal about the need for a VA hospital in Jacksonville. His office wouldn't give the number of complaints it has received about the situation.

"While it is our policy not to share any information relating to individual cases, most veterans tell us that they are happy with the level of care they receive in the VHA [Veterans Health Administration] system despite the challenges," Rutherford said through a spokesman.

The VA has a policy against commenting on facilities that have not been approved, so representatives from the North Florida/South Georgia Veterans Health System could not go into detail about what would need to happen to bring an inpatient facility to Jacksonville.

But they were able to comment on an approved clinic that will one day replace Jacksonville VA Southpoint and Jacksonville VA University. Those facilities operate in addition to the main Jacksonville VA Outpatient Clinic at 536 N. Jefferson St.

"The VA is looking at veteran population statistics in Jacksonville, the surrounding counties and projected veteran growth statistics to determine the best building site location," said Thomas Wisniewski, director of the North Florida/South Georgia Veterans Health System.

The new clinic received Congressional approval last year and will have about 164,000 square feet of usable space. It will include primary care, mental health, specialty services and advanced diagnostics as well as a domiciliary with about 30 beds, according to the VA. It is set to open by 2022.

When asked if the facility could eventually be converted to a full VA hospital, spokesman Dan Henry said an answer to that question would be purely speculation.

"There are a number of cities and towns where the VA does not have an inpatient medical center — where that is the case we simply work with the established medical centers to ensure all eligible veterans can avail themselves of emergency services," Henry said.

Henry said the healthcare network in Jacksonville is robust, and any veteran suffering from an emergency can be seen at the nearest emergency room.

'JACKSONVILLE IS PRIMED'

Hawkins pointed out that the injury to his ear likely wouldn't have been deemed an emergency by the VA, nor would have the serious cut on this finger he suffered a month or so ago. It too needed stitches, but, again, he went untreated.

"I lost a lot of blood in both cases, but technically by the book that's not a bonafide emergency," Hawkins said.

But Hawkins, Marohn and other veterans who access the VA in Northeast Florida have a new advocate working in the newly created role of the VA's veterans experience officer for the Southeastern United States: Army veteran Cajun Comeau.

“Jacksonville is primed and it has everything you need in order to create a system where veterans do not fall through the cracks,” Comeau said.

He started the job in March and made his first trip to Jacksonville two weeks ago. He met with VA leadership and members of area veteran organizations during the three-day visit. Comeau said he came into the visit without any preconceived notions about the area’s veteran community, and he left with the idea that Jacksonville is on the verge of organizing into a place where the overall veteran voice cannot be ignored.

“At your current stage of development, Jacksonville is the most market-ready place I’ve ever been, and that’s not only in the Southeastern United States,” Comeau said.

He said the VA relies heavily on input from its community veterans engagement boards, and that’s a major avenue for people to get their problems with the organization up the chain of command.

Henry said they started to set up the board last year but other priorities distracted them. Comeau said now that he is in the new position he will make sure that becomes a top priority again.

Comeau said whatever veterans feel they need from the VA should be shared with him and the engagement board before anything productive can materialize.

Multiple veterans approached him about the need for a VA hospital during a stop he made at Veterans United Craft Brewery. He said some of the people didn’t have all their facts straight, but nonetheless they showed passion about what they were asking for.

“That’s one of my jobs is to deliver the feeling of the community back to leadership so they know what is actually going on in that environment,” Comeau said.

LAST 10 VA HOSPITALS TO OPEN

New Orleans, opened 2017. Current veteran population in metro area: 63,145

Orlando, opened 2015. Current veteran population in metro area: 139,801

Las Vegas, opened 2012. Current veteran population in metro area: 141,476

Detroit, opened 1996. Current veteran population in metro area: 209,616

West Palm Beach, opened 1995. Current veteran population in Miami metro area: 204,522

Seattle, opened 1994. Current veteran population in metro area: 241,776

Houston, opened 1992. Current veteran population in metro area: 267,689

Baltimore, opened 1992. Current veteran population in metro area: 173,616

Portland, Ore., opened 1988. Current veteran population in metro area: 147,603

Metro Jacksonville’s current veteran population: 144,569

Veteran populations are according to the 2016 American Community Survey

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5.2 - The Bulletin: [Courtney meets with Navy vets exposed to Agent Orange](#) (6 July, Stephanie Menders, 269k uvm; Norwich, CT)

NORWICH – Paul Dillon and Bill Johnstone have a lot in common -- both men served aboard the USS Providence and the USS Oklahoma City during the Vietnam War and now both men are struggling with the impacts of Agent Orange exposure. But soon, Navy veterans like Dillon and Johnstone may be eligible for health benefits under a new congressional agreement.

“Most of the men I know have been affected,” Dillon, 80 of Gales Ferry, said.

“People don’t think Navy veterans could have been exposed but the truth is, we were,” the 72-year-old Johnstone, of New Britain, said.

More than 20 million gallons of the herbicide Agent Orange were sprayed throughout the Vietnamese jungles to remove foliage during the war and much of the chemical ended up in the nearby rivers and ocean. A toxic chemical in the herbicide known as TCDD has since been connected to diagnoses for 14 health conditions including non-Hodgkin’s Lymphoma, various cancers, Type II Diabetes and Parkinson’s disease.

U.S. Rep. Joe Courtney (D-2nd District) met with four blue water veterans on Friday to talk about the Blue Water Navy Vietnam Veterans Act, which passed through the House on June 25 but still has to face the Senate. The act would restore and expand benefits for blue water vets, he said.

Courtney said the legislation is “long overdue” and he is watching it “like a hawk.”

In 2002, the Veterans Affairs office stopped giving benefits to sailors exposed to the toxin and limited the scope of the 1991 Agent Orange Act to provide benefits only for veterans who could prove they were boots on the ground in Vietnam. It is estimated that 90,000 sailors served off the coast of the Vietnam coastline during the war. Those blue water veterans were required to file individual claims to restore their benefits, which would then be decided on a case-by-case basis.

Seventy-eight-year-old blue water veteran Lenny Robbins, of Gales Ferry, said navy veterans may have been exposed to a more potent, concentrated Agent Orange.

“When we were on ships, we were drinking distilled water,” he said. “The toxins were in the water, which actually made it stronger. That’s what all of us were drinking.”

Fellow blue water veteran Wayne Burgess, 73, of Uncasville, said he has kept in touch with many of his shipmates. He said he was just notified that two shipmates who swam off the coast of Vietnam have had major problems with prostate cancer.

“Of course at the time we were worried about sea snakes,” he said. “They were just trying to enjoy some R and R away from their daily duties... but of course they’ve had major problems with exposure to Agent Orange.”

Though Johnstone lives in New Britain, which is not included in Courtney’s district, he said he has been contacting as many politicians as possible about the Blue Water Navy Vietnam Veterans Act.

“This isn’t just a local issue. It’s not even just a Connecticut issue,” he said. “This is national.”

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5.3 - Wayne Post: [Report on VA nursing homes intensifies US scandal](#) (6 July, Joel Freedman, 13k uvm; Canandaigua, NY)

The Department of Veterans Affairs assigns star ratings, similar to those used by the federal centers for Medicare and Medicaid services to evaluate nonprofit and for-profit nursing homes, to our country’s 133 VA nursing homes. The VA relies on an outside company, the Long Term Care Institute, to conduct inspections of VA nursing homes.

The VA banned the public release of the institute’s findings after the Pittsburgh Tribune-Review in 2009 published the findings of the institute’s assessment of Philadelphia’s VA nursing home that detailed poor resident grooming and other substandard conditions. The newspaper reported that a disabled veteran’s leg had to be amputated because a foot infection was untreated for so long his toes turned black.

USA Today and the Boston Globe recently obtained VA documents showing that 60 of the 133 VA nursing homes received the lowest rating, only one out of five stars, as of Dec. 13, 2017. Of the 11 VA nursing homes in New York, only the VA Hudson Valley Health Care System in Castle Point received five stars. Three VA nursing homes received three stars; four VA nursing homes received two stars; three VA nursing homes, including the one at Canandaigua VA Medical Center, received only one star.

Of the three VA nursing homes that received only one star, Canandaigua had quality ratings even lower than the VA one-star nursing homes in Buffalo and the Bronx. Overall, VA nursing homes scored worse than private-sector nursing homes, even though VA nursing homes have a better staff-to-resident ratio than other nursing homes.

It is not enough to merely upgrade VA nursing homes to the point that they are equal to other nursing homes, because nursing home conditions overall are America’s shame.

Government and university studies have concluded that 10 percent of nursing home caregivers have physically abused, and at least 40 percent have psychologically abused, nursing home residents in America. (These studies are based on information provided by the caregivers themselves, after being assured of anonymity). If you factor in neglect as well as abuse, one nationwide survey in 2010 indicated about 50 percent of nursing home caregivers admitted they have mistreated residents.

Four years ago, the federal Office of Inspector General studied people admitted to nursing homes for Medicare rehabilitative services. One-third of them subsequently suffered from

preventable harm, which required prolonged nursing home stays or hospitalization, caused permanent injury, necessitated life-sustaining intervention or resulted in death. If the experiences of people admitted for short-term care are often awful, consider the plight of even more vulnerable long-term care nursing home residents suffering from preventable pressure ulcers (bedsores), dehydration, malnutrition, nasogastric and catheter tube misuse, excessive psychiatric drugging, preventable injuries, inadequate medical and hygiene care and/or brutality or humiliation by some caregivers who are callous and sometimes even sadistic.

Camera monitoring should be implemented at all facilities housing our most vulnerable citizens to help prevent and detect abuse and neglect. Without camera monitoring, fear of reprisals, sometimes violent ones, are realities that often prevent the reporting of abuse or neglect witnessed by conscientious but fearful caregivers, or by residents and their families.

Canandaigua VAMC personnel need to closely examine what Castle Point has done and is doing to earn and maintain a five-star rating, so that Canandaigua VAMC's nursing home will also attain and maintain a five-star rating. All VA nursing homes should do likewise. As U.S. Rep. Tim Walz, D-Minnesota, said, "Widespread underperformance at VA nursing homes is a betrayal of veterans' trust and wellbeing."

Considering that about one-half of all women and one-third of all men in our country will spend time as nursing home residents, much more needs to be done to overcome the deprivation of a persistently ignored segment of our population.

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6. [Suicide Prevention](#)

6.1 - Tampa Bay Times: [Hillsborough joins new national military suicide prevention effort](#) (6 July, Howard Altman, 4.8M uvm; Saint Petersburg, FL)

Florida veterans have a significantly higher rate of taking their own lives compared to the national veteran suicide rate, according to the most recent data released by the Department of Veterans Affairs.

But in Hillsborough County, that figure is far below the state and national averages, according to a Tampa Bay Times review of suicide figures.

In 2015, the most recent figures available, 557 Florida veterans ended their own lives. That's a rate of 34.9 per 100,000 veterans, compared to the national average of 29.7 per 100,000 veterans.

Last year, at least 19 veterans took their own lives in Hillsborough County out of 197 total suicides, according to the county Medical Examiner's Office. With nearly 100,000 veterans in the county, that's a rate of slightly more than 19 per 100,000.

The problem is still daunting, and officials from Hillsborough County and Tampa are taking part in a national effort to find a solution. It's called the Mayor's Challenge to Prevent Suicide Among Service Members, Veterans and their Families.

A combined effort by VA and the Substance Abuse and Mental Health Services Administration, the program is designed to reduce suicides among veterans, service members and their families using a public health approach.

Locally, the effort is being spearheaded by Hillsborough County because the county handles support services such as mental health, said Shayna Rodriguez, a spokeswoman for the James A. Haley Veterans' Hospital. The Tampa/Hillsborough team joins eight others around the nation chosen for their veteran population data, suicide prevalence rates and "capacity to lead the way," according to Rodriguez.

The challenge has five key objectives:

- Establish a suicide prevention team in the county, consisting of service members, veterans and family members.
- Increase access to the system and strengthen the service it provides.
- Identify those at risk.
- Implement best practices in areas such as reducing lethal means of suicide — distributing gun locks, for example; care after treatment; and training in intervention skills.
- Train and educate community partners and peers.

The local effort kicked off last month with a two-day summit attended by more than two dozen political leaders, VA personnel, veterans service organization members, the U.S. Central Command chaplain, local suicide prevention experts and parents of people who took their own lives.

Hillsborough County Commissioner Sandy Murman is spearheading the effort with the County Consumer and Veterans Services office. Haley is providing support and guidance.

The team identified strengths, weakness, opportunities and threats concerning current suicide prevention efforts. All agreed that support and resources are focused on veterans and suicide prevention, but the need remains for stronger collaboration among agencies, Rodriguez said.

Suicide risk is higher for veterans who do not receive mental health care treatment at the VA.

Haley Director Joe Battle said, "Suicide prevention is the number one clinical priority for the VA, and it's imperative that we also make it a priority for the community so we can get our service members and veterans the help they need."

Ellsworth "Tony" Williams, who runs the non-profit suicide prevention group Veterans Counseling Veterans, welcomed the local effort.

"Veteran suicides are a national problem with a local solution that starts with the community," Williams said.

Work groups will meet within the year to tackle action items, Rodriguez said. More information is available through the James A. Haley Veterans' Hospital Eligibility Office, (813) 972-2000, extension 1710.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KFVS (CBS-12, Video): He sexually abused dozens of Hawaii boys over decades. And he's buried at Punchbowl (6 July, 438k uvm; Cape Girardeau, MO)

HONOLULU (HawaiiNewsNow) - Among the 55,000 service members laid to rest at the National Cemetery of the Pacific at Punchbowl is a child predator: Dr. Robert McCormick Browne.

Those who were abused by the prominent psychiatrist, take issue that Punchbowl is his final resting place.

"For me, I don't think he belongs there," said Alike Bajo, who was sexually abused by Browne in the 1970s at the age of 13. "That's where true heroes get buried."

Browne's body rests in plot S-977, next to his parents. He was an Army captain during World War II, and became a prominent psychiatrist.

Over 30 years, between the 1950s and 1980s, Browne treated boys who were referred to him by Kamehameha Schools. Dozens of them were molested in Browne's office, which was downhill from the Alewa Heights campus.

Earlier this year, an \$80 million settlement was reached between the school and 32 plaintiffs, including Bajo.

"He's not a hero, he's not my hero," he said.

Laws currently in place could have prevented his honorable burial at Punchbowl. Those laws were meant to keep suspected murderers and rapists out of veterans cemeteries, even if they were never convicted of a crime.

But they weren't in place after Browne committed suicide in 1991, when he found out his crimes were going to be made public.

"I hold a lot of anger towards him. That's not going to go away," said Malia Marquez, whose late brother was also sexually abused by Dr. Browne while at Kamehameha.

Marquez said her brother, Tony Lum, never told anyone until just months before his death. That's when she knew that his years of substance abuse and homelessness was the result of the secret he kept for decades.

Marquez said Browne doesn't deserve the honor of being in such a prestigious burial ground. A place where Boy Scouts place lei to honor the dead and where American flags wave above each gravesite on Memorial Day.

But there are only two ways Dr. Browne's remains can be removed from Punchbowl to make room for another, more deserving veteran: His own family would have to request it, or an act of Congress, which has happened before.

In 2013, The Alicia Dawn Koehl Respect for National Cemeteries Act was passed. It was named after the Indiana woman who was killed by an Army veteran, who committed suicide before he could be convicted.

The law, introduced by congressional leaders in Koehl's home state, allowed the Department of Veterans Affairs to disinter her killer.

Hawaii News Now did contact Hawaii's congressional delegation. All four declined comment.

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7.2 - KCEN (NBC-9, Video): [Army sergeant buried at Houston National Cemetery with full military honors](#) (6 July, 191k uvm; Eddy, TX)

Army Sergeant John Hall was captured as a prisoner of war and killed on January 26, 1951. His remains were returned to his family earlier this week.

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7.3 - WJFW (NBC-12, Video): [Crews break ground on national cemetery in Harshaw](#) (6 July, 53k uvm; Rhineland, WI)

NORTHWOODS - Almost three years ago, the Department of Veterans Affairs bought six acres of land in Harshaw to build a rural national cemetery.

About a month ago, crews finally broke ground.

Right now, Wisconsin only has one national cemetery, but it has been full since 2001.

The closest open national cemetery is in Minneapolis.

Assistant County Veteran Service Officer Jason Dailey says this means a lot to veterans.

They will no longer have to worry about being buried hours away from their family.

"Being buried in a national cemetery is a pretty big deal to a lot of veterans. So, to have something that's so close where after you pass your family can come visit," said Dailey.

The cemetery will be able to hold about 34,000 burial sites.

There is no set date for when it will be open at this time.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - CNN (Video): [Trump mocks #MeToo movement in riff on Elizabeth Warren's heritage during Montana rally](#) (6 July, Dan Merica, 29.8M uvm; Atlanta, GA)

President Donald Trump on Thursday mocked the #MeToo movement as he repeatedly attacked Massachusetts Sen. Elizabeth Warren over her heritage, said Democratic Rep. Maxine Waters had an I.Q. in the "mid-60s," and made thinly-veiled swipes at fellow Republicans John McCain and George H.W. Bush, who are both in ailing health.

Trump held the rally in Montana Thursday primarily to inflict political vengeance on Democratic Sen. Jon Tester for his role in sinking the nominee for Secretary of Veterans' Affairs earlier this year.

But the free-wheeling speech largely focused more on a laundry list of Trump's favorite rally topics during another summer campaign event in a state that went heavily for him in 2016.

Trump, who made no mention of the resignation of embattled EPA chief Scott Pruitt hours earlier, also teased his trip to Europe and the forthcoming announcement of his Supreme Court Justice next week.

Trump, in an effort to attack Tester, painted Democrats as the party of open borders and crime.

But his most extended attack was aimed at Warren, a Democrat he has long targeted for claiming that she is part Native American and derisively nicknamed "Pocahontas," after the 17th century historical figure. On Thursday, Trump mocked people who called on him to apologize for the remark and sarcastically apologized to the historic figure.

"I want to apologize. Pocahontas, I apologize to you. I apologize to you. To you I apologize," he said. "To the fake Pocahontas, I won't apologize."

He went on to suggest that, should Warren win the Democratic nomination in 2020 and they were to debate, he would toss an ancestry test to her and dare her to take it. In doing so, he made light of the #MeToo movement.

"We'll take that little kit and say, we have to do it gently because we are in the Me Too generation, and we will very gently take that kit, slowly toss it" to her, Trump said, adding that he would offer \$1 million to charity if she took the test and it "shows you are an Indian."

"I have a feeling she will say no," he added.

In a tweet following his speech, Warren said, "Hey, @realDonaldTrump: While you obsess over my genes, your Admin is conducting DNA tests on little kids because you ripped them from their

mamas & you are too incompetent to reunite them in time to meet a court order. Maybe you should focus on fixing the lives you're destroying."

Trump's comments on #MeToo come on the heels of his hiring former Fox News executive Bill Shine, who left his role after being accused of mishandling a flurry of sexual harassment allegations within the network. Earlier Thursday on Air Force One, Trump also defended Republican Rep. Jim Jordan against allegations he overlooked sexual abuse during his time as a wrestling coach at Ohio State University.

"I don't believe them at all. I believe him," Trump said.

Warren was far from the only Democrat who drew Trump's acidic rhetoric on Thursday, though. The President continued a long running fight with California Rep. Maxine Waters by slamming her intelligence.

"Democrats want anarchy. They really do. And they don't know who they are playing with, folks," Trump said. "I said it the other day, yes, she is a low IQ individual, Maxine Waters. I said it the other day. I mean, honestly she is somewhere in the mid-60s. I believe that."

Early on in the speech, Trump delivered a sweeping rebuke of Tester, arguing that while the senator tells Montana voters that he stands with the President on certain issues, he doesn't when it matters. Trump excoriated Tester for voting against the Republican health care plan, the Trump-back tax cuts, strict immigration laws and Neil Gorsuch, his first pick for the Supreme Court.

"Jon Tester says one thing when he is in Montana, but I will tell you he does the exact opposite when he goes to Washington," Trump said. "You deserve a senator who doesn't just talk like he is from Montana, you deserve a senator who actually votes like he is from Montana."

But shortly after attacking Tester, he touted his efforts to bring accountability to the Department of Veterans' Affairs and two bills that Tester helped write: the VA MISSION Act and VA Accountability and Whistleblower Protection Act.

Tester, who has run for re-election by pledging to work with Trump when needed, prepared for Trump's visit by taking out full-page ads in 14 of the state's newspapers touting the bills Trump has signed in his first 19 months in office and welcoming him to Montana.

"Welcome to Montana & thank you President Trump for supporting Jon's legislation to help veterans and first responders, hold the VA accountable, and get rid of waste, fraud and abuse in the federal government," reads the ad.

Trump seemingly ignored the outreach, telling supporters that he would rather have people who speak ill of him and vote with him than those who speak highly of him and vote against him.

Trump dedicated considerably more of his campaign rally attacking Tester than he did uplifting Matt Rosendale, his Republican opponent, and he admitted that his beef with the Democrat stems from guilt over Dr. Ronny Jackson's failed nomination to lead the Department of Veterans Affairs, not just politics.

Tester, the top Democrat on the Senate Veterans' Affairs Committee, led the charge against Jackson, the White House physician who was briefly Trump's pick to lead the embattled agency.

Tester's criticism helped lead to Jackson withdrawing his nomination over allegations of misconduct at the White House medical office, angering Trump.

Trump admitted in Great Falls, Montana that he likely traveled to the state because of the fight.

"Jon Tester said things about him that were horrible and that weren't true," Trump said. "That is probably why I am here because I won Montana by so many points, I don't have to come here."

He added: "You know, I feel guilty. I feel guilty. ... I sort of feel guilty for this whole thing."

It was clear during the speech, though, the Trump's eyes were looking even further than 2018.

When he introduced Montana Republican Sen. Steve Daines, he noted that he was up for re-election in 2020, adding to cheers that they were going to be "running together."

And in addition to his attacks on Warren, Trump slammed Vermont Sen. Bernie Sanders and former Vice President Joe Biden, all widely considered top candidates for the Democratic nomination in 2020.

But his attacks were not limited to the opposing party, either.

Trump continued to attack, without naming him, Arizona Sen. John McCain -- who is ailing with brain cancer -- for voting against Republican efforts to repeal the Affordable Care Act. The attacks continued despite recent criticism from Meghan McCain, the senator's daughter, and Senator Lindsey Graham, McCain's closest friend in the Senate.

Trump also mocked President George H.W. Bush's slogan during his rally.

"You know all of the rhetoric you see. 'Thousands points of light.' What the hell was that by the way?" Trump said in Montana.

Bush popularized the speech in his 1988 nomination acceptance speech and it was later used to name a foundation.

"Thousand points of light," he said. "What does that mean? I know one thing. Make America Great Again we understand. Putting America first we understand. Thousand points of light, I never quite got that one. What the hell is that? Has anyone ever figured that one out? It was put out by a Republican wasn't it."

Trump also commented on his upcoming trip to Europe where, among other stops, he will meet directly with Russian President Vladimir Putin. During the speech, the President slammed reporters and commentators for questioning whether he was preparing for the meeting.

"Trust me, we'll be just fine," he said. "Will I be prepared? Totally prepared. I've been preparing for this stuff my whole life."

Trump used the fact that some were questioning his preparedness to also attack the media.

"Fake news. Bad people," he said, later adding that he and Putin "might even end up having a good relationship."

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9.2 - ABC News: [Life in Trump's Cabinet: Putdowns, perks, and power](#) (6 July, Jonathan Lemire, Catherine Lucey and Zeke Miller, 24.1M uvm; New York, NY)

Commerce Secretary Wilbur Ross came in for an Oval Office tongue-lashing after he used a mundane soup can as a TV prop. Defense Secretary Jim Mattis got overruled by President Donald Trump's announcement that a new "Space Force" is in the offing. Environmental Protection Agency head Scott Pruitt finally bailed out this week, three months after his steady stream of highly publicized ethics problems brought a sharp admonition from image-conscious Trump to "knock it off."

Welcome to the Trump Cabinet, where broad opportunities to reshape the government and advance a conservative agenda come with everyday doses of presidential adulation, humiliation, perks and pestering. Sometimes all at roughly the same time.

[...]

Pruitt was far from alone in drawing scrutiny for possible ethical violations. Ryan Zinke, the interior secretary, was accused of spending tens of thousands of dollars on office renovations and private flights. David Shulkin was fired from his post as Veterans Affairs secretary amid a mutiny from his own staff after an internal review found ethics violations related to his trip to Europe with his wife last summer.

[...]

Perry has told allies that he wants to stay in his lane and build relationships on Capitol Hill while frequently turning up in the West Wing — including popping up at key events, like Pompeo's swearing-in — to get valuable face time with the president. The former Texas governor, who turned down a chance to succeed Shulkin at the VA, has taken pride in his lower profile, joking about how he doesn't get bad press like some of his colleagues.

[...]

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9.3 - KARE (NBC-11, Video): [Veterans targeted by robocalls](#) (6 July, 1.5M uvm; Minneapolis, MN)

"They call a lot," said John Fantauzzi. "I've had two of them in the last two days."

The Air Force veteran contacted KARE 11 tired of being plagued by the seemingly daily robocalls.

"They claim to be from the VA or something about VA benefits," he said while picking up his phone to play one of the voicemails left on his answering machine.

"Trying to contact you because your VA profile was flagged for two potential benefits," the caller states adding the benefits are "time sensitive."

"I was kind of concerned that this was a phishing or some kind of scam call," Fantauzzi said. "So, I called the VA and asked them to check and see if there was any issues regarding my benefits, and they told me that there was nothing in my records to indicate any issues with anything."

The Federal Communications Commission (FCC) reports consumers received more than 18 billion robocalls in 2017 and they are the number one complaint the agency receives.

What really raised red flags for Fantauzzi was the calls show up on his caller ID from a local 612 area code. However, when you try calling that number back, you get an automated message stating "we're sorry, your call can not be completed as dialed."

The local number has been faked.

It is what's known as neighbor spoofing, where the caller ID information is manipulated in ways to make it appear the call was placed locally.

"Neighbor spoofing is used by scammers to get you to pick up your phone and to potentially steal your money or personal information," FCC Chairman Ajit Pai said in a video posted to the FCC website.

In the past year, the FCC has proposed over \$200 million in fines against illegal spoofing by telemarketers, and the commission adopted new rules allowing phone companies to block calls that are likely to be fraudulent.

Under the Truth in Caller ID Act, FCC rules prohibit any person or entity from transmitting misleading or inaccurate caller ID information with the intent to defraud, cause harm, or wrongly obtain anything of value. If no harm is intended or caused, spoofing is not illegal.

There are however stricter rules for telemarketers.

FCC rules specifically require that a telemarketer:

- Transmit or display its telephone number or the telephone number on whose behalf the call is being made, and, if possible, its name or the name of the company for which it is selling products or services.
- Display a telephone number you can call during regular business hours to ask to no longer be called. This rule applies even to companies that already have an established business relationship with you.

KARE 11 wanted to know who was calling Fantauzzi from the spoofed phone number. In the voicemail they leave a toll-free number for veterans to call them back.

The first time KARE 11 Investigative Reporter A.J. Lagoe called the line and notified the person that answered they were speaking with a reporter, they hung up.

The second time Lagoe called, a woman who identified herself as Natalie with "Veterans Services" answered.

After being asked several times she stated she was located in Florida and was calling veterans like Fantauzzi to “provide orientation to veterans.” She refused to elaborate on what the orientation was for, stating that was “private information for the veterans.”

When asked who owned Veterans Services, the company she claimed to be working for, she said she didn’t know and they were “probably in Bora Bora somewhere having fun.”

When KARE 11 checked, the Florida Division of Corporations showed no active record of a company by the name ‘Veterans Services.’

The Department of Veterans Affairs sent KARE 11 an email stating “This is not a VA number nor is it affiliated with VA in any way.”

If you think you've been the victim of a spoofing scam, you can file a complaint with the FCC.

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Veterans Affairs Media Summary and News Clips

9 July 2018

1. [Top Stories](#)

1.1 - Military.com: [Why Are Vietnam Vets, Families Still Waiting for VA Caregiver Benefits?](#) (8 July, Richard Sisk, 9M uvm; San Francisco, CA)

"I just think it's very unfair, the inequity of it all. You give up so much," Donna Joyner said of the wall put up by Congress at the Department of Veterans Affairs that has separated one generation of family caregivers to disabled veterans from another.

[Hyperlink to Above](#)

1.2 - Military Times: [This week in Congress: Filling the VA's top vacancy](#) (9 July, Leo Shane III, 2.1M uvm; Springfield, VA)

The Senate Veterans' Affairs Committee is poised to advance Robert Wilkie as the next Veterans Affairs secretary this week, and the full Senate will likely follow shortly thereafter. While his confirmation seems certain — key committee leaders have already offered their support for his nomination — it's unclear whether he'll see the same unanimous support that David Shulkin received with his Senate confirmation vote in 2016.

[Hyperlink to Above](#)

1.3 - Johnson City Press: [Hidden Heroes: He fought for us. And she fought for him.](#) (8 July, Hannah Swayze, 194k uvm; Johnson City, TN)

Susan Freeman became her husband Justin's caregiver after he returned from war. He was severely injured after his truck was shattered by a 1,000-pound improvised explosive device, or IED, in 2009, though looking at him and talking to him today, you might not notice more than a limp.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Sun Herald (Video): [We all can help assure veterans get the care they earned](#) (6 July, Phil Harding, 858k uvm; Gulfport, MS)

Our nation owes its veterans an enormous debt for the sacrifices they've made on our behalf. A significant part of that obligation is ensuring they have access to the health care they have earned and were promised. Too often, the Department of Veterans Affairs has failed to deliver on that promise. The failures of the VA are well-documented, from mismanagement to incompetence to outright scandal.

[Hyperlink to Above](#)

2.2 - Daily Hampshire Gazette: [VA doctor gets grant to improve community relationships](#) (8 July, Emily Cutts, 189k uvm; Northampton, MA)

A Veterans Affairs Central Western Massachusetts Healthcare System doctor has received a \$1.1 million research grant aimed at improving the relationship between the VA and outside health care providers in order to better serve veterans.

[Hyperlink to Above](#)

2.3 - KTVX (ABC-4, Video): [Recognizing and honoring our veterans in the state of Utah](#) (8 July, Glen Mills, 156k uvm; Salt Lake City, UT)

He also talks about some of the programs available to veterans including the Choice Program. "The Choice Program was going to run out of funding and the Trump Administration passed the Mission Act which actually gives more funding for the Choice Program. It helps when people can get the service at the VA medical centers and establish partnerships in the community so the veterans can go out and get the healthcare that they need," said Pearson.

[Hyperlink to Above](#)

3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - The News-Review: [Volunteer opportunities for July](#) (9 July, Ada Duncan, 160k uvm; Roseburg, OR)

While we've been celebrating our nation's birth, some of our friends and neighbors may not have been so lucky. Perhaps some are terminally ill or near death. A friendly visit from a hospice volunteer can bring them a bit of comfort and even a moment of joy in those circumstances. It doesn't take much effort, just compassion, a big heart and a willingness to serve.

[Hyperlink to Above](#)

4.2 - The Joplin Globe: [VA to hold town hall for veterans affected by 'impaired' pathologist](#) (9 July, Tyler Wornell, 76k uvm; Joplin, MO)

The U.S. Department of Veterans Affairs will hold a town hall meeting at the Veterans Health Care System of the Ozarks hospital on Monday to provide an update on a pathologist who apparently misdiagnosed some patients.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Newsday: [LI State Veterans Home in Stony Brook seeing more residents who fought in Vietnam War](#) (8 July, Martin C. Evans, 3.2M uvm; Melville, NY)

James Brown worked as a heavy equipment operator for the Town of Babylon until he was 65, when retirement made way for days on the fairway as often as three times a week. The self-described "scratch-plus-plus golfer" said he never thought that just six years later, while many of his contemporaries are still shanking tee shots into the woods or water skiing with their children, that he would be passing his days in a nursing home.

[Hyperlink to Above](#)

5.2 - Civilized (Video): ['Our Veterans Deserve Better,' Congressperson Calls On VA To Allow Medical Marijuana Research](#) (8 July, Calvin Hughes, 5k uvd)

As cannabis remains illegal federally, agencies like Veterans Affairs have little ability to provide medical marijuana to vets, but California Democrat Lou Correa is hoping to change.

Congressman Correa has introduced legislation that would make it clear that VA can legally perform cannabis research and decide for itself what would be help veterans in need.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Centre Daily Times: [How area veterans can get help to avoid homelessness](#) (9 July, Miranda Chilcot, 856k uvm; State College, PA)

The Veterans Multi-Service Center's Supportive Services for Veteran Families program provides comprehensive supportive services to very low-income veterans and their families who are at risk of or are experiencing homelessness. Since our inception about 3 ½ years ago, our committed staff that includes veterans themselves, has been helping veterans in central Pennsylvania.

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7.2 - KDVR (FOX-31, Video): [Thanks to art donation, veterans raise money to help others find work](#) (7 July, 662k uvm; Denver, CO)

The Cherry Creek Arts Festival is one of the biggest outdoor events in the Mile High City every year. It draws about 350,000 people and features the work of more than 250 artists. This year, that includes a sculpture of the 16th president of the United States, simply called "Lincoln," that stands tall outside Paul Zueger's Masters Gallery off 3rd Street.

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7.3 - Journal-News: [Country music star visits local veterans](#) (8 July, 448k uvm; Lebanon, OH)

Veterans at the Martinsburg VA Medical Center were surprised by a visit from U.S. Army Veteran and country music star Craig Morgan Thursday — the day after Independence Day. Craig Morgan was recently awarded the U.S. Army's Outstanding Civilian Service Medal for his dedication to entertaining troops and their families with the USO.

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7.4 - The Tuscaloosa News: [Lend a Hand: Alabama Veterans Reunion details announced](#) (9 July, 317k uvm; Tuscaloosa, AL)

Tuscaloosa Tourism & Sports has announced details for the fifth annual Alabama Veterans Reunion. This year's event will be held from 2-6 p.m. Aug. 18 at the Tuscaloosa Veterans Affairs Medical Center, 3701 Loop Road.

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7.5 - York Dispatch (Video): [Editorial: Demand strict oversight for recovery homes](#) (8 July, 77k uvm; York, PA)

Local veterans struggling with addiction soon will have the opportunity to share a recovery home with others who have served their country. Like York County's specialized Veterans Treatment

Court and a new veterans-only housing unit at the county prison, the premise behind the new recovery option is that veterans police each other — and they engage in self-correcting behavior when they're around each other.

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7.6 - KNBN (NBC-21): [Organizations support veterans over game of golf](#) (9 July, Brant Beckman, 22k uvm; Rapid City, SD)
Community members hit the links to show veterans they're not alone. The Knights of Columbus joined the Sergeant Colton Levi Derr Foundation to help soldiers struggling with PTSD during their Fourth Annual KOC Golf Tournament at Prairie Ridge Golf Course on Sunday.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - Military Times: [This week in Congress: Filling the VA's top vacancy](#) (9 July, Leo Shane III, 2.1M uvm; Springfield, VA)
The Senate Veterans' Affairs Committee is poised to advance Robert Wilkie as the next Veterans Affairs secretary this week, and the full Senate will likely follow shortly thereafter. While his confirmation seems certain — key committee leaders have already offered their support for his nomination — it's unclear whether he'll see the same unanimous support that David Shulkin received with his Senate confirmation vote in 2016.

[Hyperlink to Above](#)

9. [Other](#)

9.1 - Snopes: [Does Trump Donate All of His Presidential Salary, While Obama Donated None?](#) (9 July, 10.8M uvm; Los Angeles, CA)
CLAIM: Donald Trump donates his entire presidential salary and Melania Trump has a White House staff of only four, while President Obama donated nothing and First Lady Michelle Obama had a staff of 23. RATING: MIXTURE.

[Hyperlink to Above](#)

9.2 - Observer-Dispatch: [Letters to the Editor: Tenney a protector of our veterans](#) (9 July, Melven E. Derr, 305k uvm; Utica, NY)
It is no secret that Claudia Tenney has a soft spot in her heart for veterans. Veterans are the backbone of our nation, having risked their lives to protect the freedoms that Americans enjoy every day.

[Hyperlink to Above](#)

9.3 - WAND (NBC-17): [Decatur mourns loss of beloved community member](#) (8 July, 68k uvm; Decatur, IL)
David Freyling passed away July 7 at home with his wife, Jeannine and his dog, Sir Thomas. David has been an active member in the Decatur community for countless years. After serving

in military during the Korean War from 1956 to 1957, then again in Germany from 1960 to 1963, David devoted himself to helping the veterans in the central Illinois community.

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1. [Top Stories](#)

1.1 - **Military.com:** [Why Are Vietnam Vets, Families Still Waiting for VA Caregiver Benefits?](#) (8 July, Richard Sisk, 9M uvm; San Francisco, CA)

"I just think it's very unfair, the inequity of it all. You give up so much," Donna Joyner said of the wall put up by Congress at the Department of Veterans Affairs that has separated one generation of family caregivers to disabled veterans from another.

Joyner, the wife and caregiver to her husband, triple amputee Vietnam veteran Dennis Joyner, has been among the thousands who are ineligible for training and modest stipends under the VA Comprehensive Assistance for Family Caregivers program that was limited to post-9/11 veterans by a law passed in 2010.

On June 6, President Donald Trump signed the VA Maintaining Systems and Strengthening Integrated Outside Networks Act, or VA Mission Act, which was primarily aimed at expanding private health care options through the VA.

As part of the Mission Act, the caregivers program was expanded to eliminate the 9/11 limitation in stages and eventually extend the benefit to veterans of all eras.

The first expansion would go to caregivers of veterans who suffered severe, service-connected wounds or injuries before May 1975, when the Vietnam War ended for the U.S.

At the White House Rose Garden signing ceremony, Trump said, "There's never been anything like this in the history of the VA."

"It's a no-brainer," former Marine Gunnery Sgt. Brian T. Meyer, who was wounded in 2011 and currently receives about \$2,700 monthly in caregiver assistance, said of the expansion.

"Just look at the Vietnam veterans, the way they were treated. There's a lot of guilt there," said Meyer, who lost his right leg above the knee and the thumb, index finger and middle finger of his right hand to an improvised explosive device in Afghanistan.

A Personal Issue

At his June 27 confirmation hearing to become the next VA secretary, Robert Wilkie, 55, of North Carolina, suggested that ensuring caregivers' needs are met is personal for him.

"My own life changed when my father returned from his second combat tour in Vietnam," said Wilkie, who had been undersecretary of defense for personnel and readiness when he was moved over in March to become acting secretary of the VA after the firing of Dr. David Shulkin.

"I was seven when we received a message that he had been terribly wounded," Wilkie said in his prepared statement. "When he came home after a year in military hospitals, he weighed less than half of what he did when he left us. I watched his agonizing recovery, and that experience was on my mind when I was asked to come to the VA."

Wilkie's father, retired Army Lt. Col. Robert Leon Wilkie Sr., died last year. His decorations included three Purple Hearts, four Bronze Stars (one with a "V" device for valor in combat), four Air Medals, the Distinguished Flying Cross, the senior Parachutist Badge and the Ranger tab.

Wilkie, whose nomination is expected to be confirmed by the full Senate later this month, will preside over the expansion of a caregivers program that has a troubled past and continuing problems with eligibility and oversight.

The problems with the existing program, and major concerns with the VA's ability to fund and administer an expansion, were spelled out before the new bill was passed by one of its most ardent supporters, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee.

"There has been miscommunication, confusion, and frustration from veterans, caregivers, and VA employees alike concerning practically every aspect of this program -- from eligibility determinations to clinical appeals to revocations and more," Roe said, in a statement published by the American Legion.

"To the department's credit, they are well aware of those issues and have taken steps in the last year to address them," he continued. "I support expanding the Family Caregiver Program to pre-9/11 veterans, but I believe that before doing so we must ensure the program is working as intended."

However, "no veteran and no caregiver from any generation is well-served by having access in name only to a program that has the deficits this one does and is as ill-prepared as this one is to accept a sudden influx of new beneficiaries with complex, widely different caregiving needs from those veterans the program is currently serving," Roe said.

Despite his misgivings, Roe joined with Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, in marshaling support for a new version of the VA Mission Act that had failed in the previous Congress.

By a vote of 345-70 in the House, and 92-5 in the Senate, the bill with the caregivers program expansion included passed in May.

First Hurdle: Funding

Putting the bill into effect will be the task of Meg Kabat, a licensed social worker with a degree in psychology and a masters in social work from Catholic University. She began working in the VA's Caregiver Support Program in 2011 and became national director in 2016.

The first challenge for expanding the program is funding. Right now, there isn't any. The cost estimate on the Senate side is about \$55 billion for the entire VA Mission Act over five years, but Senate appropriators and the White House are locked in a dispute over how to pay for it.

"I think that is a true statement -- that there is no funding to do this particular expansion" of the caregiver program, Kabat told Military.com in a phone interview. "That's going to be a challenge for us over the next several months, to really work with Congress and identify where that money is going to come from."

The cost estimates for the expanded program "are still somewhat fluid," she said, but "at this point, we anticipate the cost to be about \$3 billion annually" when the program is fully in place in four years.

Currently, about 21,000 veterans and their caregivers are in the program. Kabat expects that number to rise to about 24,000 by the end of this fiscal year. The first stage of the expansion, to include veterans disabled before May 1975, is anticipated to take about two years, she said.

The second stage to expand caregiver benefits to veterans of all eras will take another two years, Kabat said.

When the program is fully implemented, the caregiver program will serve about 150,000 veterans and their families, she added.

The Tortured History of Caregiver Programs

Failed efforts by the government to provide assistance to caregivers, both civilian and military, trace back to the unsuccessful advocacy of first lady Eleanor Roosevelt in the 1930s.

One of the arguments in favor of caregiver assistance has always been that it is a cost-saver, enabling the severely disabled to remain at home rather than relying on more expensive hospital or nursing home care, but the budget hawks have held sway.

At the end of President Bill Clinton's second term, first lady Hillary Clinton tried again by advocating for a \$6.7 billion bill to give tax credits and long-term-care insurance to caregivers.

"Everyone knows that there is not a substitute for families being able to care for their loved ones," Hillary Clinton said at the time. "But we sometimes forget that caregivers also need care. They too carry an enormous burden."

The proposed legislation went nowhere.

For years, the major veterans service organizations (VSOs) pressed for caregivers assistance, and they finally gained traction with the support of first lady Michelle Obama, who made caregivers part of her "Joining Forces" initiative for the military with Jill Biden, wife of then-Vice President Joe Biden.

"These are men, women and children who will do anything for their loved ones," Mrs. Obama said of the caregivers. "Spouses who put their lives and careers on hold; moms and dads who spring into action; children who put on a brave face."

On May 5, 2010, President Barack Obama signed the Caregivers and Veterans Omnibus Health Services Act directing the VA to begin the program for post-9/11 veterans and their caregivers.

Standing with Michelle Obama behind the president was Ted Wade, 32, who lost his right arm and sustained a traumatic brain injury in a roadside bombing in Iraq in 2004 while serving with the 82nd Airborne Division.

Wade grasped the hand of his wife, Sarah, a tireless advocate for her husband and all veterans and their caregivers at countless congressional hearings and conferences.

"These caregivers put their own lives on hold, their own careers and dreams aside, to care for a loved one. They do it every day around the clock," Obama said. "As Sarah can tell you, it's hard physically and it's hard emotionally. It's certainly hard financially."

'A Really Scary Irony'

It stayed hard for Sarah and Ted Wade. They were initially ruled ineligible for the program.

Sarah Wade told Stars and Stripes, "I stood next to the president when he signed this bill. He gave me a kiss afterward. For us not to qualify for the benefits now, it's a really scary irony.

"The VA can't offer me any more support now than they could in November 2004, when my husband left the hospital. For once, I had it in my head that this year would be different. Now it might be another year before we see anything. And my initial thought was, 'I don't know if I can make it another year,' " she said.

The Wades' experience was typical as the VA struggled to define the eligibility rules and set up a training program for the caregivers as required by the bill. The deadline for putting the program into effect was January 2011, but the department blew the deadline by six months.

The training program was eventually contracted out to Easter Seals, and the first stipend checks to caregivers did not go out until July 2011.

Then-VA Secretary Eric Shinseki apologized for the bureaucratic delays, saying, "This is a long-awaited day for many family caregivers" as he sent out the first checks.

"I am proud VA can now offer direct support to the loved ones who give the veterans we serve a greater quality of life by allowing them to remain at home surrounded by family and friends," he said.

Shinseki's vote of confidence was premature. At a hearing of the House Veterans Affairs Health Subcommittee later in 2011, caregivers praised the intents and goals of the program while pointing to their frustration at its implementation.

Debbie Schulz, of Friendswood, Texas, described at the hearing her surreal experience in applying for the program. After listening to her account, the panel of lawmakers and VA officials agreed that it was advisable for VA "care support coordinators" to know the difference between a severely wounded veteran and his mother before going on a home inspection.

Schulz said a clueless VA "care support coordinator" came to her house outside Houston for the inspection, knowing nothing of the family's medical history, and asked if she was the wounded veteran.

"I was like, 'Noooo,' " Schulz said. The veteran was her son, Marine Lance Cpl. Steven K. Schulz, who was 20 years old and on his second tour in Iraq when he suffered a traumatic brain injury and lost sight in his right eye in the 2005 Battle of Fallujah.

The care coordinator "clearly had not read any medical records pertaining to this home visit," Schulz told the subcommittee. "This kind of inept assessing did not inspire confidence."

Crystal Nicely, wife of quadruple amputee Marine Cpl. Todd Nicely, told a later hearing of the Senate Veterans Affairs Committee that she had trouble applying to the program and getting the stipend checks after she did.

"I have gotten hardly any information on how to participate. There has been a similar lack of information about a variety of VA and other benefits," she said.

The benefits that did come were sometimes cut off without explanation, Nicely added.

"Periodically, the stipends stop. I do not know why this occurs, especially as it is difficult to get a clear and definitive answer, but we need help," she said.

The VA estimates that about 90 percent of the caregivers in the program are wives and mothers. Currently, the monthly stipends are broken down into three tiers, depending on the severity of the veteran's disability, the amount of time devoted to caregiving, and the area in which the veteran lives, Kabat said.

On average, the monthly stipend is about \$690 for Tier One; about \$1,600 for Tier Two; and about \$2,700 for Tier Three, she said.

Kabat said the VA is required to report to Congress by Sept. 4 on the planning for the first stage of the expansion.

In October, the VA will begin work on the information technology (IT) systems required for the expansion, and new applications for the caregiver program are expected to begin in early 2020, she added.

Vietnam Vets, Caregivers Finally Catch a Break

"I love him, so it never seemed like work to me," Jean Sursely said of her caregiver support for her husband, Jim. "[But] you can always use a little financial help."

"It will be a help to us," she said of the expansion of caregiver benefits to Vietnam-era veterans.

"It would be nice to do certain things Jim would need," she said, but she is more concerned about those "who are in a worse position than us. It would be a wonderful thing to help them out."

"I couldn't do it without her," Jim Sursely said of Jean. "I couldn't survive day in and day out without her help. "There's a lot of things around the house that you just can't get done, no matter how well you try to adapt the house to the wheelchair. And just trying to get dressed -- try doing that with one arm."

Sursely was a staff sergeant with F Troop, 17th Armored Cavalry, 19th Light Infantry Brigade of the Americal Division when his unit set up south of Danang on Jan. 11, 1969. He was about 45 days away from the end of his tour.

He was checking the perimeter when he tripped a mine. He lost both legs and his left arm below the elbow.

After his discharge, Sursely earned a business administration degree from Seminole University of Central Florida and a real estate license in 1978. He worked in real estate for 40 years.

Sursely also was active with the Disabled American Veterans (DAV). He was national commander in 2004-2005, and lobbied aggressively and unsuccessfully for inclusion of veterans of all eras in the original caregivers act that was limited to post-9/11 veterans.

"We had to let the bill go through with the promise that it would be expanded within a short period of time," he said. "Well, we all know how that works. A lot of vets have fallen by the wayside since then.

"It bothered me tremendously at the time," Sursely said, but added it would have been worse if they had held the line and ended up with nothing.

"We have never stopped trying. Every year, we push for caregiver expansion, but I feel bad about the people who've been waiting these past eight years."

The expansion comes too late for Delphine Metcalf-Foster, the current national commander of the DAV and a retired Army first sergeant. She told the DAV's national convention earlier this year, "It is unthinkable that an arbitrary date defines whose service is more deserving of life-changing benefits in the eyes of the law."

She spoke of her late husband, Jimmy, also a veteran, and his struggle with dementia and Alzheimer's.

"We had a wonderful life and made it through tough times," she said. "We did the best we could with limited resources while his needs continued to grow more expensive. It broke my heart to move him into a long-care setting. I can't begin to tell you how valuable it would have been to me" to have caregiver benefits. "It also would have been what he wanted."

Joyner, the triple amputee, said he would likely be unable to remain at home if not for wife Donna.

"Yeah, I can do things, but you need someone around. If it hadn't been for her, I'd probably have to go to the nursing home," he said. "She has to do a lot of things around the house I just physically can't do. She's accepted me as the man that I am. She's never known me when I wasn't missing three limbs."

Joyner was drafted into the Army and was serving with the 9th Infantry when he tripped a mine on June 20, 1969. He lost both legs and his right arm. After his discharge, Joyner, originally from Apollo, Pennsylvania, earned a degree from Robert Morris University in Pittsburgh.

He later worked in juvenile justice for the Westmoreland County, Pennsylvania, probation office.

"We're different; we're unique in our physical needs," Joyner said of himself and other severely disabled veterans, and their need for caregivers. "How do you get showered? What can you reach, what can't you reach? When you want to go somewhere, it takes a lot of planning ahead."

As a post-9/11 veteran, Meyer, 36, of Fallbrook, California, north of San Diego, receives about \$2,700 monthly in caregiver benefits, but he can take exception to how it is administered.

Meyer, the former gunnery sergeant, had more than 12 years in the Marines and was serving as an Explosive Ordnance Demolition specialist with the 1st EOD Company in support of Third Battalion, Fifth Marines, when he lost his right leg above the knee and three fingers on his right hand while trying to defuse an improvised explosive device.

The incident occurred on March 14, 2011, in the Sangin area of Afghanistan's southwestern Helmand province. "It is what it is. I knew what I was getting myself into," he said.

Meyer is an advocate for the Semper Fi Fund, which provides resources to post-9/11 veterans wounded in combat. He also is an avid hunter and has learned to shoot left-handed.

Meyer said he can get annoyed when care coordinators occasionally visit and ask the questions required by law, such as "Do you have firearms in the house?"

He said he responds: "I'm not going to lie to you. I'm just not going to answer your question."

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1.3 - Johnson City Press: [Hidden Heroes: He fought for us. And she fought for him.](#) (8 July, Hannah Swayze, 194k uvm; Johnson City, TN)

Editor's note: This article is the third in a series dedicated to highlighting caregivers and the veterans they serve. Look for more in upcoming editions of the Johnson City Press.

Susan Freeman became her husband Justin's caregiver after he returned from war. He was severely injured after his truck was shattered by a 1,000-pound improvised explosive device, or IED, in 2009, though looking at him and talking to him today, you might not notice more than a limp.

Justin, a U.S. Army veteran, said it was the largest successfully detonated IED that had been used in Afghanistan at that point in the war.

The explosion left Justin severely injured. He suffered damage to his brain and spinal cord and various other places throughout his body. It wasn't until after he painfully finished out his deployment and returned to the United States that he and his family realized just how much damage had been done.

"When he walked off the plane I could see that he was just broken," said Susan. "He was broken mentally and physically and spiritually broken."

When Justin returned, he was put in rehabilitation, going to appointment after appointment. It wasn't long before Susan realized that he wasn't really getting better.

Justin was grieving the loss of his career in the Army and struggling both physically and mentally. His injuries were numerous: nerve damage in his shoulder, Post Traumatic Stress Disorder and more. His mental health plummeted.

"One of the most difficult things for us to talk about is really how I became his caregiver because I was basically trying to keep him alive because the shell of the person that came home didn't want to live any longer," she said.

Susan realized that to get Justin the care that he needed, she was going to have to advocate for him. She would have to be his voice.

"He was broken and he had given everything that he was for this country, so this was unacceptable to me," Susan said.

She took all of her data, everything she knew and what she wanted to do and put it into a Powerpoint presentation — and it worked.

"Basically the Army put me in charge — a civilian — of keeping him alive," she said.

She began the year-long process of getting him medically retired. She focused immediately on his mental health, dealing with his grief and the trauma of what happened.

Soon, Susan also realized, they had to move. The family was living in Fort Bragg at the time, and there, military life was unescapable. They decided to look for another place to live and they heard about the Mountain Home Veterans Affairs Healthcare System.

"Once we came here it was like the Disney World of VAs," said Susan.

Susan says their lives look a lot different now.

They continue to find injuries today that they didn't know about, but they've learned to manage their lives better. They're better at managing Justin's PTSD, they've found the Caregiver program, which helps Susan as well, and found people to help them when they need it.

They're also kept busy with their three children, two boys and a girl, who are 14, 9 and 4.

"They are Justin's biggest fans because they identify that he's a hero," Susan said.

She still manages Justin's care. Now, he takes a more holistic approach to his medical care. He takes no painkillers and uses acupuncture. They've also developed an unusual sense of humor to get through it all.

With the help of the Caregivers program, Susan says she has been able to focus on herself a little more. She uses her networking skills to help other veterans and caregivers by passing on her knowledge of the Veterans Affairs system and other programs and benefits that are available to veterans.

"Hopefully through our story, if there's somebody out there who is struggling in any way that they will really understand and identify with the fact that sometimes, you fight and you fight for so long that you need someone to help you, and that asking for help is more than OK," she said.

"That it's really the best thing you can do for yourself and the people that love you. And you may not even realize how many people do love you."

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2. Greater Choice for Veterans

2.1 - Sun Herald (Video): [We all can help assure veterans get the care they earned](#) (6 July, Phil Harding, 858k uvm; Gulfport, MS)

Our nation owes its veterans an enormous debt for the sacrifices they've made on our behalf. A significant part of that obligation is ensuring they have access to the health care they have earned and were promised.

Too often, the Department of Veterans Affairs has failed to deliver on that promise. The failures of the VA are well-documented, from mismanagement to incompetence to outright scandal.

After years of futile efforts to overhaul the VA, the bipartisan VA MISSION Act promises real change. Signed into law on June 6, D-Day, the new law promises a solid step forward in keeping faith with veterans by reforming the VA and improving access to health care.

One of the most important provisions of the law is that it fixes problems with the current Veterans Choice Program in a way that will allow more veterans the option to seek care in their communities.

Veterans made a choice to serve the nation. They chose to fight for our freedom and security in places like North Africa, Europe and the Pacific; then later Korea and Vietnam; today in Afghanistan and the Middle East, and in many other places unknown or forgotten by most Americans. But while their fellow Americans may not know or remember, our veterans do. They still carry the memories and too often the scars — physical and mental — of these places and their service there. When they return home, it is vital that they have access to the necessary care and resources.

The difficulty veterans have obtaining appointments at the VA, the frequent unavailability of specialized care, and the long wait times for appointments are intolerable. Tragically, many veterans have died or suffered adverse medical consequences as a result of delayed care. We have a sacred responsibility to these men and women. With the MISSION Act, we have an opportunity to correct this breach of faith.

The law provides better clarity over referral and eligibility standards for veterans seeking care outside the VA system. It also gives the VA the tools to coordinate that care seamlessly, by speeding reimbursements for community-based providers and improving record and information sharing for better coordination of care.

While the legislation provides funding for the continuation of the Veterans Choice Program over the next year before it is replaced with the new community care program, additional funding will be needed. The VA, whose budget has doubled over the past decade, should work to identify savings to offset the cost of implementing the legislation.

The work did not end when President Donald Trump signed the bill into law. Lawmakers, veterans and other stakeholders will be responsible for speaking up to ensure the spirit of the legislation is reflected in the implementation process. Clear and concise access standards need

to be adopted. The VA needs to meet deadlines and educate veterans and community providers on the changes.

Passing good legislation is not enough. We must continue to engage and provide oversight of the work the VA is doing so veterans who want to access health care in their local communities are given that choice.

Phil Harding of Biloxi is the Mississippi grassroots director of Americans for Prosperity. He is a retired Air Force colonel and a veteran of Iraq.

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2.2 - Daily Hampshire Gazette: [VA doctor gets grant to improve community relationships](#) (8 July, Emily Cutts, 189k uvm; Northampton, MA)

LEEDS — A Veterans Affairs Central Western Massachusetts Healthcare System doctor has received a \$1.1 million research grant aimed at improving the relationship between the VA and outside health care providers in order to better serve veterans.

Kristin Mattocks, the VA's associate chief of staff for research and education in Leeds, will lead the research effort to look at the partnership between community health providers and the VA to provide veterans with care not offered at their local VA's. The grant is one of three from VA Health Services Research and Development to examine provider networks under the Veterans Choice Program.

"What we are hoping with this grant is that veterans will be able to go into the community and get care in a much more seamless way," Mattocks said.

Part of that improvement in care will include making sure veterans' information is available to community providers so their treatment can be what it should be as well as improving communication between the health care providers, Mattocks explained.

"The VA has pretty much always, with a few exceptions, provided all of the care within the VA, but in 2014 there was some legislation passed called the Veterans Choice Act," Mattocks explained. "The problem with that is that the VA knew very little about those (outside) providers and the other problem is that there weren't enough community providers who had signed up under Veterans Choice Program."

The Veterans Choice Program began with bipartisan support following scandals about manipulated wait times at Veterans Affairs centers nationwide. The program allows veterans to receive care from medical providers and facilities outside of the VA while still having the care paid for by the VA. Veterans are able to use the choice program if they need an appointment for a specific type of care not provided by the VA or if it is unable to provide it in a timely manner or if the nearest VA medical facility is too far away or too difficult to get to.

Since its implementation, the program has faced issues with not having enough outside providers to meet the need, communication issues between the VA as well as veterans being billed for care that is covered by the program.

The three-year grant will be used to look at network adequacy — making sure there are enough health care providers in communities to meet the needs of veterans. Researchers will also use the grant to explore the relationships the VA has with community providers.

“I think that what we anticipate is for the VA to develop more sophisticated care coordinated programs. We don’t want veterans to go out and get care in the community without knowing that the VA is coordinating that care,” Mattocks said. “There has been basically no research done that looks at this interplay between VA and community providers. We hope to develop a best practices — how we can work with facilities across the country to improve those providers.”

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2.3 - KTVX (ABC-4, Video): [Recognizing and honoring our veterans in the state of Utah](#) (8 July, Glen Mills, 156k uvm; Salt Lake City, UT)

With another 4th of July now officially on the books there's no better time to celebrate our great country and to remember those who put it all on the line to make it what it is today.

Cory Pearson with Utah Department of Veterans and Military Affairs stops by Inside Utah Politics to speak about some upcoming projects, which includes a huge Vietnam memorial set to be unveiled on July 14, 2018.

"This Saturday there's going to be a ribbon cutting for a replica fo the Vietnam Wall. It's actually going to be two thirds the size of the wall that's in Washington D.C.," said Pearson.

Pearson says that it's important to give veterans the recognition that they deserve.

"It's an honor just to see the recognition that everyone across the state of Utah is doing for our Vietnam veterans is really special," Pearson said.

He also talks about some of the programs available to veterans including the Choice Program.

"The Choice Program was going to run out of funding and the Trump Administration passed the Mission Act which actually gives more funding for the Choice Program. It helps when people can get the service at the VA medical centers and establish partnerships in the community so the veterans can go out and get the healthcare that they need," said Pearson.

He also talks about the first time homebuyer tax credit as well as some of the other services available to veterans in the state.

For more information on the Utah Department of Veterans and Military Affairs, you can visit their website by clicking here.

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3. [Modernize Our System](#)

4. Focus Resources More Efficiently

4.1 - The News-Review: Volunteer opportunities for July (9 July, Ada Duncan, 160k uvm; Roseburg, OR)

While we've been celebrating our nation's birth, some of our friends and neighbors may not have been so lucky. Perhaps some are terminally ill or near death. A friendly visit from a hospice volunteer can bring them a bit of comfort and even a moment of joy in those circumstances. It doesn't take much effort, just compassion, a big heart and a willingness to serve.

For those who want to answer this call, training sessions have been scheduled at both the Roseburg VA Medical Center and Mercy Hospital's hospice program.

VA hospice volunteer training is on campus Sept. 18 to 19 and 25 to 26 from 8:30 a.m. to 12:30 p.m. Requirements include Voluntary Services orientation; good physical, mental and emotional health; and two positive references. Applicants must not be currently grieving over a family loss in the last 12 months. Please contact the VA at 541-440-1000, ext. 45311, for more details.

Mercy Hospice training is every Tuesday at 1 p.m. from Sept. 11 to Nov. 6 in the conference room of the hospice office at 2675 Edenbower Blvd., Roseburg. Volunteer hours are flexible and include one-on-one home visits with the patient. Please call 541-464-5462 for requirements and other details.

If this is not your calling, check out the following opportunities:

[...]

Ada Duncan is a volunteer coordinator for Douglas County.

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4.2 - The Joplin Globe: VA to hold town hall for veterans affected by 'impaired' pathologist (9 July, Tyler Wornell, 76k uvm; Joplin, MO)

FAYETTEVILLE, Ark. — The U.S. Department of Veterans Affairs will hold a town hall meeting at the Veterans Health Care System of the Ozarks hospital on Monday to provide an update on a pathologist who apparently misdiagnosed some patients.

The town hall comes three weeks after the VA announced that veterans in Northwest Arkansas and all of the Four-State Area could have been affected by a pathologist at the hospital who was working while impaired, resulting in misdiagnoses.

"The town hall is being held with the goal of ensuring veterans, their families and beneficiaries are provided with the most current information and have their concerns addressed by senior VHSA officials," the hospital said in a news release. "VHSA will also be joined by representatives from the Veterans Benefits Administration to help answer any related benefits questions veterans may have."

The VA announced June 18 it was conducting a second review of more than 30,000 cases in which the pathologist had a role. An initial review of 911 cases found seven misdiagnoses. The department said the full review will take months to complete.

The Globe previously reported that approximately 2,300 veterans in Southwest Missouri are affected by the case review. Data provided by the VA shows more than 43,000 veterans in 10 Southwest Missouri counties receive care from the Veterans Health Care System of the Ozarks, which includes clinics in Mount Vernon and Branson. New clinics are being built in Joplin and Springfield.

After receiving reports of the impairment, the hospital said it removed the pathologist from clinical care in October while it conducted an investigation and then fired him in April.

It was the second time he had been found impaired on the job. The first time was in March 2016, when he was removed from clinical care and placed in an impaired physician program. He completed the program and went back into clinical care in October of that year.

This is just one of the latest problems for the oft-troubled VA.

The Associated Press reported Friday that VA facilities in Ohio lost track of more than \$1 million in medical equipment over the past three years. Items lost included an iPad, a \$28,000 bedside monitor and a \$12,000 stretcher.

The Boston Globe reported in June that patients at more than two-thirds of VA nursing homes were more likely to have bed sores and pains than patients in private facilities. The data came from internal documents that had been kept secret by the VA, the Boston Globe reported in its investigation with USA Today.

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5. Improve Timeliness of Service

5.1 - Newsday: LI State Veterans Home in Stony Brook seeing more residents who fought in Vietnam War (8 July, Martin C. Evans, 3.2M uvm; Melville, NY)

James Brown worked as a heavy equipment operator for the Town of Babylon until he was 65, when retirement made way for days on the fairway as often as three times a week.

The self-described “scratch-plus-plus golfer” said he never thought that just six years later, while many of his contemporaries are still shanking tee shots into the woods or water skiing with their children, that he would be passing his days in a nursing home.

“I got shot at in Vietnam but never got hurt,” said Brown, 71, who had both legs amputated below the knee in the past three years after a blackened left pinky toe tipped doctors off to gangrene brought on by diabetes. “Now this. I never put two and two together and realized it was Vietnam,” added Brown, who as a 21-year-old soldier slogged through the Mekong Delta as a member of C Company, 6th Battalion, 31st Infantry, 9th Infantry Division.

Now, because of what Brown describes as his poor health, the former Wyandanch fire chief has lived for just more than a year at the Long Island State Veterans Home in Stony Brook.

For years, the 350-bed medical and rehabilitation center was home to mostly World War II and Korean War veterans in the last years of life. Today, Vietnam veterans make up more than a quarter of the residents at the facility, which typically operates at capacity, said the nursing home's director, Fred Sganga.

Many of the 2.7 million veterans of that conflict, including a few who are still in their 60s, are battling health problems usually associated with men a decade or more older, including Parkinson's disease and various other neuropathies. In an area of the nursing home devoted to about 100 patients with Alzheimer's and dementia, 19 of them served during the Vietnam era.

Veterans advocates said a combination of health-related factors has resulted in Vietnam War soldiers getting sick and showing up at nursing homes well before their time.

Sganga has worked at the Veterans Home since 2001 and said that in that time "the average age of admission was 85 to 88. With the influx of Vietnam veterans, we've seen the age at admission reduced by almost 15 years."

Several studies have linked combat experiences with the advance of geriatric maladies. Veterans who served in Vietnam may have been exposed to an array of occupational poisons, according to the Department of Veterans Affairs, including a class of dioxane-tainted herbicides known as Agent Orange. Twenty million gallons of the herbicides were sprayed over Vietnam during the war, which studies have linked to increased diabetes, heart disease, various cancers and other health maladies. Asbestos that was used to insulate older ships, and lead dust from firing guns are among other threatening toxins acknowledged by the VA.

"The Agent Orange caught up with me so bad, I couldn't walk from here to there [about 20 feet] without being out of breath," said Albert Anderson, 72, of Ronkonkoma, who has been at the Veterans Home for nearly 18 months with a multitude of health issues, including pulmonary hypertension and congestive heart failure.

Anderson, a former special-forces soldier who served two tours in Vietnam that ended in 1968, and who later worked as a Nesconset emergency medical technician, is now wheelchair-bound.

"I feel angry and cheated," he said.

Veterans who experience moderate to severe traumatic brain injury are nearly four times as likely to develop dementia than the general population, according to a joint study by the University of San Francisco and the Department of Veterans Affairs. A separate study done by the two linked military concussions and higher rates of Parkinson's disease.

And the National Vietnam Veterans' Readjustment Study, conducted in the 1980s, found that more than a third of Vietnam veterans with high levels of war-zone exposure had significantly higher rates of post traumatic stress disorder, or PTSD, which has also been linked with dementia and other cognitive declines associated with old age.

A 1997 study of 1,399 Vietnam veterans showed that soldiers who developed PTSD after heavy combat were as much as 150 percent more likely to have circulatory, digestive,

musculoskeletal, respiratory, infectious and other serious disease 20 years after their military service.

"Neuromuscular issues are the big ones," Sganga said. "And also the various cancers."

Soldiers of all wars, Vietnam included, routinely encounter situations that can lead to obvious brain injury, including blunt-force injuries, whiplash from traumatic falls or vehicle accidents, or gunshot wounds. And soldiers who fire mortars and other weapons can themselves be harmed by the intense shock waves those weapons produce, which pass invisibly through a victim's body but slam the brain against the skull.

Veterans advocates say a combination of factors has resulted in Vietnam War soldiers are getting sick and showing up at nursing homes well before their time.

Brown, who had one amputation about a year ago, said he is hopeful he can heal his wounds and one day go home.

"Some of these guys are in here for life," said Brown of his fellow nursing home residents. "I don't want to be in that group."

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5.2 - Civilized (Video): ['Our Veterans Deserve Better,' Congressperson Calls On VA To Allow Medical Marijuana Research](#) (8 July, Calvin Hughes, 5k uvd)

As cannabis remains illegal federally, agencies like Veterans Affairs have little ability to provide medical marijuana to vets, but California Democrat Lou Correa is hoping to change. Congressman Correa has introduced legislation that would make it clear that VA can legally perform cannabis research and decide for itself what would be help veterans in need.

"Our veterans deserve better," said Correa, whose bill is one of many proposed this year to increase access to medical marijuana for veterans. "To not acknowledge that our veterans are using cannabis—I think it's just plain criminal."

Without government approval, many vets are turning to advocates like Aaron Newsom, who has been providing veterans with free cannabis through the Santa Cruz Veterans Alliance since 2001. His group currently serves 1,000 veterans from around the Santa Cruz Area, and they "we would love to get a government contract to be able to grow on a national level for the VA, for veterans," Newsom told NPR recently.

At the same time, Newsom wants VA doctors to be allowed to provide veterans with proper medical advice.

"We're definitely not doctors," he added. "We are farmers. And so we're here to provide free medicine and provide as much information as we possibly can."

For now, veterans in states like California can get around federal prohibition by purchasing cannabis through state-legalized medical or recreational markets. But prohibition still reigns in many states, so thousands of veterans across the country do not have access to the treatments they deserve.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Centre Daily Times: [How area veterans can get help to avoid homelessness](#) (9 July, Miranda Chilcot, 856k uvm; State College, PA)

The Veterans Multi-Service Center's Supportive Services for Veteran Families program provides comprehensive supportive services to very low-income veterans and their families who are at risk of or are experiencing homelessness. Since our inception about 3 ½ years ago, our committed staff that includes veterans themselves, has been helping veterans in central Pennsylvania. Over the course of our nonprofit program's existence, we have enrolled over 400 veterans and their family members.

We cover 13 counties in central Pennsylvania, including Centre, stretching from the Maryland to New York border. In each of the counties that we serve, we aim to unite community members who have the heart and desire to support veteran families in crisis, who are experiencing unique challenges that require support from the community to help veterans reclaim their independence, stability, and resiliency.

Upon enrollment, veterans work with our staff to identify any barriers to permanent housing and then work on identifying goals and community supports in order to help meet their needs and to assist them in becoming stably housed. We provide services such as:

- Housing-based case management to identify housing options, develop a plan and negotiate with landlords
- Outreach and resource assistance to help access VA and public benefits
- Budgeting and financial skills assistance
- Legal and credit repair referrals
- SSI/SSDI claims support
- Access to employment services

Temporary financial assistance related to permanent housing stability, such as rent, utility fees, security deposit, car repairs, and moving fees, in qualifying cases

We are dedicated to the cause of ending veteran homelessness. We support Gov. Tom Wolf's proclamation to reduce veteran homelessness across the state and the national goal of ending chronic veteran homelessness. We rely on community services, strategic partnerships,

committed veteran's participation, and landlords who are understanding, in order to foster this program's ability to help end veteran homelessness across central Pennsylvania.

If you are a veteran who needs help, or know someone who does, please contact our toll-free number at 844-226-0368 or email centralPAinfo@vmcenter.org. For more information, please visit www.vmcenter.org/index.php/services/ssvf-central-pa.

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7.2 - KDVR (FOX-31, Video): [Thanks to art donation, veterans raise money to help others find work](#) (7 July, 662k uvm; Denver, CO)

The Cherry Creek Arts Festival is one of the biggest outdoor events in the Mile High City every year.

It draws about 350,000 people and features the work of more than 250 artists.

This year, that includes a sculpture of the 16th president of the United States, simply called "Lincoln," that stands tall outside Paul Zueger's Masters Gallery off 3rd Street.

"He couldn't give anymore," Zueger said of the sculpture. "His hat is off. His shoulders are swooped. His head is down."

Renowned sculptor Gib Singleton created "Lincoln." His work has been seen around the world and it's about to be front and center at Aurora's new Veterans Administration Hospital.

"My heart goes out to veterans," Zueger said. "They're the lifeblood of the country. They support us. They guard us. They do everything and they're all heroes."

That's why Zueger is donating the piece to the VA, so long as the Working Warriors Group can raise \$100,000 by November.

Iraq War veteran Steve Starck started the charity to help other veterans get jobs after they leave the service.

"There should never be a veteran that gets out of the military -- after giving to their country -- and does not have a job," Starck told FOX31.

Last year, about 370,000 veterans were unemployed.

Starck hopes to reduce that number by helping blue-collar veterans who are trained electricians, welders and more get the civilian certifications they need to get jobs.

That all costs money -- something he's hoping to raise thanks to Zueger's donation.

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7.3 - Journal-News: [Country music star visits local veterans](#) (8 July, 448k uvm; Lebanon, OH)

Veterans at the Martinsburg VA Medical Center were surprised by a visit from U.S. Army Veteran and country music star Craig Morgan Thursday — the day after Independence Day. Craig Morgan was recently awarded the U.S. Army's Outstanding Civilian Service Medal for his dedication to entertaining troops and their families with the USO. Morgan talked with local Veterans taking lots of photos and signing autographs. He performed that evening at the Event Center at Hollywood Casino at Charles Town Races. "I was happy to be able to visit with the Veterans at the Martinsburg VA Medical Center before my performance at Hollywood Casino at Charles Town Races," Morgan said. "I was honored to spend time with fellow service members who share such a passion and love for our country, especially on this Fourth of July weekend."

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7.4 - The Tuscaloosa News: [Lend a Hand: Alabama Veterans Reunion details announced](#) (8 July, 317k uvm; Tuscaloosa, AL)

Tuscaloosa Tourism & Sports has announced details for the fifth annual Alabama Veterans Reunion.

This year's event will be held from 2-6 p.m. Aug. 18 at the Tuscaloosa Veterans Affairs Medical Center, 3701 Loop Road.

"The Alabama Veterans Reunion is such a rewarding event to put on each year," said Jasmine Rainey, the director of tourism development for Tuscaloosa Tourism & Sports. "This year we moving away from a formal dinner and going to a new picnic-style format in order to create a more relaxed and welcoming environment."

The free event will feature musical guests such as the 151st Army band, along with a kids zone that will include inflatable bounce houses and other fun activities. The reunion will also include free food and beverages from Crimson Catering and Buffalo Rock. The event will also include several vendors on-site capable of providing various resources to veterans and their families.

"We feel the Veterans Affairs Medical Center is the perfect venue for this event," said Don Staley, CEO of Tuscaloosa Tourism & Sports. "Having the event so close to the facility allows some of the patients to enjoy the festivities, something they could not do if the event were held elsewhere. We appreciate the cooperation and support of (Tuscaloosa Veterans Affairs Medical Center) Director John Merkle and his staff in helping us make this event special."

Tuscaloosa Tourism and Sports' goal is to produce a statewide, veterans' and family reunion to honor those from Alabama who have served to defend the United States. The event aims to provide a memorable day for veterans, showcasing appreciation and gratitude for the many Alabama heroes who have represented our state so well. A short program during the reunion will recognize select veterans for their service to the country and the Tuscaloosa community.

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7.5 - York Dispatch (Video): [Editorial: Demand strict oversight for recovery homes](#) (8 July, 77k uvm; York, PA)

Local veterans struggling with addiction soon will have the opportunity to share a recovery home with others who have served their country.

Like York County's specialized Veterans Treatment Court and a new veterans-only housing unit at the county prison, the premise behind the new recovery option is that veterans police each other — and they engage in self-correcting behavior when they're around each other.

Common Pleas Judge Craig T. Trebilcock, an Army colonel who oversees the court, said former military personnel have greater success in a recovery environment like the one they had while serving.

The treatment court, started about six years ago, offers veterans intensive counseling instead of prison time. Program participants must undergo intensive therapy and treatment, and attend meetings several times per month.

Hopefully, the veterans-only recovery home is as successful as the court option, which has become a model for other Pennsylvania counties.

Sarah Primak, a veterans justice outreach specialist for the Lebanon VA Medical Center, said she's seen great success with York County's approach and is excited about the recovery house, which the local Department of Veteran Affairs hopes to open by Nov. 11, which is Veterans Day.

In both the treatment court and the veterans-only prison housing unit, Primak said, she's seeing veterans connect with each other and continue supporting each other after leaving the justice system.

A similar approach to recovery would be a welcome tool as the state and nation struggle with a persistent opioid epidemic.

In Pennsylvania, Gov. Tom Wolf has declared the opioid crisis a disaster.

Earlier this year, he signed a statewide disaster declaration to improve the state response and increase access to treatment in hopes of mitigating opioid-related deaths.

As part of that declaration, the state waived annual licensing requirements for high-performing drug and alcohol treatment facilities.

Unfortunately, quality treatment facilities are the exception rather than the rule, according to Trebilcock.

The judge said there are about 100 recovery homes in the York area but fewer than a dozen that he feels confident can provide a safe, nurturing environment for those battling addiction.

"We're trying to get people off drugs, but in order to put them in close proximity to support services, we're putting them in houses in neighborhoods rife with drug dealers," he said. "It's totally counterproductive."

Trebilcock said he believes there is an immediate need for greater oversight of recovery homes as a whole.

We agree.

In December, Wolf signed a bill allowing the state to regulate recovery homes, but only those that receive public money.

In the midst of a full-blown crisis, that's simply too little, too late.

While we urge our readers to support the effort aimed at those who served, we also suggest they contact their lawmakers to demand strict regulations for all recovery homes.

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7.6 - KNBN (NBC-21): [Organizations support veterans over game of golf](#) (9 July, Brant Beckman, 22k uvm; Rapid City, SD)

BOX ELDER, S.D. - Community members hit the links to show veterans they're not alone.

The Knights of Columbus joined the Sergeant Colton Levi Derr Foundation to help soldiers struggling with PTSD during their Fourth Annual KOC Golf Tournament at Prairie Ridge Golf Course on Sunday.

Despite the humidity and heat, the community continued to tee up.

"We love to get out in the community, regardless of weather, and do what we can to help," said Jamison Hild, coordinator for VA Health Care for Homeless.

Multiple organizations teamed up for this event, including the local U.S. Veterans Center and the U.S. Department of Veterans Affairs. The organizations hit home the importance of letting veterans know that they're not alone, and that reaching out when you need help is critically important.

"We have 2.8 [million] veterans from the current conflicts - 20 percent - so far have been diagnosed with PTSD," said William Winch, KOC chairman.

Josephine Dirksen, a member of the Sergeant Colton Levi Derr Foundation, said that a "how are you?" is more helpful than a "thank you for your service."

"In our case, I mean, we lost my brother. So, I mean it's really important to dig and ask those important questions - 'do you need help, what can i do for you,'" Dirksen said. "Really get those personal questions rather than - I mean, it's nice to get a thank you, but it's - they need more than that."

William Winch added that it is not difficult to receive support in a state like South Dakota.

"The Black Hills care. The area cares," Winch said. "If you look at all the donations we've got, people out here care. We really support our vets."

Many at the event talked about the struggles that PTSD poses for veterans and their families. Many don't realize they even have PTSD.

According to the foundation, not everyone has the same symptoms. Some show no signs at all, with symptoms only showing up many years later. This writer noted the striking, unfortunate irony between the efforts geared towards getting veterans to reach out when they need help and veterans not knowing where to turn to when they do run into trouble.

Josephine Dirksen said that the foundation, along with other groups, are looking to address the expansive challenge of tackling these issues head on.

"We even have veterans that come to us that need help looking for a job - so, helping with resumes or reaching out to people," Dirksen said. "It's our goal to hit those points and help these vets in any way possible, and if it is getting a job or getting into counseling, that's some of our major goals."

To the foundation, asking why this is important to the community is self-explanatory.

"For some of us, looking at Colton's face - we remember the guys we lost, and we know we don't want to lose any more," Winch finished.

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - Military Times: [This week in Congress: Filling the VA's top vacancy](#) (9 July, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — The Senate Veterans' Affairs Committee is poised to advance Robert Wilkie as the next Veterans Affairs secretary this week, and the full Senate will likely follow shortly thereafter.

While his confirmation seems certain — key committee leaders have already offered their support for his nomination — it's unclear whether he'll see the same unanimous support that David Shulkin received with his Senate confirmation vote in 2016.

In fact, no VA secretary nominee sent to the Senate floor has ever received an opposition vote. All have either been unanimous or voice votes without any official votes against.

Wilkie, who was easily approved last fall as the Pentagon's under secretary for personnel, is not seen as a controversial pick for the post. But President Donald Trump's handling of Shulkin's firing upset several lawmakers, and his past policy statements on sending more money for veterans medical care to private-sector doctors could be enough to create some resistance.

[...]

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9. [Other](#)

9.1 - Snopes: [Does Trump Donate All of His Presidential Salary, While Obama Donated None?](#) (9 July, 10.8M uvm; Los Angeles, CA)

CLAIM

Donald Trump donates his entire presidential salary and Melania Trump has a White House staff of only four, while President Obama donated nothing and First Lady Michelle Obama had a staff of 23.

RATING

MIXTURE

WHAT'S TRUE

President Trump has so far donated his whole presidential salary to various agencies, and Michelle Obama's White House staff numbered about 23 in the latter part of her husband's administration.

WHAT'S FALSE

President Obama donated millions of dollars to charities during his time in office, and Melania Trump's White House staff is greater than just four people.

ORIGIN

Rarely does a month go by without the emergence of a new Internet meme comparing the presidencies of Donald Trump and Barack Obama, typically favoring the former over the latter.

In July 2018, we were alerted to a meme declaring that while President Trump donates all of his salary and First Lady Melania Trump makes do with a small White House staff of four people, President Obama donated none of his salary and First Lady Michelle Obama surrounded herself with a large staff of 23 attendants. "In life there's givers and takers," the post concluded. It was straightforward, to the point, and grossly misleading all at the same time:

As for President Trump's donating all of his presidential salary (as he promised to do during his campaign), to date that is an accurate statement. We reported previously that Trump has so far written a personal check each quarter in an amount equivalent to one-fourth of his annual salary to the following federal agencies: the National Park Service, the Department of Education, the Department of Health and Human Services, the Department of Transportation, and the Department of Veterans Affairs.

Former president Barack Obama Obama, on the other hand, did not convert his entire presidential salary into donations (nor did he promise to), but it's false to say he donated "none" of it. According to Forbes, President Obama donated some \$1.1 million (an amount representing 34% of the \$3.2 million aggregate salary he received over eight years in office) to charitable causes during his term in office. This is a partial accounting of those donations:

The biggest recipient was the Fisher House Foundation, which supports families of veterans and received \$392,000 from the former commander in chief from 2009 to 2015. That money appears to have come from sales of Obama's children's book *Of Thee I Sing*. Just before

entering the White House, Obama finished a manuscript for the book, which he published with Random House. Obama pledged to donate all of his post-tax proceeds from the book to the Fisher House Foundation to support a scholarship fund for children of wounded and fallen soldiers.

He gave away \$190,000 more to children's causes, including \$48,000 to Boys & Girls Clubs. He also gave away \$19,500 to the Mosaic Youth Theatre of Detroit. Another \$13,500 went to the Christopher House, a Chicago-based group that supports poor working families. Even after he moved to Washington, Obama remained loyal to his Chicago roots. He poured \$11,500 into the Midtown Educational Foundation, which offers enrichment programs to poor urban youth in the Windy City, and he gave \$20,500 to two groups fighting hunger in Illinois.

President Obama handed out his own money after national tragedies. He gave \$2,000 to a fund for families affected by the Boston bombing in 2013 and another \$2,000 to the Sandy Hook Promise Foundation, which promotes gun control, three years after a shooter terrorized Sandy Hook Elementary School in 2012.

Obama gave \$5,000 to the Beau Biden Foundation, which supports children's causes, in 2015, the same year former Vice President Joe Biden's son, Beau, passed away.

President Obama also more than doubled that charitable total by also donating the entire \$1.4 million he received as the winner of the 2009 Nobel Peace Prize to ten different organizations:

- \$250,000 to Fisher House, a national nonprofit organization providing accommodation for families of patients receiving medical care at military and Department of Veterans Affairs medical centers.
- \$200,000 to the Clinton-Bush Haiti Fund, which was set up in the aftermath of the Haitian earthquake to help survivors.
- \$125,000 to College Summit, a national nonprofit organization to increase college enrollment rates.
- \$125,000 to the Posse Foundation, which awards scholarships to promising public high school students.
- \$125,000 to the United Negro College Fund.
- \$125,000 to the Hispanic Scholarship Fund.
- \$125,000 to the American Indian College Fund.
- \$125,000 to the Appalachian Leadership and Education Foundation.
- \$100,000 to AfriCare, which promotes health, food security and access to water primarily in Africa.
- \$100,000 to the Central Asia Institute, which promotes education and literacy, especially for girls, in remote regions of Pakistan and Afghanistan.

Taken together, all those donations represented more than 78% of the total salary President Obama was paid during his time in the White House.

Although President Obama's donations may have amounted to a lesser percentage of his presidential salary than the 100% President Trump is projected to donate over the course of his presidency, the comparison is a lopsided one unless one takes into account that Trump entered office with a reported net worth in the multi-billions, while the Obamas' combined wealth was a bare fraction of that. Trump didn't need his presidential salary, and he said as much — before Trump took office, the only presidents who had donated their entire salaries were John F. Kennedy and Herbert Hoover, both of whom were also independently wealthy.

The matter of the first ladies' staff sizes is similarly prone to misrepresentation. A rumor that circulated while the Obamas were still in the White House alleged that Michelle Obama had an "unprecedented" number of staffers working for her, but in fact her staff, which totaled between 22 and 24 employees, was comparable in size to that of Laura Bush during the final year of the George W. Bush administration. (And their staffs paled beside those of Lady Bird Johnson and Betty Ford, each of whom had around 30 employees, and Jackie Kennedy, who reportedly had about 40.)

Things get more complicated when it comes to Melania Trump. For one thing, she didn't move into the White House until 11 June 2017, five months into her husband's presidency. For another, she was far less active during her inaugural year as first lady than her immediate predecessors.

Does Melania Trump have a smaller staff than Michelle Obama? Yes, but the disparity is smaller than alleged. The claim that she only has four staff members is based on the 2017 annual report to Congress on White House office personnel. That report does list exactly four staff members whose titles link them directly to the first lady, but it is neither a full nor a current count, for the following reasons:

First, the report was published on 1 July 2017, only slightly more than two weeks after Melania Trump moved into the East Wing. Her staff was skeletal then, at best.

Second, if we apply the same criteria used to arrive at a count of Michelle Obama's staff, at least two employees who aren't directly linked to the first lady by title must also be included: special assistant to the president/White House social secretary, and deputy social secretary. Those positions alone bring the total size of Melania Trump's staff in her first two weeks in the White House to six.

Lastly, for whatever reasons, the annual reports to Congress don't list the first lady's entire staff. For example, in January 2018 Melania hired three new employees, but only one of those is accounted for in the 1 July 2018 report.

Statements made to the press by the first lady's communications director, Stephanie Grisham (who did not respond to our request for an updated list), indicated Melania Trump's staff numbered nine employees as of October 2017. Her three new hires in January 2018 would have brought that total to 12 staffers — a total still lower than Michelle Obama's, but triple the mere four claimed of her.

The meme under discussion, therefore, deploys inaccurate numbers and misleading comparisons to portray the Trumps as "givers" and the Obamas as "takers."

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9.2 - Observer-Dispatch: [Letters to the Editor: Tenney a protector of our veterans](#) (9 July, Melven E. Derr, 305k uvm; Utica, NY)

It is no secret that Claudia Tenney has a soft spot in her heart for veterans. Veterans are the backbone of our nation, having risked their lives to protect the freedoms that Americans enjoy every day.

I am proud to be represented by a woman who has fought and continuously fights for veterans like Claudia Tenney does. Just recently the Veterans Opioid Abuse Prevention Act, a bill co-sponsored by Tenney, passed in the House.

This bill will have a huge impact on veterans in American. I have friends and family that are veterans and it scares me that veterans are two times more likely to fall victim to the opioid epidemic sweeping America. The Veterans Opioid Abuse Prevention Act will allow doctors at the Department of Veteran Affairs access to a series of prescription drug monitoring databases to allow them to identify and provide help for veterans who are at risk of opioid abuse. Our district is home to more than 55,000 veterans, and Claudia Tenney has their backs. Giving the VA tools to identify at risk veterans is essential to their health.

The House Majority Leader, Kevin McCarthy, applauded Tenney when he said, "Rep. Claudia Tenney deserves credit for helping America fulfill its solemn obligation to protect our veterans. Her advocacy on this issue will save lives". I am proud of my country, my veterans, and my representative. Thank you, Claudia!

Melven E. Derr MSgt USAF Retired, Rome

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9.3 - WAND (NBC-17): [Decatur mourns loss of beloved community member](#) (8 July, 68k uvm; Decatur, IL)

David Freyling passed away July 7 at home with his wife, Jeannine and his dog, Sir Thomas.

David has been an active member in the Decatur community for countless years. After serving in military during the Korean War from 1956 to 1957, then again in Germany from 1960 to 1963, David devoted himself to helping the veterans in the central Illinois community.

He has been a chairman of the Macon County Veteran's Assistance Commission since October of 2005. He delivered hundreds of speeches to different groups about the Veteran's Assistance Commission services.

Dave also volunteered as a van driver, where he took veterans to the Danville VA. He made 389 trips totaling 70,020 miles. He himself was a member of the American Legion Post 72 Macon, IL Lancaster-Dunn. He was a longtime member of the Macon County Honor Guard, and active with the Red Cross for many years. Dave also served as an election judge in Decatur.

Dave has served as Treasurer since 2012 on the Decatur Civic Center Board and was pivotal in getting the World War II Memorial placed in front of the civic center. David volunteered for countless events at the location. In 2013 he started serving the on Crimestoppers board of directors.

Freyling also raised funds for multiple veterans causes in Macon County. He was awarded the Illinois Department of Veterans Affairs Voluntary Service Certificate for his continual service to the Veteran Community.

Help 4 Heroes has a line item for donations in memory of Dave. The donations will go to provide necessities for veterans of the Korean War and World War II.

Donations may be sent to the VAC office at 141 South Main Suite 210, Decatur, IL 62523. Checks should be made out to Help 4 heroes with David Freyling in the memo.

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Veterans Affairs Media Summary and News Clips

10 July 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Former VA Pathologist Denies Being Impaired on Duty](#) (9 July, Hannah Grabenstein, 23.9M uvm; Washington, DC)

A former pathologist denied he was impaired on duty amid an Arkansas Veterans Affairs hospital's investigation into more than 30,000 of his cases dating back to 2005. Dr. Robert Morris Levy of Fayetteville told the Associated Press that the Veterans Health Care System of the Ozarks fired him as Chief of Pathology because of a DUI which was ultimately dismissed.

[Hyperlink to Above](#)

1.2 - The Tampa Tribune: [Were veterans' radiology tests wrongly canceled? VA includes Haley in national audit](#) (9 July, Howard Altman, 3.8M uvm; Tampa, FL)

Federal investigators are looking into allegations that officials at the James A. Haley Veterans' Hospital canceled hundreds of patient radiology exams without following safety guidelines and then tried to cover it up.

[Hyperlink to Above](#)

1.3 - Dayton Daily News: [Some fear GI Bill changes could overwhelm VA](#) (9 July, Max Filby, 1.1M uvm; Dayton, OH)

Upcoming changes to the GI Bill could help more veterans get a college degree but some politicians fear the alterations may cause more problems for the troubled Department of Veteran Affairs. The GI Bill is a benefits program that started after World War II and helps veterans cover the cost of getting a college education or job training.

[Hyperlink to Above](#)

1.4 - WSFA (NBC-12): [Former CAVHCS neurologist speaks out after he says he was fired for refusing orders to manipulate patient records](#) (10 July, Rosanna Smith, 439k uvm; Montgomery, AL)

A former Central Alabama Veteran Health Care System neurologist is speaking out after he says he was fired for refusing orders to manipulate veteran patient records. This comes weeks after National Public Radio published an article making claims the Veterans Affairs is entrenched with a management culture using fear and intimidation to prevent potential whistleblowers from talking.

[Hyperlink to Above](#)

1.5 - Roll Call: [VA Weighs Lifting Exclusion on Gender Reassignment Surgery](#) (9 July, Lauren Clason, 431k uvm; Washington, DC)

The Department of Veterans Affairs is considering removing an exclusion on medical coverage for transgender services as the Trump administration battles multiple lawsuits against its transgender policies.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. Modernize Our System

3.1 - Citizen-Times (Video): [New legs, new life for Vietnamese man who lost legs fighting for U.S.](#) (8 July, John Boyle, 318k uvm; Asheville, NC)

Ambling through the physical therapy room, Chea Son holds onto a walker, but he's confident enough to occasionally raise a hand and wave or give a thumbs up, all with a big smile. He's almost casual for a modern marvel. The high-tech Genium microprocessor legs he's using have computer chips and gyroscopes built in them that make on-the-fly adjustments to his gait.

[Hyperlink to Above](#)

3.2 - KFYY (NBC-5): [New VA Outpatient Clinic opens in Williston](#) (9 July, Jemeisha Lyde, 77k uvm; Bismarck, ND)

There's a new veterans healthcare clinic in Williston and officials say the services have also improved. The new VA Outpatient Clinic opened July 1. Located just off 16th Street, better parking is just the beginning of the improvements. Now, the clinic also has a larger range of staff to treat patients. The building is approximately 5,800 square feet, has four exam rooms and one room designed for women's health.

[Hyperlink to Above](#)

3.3 - FedScoop: [VA wants to use AI to boost veteran experience](#) (9 July, Carten Cordell, 57k uvm; Washington, DC)

The Department of Veterans Affairs is looking to leverage artificial intelligence to improve the services it provides veterans. The agency called for industry input on how to apply the technology to its call centers and websites in a recent request for information.

[Hyperlink to Above](#)

4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [Former VA Pathologist Denies Being Impaired on Duty](#) (9 July, Hannah Grabenstein, 23.9M uvm; Washington, DC)

A former pathologist has denied he was impaired on duty amid an Arkansas Veterans Affairs hospital's investigation into more than 30,000 of his cases dating back to 2005. Robert Morris Levy of Fayetteville says the Veterans Health Care System of the Ozarks fired him as Chief of Pathology because of a DUI which was ultimately dismissed.

[Hyperlink to Above](#)

4.2 - The Blade: [Editorial: Lost medical equipment is yet another VA outrage](#) (9 July, 1.1M uvm; Toledo, OH)

Once again, the agency that is supposed to be fulfilling America's promise to the people who serve in our military is revealed to be failing both veterans and taxpayers. In the last three years, Veterans Affairs facilities in Ohio have lost more than \$1 million in equipment — ranging from small electronics, such as iPads, to large and expensive medical instruments, according to an investigation by Columbus television station WBNS.

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4.3 - KMOV (CBS-4, Video): [Veteran fired from VA job, says it's payback for disability dispute](#) (10 July, Ashli Lincoln, 866k uvm; Saint Louis, MO)

Two-time war veteran Eric Carter told News 4 the last thing he was expecting to see during the week of Independence Day was a letter from the Office of Veterans Affairs seeking his termination. "I think it's awful, I really think it's awful that you can't come to work and work in an environment that you serve your country for," said Carter.

[Hyperlink to Above](#)

4.4 - ABA Journal: [ADA lawsuit about Florida Bar examiners' mental health requirements allowed to proceed](#) (9 July, Stephanie Francis Ward, 438k uvm; Chicago, IL)

A federal judge in Florida has allowed a suit by a law student to go forward against the Florida Board of Bar Examiners, alleging that the board violates the Americans with Disabilities Act by requiring candidates with mental health conditions to undergo and pay for invasive procedures. The ADA lawsuit was brought by Julius Hobbs, the Daily Business Review reports.

[Hyperlink to Above'](#)

4.5 - Savannah Morning News: [Local VFW post to provide weekend services to veterans](#) (9 July, Brittini Ray, 436k uvm; Savannah, GA)

On Saturday, for the first time in history, veterans of foreign wars were able to step into a Veterans Affairs office on the weekend to receive advice and assistance. The VFW Post 4392 is the first in the nation to be granted office space in a VA clinic to help expedite claims. Veteran service officers will now offer assistance at the Savannah Out-Patient VA Clinic behind the Savannah Mall from 9 a.m. to noon every Saturday, excluding holidays. are finally getting the help they deserve.

[Hyperlink to Above'](#)

4.6 - Midland Daily News: [Saginaw VA receives national award](#) (9 July, 192k uvm; Midland, MI)

In recognition for leading the health care industry in sustainability and environmental stewardship, the Aleda E. Lutz VA in Saginaw received the prominent Greenhealth Emerald Award from Practice Greenhealth, the nation's leading organization dedicated to environmental sustainability in health care.

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4.7 - WJET (ABC-24): [Veteran Town Hall held at VA Medical Center](#) (9 July, Syeda Abbas, 191k uvm; Erie, PA)

A Veteran Town Hall was held at the VA Medical Center to update veterans on programs and services. The event provided an opportunity for veterans to ask questions and share feedback about Erie VAMC Healthcare. Topics included new construction projects, mental health, and homelessness.

[Hyperlink to Above](#)

4.8 - KNWA (FOX-24, Video): [VA Hospital Holds Meeting Addressing Misdiagnosis Questions](#) (8 July, 189k uvm; Fayetteville, AR)

If you have questions and concerns you want to raise about the possible misdiagnosis of patients from the VA Hospital, you can attend a town hall Monday morning. According to VA Public Affairs Officer Wanda Shull, you can join a meeting at 11 a.m. at the Veterans Health Care System of the Ozarks on College avenue in Fayetteville.

[Hyperlink to Above](#)

4.9 - The Town Talk (Video): [Motions denied, trial set for Alexandria man accused in VA death](#) (9 July, Melissa Gregory, 188k uvm; Alexandria, LA)

A bid to continue the trial of a former Alexandria VA Medical Center employee accused in the 2013 death of a patient failed on Monday as a Rapides Parish judge denied two motions. Fredrick Kevin Harris, a 56-year-old Alexandria resident, faces trial this week on a charge of negligent homicide in the death of 70-year-old Charles Lee Johnson, who was a psychiatric patient at the VA facility in Pineville.

[Hyperlink to Above](#)

4.10 - Northwest Arkansas Democrat-Gazette: [VA updates inquiry on impaired pathologist's cases](#) (9 July, Doug Thompson, 162k uvm; Fayetteville, AR)

Checking an impaired pathologist's work will take six months, veterans were told today in Fayetteville. Even an immediate review would be too late for some, audience members replied at a town hall meeting. "I have six months to live. What good is that to me?" said Harold Logan of Lavaca, a cancer patient of the Veterans Health Care System of the Ozarks.

[Hyperlink to Above](#)

4.11 - The Joplin Globe: [Veterans question VA over report of 'impaired' pathologist at town hall](#) (10 July, Tyler Wornell, 76k uvm; Joplin, MO)

Confusion, anger, disappointment and even tears filled an auditorium at the Veterans Health Care System of the Ozarks on Monday as veterans sought answers about a doctor that the hospital alleged last month was working while "impaired."

[Hyperlink to Above](#)

4.12 - The Daily News: [Two retire from VA Medical Center in Iron Mountain](#) (9 July, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center in Iron Mountain recently celebrated the retirement of two employees with almost 60 years of combined service at the facility. Brad Tomassucci retired June 29 as laboratory manager after a career at the medical center that spanned three decades. Karla LaDuron of Iron Mountain stepped away May 25 after 28 years of federal work, most recently in administration for the chief of medicine.

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4.13 - McKnight's Long-Term Care News: [It's not always risky if your residents are feeling frisky](#) (9 July, Kimberly Marselas, 56k uvm; Northfield, IL)

A new study finds a single education session can improve long-term care nurses' knowledge about resident sexuality. Researchers at Madigan Army Medical Center and the Department of Veterans Affairs in Tacoma, WA, offered nurses a 39-minute session on sexuality and intimacy among seniors. Participants included 21 nurses — ranging from aides to registered nurses — who worked at a Veterans Affairs long-term care facility.

[Hyperlink to Above](#)

4.14 - The Sheridan Press: [Caregivers — the silent warriors](#) (9 July, Michele R. Pourier, 37k uvm; Sheridan, WY)

July is a wonderful time of year. There is a gentle simplicity in the air, the smell of hot dogs on the grill, our American flag flying strong and proud, fireworks and mom's apple pie — this warmth and hospitality especially ring true in our caring community. In fact, one of the things I love about Sheridan is it is filled with people who give their time for others, and the best examples of that from my perspective are caregivers — men and women who provide for the needs of someone in their life who can't do so on his or her own.

[Hyperlink to Above](#)

4.15 - KARK (NBC-4, Video): [VA Doctor Accountability Focus of New Bill](#) (9 July, Drew Petrimoulx, Little Rock, AR)

The case of a Fayetteville Veterans Affairs doctor who was practicing medicine while "impaired" is the motivation behind a bill sponsored by Arkansas U.S. Sen. John Boozman. It would increase oversight of VA doctors. Drew Petrimoulx reports on the plan to crack down and save lives.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - Atlanta Journal-Constitution (Video): [Report: Veteran who lit self on fire wanted people to 'see the light'](#) (9 July, Becca J. G. Godwin, 11.8M uvm; Atlanta, GA)

Newly released reports about the Air Force veteran who intentionally lit himself on fire in Atlanta last month reinforce assertions that the act was an attempt to draw attention to veterans' issues. John Michael Watts stood outside the state Capitol on June 26 and, strapped with homemade bombs and fireworks, doused himself with gasoline before lighting the devices.

[Hyperlink to Above](#)

5.2 - The Courier-Tribune: [Miss North Carolina USA adds veteran dental care to platform](#) (9 July, Chip Womick, 62k uvm; Asheboro, NC)

During a stop in Asheboro on Monday, Miss North Carolina USA announced support for an effort to secure dental care benefits for veterans. Caelynn Miller-Keyes said in an interview at the Shaw Building on Worth Street in Asheboro that she had recently learned that 94.5 percent of U.S. veterans do not have government-sponsored dental health care.

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5.3 - WVNY (ABC-22, Video): [VA Medical Center scrambles to get ORs back online after flood](#) (9 July, Lesley Engle, 56k uvm; Colchester, VT)

Officials at the VA Medical Center in White River Junction hope to have three of the hospital's four operating rooms open by next week. During an interview with Local 22 & Local 44 News, Acting Medical Director Dr. Brett Rusch said more than 60 surgeries have been canceled or rescheduled because of the sprinkler malfunction.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Blade: [Editorial: America's suicide crisis](#) (9 July, 1.1M uvm; Toledo, OH)
The suicide rate in the United States, which has been rising steadily in recent years, has reached the point of a national public health crisis. New statistics released in June by the Centers for Disease Control and Prevention show that suicide rates have ticked upward from 1999 to 2016. There were 35,000 in 1999 and nearly 45,000 suicides in the U.S in 2016. That was more than twice as many homicides in the country that year.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military.com: [Proposed SGLI Change Would Close Spouse Notification Loopholes](#) (9 July, Amy Bushatz, 9M uvm; San Francisco, CA)
A new proposal on Capitol Hill is the latest in a long, ongoing battle to alter the Servicemembers' Group Life Insurance (SGLI) program to be friendlier to spouses and family members. SGLI offers an inexpensive life insurance option for troops of up to \$400,000. The benefit costs seven cents per \$1,000 of coverage and is purchased in \$50,000 increments.

[Hyperlink to Above](#)

7.2 - The Fayetteville Observer: [A senior VP is gone, and FTCC isn't saying why](#) (9 July, Greg Barnes, 439k uvm; Fayetteville, NC)
A high-ranking administrator at Fayetteville Technical Community College is no longer on the job, and officials are not saying what led to the departure. "The College verifies that Dr. David Brand is leaving his position as Senior Vice President for Academic and Students Services," FTCC spokesman Brent Michaels said in an email response to questions Monday. "Effective immediately, Dr. Larry Keen (FTCC President) is assuming those duties and responsibilities until new leadership is in place."

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Former VA Pathologist Denies Being Impaired on Duty](#) (9 July, Hannah Grabenstein, 23.9M uvm; Washington, DC)

A former pathologist denied he was impaired on duty amid an Arkansas Veterans Affairs hospital's investigation into more than 30,000 of his cases dating back to 2005.

Dr. Robert Morris Levy of Fayetteville told the Associated Press that the Veterans Health Care System of the Ozarks fired him as Chief of Pathology because of a DUI which was ultimately dismissed.

Levy said he was arrested during work hours on March 1 for driving under the influence. According to a police report, Levy failed a field sobriety test. But Jacob DeYoung, a deputy city prosecutor for Fayetteville, said the case was dismissed after Levy's blood sample was clean.

The hospital has said Levy was twice found to be impaired on duty and consequently terminated him in April.

In March 2016, an employee reported Levy for being impaired, which Levy contends was the only time he showed up drunk to work. He was immediately removed from clinical care and, in July 2016, Levy entered an in-patient treatment facility.

He was cleared to work following treatment and was monitored by the Mississippi Physician Health Program in conjunction with the Arkansas Medical Foundation. Levy was not registered in Arkansas, but VA physicians do not need to be licensed in the state of the hospital, said hospital spokesperson Wanda Shull.

In October 2017, Levy was again determined to be impaired on duty and was removed from clinical care while the hospital investigated. Levy attributed this to a complex migraine, which he said limited his ability to find words and hear properly.

Still, Levy continued to work as the hospital investigated. He said he saw a neurologist, who cleared him. Records also show Levy later visited a neuropsychologist who found "no major concerns."

Levy's DUI arrest occurred on March 1. The arresting officer noted Levy's "speech was very slurred and his balance was swayed." The Fayetteville District Court said the case was dismissed on March 30 after blood samples were negative. Levy was ultimately fired April 13.

He said he doesn't know what hospital investigations occurred between March 1 and April 13.

Kelvin Parks, the interim medical center director for the hospital, wrote to the Mississippi board on June 7 that Levy "significantly failed to meet generally-accepted standards of clinical practice that constituted an imminent threat to patient welfare." Two days later, the Arkansas physician program revoked its advocacy of Levy due to "non-compliance with daily check-in requirements and failure to return phone calls to the AMF."

The Mississippi program notified the license board on June 20 that it too would cease advocacy for Levy, and Mississippi revoked his license the following day. Levy's licenses in California and Florida are still active.

At a town hall Monday morning, Parks told a crowd of veterans that 3,000 cases have now been reviewed, but did not provide an update on the number of missed diagnoses. The hospital previously said that out of 911 cases, they had found 7 missed diagnoses and one possible death.

Veterans and their family members asked questions about their personal health concerns after receiving a letter that they were one of about 19,800 veterans whose cases were now being reviewed.

Parks said the hospital intends to have the review completed within six months, "barring no unforeseen circumstances." The review is being conducted by a combination of VA and private doctors. The VA Office of Inspector General is also conducting an investigation to determine whether the hospital acted properly throughout the case.

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1.2 - The Tampa Tribune: [Were veterans' radiology tests wrongly canceled? VA includes Haley in national audit](#) (9 July, Howard Altman, 3.8M uvm; Tampa, FL)

Federal investigators are looking into allegations that officials at the James A. Haley Veterans' Hospital canceled hundreds of patient radiology exams without following safety guidelines and then tried to cover it up.

The exams had been ordered to determine patient health and had gone unfilled for more than 60 days. The allegations were made by four Haley radiology technicians who have filed a sexual harassment and intimidation lawsuit against the hospital.

In court documents and in complaints to investigative agencies, the four plaintiffs liken the cancellations to a 2014 scandal at the Phoenix veterans hospital, where patients died awaiting medical procedures. The delays in Phoenix were covered up through appointment documents.

The plaintiffs say the moves affected patient care at Haley. But it was unclear whether any patients were harmed by having their exams canceled. The plaintiffs make no such link, in part "because they are denied access to that information," said their attorney, Joseph Magri of Tampa.

Still, one of the plaintiffs said in a deposition that she reached out to a patient whose ultrasound test was overdue and learned that the patient had died. She did not know the cause of death.

The review of the allegations against Haley is part of a nationwide audit of radiology practices at Department of Veterans Affairs hospitals to determine whether the VA "processes radiology requests in a timely manner and appropriately manages canceled requests," said Michael Nacincik, a spokesman with the agency's Office of Inspector General.

The office launched the investigation on its own in February and expects to finish it by January. Haley is one of eight VA hospitals nationwide that investigators have contacted "to assess their local procedures and processes," Nacincik said.

Haley officials say concerns about radiology exams have been reviewed previously and found to have no basis.

In January 2017, the VA directed its hospitals nationwide to reduce a backlog of more than 300,000 radiology exams that had been ordered but not performed within 60 days. The reason for the directive, VA officials said, was that many of the overdue exams were no longer necessary.

But the orders came with safety guidelines: A radiologist or ordering physician must determine first whether the exams are still needed before cancelling them. The types of exams involved include CT scans, MRIs, ultrasounds and mammographies.

In court documents and in other complaints, the four radiology technicians said those guidelines are not followed at Haley. Instead, radiologists and physicians are merely sent a notice that a test has been canceled. The plaintiffs also allege that hospital officials tried to hide their moves by turning off printers that produce reports noting the cancellations.

VA officials tell a different story. Despite the specific language of the guidelines, Haley spokeswoman Karen Collins and Curt Cashour with the national VA insisted that notifying the radiologist or physician — rather than requiring their exam review — is sufficient.

In court documents, Haley officials acknowledged shutting off the printers but said they did so only to avoid confusion between exams that are current and those that have been cancelled.

The 2017 guidelines were crafted to determine medical necessity and whether further contact was necessary with patients, Cashour said.

"Moving forward, this process will ensure all orders in the system are active and clinically viable, thus eliminating the clutter of obsolete test requests in the VHA computer system," he said.

As a result of the new policy, the number of overdue orders had been reduced by 71 percent nationwide as of June 28, to 58,000. Haley, which had about 700 overdue orders as of September 2017, now has 438, Cashour said.

At a meeting in April with an official from the Office of Inspector General, Kara Mitchell-Davis, one of the four radiology technicians, turned over paperwork supporting the allegations against Haley, including appointments that were never completed, improperly scheduled or "tampered with," according to court documents.

A list of 1,234 patients that Mitchell-Davis provided shows veterans were not receiving diagnostic exams due to "short staffing and inept leadership in radiology," according to court documents.

The allegations about the radiology exams arise from a lawsuit filed in August 2016 by Mitchell-Davis and fellow radiology technicians Erin Tonkyro, Dana Strauser and Yenny Hernandez. They say they have been the victims of sexual harassment at Haley since 2008 and were retaliated against for complaining.

The hospital, in court documents, has denied those allegations and sought to have the case dismissed before trial.

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1.3 - Dayton Daily News: [Some fear GI Bill changes could overwhelm VA](#) (9 July, Max Filby, 1.1M uvm; Dayton, OH)

Upcoming changes to the GI Bill could help more veterans get a college degree but some politicians fear the alterations may cause more problems for the troubled Department of Veteran Affairs.

The GI Bill is a benefits program that started after World War II and helps veterans cover the cost of getting a college education or job training. Last year, congress passed a law making several alterations to the GI Bill including a few that went into effect immediately and several more that take effect Aug. 1.

The changes were part of the Colmery Act, also known as the “Forever GI Bill,” which was signed into law by President Donald Trump in February. The legislation’s most prominent change was the elimination of a 15-year limit for post-9/11 veterans to use their GI Bill benefits, according to the VA. That change went into effect right away last year.

“I think they tried to close up some gaps that the original one had,” said Amanda Watkins, associate director of Wright State University’s Veteran and Military Center. “Putting a limit on a benefit for something that you’ve earned can seem unfair to those who have served.”

Among changes that take effect Aug. 1 is an update that makes post-9/11 Purple Heart recipients eligible for full GI Bill benefits for up to three years. Another alteration will allow veterans to get nine additional months of post-9/11 benefits if they are pursuing a degree in science, technology, engineering or math, according to the VA.

Although the changes have been celebrated by vets, some fear they could do more damage than good, in part because of a host of problems that have plagued the VA in recent years. Long wait times became the subject of a 2014 scandal and more recently the VA has been scrutinized for overpaying benefits to veterans and then demanding those vets pay them back thousands of dollars.

“The VA needs to get this transition right and we’ll be watching closely to make sure they have the resources and authorities they need to get our veterans their hard-earned benefits,” said Emmalee Kalmbach, press secretary to Sen. Rob Portman.

Concerns that the changes could overwhelm the VA emerged late last month, prompting Sen. Elizabeth Warren, a Massachusetts Democrat, and Republican Sen. John Boozman of Arkansas to introduce a bill to head off potential processing issues.

The “Servicemembers Improved Transition through Reforms for Ensuring Progress Act” would prohibit colleges from charging vets late fees and denying them access to classes because of delays in processing GI benefits, according to a release from the senators.

"I appreciate the hard work VA does for veterans every day, and VA officials should continue working with the Administration and Congress to do whatever it takes to ensure these changes are implemented quickly and effectively to get veterans the benefits they deserve," Sen. Sherrod Brown said in a statement.

The Story So Far

- Then: Trump signed the Colmery Act, which made several changes to GI Bill benefits, in February. Some changes went into effect right away.
- Now: U.S. Senators have expressed concern that the changes scheduled to take effect on Aug. 1 could cause problems at the VA because of the department's recent issues.
- Next: On Aug 1, 14 changes will take effect including expanding GI Bill benefits for post-9/11 Purple Heart recipients to three years.

To implement changes to GI Bill benefits, the VA has had to make several updates to its IT systems and internal processes while also retraining staff, both Kalmbach and Watkins said. The VA has also offered several training sessions for school officials who will be the ones working directly with vets on college campuses, Watkins said.

While the VA's past problems have raised concern in the U.S. Senate, they've also prompted proactive measures.

The Colmery Act purposefully rolled out alterations gradually instead of all at once. Six changes went into effect right away, then another one was implemented in January and 14 will go into effect on Aug. 1.

"They're doing it more incrementally," Watkins said. "I think that they're looking at it a little bit wiser now and giving themselves time."

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1.4 - WSFA (NBC-12): [Former CAVHCS neurologist speaks out after he says he was fired for refusing orders to manipulate patient records](#) (10 July, Rosanna Smith, 439k uvm; Montgomery, AL)

A former Central Alabama Veteran Health Care System neurologist is speaking out after he says he was fired for refusing orders to manipulate veteran patient records.

This comes weeks after National Public Radio published an article making claims the Veterans Affairs is entrenched with a management culture using fear and intimidation to prevent potential whistleblowers from talking.

Dr. William Lievens first experienced working with the VA in Miami and in Birmingham while going to medical school and completing his residency fellowship training.

"If you have never served your country then you need to have some part of your life spent serving those who have," said Dr. Lievens.

The 37-year-old physician has always taken providing patient care to veterans seriously.

"It is a real privilege and honor to be able to help treat these people that really deserve more than many," he said.

In 2016, after being in private practice for several of years, he accepted a position as a Neurologist with the Central Alabama Veterans Health Care System.

"I took it very excitedly and very happily," Lievens said.

According to Lievens, he was seeing patients who had not been seen by a VA neurologist for as long as four years. He says the reason for this was it had been 4 years since CAVHCS had employed a staff neurologist prior to his employment.

"I would roughly see about 50 to 65 patients a week," he said. "Almost all my time was set to the clinic. I had one half day a week for administrative time."

In addition to being a staff neurologist he also served as the only sleep medicine physician on staff. Lievens did not mind the large work load, because he was doing what he loved.

"For me the number concern was always patient care," said Lievens.

Lievens says it only took a few months before he was met with resistance for what he calls complete and detailed treatment for complex neurological diseases.

"It was an effort being told to make visits shorter, make notes shorter. Eventually to the point I was being told to a degree almost to have omission, out of the record, kind of the full breath and scope of what was going on to just be very narrow in what I was doing. Unfortunately that doesn't really work with what these veterans have and a lot of conditions I treat," said Lievens.

Refusing to manipulate veterans patient records, Lievens says he was stripped of his remote access, taken off duty for eight months, suspended with pay, and ordered to show up only to sit in isolation.

"March through June basically, I would have to come to work, sit in the corner by myself, and sit there," said Lievens.

In June he received a letter of termination. He is now challenging the legitimacy and legality of the decision.

"Because I didn't succumb to the easy route, ultimately suffering the consequences for that," said Lievens.

After reading an NPR article which uncovered widespread retaliation against VA whistleblowers in Montgomery and Tuskegee, he realized he was not alone.

"It is nice to know I am not alone and it validates me for what I feel has been happening to me," said Lievens.

While his professional reputation is now in jeopardy, he still is focused on one thing.

"The bottom line is the people that really ultimately get affected by this are the veterans," said Lievens.

CAVHCS sent this statement:

"Due to privacy restrictions, we cannot discuss specifics regarding the individuals without their written consent. The VA does not tolerate retaliation. Any employee who feels he or she is experiencing retaliation should contact the Office of Accountability and Whistleblower Protection."

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1.5 - Roll Call: [VA Weighs Lifting Exclusion on Gender Reassignment Surgery](#) (9 July, Lauren Clason, 431k uvm; Washington, DC)

The Department of Veterans Affairs is considering removing an exclusion on medical coverage for transgender services as the Trump administration battles multiple lawsuits against its transgender policies.

The VA released a request for comment Friday in response to a 2016 petition it received under former President Barack Obama to allow coverage of sex reassignment surgery. The petitioners, Dee Fulcher, Giuliano Silva and Transgender Veterans of America, eventually sued the Trump administration in 2017 in the U.S. Court of Appeals for the Federal Circuit. The case is ongoing.

Sasha Buchert, an attorney with Lambda Legal who is representing the plaintiffs, said the move is likely in response to the court's questions on whether the administration adequately considered the petition.

"Based on this administration's relentless hostility towards transgender service members and veterans, I can only believe that they are going through the motions to achieve a preordained result," Buchert said.

In May, the court ordered the VA to supply additional documents by July 9 that show deliberations concerning the petition, saying it had so far received "scant evidence" on why a response has been delayed. The VA did not respond to a request for comment Friday.

The administration's attitude toward transgender individuals makes a rule change unlikely. President Donald Trump announced via Twitter last July that transgender individuals would not be allowed to serve in the military "in any capacity." Multiple judges blocked the sudden ban, and the administration is appealing.

The VA is seeking public comment on the impact that gender reassignment has on mental health, suicide, and access to care for veterans in areas where relevant specialty doctors are in short supply. But the department highlighted its doubts about the benefits by citing a recent report from the Department of Defense.

"That report noted considerable scientific uncertainty and overall lack of high quality scientific evidence demonstrating the extent to which transition-related treatments such as sex

reassignment surgery remedy the multifaceted mental health problems associated with gender dysphoria,” the VA wrote.

But the nation’s most prominent medical groups, including the American Medical Association, endorse gender reassignment surgery as a treatment option for individuals with gender dysphoria, a condition in which a person’s psychological gender identity differs from his or her physical gender. The AMA has filed a brief in support of the plaintiffs.

The Department of Health and Human Services has also worked to make policy changes that advocates worry could negatively affect transgender individuals. In January, HHS proposed enforcing a number of “conscience protection” laws that allow doctors to opt out of procedures they find morally objectionable.

Trump cited “tremendous medical costs” as part of the reason for his decision to ban transgender troops from the military. But Buchert sought to counter that argument, pointing to a 2016 report from the RAND Corporation commissioned by the Pentagon that estimated the cost of transgender surgeries was at most \$8.4 million annually or a 0.13 percent increase in spending.

“It’s just a ridiculous argument that this is going to be some costly issue they’re going to have to cover,” she said.

Comments are due by Sept. 9.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Citizen-Times (Video): [New legs, new life for Vietnamese man who lost legs fighting for U.S.](#) (8 July, John Boyle, 318k uvm; Asheville, NC)

Ambling through the physical therapy room, Chea Son holds onto a walker, but he's confident enough to occasionally raise a hand and wave or give a thumbs up, all with a big smile.

He's almost casual for a modern marvel. The high-tech Genium microprocessor legs he's using have computer chips and gyroscopes built in them that make on-the-fly adjustments to his gait.

Oh, and they cost over \$100,000.

Son, now 68, lost his legs at age 18 while fighting for the United States during the Vietnam War. He just came to the U.S. in December, after the Vietnamese government allowed him to move here to be with family, and he now lives in West Asheville.

Son initially had wooden prosthetics, but they wore out after two years. He switched to a wheelchair, the prospect of ever walking again a dim hope.

But here he is, circling the room at a steady pace, staffers nearby if he needs them.

Chea Son, 68, a resident at the Community Living Center at the Charles George VA Medical Center in Asheville, is assisted in a physical therapy session by Ruth McNair, a physical therapy assistant Friday, June 22, 2018. Son, who is Vietnamese, is a bilateral amputee and formerly worked for the U.S government. He arrived at the VA in December of 2017 and has been learning how to walk with his prosthetic legs for about a month.

"He has exhibited an extreme amount of flexibility, mobility, strength, cardiovascular ability," said Dr. Anne Hammonds, a Community Living Center physical therapist. "These are not for everybody. To have bilateral trans-femoral amputations, the energy cost for him (to walk) is 100-120 percent more than what it takes you or I to get up and walk to the bathroom. So for him, just to stand is like as hard as sprinting."

Each prosthetic leg weighs 10 pounds, and Son has to move them from motions in his remaining upper legs, as well as his hips and torso.

"It is definitely a workout," Hammonds said. "He has maintained such a phenomenal amount of strength and ability that it's really amazing to watch."

Ruth MacNair, a physical therapy assistant, has come to know Son well in the six weeks she's worked with him, sometimes spending three hours a day together. Through a live interpreter on her smartphone, MacNair can ask Son questions and give him therapy directions.

"He was 18 when his troops were called by the U.S. to assist with a battle," MacNair said. "He was one of 30 that were wounded. Out of those 30, he is the only one walking. He lost both his legs at 18."

Because of his service to the American cause, Son qualifies fully as a U.S. veteran, and the government is paying for the legs. While he lives here now with wife, daughter, son-in-law and two grandchildren, eight of his children remain in Vietnam.

Once here, he did not start out with the high-tech legs.

"He tried out little stubby legs first, to really work on trunk strength and balance," MacNair said. "He did so well, they gave him these very high tech legs."

During a break in his therapy in late June, Son takes a seat and rests. In just a few seconds, he can remove the legs to allow a reporter to test their heft. Asked what the hardest part of using the new legs has been, Son answered quickly, the translation following.

"The hardest thing, the first one, is the pain," Son said. "At first it was painful, but these days it is getting better, and I feel more comfortable walking using these legs."

At first, because he had been relatively inactive, his remaining upper legs had atrophied, and the new legs didn't fit well.

"But as I practiced and days went on the past month, I've been making improvements," Son said. "Right now I am feeling very comfortable using the legs."

At times, MacNair guided Son through double elevated railings that helped support his weight. The ultimate goal is for him to walk without the walker, first with crutches and then a cane. But even getting around with the walker is huge progress.

Patients like Son have to go through a prosthesis "boot camp," learning how to care for the legs, recharge them, put them on and take them off and be cognizant of issues such as wound pressure and wound care.

MacNair said Son "graduated" from in-patient care on June 27 and now will be coming in twice a week for outpatient therapy.

"He walks all over by himself, walking with that walker," she said.

MacNair has been at the VA for five years and working in physical therapy for seven. These legs are usually too daunting for older vets to take on, because they require so much core strength.

"He is an amazing man," MacNair said. "We love those vets who just put so much effort in. He has defied the odds for his age. Nobody I've ever seen his age can walk with those high-tech legs."

Working with Son has been incredibly rewarding to her..

"I have a lot of pride in what we do as an entire team," MacNair said. "I love my job, and we love our vets and we try and go above and beyond, honestly. That's why we're here. I guess that's our personality. We're here to take care of people."

Son has seen that firsthand.

"Everyone here from the doctors to nurses to physicians, at this facility in particular and this hospital, has given me very much care, they have been paying attention to every detail," Son said through the interpreter. "They are very willing to help and very welcoming, and I thank them very much."

MacNair said Son was really excited to be discharged, as the family planned to go to the beach for the July 4th holiday.

For his part, as Son strapped the legs back on for another lap around the therapy room, he beamed with pride at the literal steps he's taken.

"I feel that this is a success," he said. "I feel like my wish is coming true."

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3.2 - KFYR (NBC-5): [New VA Outpatient Clinic opens in Williston](#) (9 July, Jemeisha Lyde, 77k uvm; Bismarck, ND)

WILLISTON, N.D. - There's a new veterans healthcare clinic in Williston and officials say the services have also improved.

The new VA Outpatient Clinic opened July 1. Located just off 16th Street, better parking is just the beginning of the improvements. Now, the clinic also has a larger range of staff to treat patients. The building is approximately 5,800 square feet, has four exam rooms and one room designed for women's health.

Officials behind the project say the development was greatly needed in the community and the timing was just right.

"We are very excited to have the clinic open in Williston. The previous clinic is actually shutting down the contract for the previous clinic expired. Hence the reason why we opened the new clinic because we contracted out to a new company," said Ross Tweten, Fargo VA public affairs officer.

The new facility will feature services in primary care, behavioral and preventive health.

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3.3 - FedScoop: [VA wants to use AI to boost veteran experience](#) (9 July, Carten Cordell, 57k uvm; Washington, DC)

The Department of Veterans Affairs is looking to leverage artificial intelligence to improve the services it provides veterans.

The agency called for industry input on how to apply the technology to its call centers and websites in a recent request for information.

VA officials believe the technology can help improve veterans' experiences when they call in, providing them with more timely care while freeing up staff from increasing service demands.

"Maintaining a large staff of well-trained agents to handle the depth and breadth of questions and issues veterans and caregivers commonly seek assistance with during peak days and times is challenging and many times veterans and caregivers are unable to receive immediate assistance because agents are actively assisting other customers," the RFI says. "AI can help minimize this issue by improving the speed of information retrieval, and the quality and accuracy of information provided to the end user."

The agency is looking for an AI software-as-a-service solution with features like natural language processing, capable of evaluating user responses for emotional states, using predictive analytics to memorize conversations and identifying the best actions to take for users.

VA officials said the proposed solutions could be used in a one-year base contract with four additional one-year options competed as part of its Transformation Twenty One Total Technology Next Generation, or T4NG, indefinite delivery, indefinite quantity contract vehicle.

This isn't the agency's first brush with AI. In 2016, the VA entered into a five-year partnership with a company called Flow Health to use the technology "to inform medical decision-making and train AI to personalize care plans."

But former Secretary of Veterans Affairs David Shulkin backed out of the deal after it was learned that included the use of veterans genomic data to train the AI, a violation of agency policy, a VentureBeat report said.

Industry stakeholders have until July 16 to respond.

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[4. Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [Former VA Pathologist Denies Being Impaired on Duty](#) (9 July, Hannah Grabenstein, 23.9M uvm; Washington, DC)

LITTLE ROCK, Ark. (AP) — A former pathologist has denied he was impaired on duty amid an Arkansas Veterans Affairs hospital's investigation into more than 30,000 of his cases dating back to 2005.

Robert Morris Levy of Fayetteville says the Veterans Health Care System of the Ozarks fired him as Chief of Pathology because of a DUI which was ultimately dismissed.

The hospital has said Levy was twice found to be impaired on duty and consequently terminated him in April.

At a town hall Monday morning, the VA told a crowd of veterans that 3,000 cases have now been reviewed, but did not provide an update on the number of missed diagnoses.

Previously, the hospital said that out of 911 cases, they had found 7 missed diagnoses and one possible death.

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4.2 - The Blade: [Editorial: Lost medical equipment is yet another VA outrage](#) (9 July, 1.1M uvm; Toledo, OH)

Once again, the agency that is supposed to be fulfilling America's promise to the people who serve in our military is revealed to be failing both veterans and taxpayers.

In the last three years, Veterans Affairs facilities in Ohio have lost more than \$1 million in equipment — ranging from small electronics, such as iPads, to large and expensive medical instruments, according to an investigation by Columbus television station WBNS.

The equipment went missing despite, or perhaps because of, an elaborate digital tracking set-up called "real-time location systems." The tracking system uses tiny tracking devices attached to VA equipment that, theoretically, can be tracked remotely.

The nationwide system cost the VA about \$400 million, about \$24 million of which was spent in Ohio. This would have been money well spent if the system worked, which VA employees have said it does not. Radio interference blocked signals in some cases. The tags were not properly installed on equipment in others.

The VA both wasted hundreds of millions on a tracking system that did not work and lost more than \$1 million in equipment. Among the items “lost” between 2014 and 2017 were a \$5,000 portable patient lift, a bedside monitor that costs \$28,000, and a stretcher worth \$12,000, according to the WBNS report. The investigation found equipment had gone missing from VA centers in Columbus, Chillicothe, Cleveland, Cincinnati, and Dayton.

This is outrageous and yet not surprising, given the track record of the VA in recent years. In 2014 it was revealed VA officials had been doctoring patient records to make it look as if veterans were getting prompt care when they were not. In fact, many veterans waited months or even years for care they are due thanks to their service to our country. Some even died waiting for medical care.

Now there is another black eye for the agency that should be among the finest in the federal government. What responsibility could be greater than living up to the promise of taking care of veterans?

Investigators must get to the bottom of this latest scandal and anyone who played a role in “losing” more than a million dollars worth of equipment that was supposed to be helping veterans with their health care needs to face criminal charges.

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4.3 - KMOV (CBS-4, Video): [Veteran fired from VA job, says it's payback for disability dispute](#) (10 July, Ashli Lincoln, 866k uvm; Saint Louis, MO)

Two-time war veteran Eric Carter told News 4 the last thing he was expecting to see during the week of Independence Day was a letter from the Office of Veterans Affairs seeking his termination.

“I think it’s awful, I really think it’s awful that you can’t come to work and work in an environment that you serve your country for,” said Carter.

He says the in the last six months he’s been careful at work.

“I’ve gone through so many changes trying to prevent this here,” said Carter.

We told you back in December Carter hired an attorney to fight a shift change at the Jefferson Barracks Branch where he works.

The custodian said because of his medical condition, agoraphobia, he’s unable to be around a lot of people, and has to work the night shift.

He won that battle, at least he thought so, until he got letters stating grounds of termination. The letters allege he went AWOL, taking improper leave and dressing out of uniform.

Carter and he and his attorney feels this is payback.

"As long as I'm in their reach, it gives them the opportunity to do what they want to do to me," Carter said.

They say the days in question, Carter did not go AWOL but requested to take medical leave.

"Any time that I call in, it's for legit reasons," he said.

News 4 reached out to the Office of Veteran Affairs, who said they can't comment because they are still reviewing the case.

For now, Carter says he's trying to remain positive.

"You back a dog against a wall and he'll strike out at you," he said. "I don't want to do none of that, all I want to do is be left alone," said Carter.

Cater and his attorney will have a hearing Wednesday with members of the VA to discuss the situation.

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4.4 - ABA Journal: [ADA lawsuit about Florida Bar examiners' mental health requirements allowed to proceed](#) (9 July, Stephanie Francis Ward, 438k uvm; Chicago, IL)

A federal judge in Florida has allowed a suit by a law student to go forward against the Florida Board of Bar Examiners, alleging that the board violates the Americans with Disabilities Act by requiring candidates with mental health conditions to undergo and pay for invasive procedures. The ADA lawsuit was brought by Julius Hobbs, the Daily Business Review reports. A student at the Western Michigan University Cooley School of Law's Tampa campus, Hobbs as a first-year student in 2016 submitted a bar application to the board of bar examiners. In it, he disclosed that he'd been treated at the Veterans Administration Medical Center for adjustment disorder with mixed anxiety and depressed mood, and alcohol-use disorder, according to the June 16 order.

Hobbs also disclosed in the application that he's been arrested for driving under the influence. An Army captain who served in Afghanistan and Iraq, Hobbs attributes his mental health issues to work dealing with explosive devices. His bar application included a letter from his clinical psychologist, who wrote that Hobbs had undergone treatment and was making significant progress.

The Florida Board of Bar Examiners told Hobbs that it needed all of his medical records. Also, he would need to submit a full medical evaluation, which would include a psychiatric evaluation, a substance disorder use evaluation, a complete physical examination and psychosocial testing, according to the order. The exams had to be done by one of 11 doctors specified by the board, and Hobbs would need to pay for it, with the procedures costing up to \$5,000.

Also, the board told Hobbs that he could choose to have an investigative hearing, which would cost \$250.

U.S. District Court Judge Robert L. Hinkle did not rule on the merits of the case. However, he noted that if it were proven true that the board forced Hobbs “to submit to invasive procedures and to expend funds not because the requirements serve a purpose in determining his fitness to practice law, but only because he has a disability,” the board committed a violation of the ADA. “Placing unnecessary hurdles in the path of a person with a disability is the paradigm of an ADA violation,” he wrote in his opinion.

The order notes that the board of bar examiners should “inquire fully” about an applicant’s fitness to practice law, and it’s appropriate for the agency to ask about some mental health conditions, as well as past issues of driving under the influence. Also, the order dismissed the Florida Supreme Court as a defendant.

Hobbs reached out to the VA for help after his personal relationship ended and he faced a child custody battle, according to the Daily Business Review. He told the publication that when he worried, he would drink heavily, and struggle with anxiety and depression.

According to the Florida Board of Bar Examiners’ motion to dismiss the lawsuit, Hobbs has two DUI arrests, from 2006 and 2012. He received psychotherapy at the Tampa VA hospital between November 2015 and April 2016, six months before he filed his Florida Bar application, the filing states.

The board of bar examiners also asked Hobbs about his 2005 divorce proceedings, his sobriety date and what sort of support he was getting for the alcohol use disorder, according to its motion to dismiss. It argued that Hobbs lacked standing, because he had withdrawn his bar application following the agency’s response.

Hobbs does have standing, the June 16 order states, because he plans to apply again and expects to graduate in 12 months. If he waited five more years to apply, and didn’t receive mental health treatment during that time, he could avoid having to answer “yes” to the related bar application question, according to the order.

A statement sent by James J. Dean, who represents the Florida Board of Bar Examiners, said that the board does not comment on individual applications.

“The Florida Board of Bar Examiners, an administrative agency of the Florida Supreme Court, exists to protect the public and safeguard the judicial system through its character and fitness investigations of applicants seeking admission to The Florida Bar. In so doing, the board follows state and federal laws, including the Americans with Disabilities Act,” the statement reads.

Matthew Dietz, Hobbs’ lawyer, notes that in 2014 the U.S. Department of Justice settled a similar lawsuit with the state of Louisiana. He adds that in 2015, the ABA House of Delegates passed a resolution urging attorney licensing agencies to eliminate questions about an applicant’s mental health history, and instead limit bar admissions questions to issues involving conduct or behavior that would impair someone’s ability to practice law.

“There is no reason why Florida has not adopted the ABA resolution involving not inquiring on a person’s mental health condition,” says Dietz, litigation director of Florida’s Disability Independence Group. “The board of bar examiners should encourage mental healthcare. By doing this, they are just building more barriers for folks who need treatment.”

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4.5 - Savannah Morning News: [Local VFW post to provide weekend services to veterans](#) (9 July, Brittini Ray, 436k uvm; Savannah, GA)

On Saturday, for the first time in history, veterans of foreign wars were able to step into a Veterans Affairs office on the weekend to receive advice and assistance.

The VFW Post 4392 is the first in the nation to be granted office space in a VA clinic to help expedite claims. Veteran service officers will now offer assistance at the Savannah Out-Patient VA Clinic behind the Savannah Mall from 9 a.m. to noon every Saturday, excluding holidays.

“We’re very happy today,” said Frank Mullis, a Vietnam veteran who helped to spearhead the Savannah grand opening.

Until now the VFW was denied access to any VA clinic to provide advice and assistance to veterans with disabilities in filing for VA Determination, according to officials.

“Our current generation of wounded warriors need and deserve to have ‘all hands on deck’ to speed up their receipt of needed physical rehabilitation and occupational re-training to regain their ability to support their family and regain their dignity,” said retired Lt. Col Doug Andrews.

Armed with coffee and hot donuts, members of the VFW Post 4392 stood eagerly at the Savannah Out-Patient VA Clinic on Saturday morning to welcome their fellow veterans.

The veteran service officers are all volunteers looking to help others navigate system.

The weekend availability is meant to help veterans from having to miss work or risk being fired for asking for time off.

Veteran service officers went through extensive training at their own expense to understand the disability regulations and guide other veterans through the process, according to Mullis.

And Mullis said he’s beyond happy that his fellow veterans are finally getting the help they deserve.

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4.6 - Midland Daily News: [Saginaw VA receives national award](#) (9 July, 192k uvm; Midland, MI)

In recognition for leading the health care industry in sustainability and environmental stewardship, the Aleda E. Lutz VA in Saginaw received the prominent Greenhealth Emerald Award from Practice Greenhealth, the nation's leading organization dedicated to environmental sustainability in health care. The award is one of the Environmental Excellence Awards given each year to honor environmental achievements in the health care sector.

The Greenhealth Emerald Award recognizes the health care facilities that are setting the standard in eliminating mercury, reducing and recycling waste, sustainable sourcing, and other

areas. Winning hospitals have demonstrated a strong commitment to sustainability and shown leadership in the local community and in the health care sector.

Specific improvements made at the Aleda E. Lutz VAMC was Nutrition and Environmental Service worked to reduce food waste through on-demand ordering and implementing food waste reduction measures. They also added a greenhouse and garden area to produce fruits and vegetables for our patients. The garden area produced about 400 pounds of produce in the summer 2017. The estimated cost savings realized was \$800 to \$1,000.

"As health care providers, sustainability is at the core of our healing mission and central to protecting the health of our Veterans, staff, and community," said Karandeep Sraon, acting medical center director. "We look forward to continuing this work to drive the future of health care toward sustainability. We thank our VA employees for all they do to help support these efforts in their daily work as well."

In addition to the facility award, the Aleda E. Lutz VAMC as part of the VISN 10: VA Healthcare System (Cincinnati, OH), was recognized nationwide by receiving the "System for Change Award" by Practice Greenhealth. The System for Change Award recognizes health systems who are working cohesively to set system-wide sustainability goals, track performance data, benchmark, and support intra-organizational learning and implementation within their institutions.

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4.7 - WJET (ABC-24): [Veteran Town Hall held at VA Medical Center](#) (9 July, Syeda Abbas, 191k uvm; Erie, PA)

A Veteran Town Hall was held at the VA Medical Center to update veterans on programs and services.

The event provided an opportunity for veterans to ask questions and share feedback about Erie VAMC Healthcare. Topics included new construction projects, mental health, and homelessness. The town hall is held to receive feedback from veterans which improves and modernizes VA health care.

Desert Storm Veteran Randy Luce says he goes "to see if there are any new benefits that are coming about and plus, the new renovations concerning dental which was one for me and it's kind of neat that there putting in a new one".

The town hall was put together by the Erie VAMC leadership team.

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4.8 - KNWA (FOX-24, Video): [VA Hospital Holds Meeting Addressing Misdiagnosis Questions](#) (8 July, 189k uvm; Fayetteville, AR)

If you have questions and concerns you want to raise about the possible misdiagnosis of patients from the VA Hospital, you can attend a town hall Monday morning.

According to VA Public Affairs Officer Wanda Shull, you can join a meeting at 11 a.m. at the Veterans Health Care System of the Ozarks on College avenue in Fayetteville.

Officials with the hospital will be on hand to address your needs.

Shull released a statement on behalf of the hospital regarding the town hall, which reads:

"The town hall is being held with the goal of ensuring veterans, their families, and beneficiaries are provided with the most current information and have their concerns addressed by senior VHSO officials.

VHSO will also be joined by representatives from the Veterans Benefits Administration to help answer any related benefits questions veterans may have."

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4.9 - The Town Talk (Video): [Motions denied, trial set for Alexandria man accused in VA death](#) (9 July, Melissa Gregory, 188k uvm; Alexandria, LA)

A bid to continue the trial of a former Alexandria VA Medical Center employee accused in the 2013 death of a patient failed on Monday as a Rapides Parish judge denied two motions.

Fredrick Kevin Harris, a 56-year-old Alexandria resident, faces trial this week on a charge of negligent homicide in the death of 70-year-old Charles Lee Johnson, who was a psychiatric patient at the VA facility in Pineville.

Harris' defense attorney, George Higgins III, filed motions late last week for supplemental discovery. Back on June 11, he also filed a motion in limine, and all were heard Monday morning.

Ad hoc Judge Harry Randow had the motion in limine and one of the supplemental motions, but he repeatedly questioned Higgins on why he had waited until days before the trial to file the supplemental motions.

Higgins said several things were discovered as he prepared for the trial — that he needed medical records of two witnesses subpoenaed by the state and that a drawing, some notes and some video and/or audio recordings of witnesses could not be found.

The attorney said the two witnesses might have been patients on the same unit with Johnson, and their records could tell the defense whether they were medicated at the time of the incident.

"Why, on July 5 and 6, did Mr. Harris decide he needed this information?" asked Randow.

Higgins said he had been preparing for the trial as he juggled numerous other cases. He insisted these things were critical to Harris' defense.

In making his argument, Higgins said there was "no doubt" that Harris restrained Johnson, and there was "also no doubt" that Johnson hit his head on his bed, on the floor or both.

Johnson was taken to another unit at the VA for an examination, and a CAT scan was performed on the night of the incident. Higgins said medical personnel read the wrong scan and sent Johnson, who was suffering from bleeding on his brain, back to his unit.

The mistake wasn't discovered until the next day, and it was then that Johnson was transferred to Rapides Regional Trauma Center, said Higgins.

Random asked how long Higgins had these records, and Higgins replied that it had been several months. As Random pressed for a specific date, Rapides Assistant District Attorney Brian Mosley checked his own records. He told Random those records had been given to the defense in February.

Random then reminded Higgins that he had said he was ready for trial when the case last was continued in early April. He said he couldn't understand why these supplemental motions were necessary "at the last hour."

After Higgins made more pleas for a continuance, Random denied the motions. He reiterated that he had said on April 9 that there would be no more continuances in the case unless there was good cause.

The motion in limine was granted, however, after Higgins and Mosley both agreed on it. The motion sought to prevent hearsay, which is testimony from one person who relates what another person has said.

Mosley agreed, saying Higgins was correct in trying to keep out hearsay from a now deceased witness.

The judge then told Harris to return to the Rapides Parish Courthouse on Tuesday morning for the start of his trial.

Harris' case has seen many twists and turns since his arrest in December 2013. After his injury, Johnson was transferred to a nursing home and died there on May 1, 2013.

But Harris was cleared to return to work with patients days after what VA officials had ruled an accident. It wasn't until Johnson's autopsy, ordered by Grant Parish Coroner Dean Nugent, that a criminal investigation was opened.

The autopsy, while noting that Johnson suffered from dementia and schizophrenia, listed blunt force trauma as the cause of death.

Harris eventually was charged with manslaughter, and his trial was continued six times. Then, on Jan. 25, 2017, he was indicted on a charge of negligent homicide.

The manslaughter charge was dropped. His trial was continued three more times after that.

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4.10 - Northwest Arkansas Democrat-Gazette: [VA updates inquiry on impaired pathologist's cases](#) (9 July, Doug Thompson, 162k uvm; Fayetteville, AR)

Checking an impaired pathologist's work will take six months, veterans were told today in Fayetteville. Even an immediate review would be too late for some, audience members replied at a town hall meeting.

"I have six months to live. What good is that to me?" said Harold Logan of Lavaca, a cancer patient of the Veterans Health Care System of the Ozarks.

A pathologist at the system's hospital in Fayetteville worked while impaired and misdiagnosed at least seven cases known so far, administrators confirmed in a June 18 news conference. At least one of those misdiagnosed cases proved fatal, the U.S. Department of Veterans affairs has confirmed.

All 19,794 veterans or family members whose cases were handled by the pathologist in question were sent letters that a review is under way, according to Kelvin L. Parks, interim medical director.

Parks said the system plans to contract with two medical centers to aid in its review.

He took questions for more than an hour Monday at an open meeting in the system's auditorium. The standing-room crowd of at least 150 consisted almost exclusively of veterans or family members who had received a letter telling them their cases were under review. That was according to a show of hands when Parks asked how many there received a letter.

Most of the audience's questions regarded how anyone in such a responsible position as pathologist could work impaired and no one notice or take action if the impairment was noticed.

Parks told the audience that is subject to a separate investigation by the federal Veterans Affairs Office of Inspector General. The hospital's staff includes two pathologists. The pathologist in this case had been suspended before for working impaired. The previous suspension made the repeat behavior even more predictable, audience members said.

The cases under review are prioritized by risk, Parks told the audience. Tests for the most serious possible diagnoses, such as prostate tests for cancer, will be reviewed first, he said.

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4.11 - The Joplin Globe: [Veterans question VA over report of 'impaired' pathologist at town hall](#) (10 July, Tyler Wornell, 76k uvm; Joplin, MO)

FAYETTEVILLE, Ark. — Confusion, anger, disappointment and even tears filled an auditorium at the Veterans Health Care System of the Ozarks on Monday as veterans sought answers about a doctor that the hospital alleged last month was working while "impaired."

The Department of Veterans Affairs announced in June that it would review 33,000 cases that the pathologist had a role in overseeing after he was allegedly found impaired in October 2017 and then fired in April 2018.

An initial review of 900 cases found seven misdiagnoses.

The town hall drew more than 150 veterans and family members who asked questions of Kelvin Parks, interim medical center director, who opened the meeting by expressing regret and sympathy to those affected, and their families.

"To my fellow veterans, I say, 'I'm sorry that this has happened,'" said Parks, who was named interim director in January. "This is something that I own, VHSO as a family owns, and we will get it right. We will get you your answers that you deserve."

No new misdiagnoses

As of Monday, 3,000 cases, or 9 percent of the total, had been reviewed. No more misdiagnoses have been found, and Parks said the full review should take about six months to complete. Half of the cases will be reviewed by VA doctors at other clinics and hospitals, and the other half will be reviewed by doctors at academic affiliates, which Parks said should begin working within the next two weeks.

As the barrage of questions from the crowd kept coming, one theme emerged: How did this happen, and what's being done to ensure it doesn't happen again? Some of those who spoke also questioned whether VA officials were telling veterans and the public everything they knew about the pathologist, and what the VA knew.

Parks said there was a "vulnerability" in the internal case review process that sometimes allowed supervisors to review their own cases. Moving forward, the hospital will have someone from the quality control department manage and oversee all case reviews.

While the hospital has not disclosed the name of the pathologist, The Associated Press reported Monday that the doctor is Robert Morris Levy, who has denied being impaired on duty and said the hospital fired him for a DUI that was eventually dismissed.

'It gets to you'

U.S. Navy veteran Alan Reed, 54, said he was startled and extremely worried when he received a letter from the VA saying his cases were under a second review. He's had four biopsies for four different procedures.

He said he is still waiting to find out if any of his cases were among those that were misdiagnosed and added that the process has taken a psychological toll on him.

"It gets to you," Reed said. "You can't stop thinking about it."

Despite the setback, Reed said he still has confidence in the VA and wants the Arkansas congressional delegation to step up and do something to fix it. Several members of the delegation, while not there themselves, sent representatives to monitor the meeting.

Kay Kitterman, 59, a U.S. Navy veteran originally from Neosho, Missouri, who now lives in Fayetteville, said she isn't affected by a case review but came to the town hall after hearing about it and wanting to meet with VA administrators and congressional representatives.

Kitterman said the biggest problem at the VA hospital is the complaint reporting structure, and worried that details were being covered up via a process that she dubbed an "underground basement."

Kitterman said, "The employees know a lot of things that go on but they are in fear of their jobs or retaliation against them if they speak up."

Changing that culture, Kitterman said, can only come through better leadership, policies and procedures.

'Zero oversight'

"You need more accountability and oversight. There is zero oversight here," Kitterman said. "You need more people who are going to step up and have zero tolerance for bullying and harassment."

Asked if Parks can be that leader, Kitterman said: "That remains to be seen. I want him to be the man that will come in and fix this. He was brought into this mess to clean it up. I think if he really wants to enact real change, then he will listen to veterans and employees."

The town hall was also attended by former VA employees, including Juanita Harris, 56, who served in the U.S. Army for 20 years. She received a letter from the VA and still isn't sure which case of hers is being reviewed.

She worked in the hospital's pathology laboratory as a secretary from 2002-2010 and claimed she witnessed improper procedures. After Monday's town hall, she said her confidence in the hospital isn't any higher.

"I'm not feeling any better," Harris said. "Would you want your family coming to a VA facility for a surgical result with a history of this one?"

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4.12 - The Daily News: [Two retire from VA Medical Center in Iron Mountain](#) (9 July, 54k uvm; Iron Mountain, MI)

The Oscar G. Johnson VA Medical Center in Iron Mountain recently celebrated the retirement of two employees with almost 60 years of combined service at the facility.

Brad Tomassucci retired June 29 as laboratory manager after a career at the medical center that spanned three decades.

Karla LaDuron of Iron Mountain stepped away May 25 after 28 years of federal work, most recently in administration for the chief of medicine.

Born and raised in Iron River, Tomassucci graduated from West Iron County High School in 1980 and from Michigan Technological University in 1984 with a bachelor's degree in medical technology.

Tomassucci spent his entire VA career in Iron Mountain, dating back to June 8, 1988. He worked in the lab, beginning as a bench technologist in the chemistry section. In 1995, he became team leader overseeing the chemistry, urinalysis and specimen processing

departments of the laboratory. In 2002, Tomassucci was promoted to laboratory manager and remained in that position until his retirement.

Tomassucci and his wife, Tammy, have two sons and a daughter.

LaDuron was born and raised in Kingsford and Iron Mountain, graduating from Iron Mountain High School. She formerly was employed at Michigan Bell Telephone Company/AT&T for 18 years before coming to the Oscar G. Johnson VA Medical Center on Dec. 17, 1990. She worked in several services during her tenure, retiring from administration for the chief of medicine.

LaDuron just marked 44 years of marriage to Ron LaDuron. They have two daughters and six grandchildren.

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4.13 - McKnight's Long-Term Care News: [It's not always risky if your residents are feeling frisky](#) (9 July, Kimberly Marselas, 56k uvm; Northfield, IL)

A new study finds a single education session can improve long-term care nurses' knowledge about resident sexuality.

Researchers at Madigan Army Medical Center and the Department of Veterans Affairs in Tacoma, WA, offered nurses a 39-minute session on sexuality and intimacy among seniors. Participants included 21 nurses — ranging from aides to registered nurses — who worked at a Veterans Affairs long-term care facility.

Before and after the class, researchers measured the nurses' understanding and attitudes about related issues using the Aging Sexual Knowledge and Attitude Scale. The metric includes 61 questions — 35 to measure knowledge and 26 to measure attitudes.

The study found post-education knowledge increased significantly and reliably. Attitudes, however, improved only marginally.

Results were presented at the American Geriatric Society 2018 Annual Scientific Meeting in May.

Previous research has shown that sexuality is an often-overlooked health topic in nursing homes, typically due to negative attitudes, lack of knowledge and limited resources to develop policies and train staff. The issue can be especially complicated when dementia is involved.

More nursing homes, however, have been encouraged to develop supportive policies since a 2015 case put a man on trial for having sex with his Alzheimer's-diagnosed wife in her nursing home. He was eventually found not guilty.

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4.14 - The Sheridan Press: [Caregivers — the silent warriors](#) (9 July, Michele R. Pourier, 37k uvm; Sheridan, WY)

July is a wonderful time of year. There is a gentle simplicity in the air, the smell of hot dogs on the grill, our American flag flying strong and proud, fireworks and mom's apple pie — this warmth and hospitality especially ring true in our caring community. In fact, one of the things I love about Sheridan is it is filled with people who give their time for others, and the best examples of that from my perspective are caregivers — men and women who provide for the needs of someone in their life who can't do so on his or her own.

I've come to appreciate these individuals because of my role in the Caregiver Support Program with the Sheridan Veterans Affairs Health Care System — I have been serving veterans here as a registered nurse for more than 14 years, and for the last five years I have been serving those who I call the "silent warriors" too. These silent warriors are the spouses, parents, sons, daughters, partners or friends that unselfishly provide nurturing care to our men and women who have come home with injuries (whether wounds are visible or not) acquired during their service to our nation.

Caregivers I interact with support our veterans, but there are many caregivers in the community who also deserve recognition. These silent warriors are men and women who have similarly found themselves in a role they may not have felt ready for but stepped up anyway to provide much-needed support.

Caregivers for both veterans and non-veterans come from places of love. In the VA, I've seen a daughter of a Pearl Harbor survivor who first tended to her father's needs remotely then supported him in-person in the latter part of his life; a mother of an OEF/OIF veteran who ensures her son is taking medication to head off suicidal thoughts; and a spouse who cares for someone changed by three deployments, returning home dependent on the caregiver because of short-term memory loss and confusion. Caregivers in our community may not care for someone who faced the same situations as our veterans, but they do an immense job supporting men and women with similar physical or mental health issues. I salute those individuals for an equally difficult role and am proud to know there are resources in our community to support them.

If you are a caregiver, please check into what our community has to offer for resources. The National Family Caregiver Support Program is active in our area at The Hub on Smith and a great option to utilize. I've witnessed firsthand how much difference it can make for a caregiver to have a network of support — it helps you and the person for whom you're caring.

If you know someone who is a caregiver, please help him or her find those resources or (if possible) offer your support — their health and wellbeing are at stake.

Michele R. Pourier, RN, is the caregiver support coordinator for the Sheridan Veterans Affairs Health Care System.

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4.15 - KARK (NBC-4, Video): [VA Doctor Accountability Focus of New Bill](#) (9 July, Drew Petrimoulx, Little Rock, AR)

WASHINGTON - The case of a Fayetteville Veterans Affairs doctor who was practicing medicine while "impaired" is the motivation behind a bill sponsored by Arkansas U.S. Sen. John Boozman.

It would increase oversight of VA doctors.

The Fayetteville doctor was suspended, but because of lax oversight and poor record keeping, he was allowed to work again, possibly resulting in the death of one patient and misdiagnosing others.

Our Washington Correspondent Drew Petrimoulx reports on the plan to crack down and save lives.

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5. [Improve Timeliness of Service](#)

5.1 - Atlanta Journal-Constitution (Video): [Report: Veteran who lit self on fire wanted people to 'see the light'](#) (9 July, Becca J. G. Godwin, 11.8M uvm; Atlanta, GA)

Newly released reports about the Air Force veteran who intentionally lit himself on fire in Atlanta last month reinforce assertions that the act was an attempt to draw attention to veterans' issues.

John Michael Watts stood outside the state Capitol on June 26 and, strapped with homemade bombs and fireworks, doused himself with gasoline before lighting the devices. A Capitol police officer extinguished the flames, but he was badly burned.

The 58-year-old died nearly a week later, on July 2.

Moments after the explosions, an officer asked Watts if he did it on purpose. Watts said yes and added that “the (Department of Veterans Affairs) would not help him,” according to a partially redacted Georgia Department of Public Safety incident report obtained by The Atlanta Journal-Constitution.

On the way to Grady Memorial Hospital, Watts reportedly told a paramedic: “It was the only way to make people see the light.”

A report also noted that Watts told the officer some of his relatives “would not listen to him.” Watts' sister, from Massachusetts, told officials at Grady that she tried to “talk him out of it” on the phone before the incident, a report said.

Once at the hospital, Watts again said yes when asked if he intentionally lit himself on fire, a report said.

Watts also told a medical director that his wife left him a year ago and that “no one wanted to help him,” according to a report. He said he'd driven to the city from Florida and had visited a Veteran Affairs building the day prior, though the timeline isn't clear.

Watts apparently placed several signs on the Capitol steps before his act of self-immolation. The report declined to reveal what was written on the signs.

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5.2 - The Courier-Tribune: [Miss North Carolina USA adds veteran dental care to platform](#)
(9 July, Chip Womick, 62k uvm; Asheboro, NC)

During a stop in Asheboro on Monday, Miss North Carolina USA announced support for an effort to secure dental care benefits for veterans.

Caelynn Miller-Keyes said in an interview at the Shaw Building on Worth Street in Asheboro that she had recently learned that 94.5 percent of U.S. veterans do not have government-sponsored dental health care.

“That shocked me, to say the least,” said Miller-Keyes, who was first runner-up in the Miss USA pageant last month in Louisiana.

As she travels across the nation in that role, she said, she will speak up for improved dental health coverage for veterans. The 23-year-old Charlotte resident already speaks passionately, as a survivor, about sexual assault prevention. “I feel every event I’m at is a networking opportunity,” she said.

Also at the event was Seagrove potter Phil Morgan, who described himself as “the poster child for this problem.” He said he was “exposed heavily” to Agent Orange during his service time in Vietnam. He said it affected his teeth.

“Shortly after being discharged from the military in 1969, my teeth were terrible,” Morgan said. “They were breaking, falling out. I contacted the VA, they looked at ’em, they said, ‘We got to get those out.’ They sent me to a private contractor.”

Morgan credits dental work done in 1970 with saving his life.

“We’re hoping to get the VA (U.S. Department of Veterans Affairs) to handle dental care for the veterans,” he said. “They do so now for the 100 percent veterans, but everybody else is on their own, and a lot of people cannot afford great dental care.”

State Sen. Jerry Tillman, R-Randolph/Moore, was on hand to speak on behalf of NASCAR racing legend Richard Petty, who was out of the country.

“Richard Petty is fully endorsing our doing all we can to get dental health care for our veterans,” Tillman said. “Folks, if you fix the dental health problem, you’re going to save a lot of money down the road by keeping these heart patients and heart problems, which cost much more to fix, from happening. Many of their problems start with bad teeth. And I certainly support Richard in this effort and will be all in with it also.”

Randolph County District Court Judge Rob Wilkins, a veteran of the U.S. Coast Guard, chairs the Randolph County Veterans Council. He said it was exciting to see Miller-Keyes add the dental health issue for veterans to things she promotes.

“It’s a real issue,” he said. “It’s a real problem for many veterans. A lot of veterans worry about trying to get just basic care, medical care, of course, dental care really is medical.

“From a commonsense standpoint, it just makes sense — and it’s just the right thing to do.”

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5.3 - WVNY (ABC-22, Video): [VA Medical Center scrambles to get ORs back online after flood](#) (9 July, Lesley Engle, 56k uvm; Colchester, VT)

Officials at the VA Medical Center in White River Junction hope to have three of the hospital's four operating rooms open by next week.

During an interview with Local 22 & Local 44 News, Acting Medical Director Dr. Brett Rusch said more than 60 surgeries have been canceled or rescheduled because of the sprinkler malfunction.

VA officials say a sprinkler head inexplicably burst in the main building just before 5 p.m. on June 28, causing water to stream into the surgical suite, including the sterile supply room and scrubbing area.

"[Operation room #4] is the only OR that was affected directly but because our scrub core was affected, our other ORs are non-operational too," explained Joe Nolin, chief of facilities.

VA employees and contractors from ServPro and Monument have been working around the clock to clean up.

There's no word on what caused the sprinkler malfunction. Repair costs are unknown.

Twenty six thousand veterans get care through the White River Junction VA system. No patients were affected during the flooding, according to Dr. Rusch.

"Nobody has seen anything quite like this," he said.

Dr. Rusch says surgeons have been calling patients to discuss their options while the operating rooms are closed.

"We don't like to have to reschedule any case but we're doing so out of an abundance of caution and safety," he said. "Obviously operating rooms have to be highly sterile and clean environments so we have to show the utmost caution."

The facility is up to date on inspections, according to Dr. Rusch.

"These are older buildings as is evident to everybody that comes here. But our crews have done a great job over time keeping them well-maintained. So this has been an isolated event," he said.

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6. [Suicide Prevention](#)

6.1 - The Blade: [Editorial: America's suicide crisis](#) (9 July, 1.1M uvm; Toledo, OH)

The suicide rate in the United States, which has been rising steadily in recent years, has reached the point of a national public health crisis.

New statistics released in June by the Centers for Disease Control and Prevention show that suicide rates have ticked upward from 1999 to 2016. There were 35,000 in 1999 and nearly 45,000 suicides in the U.S in 2016. That was more than twice as many homicides in the country that year.

The rising number of Americans killing themselves has made suicide the No. 2 cause of death for people 15-34 in this country.

Suicide victims are overwhelmingly male (77 percent) and white (84 percent), but the latest stats show that suicide rates are on the rise for every race and ethnic group and both genders.

The suicide crisis is even more pronounced with America's military veterans. A Department of Veterans Affairs study released around the same time as the CDC's general suicide data shows that veterans are more than twice as likely as civilians to die by suicide.

Montana was the state with the highest suicide rate. It also has one of the highest percentages of veterans in its population.

What may surprise many is that more than half the suicide victims in the United States did not have a diagnosed mental illness, though investigations after their deaths point to signs of undiagnosed mental health issues. And some observers believe that this statistic can tell us more than other suicide-related data.

One of the largest obstacles to addressing the suicide risk for many people is addressing the stigma attached to seeking help for suicidal thoughts or mental illness in general.

That makes the suicide crisis much like another public health crisis — the opioid addiction epidemic. The stigma attached to addiction prevents many drug users and their families from seeking or finding the help they need.

While experts are alarmed by the rising suicide rate, they are at a loss to explain it. Many point to several factors that are likely to contribute to rising suicide rates — a lack of access to mental health services, the relatively easy access to guns (which are used in about half of all suicides), and even a general sense of disconnection and social isolation in modern society. The concentration among vets, especially, one suspects, combat vets, is especially poignant and troubling. It become another serious VA issue that must be addressed.

Americans need to understand the climbing suicide rate as the crisis it is and devote the attention and resources necessary to reduce the rising loss of life. That means a massive public education program, similar to what the federal government, and many foundations and voluntary organizations, like the American Cancer Society, engaged in years ago for cigarettes. We also clearly need better and more urgent clinical intervention, especially in small towns, rural areas, and states like Montana. That, in turn, will require better designed programs and smarter allocation of resources on the local, state, and federal levels.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military.com: [Proposed SGLI Change Would Close Spouse Notification Loopholes](#) (9 July, Amy Bushatz, 9M uvm; San Francisco, CA)

A new proposal on Capitol Hill is the latest in a long, ongoing battle to alter the Servicemembers' Group Life Insurance (SGLI) program to be friendlier to spouses and family members.

SGLI offers an inexpensive life insurance option for troops of up to \$400,000. The benefit costs seven cents per \$1,000 of coverage and is purchased in \$50,000 increments. For \$1 extra per month, an additional benefit known as the SGLI Traumatic Injury Protection Program (TSGLI) can be tacked on. That coverage issues payments if the service member has specific injuries or is hospitalized over a set number of consecutive days.

Over the last several years, one Navy widow has fought to make changes to the program that would make it friendlier to surviving families. After her husband, Navy Lt. Cmdr. Landon Jones, was killed in a helicopter crash in 2013, Theresa Jones was startled to learn that he had declined SGLI coverage. As a result, the family was not paid \$400,000 after his death.

Current law orders the military services to notify a spouse if her service member declines coverage, something Theresa said never happened in her case. But the Navy said it didn't have to pay because, according to current law, "Failure to provide a notification ... does not affect the validity of any election."

Since then, Jones has worked with lawmakers to put changes in place. A variety of alterations has been proposed, including a requirement that the military actually notify the spouse, but none has been signed into law.

This year, the House approved as part of its version of the 2019 National Defense Authorization Act a measure that would automatically push troops into the SGLI program when they deploy, regardless of whether they've signed up. But whether it makes it into law remains to be seen.

Now Rep. Duncan Hunter, a California Republican, has again proposed a measure that would require spouses to be notified when SGLI is declined, or still get paid should the service member die.

The new bill would "require notarized acknowledgment," according to a summary.

This version has been referred to the House Veterans' Affairs Committee instead of the House Armed Services Committee, which manages changes to the Defense Department.

That's because while the SGLI program is technically run through the Pentagon, its oversight and payout is done by the Department of Veterans Affairs.

Asked by Hunter in April whether the VA would support such a change, a top VA official said "yes."

"The House Veterans Affairs Committee has been insistent that any changes regarding VA policy go through their jurisdiction. To date, the House Veterans Affairs Committee has taken no action on the issue," a press release from Hunter's office says.

"Personally, I don't care how it's done, I just want to see it done," Hunter said in the release. "Our military families of fallen service members deserve better than politicians bickering over who should actually fix a problem which causes great harm."

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7.2 - The Fayetteville Observer: [A senior VP is gone, and FTCC isn't saying why](#) (9 July, Greg Barnes, 439k uvm; Fayetteville, NC)

A high-ranking administrator at Fayetteville Technical Community College is no longer on the job, and officials are not saying what led to the departure.

"The College verifies that Dr. David Brand is leaving his position as Senior Vice President for Academic and Students Services," FTCC spokesman Brent Michaels said in an email response to questions Monday. "Effective immediately, Dr. Larry Keen (FTCC President) is assuming those duties and responsibilities until new leadership is in place."

Brand's duties included oversight of the college's All American Veterans' Center, which helps guide military veterans attending the college and provides a work-study program for some of them through the U.S. Department of Veterans Affairs.

Last week, FTCC acknowledged that at least some full-time Veterans' Center employees had falsified certifications to the VA by overstating the amount of time that the work-study students accrued. The VA pays the wages earned by those students.

The college said that four of the center's full-time workers had been fired over the matter and that all 12 of the work-study participants were let go because they had discrepancies with their time cards. A former work-study student told The Fayetteville Observer last week that he lost his job even though nothing was improper about his time cards.

Brand could not be reached for comment Monday. FTCC President Larry Keen did not respond to requests for an interview. Michaels, the FTCC spokesman, said Keen "will not discuss ongoing personnel matters."

Michaels did not answer questions of whether Brand had been fired or resigned, or whether the departure was connected with the veterans work-study program.

The Observer submitted a public records request for a dismissal letter, if the college had written one for Brand, which is required when employees are fired. Dismissal letters at public agencies are considered public record.

In response, Michaels said FTCC has no public records that fit the request.

"The College is bound by both the NC Public Records Act and the laws related to the confidentiality of personnel records and the college will comply with both laws," Michaels said.

Brand had held the vice president's position with FTCC since 2012. Before that, he served 24 years in the military, including as deputy director of education for the John F. Kennedy Special Warfare Center and School at Fort Bragg.

Last year, he was awarded the Aspen Presidential Fellowship for Community College Excellence, one of 40 to receive the award from across the country. He was also a finalist for president of Wayne Community College.

Brand, Keen and FTCC are among those named in a whistleblower lawsuit filed two years ago that alleges fraud and "a gross waste of monies."

The lawsuit, brought by five former faculty members and a college employee who lost their jobs, alleges that instructors were forced to falsify grades, "at Brand's insistence," to increase retention and graduation rates, "and thus create false statistics about student success at FTCC and receive increased performance-based state funding."

Earlier this month, Cumberland County Superior Court Judge Mary Ann Tally ordered defendants in the lawsuit to turn over FTCC computer records.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)



Veterans Affairs Media Summary and News Clips

17 July 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Orders Machines to Help Deaf, Blind Veterans Communicate](#) (16 July, 24M uvm; Washington, DC)

The health care system for Nebraska and western Iowa veterans has ordered machines to help deaf or blind veterans contact the federal Veterans Affairs Department. The VA's Nebraska-Western Iowa Health Care System said last week that it's ordered teletype machines, one of which will be placed in Omaha's VA hospital, the Omaha World-Herald reported. The new devices will be tested beginning Friday, according to VA spokeswoman Jennifer Scales.

[Hyperlink to Above](#)

1.2 - Washington Post (PowerPost): [VA doctor shortage fueled by management issues, poor pay](#) (16 July, Joe Davidson, 43.9M uvm; Washington, DC)

The Department of Veterans Affairs gets good grades for effort, but it still has much work to do in the recruitment and retention of physicians to serve those who faced death for their country. When the Government Accountability Office says "challenges remain," it means an agency has problems — in this case, too few doctors. Pay is an issue, but so is the department's personnel management.

[Hyperlink to Above](#)

1.3 - Politico: [Veterans spending dispute raises specter of stopgap](#) (16 July, Sarah Ferris and Jennifer Scholtes, 23.9M uvm; Arlington, VA)

Inviting more stopgap spending, the White House has fired off an official warning against congressional efforts to blow through budget limits. Top Trump administration officials sent a letter Monday cautioning lawmakers against raising spending caps to accommodate shifts in funding for a popular veterans health program, though they stopped short of threatening a veto.

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1.4 - NPR (Morning Edition, Audio): [Fewer Homeless Veterans On LA's Streets](#) (16 July, Gloria Hillard, 22M uvm; Washington, DC)

The lack of affordable housing is at the forefront of the homeless crisis in Los Angeles County. But the city's annual point-in-time homeless count, released on June 1, showed that the veteran homeless population had declined 18 percent. On this particular morning, Jesse Henderson is canvassing Hollywood Boulevard in Los Angeles. He's quick to point out this is not the stretch of the boulevard popular with tourists.

[Hyperlink to Above](#)

1.5 - U.S. News & World Report (AP): [VA Hospital Reopens 3 Operating Rooms](#) (16 July, 24M uvm; Washington, DC)

Officials at Vermont's Department of Veterans Affairs Medical Center say three operating rooms have reopened after a sprinkler burst late last month, causing water damage. The White River Junction VA said Monday that crews were still working on a fourth operating room, which received the most water damage.

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1.6 - Newsday: [Schumer joins push to open a veterans medical clinic in North Hempstead](#) (16 July, Christine Chung, 3.2M uvm; Melville, NY)

Weeks after North Hempstead Town officials and residents launched a community petition for a veterans outpatient clinic closer to home, Sen. Chuck Schumer pledged his support for the effort. Schumer said at a news conference Monday he would push the federal government to establish an outpatient clinic in North Hempstead and, in the interim, to immediately deploy a mobile veterans center for basic health care needs.

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1.7 - WCPO (ABC-9): [Inspector General opens new investigation at Cincinnati VA, Nurse removed from duty, hospital ward shut down](#) (16 July, Dan Monk and Mark Greenblatt, 2.1M uvm; Cincinnati, OH)

Another month, another investigation is creating turmoil at the Cincinnati VA Medical Center. The VA's Office of Inspector General is reviewing drug-related allegations involving a nurse who was placed on unpaid administrative leave in late June. The incident was followed by a critical nursing shortage that forced the closure of a 24-bed inpatient unit at the Vine Street hospital on July 3.

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1.8 - Military Times: [Report: VA's staffing issues and prescription practices may be hurting suicide prevention efforts](#) (16 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Problems with Veterans Affairs' hiring practices and department doctor's overprescription of anxiety drugs may be undermining officials' efforts to combat suicide among veterans, according to a new report from one of the nation's leading veterans groups. American Legion analysts released the 20-page review of veterans suicide prevention efforts last week, about a month before their annual convention.

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1.9 - KARE (NBC-11): [KARE 11 Investigates: Marine veteran's battle for kidney transplant, His doctors question why the VA has denied a Native American Marine Corps veteran from Minnesota a kidney transplant](#) (16 July, A.J. Lagoe and Steve Eckert, 1.5M uvm; Golden Valley, MN)

"I have a life I want to fight for," Frank Sherman said, his eyes half closed with exhaustion, during a dialysis session. "This is what I do for three days a week." His doctors say Frank needs a kidney transplant. Without one, they say he will die. In letters to the Department of Veterans and in interviews with KARE 11, Frank and his doctors question why the VA has repeatedly refused to put the former Marine on the transplant waiting list.

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1.10 - KETV (ABC-7, Video): [VA admits equipment for hearing-impaired vets sat unused until KETV investigation](#) (16 July, Michelle Bandur, 1.1M uvm; Omaha, NE)

KETV investigation and calls from a state senator led to sweeping changes at the Veterans Affairs Nebraska-Western Iowa Health Care System. Hearing-impaired veterans were shut out of key health care services because the VA had basic equipment sitting idle. Army veteran, Jasmine Lewis, who is deaf and blind brought it to the attention of the VA and veterans' groups.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Nextgov: More Money for Cyber Spies, Outrage after Indictments and Supply Chain Cyber is Super Hot

(16 July, Joseph Marks and Jack Corrigan, 193k uvm; Washington, DC)
Everyone's rooting for the Veterans Affairs Department's to succeed with its massive electronic health record modernization effort, but lawmakers and agency officials want to keep a close eye on its progress. The House Veterans Affairs Committee named the lawmakers who will sit on a newly formed subcommittee for overseeing the modernization effort on Thursday.

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3.2 - Health Data Management: VA, Congress create panels to oversee EHR implementation

(16 July, Greg Slabodkin, 143k uvm; New York, NY)
With the recent award to Cerner of a \$10 billion electronic health record modernization contract by the Department of Veterans Affairs, both the VA and Congress are taking steps to ensure that the implementation of the EHR system receives sufficient oversight. Last week, the House Committee on Veterans' Affairs formally approved the creation of a new Subcommittee on Technology Modernization to provide oversight of the VA's rollout of the Cerner Millennium platform...

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3.3 - Marianas Variety: Telehealth services for veterans on Tinian and Rota

(17 July, 1.3k uvd; Saipan, MP)
The Veterans Affairs Pacific Islands Health Care System or VAPIHCS has recognized the need to expand clinical services via emerging technologies to effectively address critical needs and challenges facing Veterans in the CNMI where access to VA services is limited. VAPIHCS has partnered with the Tinian Health Center and the Rota Health Center to extend telehealth services to the veterans on those islands.

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4. Focus Resources More Efficiently

4.1 - WIFR (CBS-23, Video): Madison VA Hospital holds a veteran town hall meeting in Rockford

(16 July, Brittany Karlin, 76k uvm; Rockford, IL)
Employees at William S. Middleton Memorial Veterans Hospital in Madison make the trip to Rockford to make sure local vets have the necessary resources they need. Veterans and their families were able to hear about patient experiences, mental health, benefits and preventing veteran suicide. These meetings are scheduled in Rockford once a year so the Madison VA Hospital can work with veterans one on one to address any issues they may have on the spot.

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4.2 - Military Resource Radio (Audio): [Denise Van Koevering – Chief of the Blind Rehab Center at Hines VA Medical Center \(Pt 2\)](#) (16 July; Tony Gatliff: West Bloomfield, MI)

In this new episode of Military Resource Radio, your host – Tony Gatliff – talks to Denise Van Koevering – Chief of the Blind Rehab Center at Hines VA Medical Center regarding the 70th Anniversary for the Hines VA Medical Center, obtaining success for the Medical Center through strong volunteers who care about veterans, keeping up with the ever-changing technology in her field, a day in the life of a veteran at the Hines VA Medical Center and many more interesting subjects.

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5. [Improve Timeliness of Service](#)

5.1 - News 12 Long Island (Video): [Sen. Schumer calls for easier access to health care for veterans](#) (16 July, 1.2M uvm; Woodbury, NY)

Sen. Charles Schumer is calling for easier access to health care for veterans in Nassau County. The senator wrote a letter to the VA on Monday pushing for approval of construction of an outpatient facility on the North Shore of Nassau County. Schumer said many older vets cannot make the trip to Northport VA Medical Center on their own, and may not be able to afford a car service to get there.

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5.2 - WKMG (CBS-6, Video): [Veterans want compensation after alleged exposure to Agent Orange on Guam - Gov. Scott says, 'Let's take care of our vets'](#) (16 July, Mike Holfeld, 1.1M uvm; Orlando, FL)

An estimated 50,000 men and women who served on Guam during the Vietnam War are asking Washington lawmakers to support giving them benefits after mounting evidence suggests they were exposed to Agent Orange. "If we don't get what we want from the VA, then we will sue," retired Navy Cmdr. John Wells said.

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5.3 - KOAA (NBC-5): [Special report: Veterans can now get caregiver support services and medical equipment for free](#) (16 July, Eric Ross, 101k uvm; Colorado Springs, CO)

The Veterans Administration has been plagued with controversy in recent years for long wait times and inadequate healthcare. In order to speed up wait times and increase accessibility to medical professionals, the VA launched the "CHOICE" program, but that too has had its fair share of issues recently. Now, News 5 Investigates takes you inside a new initiative called the Veteran in Charge program, or "VIC".

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6. [Suicide Prevention](#)

6.1 - WFED (AM-1500, Audio): [VA urged to stem vet suicides by streamlining the hiring of more mental health workers](#) (16 July, Terry Wing, 854k uvm; Washington, DC)

The American Legion has asked the Veterans Affairs Department to move faster to fill vacancies among mental health positions. The Legion cited its concerns with the VA hiring

process in a new white paper on veteran suicides. The report said many hospitals and clinics are struggling with severe staffing shortages which can be attributed to the tedious hiring process, a high employee turnover rate and a significantly reduced recruitment, retention and relocation budget.

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6.2 - WNCT (CBS-9): [VA creates smartphone function to provide immediate access to Veterans Crisis Line](#) (16 July, Dalisa Robles, 154k uvm; Greenville, NC)

The Department of Veterans Affairs has created a smartphone function to provide immediate access to the Veterans Crisis Line. The function will be available on iPhone and Android systems. The person will only have to say "Call the Veterans Crisis Line" and it will automatically dial the National Suicide Prevention Lifeline which also serves the Veterans Crisis Line.

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6.3 - Task & Purpose: [VA Medical Centers May Be Hurting The Agency's Veteran Suicide Prevention Efforts](#) (16 July, Jared Keller, 102k uvm; New York, NY)

Employee shortages and opioid surpluses are severely hindering the Department of Veterans Affairs from effectively fighting the scourge of veteran suicide, according to a new report from the American Legion.

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[7. Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Omaha World-Herald: [Omaha VA adding teletype machines to talk with blind, deaf veterans](#) (15 Steve Liewer, 2.1M uvm; Omaha, NE)

For years, the Department of Veterans Affairs has distributed teletype machines called TTYs for free to help some deaf, hearing-impaired or blind veterans make text-based calls from their home telephone lines. But until now, the VA hasn't had teletype machines of its own to answer if a veteran called for help. That left some veterans unable to contact the VA for even basic services like scheduling appointments and ordering medicine.

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7.2 - Military Times (Reboot Camp): [As TA use drops, could recent policy changes get more service members using the education benefit?](#) (16 July, Natalie Gross, 2.1M uvm; Springfield, VA)

One of the perks of serving in the military is being able to go to college on the Defense Department's dime. But the number of service members taking advantage of this education benefit — often hailed as a key military recruitment and retention tool — has been declining in recent years, with all branches seeing drops in fiscal 2017, federal data show.

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7.3 - The Trucker: [Holland Offering Driver Apprenticeship Program For Veterans](#) (16 July, 18k uvm; Little Rock, AR)

Holland, a regional LTL transportation provider, has partnered with the Department of Labor and the Department of Veterans Affairs (VA) to create a professional truck driver apprenticeship

program for veterans. The program offers veterans career training in the trucking industry as they integrate back into civilian life.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Military Times: [Big tax refunds coming for 130,000 veterans](#) (16 July, Karen Jowers, 2.1M uvm; Springfield, VA)

More than 130,000 veterans are receiving letters on how to apply for refunds of taxes they paid on disability severance pay dating back to 1991 — a minimum of \$1,750 per veteran. While exact estimates were not available, because each veteran's payout varies, the government could be paying out a minimum of \$228 million in tax refunds, if all those eligible file claims.

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9.2 - WHIO (CBS-7, Video): [Dayton VA to temporarily close gate, RTA eliminates 2 bus stops near medical center](#) (16 July, Max Filby, 1.2M uvm; Dayton, OH)

An entrance to the Dayton Veterans Affairs Medical Center will close Wednesday for construction. In cooperation with the city of Dayton, the Gettysburg Avenue gate will close temporarily so it can be realigned with the U.S. 35 off-ramp, according to a press release from the VA. The changes are expected to improve traffic flow and safety near the entrance.

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9.3 - Stars and Stripes: [Pentagon sending letters to more than 130,000 owed tax refund on disability pay](#) (16 July, Corey Dickstein, 1.2M uvm; Washington, DC)

The Defense Department has identified more than 130,000 veterans released from military service following injuries who may be owed more than \$1,700 each in tax refunds after the Pentagon incorrectly withheld money from their disability pay, officials said Monday. Letters were sent this month by the IRS notifying 130,062 veterans that the federal agency might have improperly collected taxes on their lump sum disability severance pay issued between 1991 and 2016...

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9.4 - Times Leader: [VA Police: Man threatens woman over \\$21 debt](#) (16 July, Ed Lewis, 308k uvm; Wilkes-Barre, PA)

An elderly man was arrested over the weekend after he allegedly threatened a woman and ignited matches on her window sill, according to charges filed. Police at the Department of Veterans Affairs Medical Center alleged Vincent Dallessandro, 82, made repeated threats toward a woman on Saturday and Sunday, including burning her apartment.

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9.5 - Task & Purpose: [Veterans: The IRS May Owe You Money, For A Change](#) (16 July, Jeff Schogol, 102k uvm; New York, NY)

On the day of President Trump's historic meeting with Russian President Putin, the Pentagon announced that about 130,000 veterans could be eligible to receive a refund for taxes they paid on disability compensation that shouldn't have been taxed. The veterans in question received Disability Severance Pay for combat-related injuries, or the Department of Veterans Affairs determined they were eligible to be compensated for a service-related disability...

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [VA Orders Machines to Help Deaf, Blind Veterans Communicate](#) (16 July, 24M uvm; Washington, DC)

The health care system for Nebraska and western Iowa veterans has ordered machines to help deaf or blind veterans contact the federal Veterans Affairs Department.

The VA's Nebraska-Western Iowa Health Care System said last week that it's ordered teletype machines, one of which will be placed in Omaha's VA hospital, the Omaha World-Herald reported. The new devices will be tested beginning Friday, according to VA spokeswoman Jennifer Scales.

The VA for years has distributed teletype machines for free to help deaf, hearing-impaired or blind veterans make text-based calls from their home telephone lines. But some haven't been able to schedule appointments or order medicine with the VA because the agency has lacked machines to answer if a veteran calls for help.

Jasmine Lewis, 29, said she lost her sight and hearing after a fellow soldier assaulted her about 10 years ago. Lewis depends on teletype machines to communicate with others and translate messages into Braille.

"I can't contact places independently and have to rely on friends or coming in person to take care of things," Lewis said.

Nebraska Sen. Carol Blood contacted the director of the VA Nebraska-Western Iowa Health Care System, B. Don Burman, and other VA officials in Washington after learning about the communication difficulties for local veterans who are blind and deaf. She even wrote to President Donald Trump.

"Often (veterans) have a simple question they need to ask and must trek to the hospital," Blood said in a letter. "Nebraska-Iowa veterans deserve better."

Burman recognized that the VA "is lacking in some areas where the hearing-impaired might be needing care from our system." The VA is looking into creating a call center to communicate with deaf and hearing-impaired veterans across the region, he said.

Blood said she's pleased that the agency has responded to her concerns.

"Within six weeks, we got action," she said. "They realized it was a pressing issue."

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1.2 - Washington Post (PowerPost): [VA doctor shortage fueled by management issues, poor pay](#) (16 July, Joe Davidson, 43.9M uvm; Washington, DC)

The Department of Veterans Affairs gets good grades for effort, but it still has much work to do in the recruitment and retention of physicians to serve those who faced death for their country.

When the Government Accountability Office says “challenges remain,” it means an agency has problems — in this case, too few doctors. Pay is an issue, but so is the department’s personnel management. A recent GAO report about the Veterans Health Administration, the component providing health care through 1,252 facilities, including 170 medical centers, outlines three major management troubles related to its doctor shortage:

- “VHA’s data on the number of physicians that provided care at VA medical centers (VAMC) were incomplete.
- “VHA provided VAMCs with guidance on how to determine the number of physicians and support staff needed for some physician occupations, although it lacked sufficient guidance for its medical and surgical specialties.
- “VHA used various strategies to recruit and retain its physician workforce, but had not comprehensively evaluated them to assess effectiveness.”

These points indicate that part of the problem lies with the agency inadequately diagnosing personnel problems, making it difficult to solve them.

“VHA hires more than 2,800 mission-critical physicians annually,” Debra A. Draper, GAO’s director of health care, told a House Veterans’ Affairs subcommittee hearing last month. “Yet, physicians have consistently been identified by VHA as a critical staffing priority due to recruitment and retention concerns.”

She told the panel that the agency didn’t know how many contract doctors it uses and had limited information on the number of its physician trainees. The result — “VHA data underestimated the total number of physicians providing care in its medical centers, leaving it unable to ensure that its workforce planning processes sufficiently addressed gaps in staffing.”

Garry Augustine, Washington executive director of Disabled American Veterans, urged VA to develop a more “systematic approach” to personnel management. “The VA needs to do a better job of determining shortages and developing a plan to fill vacancies,” he said during a telephone interview.

The American Legion called the shortage “a critical issue.”

“By not adequately staffing VHA, VA’s capacity to serve veterans suffers and forces more veterans to seek health care in the private sector at greater cost to the American taxpayers,” said Legion spokesman Joseph M. Plenzler. “We strongly urge the Department of Veterans Affairs to fill these vacancies with highly qualified health-care providers as quickly as possible. Our veterans deserve it, and our overstretched VA employees deserve it.”

There were 1,673 vacant physician positions as of March, according to data that VA provided to the Federal Insider on Friday. In all occupations departmentwide, the personnel shortage was 33,642, about 90 percent in health services.

Peter Shelby, the former assistant secretary of the VA Office of Human Resources and Administration, tried to shine a more favorable light on the vacancies in his testimony. “The scope and scale make vacancy numbers often quoted in the media seem very high,” said

Shelby, who since left the VA. “Taken in context, VA’s vacancy and turnover rates are very low. We fluctuate between 9 and 10 percent, which compares very favorably with the private sector.”

Along those lines, Curt Cashour, the department’s press secretary, said by email that the “VA has made phenomenal progress since January of 2017 when it comes to staffing. Overall vacancies are down, VA’s vacancy rate is less than its turnover rate, and our total number of positions has increased by nearly 15,000.”

Beyond the bureaucratic problems of human resource and data management is the age-old issue of pay. VA docs get too little of it.

Officials at one VA hospital told GAO last year that “their chief of cardiac surgery, whose salary was close to \$395,000 left to work for a private hospital in the community where his salary was close to \$700,000.”

For Max Stier, president and CEO of the Partnership for Public Service, that’s an example of the need to make federal pay more market-sensitive. This is “perhaps the clearest example of the way in which outdated and inflexible personnel systems limit the department’s ability to recruit and hire,” he said.

He cited a new VA Office of Inspector General report that says “outdated OPM [Office of Personnel Management] classifications affected their ability to offer competitive salaries and advancement opportunities within the organization. This resulted in facilities being less competitive in attracting new staff and retaining highly skilled staff.”

Staffing is a widespread problem in the agency, VA Inspector General Michael J. Missal said.

“Our analysis showed that 138 of 140 facilities listed the medical officer occupational series ... as experiencing a shortage, with psychiatry and primary-care positions being the most frequently reported,” his testimony said. “Of the 140 facilities, 108 listed the nurse occupational series ... as experiencing a shortage, with practical nurse and staff nurse as the most frequently reported.”

Turnover among VA’s human resource professionals also is a big problem because they devise strategies to recruit and retain doctors.

“A large number of relatively new HR specialists,” Stier told the hearing, “means more preparation and work required to make sure the agency implements new rules and programs effectively.”

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1.3 - Politico: [Veterans spending dispute raises specter of stopgap](#) (16 July, Sarah Ferris and Jennifer Scholtes, 23.9M uvm; Arlington, VA)

Inviting more stopgap spending, the White House has fired off an official warning against congressional efforts to blow through budget limits.

Top Trump administration officials sent a letter Monday cautioning lawmakers against raising spending caps to accommodate shifts in funding for a popular veterans health program, though they stopped short of threatening a veto.

Many Democrats — and some powerful Senate Republicans — are insisting billions of dollars be spent beyond the limit agreed upon in this year's grand budget deal.

The White House's public stand draws battle lines in the first major showdown ahead of this fall's funding deadline, endangering congressional efforts to clear updated spending levels before fiscal 2018 cash runs out Sept. 30.

The likely result: Another continuing resolution that extends funding at current levels as lawmakers and the administration struggle to find consensus.

Although funding for veterans programs is riding within a package that houses just three of the 12 annual funding bills, the breakdown does not bode well for broader spending negotiations leading up to the fiscal 2019 deadline.

Issuing partisan jabs two months before September's end, White House officials are accusing Democrats of being deceitful and using veterans funding as a ploy to raise government spending.

"Congressional Democrats want to use this opportunity as another way to yet again increase the caps," one administration source said.

But the issue is complicated.

Just last month President Donald Trump signed into law a bill that switched up some veterans health programs and shifted funding sources, requiring Congress to allocate money that used to be guaranteed. Because that shift came after the budget deal was struck, top spending leaders in the Senate contend that it doesn't make sense to be constrained to the old top line established before the change to the veterans program.

The Trump administration and House Republicans are dogged in their resistance to that approach, however. And House leaders called off the first negotiating meeting last week on fiscal 2019 spending after it became clear that the Senate Appropriations Committee's top Democrat, Patrick Leahy (D-Vt.), was planning to offer an amendment that would fund the veterans health efforts with money above the budget caps.

In their letter Monday, Trump administration officials said Congress' current allocation is "more than sufficient" to make up for the shortfall in money for the veterans health program.

"This funding can and should be provided within the existing non-Defense discretionary spending cap, and the Administration opposes efforts to increase or adjust the cap," the letter says.

The Trump administration has for weeks been pushing its stance behind the scenes, with help from House GOP leaders, who say they, too, are unwilling to reconsider the budget limits.

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1.4 - NPR (Morning Edition, Audio): [Fewer Homeless Veterans On LA's Streets](#) (16 July, Gloria Hillard, 22M uvm; Washington, DC)

The lack of affordable housing is at the forefront of the homeless crisis in Los Angeles County. But the city's annual point-in-time homeless count, released on June 1, showed that the veteran homeless population had declined 18 percent.

On this particular morning, Jesse Henderson is canvassing Hollywood Boulevard in Los Angeles. He's quick to point out this is not the stretch of the boulevard popular with tourists. Far from it. There's a certain vigilance and purpose in his stride. Understandable when you learn that the 39-year-old Army veteran did two tours in Iraq and one in Afghanistan.

"Our basic job was to look for IEDs," he says and, when on patrol they had a saying, "Sometimes we'll find them, sometimes they'll find us."

Today, Henderson has found a new mission: from searching out improvised explosive devices to searching for homeless veterans on the streets of Los Angeles. He looks for clues; a tent that's off by itself, a military blanket from the VA.

"Veterans usually have their stuff more in order," he says.

As an outreach worker for U.S.Vets, his job is to try and connect homeless veterans with support resources, including transitional housing, offered by the nonprofit. He wears a camouflage backpack filled with bottles of water, hygiene items, gift cards, a pack of cigarettes.

Henderson approaches a row of low-slung tents. A homeless man tells him there's a veteran living in the brown tent at the end of the street. Henderson peeks through the mesh screen and introduces himself. The voice inside the tent is hardly audible, but politely answers, "No, I'm not a veteran."

Henderson smiles and says, "OK, sorry to bother you brother."

It's not an uncommon response, some veterans don't want to be found. Maybe they've had a bad experience with the military or just a hard re-entry into civilian life.

It's all about gaining trust Henderson says. And he's been there.

"There was a point where I didn't have anything and someone helped me with my needs," he says.

Another homeless man leaning up against wall overhears the conversation and asks Henderson if he's a veteran.

"Seven years Army," Henderson replies. The man smiles and nods his head.

Navigating streets, alleys and underpasses three times a week, Henderson hears a lot of stories. And recently, more veterans speak of losing their housing.

"They've been living there for four or five years," he says. "They get a new owner. The new owner comes in, everyone's gone and they turn it into an Airbnb. I call it the Airbnb effect."

Still, this year's annual count of the homeless showed a significant decline in the numbers of veterans on the street.

"This year's point in time count and the decrease really spoke to the hard work that was being done," said Heidi Marston, the director of Community Engagement and Reintegration at the West Los Angeles VA Medical Center.

Although the previous year's veteran homeless count turned out to be not as high as initially reported, it did serve as a call to action for the VA.

"To kind of streamline our processes to get folks who are under the bridges and on the streets into housing," Marston explained.

The VA also increased funding for a program that provides 90-day emergency housing for veterans like Air Force combat veteran Christopher Underwood. He suffers from PTSD and was facing imminent homelessness on the street. Underwood's now staying at a U.S.Vets facility in Inglewood.

"And I'm thankful. Without this I'd probably be in a situation where you know... a little more desolate," Underwood said.

Steve Peck, president of U.S.Vets says the VA's outreach and services accomplished a great deal, but he cautions that veteran homelessness is an ever-changing dynamic.

"There were more first-time homeless than ever before," he says, adding that he's seeing an increasing number of post-Sept 11 veterans seeking help.

"They're hopping from bed to bed, relative to relative, they're living in their cars," he says. "Some of them don't even consider themselves homeless because they're not sleeping literally on the sidewalk. But they are ...and they're suffering."

Across town, on the sprawling campus of the West LA Veterans Affairs, it's early evening. Under flickering floodlights 63-year-old Marine veteran Robert Louis and his wife Gail are getting ready to bed down for the night in their car.

"It's really rough as you can see it's not a big car," he said with a laugh. "There's not a lot of room to sleep in."

The VA recently partnered with the nonprofit Safe Parking L.A. to provide 10 parking spaces for homeless veterans. There's a wash station and a portable bathroom. They have to leave in the morning. He turns and looks at his wife sitting next to him.

"But we make the best of it," he said, as if reassuring her.

The story of how they got here can be summed up to a few wrong decisions and Gail's diagnosis of cancer. Gail is wearing a blue sweatshirt and her hair in a loose upsweep.

"It's been extremely depressing but I'm alive to experience it so I am forever grateful," she said.

One of the things they are grateful for is they still have their car. They drive by the homeless on the streets of L.A. every day. Robert slowly shakes his head.

"They have tents or are just huddled up in doorways,"he said. "We're just thankful and we say a prayer for them, too."

The parking spaces are starting to fill up. There are new faces here every night. They all look out for each other they say. By 9:30 p.m. the homeless veterans have retired to their cars for the night, the sounds of the city muffled in the distance.

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1.5 - U.S. News & World Report (AP): [VA Hospital Reopens 3 Operating Rooms](#) (16 July, 24M uvm; Washington, DC)

Officials at Vermont's Department of Veterans Affairs Medical Center say three operating rooms have reopened after a sprinkler burst late last month, causing water damage.

The White River Junction VA said Monday that crews were still working on a fourth operating room, which received the most water damage.

No patient rooms were affected.

Surgical cases that had been scheduled through July 13 were rescheduled.

There's no word on what caused the sprinkler malfunction.

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1.6 - Newsday: [Schumer joins push to open a veterans medical clinic in North Hempstead](#) (16 July, Christine Chung, 3.2M uvm; Melville, NY)

Weeks after North Hempstead Town officials and residents launched a community petition for a veterans outpatient clinic closer to home, Sen. Chuck Schumer pledged his support for the effort.

Schumer said at a news conference Monday he would push the federal government to establish an outpatient clinic in North Hempstead and, in the interim, to immediately deploy a mobile veterans center for basic health care needs.

"America has a solemn obligation to protect our veterans ... We have hundreds of thousands of veterans on Long Island," Schumer (D-N.Y.) said at North Hempstead Beach Park in Port Washington. "But unfortunately for many of them, even in their 80s and 90s, veterans have to drive all the way out to Northport to get their health care at the hospital out there.

Advocates said that the nearest Veterans Affairs Medical Center in Northport presents an inconvenient and taxing drive for aging veterans. There are two community-based outpatient clinics on the South Shore of Nassau County, in Valley Stream and East Meadow, that can also become a lot to drive hampered by congestion.

"Our veterans deserve the best medical care around," Town Supervisor Judi Bosworth said at the news conference. "Right now, they're forced to drive hours to the nearest VA center for medical care and that's just not right."

A dedicated outpatient clinic in North Hempstead would also fit with the town's Project Independence Program, which offers free and discounted cab rides for seniors, Bosworth said.

Local veterans said access to the Northport center is a hardship not just for aging veterans but for those from all conflicts.

Anthony Catalano, 98, of Mineola, served in the Army during World War II. Because he can no longer drive, he said he relies on getting rides from others to go to Northport.

"After 75 years, they should do something for the veterans," Catalano said. "I came home in '46 ... What about the guys that are coming home now?"

There are 47 outpatient clinics in New York State, according to the VA website. In addition to Nassau's two clinics, three operate in Suffolk County -- in Riverhead, Patchogue, and Bay Shore. In 2017 and 2018, a total of 30 community clinics were opened throughout the country, a VA spokeswoman previously told Newsday. The VA currently operates 1,242 clinics nationwide.

In order to begin construction and secure financing for a new clinic, officials said that the VA would have to include the project in its yearly capital plan. Discussions for the agency's annual budget are always continuing, Schumer aides said.

Town officials said that over the past month, they have collected hundreds of signatures to request support from federal representatives, including Schumer. Sen. Kirsten Gillibrand (D-N.Y.) has added her support to the effort, as has Rep. Kathleen Rice (D-Garden City).

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1.7 - WCPO (ABC-9): [Inspector General opens new investigation at Cincinnati VA, Nurse removed from duty, hospital ward shut down](#) (16 July, Dan Monk and Mark Greenblatt, 2.1M uvm; Cincinnati, OH)

Another month, another investigation is creating turmoil at the Cincinnati VA Medical Center.

The VA's Office of Inspector General is reviewing drug-related allegations involving a nurse who was placed on unpaid administrative leave in late June. The incident was followed by a critical nursing shortage that forced the closure of a 24-bed inpatient unit at the Vine Street hospital on July 3.

"This is a temporary measure that has absolutely no negative impact on patient care," the Cincinnati VA said in a prepared statement. "The unit will reopen on a partial basis July 23 and reopen fully once full staffing is achieved."

The VA declined to confirm what several sources told WCPO: The drug investigation involves the son of a high-ranking nurse executive at the hospital.

Because of the OIG review, "there is a limited amount of information we can provide," said the Cincinnati VA statement. "However, this conduct is not in line with the norms and values of the VA. As a result, the employee has been removed from patient care and does not have access to VA medications while the VA pursues the appropriate criminal and administrative action."

The VA said the Inspector General's review is not related to the closure of a medical/surgical ward on the south wing of the hospital's sixth floor. The VA denies claims by hospital sources that patients were diverted to other hospitals because of the closure, which eliminated about a third of the hospital's 72-bed capacity for acutely ill patients and those recovering from surgery.

The VA also denies hospital sources' claims that it responded to the drug investigation by demanding drug tests from other nurses, causing several to be angry enough to quit, thus triggering the closure of 6 South.

"Nurse recruiting challenges are a contributing factor," said the Cincinnati VA's statement. "We are dealing with these challenges by expediting the hiring/orientation process for short positions, increasing overtime, maneuvering nurse managers into direct care roles, signing a new contract with a nursing agency, and consolidating resources such as temporarily closing the nursing station at 6 south. These are all temporary measures until nursing staff returns to the expected level."

The closure is a sign of continuing disruptions in the Cincinnati health care system that cares for roughly 43,000 Tri-State veterans. The Department of Veterans Affairs shook up its Cincinnati leadership in 2016 after a WCPO investigation documented cost cutting, mismanagement and patient care problems at the Vine Street facility.

The hospital's former chief of staff, Dr. Barbara Temeck, was convicted in January on a felony count of illegally prescribing pain pills for the wife of her former boss. Dr. Temeck has asked U.S. District Judge Michael Barrett to set aside the jury verdict or grant a retrial, but he's yet to rule on the matter.

Last month, the VA temporarily removed Dr. Elizabeth Brill from her job as chief of staff as it investigates "certain operations of the surgery department." The VA has yet to release a formal conclusion of its internal review on the surgery matter and has not provided public records sought by WCPO.

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1.8 - Military Times: [Report: VA's staffing issues and prescription practices may be hurting suicide prevention efforts](#) (16 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Problems with Veterans Affairs' hiring practices and department doctor's overprescription of anxiety drugs may be undermining officials' efforts to combat suicide among veterans, according to a new report from one of the nation's leading veterans groups.

American Legion analysts released the 20-page review of veterans suicide prevention efforts last week, about a month before their annual convention. It also comes a month after VA leaders released their latest national suicide data, showing little change in the veterans rate in recent years.

“VA has implemented numerous successful initiatives and programs,” the Legion report states.

“However, as an average of 20 veterans a day continue to take their own lives ... much more must be done, and VA must continue to strive to provide patient-centered care and improve the patient experience through adequately staffed and properly funded programs and services.”

Of particular concern to Legion officials are significant staffing gaps at VA medical facilities across the country. Department officials have acknowledged more than 30,000 full-time vacancies across the VA system, with particularly problematic shortages in specialties such as mental health care.

Leaders from the veterans service organization blame those shortfalls in large part on “the tedious hiring process” at the federal bureaucracy, and urged more outreach and research into ways to improve the recruiting and retention process.

“The shortage of employees can lead to overworked staff, poor patient experiences and lower quality of care,” their report states. “Exemplary patient experience is vital to keeping veterans in the VA care network, which studies have shown significantly decreases risk of suicide.”

Legion officials also sounded alarms over VA physicians use of benzodiazepines, a class of anti-anxiety drugs that includes Xanax and Valium. Despite the risk of numerous problematic side effects, “over 25 percent of veterans newly diagnosed with PTSD are still being prescribed harmful and potentially deadly amounts of medications,” the report states.

The authors recommended better tracking of those medications to find ways to minimize their use and more closely watch for signs they may be triggering suicidal thoughts.

The report also recommends further outreach by VA to veterans with other-than-honorable discharges — last year, VA officials offered emergency mental health intervention to those veterans for the first time — and more exploration of alternative mental health therapies for struggling veterans, such as such as “acupuncture, yoga, meditation (and) martial arts.”

The full Legion report is available on the group’s web site.

To contact the Veteran Crisis Line, callers can dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, troops or their families members can also text 838255 or visit VeteransCrisisLine.net for assistance.

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1.9 - KARE (NBC-11): [KARE 11 Investigates: Marine veteran’s battle for kidney transplant, His doctors question why the VA has denied a Native American Marine Corps veteran from Minnesota a kidney transplant.](#) (16 July, A.J. Lagoe and Steve Eckert, 1.5M uvm; Golden Valley, MN)

“I have a life I want to fight for,” Frank Sherman said, his eyes half closed with exhaustion, during a dialysis session. “This is what I do for three days a week.”

His doctors say Frank needs a kidney transplant. Without one, they say he will die.

In letters to the Department of Veterans and in interviews with KARE 11, Frank and his doctors question why the VA has repeatedly refused to put the former Marine on the transplant waiting list.

Although the VA strenuously denies it, records obtained by KARE 11 raise questions about whether tests used to evaluate veterans like Frank for transplants discriminate against Native Americans.

“I’ve never missed a day”

Every Monday, Wednesday and Friday for more than three years, Frank Sherman has left his home at 5:30 a.m. for the half hour drive to the Cass Lake DaVita dialysis center.

“This is my life. I’ve never missed a day,” he said. “If I stop doing it. I ain’t going to be here no longer.”

A member of the Leech Lake Band of Ojibwe, Frank served in the Marine Corps from 1972 to 1976 rising to the rank of sergeant.

He now has end stage renal disease. His VA records show it was likely caused by drinking contaminated water during his service at Camp Lejeune.

Dialysis is doing the work his kidneys no longer can, but experts fear it won’t work much longer.

“Time is wasting,” said Dr. Jason Bydash, Frank’s nephrologist for several years. “Patients on dialysis all die at some point,” he added. “The average life span is five years.”

The Department of Veteran Affairs acknowledges Frank’s need for a transplant is likely caused by his service to his country. But, so far, the VA has refused to put him on the kidney transplant list.

The denials haunt Hugh Quinn, who recently retired as Itasca County’s Veterans Service Officer.

“So, the whole thing just stunk,” Quinn told KARE 11. “I don’t want to see Frank die!”

A pattern of problems

Quinn reached out to KARE 11 about Frank’s case after seeing an investigation we called “Distance, Delays and Denial.” The two-year project exposed deadly delays, prohibitive travel requirements, along with inconsistent and overly restrictive eligibility criteria in the VA organ transplant program.

“How many patients do you think unnecessarily died?” VA whistleblower Jamie McBride was asked.

“Thousands,” he replied. McBride is the Manager of Solid Organ Transplants at the VA hospital in San Antonio, Texas.

Earlier this year, the head of a government watchdog agency accused the Department of Veterans Affairs of failing to properly address McBride's complaints about systemic flaws that limit access to life-saving organ transplants for veterans nationwide.

In his letter to the President, Special Counsel Henry J. Kerner wrote, "Mr. McBride deserves praise for bringing forward the numerous barriers to life-saving organ transplants for veterans.

Research by experts at the Cleveland Clinic and the University of Pennsylvania backed up much of what McBride disclosed. Veterans who rely on the VA for kidney transplants are less likely to actually receive a transplant - and more likely to die waiting - compared with other patients in need of the same surgery, according to findings released in November 2017 by Dr. Joshua Augustine of the Cleveland Clinic.

The reporting sparked Congress to write new legislation, and President Trump in June 2018 signed reform measures into law as part of the VA Mission Act.

The new law allows veterans to get transplants closer to home and gives more control over whether they need a transplant to their primary care doctor.

"A good transplant candidate"

How the new law will affect Frank Sherman's case remains to be seen, but his primary care physician at Cass Lake Hospital, Dr. Mark Becker wrote to the VA: "There is no valid reason for him not to be selected" for a kidney transplant.

VA records show the Minneapolis VA's Chief of Nephrology referred to Frank in 2015 as an "average risk candidate for kidney transplant."

Frank's private nephrologist, Dr. Bydash, concurs. "I think that Frank would make a good transplant candidate," he told KARE 11.

So why in spite of those doctors' opinions is Frank being denied a transplant?

Records reviewed by KARE 11 indicate it's because the VA believes Frank is not mentally alert enough to follow medical instructions and take care of himself after a transplant.

In a February 2018 letter, Minneapolis VA Director Patrick Kelly explained the denial to Senator Amy Klobuchar, (D-MN) who had inquired about Frank's case. Kelly quoted the Pittsburgh VA Transplant Center finding: "Due to his limited functional status and vascular dementia with significant neurocognitive deficits, he is not an acceptable candidate."

A life-threatening mistake?

Dr. Bydash believes the VA made a life-threatening mistake. "Frank in my opinion does not have significant neurocognitive deficits," Dr. Bydash told KARE 11.

As for the claim that Frank has cognitive impairments, his primary care physician at Cass Lake Hospital wrote, "This is simply not true."

Frank's Indian Health Services social worker Mary Suagee-Beauduy wrote in his medical record in September 2017, "Our patient is articulate, has an excellent memory, has good rapport with his healthcare team, and is doing all he can to be as healthy as he can."

So, what's the basis of the VA's finding that Frank is impaired?

His VA records show he was given a battery of cognitive testing in 2015 and 2016 to determine whether he could care for himself after a transplant.

Frank failed. But notes in his VA records raise questions about the accuracy of the testing.

Frank says he was asked to recall lists of words and names, but struggled in large part because he does not read well – and grew up in a home where his parents primarily spoke Ojibwe.

The test, he says, included words he didn't know. In fact, one of the VA's own examiners noted in a report that Frank "appeared unfamiliar with a number of items." Citing the word "escalator" as an example, the examiner reported Frank said, "we don't have those on the reservation."

"And they think because you don't know a word that's a memory. It's not a memory, it's a word you don't know," Frank said.

Was the VA's test unreliable?

"Patient performance was scored on Caucasian norms due to lack of Native American norms available," the note for the first round of testing reads.

Dr. Jackie Henry, the psychologist who administered that test, told KARE 11 she struggled with how to interpret the results of his testing.

"I put the note about scoring on Caucasian norms in Frank's notes to specifically document my struggle with a lack of Native American norms and how to reconcile an individual like Frank's case and his personal experiences within the limitations of an institution like the VA." She added, "It's hard to rely on the test because of this issue, but could only work with the tools at my disposal."

Notes from follow-up testing in 2016 state that "cross-cultural factors...may have contributed to suppressed performance." The second VA examiner wrote: "Results of the current evaluation may therefore potentially underestimate his true level of cognitive functioning."

Even so, the VA refused to put Frank on the transplant wait list.

"What does that say to you?" KARE 11 investigative reporter A.J. Lagoe asked Dr. Bydash.

"It says it's a biased system," Bydash responded. "Testing may pick up on certain defects erroneously - especially if it's using language that they're not familiar with."

The VA responds

KARE 11 requested an interview with the VA about Frank's case. We were sent a statement instead.

The VA defended their testing claiming the suggestion it discriminates against Native Americans is “offensive and inflammatory” and is “completely false.”

Unlike the VA’s letter to Sen. Klobuchar which focused on Frank’s so-called “neurocognitive deficits,” the VA’s response to KARE 11 listed other factors it said would make a transplant unsafe and potentially fatal. The statement lists “serious vascular disease, refusal to adhere to prescribed care regimen, frequently missed medications and refusal to use his CPAP machine to treat sleep apnea.”

Those are problems Frank’s own doctors think are being overblown.

“I think the VA system is really set up to look for reasons, and this may not be a malignant process but it’s the way things are kind of fashioned there, to look for reasons to disqualify patients rather than to look for reasons to give them a kidney transplant,” Dr. Bydash said.

The VA also claimed that another non-VA transplant center also declined Frank for a transplant for “similar reasons.”

The only other transplant center Frank has been working with is Hennepin County Medical Center.

Dr. John Silkensen, Medical Director of the kidney transplant program at HCMC tells KARE 11 their program has never declined Frank and to say so is “completely untrue.”

Silkensen said that when they evaluated Frank for a transplant, they discovered he needed a heart bypass first. He says that was done in 2015 and he’s since been cleared for transplant from a cardio vascular standpoint.

Other barriers, according to HCMC, have been insurance coverage – and missed medications.

“We told him he needed to do better,” Dr. Silkensen with HCMC confirmed. “But have not ruled him out or eliminated him from consideration.”

His personal doctor says Frank took that warning seriously.

“Frank knows he’s supposed to take his meds,” Dr. Bydash said. “In the past there were medications that he felt weren’t necessary – such as vitamins – and he wasn’t taking them. However, when he realized those were necessary and that he has to show that type of adherence for transplant, he has picked it up and has been taking everything.”

Honoring other veterans

Despite the toll dialysis takes on his body, Frank spends hours each week mowing and maintaining his tribe’s veteran’s cemetery park. He created it in honor of an uncle who was a World War II POW.

“It’s a lot of work,” Frank said while pulling weeds near a headstone. “But I feel like it’s my duty to take care of our veterans because they sure took care of us.”

He now questions why the government he so proudly served has given him what his doctors say amounts to a death sentence.

"I told my children, I said, 'Whatever happens, I lived a good life.'"

In its statement to KARE 11, the VA said it is willing to reevaluate Frank's case after "a trend of at least six months showing acceptable improvement" including not missing medications. "VA stands ready to provide Mr. Sherman with the very best medical care available, and we are working with him directly to reevaluate his suitability for a transplant."

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1.10 - KETV (ABC-7, Video): [VA admits equipment for hearing-impaired vets sat unused until KETV investigation](#) (16 July, Michelle Bandur, 1.1M uvm; Omaha, NE)

KETV investigation and calls from a state senator led to sweeping changes at the Veterans Affairs Nebraska-Western Iowa Health Care System.

Hearing-impaired veterans were shut out of key health care services because the VA had basic equipment sitting idle.

Army veteran, Jasmine Lewis, who is deaf and blind brought it to the attention of the VA and veterans' groups.

"I need to be able to communicate at all clinics because I have multiple needs," Lewis said. "I want to be able to communicate on my own."

Lewis, 29, uses a teletype Braille machine hooked to her iPhone to communicate.

She said she is a victim of military sexual abuse and lost her sight and hearing during an attack in South Carolina.

Lewis said she could not get the health care help she needed, which included getting prescriptions filled and making appointments. The VA had no available teletype or TTY or telecommunications devices for the deaf or TTD.

"Without TTY to call, I can't communicate with the VA," Lewis said.

Hearing loss is the second most common disability among our veterans.

Veterans groups and State Senator Carol Blood looked into the situation. Blood called the Pentagon and the White House for answers.

Our investigation revealed the VA had the equipment but simply wasn't using it.

"They've been here for quite some time, basically unused," Joe Coskey, chief of audiology and speech language pathology at the health care system, said.

Coskey couldn't say where the equipment has been all this time. Some devices were shelved somewhere in the system. Others were deployed but not in areas where most phone calls come in, such as the pharmacy or information desk.

"We are putting them in specific areas that are more likely to have those particular phone calls coming in," Coskey said.

The machines are now visible in key places throughout the facility. Volunteer and Vietnam veteran Dick Harrington answers questions at the information desk. A device is now at his desk to help the hearing-impaired vets with their needs.

"We will show you how it works, take you and walk you through it," Harrington said.

Displaying the devices and making them available for veterans is just a start. The VA has a nationwide relay service, 711, in place to help the hearing-impaired vets communicate. The problem is that many of those vets don't know about it.

"They may not. They may not and, admittedly, we have the information and resources here but I'm not sure how readily available that is," Coskey said.

For veterans, like Lewis, the changes are progress.

"I will be able to independently call various clinics, " she said.

For information on the TTY/TDD equipment, call 866-868-8695. The VA said the equipment is free for hearing-impaired vets.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Nextgov: [More Money for Cyber Spies, Outrage after Indictments and Supply Chain Cyber is Super Hot](#) (16 July, Joseph Marks and Jack Corrigan, 193k uvm; Washington, DC)

[...]

Oversight in Overdrive for VA EHR

Everyone's rooting for the Veterans Affairs Department's to succeed with its massive electronic health record modernization effort, but lawmakers and agency officials want to keep a close eye on its progress.

The House Veterans Affairs Committee named the lawmakers who will sit on a newly formed subcommittee for overseeing the modernization effort on Thursday. The five-member panel will work closely with VA to ensure the project with Cerner Corp. doesn't wind up in the graveyard of previous failed modernization attempts.

Also on Thursday, VA announced it established an internal office with the sole responsibility of managing the 10-year EHR overhaul that could cost the agency up to \$16 billion. The Office of

Electronic Health Record Modernization, led by former Health and Human Services Department IT coordinator Genevieve Morris, will oversee the preparation, rollout and maintenance of the new platform.

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3.2 - Health Data Management: [VA, Congress create panels to oversee EHR implementation](#) (16 July, Greg Slabodkin, 143k uvm; New York, NY)

With the recent award to Cerner of a \$10 billion electronic health record modernization contract by the Department of Veterans Affairs, both the VA and Congress are taking steps to ensure that the implementation of the EHR system receives sufficient oversight.

Last week, the House Committee on Veterans' Affairs formally approved the creation of a new Subcommittee on Technology Modernization to provide oversight of the VA's rollout of the Cerner Millennium platform, which will replace the agency's decades-old Veterans Health Information Systems and Technology Architecture.

"As the department embarks on the nation's largest EHR overhaul, it is critical that we ensure veterans and taxpayers are protected throughout the transition," said Phil Roe, MD (R-Tenn.), chairman of the House Veterans' Affairs Committee.

"I have personally gone through a transition to a new health record system when I was in private practice, and I know how much potential there is for a project like this to be a costly disruption," Roe added. "Congress has a duty to conduct rigorous oversight every step of the way. Rep. Jim Banks will chair this subcommittee, and he will be joined by subcommittee Ranking Member Conor Lamb, Reps. Jack Bergman, Mike Coffman and Scott Peters."

Likewise, the VA announced last week that it has established the Office of Electronic Health Record Modernization (OEHRM) to manage the preparation, deployment and maintenance of the Cerner EHR system.

"As technology and the needs of our veterans evolve, we must also evolve our systems to support better care for our veterans," said the VA's Acting Secretary Peter O'Rourke in a written statement. "This office is dedicated entirely to our electronic health record modernization, and will bring significant and diverse expertise to get VA to the end state that will allow medical records to transition seamlessly for service members departing active duty into veteran status."

The office will be headed by Genevieve Morris, who is currently on loan to VA from the Office of the National Coordinator for Health IT where she served as the principal deputy national coordinator.

"OEHRM, the Veterans Health Administration and the Office of Information and Technology will continue to collaborate closely to ensure this important transition is as smooth as possible for our veterans, clinicians and staff," said Morris in a written statement. "We are working hard to configure and design a system focused on quality, safety and patient outcomes, which will allow health IT innovations within one VA facility to be used across the entire VA healthcare system."

The agency expects the system implementation for the initial operating capability sites to begin October 1, with an estimated completion date of March 2020. Cerner's EHR will be rolled out enterprisewide as part of a 10-year contract.

According to the latest VA data provided to Congress, the total cost to implement the new EHR system over 10 years will be \$15.8 billion—\$10 billion for the Cerner contract, \$4.6 billion for infrastructure improvements and \$1.2 billion for contractor program management support services.

The VA intends to create a single common EHR system with Department of Defense by leveraging a shared Cerner Millennium platform. The agency's planned acquisition calls for aligning the deployment and implementation of the system with DoD's ongoing rollout of its own system—called MHS GENESIS, which is in the pilot phase.

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3.3 - Marianas Variety: [Telehealth services for veterans on Tinian and Rota](#) (17 July, 1.3k uvd; Saipan, MP)

The Veterans Affairs Pacific Islands Health Care System or VAPIHCS has recognized the need to expand clinical services via emerging technologies to effectively address critical needs and challenges facing Veterans in the CNMI where access to VA services is limited.

VAPIHCS has partnered with the Tinian Health Center and the Rota Health Center to extend telehealth services to the veterans on those islands.

Both islands have entered a memorandum of understanding to enable Tinian and Rota to offer such services. VAPIHCS has provided the equipment and tools necessary to implement telehealth services from the THC and RHC. In exchange, the health centers are responsible for providing a designated space for the equipment and telehealth appointments, clinical staff to prepare patients for the virtual consultation, as well as upkeep of the equipment.

THC received its EX90 telehealth device from VAPIHCS late last month and successfully connected with VA mental health providers in Hawaii on the equipment's functionality. The EX90 device allows for real-time interaction with the patients and their VA physician through videoconferencing. Telehealth services include clinical services such as primary care, mental health, and clinical pharmacy specialist services. The Tinian Health Center aims to go-live with the telehealth services by July 2018. RHC is set to receive its device this week.

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4. [Focus Resources More Efficiently](#)

4.1 - WIFR (CBS-23, Video): [Madison VA Hospital holds a veteran town hall meeting in Rockford](#) (16 July, Brittany Karlin, 76k uvm; Rockford, IL)

Employees at William S. Middleton Memorial Veterans Hospital in Madison make the trip to Rockford to make sure local vets have the necessary resources they need.

Veterans and their families were able to hear about patient experiences, mental health, benefits and preventing veteran suicide. These meetings are scheduled in Rockford once a year so the Madison VA Hospital can work with veterans one on one to address any issues they may have on the spot. It also helps the VA improve services for others.

"When we come out here I expect to hear from the people who haven't got the care exactly how they feel they deserve. We did have several of those folks express their concerns and that provides us with great feedback and the ability to change our processes," said William S. Middleton Memorial Veterans Hospital Director John Rohrer.

If you couldn't make it out to the town meeting you can contact William S. Middleton Memorial Veterans Hospital at 888- 478-8321 or visit their Facebook page. for more information.

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4.2 - Military Resource Radio (Audio): [Denise Van Koevering – Chief of the Blind Rehab Center at Hines VA Medical Center \(Pt 2\)](#) (16 July; Tony Gatliff: West Bloomfield, MI)

In this new episode of Military Resource Radio, your host – Tony Gatliff – talks to Denise Van Koevering – Chief of the Blind Rehab Center at Hines VA Medical Center regarding the 70th Anniversary for the Hines VA Medical Center, obtaining success for the Medical Center through strong volunteers who care about veterans, keeping up with the ever-changing technology in her field, a day in the life of a veteran at the Hines VA Medical Center and many more interesting subjects. Tony also goes over a recent news story involving President Donald Trump and his previous nominee to head up the VA.0 Tune in for this amazing episode of Military Resource Radio today!

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5. [Improve Timeliness of Service](#)

5.1 - News 12 Long Island (Video): [Sen. Schumer calls for easier access to health care for veterans](#) (16 July, 1.2M uvm; Woodbury, NY)

Sen. Charles Schumer is calling for easier access to health care for veterans in Nassau County.

The senator wrote a letter to the VA on Monday pushing for approval of construction of an outpatient facility on the North Shore of Nassau County.

Schumer said many older vets cannot make the trip to Northport VA Medical Center on their own, and may not be able to afford a car service to get there.

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5.2 - WKMG (CBS-6, Video): [Veterans want compensation after alleged exposure to Agent Orange on Guam - Gov. Scott says, 'Let's take care of our vets'](#) (16 July, Mike Holfeld, 1.1M uvm; Orlando, FL)

An estimated 50,000 men and women who served on Guam during the Vietnam War are asking Washington lawmakers to support giving them benefits after mounting evidence suggests they were exposed to Agent Orange.

"If we don't get what we want from the VA, then we will sue," retired Navy Cmdr. John Wells said.

Wells, the executive director of Military Veterans Advocacy, is an attorney leading the fight for national legislation to provide a financial lifeline for vets who, he said, were never told of the potential side effects of Agent Orange.

"We estimate 50,000 or more veterans could be effected by this legislation," Wells said.

That estimate does not include the children and grandchildren of vets exposed to the chemicals.

Emma Ackerson, the 10-year-old granddaughter of retired Navy vet Lonnie Kilpatrick, has been diagnosed with Chiari malformation, a rare brain defect.

"They're born with birth defects and they're going to suffer their entire lives," her mother, Keri Ackerson, told News 6.

Ackerson has been diagnosed with the identical brain defect but so far her symptoms are not as extreme.

Her father served on Guam between 1971 and 1974. He received benefits for a heart transplant he needed because of exposure to Agent Orange and he died in May.

He is one of only 12 veterans stationed on Guam during the 1960s and 1970s who was given compensation.

The Department of Veterans Affairs granted Kilpatrick benefits this year.

Brian Moyer, a retired Navy Marine, is starting to show signs of ailments linked to exposure to Agent Orange.

"We've got men and women who can't work anymore," Moyer said.

Gov. Rick Scott, a Navy veteran, said he has been monitoring the issue and supports the call for benefits as long as the evidence is there.

"I'm always going to stand with our vets," Scott said. "If something went wrong, if it was used, let's take care of our vets and their families."

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5.3 - KOAA (NBC-5): [Special report: Veterans can now get caregiver support services and medical equipment for free](#) (16 July, Eric Ross, 101k uvm; Colorado Springs, CO)

The Veterans Administration has been plagued with controversy in recent years for long wait times and inadequate healthcare.

In order to speed up wait times and increase accessibility to medical professionals, the VA launched the "CHOICE" program, but that too has had its fair share of issues recently.

Now, News 5 Investigates takes you inside a new initiative called the Veteran in Charge program, or "VIC".

It doesn't replace current VA benefits, but rather supplements them. The program allows veterans to get caregiver support, meal deliveries and even medical accessibility equipment for free.

"Our goal is to really keep veterans in their homes and in their community," Marsha Unruh with The Independence Center said.

Unruh oversees the VIC program which helps disabled veterans live as independently as possible.

"Veterans want to live in their home and community, they want to be independent and they want to stay in their home until they die," Unruh said.

Unfortunately, many veterans who can't get the care they need end up in nursing homes. Unruh says that's not the best option. She points to the fact that it costs a lot more to put a veteran in a nursing home than providing at-home assistance.

"If you look at it from a budgetary standpoint, we can serve 3 veterans in the VIC program compared to 1 in a nursing home," Unruh said.

Bart Longrie and Marilyn Mathis believe the VA is trying to improve healthcare, but say it's a slow process.

"The VA tries to help as much as they possibly can but their schedule and workload has impaired me," Longrie said. "I can't call them everyday and say I got to come down and see you."

Mathis agrees. Although she says the VA does call to check in, that's not enough.

Both have since turned to The Independence Center in Colorado Springs for help and enrolled in the VIC program.

One of the benefits---equipment to help with mobility.

Longrie was able to get a special lift chair to help him live independently at home. The program also funded a stair glider chair for Mathis.

"Veterans do not have to pay anything for this," Unruh said. "The VA determines eligibility."

If you're a veteran in the Pikes Peak region and already receive VA benefits, all you have to do is apply for the VIC initiative.

In addition to providing equipment, the program also allows veterans to choose their own caregivers.

"Caregivers can be their spouses," Unruh said. "They can be children, neighbors or relatives and typically they are already taking care of that veteran and are not being paid. Here, the veteran can decide if they want to hire their wife, son or daughter to help out with this and get a paycheck."

Mathis has already taken advantage of this opportunity.

"The first person that came to my mind was my daughter," she said. "She was in Florida and what better way for her to be out here with me and to help me at the same time."

Mathis says prior to enrolling in the VIC program, she had random healthcare workers attend to her needs. However, she still didn't have a lot of freedom.

"I couldn't go for a ride in the car with them," Mathis said. "They couldn't take me shopping. They had to go do it for me so I was cooped up at home. With my daughter here, she takes me grocery shopping and to my doctors appointments. It has given me some confidence in myself to where I can go out and do things that I probably wouldn't do on my own or without any help from anybody."

Mathis says the VIC program has given her a new lease on life at a time when she felt depressed and hopeless.

"I wouldn't be here (if it weren't for this program)," Mathis said. "I would've just sat in my chair and went 'poof' because my self esteem started falling and I didn't care. Life didn't matter to me but they (The Independence Center) stepped in and they knocked some sense into me. They did---they knocked some sense into me."

Caregiver support and accessibility equipment are just two perks the program highlights. The VIC initiative also provides financial support and assistance with transportation, adult day care and better access to medical professionals.

"I can get on the phone and tell them I'm not feeling well," Longrie said. "They give me a contact (information). The VA does try their best but they are not always there to help when you need someone."

So far, only about 100 veterans have taken advantage of the program through The Independence Center.

Mathis and Longrie want other veterans to know that there is help available if they need it.

"All I can say is I'm blessed and I plan on passing it on and blessing someone else," Mathis said.

To learn more about the VIC program, [click here](#) or call 719-471-8181.

"Not every county in Colorado has this service," Unruh explained. "Not every state offers this service yet."

The Independence Center is the only agency administering the VIC program for El Paso, Park, Teller and Elbert Counties.

About The Independence Center

The Independence Center (The IC) is a local nonprofit organization that provides traditional and self-directed home health care, independent living, Veterans', and advocacy services for people with disabilities. These services range from providing peer support, skills classes, and employment assistance to individual and systems advocacy. In addition, The IC runs a Certified Nurse Aide training program to equip the area with qualified CNAs. The IC's mission is to work with people with disabilities, their families, and the community to create independence so all may thrive.

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6. [Suicide Prevention](#)

6.1 - WFED (AM-1500, Audio): [VA urged to stem vet suicides by streamlining the hiring of more mental health workers](#) (16 July, Terry Wing, 854k uvm; Washington, DC)

The American Legion has asked the Veterans Affairs Department to move faster to fill vacancies among mental health positions. The Legion cited its concerns with the VA hiring process in a new white paper on veteran suicides. The report said many hospitals and clinics are struggling with severe staffing shortages which can be attributed to the tedious hiring process, a high employee turnover rate and a significantly reduced recruitment, retention and relocation budget. The shortage of employees, it said, can lead to overworked staff, poor patient experiences and lower quality of care. A survey of Legion members indicated 54 percent said it was difficult to navigate VA's mental health process. (American Legion)

The House Veterans Affairs Committee has passed through ten new pieces of legislation. One bill would address what it said is a human resources staff at VA that lacks the necessary qualifications to do its jobs. It would require VA to set specific performance standards for its human resources positions, and report back to Congress on its findings. Another bill would make changes to current the program that aims to ease the transition from active duty to civilian life. Changes to the Transition Assistance Program would include more focus on career opportunities and entrepreneurship. (Veterans/House)

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6.2 - WNCT (CBS-9): [VA creates smartphone function to provide immediate access to Veterans Crisis Line](#) (16 July, Dalisa Robles, 154k uvm; Greenville, NC)

The Department of Veterans Affairs has created a smartphone function to provide immediate access to the Veterans Crisis Line.

The function will be available on iPhone and Android systems.

The person will only have to say “Call the Veterans Crisis Line” and it will automatically dial the National Suicide Prevention Lifeline which also serves the Veterans Crisis Line.

This function is part of their Help Prevent Suicide campaign.

The support will be available 24/7.

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6.3 - Task & Purpose: [VA Medical Centers May Be Hurting The Agency’s Veteran Suicide Prevention Efforts](#) (16 July, Jared Keller, 102k uvm; New York, NY)

Employee shortages and opioid surpluses are severely hindering the Department of Veterans Affairs from effectively fighting the scourge of veteran suicide, according to a new report from the American Legion.

- Just after the departure of ex-VA Secretary Dr. David Shulkin in mid-February, the VA had more than 33,000 vacancies, according to a spokesman; in June, the American Legion told Congress that this shortage could reach 100,000 personnel from nurses and assistants to doctors and psychologists, according to one study.
- This shortage doesn’t just limit access to critical physician expertise, but “can lead to overworked staff, poor patient experiences and lower quality of care,” according to the American Legion report. “Exemplary patient experience is vital to keeping veterans in the VA care network, which studies have shown significantly decreases risk of suicide.”
- That exhausting work environment can extend to sloppy handling of potentially addictive substances, namely benzodiazepines like Xanax and Valium. According to the Legion report, a full quarter of veterans newly diagnosed with PTSD “are still being prescribed harmful and potentially deadly amounts of medications;” a whopping 16% of veterans are prescribed “a morphine-equivalent dose of opioids” concurrently with their Benzo.
- This is horribly risky and irresponsible behavior. There exists “growing evidence of negative side effects, including an increase of PTSD symptoms, risk of suicidal thoughts and of accidental overdose,” the Legion report cautions. “According to a 2013 study, 43 percent of servicemembers who attempted suicide between 2008 and 2010 had taken psychotropic medications.”
- The instinct to dope agitated veterans to the gills is only doing harm. Research indicates that benzos “have no health benefit in treating PTSD and that there is extreme concern for overdose among veterans who misuse alcohol while on them” — a major risk for a full 50% of the veterans who are prescribed these dangerous substances but booze on them anyway.

If there’s some silver lining to the dangerous overprescription trend detailed in the American Legion’s veteran suicide report, it’s that, according to USA Today, almost every VA facility has experienced a steady drop in its prescription rates since 2012, with an overall decline of 41%. Sure, part of this decline indicated that this is more of a return to relatively “normal” prescription

levels than a concentrated drop, after a mid-2010s spike in prescriptions. But as my colleague James Clark noted back in January, it's certainly a step in the right direction — especially when it comes to making a dent in the veteran suicide rate.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Omaha World-Herald: [Omaha VA adding teletype machines to talk with blind, deaf veterans](#) (15 Steve Liewer, 2.1M uvm; Omaha, NE)

For years, the Department of Veterans Affairs has distributed teletype machines called TTYs for free to help some deaf, hearing-impaired or blind veterans make text-based calls from their home telephone lines.

But until now, the VA hasn't had teletype machines of its own to answer if a veteran called for help. That left some veterans unable to contact the VA for even basic services like scheduling appointments and ordering medicine.

"They couldn't even fill a prescription. They had to drive to the clinic," said State Sen. Carol Blood, whose Bellevue legislative district includes a large concentration of veterans. "I said, 'This can't be true.'"

The VA Nebraska-Western Iowa Health Care System said last week it has ordered some of the machines, including one that will be in the lobby of the VA hospital in Omaha. Jennifer Scales, a VA spokeswoman, said a test of the new devices is scheduled to begin Friday.

The phone numbers for the devices have not yet been published.

She said she would provide additional information once they are working.

The chain of events that led to the installation of the teletypes began in May, when Blood talked with Shawn Wilbur, who heads the Nebraska chapter of the Blinded Veterans Association, at a Memorial Day event. Wilbur told her about a local Army veteran who is blind and deaf, and uses VA services.

Jasmine Lewis, 29, said she lost her sight and hearing after a brutal assault by a fellow soldier in 2008. She relies on TTY and text to communicate with others. Her teletype and cellphone translate messages for her into Braille.

When she and other veterans with impaired sight or hearing contact the VA, no one is equipped to receive their messages.

"I can't contact places independently and have to rely on friends or coming in person to take care of things," Lewis said in a text message to The World-Herald.

Blood wrote B. Don Burman, the director of the VA Nebraska-Western Iowa Health Care System. She also wrote to VA officials in Washington and to President Donald Trump.

“Often (veterans) have a simple question they need to ask and must trek to the hospital,” Blood wrote in one of the letters. “Nebraska-Iowa veterans deserve better.”

Burman responded that the Nebraska-Western Iowa Health Care System “has the proper equipment for patients that come in the medical center for their care.” But he acknowledged that the VA “is lacking in some areas where the hearing-impaired might be needing care from our system.”

He told her the VA is working on plans for a call center that would have the proper equipment to communicate with deaf and hearing-impaired veterans across the region.

The VA has relied on the nationwide 711 network to relay calls from teletype callers. The callers may dial those three digits to reach an operator with a TTY who can contact and relay messages to people or businesses without teletype machines.

But the 711 system isn’t widely known, Wilbur said. And some callers aren’t comfortable with relaying information that way.

“They don’t want to talk about personal information through a third party,” he said.

Lewis said the relay operators aren’t always reliable. On Thursday she broke her thumb and used a long distance company’s system to call a VA nurse because the 711 system was down.

Dave Hutcheson, a spokesman for the nonprofit Hearing Loss Association of America, said teletype machines have fast become obsolete, largely because of smartphones and related apps.

“There’s so many things out there besides TTY. Most everyone now is using modern technology,” he said.

But he agreed many veterans likely still rely on old, familiar technology.

“The only people who would be using them would be your older generation — World War II, Korean War, Vietnam,” Hutcheson said.

A large share of the veterans seeking VA care are older. And hearing loss is a leading cause of disability among veterans.

“TTY has been around for a long time,” said Michael Young, who heads an aid group called Welcome Home Nebraska Veterans. “This should have been implemented before.”

Blood said she is happy, though, that the VA responded to concerns she raised.

“Within six weeks, we got action,” she said. “They realized it was a pressing issue.”

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7.2 - Military Times (Reboot Camp): [As TA use drops, could recent policy changes get more service members using the education benefit?](#) (16 July, Natalie Gross, 2.1M uvm; Springfield, VA)

One of the perks of serving in the military is being able to go to college on the Defense Department's dime.

But the number of service members taking advantage of this education benefit — often hailed as a key military recruitment and retention tool — has been declining in recent years, with all branches seeing drops in fiscal 2017, federal data show.

Despite the decreases, some schools are encouraged by rule changes that could allow more service members to participate in tuition assistance.

A Military Times analysis of federal data shows no movement among the 10 most popular college destinations, with American Public Education Inc., which is the parent company of American Military University, and the University System of Maryland, which includes the University of Maryland University College, leading the way with 45,765 and 29,768 active-duty students, respectively.

Bridgepoint Education, which owns Ashford University, is next, followed by Central Texas College and Embry-Riddle Aeronautical University.

The overall number of TA users dropped by more than 6 percent from fiscal 2016, to 473,715 students in fiscal 2017. Since fiscal 2014, the number of TA students has dropped by nearly 13 percent.

Over the last three years, the two service branches with the most TA users — the Army and the Air Force — have recorded a nearly 17-percent drop in TA usage. On the other hand, the Marine Corps and the Coast Guard, which have the fewest number of TA users, have seen TA usage rise since fiscal 2014.

DoD spokeswoman Maj. Carla Gleason said TA is a voluntary benefit, and a variety of factors can impact usage rates, including “force shaping, deployment cycles and the general economy.” She pointed to Education Department statistics, which also show a decline in overall enrollment in higher education and said this indicates, in part, that TA data “could be mirroring wider societal trends.”

Vincennes University, an Indiana public school, saw a 29 percent decrease in its TA enrollment between fiscal 2016 and fiscal 2017, the largest relative drop among the top 50 most popular college destinations for TA students. For-profit college systems DeVry University Inc. and the University of Phoenix also took hits in TA enrollment above 25 percent.

In the top five, American Public Education shed more than 3,000 students between fiscal 2016 and 2017, a 7-percent drop in its TA enrollment, while fellow for-profit system Bridgepoint shed more than 1,600 students, a 10-percent drop. Central Texas College, a public institution, enrolled about 1,900 fewer students in fiscal 2017, a 14 percent drop from the previous year.

Bridgepoint recently announced plans to spin off its two institutions, Ashford University and University of the Rockies, with the two schools merging and becoming a nonprofit private institution. Bridgepoint will continue as a for-profit online program management company being paid to serve the soon-to-be merged universities.

The move is similar in some respects to the acquisition of for-profit Kaplan University, the ninth most popular school for TA students, by Indiana public university Purdue. Purdue University Global will combine the two institutions' resources. As with the Bridgepoint spin off, a for-profit entity remaining with Kaplan will provide administrative help to the nonprofit school, for a fee.

Ashford University has recently faced heat from veterans education groups and others after a years-long battle with the Veterans Affairs Department to maintain its eligibility for the GI Bill. In addition to that dispute, which is rooted in questions over Ashford's state-level approval, Ashford is also facing a lawsuit from the California attorney general's office, which accused the school of defrauding and deceiving students — claims a Bridgepoint spokesman “emphatically” denies and described as “demonstrably false.”

The spokesman, Nolan Sundrud, said while recent reports have created some confusion and likely contributed to Ashford's drop in TA enrollment, the university has an “unwavering commitment” to provide military students with “affordable, accessible, high-quality educational opportunities.”

“This rests at the heart of Ashford University's mission. We have created innovative learning models and support structures designed specifically around the unique needs of nontraditional students, and we are especially devoted to the academic success of active-duty military students, reservists, their families, and our student veterans,” he said.

John Aldrich, vice president for military outreach at American Public Education's AMU, said DoD policies limiting institutions' access to military installations are hurting his enrollment.

“The current base access policy affords an unfair advantage to schools which teach on-ground courses, ignoring the fact that over 85 percent of service members take their courses online,” he said. “Online schools need comparable access to their students to keep them enrolled and get them to graduation. We simply ask that all military students and their schools be treated equally.”

Earlier this year at a conference for military educators, a Pentagon official said DoD was rethinking its policy that schools must have more than 20 military-connected students on a base to be able to provide education counseling services on an installation. A new policy wouldn't differentiate between schools with one student or 100 when deciding whether to allow them on a particular base. Instead, the decision would depend on what the installation commander could accommodate.

When asked for an update on the status of this policy, DoD did not respond by press time.

Changes underway

Recent changes relaxing TA rules for soldiers, sailors and Marines — but not airmen — could start to shift enrollment trends, though only time will tell.

On Aug. 5, the Army will end its current policy requiring soldiers to wait one year after initial military training before using TA. This will affect almost 95,000 soldiers, said Pamela Raymer, chief of the Army Continuing Education System, and she anticipates that at least 10 percent of them will start taking classes in this fall.

The new policy also eliminates a 10-year waiting period for soldiers between using TA for a bachelor's degree and for a master's. They will soon be allowed to go for the second degree in less than 10 years if they have completed advanced-level military training.

In fiscal 2017, 98,259 soldiers used the benefit, down from 107,278 the year before.

"The Army supports education, and the time seemed right to lift the waits to support soldiers' ability to get started earlier on their higher education degree plans," Raymer said. "The Army recognizes the value that a college degree provides soldiers — higher levels of problem solving and decision making to be better soldiers while serving and to prepare them for return to civilian life."

The Marine Corps, too, has walked back its time-in-service requirement, from 24 to 18 months for Marines who "demonstrate significant extraordinary effort beyond the fulfillment of all assignments and normal expectations" at an O-5 level commander's discretion, according to the latest policy released in May.

More sailors will be able to take advantage of TA as well, with recent changes to the Navy's rules that went into effect June 1. Among these was the removal of the Navy's annual TA cap of 16 semester hours or 24 quarter hours. Now, sailors can access TA up to the DoD's \$4,500 yearly limit.

The Navy has also instituted an automated approval process for TA requests and is allowing sailors to use TA for certificates.

"All of the changes were instituted to provide sailors greater access to voluntary education programs," said Lt. Commander Katherine Meadows, spokeswoman for Navy Education and Training Command. "These changes have also come with feedback from sailors (about) what would make the voluntary education experience better."

About 42,500 sailors used the benefit in fiscal 2017, compared to just over 46,000 in 2016. Meadows said based on TA records so far in 2018, the Navy expects more sailors will use the benefit this fiscal year than in 2017.

Last year, Military Times reported on a discrepancy between DoD's records and the Navy's statistics on the number of Navy TA users. DoD and the Navy have since agreed on the number of sailors using TA, but their data on TA classes and costs remain at odds.

The Air Force does not plan on making any changes for the next fiscal year, according to Senior Master Sgt. Harry Kibbe, an Air Force spokesman.

At Southern New Hampshire University, a school that jumped from the 20th most popular college for TA users in fiscal 2016 to No. 13 last year, service members have always been encouraged to finish their required professional military training before enrolling in any college program, said Randy Plunkett, assistance vice president of military initiatives. But he believes the recent changes to Army, Navy and Marine TA rules demonstrate the military's commitment to supporting service members in higher education.

The school currently has sailors enrolled who will benefit from the Navy's decision to lift its cap on TA credits, and Plunkett said it's "excellent news" that they won't have to wait until next fiscal year to continue their education.

“SNHU applauds these changes and are excited for service members to pursue degrees, certifications, or preparatory programs for transition to civilian life via the tuition assistance program,” he told Military Times.

“I think all of the changes to the TA usage rules are all positive,” said Kelly Wilmeth, vice president of stateside military operations at University of Maryland University College. “They can’t do anything but benefit the service members for those who are really actively motivated to use tuition assistance to work on their education.”

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7.3 - The Trucker: [Holland Offering Driver Apprenticeship Program For Veterans](#) (16 July, 18k uvm; Little Rock, AR)

Holland, a regional LTL transportation provider, has partnered with the Department of Labor and the Department of Veterans Affairs (VA) to create a professional truck driver apprenticeship program for veterans.

The program offers veterans career training in the trucking industry as they integrate back into civilian life. In addition to paid training, eligible veterans can receive their Post-9/11 G.I. Bill funds while completing the apprenticeship, according to Steve Bramble, Holland’s corporate recruiting manager.

“We are proud to bring this program to the men and women who served our country,” Bramble said. “It’s truly a privilege for us to offer veterans a career transition that allows them to continue serving the country in a new capacity.”

Holland’s Driver Training Program helps veterans develop the skills they need for a full-time career in the trucking industry, Bramble said.

Veterans who have a commercial driver’s license (CDL) but still need to meet mileage requirements or earn proper endorsements will work with industry professionals to complete these objectives while utilizing their current skills.

Veterans who currently do not have a CDL will enter the Dock-to-Driver Program and grow into the industry through paid CDL training and professional mentorships.

Veterans who have the Post-9/11 G.I. Bill can receive up to \$24,000 of tax-free benefits in addition to their Holland pay.

Funds will be submitted directly to the veteran by the VA.

To enroll in the apprenticeship program, veterans only need to complete the necessary VA paperwork during the first day of orientation. Veterans must be Holland employees to join the apprenticeship and receive VA educational benefits.

In addition to the partnership with the Department of Labor and the VA, Holland has also received grant funds for \$40,000 to support the training program.

The funds were approved at the end of 2017 when Holland received the Department of Labor Apprenticeship certification.

The grant is from FASTPORT, a veteran employment software company with a mission to connect veterans to career opportunities.

FASTPORT works with Holland to provide veterans with meaningful careers and to build a pipeline between the military community and the trucking industry.

Apply for the Holland Veterans program at www.careers.hollandregional.com/military or call 844-617-6410.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Military Times: [Big tax refunds coming for 130,000 veterans](#) (16 July, Karen Jowers, 2.1M uvm; Springfield, VA)

More than 130,000 veterans are receiving letters on how to apply for refunds of taxes they paid on disability severance pay dating back to 1991 — a minimum of \$1,750 per veteran.

While exact estimates were not available, because each veteran's payout varies, the government could be paying out a minimum of \$228 million in tax refunds, if all those eligible file claims.

The eligible veterans will have a year after the date of their letter from the Defense Department to file a claim for the refund, or three years after filing their tax return that reported the disability severance pay, whichever is later. Survivors of those who paid the taxes are also eligible for the refund, which would be paid to the estate of the veteran.

The mailings to 130,062 veterans started on July 9, and are scheduled to be completed by July 20. The letters are being sent by the Internal Revenue Service on behalf of the Defense Department, because the IRS maintains the last known addresses of taxpayers, said Army Lt. Col. David Dulaney, executive director of the Armed Forces Tax Council.

These refunds are the result of a law passed in 2016 — the Combat Injured Veterans Tax Fairness Act of 2016 — which applies to veterans who received this pay dating back to Jan. 17, 1991, with taxes withheld. By law, DSP is not taxable if:

- The DSP is paid for combat-related injuries determined by the military service at the time of separation, or
- The veteran is eligible for disability compensation from the Veterans Affairs department.
- More than 133,000 vets may qualify for this tax refund windfall
- More than 133,000 vets may qualify for this tax refund windfall

•
If you're one of 133,000 vets whose disability severance was improperly taxed during the last 27 years, you may be in line for a refund.

By: Karen Jowers

In the vast majority of these cases, the veteran was notified of his or her eligibility for disability compensation long after the taxes were withheld from the DSP, Dulaney said. At that time, it could take many months for the veteran to receive notification of eligibility for disability compensation.

Now, because of changes in processes between DoD and VA, going forward veterans will likely receive notification as early as a month after separation. In addition, the Defense Finance and Accounting Service will be able to determine from those processes whether the DSP would be taxed. Even for those separating since last year with DSP, the vast majority have not been taxed, Dulaney said. He said 97 percent of those who have received DSP in 2018 haven't had tax withheld.

How to file a claim

The DoD letter to veterans includes instructions for submitting a claim for the tax refund, using IRS Form 1040X.

Veterans can apply for the refund by submitting a claim based on their actual DSP, and actual taxes withheld. But as Dulaney noted, many people don't have documentation or tax records dating back to 1991, and the IRS doesn't keep records beyond seven years.

So the IRS has also approved a simplified method for veterans who don't have their documentation, allowing those who received this DoD letter to apply for a standard refund based on the year when they received their DSP. Anyone who received a notification letter from DoD is eligible to do this. This is the easiest way to apply for the refund, according to IRS officials, because the veteran doesn't need to have access to the original tax return from the year of their lump-sum disability severance payment.

Here are the standard refund amounts for those using the simplified IRS method for filing the claim:

Tax year when disability compensation payment was received		Amount of tax refund
1991-2005	\$1,750	
2006-2010	\$2,400	
2011-2016	\$3,200	

Veterans who received a DoD notification letter should write either "Veteran Disability Severance" or "St. Clair Claim" across the top of the front page of their Form 1040X, and mail the Form 1040X and a copy of the DoD notification letter to:

Internal Revenue Service

333 W. Pershing Street, Stop 6503, P5

Kansas City, MO 64108

Think you should get a bigger refund?

The DSP is calculated based on the service member's basic pay at the time, so some veterans may be qualified for a bigger refund than the standard refund agreed to by the IRS. Those who believe they are qualified for a bigger refund can submit documentation with their claim.

Disability severance pay is generally taxable, Dulaney said, but there are certain instances when it's not taxable, such as when the injury related to the DSP was incurred as a direct result of armed conflict, while engaged in extra hazardous service; or during simulated war exercises; or when harmed by an instrument of war.

Didn't receive a letter?

Veterans who believe they are eligible for a refund, but didn't receive a DoD notification letter — and don't have the required documentation to file a claim for a refund should contact the National Archives, National Personnel Records Center, or the VA.

Of the 300,000 veterans who received the disability severance payment since 1991, DoD identified 130,062 veterans who qualify for the refunds.

The law went into effect in 2017. DoD was able to identify the 130,062 veterans in late 2017, and has been working with the IRS to finalize the process for veterans to file claims for their refunds, Dulaney said.

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9.2 - WHIO (CBS-7, Video): [Dayton VA to temporarily close gate, RTA eliminates 2 bus stops near medical center](#) (16 July, Max Filby, 1.2M uvm; Dayton, OH)

An entrance to the Dayton Veterans Affairs Medical Center will close Wednesday for construction.

In cooperation with the city of Dayton, the Gettysburg Avenue gate will close temporarily so it can be realigned with the U.S. 35 off-ramp, according to a press release from the VA. The changes are expected to improve traffic flow and safety near the entrance.

While the gate is closed, traffic lights will be moved and lines will be repainted, among other work. Work is expected to continue through the fall.

During the closure, visitors can use the Liscum Avenue gates and the entrances for the Dayton National Cemetery should not be used to regularly enter and exit the main campus, according to the VA.

The construction has prompted the Greater Dayton Regional Transit Authority to close its bus stops outside the Gettysburg gate. Though four bus stops were impacted by construction, only two will return once it is finished, according to the RTA.

Stops on Gettysburg at the ramp to U.S. 35 and on Gettysburg at Kenesaw Avenue will be closed permanently because of "low ridership," according to the RTA.

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9.3 - Stars and Stripes: [Pentagon sending letters to more than 130,000 owed tax refund on disability pay](#) (16 July, Corey Dickstein, 1.2M uvm; Washington, DC)

The Defense Department has identified more than 130,000 veterans released from military service following injuries who may be owed more than \$1,700 each in tax refunds after the Pentagon incorrectly withheld money from their disability pay, officials said Monday.

Letters were sent this month by the IRS notifying 130,062 veterans that the federal agency might have improperly collected taxes on their lump sum disability severance pay issued between 1991 and 2016, said Army Lt. Col. David Dulaney, the executive director of the Armed Forces Tax Council. Veterans who were sent the letter, which should arrive in the coming weeks, will have one year from the letter's date to file their amended tax refund claim.

The letters are being sent as the Pentagon's response to the Combat Injured Veterans Tax Fairness Act of 2016, which required the Defense Department to identify and notify veterans about the error. The problem was first discovered by The National Veterans Legal Services Program, a nonprofit veterans service organization.

That organization has said a computer glitch in the Pentagon's accounting system is to blame for the error. It estimated some \$78 million was owed to former servicemembers.

However, Dulaney said Monday that he did not have an estimate for how much money was owed.

Under federal law, disability severance pay cannot be taxed if an individual's injury or illness was determined to have resulted from armed conflict, during extra-hazardous service, during war simulations, was caused by a weapon, or if the individual is receiving disability pay from the Department of Veterans Affairs.

Veterans who receive notification will have options for how to obtain the money that they are owed, Dulaney said.

They can apply for a standard refund amount approved by the IRS or they can submit a claim to the IRS for the actual amount of money withheld, he said.

Veterans who claim the standard refund and received their disability pay between 1991 and 2005 would receive \$1,750, others who received the pay between 2006 and 2010 would receive \$2,400, and people who received it between 2011 and 2016 would receive \$3,200.

To receive the standard refund, veterans must mail a completed IRS Form 1040X, write "Veteran Disability Severance" or "St. Clair Claim" at the top of the form and include the letter that they receive with it, Dulaney said.

To receive compensation for the total amount of money withheld, veterans must also submit documentation including past tax refunds proving the amount of taxes improperly withheld, Dulaney said.

It is possible the standard refund is either larger or smaller than the actual amount of money that the veterans overpaid, Dulaney said. But he did not know how the IRS arrived at the standard refund amounts. The IRS did not immediately respond Monday to requests for comment.

The National Veterans Legal Services Program estimates some veterans are owed more than \$10,000.

Dulaney said it was possible some veterans outside of the ones receiving letters are also owed tax refunds for money improperly withheld. He referred people who believe they are owed money to the Defense Finance and Accounting Service and the IRS websites.

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9.4 - Times Leader: [VA Police: Man threatens woman over \\$21 debt](#) (16 July, Ed Lewis, 308k uvm; Wilkes-Barre, PA)

An elderly man was arrested over the weekend after he allegedly threatened a woman and ignited matches on her window sill, according to charges filed.

Police at the Department of Veterans Affairs Medical Center alleged Vincent Dallessandro, 82, made repeated threats toward a woman on Saturday and Sunday, including burning her apartment.

Police claim Dallessandro was outside the woman's apartment and ignited matches on a window sill.

Dallessandro and the woman reside in apartments on the medical center's campus, police said.

According to the criminal complaint:

The woman told police Saturday that Dallessandro pushed a note under her door that stated, "Slip what you owe me under my door or next visit will not be so friendly."

She claimed Dallessandro kicked, knocked and pounded on her door for hours and used a cane to damage an exterior window, pushing the cane through the screen knocking over a flower pot and television.

Police said the woman was fearful of Dallessandro, who threatened to burn her apartment.

She alleged Dallessandro told her, "I am going to light your apartment on fire."

Police said another tenant in the apartment unit heard Dallessandro threaten the woman.

Police returned to the woman's apartment on Sunday allegedly finding burn marks on a window sill.

A state police fire marshal determined the burn marks were caused by matches that were intentionally ignited.

Police questioned Dallessandro, who allegedly had a match book with nine matches in his pocket.

Dallessandro did not admit to igniting the matches but claimed he was upset at the woman because she owed him \$21. He told police he knocked on the woman's door with his hands, feet and cane demanding she pay him what he is owed.

Dallessandro was arraigned by District Judge Richard Cronauer in Wilkes-Barre on two counts of arson, and one count each of burglary, terroristic threats and two counts of criminal mischief. He was jailed at the Luzerne County Correctional Facility for lack of \$25,000 bail.

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9.5 - Task & Purpose: [Veterans: The IRS May Owe You Money, For A Change](#) (16 July, Jeff Schogol, 102k uvm; New York, NY)

On the day of President Trump's historic meeting with Russian President Putin, the Pentagon announced that about 130,000 veterans could be eligible to receive a refund for taxes they paid on disability compensation that shouldn't have been taxed.

The veterans in question received Disability Severance Pay for combat-related injuries, or the Department of Veterans Affairs determined they were eligible to be compensated for a service-related disability, defense officials told reporters on Monday. They are currently receiving letters from the Internal Revenue Service on behalf of the Pentagon notifying servicemembers that they could receive a refund.

The letters include the amount they received in Disability Severance Pay, which they can include on tax Form 1040X to file their claims, said Army Lt. Col. David Dulaney, executive director of the Armed Forces Tax Council.

Most of the veterans received a disability rating from the VA after they had already paid taxes on their Disability Severance Pay, Dulaney said at a media roundtable. The IRS had put the onus on taxpayers to ask for a refund in such situations, but in December 2016 Congress passed a law requiring the Defense Department to notify veterans that they may be eligible to be reimbursed for taxes withheld between 1991 and 2016.

The IRS has set three levels of compensation, based on which year veterans paid taxes on their Disability Severance Pay, he said. Veterans can get a \$1,750 refund if they were taxed between 1991 and 2005; they can get \$2,400 for years 2006 through 2010; and they are eligible for a \$3,200 refund for years 2011 through 2016.

Veterans who received a letter from the IRS should include on Form 1040X which year they received their Disability Separation Pay and which refund amount they qualify for, Dulaney said.

Those veterans who did not receive a letter but believe they are still owed a refund can also file a 1040X, he said. If they do not have the supporting documentation, they can go to the National Archives for their personnel records.

The Defense Department identified nearly 130,000 combat injured veterans who may be eligible for a refund by November 2017, but it took the IRS until late April 2018 to finalize exactly how those veterans could file their claims, Dulaney said.

“Because the act [law] required that the Department of Defense include those instructions to follow – which the IRS approved – we could not send out the notification letters until that point,” he said. “The DoD has been working with the IRS to finalize the letters and also send those letters out.”

Dulaney stressed that the Pentagon does not have addresses for all the affected veterans, but the IRS does, and that is why they are mailing the letters.

When asked why the Defense Finance and Accounting Service isn’t reimbursing the affected veterans, Dulaney explained that all taxable withholdings are paid to the U.S. Treasury Department, not the Defense Department.

“So it isn’t something that is within a DoD authority to go back and make payment of that from the Treasury,” he said. “In order to seek a refund of the amount of taxes that you paid as a taxpayer throughout the year, you have to file a claim with the IRS directly.”

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Veterans Affairs Media Summary and News Clips

18 July 2018

1. [Top Stories](#)

1.1 - Wall Street Journal: [Acting Head of VA Health, Hospital System Replaced With Temporary Appointee, Dr. Richard Stone to take over Veterans Health Administration, succeeding Dr. Carolyn Clancy](#) (17 July, Ben Kesling, 43.6M uvm; New York, NY)

The Department of Veterans Affairs will replace the acting head of its health care system with a temporary appointee on Wednesday, the VA's acting secretary said Tuesday, though the department still hasn't settled on a permanent replacement to lead the sprawling division. Dr. Richard Stone will take over the Veterans Health Administration, the VA's acting secretary, Peter O'Rourke, told reporters.

[Hyperlink to Above](#)

1.2 - USA Today (Video): [Investigation of VA nursing homes launched after USA TODAY/Boston Globe reports](#) (17 July, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

The House Veterans Affairs Committee has launched an investigation into care at the VA's 133 nursing homes after learning the agency had given almost half of them the lowest possible score in secret, internal rankings. The probe follows an investigation by USA TODAY and The Boston Globe that showed 60 VA nursing homes rated only one out of five stars for quality last year in the agency's own ranking system.

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1.3 - The Hill: [Budget chairs press appropriators on veterans spending](#) (17 July, Niv Elis, 11.8M uvm; Washington, DC)

The chairmen of the House and Senate budget committees have weighed in on a debate on how to fund a veterans program that has thrown a wrench into the 2019 appropriations process. Last week, the House and Senate Appropriations committees abruptly canceled a conference committee meeting to sort out differences over a package of three spending bills because of disagreements on veterans funding.

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1.4 - Newsweek (Video): [VA Officials Accused Of Using Trump-Era Law To Target Low-Level Workers And Whistleblowers](#) (17 July, James Laporta, 9.4M uvm; New York, NY)

A mid senior leadership turmoil, substantial job vacancies and a new report that shows prescription practices may be hindering suicide prevention efforts, congressional members expressed concern Tuesday that the Department of Veterans' Affairs was using a recently passed law to target agency employees. Passed last year, the VA Accountability and Whistleblower Protection Act was intended to remove federal barriers to fire inadequate performing employees.

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1.5 - Tennessean (Video): [VA stands by firing top Memphis VA doctor despite recommendations to reverse action](#) (17 July, Yihyun Jeong, 2.1M uvm; Nashville, TN)

The Department of Veterans Affairs is standing by its decision to fire a top doctor at the Memphis VA Medical Center last year, despite new recommendations from officials to reverse

the action and to reinstate the former chief of anesthesiology, records show. Susan Calhoun was fired last October by Director David Dunning for “failure to lead and act.” The move came during sweeping actions by administrators aimed at improving the hospital that received a one-star rating for its death and infection rates, among other factors.

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1.6 - Military Times: [VA, union leaders spar over impact of new accountability law](#) (17 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs leaders say new accountability rules passed last summer are already beginning to reform the culture throughout the federal bureaucracy. Union officials insist the measure has created a haphazard mess at the department. “The Accountability Act has proven to be one of the most misguided and counterproductive VA laws ever enacted,” said J. David Cox Sr., national president of the American Federation of Government Employees.

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1.7 - Military Times: [Senate plans path ahead for ‘blue water Navy’ benefits fix](#) (17 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Senate lawmakers will start their work next month on legislation to extend disability benefits for nearly 90,000 veterans who worked around toxic chemicals during the Vietnam War but have been denied compensation for that exposure. The Senate Veterans’ Affairs Committee is planning an Aug. 1 hearing on the issue, one that committee Chairman Johnny Isakson, R-Ga., has called a “top priority” for the remainder of the year.

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2. [Greater Choice for Veterans](#)

2.1 - Washington Times: [Congress told to find money to fill billion dollar gap in funding for veteran health care](#) (17 July, David Sherfinski, 10.8M uvm; Washington, DC)

The White House is siding with House Republicans and the chairmen of Congress’s budget committees in a dispute with senators over veterans’ health care funding that has stalled negotiations over an initial package of 2019 spending bills. Senate appropriators are trying to figure out how to make up a billion dollar-plus gap next year in funding for VA Choice, a popular program that allows veterans to seek care from private hospitals and doctors.

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2.2 - The Fiscal Times: [Lawmakers Battle Over Veterans Health Funding](#) (17 July, Yuval Rosenberg, 1.5M uvm; New York, NY)

A complicated fight over spending on a veterans health program is throwing a wrench into the congressional appropriations process for 2019. The showdown could force lawmakers to fall back on another continuing resolution to avert a government shutdown once 2018 funding runs out at the end of September. What the fight is about: The issue is whether to stay within current budget caps or to go beyond those limits...

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2.3 - Roll Call: [Budget Chairmen Weigh in on Veterans Funding Fight, 'Proponents of the effort argue that it is needed to ensure adequate care for our veterans. We disagree.'](#) (17 July, 430k uvm; Washington, DC)

House Budget Chairman Steve Womack, R-Ark., and Senate Budget Chairman Michael B. Enzi, R-Wyo., wrote to top appropriators in both chambers Tuesday insisting that funding for veterans private medical care be kept within the topline \$597 billion nondefense spending cap for fiscal 2019.

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3. [Modernize Our System](#)

3.1 - Health Data Management: [Text messaging helps VA trim missed appointments](#) (17 July, Joseph Goedert, 143k uvm; New York, NY)

A recently launched text messaging program from the Department of Veterans Affairs is designed to reduce no-shows for medical appointments by more than 100,000 over three months. The program is VEText, which serves as an appointment reminder system. VA started rolling out the program in March 2018 and 138 VA facilities currently use it.

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3.2 - FedScoop: [VA's new text message appointment reminder system is reducing no-shows](#) (17 July, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The humble text message is improving efficiency within the Department of Veterans Affairs' health care system. VEText is a text-message-based appointment reminder system that alerts veterans to upcoming doctors appointments and allows them to easily confirm or cancel. The automatic system launched in March and is currently being used by 138 VA facilities. Since then, it has helped reduce appointment no-shows by more than 100,000.

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3.3 - Jersey Shore Online: [Toms River Continues Push For New VA Clinic](#) (18 July, Chris Lundy; Lakehurst, NJ)

The governing body is continuing to push for a new Veterans Administration building in Toms River. The most local one, the James J. Howard Outpatient Clinic in Brick, is overburdened. It's in a space too small to grow in. The Veterans Administration is looking for a site that could accommodate an 80,000 square-foot building with at least 480 parking spaces.

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4. [Focus Resources More Efficiently](#)

4.1 - Military Times: [VA gets a new top health official, but still searches for a permanent nominee](#) (17 July, Leo Shane III, 2.1M uvm; Springfield, VA)

The Department of Veterans Affairs this week will welcome another new temporary head for its health operations, but still has no clear path ahead for a permanent appointee for the post. On Tuesday, acting Veterans Affairs Secretary Peter O'Rourke said that Richard Stone will take over as executive in charge at the Veterans Health Administration this week, replacing Carolyn

Clancy. Clancy will shift to a new post focused on “innovation, research and development” within VHA.

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4.2 - Stars and Stripes: [VA employee advocates, lawmakers contend new law targets low-level workers and whistleblowers](#) (17 July, Nikki Wentling, 1.5M uvm; Washington, DC)

Some lawmakers expressed concern Tuesday that the Department of Veterans Affairs is using a new law to target low-level workers and retaliate against whistleblowers. The VA Accountability and Whistleblower Protection Act was approved a year ago by Congress and heralded by President Donald Trump as a fix-all to root out a culture of corruption at the VA.

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4.3 - Government Executive: [VA Defends Expedited Firing Law Amid Accusations It's Creating 'Cultural Fear'](#) (17 July, Eric Katz, 870k uvm; Washington, DC)

The Veterans Affairs Department at a congressional hearing on Tuesday defended its implementation of a new law easing the firing of its employees, saying any complaints one year into the law's existence were minor speed bumps on the road to overhauling the culture in government's second largest agency.

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4.4 - WFED (AM-1500): [VA insists it's not using the accountability act to target low-ranking employees](#) (17 July, Nicole Ogrysko, 854k uvm; Washington, DC)

The Veterans Affairs Department says it's not using the Accountability and Whistleblower Protection Act — now just more than one year old — to disproportionately fire lower-ranking employees over senior managers and executives. VA battled lawmakers on the House Veterans Affairs Committee over this point many times during a hearing on the department's implementation of the accountability act.

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4.5 - UWBadgers.com: [Sparking newfound patriotism and pride at the VA Hospital](#) (17 July, 159k uvm; Madison, WI)

"The land of the free and the home of the brave," are the ending words of a song every American knows well. For freshmen student-athletes at the University of Wisconsin, this message had a new meaning as they started the week of July 4 greeting and visiting veterans at the William S. Middleton Memorial Veterans Hospital.

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4.6 - WGXA (FOX-24): [Veterans Affairs announces interim Chief of Staff in Dublin](#) (17 July, 62k uvm; Macon, GA)

The Department of Veterans Affairs (VA) announced Tuesday the temporary appointment of Dr. Amin M. Elamin as the interim chief of staff for the Carl Vinson VA Medical Center (CVVAMC). Dr. Elamin will provide clinical oversight to ensure appropriate and compliant patient care for more than 37,000 Veterans who visit the medical facility every year. "I can't think of a better person to fill this spot," said David VanMeter, interim director at the CVVAMC. "He has a vast knowledge of medicine and the VA."

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4.7 - ExecutiveGov: [Richard Stone Named Acting Veterans Health Administration Chief](#)

(18 July, Jane Edwards, 20k uvm; Tysons Corner, VA)

Richard Stone, former principal deputy undersecretary of health at the Department of Veterans Affairs, has been named acting head of the Veterans Health Administration, Military Times reported Tuesday. Peter O'Rourke, acting VA secretary, announced Tuesday that Stone will serve as VHA's executive-in-charge and succeed Carolyn Clancy, who will transition to a new position at VHA focused on research and development and innovation.

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5. [Improve Timeliness of Service](#)

5.1 - Tennessean: [2 Tennessee VA nursing homes under investigation after secret scores released](#) (17 July, Yihyun Jeong, 2.1M uvm; Nashville, TN)

Two Department of Veterans Affairs nursing homes in Tennessee are under investigation as part of a national review launched by officials this week after recently released secret internal scores showed that almost half of the centers were given the lowest possible score. House VA Committee Chairman Rep. Phil Roe, R-Tenn. ordered the investigation following an investigation by USA TODAY and The Boston Globe that found 60 VA nursing homes rated only one out of five stars for quality last year.

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5.2 - WCYB (NBC-5, Video): [Local veteran brings Department of Veterans Affairs to Federal Court](#) (16 July, Ellie Romano, 767k uvm; Bristol, VA)

A local marine veteran is fighting for his right to access opioids to manage his chronic pain. Veteran Robert Rose of Gray, Tennessee is trying to get a federal judge to stop the Department of Veterans Affairs from continuing its Opioid Safety Initiative. The Opioid Safety Initiative was adopted by the VA last year. It works by tapering veterans off opioids to help lower the number of opioid related deaths.

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5.3 - WPRI (CBS-12, Video): [Disabled veteran's daughter angered by long VA delays, dad's death](#) (17 July, 439k uvm; East Providence, RI)

When Heidi Edwards applied for a grant to make her father's in-law apartment accessible to his wheelchair, she was relatively confident. "There was no question he qualified for the grant," Edwards said. So, in 2015 she applied for a Department of Veterans Affairs Specially Adapted Housing (SAH) grant.

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5.4 - Johnson City Press: [Veteran's lawsuit over VA Medical Center opioid policy set for trial](#) (17 July, Becky Campbell, 194k uvm; Johnson City, TN)

A federal judge denied a Marine Corps veteran's request for an injunction to prevent the Veterans Affairs Medical Center at Mountain Home from continuing its opioid tapering program and set the man's case against the facility and Congressman Phil Roe for trial. Robert Rose Jr., of Gray, filed the \$350 million lawsuit last year asking for compensation for pain and suffering

and violation of his constitutional rights after the VA put him on a morphine tapering program that reduced his pain medication from 180 mg per day to 30 mg per day over a three-month period.

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6. Suicide Prevention

6.1 - WFIE (NBC-14, Video): [Summit held at USI to shed light on veterans mental health](#) (17 July, Jared Goffinet, 625k uvm; Evansville, IN)

The Department of Veterans Affairs planned the mental health summit held at USI. Several speakers at the summit focused on bringing awareness to veteran suicide rates. According to psychologists at the summit, one of the most important focal points is transition of care from active duty to civilian life. This can often be a hard time on soldiers and many turn to drugs and alcohol.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WFED (AM-1500, Audio): [DoD: Transferring GI Bill benefits to your family is 'not an entitlement'](#) (17 July, Jared Serbu, 854k uvm; Washington, DC)

If there's one message that rings through in the Defense Department's decision to clamp down on service members' ability to transfer their education benefits to their children or spouses, it's this: Even if the GI Bill itself is an entitlement, the aspect of the program that lets service members pass the benefit along to their dependents is not.

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7.2 - KTAR (FM-92.3): [Tempe looking to expand housing options for homeless veterans](#) (17 July, 446k uvm; Phoenix, AZ)

A Phoenix-area city is looking for landlords to partner with to expand housing options for homeless veterans, it was announced Monday. Tempe launched a pilot program this month that will give eligible low-income veterans a rental voucher for Section 8 housing, case management and support services. As part of the program, the city's housing services division would place 10 veterans in subsidized housing in an effort to help them lead independent lives.

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7.3 - Fort Scott Tribune: [Navy monument to be created for National Cemetery](#) (17 July, Jason E. Silvers, 1.5k uvd; Fort Scott, KS)

A project to build a monument to honor United States Navy veterans, which is several years in the making, is moving along to the next phase. The idea for a project to design and build a monument honoring Southeast Kansas Navy veterans, which would eventually be placed at the Fort Scott National Cemetery, came about in 2008 with members of the Veterans of Foreign Wars Post No. 1165 honor guard, according to Daryl Roller, a U.S. Navy veteran formerly of Fort Scott.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - FOX News (Video): [North Korea is said to be poised to return bodies of some 50 US vets soon: report](#) (17 July, Paulina Dedaj, 32.5M uvm; New York, NY)

North Korea will return the remains of about 50 Americans killed during the Korean War over the next two weeks, the first set of repatriations since the recent summit between President Trump and Kim Jong Un, a report says. A senior U.S. defense official said on Tuesday that the move will take place within two weeks, though the exact timing and number of those being returned remain uncertain, according to a Reuters report.

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9.2 - Military.com: [DOD Begins Notifying Over 330,000 Vets They May Be Due Tax Refunds](#) (17 July, Jim Absher, 9M uvm; San Francisco, CA)

The DOD has begun notifying more than 330,000 veterans they may be eligible for a refund for taxes wrongly paid on their disability severance payment, a DoD tax expert said. Army Lt. Col. David Dulaney, the executive director for the Armed Forces Tax Council, said the department began mailing notices to veterans July 9.

[Hyperlink to Above](#)

9.3 - WPMT (FOX-43): [Luzerne County man, 82, sets fire to neighbor's window over \\$21 debt, police say](#) (17 July, Keith Schweigert, 443k uvm; York, PA)

Angered during a dispute over \$21, an 82-year-old Luzerne County man set fire to a neighbor's apartment window and used his cane to knock over a flower pot and a television on her property, according to the U.S. Department of Veterans Affairs police force. Vincent D'Allessandro, of Plains, is charged with arson, burglary, terroristic threats and criminal mischief in the incident...

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1. [Top Stories](#)

1.1 - Wall Street Journal: [Acting Head of VA Health, Hospital System Replaced With Temporary Appointee, Dr. Richard Stone to take over Veterans Health Administration, succeeding Dr. Carolyn Clancy](#) (17 July, Ben Kesling, 43.6M uvm; New York, NY)

The Department of Veterans Affairs will replace the acting head of its health care system with a temporary appointee on Wednesday, the VA's acting secretary said Tuesday, though the department still hasn't settled on a permanent replacement to lead the sprawling division.

Dr. Richard Stone will take over the Veterans Health Administration, the VA's acting secretary, Peter O'Rourke, told reporters. The health administration is one of the three main branches of the VA and comprises more than 1,500 health-care facilities, thousands of physicians and nurses and a budget of about \$70 billion to treat some nine million veterans.

Dr. Stone succeeds Dr. Carolyn Clancy, who had been the acting head for months and who moved on to another position in the department, overseeing the VA's academic partnerships as well as research and development, Mr. O'Rourke said.

The top health-care job, a Senate-confirmable position, hasn't had a permanent leader since its then-head Dr. David Shulkin departed to become the VA secretary early last year. Candidates for nomination to the position must go through a Veterans Affairs commission process and can't simply be chosen by the VA secretary.

"We will be moving quickly forward with the commission to select a new undersecretary for health," Mr. O'Rourke told reporters on Capitol Hill. "We're going to have a full slate of candidates."

Mr. O'Rourke also said the department has identified a new head for its Office of Information and Technology, an individual undergoing vetting by the White House. He didn't identify the person. That Senate-confirmable role is also filled right now by a temporary appointee.

Both the health-care and technology undersecretary positions are seen as crucial to implementing changes already under way at the department including a restructuring of the program that allows veterans to get health care in the private sector and the VA's adoption of a new electronic health-records system.

Dr. Stone, a retired Army doctor, previously served at the VA as deputy undersecretary for health before becoming a vice president at Booz Allen Hamilton focused on military health.

The announcement was a surprise to many in Congress and to top veteran advocacy groups, according to people familiar with the matter. Many of these stakeholders said they hadn't known until Tuesday of the change, after the decision already had been made.

The VA didn't respond to a request for further comment on the matter.

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1.2 - USA Today (Video): [Investigation of VA nursing homes launched after USA TODAY/Boston Globe reports](#) (17 July, Donovan Slack and Andrea Estes, 36.8M uvm; McLean, VA)

The House Veterans Affairs Committee has launched an investigation into care at the VA's 133 nursing homes after learning the agency had given almost half of them the lowest possible score in secret, internal rankings.

The probe follows an investigation by USA TODAY and The Boston Globe that showed 60 VA nursing homes rated only one out of five stars for quality last year in the agency's own ranking system.

Internal documents obtained by USA TODAY and the Globe revealed that patients in more than two thirds of VA nursing homes were more likely to suffer pain and serious bedsores than their private sector counterparts. More generally, VA nursing homes scored worse than private nursing homes on a majority of key quality indicators, including rates of anti-psychotic drug prescription and decline in daily living skills.

Rep. Seth Moulton, D-Mass., applauded the committee's investigation and said he hopes the panel will hold a field hearing in his state, where the VA nursing home in Bedford received one star and rated worse than private nursing homes on 10 of 11 key quality indicators last year, including rates of pain and infection.

"Veterans deserve the best healthcare in the world. Period. That means having more transparency than private providers, not less," said Moulton, a former Marine who served four tours of duty in Iraq and gets medical care at the Bedford VA hospital. "The VA is doing many things well, but this is a clear example of where they are failing."

The VA tracked quality data for years but withheld it from the public until receiving inquiries from the news organizations. The VA then released some quality information and argued its nursing homes provide good care even though their residents are typically sicker than those at private facilities.

House VA Committee Chairman Rep. Phil Roe, R-Tenn., ordered the investigation, saying he was "disturbed" by the news reports.

Rep. Vern Buchanan, R-Fla., had urged Roe in a letter last month to have his committee examine the "shocking and unacceptable conditions" and adopt "tough disclosure requirements to create greater transparency."

"A congressional investigation should leave no stone unturned in finding out how this happened in the first place and how it can be prevented in the future," he wrote.

The committee anticipates holding a hearing this fall and may release more details as the investigation progresses, Roe spokeswoman Tiffany Haverly said.

Agency officials "welcome the committee's oversight," VA Press Secretary Curt Cashour said Monday.

“We look forward to informing the committee about the care we provide veterans in our nursing homes and how it compares closely to care in the private sector, even though the department on average cares for sicker patients in its nursing homes than do private facilities,” Cashour said.

The VA operates nursing homes in 46 states that serve some 46,000 veterans annually. The agency has tracked detailed information about the quality of care they provide since at least 2011 and instituted a ranking system in 2016 but kept everything secret until last month.

The VA also has contracted for more than a decade with an outside company to conduct inspections of its nursing homes and kept the resulting reports from the public.

The agency banned the public release of the reports in 2009 after the Pittsburgh Tribune-Review published the findings from one report detailing “significant issues” at the VA nursing home in Philadelphia, including poor resident grooming and pest control. In one case, a patient’s leg had to be amputated after an infection in his foot went untreated for so long his toes turned black and attracted maggots.

The VA said at the time that the reports are internal quality assurance documents “protected” from disclosure under federal law.

Cashour said after receiving inquiries from USA TODAY and The Boston Globe that the VA now would release the reports. He said Monday that the agency is working with an outside contractor to remove nursing home residents’ personal information from the inspection reports before releasing them.

Cashour did not say when he expected that would happen. He also didn’t say if VA would release three years’ worth of reports — the private sector standard.

Nearly a dozen lawmakers have demanded more information from the VA, and several senators co-sponsored legislation to force the agency to release all of its nursing home information on an ongoing basis going forward. The Senate passed the measure last month. House lawmakers will have to pass it before it can become law.

Indiana Republican Sen. Todd Young, one of the co-sponsors, said Monday said it is his “strong hope” that the provision passes. His office has also been in contact with the House VA committee, he said, and hopes lawmakers there press the VA for even more transparency.

Agency secrecy “disserves our veterans as well as their family members and friends who assist our veterans in identifying the highest quality center of care that they aim to receive for any given service,” Young said.

VA’s claims that its residents are typically sicker, which means its facilities perform worse than private homes on quality tests “don’t pass the smell test,” Buchanan said.

“I don’t buy that,” said Buchanan, a veteran who served on the VA committee overseeing the agency from 2007 through 2011. “We’ve just got to do a lot better. It’s just not acceptable.”

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1.3 - The Hill: [Budget chairs press appropriators on veterans spending](#) (17 July, Niv Elis, 11.8M uvm; Washington, DC)

The chairmen of the House and Senate budget committees have weighed in on a debate on how to fund a veterans program that has thrown a wrench into the 2019 appropriations process.

Last week, the House and Senate Appropriations committees abruptly canceled a conference committee meeting to sort out differences over a package of three spending bills because of disagreements on veterans funding.

Their question is whether to fund an expensive veterans program, the VA Mission Act, under existing budget caps that would require offsets elsewhere or by using an off-the-books technique.

Budget chairmen Sen. Mike Enzi (R-Wy.) and Rep. Steve Womack (R-Ark.) sided with House Republicans in seeking to keep the spending on the books, even if it meant offsets elsewhere. "It is entirely reasonable to expect that Congress can find the \$1-2 billion needed within the overall \$597 billion spending limit," they wrote to their colleagues on the appropriations committee.

Senate Appropriations Committee Vice Chairman Patrick Leahy (D-Vt.) vocally opposed the move last week, noting that the budget shortfall was set to increase to \$8.67 billion by 2020.

"We do our veterans no favors when we make promises to them that we cannot keep. Our veterans made a commitment to our country, and the very least we should do is keep our country's commitment to them," he said.

Under the current spending caps, he noted, "deep cuts into other veterans programs" would be necessary.

The Trump White House on Monday sent a letter demanding fiscal discipline for the program.

"House Republicans are in lock step with the Administration and will not support the idea of busting the caps, which we just agreed to in March," an administration official said.

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1.4 - Newsweek (Video): [VA Officials Accused Of Using Trump-Era Law To Target Low-Level Workers And Whistleblowers](#) (17 July, James Laporta, 9.4M uvm; New York, NY)

A mid senior leadership turmoil, substantial job vacancies and a new report that shows prescription practices may be hindering suicide prevention efforts, congressional members expressed concern Tuesday that the Department of Veterans' Affairs was using a recently passed law to target agency employees.

Passed last year, the VA Accountability and Whistleblower Protection Act was intended to remove federal barriers to fire inadequate performing employees. But members of both parties suggested in a hearing that in reality it was being used to create a two-tier system within the VA that unfairly punishes rank-and-file employees while protecting senior leadership that largely remains in place.

"I have real concerns with how the VA is using the tools that Congress provided in the accountability act," said Democratic Representative Mark Takano, of California. "Of the 1,096 removals of the first five months of 2018, the majority of those fired were housekeeping aids...this has contributed to the fact that there are currently over a dozen medical centers with housekeeping vacancies...I find it hard to believe that there are large numbers of housekeeping aids whose performance is so poor that it cannot be addressed."

Takano pointed to lackluster management practices, citing the fact that only 15 of the 1,096 VA employees removed from their jobs in 2018 were in management positions. Meanwhile, the American Legion, one of the oldest veteran advocacy groups in the United States, told Newsweek that they are currently tracking over 33,000 vacancies within the Veterans Health Administration (VHA), which represents a staffing deficit of almost 10 percent of their overall workforce.

"By not adequately staffing VHA, VA's capacity to serve veterans suffers and forces more veterans to seek healthcare in the private sector at greater cost to the American taxpayers," said Joseph Plenzler, an American Legion spokesman. "We strongly urge the Department of Veterans Affairs to fill these vacancies with highly qualified healthcare providers as quickly as possible. Our veterans deserve it and our overstretched VA employees deserve it."

On USAJOBS, the official U.S. government website that lists civil service job openings across federal agencies, Newsweek found that only 4,202 jobs were listed at time of publication.

Acting VA Secretary Peter O'Rourke told House members that changing internal VA culture would facilitate improved VA accountability and whistleblower protection. "[Change] must be encouraged and sustained by leaders who embrace accountability and focus on a productive workplace that empowers their employees," he said.

O'Rourke rebuffed questions and allegations from House members that the turnover rate at the VA was any different than private sector companies, indicating that over the past three fiscal years, the rate of turnover did not dramatically impact the VA workforce.

"When we look back at 2014 and forward, you don't see a significant difference from year to year in unrealistic firings or removals of any category of employee," said O'Rourke.

Currently, the VA has been without a secretary for 110 days since President Donald Trump ousted David Shulkin from the cabinet position in March. Current Trump VA nominee Robert Wilkie was promoted to serve as interim secretary in the aftermath of Shulkin's departure and during the controversy surrounding another Trump VA nominee, U.S. Navy Rear Admiral Ronny Jackson, who formerly served as the White House physician to Trump and President Barack Obama.

O'Rourke fell under sharp bipartisan criticism in June after a public spat broke out with VA Inspector General Michael Missal after O'Rourke tried to pull rank on the federal watchdog after Missal's office said the VA's Office of Accountability and Whistleblower Protection did not provide requested information.

In a letter, O'Rourke told Missal: "I am your immediate supervisor. You are directed to act accordingly."

Congressional members quickly reprimanded O'Rourke for his failure to fundamentally understand the role of the inspector general.

O'Rourke said Tuesday: "It's unfortunate" that the scuffle took place within the public eye and said he would comply with all current and future requests from the VA inspector general.

"It is critical we continue to ensure the accountability law is implemented as intended. This law, which was signed by President Trump a little more than a year ago, has led to major changes at VA," said House Veterans' Affairs Chairman Representative Phil Roe (R-Tenn.), in a press statement to Newsweek. "Still, we must continue our efforts to transform the department and make sure it is adequately serving the veterans who dutifully served our country."

The congressman said he spent Monday reading letters from VA whistleblowers that felt that had been retaliated against by VA leadership.

O'Rourke said that listening to whistleblowers concerns and conducting both internal investigations or conflict resolution was key to putting fears of retaliation to rest in response to a question from Representative Roe.

J. David Cox, president of the American Federation of Government Employees, gave a scathing testimony to House members, claiming that the new law has led to low morale and fear of "politicalization" among the VA workforce.

"Due process and having those checks and balances is the way we avoid having a politicized federal workforce, and now when [we] have employees who can be fired at will," he said. "I think it creates fear, and when you have fear in an organization, you never have the best performance."

The American Federation of Government Employees is a union that represents 700,000 federal and D.C. government workers nationwide and overseas, with approximately 250,000 of them employed with the VA.

"This law provided the secretary with the tools needed to bring true accountability to the VA and simultaneously provided protections for brave whistleblowers; however, if the authority this law provides is not properly used VA will never live up to its full potential," Representative Roe said in the press statement to Newsweek .

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1.5 - Tennessean (Video): [VA stands by firing top Memphis VA doctor despite recommendations to reverse action](#) (17 July, Yihyun Jeong, 2.1M uvm; Nashville, TN)

The Department of Veterans Affairs is standing by its decision to fire a top doctor at the Memphis VA Medical Center last year, despite new recommendations from officials to reverse the action and to reinstate the former chief of anesthesiology, records show.

Susan Calhoun was fired last October by Director David Dunning for "failure to lead and act." The move came during sweeping actions by administrators aimed at improving the hospital that received a one-star rating for its death and infection rates, among other factors.

But Calhoun's firing at the time — along with the firing of Darryl Weinman, former head of surgery — brought forth allegations that VA administrators were using the hospital's doctors as scapegoats for ongoing issues.

The Memphis VA alleged Calhoun failed to fix problems after a scathing report came out in August that found postoperative sepsis was more than 7.5 times the national average among patients and that the death rate of postoperative patients was 1.7 times the national rate.

The review also cited blood, hair, dust, mold and insects found in cleaned operating rooms and on equipment — some of which was broken.

Calhoun and her attorney, Kevin Owen, denied the claims that she was responsible for the conditions and appealed her termination. The grievance review in her case concluded in early July with findings that evidence contradicted what hospital administrators alleged, records obtained by the USA TODAY NETWORK – Tennessee show.

Despite new recommendations that Calhoun be granted reinstatement, along with compensation, VA MidSouth Healthcare Network Director Cynthia Breyfogle is upholding Calhoun's termination.

"Upon my review of the findings report and documentations I have found the Grievance examiners recommendation was not supported by the preponderance of the evidence," Breyfogle wrote Owen on July 13.

"I find that the charge of a Failure to Lead and Act is supported by the evidence, and the removal was justified and reasonable, therefore I have made the decision to uphold the action," she wrote in the one-page letter.

Owen called the Breyfogle's decision "disappointing at the very least," compounded by the fact that the director did not elaborate on why she turned down the appeal.

"The internal grievance review process of the VA appears to be a sham," Owen said to USA TODAY NETWORK – Tennessee during a phone interview Tuesday morning. "I was confident that if there was an impartial decision, Calhoun would be returned to her job."

Owen said he has submitted the case to the VA Oversight Committee and that he is considering other legal options. Calhoun, meanwhile, has found work in anesthesiology, he said.

"She's landed on her feet. But she wants to go back to the VA because she is a third generation VA doctor," Owen said.

A spokeswoman for Breyfogle did not return requests for comment.

Calhoun's termination 'unreasonable'

On Aug. 9, Calhoun, then-chief of anesthesiology, developed a plan to fix the problems outlined by Chief of Staff Dr. Thomas Ferguson's report on hospital conditions by Aug. 11.

Documents show that four days later, investigators returned to find the problems were still present.

"I could not determine with any confidence that any evidence existed that you had taken appropriate administrative action" to fix the problems, Ferguson wrote Calhoun. Subsequently she was placed on paid administrative leave before being fired on Oct. 27.

Brian Kuehl of the Lexington VA Medical Center in Kentucky was tasked with conducting the review in the grievance filed by Calhoun.

"I did not find that Dr. Calhoun's administrative responsibilities would be individually responsible for areas responsible for quality data or improvement as charged ...," Kuehl wrote in his report.

There was no evidence that Calhoun was assigned or requested to be involved in quality improvement on sepsis and mortality rates.

Among Kuehl's findings:

- The majority of the August report was related to the failure of the Patient Care-nursing and Environmental Management Sterile Products departments in cleaning, inspections and quality supplies.
- Only 11 of the 35 areas of the hospital cited in the report fell under Calhoun's responsibility.
- Other department staff, not under Calhoun's responsibility, failed to "consistently participate in rounds" resulting in deficiencies.
- Calhoun established a new action plan and team assignments to correct findings.
- Practices and direct action taken under Calhoun remain in place at the hospital with "continued success in sustaining readiness of areas under control of anesthesiology service."

Kuehl reported that he was unable to sustain and substantiate the charges alleged by hospital administrators in Calhoun's proposed termination.

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1.6 - Military Times: [VA, union leaders spar over impact of new accountability law](#) (17 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs leaders say new accountability rules passed last summer are already beginning to reform the culture throughout the federal bureaucracy.

Union officials insist the measure has created a haphazard mess at the department.

"The Accountability Act has proven to be one of the most misguided and counterproductive VA laws ever enacted," said J. David Cox Sr., national president of the American Federation of Government Employees.

"It has demoralized and harmed its dedicated workforce ... It has deprived veterans who depend on the VA for health care and benefits of the services of employees with extensive training and experience who have been fired under the Act's new authorities without a fair chance to improve their performance or defend their jobs."

The measure, signed into law just over a year ago, has been hailed repeatedly over the last year by conservatives on Capitol Hill and White House officials as a key tool in fixing VA, and was a major applause line for President Donald Trump in his State of the Union speech in January.

Among other provisions, the legislation — passed with bipartisan support — shortened the appeal time for VA employees protesting their dismissals and expanded VA leadership's ability to remove most workers, including senior executives, for misconduct or poor performance.

Now, those changes and the creation of VA's new Office of Accountability and Whistleblower Protection as the basis of a broader push by Trump for federal service reforms which critics have blasted as his latest attack on federal workers.

Acting VA Secretary Peter O'Rourke, however, told reporters on Capitol Hill Tuesday that he sees the work as a model for cultural change throughout government agencies.

Earlier in the day, he brushed off criticism from Democrats on the House Veterans' Affairs Committee that the legislation has largely resulted in the firing of lower-level workers, not managers who set policies and would have a larger impact on office reforms.

So far in 2018, 1,171 VA workers have been fired, demoted or suspended. Of those, fewer than 20 have been senior managers. Nearly half the total comes from food service workers, nursing assistants and housekeepers.

But O'Rourke said the percentage of general worker firings has remained steady in recent years (before passage of the new accountability law) and dismissed concerns about specific firing and turnover figures.

"The intent of the law was not to go fire low-level employees," he said. "It was to improve accountability.

"It does take leaders to show what are the right things to do. That's going to take time to get down to our housekeepers and everyone who does work at the point of service. But we're seeing the change now at the higher levels, and we'll see that continue to work throughout the organization."

Cox said he doesn't believe that is happening. AFGE officials have been critical of Trump and VA for blaming systemic problems on low-level workers, and have said those attacks are hurting the morale and quality of the workforce.

"When you have fear in an organization, you never have the best performance," Cox said.

Both Republicans and Democrats on the committee expressed concerns about a lack of consistent, formal procedures for complaints filed through the new office. The issue has been a point of contention between VA leaders and the VA inspector general in recent weeks.

O'Rourke acknowledged the issue — "new rules, everybody is trying to figure it out" — but also insisted that the message of accountability is spreading throughout the department.

“This law is appropriate in that it gives us the tools that we need at VA to address accountability,” he said. “And we have very strong agreement among the administration and Congress that whistleblower protection is very important.

“Putting that together with accountability is going to give us the results, eventually, that we need at VA to make sure we are serving veterans the way we need to.”

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1.7 - Military Times: [Senate plans path ahead for ‘blue water Navy’ benefits fix](#) (17 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Senate lawmakers will start their work next month on legislation to extend disability benefits for nearly 90,000 veterans who worked around toxic chemicals during the Vietnam War but have been denied compensation for that exposure.

The Senate Veterans’ Affairs Committee is planning an Aug. 1 hearing on the issue, one that committee Chairman Johnny Isakson, R-Ga., has called a “top priority” for the remainder of the year.

Last month, House lawmakers overwhelmingly approved legislation dealing with the plight of “blue water” Vietnam veterans, adding a new Veterans Affairs home loan fee to pay for the \$1.1 billion needed to cover benefits costs.

Supporters of that measure had pushed for the Senate to quickly approve the measure, but Isakson has said he wants to hold public debate on the issue to ensure that lawmakers aren’t overlooking needed improvements to the proposal.

At issue are current VA regulations regarding veterans who served on ships off the coastline of Vietnam but never set foot in the country. Tens of thousands of those “blue water” veterans were exposed to Agent Orange and other chemical defoliants, which have led to rare cancers and other illnesses.

But under existing rules those veterans must provide proof of exposure to the chemicals to receive disability benefits. In contrast, troops who served on the mainland or patrolled inland rivers during the war are assumed to have been working with or near Agent Orange and are given special expedited status when filing disability benefits claims.

Lawmakers in recent years pushed to fix the oversight, but struggled with how to cover the costs. The compromise reached last month would add a new fee to veterans’ home loans that would cost a typical buyer about \$350 over 10 years.

But nearly half of all borrowers — including disabled veterans — will be exempt from the fee.

The House-passed bill also extends presumptive exposure status to veterans who served in the Korean Peninsula Demilitarized Zone beginning in September 1967 and lasting until August 1971, the same end date for the Vietnam War.

And the measure makes several additional changes to the VA home loan program, including eliminating the cap on loans department officials can offer.

Senate lawmakers have expressed general support for the measure but thus far have been focused on the confirmation process for VA secretary nominee Robert Wilkie. That work is expected to be completed later this month.

Isakson said he hopes to move forward on the “blue water” fix in coming months but has not given a timeline on when the process may be completed. If the measure is signed into law, veterans will still likely have a months-long wait before VA officials establish procedures and rules for paying out the new benefits.

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2. [Greater Choice for Veterans](#)

2.1 - Washington Times: [Congress told to find money to fill billion dollar gap in funding for veteran health care](#) (17 July, David Sherfinski, 10.8M uvm; Washington, DC)

The White House is siding with House Republicans and the chairmen of Congress’s budget committees in a dispute with senators over veterans’ health care funding that has stalled negotiations over an initial package of 2019 spending bills.

Senate appropriators are trying to figure out how to make up a billion dollar-plus gap next year in funding for VA Choice, a popular program that allows veterans to seek care from private hospitals and doctors.

The White House said lawmakers need to find the money within existing spending caps set in a deal reached earlier this year, and that the administration would oppose any effort to increase or adjust the caps again.

The current 2019 non-defense discretionary spending cap level of \$597 billion is “more than sufficient to fully fund the additional needs,” Acting Secretary of Veterans Affairs Peter O’Rourke and White House budget director Mick Mulvaney wrote to lawmakers this week.

Mr. Trump last month signed legislation, known as the VA MISSION Act, that consolidated parts of VA Choice and provided \$5.2 billion to temporarily extend it.

But absent new money, it could run out of funds by next May, leaving Senate appropriators trying to make up a projected gap of \$1.6 billion in 2019 that could swell to a combined \$18 billion in 2020 and 2021.

“We got to figure out how to do it,” said Senate Appropriations Committee Chairman Richard Shelby.

The White House got support this week from Rep. Steve Womack and Sen. Mike Enzi, the chairmen of the House and Senate Budget Committees respectively.

“This issue really comes down to whether we are willing to prioritize care for our veterans within existing spending limits,” they wrote to Mr. Shelby and other key appropriators.

Lawmakers have gotten around the spending limits in the past by simply exempting programs, like they do frequently with special war funding, or by increasing the caps themselves, as they did in March.

But Mr. Womack told The Washington Times he thinks it's "ill-advised" for lawmakers to be talking again about busting through the caps.

"[We] want to make sure that we take care of our veterans, but we've got a sovereign debt crisis on our hand right now and we've got to be very careful that we don't continue to do things that contribute to that fiscal insolvency path that we're on," said the Arkansas Republican.

The dollar amount for the projected gap is relatively small in the context of overall government funding. Lawmakers approved a \$1.3 trillion "omnibus" spending bill in March that funds the government through September.

But with the House soon to depart on a five-week summer vacation, even minor setbacks on next year's funding bills raise the prospect of another short-term, stopgap funding bill to keep the government running past September.

Amid the veterans funding dispute, House and Senate negotiators postponed an initial meeting last week in which they were supposed to start hammering out differences between joint packages of three spending bills.

Mr. Shelby said Tuesday he didn't know when that could be rescheduled.

Sen. Patrick Leahy, vice chairman of the appropriations committee, says he's prepared to offer an amendment that would allow Congress to pass additional discretionary spending, if necessary, to fill any gap in the veterans funding without cutting programs elsewhere.

"The president and everybody else has said they're in favor of money for it, so I assume they're going to keep their word," said Mr. Leahy, Vermont Democrat. "I would assume President Trump would keep his word. He has said several times there's going to be money for the veterans, so I assume he will keep his word and the money'll be there."

Any spin that the president doesn't support funding for the program is false, according to an administration official.

"The administration supports care for veterans within the discretionary caps already in place and has provided a road map on how to do that in the 2019 budget," the official said. "Congress must now do the same."

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2.2 - The Fiscal Times: [Lawmakers Battle Over Veterans Health Funding](#) (17 July, Yuval Rosenberg, 1.5M uvm; New York, NY)

A complicated fight over spending on a veterans health program is throwing a wrench into the congressional appropriations process for 2019. The showdown could force lawmakers to fall back on another continuing resolution to avert a government shutdown once 2018 funding runs out at the end of September.

What the fight is about: The issue is whether to stay within current budget caps or to go beyond those limits, set as part of a bipartisan deal earlier this year, to fund the popular VA Choice program and its successor under the recently enacted VA Mission Act.

The question arose after President Trump last month signed into law the VA Mission Act, which shifted funding sources for some veterans health programs and required Congress to allocate discretionary money for them. “Because that shift came after the budget deal was struck, top spending leaders in the Senate contend that it doesn’t make sense to be constrained to the old top line established before the change to the veterans program,” Politico’s Sarah Ferris and Jennifer Scholtes report.

What the two sides say: The White House and Republicans leaders of the House and Senate budget committees have come out in favor of sticking with the existing budget caps and finding funding offsets elsewhere. “It is entirely reasonable to expect that Congress can find the \$1-2 billion needed within the overall \$597 billion spending limit,” Sen. Mike Enzi (R-WY) and Rep. Steve Womack (R-AR) wrote in a letter to fellow appropriators.

But Senate Appropriations Committee Vice Chairman Patrick Leahy (D-VT) last week argued that deep cuts to other domestic or veterans programs would be necessary if VA Choice were to be funded under existing caps, since the program will face an \$8.67 billion shortfall in fiscal 2020 and a \$9.5 billion shortfall the following year.

House leaders last week abruptly called off a negotiating session on the first three of 12 required fiscal 2019 spending bills once it became clear that Leahy was planning to offer an amendment that would fund the veterans health efforts with money above the budget caps, Politico said.

Why it matters: Beyond the matter of funding the veterans program, “the breakdown does not bode well for broader spending negotiations leading up to the fiscal 2019 deadline,” Ferris and Scholtes write.

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2.3 - Roll Call: [Budget Chairmen Weigh in on Veterans Funding Fight, ‘Proponents of the effort argue that it is needed to ensure adequate care for our veterans. We disagree.’](#) (17 July, 430k uvm; Washington, DC)

House Budget Chairman Steve Womack, R-Ark., and Senate Budget Chairman Michael B. Enzi, R-Wyo., wrote to top appropriators in both chambers Tuesday insisting that funding for veterans private medical care be kept within the topline \$597 billion nondefense spending cap for fiscal 2019.

That’s a direct shot at the Senate Appropriations leadership on both sides, who want to exempt from budget limits additional funds for the so-called Veterans Choice Program, enacted after the 2014 wait-time scandal at the Department of Veterans Affairs.

“Proponents of the effort argue that it is needed to ensure adequate care for our veterans. We disagree. The issue really comes down to whether we are willing to prioritize care for our veterans within existing spending limits,” Womack and Enzi wrote.

House Republicans and Trump administration officials have made clear their opposition to increasing spending limits agreed to in February to accommodate more veterans health care spending. But Enzi's opposition undercuts what had been a fairly unified, bipartisan Senate push to raise spending limits in order to avoid cutting programs elsewhere in the VA or nondefense budget writ large.

Financing Choice and other "community care" programs that help veterans see doctors closer to home or in facilities that offer services they can't find at a VA hospital, could cost \$20 billion over the next three years. That includes an extra \$1.1 billion in fiscal 2019 on top of what Senate appropriators included in their version of the Military Construction-VA spending bill.

Appropriators didn't previously have this problem, as Choice was funded through mandatory spending outside of the committees' purview. But Trump signed a bill earlier this year consolidating Choice with several other existing community care programs and designating the money as discretionary, and therefore subject to annual budget limits. Since then, appropriators have been struggling to determine how to account for the additional spending needs of the program, which are expected to significantly increase in the coming years — potentially crowding out other nondefense programs.

The House opted to increase spending in its Military Construction-VA spending bill by \$1.1 billion and decrease spending in its Homeland Security spending bill by an equal amount. The Senate was on track to consider a bipartisan amendment that would have increased the total amount of discretionary spending by the amount needed for the program.

The House and Senate have technically agreed to go to conference on a three-bill package including Military Construction-VA, but were forced to scrap their first meeting last week over the lingering dispute over veterans funds.

The missive from Womack and Enzi is similar in tone to a letter sent to the spending panels from OMB Director Mick Mulvaney and Department of Veterans Affairs Acting Secretary Peter O'Rourke on Monday. In their letter, the two administration officials demanded Congress fit the \$1.1 billion additional needed during fiscal 2019 within next year's nondefense spending cap.

"We have a responsibility to provide our veterans with the care they deserve, while also being good stewards of the taxpayer dollar," they wrote.

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3. Modernize Our System

3.1 - Health Data Management: [Text messaging helps VA trim missed appointments](#) (17 July, Joseph Goedert, 143k uvm; New York, NY)

A recently launched text messaging program from the Department of Veterans Affairs is designed to reduce no-shows for medical appointments by more than 100,000 over three months.

The program is VEText, which serves as an appointment reminder system. VA started rolling out the program in March 2018 and 138 VA facilities currently use it.

The automated interactive service enables a veteran to confirm or cancel the appointment. As of July 9, more than 3 million veterans have received VEText messages and canceled 319,504 appointments.

Knowing those cancellations in advance enables the system to set up replacement appointments, which helps to free up clinical time for other vets.

“Every missed appointment represents a lost opportunity to provide faster access to care for a veteran in need,” says Peter O’Rourke, acting secretary at the VA.

Video Addressing common IAM challenges in the healthcare setting
Hear how the country’s largest public health hospital system addressed common identity management challenges.

VEText is integrated into the VA electronic health record and requires no manual action by staff, freeing staff members to work with veterans.

Veterans who have used the VA system and have a cell number in their electronic health record are automatically enrolled in the program. The vets can update phone numbers during check-in or check-out at kiosks during an appointment, or through their web portal account.

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3.2 - FedScoop: [VA’s new text message appointment reminder system is reducing no-shows](#) (17 July, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The humble text message is improving efficiency within the Department of Veterans Affairs’ health care system.

VEText is a text-message-based appointment reminder system that alerts veterans to upcoming doctors appointments and allows them to easily confirm or cancel. The automatic system launched in March and is currently being used by 138 VA facilities. Since then, it has helped reduce appointment no-shows by more than 100,000.

“Every missed appointment represents a lost opportunity to provide faster access to care for a Veteran in need,” VA acting Secretary Peter O’Rourke said in a statement. “VEText underscores VA’s commitment to digital modernization and represents a milestone in putting more user-friendly capabilities in the hands of Veterans and our employees.”

According to data from the Veterans Health Administration’s (VHA) Office of Veterans Access to Care, more than 3.24 million patients have received VEText messages and canceled 319,504 appointments as of July 9. This frees up care provider time for other patients. Veterans who have used the VA health care system in the past are automatically enrolled in VEText but can opt out if they prefer.

In May, VA CTO Charles Worthington spoke about VEText in the context of the little things that VA is doing to improve customer service. “This is not rocket science —industry has started to move in this direction for several years,” he said at the time.

Other projects the VA has recently undertaken include redesigning the My HealtheVet portal, and, with the help of the U.S. Digital Service, building an Appeals Status tool that allows veterans some visibility into where they are in the process of appealing an unfavorable benefits decision.

Similarly, VEText is another small tool that makes interacting with the gigantic agency just a little bit easier.

“VEText has changed the way we communicate with our Veteran patients,” John Ulliot, VA assistant secretary for public and intergovernmental affairs, said in a statement. “Veterans appreciate the convenient, user-friendly system and understand this technology not only helps them, but their fellow Veterans as well.”

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3.3 - Jersey Shore Online: [Toms River Continues Push For New VA Clinic](#) (18 July, Chris Lundy; Lakehurst, NJ)

The governing body is continuing to push for a new Veterans Administration building in Toms River.

The most local one, the James J. Howard Outpatient Clinic in Brick, is overburdened. It’s in a space too small to grow in. The Veterans Administration is looking for a site that could accommodate an 80,000 square-foot building with at least 480 parking spaces.

Toms River wants the VA to build a new building in the area of Hooper Avenue and Caudina Avenue. This is the intersection near a few banks and the Presbyterian Church of Toms River where drivers can find the back entrance to the Seacourt Mall. Toms River Councilman Maurice Hill said that his town put in a letter of intent to have the clinic built there. The spot is centrally located in the county, and close to the Veterans Service Bureau.

The Township Council passed a resolution at its last meeting asking the Planning Board to determine if that property could be deemed an area in need of redevelopment. The designation “area in need of redevelopment” means that a space is underutilized and the town has plans for what they want to see there. This was done to show the Veterans Administration that Toms River is still very interested in having the building there.

Meanwhile, Brick still wants to host the VA building, albeit in another location. Brick Mayor John Ducey has suggested a plot of land in the triangle between Route 88, Jack Martin Boulevard, and Burrsville Avenue. It is across the street from Ocean Medical Center.

Although the land is currently zoned as a hospital support zone, a developer has shown interest in it. There is currently an application before the Brick Board of Adjustment to develop the 9.3-acre site. Kamson Corporation, of Englewood, wants to build “Bay Pointe Village,” which would be about 48,000 square feet of retail space and 92 apartments. That plan has not yet been

voted on by the board. Kamson Corporation has also submitted a letter of interest to lease the property to the VA for the clinic.

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4. Focus Resources More Efficiently

4.1 - Military Times: VA gets a new top health official, but still searches for a permanent nominee (17 July, Leo Shane III, 2.1M uvm; Springfield, VA)

The Department of Veterans Affairs this week will welcome another new temporary head for its health operations, but still has no clear path ahead for a permanent appointee for the post.

On Tuesday, acting Veterans Affairs Secretary Peter O'Rourke said that Richard Stone will take over as executive in charge at the Veterans Health Administration this week, replacing Carolyn Clancy. Clancy will shift to a new post focused on "innovation, research and development" within VHA.

Stone previously served as VA's second-ranking health official under David Shulkin when he worked as the under secretary for health, before his promotion to the top department job by President Donald Trump. For the last 16 months, Stone has worked as a vice president at Booz Allen Hamilton assigned to military health issues.

He'll be the third temporary administrator to oversee the VA bureaucracy's sprawling medical operations since Shulkin left the post in February 2017. In that time, Congress passed sweeping new reforms to the department's community care programs and White House officials began the process of modernizing millions of veterans electronic medical records.

The lack of a permanent, Senate-confirmed health chief amid that work has raised concerns among lawmakers and veterans groups in recent months.

But VA officials have downplayed the vacancy, insisting they are focused on finding the right person for the job and not simply filling it quickly.

O'Rourke did acknowledge turmoil among department leadership in recent months — since Shulkin was fired via Twitter in March, VA has had two acting secretaries and a permanent secretary nominee withdraw — but said he is confident that instability is coming to an end.

"We'll have a full slate of candidates to consider (for the health post)," he said.

VA officials are planning to launch a new search commission in coming days to identify candidates for the permanent under secretary for health position. That will be the fourth time such a panel has been called upon in the last 17 months, with the previous three failing to find an appropriate replacement.

Stone is expected to be among the new set of candidates considered. He is an Army veteran who previously served as the service's deputy surgeon general and the Deputy Commanding General of Support for Army Medical Command.

Meanwhile, Senate lawmakers are expected to vote later this month on the nomination of Robert Wilkie to take over as the next VA Secretary, pushing O'Rourke back into another department leadership role.

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4.2 - Stars and Stripes: [VA employee advocates, lawmakers contend new law targets low-level workers and whistleblowers](#) (17 July, Nikki Wentling, 1.5M uvm; Washington, DC)

Some lawmakers expressed concern Tuesday that the Department of Veterans Affairs is using a new law to target low-level workers and retaliate against whistleblowers.

The VA Accountability and Whistleblower Protection Act was approved a year ago by Congress and heralded by President Donald Trump as a fix-all to root out a culture of corruption at the VA. It removed barriers to firing VA employees and created the Office of Accountability and Whistleblower Protection to oversee disciplinary actions and investigate misconduct and instances of whistleblower retaliation.

Some lawmakers, advocates and union representatives argued Tuesday a disproportionate number of low-level workers were terminated, demoted or suspended under the new law. Since the beginning of 2018, more than 1,000 VA workers have been fired – 15 of whom were supervisors. Hundreds worked in custodial services, food service and housekeeping.

“I want to make it clear that while this law made it easier to discipline poor employees, it did not give VA the license to use this authority to target employees, no matter their position or grade, or to retaliate against whistleblowers,” Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans’ Affairs, said Tuesday during a hearing.

Jacqueline Garrick, who founded the nonprofit Whistleblowers of America, wrote in testimony that the new VA Office of Accountability and Whistleblower Protection wasn’t responsive to whistleblowers’ concerns. She argued whistleblowers wouldn’t trust an office inside VA headquarters to handle their complaints and she asked Congress to shift resources to independent agencies, such as the Office of Special Counsel.

J. David Cox, president of the American Federation of Government Employees, argued the new law had backfired. AFGE is a union representing approximately 250,000 VA workers.

In scathing testimony, Cox claimed the new law has led to low morale and fear among the VA workforce.

“Due process and having those checks and balances is the way we avoid having a politicized federal workforce, and now when have employees who can be fired at will,” he said. “I think it creates fear, and when you have fear in an organization, you never have the best performance.”

VA Secretary Peter O'Rourke, who led the Office of Accountability and Whistleblower Protection much of the time it's been in existence, defended the VA's use of the new law. He argued there hasn't been a significant increase in firings since the law was introduced.

"It's in the data," O'Rourke said. "When we look back to 2014 and forward, you don't see a significant difference from year to year in unrealistic firings or removals of any category of employee."

He said the office tracks the complaints it receives, a practice that can identify "hotbeds of misconduct" where they can focus their resources.

"The desired end state is to be proactive instead of reactive," O'Rourke said.

Despite O'Rourke's attempts to reassure lawmakers, some of them remained worried about the unintended consequences of the law.

"I think people on both sides of the aisle are gravely concerned about this," said Rep. Mark Takano, D-Calif. "I am very troubled by how I am seeing the implementation of this."

In June, four Democratic senators called on the VA Inspector General to initiate an investigation into how the Accountability Act was being put to use, citing a lack of transparency about it.

About the same time, O'Rourke and VA Inspector General Michael Missal had a public feud over access to information about what the accountability office was working on. Missal sought help from Congress to obtain employee complaints submitted to the office that he said were being inappropriately withheld.

In letters, Missal accused O'Rourke of working to hinder his oversight duties, and O'Rourke lambasted Missal, describing him and his staff as unprofessional, biased and reckless.

When asked about it Tuesday, O'Rourke claimed he had allowed Missal "unfettered access" to the office "since day one."

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4.3 - Government Executive: [VA Defends Expedited Firing Law Amid Accusations It's Creating 'Cultural Fear'](#) (17 July, Eric Katz, 870k uvm; Washington, DC)

The Veterans Affairs Department at a congressional hearing on Tuesday defended its implementation of a new law easing the firing of its employees, saying any complaints one year into the law's existence were minor speed bumps on the road to overhauling the culture in government's second largest agency.

Lawmakers on both sides of the aisle during a House Veterans' Affairs Committee hearing to mark the one-year anniversary of the passage of the VA Accountability and Whistleblower Protection Act expressed concern that VA was circumventing congressional intent in implementing the law. Democrats on the panel repeatedly drew attention to the disproportionate impact the disciplinary cases since President Trump signed the measure into law have had on lower-ranked employees, while Republicans questioned whether whistleblowers were truly being protected.

Rep. Phil Roe, R-Tenn., the committee's chairman, suggested VA was pushing to expand the power of the newly formed Office of Accountability and Whistleblower Protection beyond what

Congress had envisioned. Peter O'Rourke, VA's acting secretary who testified at the hearing, served as the office's first executive director.

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"The goal of this new authority was to provide the secretary a tool in their toolbox to discipline poor employees and I am worried that if we are not careful, OAWP may turn into an entirely new toolbox," Roe said. "We must ensure this does not happen."

Committee members criticized O'Rourke for OAWP's failure to clearly document its policies in writing and train its employees on their new rights and responsibilities. VA officials said the department has trained 2,000 human resources officials and attorneys on the accountability law, but acknowledged their work was unfinished.

"We've done a lot in that area but we need to do more," O'Rourke said.

Rep. Mark Takano, D-Calif., pushed O'Rourke to answer why VA removed only 15 employees in supervisory positions this year compared to hundreds of housekeeping aides and food service workers. VA has repeatedly faced questions from lawmakers in both parties about its disproportionate focus on low-grade employees. O'Rourke dismissed the criticisms, saying those workers were hourly employees and the nature of their jobs led to high turnover rates. He also said the firing rate has not changed significantly from before the law was in effect until now.

The acting secretary elaborated on the issue after the hearing, explaining he expected the implementation Congress envisioned to take time and eventually trickle down from the top.

"It does take leaders to show lower-level employees what's the right thing to do," O'Rourke said. "That's going to take some time to get down to our important folks that do housekeeping and take care of veterans at the very point of service. But we're seeing change now at the higher levels, and we'll start to continue to see that. We'll work throughout the entire organization."

While he acknowledged some confusion and inefficiencies, O'Rourke said VA is working toward ensuring a consistent approach throughout its regional office and network of facilities. Eventually, he said, performance and accountability will improve throughout the department.

"Right now we're dealing with the first year of implementation," he said. "New rules, everyone's trying to figure that part of it out."

J. David Cox, president of the American Federation of Government Employees, which represents about 230,000 VA workers, testified at the hearing that the accountability measure was the "most counterproductive VA law ever enacted." He railed against the firings of housekeeping aides, noting that nearly all of them are veterans whose rights should be protected. The dismissals of lower-ranked employees was not a consequence of their work, he argued, but an "intentional targeting" of rank-and-file staff. The appearance of constraining due process rights has deeply impacted morale at the department, he said.

"There is fear," Cox said. "There is a lot of fear."

Cox was on the defensive when Republican lawmakers denounced the practice of official time at VA, which allows employees to conduct representational activity on behalf of union members while on the clock in federal offices. O'Rourke said an executive order Trump recently signed,

which caps the amount of time employees can spend on official time at 25 percent, would enable him to shift the 472 employees on full-time official time—some of whom are doctors—back to their normal responsibilities. AFGE and other federal unions are currently challenging that order in court.

Takano and others also pushed O'Rourke on his recent public spat with VA's inspector general over the office's access to documents related to the implementing the law. In a pointed letter, O'Rourke criticized the IG's document requests at OAWP and said the auditor was failing to recognize he worked for the acting secretary. O'Rourke backtracked from that claim on Tuesday, saying he would not characterize the IG as a subordinate, but declined to express any regret for the letter. He committed to lawmakers not to impede the IG, but not before insisting the office has enjoyed "unfettered [access] since day one."

While O'Rourke said the IG's office has received all the documents it requested, Roe called the incident an "ongoing conflict" that amounted to an "unnecessary distraction."

VA officials faced additional questions about the department's implementation of the law, including the removal of the mandate to issue performance improvement plans for employees facing first-time issues and the movement of senior career officials. He defended those changes as "very well planned" steps to increase efficiency. He dismissed accusations that whistleblowers were not being adequately protected by noting VA has established procedures for delaying disciplinary actions in cases of potential retaliation until the department could investigate, while also explaining that many alleged whistleblower cases in reality turned out to be miscommunications.

Committee members expressed some optimism with the changes VA has implemented, but pushed the department to do better.

"Obviously, there's a lot of work to be done," Roe said.

Takano said there were several elements of the implementation he still found troubling.

"I can see how there could be very credible claims of cultural fear within this organization," Takano said. "I think we can do better."

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4.4 - WFED (AM-1500): [VA insists it's not using the accountability act to target low-ranking employees](#) (17 July, Nicole Ogrysko, 854k uvm; Washington, DC)

The Veterans Affairs Department says it's not using the Accountability and Whistleblower Protection Act — now just more than one year old — to disproportionately fire lower-ranking employees over senior managers and executives.

VA battled lawmakers on the House Veterans Affairs Committee over this point many times during a hearing on the department's implementation of the accountability act.

Employees at GS-1-6 make up 36.8 percent of all disciplinary actions at the department, according to VA's report on its implementation of the accountability act after the first year. GS-7-

10 employees made up 13.9 percent of all actions in the wake of the new accountability act, while GS-10-15 made up 12.2 percent.

Senior executives made up 0.1 percent of all disciplinary actions at VA.

“You don’t see a significant difference from year to year, frankly in any category of unrealistic firings or removals,” said acting VA Secretary Peter O’Rourke.

Employees in housekeeper, custodian and cafeteria worker positions make up a majority of the VA workforce. Those jobs are high turnover positions, and their removal rates are generally comparable to those who perform similar work in the private sector, said Nathan Maenle, principal deputy assistant secretary for VA’s Office of Human Resources and Administration.

Maenle is leading VA’s HR office on an acting basis, after former director Peter Shelby left the agency last week.

But some committee members see the high removal numbers among low-ranking employees, coupled with high turnover and vacancies in those positions across the department, as a problem.

“From a housekeeper’s vantage point, they’ve seen 46 of their colleagues punished in the last year,” Rep. Conor Lamb (D-Penn.) said, citing disciplinary action data at the Pittsburgh VA medical center. “They see 300 of them missing. Their work is additional every single day, and very few, if any, managers have been dismissed at that time.”

Though VA isn’t necessarily firing more employees at low GS ranks today than it has before the accountability act, House VA Committee Chairman Phil Roe (R-Tenn.) acknowledged the department’s struggles to recruit and fill those positions that disciplined employees have left open.

“If you’re short of personnel, you don’t fire adequately performing employees,” he said. “You reward those people to stay there. If I were a manager at Pittsburgh and I was having to get rid of somebody and I was already short of personnel, they’d have to do something pretty egregious for me to get rid of them.”

Trust from whistleblowers?

For members on the House VA Committee, the number of firings over the past year isn’t necessarily a point of success.

“We can’t measure success of this law’s implementation against a number of disciplinary actions, but we can measure failure,” Roe said. “If one single man or woman is afraid to come forward to report wrong-doing because of fear of retaliation, to me, that would be a failure.”

A handful of VA whistleblowers had written to the House committee to tell members they’ve experienced retaliation since disclosing their concerns to agency leadership, Roe said.

O’Rourke told the committee that he took whistleblower disclosures seriously. The department has trained 2,000 HR professionals and attorneys, 40,000 supervisors and 690 members of the Senior Executive Service on the accountability act.

VA hasn't, however, trained rank-and-file employees on procedures for making a whistleblower disclosure, American Federation of Government Employees National President J. David Cox told the committee. Employees are also confused about how they can make a disclosure using the VA's toll-free hotline specifically designed for whistleblower complaints, he added.

AFGE had asked VA for the number so it could provide it to its VA members, but the agency told the union the phone number was available internally, Cox said.

Culture of fear vs. culture of VA accountability

This hearing, for the most part, was devoid of the usual fireworks that past meetings on this topic usually sparked. Democrats — many of whom had supported the accountability act after receiving reassurances that VA would use the new authorities to reverse the agency's culture of fear — expressed some skepticism that the department was truly creating a new culture.

But O'Rourke said changing VA's culture would take time.

"We have a lot of times where we don't work together on problems. We try to work on them either individually or we just try to not think about them too much," he said. "Breaking down those barriers, whether it's between IT and [the Veterans Health Administration] or whether it's between VHA and [the Veterans Benefits Administration], [it's about] working problems collaboratively with the veteran's outcome in mind. ... That's what I would change immediately if I could. That involves personalities. People have been doing things their whole careers."

Though committee members generally offered mixed reviews of VA's implementation of the accountability act so far, AFGE has a firm opinion.

"The accountability act has proven to be one of the most misguided and counterproductive VA laws ever enacted," Cox told the committee.

Lawmakers did, however, become more animated when discussing VA employees' use of official time.

The department has roughly 470 people who spend all of their work hours on official time.

"I'm telling you, anybody listening to this across this great country is scratching their head[s] about how in the world we can create a culture of accountability when you have policies in place where somebody can spend 100 percent of their time on something on other than what they're hired to do, and that that's acceptable? How is that acceptable?" Rep. Jodey Arrington (R-Texas) said.

Arrington's concerns will likely be addressed, in part, in the coming days.

AFGE said it expects it will hear from VA later this week with more details about how the department will enforce the president's recent executive orders on official time.

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4.5 - UWBadgers.com: [Sparkling newfound patriotism and pride at the VA Hospital](#) (17 July, 159k uvm; Madison, WI)

"The land of the free and the home of the brave," are the ending words of a song every American knows well. For freshmen student-athletes at the University of Wisconsin, this message had a new meaning as they started the week of July 4 greeting and visiting veterans at the William S. Middleton Memorial Veterans Hospital.

Smiles, stories, laughter and gratitude passed between young student-athletes and members of the armed forces. Friendly Badger faces traveled from room to room at the hospital, honoring veterans and gifting a thank-you card as one small token for the service the patients have provided our country.

By talking with members of the armed forces firsthand, student-athletes recognized the greater meaning of Independence Day and never anticipated such a blazing start to their week of celebrating our country's freedom.

The nurses planned a "Badger Tailgate" for patients when they found out the Badgers were coming! Brats and hot dogs were on the lunch menu and the Badgers visited with patients as they munched on the goodies.

For some, personal connections with veterans struck home. Student-athletes shared stories of relatives who have served, while veterans shared stories of children or grandchildren who played football, basketball, hockey, volleyball and other sports.

For one student-athlete, the event brought immense joy and pride, as he himself served as a veteran for his home country, Israel. Idan Dotan, a freshman swimmer, served his country for two years before moving to Madison for college. He shared such happiness talking with American veterans as he thought about his own time serving in Israel and how the veteran connection extends beyond country borders.

"I could understand them (the veterans) on a deeper level," Dotan said. "It was an honor to meet them and to hear their stories."

"Some of the veterans even knew my unit and they worked with units that my friends are now serving. It was very emotional, but amazing."

Several UW student-athletes take a group photo at the VA Hospital July 2018

Idan Dotan, bottom right and pictured here with fellow UW student-athletes, surprised everyone when he shared his stories of serving for the Israeli Forces. He spoke with many veterans throughout the morning, and felt such pride by sharing this connection.

Every year, volunteers, many of whom are veterans themselves, lead groups of student-athletes around the VA Hospital introducing them to patients. This year, the event took a new, more patriotic approach as the Fourth of July was just around the corner.

Denny Marx, who served in the U.S. Army, leads athletes every year, and he appreciates the opportunity to see veterans interact with young college students. He is always taken aback at how open veterans become with the student-athletes and oftentimes share more with them than their own families.

"Student-athletes bring such vitality and their energy. I think what they represent to the vets, like they have their entire future in front of them," Marx said. "A number of vets this morning wanted to share their experience and advice. It's sharing of the old and new."

Dominick Mersch, K'Andre Miller and Jack Gorniak from UW men's hockey thank Rosie, their VA volunteer, who led them around the visit.

Laughter and smiles were present on everyone, from the veterans, hospital volunteers, to freshmen athletes and the nurses. On a day where Americans celebrate freedom and patriotism, student-athletes were brought back down to earth by seeing firsthand the impact these men and women directly have on what it means to be a country that fought for its independence.

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4.6 - WGXA (FOX-24): [Veterans Affairs announces interim Chief of Staff in Dublin](#) (17 July, 62k uvm; Macon, GA)

The Department of Veterans Affairs (VA) announced Tuesday the temporary appointment of Dr. Amin M. Elamin as the interim chief of staff for the Carl Vinson VA Medical Center (CVVAMC).

Dr. Elamin will provide clinical oversight to ensure appropriate and compliant patient care for more than 37,000 Veterans who visit the medical facility every year.

"I can't think of a better person to fill this spot," said David VanMeter, interim director at the CVVAMC. "He has a vast knowledge of medicine and the VA."

Throughout Dr. Elamin's medical career, he has completed multiple fellowships and his residency in Illinois. He is certified by the American Board of Internal Medicine and the American Board of Critical Care Medicine as well as the Egyptian Board of Surgery.

He has extensive expertise in medical, burn and neurosurgery critical care. Dr. Elamin's appointment as CVVAMC interim chief of staff began Monday.

Dr. Elamin is a Professor of Medicine at University of South Florida. In addition, he is the Assist Chief of Medicine and Chief, Pulmonary, Critical Care & Sleep Section at the James A. Haley VA Hospital in Tampa, Florida.

Qualified candidates for the position are being interviewed.

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4.7 - ExecutiveGov: [Richard Stone Named Acting Veterans Health Administration Chief](#) (18 July, Jane Edwards, 20k uvm; Tysons Corner, VA)

Richard Stone, former principal deputy undersecretary of health at the Department of Veterans Affairs, has been named acting head of the Veterans Health Administration, Military Times reported Tuesday.

Peter O'Rourke, acting VA secretary, announced Tuesday that Stone will serve as VHA's executive-in-charge and succeed Carolyn Clancy, who will transition to a new position at VHA focused on research and development and innovation.

Stone will be the third interim chief to oversee the department's health operations since David Shulkin stepped down from the Senate-confirmed post to become VA secretary in February 2017.

Prior to his return to the department, Stone worked at Booz Allen Hamilton as vice president with oversight on military health issues.

He is a U.S. Army veteran who previously served as the military branch's deputy surgeon general, deputy commanding general for the Army Medical Command and head of the operations cell of the Defense Health Agency's transition team that performed business process reengineering work for 10 shared services initiatives.

Stone is a practicing dermatologist with civilian health care experience.

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5. Improve Timeliness of Service

5.1 - Tennessean: 2 Tennessee VA nursing homes under investigation after secret scores released (17 July, Yihyun Jeong, 2.1M uvm; Nashville, TN)

Two Department of Veterans Affairs nursing homes in Tennessee are under investigation as part of a national review launched by officials this week after recently released secret internal scores showed that almost half of the centers were given the lowest possible score.

House VA Committee Chairman Rep. Phil Roe, R-Tenn. ordered the investigation following an investigation by USA TODAY and The Boston Globe that found 60 VA nursing homes rated only one out of five stars for quality last year.

The investigation also found that patients in more than two thirds of the homes were more likely to suffer pain and serious bedsores than their private sector counterparts. The VA nursing homes performed worse than private nursing homes on a majority of key quality indicators, including rates of anti-psychotic drug prescription and decline in daily living skills.

There are two VA nursing homes in Tennessee. The nursing home in Murfreesboro received a four-star rating while the Mountain Home nursing home received two-stars. Compared to the scores of 133 VA nursing homes across the country, the two in-state locations were ranked above the VA's average.

VA Press Secretary Curt Cashour said Monday that agency officials "welcome the committee's oversight."

"We look forward to informing the committee about the care we provide veterans in our nursing homes and how it compares closely to care in the private sector, even though the department

on average cares for sicker patients in its nursing homes than do private facilities," Cashour said.

Tennessee is already known as a hotspot for VA medical centers rated only a single star on the five-star ranking.

Interestingly, of the four VA campuses in the state, Mountain Home VA stands out with its four-star facility compared to the one-star campuses in Murfreesboro, Nashville and Memphis.

However, performance results appear to be starkly different when it comes to extended care and geriatric services for Mountain Home.

The VA operates nursing homes in 46 states that serve some 46,000 veterans annually. The agency has tracked detailed information about the quality of care they provide since at least 2011 and instituted a ranking system in 2016 but kept everything secret until last month.

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5.2 - WCYB (NBC-5, Video): [Local veteran brings Department of Veterans Affairs to Federal Court](#) (16 July, Ellie Romano, 767k uvm; Bristol, VA)

A local marine veteran is fighting for his right to access opioids to manage his chronic pain.

Veteran Robert Rose of Gray, Tennessee is trying to get a federal judge to stop the Department of Veterans Affairs from continuing its Opioid Safety Initiative.

The Opioid Safety Initiative was adopted by the VA last year. It works by tapering veterans off opioids to help lower the number of opioid related deaths.

Both Rose and representatives of the VA are set to appear in Federal Court in Greeneville tomorrow.

Rose says he has evidence that proves the VA is interfering with his chronic pain treatment.

"In April of this year, a nurse put in writing that my primary care doctor would not prescribe me opioids-- not because they didn't want to-- but because of the Opioid Safety Initiative," said Rose.

Rose has been dealing with chronic pain since he injured his legs, hips and ankles in a training accident. He was tapered off opioids in December.

"We have veterans that are dying from untreated pain, from heart disease, from cancer, you name it. Veterans are dying because of these policies," said Rose.

Rose says without opioids, the chronic pain he suffers with is crippling. But he says this fight is not about him, this is a fight for all veterans.

"The federal government cannot come between a doctor and their patient," said Rose.

Rose's hearing is Tuesday at 1:00 p.m. He will be representing himself.

In court filings, the VA claims Rose is lacking evidence of constitution violations.

Congressman Phil Roe is also named as a defendant in the case, but has been excused from attending tomorrow's hearing.

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5.3 - WPRI (CBS-12, Video): [Disabled veteran's daughter angered by long VA delays, dad's death](#) (17 July, 439k uvm; East Providence, RI)

When Heidi Edwards applied for a grant to make her father's in-law apartment accessible to his wheelchair, she was relatively confident.

"There was no question he qualified for the grant," Edwards said.

So, in 2015 she applied for a Department of Veterans Affairs Specially Adapted Housing (SAH) grant.

But nearly a year later, she was still looking for at least an update while her father was waiting in a nursing home for the day he could come home.

"They kept telling me it was in process," Edwards recalled.

Wedge had served about 13 months in Vietnam, but was reluctant to talk about the details.

"I found out pretty quickly that bullets would go through a 3/4-ton metal door," he told us during a 2016 report on his struggle to obtain the grant. "It was very short spurts. They hit you and they go. Being shot at seems to be normal."

Exposure to the defoliant Agent Orange caused a number of health issues that left Wedge 100 percent disabled and by age 74, he was dealing with amputations in both legs.

The grant would pay for an elevator to his second-floor apartment and modify the interior to allow him to live independently in a wheelchair.

Edwards points out living with her and her husband was better for her father's mental and physical state, and also much less expensive than paying for full-time nursing home care.

But the delays wore on her, and her father.

"After the first year of delays, you get depressed," she said. "You think you're never coming home."

Edwards said another issue with the SAH grants is contractors have to front the costs, and do not get paid until the work is completed.

When asked how many contractors she found who would accept those terms, Edwards' answer was short.

"One out of 20."

According to Edwards, after she found a contractor, who happened to be a veteran himself, there were VA demands for changes in the plans four times.

The problem was the requests did not come all at once.

"Instead of giving us one long list of what we needed to change up front, it was done piecemeal," Edward said. "They would say, you need to change this and that, and [with] a few weeks between each time."

Finally, last year, construction was underway and the project was eventually finished.

Edwards said there was hope her father would come home this year.

But in May, just shy of his 77th birthday and nearly three years since the grant application was first filed, Wedge died.

"I was heartbroken. My dad never got to see it after all the hard work," Edwards said. "All the fighting. The hoops we had to jump through, and he was never able to see this."

The VA would not comment on the Wedge case, or offer any statistics about how long the process is supposed to take from the application to the completed project.

An emailed statement said, "The timeline between the submission of a Specially Adapted Housing grant application and final grant approval varies greatly by case and can be affected by any number of external factors."

Edwards believes the SAH grants potentially cover a vital need, but she insists the current system is inefficient and clogged by bureaucracy.

"The process needs to be more streamlined," she said. "It needs to be quick. If there's not enough staffing, get more staffing."

According to the VA, since the program's inception in 1948, approximately 37,500 grants have been awarded, totaling more than \$1.3 billion.

The average annual number of grants over the past four fiscal years across the country, is 1,900 a year.

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5.4 - Johnson City Press: [Veteran's lawsuit over VA Medical Center opioid policy set for trial](#) (17 July, Becky Campbell, 194k uvm; Johnson City, TN)

A federal judge denied a Marine Corps veteran's request for an injunction to prevent the Veterans Affairs Medical Center at Mountain Home from continuing its opioid tapering program and set the man's case against the facility and Congressman Phil Roe for trial.

Robert Rose Jr., of Gray, filed the \$350 million lawsuit last year asking for compensation for pain and suffering and violation of his constitutional rights after the VA put him on a morphine tapering program that reduced his pain medication from 180 mg per day to 30 mg per day over a three-month period.

Rose, who represents himself in the case, said the VA's new policy on opioid prescriptions for veterans with intractable pain was cruel and unusual punishment and he was fighting for the rights of all veterans.

Rose was upset from the start of the hearing because he thought the defendants in the lawsuit who work at the VA were going to be present in U.S. District Court. One of the attorneys for the VA, Kenny Saffles, reminded Rose that in a conference call prior to Tuesday's hearing that U.S. District Judge Travis McDonough said the attorneys could attend without their clients.

Rose said he wanted the doctors and administrators from the VA to look him in the eye and tell him how they came to the conclusion he no longer needed pain medication to live a fruitful life. Rose also said he was accused of being a drug addict and drug seeker, but Saffles denied he or any attorney had made that implication.

McDonough ultimately ruled Rose had not provided sufficient evidence to support his request for the injunction against the VA.

The case was set for trial in July 2019.

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6. Suicide Prevention

6.1 - WFIE (NBC-14, Video): [Summit held at USI to shed light on veterans mental health](#)
(17 July, Jared Goffinet, 625k uvm; Evansville, IN)

Veteran mental health was at the forefront of a summit held Tuesday in Evansville.

The Department of Veterans Affairs planned the mental health summit held at USI. Several speakers at the summit focused on bringing awareness to veteran suicide rates.

According to psychologists at the summit, one of the most important focal points is transition of care from active duty to civilian life. This can often be a hard time on soldiers and many turn to drugs and alcohol.

"We see a lot of times when someone is not in care, we see them start to self medicate, they drink a lil bit cause they can't sleep, they isolate themselves cause they don't wanna get out, depressive symptoms anxiety, we just want people to know there is help out there for our veterans," explains Dale Horaz, with the VA Medical Center Marion Illinois.

Statistics show that 20 veterans a day commit suicide, which is down from previous years of 22.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WFED (AM-1500, Audio): DoD: Transferring GI Bill benefits to your family is 'not an entitlement' (17 July, Jared Serbu, 854k uvm; Washington, DC)

If there's one message that rings through in the Defense Department's decision to clamp down on service members' ability to transfer their education benefits to their children or spouses, it's this: Even if the GI Bill itself is an entitlement, the aspect of the program that lets service members pass the benefit along to their dependents is not.

In a policy change late last week that caught military and veterans' advocates by surprise, the Pentagon announced that military members will lose their ability to transfer their Post-9/11 GI Bill benefits to their dependents if they've already served at least 16 years in uniform. The change takes effect a year from now.

Previously, the benefit, which covers the full costs of tuition plus room and board at an in-state public university, was transferable at any time, as long as the service member was willing to commit to at least four more years of military service.

And other sections of the policy make clear how serious DoD is that that commitment be carried out. For example, troops who are on limited duty, or whose fitness is being examined by a medical evaluation board aren't even eligible to apply until those processes are completed.

In its revisions to the formal instruction outlining the rules for GI Bill eligibility, DoD added numerous clauses emphasizing that service members have no right to transfer their benefits. They can request it, but approval is entirely up to Defense officials.

"Transferability is neither an entitlement nor a transition or readjustment benefit," according to some of the updated language. "The military departments will not automatically approve a service member's request to elect to transfer benefits. Before approving an individual's request to elect to transfer benefits, the secretary concerned must determine whether the service member is eligible for retention under the military department or service retention policies (e.g., high-year tenure) and is not precluded by either DoD, military department, service policy, or statute from being retained for four additional years from the date of election."

In a statement, Defense officials said the new 16-year rule was directly connected to retention, which they said was the "intended purpose" of the portion of the GI Bill that allows the transfer of benefits. They did not offer a detailed explanation for how the change would enhance recruiting or retention, or how they were harmed by the previous rules.

"After a thorough review of the policy, we saw a need to focus on retention in a time of increased growth of the Armed Forces," said Stephanie Miller, DoD's director of accessions policy. "This change continues to allow career service members that earned this benefit to share it with their family members while they continue to serve. This change is an important step to preserve the distinction of transferability as a retention incentive."

One possible rationale is the theory that military members who have already served 16 years in uniform don't need G.I. Bill transferability as an incentive to remain in military service. Those members already have a strong incentive to stay for four more years, since they generally become eligible for lifelong retirement pensions and health coverage after 20 years of service.

But military and veterans advocates groups said they were not certain of DoD's reasoning for the change, which came as a surprise.

"We hadn't been reached out to, and I don't know anybody else that's been reached out to," said Thomas Porter, the legislative director for Iraq and Afghanistan Veterans of America, which lobbied aggressively for the Post-9/11 GI Bill's initial passage. "We're very strong defenders of this really transformative benefit, and we're going to oppose any efforts to erode it."

Porter added that the transferability feature of the GI Bill is widely seen in military circles as a central component of the program, and is, itself, an "earned benefit."

"It's certainly something that's always been communicated that way, and that's the way a good number of military members understand it to be," he said in an interview.

Porter said his group was eager to hear justifications from DoD about exactly how the policy changes could help with retention, but that he had heard none so far.

"We don't see it that way. We're in a situation where the military is trying to increase end strength. I don't know how you do that if you're going to erode a benefit," he said. "Why do that unnecessarily?"

Dana Atkins, the president of the Military Officers Association of America, said DoD's changes represented the first attempt since the Post 9/11 GI Bill's passage to restrict eligibility for the benefit. MOAA has said it was also not consulted about the change.

"At its inception, lawmakers insisted upon the ability to transfer GI Bill benefits as a way to recruit and retain America's best and brightest. Transferability, coupled with an additional service requirement, became one of the cornerstones of the Post-9/11 GI Bill. The option to transfer benefits is particularly valuable for military officers, many of whom already have collegiate and advanced degrees," Atkins said in a written statement to Federal News Radio. "MOAA believes the unilateral change to cut off transferability will likely have a compounding, negative effect on recruiting and retention over time. As military families continue to serve during the longest period of sustained conflict in American history, we question the timing of this change and will seek to learn the VA's role and the interest level of Congress."

The change comes less than a year after Congress moved to make the Post-9/11 GI Bill more generous.

Among other changes, the Forever GI Bill, signed into law last August, lets former military members use their education benefits at any point in their life, eliminating the previous requirement that they do so within 15 years of leaving the military.

The Veterans Affairs Department administers and funds the education benefit, although the program's eligibility rules are set by DoD. The House Veterans Affairs Committee is set to hold a hearing on the implementation of the new law on Wednesday.

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7.2 - KTAR (FM-92.3): [Tempe looking to expand housing options for homeless veterans](#) (17 July, 446k uvm; Phoenix, AZ)

A Phoenix-area city is looking for landlords to partner with to expand housing options for homeless veterans, it was announced Monday.

Tempe launched a pilot program this month that will give eligible low-income veterans a rental voucher for Section 8 housing, case management and support services.

As part of the program, the city's housing services division would place 10 veterans in subsidized housing in an effort to help them lead independent lives.

The pilot program is part of a larger federal program called HUD-VA Supportive Housing, which is credited with helping tens of thousands of vets find housing nationwide.

It brings together local public housing authorities and two federal agencies: The U.S. Department of Housing and Urban Development and the U.S. Department of Veterans Affairs.

"The City of Tempe is continually looking for opportunities to broaden the housing assistance available and needed by the community," LeVon Lamy, housing and revitalization manager for the city's housing services division said in a statement.

"By taking part in the HUD-VASH program, we are not only expanding our housing efforts but also serving a vital population — military veterans — who have served our country."

Landlords who choose to participate in the program would have benefits that include competitive rental rates, setting their own security deposit amounts, having third-party inspections and having tenants take part in ongoing case management.

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7.3 - Fort Scott Tribune: [Navy monument to be created for National Cemetery](#) (17 July, Jason E. Silvers, 1.5k uvd; Fort Scott, KS)

A project to build a monument to honor United States Navy veterans, which is several years in the making, is moving along to the next phase.

The idea for a project to design and build a monument honoring Southeast Kansas Navy veterans, which would eventually be placed at the Fort Scott National Cemetery, came about in 2008 with members of the Veterans of Foreign Wars Post No. 1165 honor guard, according to Daryl Roller, a U.S. Navy veteran formerly of Fort Scott.

The granite monument will include a U.S. Navy stockless anchor and chain and located inside the Monument Circle at the cemetery.

Roller said it will "honor the service and sacrifice of the many sailors and Navy airmen buried there, as well as those to be interred in future years."

When the VA expanded the cemetery in the 1990s, there was a circle inside the south entrance dedicated to the establishment of monuments and commemorative works to honor servicemen.

The first monument, the Combat Infantrymen's Association monument, inspired Roller and other Navy veterans to donate a monument to honor the U.S. Navy. The veterans wanted the project to be "something special," and had to include a "real Navy stockless anchor," according to submitted information.

In May, the monument project finally received approval from the Department of Veterans Affairs, National Cemetery Administration, Roller said.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - FOX News (Video): [North Korea is said to be poised to return bodies of some 50 US vets soon: report](#) (17 July, Paulina Dedaj, 32.5M uvm; New York, NY)

North Korea will return the remains of about 50 Americans killed during the Korean War over the next two weeks, the first set of repatriations since the recent summit between President Trump and Kim Jong Un, a report says.

A senior U.S. defense official said on Tuesday that the move will take place within two weeks, though the exact timing and number of those being returned remain uncertain, according to a Reuters report.

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The development comes after a two-day meeting between U.S. and North Korean officials at the Demilitarized Zone. Secretary of State Mike Pompeo said at the beginning of the discussions that "firm commitments" had been made to return the bodies to the U.S.

During last month's summit in Singapore, Trump said Kim had agreed to return the remains of "thousands and thousands" of Americans that had been killed from 1950 to 1953.

According to the report, Trump said that the remains of 200 servicemen had already been returned, but North Korea had not actually transferred the bodies.

More than 7,800 Americans have been unaccounted for since the Korean War.

Fox News Lucas Tomlinson contributed to this report.

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9.2 - Military.com: [DOD Begins Notifying Over 330,000 Vets They May Be Due Tax Refunds](#) (17 July, Jim Absher, 9M uvm; San Francisco, CA)

The DOD has begun notifying more than 330,000 veterans they may be eligible for a refund for taxes wrongly paid on their disability severance payment, a DoD tax expert said.

Army Lt. Col. David Dulaney, the executive director for the Armed Forces Tax Council, said the department began mailing notices to veterans July 9.

TAXES IMPROPERLY WITHHELD

Under federal law, veterans who suffer combat-related injuries and who are separated from the military are not supposed to be taxed on the one-time lump sum disability severance payment they got from the military.

For years the DoD improperly withheld taxes on these payments from thousands of unsuspecting veterans, who were typically unaware that their benefits were being improperly reduced.

In 2016 Congress passed the Combat-Injured Veterans Tax Fairness Act which directed DoD to identify veterans who have been separated from service for combat-related injuries and had taxes improperly withheld from their severance payments.

The law also required DoD to determine how much these veterans are owed so they can recover the withheld amounts, notify them of their eligibility for a refund, and tell them how to get that refund from the IRS.

VETERANS NOW BEING NOTIFIED

Originally, veterans were supposed to be notified in February, but holdups at DOD delayed the notifications until just recently.

The deadline to file for the refund is one year from the date of notification from the DOD notice, or three years after the due date for filing the original return for the year the disability severance payment was made, or two years after the tax was paid for the year the disability severance payment was made, according to the IRS.

HOW TO FILE FOR A REFUND

Affected veterans can submit a claim based on their actual disability severance payment by submitting an IRS Form 1040X, the Amended U.S. Individual Income Tax Return.

The IRS also has approved a simplified method for obtaining the refund, in which veterans can claim the standard refund amount on Form 1040X based on when they received the disability severance payment. Those standard refund amounts are \$1,750 for tax years 1991 to 2005, \$2,400 for tax years 2006 to 2010, and \$3,200 for tax years 2011 to 2016.

Estates or surviving spouses can file a claim on behalf of a veteran who is now deceased.

You may still be eligible for a refund even if you don't get a letter from the DOD. Visit the IRS website and search "combat injured veterans" for further information.

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9.3 - WPMT (FOX-43): [Luzerne County man, 82, sets fire to neighbor's window over \\$21 debt, police say](#) (17 July, Keith Schweigert, 443k uvm; York, PA)

Angered during a dispute over \$21, an 82-year-old Luzerne County man set fire to a neighbor's apartment window and used his cane to knock over a flower pot and a television on her property, according to the U.S. Department of Veterans Affairs police force.

Vincent D'Allessandro, of Plains, is charged with arson, burglary, terroristic threats and criminal mischief in the incident, which occurred Saturday night at a transitional veteran housing unit at the Department of Veterans Affairs Medical Center.

According to the criminal complaint affidavit, D'Allessandro believed his neighbor owed him \$21, and spent hours on Saturday pounding and kicking her door demanding repayment. He allegedly slid a note under the victim's door that read, "Slip what you owe me under my door or (my) next visit will not be so friendly," the criminal complaint says.

D'Allessandro then used his cane to poke through a screen in the victim's window, knocking over a flower pot and damaging her flat-screen television, according to the criminal complaint.

The victim provided police a description of D'Allessandro, and neighbors confirmed that he had been pounding on the victim's door all day, police said in the criminal complaint.

On Sunday, the victim called police again and reported that her window had been set on fire. She said that before the fire, D'Allessandro told her "I am going to light your apartment on fire," according to the criminal complaint.

A State Police fire marshal ruled that the fire had been set deliberately, according to the criminal complaint.

D'Allessandro was then taken into custody and was transferred to Luzerne County Correctional Facility after his arraignment. Bail was set at \$25,000.

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Veterans Affairs Media Summary and News Clips

19 July 2018

1. [Top Stories](#)

1.1 - Washington Post: [Trump loyalists at VA shuffling, purging employees before new secretary takes over](#) (18 July, Lisa Rein, 43.9M uvm; Washington, DC)

Ahead of Robert Wilkie's likely confirmation to lead the Department of Veterans Affairs, Trump loyalists at the agency are taking aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

[Hyperlink to Above](#)

1.2 - FOX News (Video): [Burn pit veterans share their stories of struggle after falling ill](#) (18 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Scores of U.S. military veterans put their lives in certain danger countless times in places like Iraq and Afghanistan. They were on the frontlines of battle, but their struggle didn't end when they returned home. Tens of thousands of veterans believe their health has been compromised by the polluting smoke expelled from burn pits on their bases. In these pits, all manner of trash, medical waste, and industrial chemicals were set ablaze for disposal.

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1.3 - New York Times: [Critics of Trump's Veterans Affairs Dept. Raise Concerns About Departures](#) (19 July, Jacey Fortin, 30M uvm; New York, NY)

Amid high-level turnover at the United States Department of Veterans Affairs, Trump administration critics are expressing alarm over whether politics is playing a role in the recent wave of removals, reassignments and retirements. The department is currently run by Acting Secretary Peter O'Rourke and has been without a Senate-confirmed leader for months. Robert Wilkie, a former acting secretary who also served as the under secretary of defense for personnel and readiness...

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1.4 - CNN: [Washington Post: Trump loyalists reassign, remove VA employees](#) (18 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Staffers at the Department of Veterans Affairs loyal to President Donald Trump have reassigned or remove staffers perceived as disloyal to the President and his agenda for veterans, people familiar with the actions told The Washington Post. The Post reported that the transfers include more than a dozen career civil servants in leadership positions at the VA's headquarters, who were given lower-visibility roles. The staffers say they were given no reasons for the changes, according to The Washington Post.

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1.5 - Military Times: [Report: VA paid for thousands of unneeded medical exams for disabled veterans](#) (18 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are on track to waste more than \$100 million over the next five years on tens of thousands of unnecessary medical exams for disabled veterans, according a report out this week from the department's watchdog. The VA Inspector General's findings are based

off a sampling of re-examination cases last year that indicated department officials may have requested unneeded medical check-ups in 37 percent of benefits cases.

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1.6 - Stars and Stripes: [Delayed 'Forever' GI Bill is poised for August launch](#) (18 July, Caludia Grisales, 1.5M uvm; Washington, DC)

A major expansion of veterans' education benefits — a protracted process beset by communication and information technology challenges — is finally on track to launch next month, Department of Veterans Affairs officials testified Wednesday before a House committee panel. Last year, the VA said it would hire 200 temporary workers and shell out \$70 million to implement the “Forever” GI bill, which contains 34 changes to veterans' education benefits and boosts spending by \$3 billion for 10 years.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KIVI (ABC-6, Video): [New cath lab for Idaho veterans opens](#) (18 July, Jessica Taylor, 156k uvm; Nampa, ID)

Veterans in Idaho with heart concerns are getting access to a new facility designed to serve their needs closer to home. The new cardiac cath lab at the VA Medical Center in Boise expects to treat more than 400 veterans in Idaho every year.

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4. [Focus Resources More Efficiently](#)

4.1 - Talking Points Memo: [Report: VA Purging, Reassigning Career Employees Suspected Of Disloyalty](#) (18 July, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs is carrying out politically motivated reassignments of career staffers ahead of the confirmation of Trump-appointed Secretary Robert Wilkie, the Washington Post reported Wednesday, demoting more than a dozen long-serving officials because of their perceived political loyalties. The reassigned workers said they were not given a reason for the move, and others at the department told the Post that they fear the troubled agency will lose institutional knowledge.

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4.2 - Vox: [Trump loyalists may be purging career officials at the VA, Some of the employees supporting the VA secretary have more than 20 years of experience.](#) (18 July, Alex Ward, 10.6M uvm; Washington, DC)

More than a dozen employees in high-level positions at the Department of Veterans Affairs have recently been reassigned to lower-level positions — and a new report says it's part of a purge by President Donald Trump's loyalists. According to the Washington Post, acting VA Secretary Peter O'Rourke and a small team of Trump political appointees are reshuffling staffers they

perceive to be disloyal to Trump and his agenda for the VA, which is responsible for providing health care and other federal benefits to US military veterans.

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4.3 - Washington Examiner: [VA cleaning house of Trump haters: Report](#) (18 July, Diana Stancy Correll, 4.8M uvm; Washington, DC)

Trump allies at the Department of Veterans Affairs have begun an effort to oust or transfer officials at the agency who appear to be disloyal to President Trump, according to a new report. The reassignment effort is being spearheaded by several political appointees under acting Secretary Peter O'Rourke, and includes reorganization of more than 12 civil servants from the leadership suite at VA to lower-profile positions, the Washington Post reports.

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4.4 - Kansas City Star: [Kansas doctor loses license for sexual relationship with patient who overdosed](#) (18 July, Andy Marso, 4.8M uvm; Kansas City, MO)

The Kansas medical board has revoked the license of an Emporia doctor for having a sexual relationship with a vulnerable patient who tried to commit suicide using pills he prescribed her. The doctor, Chester W. Stone, remains licensed to practice in Missouri and previously worked at the Kansas City VA Medical Center.

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4.5 - Fayetteville Observer: [New Fayetteville VA Medical Center director attends first local town hall](#) (18 July, Rachael Riley, 439k uvm; Fayetteville, NC)

Area veterans and residents attended the first town hall meeting under new leadership Wednesday night at the Fayetteville Veterans Affairs Medical Center. James Laterza, who retired from the Army last summer, was appointed as the center's director in March. During the quarterly town hall, Laterza highlighted goals for the Fayetteville-area VA, areas that have shown improvement and areas that need improvement.

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4.6 - New American: [VA Whistleblowers Claim Harassment and Retaliation](#) (18 July, Raven Clabough, 339k uvm; Appleton, WI)

Two whistleblowers are claiming that they were virtually run out of a Veterans Affairs hospital in Jennings, Louisiana, after they reported widespread corruption, the Daily Caller reports. The VA dominated the news cycle years ago after reports that a Phoenix facility had been altering its scheduling books and that at least 40 veterans...

[Hyperlink to Above](#)

4.7 - Healthcare DIVE: [Veterans Health Administration shifts leadership](#) (18 July, Tony Abraham, 157k uvm; Washington, DC)

Peter O'Rourke, who's sitting in as acting VA secretary while the Senate works to confirm Wilkie's nomination, signaled to reporters during the Stone announcement that decisions will soon be made on leadership positions within VA. Stone is reported to be on the list of candidates being considered to lead VHA as undersecretary for health. In the time since the position has been vacant, Shulkin has been fired...

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4.8 - KMA (W1-960): [Shen CBOC process outlined at V-A town hall](#) (19 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Plans for a new Community Based Outpatient Clinic were among the many topics discussed at a special meeting in Shenandoah Wednesday night. Veterans from all over KMAland packed the Shenandoah Elks Lodge for a veterans town hall meeting sponsored by the Veterans Administration's Nebraska-Western Iowa Health System. Julie Rickert, associate director of operations for the V-A's Omaha office...

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4.9 - Register-Herald: [VA Medical Center looking for volunteers Yost encourages people to get involved for the rewarding feeling of helping those in need](#) (18 July, Rebecca Rhudy, 77k uvm; Beckley, WV)

The Beckley Veterans' Administration (VA) Medical Center is looking for new volunteers. Cheryl Yost, chief of voluntary service, said volunteers play a vital role in the VA team, and that it is not only special for those they are serving but also a rewarding experience for the volunteers.

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4.10 - FEDweek: [Split Remains on Special VA Disciplinary Policies](#) (18 July, 51k uvm; Glen Allen, VA)

A year after enactment of a law revamping disciplinary policies at the VA there was consensus at a House hearing that the department has been taking more disciplinary actions since the law's enactment, but not on whether the law has been a success. VA statistics show that the rate of major discipline – including firings, demotions and suspensions of 14 days or more – has nearly doubled.

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5. [Improve Timeliness of Service](#)

5.1 - Healio: [Study: Short supply of centers impacts transplant rates for veterans](#) (18 July, Mark E. Neumann, 581k uvm; Thorofare, NJ)

"After successful listing, [Veterans Administration] VA kidney transplant candidates appear to have persistent barriers to transplant," wrote Joshua J. Augustine, MD, and colleagues from the Cleveland Clinic, Case Western University School of Medicine, the Louis Stokes Veterans Administration Hospital and the Populations Health Research in Cleveland. "Further contemporary analyses are needed to account for variables that contribute to such differential transplant rates."

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5.2 - Healio: [Veterans Health Administration dialysis providers linked with lower mortality rates, increased hospitalization rates](#) (18 July, 581k uvm; Thorofare, NJ)

Veterans who initiated dialysis with a Veterans Health Administration dialysis provider appeared to have lower mortality rates, but experienced increased hospitalization rates compared to veterans who initiated dialysis at non-Veteran Health Administration facilities, according to research appearing in the Clinical Journal of the American Society of Nephrology.

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5.3 - WVEC (ABC-13, Video): [Veterans Affairs nursing homes with low ratings in Hampton Roads, Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.](#) (18 July, Megan Shinn, 607k uvm; Norfolk, VA)

For the first time, the Veterans Affairs is making its annual nursing home ratings public. The House Veterans Affairs Committee is investigating 133 VA nursing homes. The investigation comes after the committee learned the VA gave almost half of its nursing homes the lowest possible score in internal rankings.

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5.4 - Berkshire Eagle: [A Marine Corps vet's mission: Getting to bottom of VA care mishap](#) (18 July, Ben Garver, 191k uvm; Pittsfield, MA)

Bruce A. Deloye's return to a veterans hospital comes after a yearlong fight to get to the bottom of a bad experience he says he suffered during a dental cleaning last August — a matter that's now one element, however small, in an ongoing federal probe of the quality of care delivered to veterans like Deloye in Western Massachusetts.

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5.5 - Greenville Sun: [Ahead Of Trial, Judge Upholds VA Policy](#) (18 July, Ken Little, 70k uvm; Greenville, TN)

Robert D. Rose Jr. implored a federal judge Tuesday to consider the plight of military veterans denied relief from chronic pain by the Department of Veterans Affairs as a result of recent VA policies drastically limiting the amount and type of opioid-based pain medications prescribed for treatment.

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5.6 - The Cap Times (Video): [Rebuilding: Tomah VA Medical Center works to improve after opioid scandal](#) (18 July, Katelyn Ferral, 20k uvm; Madison, WI)

Nearly five years after the Tomah VA opioid scandal was outlined in a report published by the Center for Investigative Reporting, patients, veterans groups and federal officials say there has been a turnaround, pointing to data showing a decrease in opioid prescription rates. Where there was a previous culture of fear and retaliation, employee morale has also improved, they say.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Wall Street Journal: [Opinion - A GI Bill Wrong From the Pentagon, Benefit restrictions that kick in after 16 years of service.](#) (18 July, Maria Biery, 43.6M uvm; New York, NY)

Donald Trump promised in his victory speech that he would “finally take care of our great veterans.” He took a step in the right direction last year by signing the Forever GI Bill, which lifts the time limit on veterans’ educational benefits and makes it easier to transfer benefits to dependents. But the Defense Department took a step in the wrong direction last week...

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7.2 - Military Times (Reboot Camp): [VA behind schedule on implementing GI Bill changes](#) (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

Some veterans using Post-9/11 GI Bill benefits to attend school this fall could get an inaccurate housing stipend early in the semester. That’s because the Veterans Affairs Department is behind schedule on implementing aspects of the Forever GI Bill, signed into law last year, that relate to how veterans’ housing stipends should be calculated.

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7.3 - Military Times (Reboot Camp): [New GI Bill transfer restrictions: 7 things you need to know](#) (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

The Pentagon’s new rules on transferring GI Bill benefits to dependents, announced last week, have created a lot of concern and confusion among service members, veterans and military families. Will you still be able to transfer your benefits? What if your toddler won’t be old enough for college by the time you hit the new time-in-service limit? What effect will this have if you’ve already transferred your benefits?

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7.4 - Los Angeles Daily News (City News Service): [LA soldier killed in World War II to be buried at Riverside National Cemetery](#) (18 July, 886k uvm; Los Angeles, CA)

Funeral services will be held this week for a U.S. Army staff sergeant and Los Angeles native who was killed during World War II but whose remains were not identified until earlier this year. Staff Sgt. David Rosenkrantz, 28, was killed Sept. 28, 1944, while on a mission to disrupt German defensive lines in the Netherlands. His platoon was occupying a farm near the town of Groesbeek when they were overrun by the German infantry.

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7.5 - Government Executive: [Expanded Job Training for Vets, GI Bill Changes and More](#) (18 July, Erich Wagner, 870k uvm; Washington, DC)

The House Veterans’ Affairs Committee last week voted to advance several measures that would expand benefits for veteran military personnel and reservists. The Reserve Component Vocational Rehabilitation Parity Act (H.R. 5538), introduced by Rep. Scott Peters, D-Calif., would expand eligibility for vocational rehabilitation and employment programs to reservists called into active service under involuntary deployment orders to the site of a national emergency or for pre-planned combat support missions.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. Other

9.1 - KYTV (NBC-3, Video): [Patient arrested after making threats to VA Clinic in Mount Vernon, Mo.](#) (18 July, Linda Russell, 818k uvm; Springfield, MO)

A man is in custody after police say he threatened workers at the Veterans Affairs Clinic in Mount Vernon, Mo. FBI agents arrested Richard Leslie Turner, 48, in the 200 block of East Kearney in Springfield Tuesday night without incident. He faces a charge of making a terroristic threat. A judge held him without bond.

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[1. Top Stories](#)

1.1 - Washington Post: [Trump loyalists at VA shuffling, purging employees before new secretary takes over](#) (18 July, Lisa Rein, 43.9M uvm; Washington, DC)

Ahead of Robert Wilkie's likely confirmation to lead the Department of Veterans Affairs, Trump loyalists at the agency are taking aggressive steps to purge or reassign staff members perceived to be disloyal to President Trump and his agenda for veterans, according to multiple people familiar with the moves.

The transfers include more than a dozen career civil servants who have been moved from the leadership suite at VA headquarters and reassigned to lower-visibility roles. The employees served agency leaders, some dating back more than two decades, in crucial support roles that help a new secretary.

None said they were given reasons for their reassignments.

The moves are being carried out by a small cadre of political appointees led by Acting Secretary Peter O'Rourke who have consolidated power in the four months since they helped oust Secretary David Shulkin.

The reshuffling marks a new stage in a long estrangement between civil servants and Trump loyalists at VA, where staff upheaval and sinking morale threatens to derail service to one of the president's key constituencies, according to current and former employees.

Among those reassigned is an experienced scheduler whom Wilkie told colleagues he wanted to work for him once he is confirmed by the Senate, according to former and current employees.

Other career senior executives with institutional knowledge of VA's troubled benefits operation also have been sidelined, some to other cities, according to multiple people who spoke on the condition of anonymity because of the issue's sensitivity. A high-ranking executive appointed during the Obama administration to a six-year term quit last week after clashing with Trump aides. Even some Trump appointees have been pushed out for challenging the leadership group.

VA officials say the reassignments will help their efforts to improve the agency's overall culture and performance. Still, it is highly unusual for a leader in an acting, caretaker role — which began for O'Rourke on May 30 — to make such significant changes before a permanent leader arrives.

"Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans," spokesman Curt Cashour said in an email. Wilkie, according to Cashour and a spokeswoman for the nominee, has had no hand in the changes as he awaits Senate confirmation.

Current and former employees — and now alarmed members of Congress — call the reshuffling a loyalty purge that is targeting the alleged political sympathies of civil servants whose jobs are, by definition, nonpartisan.

“These are people who served multiple administrations,” said one employee who was moved, “but they only want them to serve the Trump administration. You can’t run a department like that.”

At a House hearing Tuesday, a visibly irritated Rep. Elizabeth Esty (D-Conn.) pressed O’Rourke to explain why he has “removed, demoted or reassigned” a “significant number of career employees.”

O’Rourke called his actions “well-planned and designed moves” to improve “efficiency and effectiveness.” He acknowledged that the changes were not the result of poor performance.

He said he is encouraging other VA leaders to follow suit.

Esty countered that she suspects “loyalty concerns” are behind the transfers.

“To be clearing out that many people during the time of an acting secretary is disturbing,” she said. “You’re going to lose institutional knowledge.”

Presidential loyalty also has been a factor in staff changes at other agencies. The State Department sidelined or pushed out dozens of career diplomats who questioned the agency’s diminished role in the Trump administration.

Interior Secretary Ryan Zinke reassigned dozens of senior executives in two shuffles. Critics said the mass transfers amounted to retaliation against career staff members who spoke out against his policies, and Zinke said publicly that he has “30 percent of the crew that’s not loyal to the flag.”

The VA moves come at an agency Trump has called a top priority. A bright spot early in the administration, VA in recent months has lost dozens of senior leaders who were pushed out or quit in alarm at the chaos in a long bipartisan corner of the government.

O’Rourke, a Trump campaign staff member who served as VA’s chief of staff and led a new office designed to protect whistleblowers, was appointed acting secretary after Wilkie, who had served in the role after Shulkin’s firing and the failed nomination of White House physician Ronny L. Jackson, won the nod for permanent secretary. Wilkie returned to his job as head of military personnel at the Defense Department to await confirmation.

“Any decisions made following Mr. Wilkie’s departure as acting [secretary] were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions,” Wilkie spokeswoman Carla Gleason said in an email.

A Navy and Air Force veteran, O’Rourke has shown a willingness to exert power in his caretaker role. With his framed photograph now hanging in VA headquarters, he consults regularly with Trump political appointees, excluding career senior leaders from some meetings.

He quickly drew criticism from both parties on Capitol Hill for an ongoing dispute with VA’s inspector general, who is seeking records for an investigation of the whistleblower office. The Senate intervened, voting unanimously in June to tell O’Rourke that he does not have the right to block the watchdog’s efforts.

Mid-level employees who worked for years in VA's seat of power supporting secretaries and their deputies were called in by O'Rourke's staff, where they were informed of their departures, according to multiple employees.

One was told she needed to find another job in the agency but was not offered one.

Another, Debi Bevins, whose role as director of client relations ensures that emails and phone calls to the secretary's office receive responses, was moved to another department doing the same job — but she no longer has direct access to the secretary.

Tonia Bock, executive secretary to the agency, and her deputy, Jennifer Jessup, who had access to sensitive correspondence with Congress, also were moved.

A VA official said Bock's office "had struggled with tracking and responding to congressional inquiries accurately and in a timely fashion."

A well-regarded staff assistant hired during the Obama administration as a political appointee was fired. Some aides were reassigned from the office of Thomas Bowman, the agency's second-in-command, who was pushed to retire in June after falling from favor at the end of Shulkin's tenure.

The shake-up is now reaching another top Trump appointee, the assistant secretary for operations, security and preparedness, who refused to sign a resignation letter that O'Rourke's team gave him after clashing with them and is now negotiating his departure.

Don Loren, a retired Navy rear admiral, had questioned the group's management style. He also refused to suspend normal security protocol to allow O'Rourke's wife to bypass building security at VA headquarters, according to someone with knowledge of the matter. He denied a request to move up O'Rourke in the line of succession behind the deputy secretary, this person said. Cashour denied that these events took place.

He called Loren a "valuable member of our team" with "exemplary" job performance who is leaving because of changes to his current position, which is being downgraded to a director.

A senior VA official called Katherine Pham, the scheduler whom Wilkie liked, "a valued member of the VA team" who had sought a new position.

At the Veterans Benefits Administration, which has struggled for years to speed up its processing of disability claims, a new team of appointees in charge has transferred at least half a dozen senior career staff members to less prominent roles, some in other cities.

The culled leadership positions appear to be part of a restructuring designed to streamline the department, according to an internal memo obtained by disabledveterans.org.

The small Center for Women Veterans has been a flash point for loyalty questions. Director Kayla Williams quit last week to take another job after clashes with the Trump administration about making the agency's mission statement more gender neutral.

"As both a veteran and the spouse of a 100 percent disabled combat-wounded veteran, I was deeply committed to the VA mission of serving all veterans," Williams said.

However, a civil servant on her staff, Danielle Corazza, was fired after sending a tweet from the center's account that praised the large number of female veterans running for office this year. The tweet linked to an article showing that most are Democrats.

VA officials said Corazza sent multiple tweets from the account that tracked other campaign successes of female veterans who are Democrats.

The senior VA official said the Center for Women Veterans "was recently involved in repeated, clear and unequivocal violations of the Hatch Act" and as a result the agency "is implementing staffing changes" there.

Corazza said she never received training in the law, which prohibits federal employees from engaging in partisan political activity while on duty. "My training was to post about female veterans, which I did," she said.

Several high-level White House staff members also have been found in violation of the Hatch Act, although none appear to have been punished.

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1.2 - FOX News (Video): [Burn pit veterans share their stories of struggle after falling ill](#)
(18 July, Perry Chiaramonte, 32.5M uvm; New York, NY)

Scores of U.S. military veterans put their lives in certain danger countless times in places like Iraq and Afghanistan.

They were on the frontlines of battle, but their struggle didn't end when they returned home.

Tens of thousands of veterans believe their health has been compromised by the polluting smoke expelled from burn pits on their bases. In these pits, all manner of trash, medical waste, and industrial chemicals were set ablaze for disposal.

The burn pit method was originally a temporary measure during the wars in both Iraq and Afghanistan as a way to quickly dispose of waste and garbage on military installations. The vets claim their prolonged exposure to toxic air left tens of thousands of them, as well as private contractors, with a myriad of illnesses including various forms of cancer and severe respiratory issues. Many died after succumbing to their illness, but nearly all who fear they got sick from exposure to burn pits never received proper help from the country they went to war to defend.

A registry was created by the Veterans Administration in 2011, but signing it does not guarantee any form of assistance. Service members and their families concerned with the effects of burn pit exposure say that they struggle to keep up with the high cost of medical treatments. There are more than 140,000 names signed to the VA registry.

In the midst of continuing coverage by Fox News on burn pit exposure at military bases across Iraq and Afghanistan, scores of service members and their families have responded on social media with strong reaction after seeing reporting on the lack of help and assistance made available to them by the VA as well as the lack of prevention during the wars themselves.

Here are just a few of the stories of those coping with what has been called by some: “the new Agent Orange.”

Jason Arnold was a Grenadier with the U.S. Army National Guard when he first went to Iraq in 2003 and while he was not stationed on a particular Forward Operating Base (FOB) he often spent time on many of them as he worked security details with private contractor convoys from Kuwait to Iraq.

It was during those missions that he was often exposed to the heavy smoke conditions of burn pits. He clearly remembers how it hung thick in the air.

“We would have shifts in the wind and that smoke would roll in,” Arnold tells Fox News. “In the morning it was the worst.”

The veteran had previous experience as a paramedic before he enlisted which led him to work as a medic while on his tour and says that at the time, he and other soldiers worried there was a danger behind the exposure to the heavy smoke.

But their concerns were never addressed while in the war zone.

“When we were there, no one was saying anything,” he recalls. “If you suck in campfire smoke, you can damage your lungs. Imagine what happens when you burn all those hazardous materials.”

One of the private contractors that his unit worked with, Kellogg, Brown, and Root (KBR) — formally known as Halliburton — has been accused in numerous lawsuits of using the controversial waste disposal method on bases they operated after safer methods, like incinerators, were suggested.

A statement from the contractor reads in part: “KBR has consistently stated, KBR operated burn pits at a very limited number of bases in Iraq and Afghanistan and KBR personnel operated safely and effectively at the direction and under the control of the U.S. military.”

Arnold and his unit often assisted KBR workers with disposing of trash into burn pits.

Arnold often spent time working security details with private contractor convoys from Kuwait to Iraq. It was during those missions that he was often exposed to the heavy smoke conditions of burn pits. He clearly remembers how it hung thick in the air. (Jason Arnold)

Arnold returned home after his second tour in 2004 and says that it was not long after that he started seeing symptoms.

“I got back to the States and the next thing I knew, I was out of breath. I had trouble breathing,” he says.

Arnold went to see numerous doctors who discovered that he had numerous respiratory ailments

"They all asked me if I was a smoker," he says. "I have COPD [chronic obstructive pulmonary disease] and I never smoked a day in my life. I have Sleep Apnea. Every year it gets worse and worse."

Arnold, like many vets in his position, signed up for the Veteran Administration's burn pit registry in the hopes that he would get assistance with medical coverage and treatment. Like many others, he did not.

"The VA has never rated any of us," the Veteran says. "They never point out the fact that we were exposed."

He adds that he's often bumped off the registry and has to resign. He also says that he receives nearly no compensation from the VA.

"I'm only allowed three inhalers every month," Arnold says, "but I need it non-stop. I carry them everywhere with me. If I run out, I have to wait for months because the VA is so backlogged."

Arnold says that he believes the VA system to be flawed and that we as a country owe it to every single veteran to provide better assistance.

"We all went in perfectly healthy and came back with breathing issues or worse," he says. "It wasn't our fault. We went and did our job."

"They use you, kill you and just throw you to the side."

Hank Burns was an E4 specialist for the U.S. Army when he began a 15-month deployment in Northern Iraq back in 2007. He served another 13 month tour and left active duty in August of 2011. He tells Fox News he noticed his breathing issues during that second tour of duty.

"I worked right next to those pits," Burns tells Fox News. "I noticed it while I was still there. I would be walking and you get short of breath all of a sudden. I would suddenly get dizzy."

"You can smell it every day that you are there. It's heavy. It smells toxic."

Burns says that his health issues continued long after he returned home.

"What I've noticed is that I still have a lot of breathing issues," he says. "I'll be sleeping and wake up. I'm fighting just to breathe."

"Even just walking, I'll get winded and have to stop. These are problems I never had before."

Burns said it was years before he knew that the VA's registry was available to veterans like him.

"I didn't even know it existed," he says. "I had to hear about it through another vet who stumbled across it."

"I shouldn't have to depend on another soldier that found it by accident."

Burns says he signed up for the registry but wasn't sure what to do after that.

"It's nothing more than a list," he says. "It's a starting and stopping point all at once. We come home and we are left to be thrown at the wolves."

The veteran also was troubled by recent reports on Fox News that bits are still being used near military bases in Iraq and Afghanistan.

"It's terrible," Burns says. "I could see if this was a new war, but we've been there for so many years that's there's no reason to still use these methods."

"It's a shame that we are having soldiers still exposed."

Many of the burn pits were shut down on U.S. bases in Iraq when former Air Force Sergeant Jeremy Kitzhaber arrived at Balad AFB in 2011, but he still felt the effects of the pollution caused by them.

"I was told when I got there that there was still a lot of contamination," Kitzhaber tells Fox News, who started feeling ill in 2013, nearly a year after retiring from the Air Force.

"I started experiencing strange symptoms," he says. "I had some weird, tender feelings in my abdomen."

Kitzhaber went to see his doctor and it was after a CT scan that he was immediately admitted to the Emergency Room when he was discovered to have a rare form of stage 4 appendix cancer.

"It had disintegrated," he says adding that the cancer had spread and numerous chemo treatments did nothing to cure him. He was diagnosed with Pseudomyxoma Peritonei (PMP), which covered his entire diaphragm, intestines, bladder, stomach, and rectum. His abdominal wall and liver were also affected.

"It all came down to Iraq," he says believing that the toxins released into the air from burn pits contaminated the ground and eventually made him sick.

"To be fair, I was exposed to numerous dust storms," he recalls. "I remember choking on the air. I would wake up and the sky would be orange."

"You could not escape the dust."

Kitzhaber filed a claim with the VA, but he says that it took 400 days, over one year to rule that his cancer was connected to his time in service.

"Originally, I put in a request and they denied it," he says. "It took me calling my state senator to get them to expedite my claim."

He, like many other vets in similar positions, believes that the Department of Defense needs to concede to what service members were exposed to in Iraq.

“The DoD needs to acknowledge that they unnecessarily exposed people to dangerous carcinogens,” he says. “They say there’s no direct cause because if they admit it, they’ll have more claims against them and they won’t be able to pay.”

Also with the Air Force, Technical Sergeant David J. Robinson was first deployed to Iraq in 2003, but it wasn’t until nearly a decade later when he turned to his home in Colorado Springs that he started to experience problems breathing.

“I thought I was having an immediate problem with the altitude,” he says. “It was easy to blame it on something else because who wants to admit it’s something serious?”

But soon after, Robinson started experiencing other symptoms. Once blood was found in his urine a few months later, his doctor ordered tests and it was discovered that he had a large mass in his abdomen.

“It was a roller coaster of learning what it was,” he says of the cancer that had ravaged his body.

In 2015 Robinson underwent a more than 10 hour surgery. His appendix, bladder, and portions of his intestine were removed.

“They couldn’t salvage anything,” Robinson says.

During his service, Robinson had often assisted in disposing of waste in the burn pits of his base.

“Two to three times a week, we would load up pickup trucks,” he recalls. “Anything and everything that had to be thrown away...it was all brought to burn pits.”

“It was part of the mission. It was mostly about getting the job done. It was just the way it was.”

Robinson says that many service members at the time, including himself, were not grasping the concept of the dangers behind the burning.

“You trusted your leadership to look after you.”

Robinson finds the treatment of most veterans to be frustrating.

“It’s almost like we are being brushed aside or swept under the carpet.”

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1.3 - New York Times: [Critics of Trump’s Veterans Affairs Dept. Raise Concerns About Departures](#) (19 July, Jacey Fortin, 30M uvm; New York, NY)

Amid high-level turnover at the United States Department of Veterans Affairs, Trump administration critics are expressing alarm over whether politics is playing a role in the recent wave of removals, reassignments and retirements.

The department is currently run by Acting Secretary Peter O'Rourke and has been without a Senate-confirmed leader for months. Robert Wilkie, a former acting secretary who also served as the under secretary of defense for personnel and readiness, has been nominated for the top job by President Trump. If confirmed, Mr. Wilkie would take over the second-largest department in the federal government, overseeing a 360,000-person work force.

But he would be without several longtime employees who have recently left the department. The Washington Post reported on Wednesday that several unnamed current and former employees had raised alarms over what appeared to be a purge or reassignment of more than a dozen officials who were not loyal to the Trump administration.

"It's been 112 days since the V.A. had a Senate-confirmed secretary in place, and many talented people have departed leadership positions within the V.A. over the past four months," Joe Plenzler, a spokesman for the American Legion, a veterans service organization, said in an email on Wednesday.

"The Veterans Health Administration alone has more than 33,000 job vacancies representing a staffing deficit of almost 10 percent of their overall work force," he added. "The American Legion has been sounding the alarm over this critical issue."

Representative Elizabeth Esty, a Democrat from Connecticut who serves on the House Committee on Veterans Affairs, raised concerns about the politicization of the department with Mr. O'Rourke during a hearing on Tuesday.

"During your tenure, our committee has been made aware of a significant number of career employees who have served under multiple secretaries," she said. "These employees have been removed, demoted or reassigned, or they've resigned or retired after being made aware of adverse actions coming their way."

In response, Mr. O'Rourke referred to a few people who had either retired or moved into a different position.

"We're not on a path to just move things randomly," he said. "These are all very well-planned and designed moves to better make efficiency and effectiveness at our level." He added that he had not communicated with Mr. Wilkie regarding these changes.

Officials at the Veterans Affairs Department have been working for years to update outdated computer systems and simplify its approach to private health care. But some say morale has suffered amid turmoil under the current administration; the agency is one of several dealing with vacancies and high staff turnover.

The last Senate-confirmed Veterans Affairs secretary, Dr. David J. Shulkin, had supporters from both parties during the early days of the Trump administration. But his reputation suffered after a scathing agency report in February about money the government had spent on a 10-day business trip he took to Europe with his wife. Mr. Trump fired Dr. Shulkin with a tweet in March and sought to replace him with his White House physician, Dr. Ronny L. Jackson.

That nomination fell through, and Mr. Wilkie took over as acting secretary. When his nomination was announced in May, Mr. Wilkie stepped aside to begin his confirmation process, and Mr. O'Rourke took the helm.

Right now, the department is working to revamp its health care system after President Trump last month signed a legislative overhaul bill to consolidate programs and make it easier for veterans to take their benefits to private doctors for care. Critics of the plan, including Democrats and some large veterans groups and moderate Republicans, say that it would be a boon to private medicine while starving the agency's budget.

Because of the major changes on the table at the Veterans Affairs Department, the high-level staff changes have been of particular concern.

In a phone interview on Wednesday, Ms. Esty said that in the past month, she had seen "three high-level career retirements of key positions" at the V.A., an unusual number considering the short time span — and the fact that the departures happened under an acting secretary who had not gone through the Senate confirmation process.

"That combination does raise concern," Ms. Esty said, since the department will be making important decisions on issues including health care privatization, disability appeals reform and an expansion of caregiver support for veterans.

"It is concerning not to have that institutional knowledge there," she said.

Curt Cashour, the agency's press secretary, said employees were "absolutely not" being moved for political reasons.

He said the V.A. had "made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department" during the Trump administration.

"This has understandably shaken up V.A.'s Washington bureaucracy," Mr. Cashour added, "and in many cases, employees who were wedded to the status quo and not on board with this administration's policies have departed V.A. — some willingly, some against their will as they were about to be fired."

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1.4 - CNN: [Washington Post: Trump loyalists reassign, remove VA employees](#) (18 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Staffers at the Department of Veterans Affairs loyal to President Donald Trump have reassigned or remove staffers perceived as disloyal to the President and his agenda for veterans, people familiar with the actions told The Washington Post.

The Post reported that the transfers include more than a dozen career civil servants in leadership positions at the VA's headquarters, who were given lower-visibility roles. The staffers say they were given no reasons for the changes, according to The Washington Post. The Post said the moves have been conducted by political appointees led by the VA's acting secretary, Peter O'Rourke. They are the latest sign of fractures at the agency, which came to a head months ago when former Secretary David Shulkin was ousted. The VA continues to suffer from sinking morale and has been shedding senior staff for months.

The Washington Post first reported, and CNN confirmed with a source familiar with the situation, that at least a half-dozen senior career staffers at the Veterans Benefits Administration have been transferred to less influential roles, some in other cities. But the reassignments and removals go beyond that part of the sprawling agency, according to The Washington Post, and have taken place as the President's nominee to lead the VA, Robert Wilkie, awaits full Senate confirmation.

A Pentagon spokesperson told CNN that Wilkie, who remains in his job as the head of military personnel at the Defense Department as he awaits the Senate vote, was not aware of or involved with the decisions.

"Any decisions made following Mr. Wilkie's departure as Acting SecVA were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions," Maj. Carla Gleason, a Pentagon spokesperson, told CNN. "It would be inappropriate for him to comment on this in his current role as USD."

The VA did not immediately respond to a CNN request for comment, but spokesman Curt Cashour told The Washington Post that "under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans." Cashour also told the Post that Wilkie had no hand in the changes.

O'Rourke was on Capitol Hill this week for a hearing about the VA's whistleblower protection office, which he used to lead, and was questioned by multiple members of Congress about the agency's staffing. In one exchange, Rep. Scott Peters, a California Democrat, asked O'Rourke "under what circumstances is disagreeing with the administration a fireable offense?"

Peters cited a VA news release issued in April in which the agency says that "under VA's new leadership, which is now firmly aligned with President Trump and his priorities, the department's operations have improved in many ways." The release goes on to say, "In a number of cases, employees who were wedded to the status quo and not on board with this administration's policies or pace of change have now departed VA."

O'Rourke told Peters that when any agency experiences an organizational shift, sometimes "folks realize, maybe on their own, that they don't want to be there."

"I think there's a few cases that we could look at of folks in senior positions where they advocated for a different approach and then the organization ... went in a different direction, and they felt like that wasn't a place they didn't want to be anymore," O'Rourke said.

In a separate exchange during the hearing, Rep. Elizabeth Esty, a Connecticut Democrat, asked O'Rourke to explain why he had "removed, demoted or reassigned" a large number of career employees.

O'Rourke told Esty the moves were well planned and designed to improve "efficiency and effectiveness." Esty countered she believed that "loyalty concerns" were the reason for the transfers.

CNN's Ryan Browne contributed to this report.

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1.5 - Military Times: [Report: VA paid for thousands of unneeded medical exams for disabled veterans](#) (18 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials are on track to waste more than \$100 million over the next five years on tens of thousands of unnecessary medical exams for disabled veterans, according a report out this week from the department's watchdog.

The VA Inspector General's findings are based off a sampling of re-examination cases last year that indicated department officials may have requested unneeded medical check-ups in 37 percent of benefits cases.

The exams are designed to see whether veterans' health has improved enough to warrant changes in their disability payouts. VA covers the cost of the exams, but the process can still be time-consuming and inconvenient for the veterans involved.

Investigators found that a sizable portion of cases that should be clearly exempt from those periodic checks — including ones where veterans have a permanent disability or where benefits changes are unlikely — were frequently ordered despite existing rules.

They blamed the problem on ratings officials skipping over pre-exam reviews of veterans cases which would have alerted them to reasons to change the standard medical report schedules.

"The review team estimated that (the Veterans Benefits Administration) spent \$10.1 million on unwarranted reexaminations during the six-month review period," the report stated. "VBA would waste \$100.6 million on unwarranted reexaminations over the next five years without instituting procedures to ensure employees only request necessary reexaminations."

The inspector general noted that the numerous excessive exams also put additional pressure on claims processors and VA physicians, by increasing their workload without proper justification.

VBA officials agreed with the bulk of the report and said they hope to implement new internal controls by this November to help address the problem. They are also planning more internal scrutiny of claims officials requesting the exams, to make sure they understand existing rules and processes.

The agency has also begun collecting data for recurring reports on how many unneeded exams are ordered, to get a better sense of the scope of the problem.

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1.6 - Stars and Stripes: [Delayed 'Forever' GI Bill is poised for August launch](#) (18 July, Caludia Grisales, 1.5M uvm; Washington, DC)

A major expansion of veterans' education benefits — a protracted process beset by communication and information technology challenges — is finally on track to launch next month, Department of Veterans Affairs officials testified Wednesday before a House committee panel.

Last year, the VA said it would hire 200 temporary workers and shell out \$70 million to implement the “Forever” GI bill, which contains 34 changes to veterans’ education benefits and boosts spending by \$3 billion for 10 years. Higher-than-anticipated costs has been one of a number of problems that the agency faced in the yearlong charge to implement the plan, which most recently had a July 16 target date that had to be postponed.

“This is a complex, heavy-lift effort,” retired Maj. Gen. Robert Worley II, director of VA education services, told the House Committee on Veterans’ Affairs subpanel on economic opportunity. “We made very good progress to date. We didn’t get to the (July 16) date we were hoping for, we need to slip that about a month and that’s where we are. We have a handful of defects left.”

Worley, who testified alongside a witness panel of VA officials, went to Capitol Hill on Wednesday to update lawmakers on implementation of the H.R. 3218, the Harry W. Colmery Veterans Educational Assistance Act. The effort, which was named for the author of the original GI Bill of Rights, increases payments to veterans with less than one year of active-duty service, restores benefits to veterans whose schools abruptly close, awards full GI Bill benefits to all Purple Heart recipients and increases aid for veterans pursuing science, technology, engineering and mathematics degrees, among other things.

It was dubbed the “Forever” GI Bill by supporters because it ends a 15-year limit on education benefits for veterans whose last discharge or release from active duty came on or after Jan. 1, 2013. Advocates have called it the most sweeping expansion of veterans education benefits in a decade.

“It is critical that we work to ensure that this bill is implemented in a way that is consistent with Congress’ intent and that veterans receive the benefits in a timely and consistent manner,” Rep. Jodey Arrington, R-Texas, chairman of the subcommittee on economic opportunity, said in opening remarks for Wednesday’s hearing.

The bill was signed into law Aug. 16, 2017, and most of its provisions go into effect Aug. 1. Of the 34 measures in the bill, 22 require “significant changes” to the VA’s IT systems. The agency determined costs to program its IT systems to recognize the changes in benefits would cost about \$70 million — an amount more than double the \$30 million originally estimated for the task.

By late last year, Worley said the VA was in the process of hiring 200 temporary employees who would process claims by hand until the IT system was improved with a 40- to 50-person team that would be responsible for deciding which veterans would be eligible for increased aid for STEM degrees. Worley and other VA officials said late last year that they were confident the expansion would be fully in place before the start of the 2018-2019 school year.

“We expect a wave of enrollments to come in between now and the early part of the fall, so that will be an increased workload, and that’s why we have more people and overtime scheduled and those kinds of things,” Worley said. “We will need to do some reworks for enrollments that come in between now and mid-August.”

He also said he would rate his group’s performance implementing the plan at an ‘8’ on a scale of 1 to 10, with 10 being perfect.

“We are doing everything we can to make sure that the experience of the veteran is seamless,” Worley said.

A full breakdown of changes to the GI Bill is available on the VA website at benefits.va.gov and veterans can follow updates on its implementation at the VA's Post-9/11 GI Bill Facebook page.

Stars and Stripes reporter Nikki Wentling contributed to this report

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KIVI (ABC-6, Video): [New cath lab for Idaho veterans opens](#) (18 July, Jessica Taylor, 156k uvm; Nampa, ID)

Veterans in Idaho with heart concerns are getting access to a new facility designed to serve their needs closer to home. The new cardiac cath lab at the VA Medical Center in Boise expects to treat more than 400 veterans in Idaho every year.

The medical center didn't previously have the x-ray technology or procedure rooms needed to treat veterans with heart disease. Instead, veterans had to go to outside areas like Portland or Seattle to receive treatment.

Now, they can get the care they need in the comfort of their own community.

"We can speed up the time to diagnosis the time to treatment for our patients and we dramatically reduce the sort of dissociative issues of having to dislocate them in a sense to move them to Seattle and their families, so it's a tremendous asset for this institution," said Dr. Steven Fonken, the director of the VA's new cath lab.

The new lab will help doctors determine the severity of each patient's heart disease and provide quicker treatment. It opens August 7.

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4. [Focus Resources More Efficiently](#)

4.1 - Talking Points Memo: [Report: VA Purging, Reassigning Career Employees Suspected Of Disloyalty](#) (18 July, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs is carrying out politically motivated reassignments of career staffers ahead of the confirmation of Trump-appointed Secretary Robert Wilkie, the Washington Post reported Wednesday, demoting more than a dozen long-serving officials because of their perceived political loyalties.

The reassigned workers said they were not given a reason for the move, and others at the department told the Post that they fear the troubled agency will lose institutional knowledge.

A bill passed by Congress in 2017 was intended to make it easier for the VA to oust senior officials accused of serious wrongdoing, but it has in practice led to a mass purge of rank-and-file employees for minor infractions.

Whistleblower advocates and federal worker unions have characterized these purges as part of the Trump administration's broader effort to politicize the non-partisan civilian workforce. At the VA in particular, this trend has coincided with the ouster of people opposed to the privatization of the public health system that serves millions of U.S. veterans. After President Trump fired VA Secretary David Shulkin in March, Shulkin wrote in a New York Times op-ed: "They saw me as an obstacle to privatization who had to be removed."

Organizations that work with VA rank-and-file employees say they see this pattern playing out across the agency.

"They're moving in people who want to privatize. If you're opposed to that and you speak up, you're probably on the chopping table," Ward Morrow with the American Federation of Government Employees told TPM. "It really is retaliatory, whatever they're doing."

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4.2 - Vox: [Trump loyalists may be purging career officials at the VA, Some of the employees supporting the VA secretary have more than 20 years of experience.](#) (18 July, Alex Ward, 10.6M uvm; Washington, DC)

More than a dozen employees in high-level positions at the Department of Veterans Affairs have recently been reassigned to lower-level positions — and a new report says it's part of a purge by President Donald Trump's loyalists.

According to the Washington Post, acting VA Secretary Peter O'Rourke and a small team of Trump political appointees are reshuffling staffers they perceive to be disloyal to Trump and his agenda for the VA, which is responsible for providing health care and other federal benefits to US military veterans.

In some instances, the Post story says, the reassigned staffers are career civil servants who have served in critical support roles for more than 20 years.

Which means that, if confirmed, Trump's new VA secretary, David Wilkie, will not benefit from the help of experienced employees who know the ins and outs of their jobs and the department. This is potentially a huge problem, as it'll make Wilkie's job of fixing the US government's second-largest bureaucracy that much harder.

The VA is defending its actions, though. "Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to Veterans," Curt Cashour, a VA spokesperson, told the Washington Post. As of now, there's no indication Wilkie had any role in the reassignments.

Why the VA "purge" may be happening

It's likely this "purge" traces back to the ouster of the last VA secretary, David Shulkin, four months ago.

Shulkin wasn't doing enough for conservatives' tastes to overhaul and privatize the VA. Instead, he stayed in line with the preferences of most veterans groups, taking a deliberate pace toward reform rather than trying to drastically change the agency with a big push for privatization.

Trump's transition team tried to staff the VA with hardcore right-wingers who were committed to privatization. They began to question Shulkin's loyalty to Trump because he wouldn't change his preferences. Trump eventually fired Shulkin in March after a year of infighting.

O'Rourke — a former Trump campaign staffer and current loyalist — took over for Shulkin. It appears he's now using his newfound power to remake the VA more in Trump's image.

It's unclear what kind of authority O'Rourke will have once Wilkie takes the VA's helm, or if Wilkie will reverse any of O'Rourke's personnel moves.

But one thing is clear: People seem to be losing their jobs at the VA because of their political views, not their competency. That's a bad way to operate any government agency.

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4.3 - Washington Examiner: [VA cleaning house of Trump haters: Report](#) (18 July, Diana Stancy Correll, 4.8M uvm; Washington, DC)

Trump allies at the Department of Veterans Affairs have begun an effort to oust or transfer officials at the agency who appear to be disloyal to President Trump, according to a new report.

The reassignment effort is being spearheaded by several political appointees under acting Secretary Peter O'Rourke, and includes reorganization of more than 12 civil servants from the leadership suite at VA to lower-profile positions, the Washington Post reports.

Meanwhile, several others have been moved to other cities for lower-profile positions, and some have been removed from their posts for objecting to the leadership group, anonymous sources told the Post.

They also disclosed that a high-ranking executive who first joined the VA during the Obama administration stepped down from his post amid a dispute with Trump aides.

"These are people who served multiple administrations," a reassigned employee said, according to the Post. "But they only want them to serve the Trump administration. You can't run a department like that."

According to the VA, the reorganization of the agency will contribute to positive changes.

"Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to veterans," VA spokesperson Curt Cashour said, per the Post.

The report comes as Trump's nominee to lead the agency, Robert Wilkie, is awaiting full confirmation from the Senate. He was approved by the Veterans' Affairs Committee earlier this month.

Wilkie was the former assistant defense secretary under George W. Bush. He served as acting secretary of the VA following David Shulkin's removal, and as he awaits confirmation, has returned to his role as head of military personnel at the Defense Department.

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4.4 - Kansas City Star: [Kansas doctor loses license for sexual relationship with patient who overdosed](#) (18 July, Andy Marso, 4.8M uvm; Kansas City, MO)

The Kansas medical board has revoked the license of an Emporia doctor for having a sexual relationship with a vulnerable patient who tried to commit suicide using pills he prescribed her.

The doctor, Chester W. Stone, remains licensed to practice in Missouri and previously worked at the Kansas City VA Medical Center.

In a revocation order issued last week, the Kansas Board of Healing Arts wrote that Stone "was in a position of significant power" over the unnamed female patient "and he abused that power."

"The Board also notes that Licensee's conduct contributed to Patient 1's nearly fatal overdose," the board wrote. "This incident illustrates that Licensee's conduct constituted a serious threat to patient safety."

Reached by phone Tuesday, Stone declined to comment publicly on the substance of the board's order. He said that in addition to working for the Veterans Affairs Eastern Kansas Health System and in private practice in Emporia, he also worked for the Kansas City VA Medical Center for about 10 years but doesn't anymore.

"I haven't worked there since February or something," Stone said.

A spokesman for the VA Eastern Kansas Health System said Stone no longer works there either, having retired June 15.

But he's still allowed to work in Missouri. According to the Missouri Division of Professional Registration, Stone got his Missouri license in April 2016 and it expires Jan. 1, 2019.

Stone said he thinks his attorney has reported the loss of his Kansas license to the Missouri medical board.

Stone, an oncologist licensed to practice in Kansas since 1985, treated the female patient for anxiety while he was seeing her romantically, according to the board's order.

He referred her to a psychiatrist but kept seeing her and prescribed her drugs, including controlled substances.

Early one morning in 2015, he got text messages from her “that were suicidal in nature,” according to the board’s order. Police officers who went to the woman’s home found her unresponsive in the backseat of her car, her skin pale and cold.

The officers weren’t able to find her pulse, but she was breathing and after being treated at two hospitals, she survived. The officers found several empty medication bottles in the car, including one for 120 pills of alprazolam, an anti-anxiety drug Stone prescribed her.

The medical board launched an investigation and found that Stone had other infractions as well.

Since 2009, he had been using a special type of Kansas license that allowed him to practice only in federal facilities such as the veterans hospitals. Despite those restrictions, Stone also worked regularly as a weekend hospitalist at Mercy Hospital in Manhattan until May 2015, and as recently as June 8, 2018, he continued to “moonlight in various places periodically,” according to the board order.

By checking Kansas’ prescription drug monitoring system, the board found that Stone had violated the terms of his special license by prescribing controlled substances outside of the federal health system 17 times to 12 patients. He chalked that up to “not reading the fine print.”

In its order, the medical board said Stone showed a “thorough lack of genuine remorse and refusal to take responsibility for his actions.”

“Licensee exhibited a disturbing lack of awareness of the severity of his conduct,” the board’s order says, “particularly in regard to his wrongful sexual relationship and his wrongful prescribing behavior in regard to that patient.”

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4.5 - Fayetteville Observer: [New Fayetteville VA Medical Center director attends first local town hall](#) (18 July, Rachael Riley, 439k uvm; Fayetteville, NC)

Area veterans and residents attended the first town hall meeting under new leadership Wednesday night at the Fayetteville Veterans Affairs Medical Center.

James Laterza, who retired from the Army last summer, was appointed as the center’s director in March.

During the quarterly town hall, Laterza highlighted goals for the Fayetteville-area VA, areas that have shown improvement and areas that need improvement.

“Our responsibility is to give you something you want,” he told the crowd.

Following his presentation, members of the staff who deal with a variety of issues, including primary care, mental health, medical specialty services, surgical services, and prosthetics, met with attendees to listen to individual concerns or comments.

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4.6 - New American: [VA Whistleblowers Claim Harassment and Retaliation](#) (18 July, Raven Clabough, 339k uvm; Appleton, WI)

Two whistleblowers are claiming that they were virtually run out of a Veterans Affairs hospital in Jennings, Louisiana, after they reported widespread corruption, the Daily Caller reports.

The VA dominated the news cycle years ago after reports that a Phoenix facility had been altering its scheduling books and that at least 40 veterans had died while awaiting care. Since that revelation, significant evidence of corruption, waste, and fraud in VA facilities have come to light, and the whistleblowers who dare to make complaints have faced significant retaliation.

Crystal LeJeune and Harvey Norris are the latest victims. Both are former employees of the Alexandria, Louisiana, VA Medical Center system, of which the VA hospital in Jennings is a part. They both claim that they uncovered widespread abuse, fraud, and waste, specifically in the Home Based Primary Care (HBPC) department, and experienced retaliation for speaking out about what they observed.

In her complaint to the Office of Special Counsel (OSC), LeJeune indicates she witnessed “patient neglect” and the falsification of medical records, as well as deceitful time documentation and tampering with government vehicle-tracking systems.

For example, LeJeune states that one of the nurses claimed to have visited 11 patients in one morning, a near impossibility. She claims that while patients were supposed to be seen every 30 days, many had gone unseen for much longer.

LeJeune contends that she began experiencing harassment at work when she brought these issues to light.

It started with an investigation in September 2012 that forced her to be moved to a temporary assignment, LeJeune explained. She said that she was eventually cleared from that investigation, but it was only the beginning of the harassment.

Another hospital employee, a dietitian named Tabitha Nicholas, even began taking notes about LeJeune.

“Tabitha was taking notes as to my comings and goings since I first started at HBPC. Every time I left the office, she went to the front door/window to make sure I was gone (I actually saw her). She reported my every move to my supervisor at the time,” LeJeune stated during the 2012 inquiry into the hostile work environment.

She claims she was followed and had her photo taken by another employee, and that false allegations were made against her. In 2016, photos had been taken of her desk that allegedly held unattended sensitive patient information. It was later determined that the photographs were manipulations.

She also indicates her Christian faith had been disparaged in a staff meeting.

“There is an email between supervisors where Tabitha Nicholas questioned my Christianity and stated I needed to find God, in a meeting that I was not present [at],” LeJeune states.

Curt Cashour, press secretary for the Department of Veteran Affairs, dismissed LeJeune's allegations, saying she "did not provide any information that supports [her] assertion [of] any threatening conduct directed toward [her]," Cashour stated. "There was insufficient information to conclude with a substantial likelihood that the actions of HBPC employees amounted to wrongdoing."

In contrast to Cashour's claims that there was insufficient evidence to support LeJeune's allegations, an investigation by the VA's Office of Resolution Management produced a near 700-page report.

LeJeune ultimately took medical leave after she was followed to a restaurant by Nicholas, who took photos of LeJeune and the other hospital employees with whom she was having lunch. The photos were used to trigger another investigation.

Finally, in June 2018, she was granted medical retirement.

When Norris started at the HBPC in November 2016, most of the problems observed by LeJeune years earlier were still taking place.

"What happened was that I found all sorts of problems: the overbilling, misuse of government, and filing false documentation," he recalls. For example, he learned that the nurse practitioners had formed their own corporation and were funneling patients illegally to their company.

But when Norris filed a complaint with the VA Office of Inspector General, Cashour dismissed his claims.

"VA has asked Mr. Norris several times for evidence backing up his complaint. To date, Mr. Norris has not provided anything that backs up any of his claims. VA stands ready to look into this right away should Mr. Norris provide evidence and/or documentation backing up his claims," Cashour wrote.

Norris began experiencing retaliation a short time later. While having dinner at a truck stop with LeJeune and another VA employee in February 2017, he noticed Nicholas and another VA employee taking notes on Norris and his colleagues.

An investigation was then launched against Norris for misuse of a government vehicle that he used to drive to the truck stop for dinner.

Norris explained that he had used the vehicle for a presentation in St. Martinville, followed by a meeting with a veteran at a Waffle House a few miles from the presentation. He then went to see the doctor who would be handling the veteran's case in the Jennings VA. Norris was found to be in violation for failing to comply with his original itinerary, which called him to go to a hospital in Alexandria immediately from his presentation, and was ultimately demoted and given a two-week suspension.

According to Norris, he was not permitted to see the complaint against him, or the photographs taken of him. He also was not permitted to know who filed the complaint, though he assumed it was Nicholas, since she had been seen taking pictures of him.

Norris decided to look for another job, and on the day he resigned, he received another write-up.

Norris says he is relieved that he has switched jobs. Unfortunately for the patients at the Jennings VA, however, it seems anyone who cares enough to report corruption is not around long enough to ensure change can happen.

LeJeune's and Norris' experiences are not unique in the VA. A 2014 press release from the OSC indicated it had received complaints from employees at VA facilities in Puerto Rico, as well as in 18 states — Arkansas, Arizona, California, Colorado, Delaware, Florida, Georgia, Iowa, Kentucky, Michigan, North Carolina, New York, Pennsylvania, South Carolina, Tennessee, Texas, Utah, and Wyoming. Reports of retaliation continued to be reported each year since that press release, underscoring how impotent the OSC has been in addressing the problem.

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4.7 - Healthcare DIVE: [Veterans Health Administration shifts leadership](#) (18 July, Tony Abraham, 157k uvm; Washington, DC)

Dive Brief:

- Richard Stone, a former Veterans Health Administration executive, has returned to temporarily lead the administration as it continues to search for a permanent undersecretary, according to a report from Military Times.
- Stone, who has been working for tech consulting firm Booz Allen Hamilton, is replacing Carolyn Clancy, who has been shifted to a research and development position within VHA .
- Stone is VHA's third temporary administrator since former VA Secretary David Shulkin's promotion from that position in February 2017. Meanwhile, President Donald Trump's nominee for VA Secretary, Robert Wilkie, is awaiting confirmation from the Senate.

Dive Insight:

Peter O'Rourke, who's sitting in as acting VA secretary while the Senate works to confirm Wilkie's nomination, signaled to reporters during the Stone announcement that decisions will soon be made on leadership positions within VA.

Stone is reported to be on the list of candidates being considered to lead VHA as undersecretary for health. In the time since the position has been vacant, Shulkin has been fired, Trump's first nominee to replace him withdrew under Senate scrutiny and the department's community care programs have been overhauled to extend private sector options for veteran care and shift the department's funding sources via the \$5.2 billion MISSION Act.

Yet, some lawmakers remain concerned about funding for veterans health. Earlier this week, the White House issued a letter warning Senate members who want to spend over budget on veterans health, saying the funding sources made available in the MISSION Act should be "more than sufficient."

Adding to VA turmoil over the past year has been the agency's contract with Cerner to implement a new EHR system, replacing VA's 40-year-old VistA system. The contract was first announced in June 2017, but was delayed over issues with interoperability for nearly a year before being finalized in May.

VA has just recently established the Office of Electronic Health Record Modernization to help maintain the agency's new Cerner EHR system over the next 10 years. That office will be working closely with whoever is tapped to lead VHA.

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4.8 - KMA (W1-960): [Shen CBOC process outlined at V-A town hall](#) (19 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Plans for a new Community Based Outpatient Clinic were among the many topics discussed at a special meeting in Shenandoah Wednesday night.

Veterans from all over KMAland packed the Shenandoah Elks Lodge for a veterans town hall meeting sponsored by the Veterans Administration's Nebraska-Western Iowa Health System. Julie Rickert, associate director of operations for the V-A's Omaha office, says Shenandoah's new CBOC is one of several planned for the region--others included Lincoln, Norfolk and Holdrege, and an ambulatory clinic in Omaha. Because planning for Shenandoah's new CBOC is still in the planning process, Rickert omitted some specifics--such as where the new clinic would be located. However, Rickert says the project's contracting officer is still planning the bidding process.

"We haven't awarded it," said Rickert. "So, we're doing the piece as far as validating that there's partners out in the community who can help us with it. We're doing the market research, we're putting together the package. We'll be going out and soliciting, which means we'll put the package out electronically to people that are interested in it. We'll put that up. We're with a contracting officer, with the intention that we will do an award in January."

Rickert says more information will become available once the project's vendor is determined.

"Once we have that award," she said, "and there's no protests, then that's when we can give more information about where that location's going to be, and what it's going to look like. The other important thing is that once you have that date, that really means that we're about 18 months away from activation--give or take a couple months."

"An activation means you're standing it up, you're getting the furniture, and the fixtures, and the equipment that you need for that new space. You're making sure that the design is correct, and you're opening the doors to see veterans."

Local CBOC supporter Ernie Aust expressed concerns over whether bidletting and solicitation information would be provided to potential local contractors.

"I think on the local scene, I think there's quite a few steps prior to January of '19," said Aust. "On the list that we had earlier, we talked about issue of solicitation, receive proposals, complete the proposal evaluation, and then the final award. Well, for anyone that has property, or is interested in building it, I guess my question is when will that issue of solicitation take place? Because, that's when, locally, people will know what's to be bid on."

Rickert says that information would come from the project's contracting officer. Don Burman is the V-A Nebraska-Western Iowa Health Center's director. Burman says he would make the contracting officer's name and other information available to interested parties.

"I can guarantee you you'll have that solicitation information, and the name of the contracting officer by tomorrow (Thursday) noon. I'll know who it is," said Burman, whose remarks were met with thunderous applause from the crowd.

"If they're hiding somewhere, I'll go find them, because I know this is important to us. This is important to us, as much as it is to you," he added. Burman commended the Shenandoah CBOC's staff for working in cramped quarters in the existing clinic at the Orchard Corners Shopping Center.

Other topics covered at Wednesday's town hall included the new Veterans Community Care Program, which would consolidate several V-A care initiatives, including the Choice Program, into one program. V-A officials also provided information on medical services for veterans--including efforts to eliminate opioids and narcotics from care programs, and the V-A's suicide prevention initiative.

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4.9 - Register-Herald: [VA Medical Center looking for volunteers Yost encourages people to get involved for the rewarding feeling of helping those in need](#) (18 July, Rebecca Rhudy, 77k uvm; Beckley, WV)

The Beckley Veterans' Administration (VA) Medical Center is looking for new volunteers.

Cheryl Yost, chief of voluntary service, said volunteers play a vital role in the VA team, and that it is not only special for those they are serving but also a rewarding experience for the volunteers.

"I truly believe that if I can get someone to volunteer, they will love it and realize how gratifying it is in helping someone," Yost said. "You simply can't put a price tag on how wonderful it makes you feel."

She went on to describe that volunteering at the VA is great for people of all ages.

"For young people, it's a great place to volunteer to gain work experience for job and college applications," Yost said. "For retirees, it's a great way to stay active and keep in shape getting your mind off of your own problems and a great place to socialize and develop needed friendships."

The Beckley VA Medical Center currently has approximately 250 to 300 volunteers. Yost said that there are a variety of opportunities for people to get involved at the VA, and they are always looking for more help.

"Some of the responsibilities of our volunteers are helping Veterans and their families in different ways," Yost said. "For example, they are responsible for providing information, escorting patients in wheelchairs, delivering mail, providing transportation to their VA

appointments, providing activities and entertainment, No Veteran dies alone program, and other various opportunities to just helping Veterans.”

Yost said there are only a few requirements to become a volunteer at the Beckley VA Medical Center.

“We have a training packet that they must read and complete, and we do an orientation,” Yost said. “Once they are placed in a service, the service may have some service specific training to complete. The minimum age to volunteer is 14, but there is no maximum age.”

Yost encourages people to get involved for the rewarding feeling of helping those in need. She went on to share some of her most memorable experiences during her time at Beckley VA Medical Center.

“I could share so many stories,” Yost said. “I have a son that wanted to follow in his dad’s footsteps as a Beckley VA Volunteer; I have a lady volunteer who came down with a crippling disease, but since she can no longer volunteer on site, she continues by crocheting hats, scarves and other items for Veterans; I have a man that has a brain injury that wanted to give his time to help Veterans; I have a man that was an employee here for over 30 years who retired and traded his work uniform for a volunteer jacket. All these stories mean so much.”

For anyone interested in volunteering for the Beckley VA Medical Center, they are encouraged to contact Yost or Brenda Shelton of Voluntary Service at 304-255-2121, extensions 4156 or 4162.

Yost said it is a really great program to get involved in.

“It’s a great place for all ages,” she said. “I like to ask folks, ‘How many places can you go and take care of an American hero every day?’ Only at your local VA.”

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4.10 - FEDweek: [Split Remains on Special VA Disciplinary Policies](#) (18 July, 51k uvm; Glen Allen, VA)

A year after enactment of a law revamping disciplinary policies at the VA there was consensus at a House hearing that the department has been taking more disciplinary actions since the law’s enactment, but not on whether the law has been a success.

VA statistics show that the rate of major discipline – including firings, demotions and suspensions of 14 days or more – has nearly doubled. Of the more than 2,000 in calendar year 2017, more than 1,300 occurred in the last six months. That rate has held about steady so far this year, with nearly 1,200 through June.

The law was one of a series in response to the scandal over record-keeping at some VA facilities that made it appear that patients were being seen more quickly than was the case. It reduced the period of notice, response and final agency action to 15 working days; specified that in appeals of both conduct- and performance-related discipline before the MSPB, the department needs to meet only the lower evidence standard generally applying only in the

former type; required that the MSPB either accept or reject the agency's choice of penalties entirely; and raised the legal standards for employees who appeal further into federal court.

"The only way to bring true accountability to VA is to create a culture where employees want to come to work and serve veterans. This will only happen when good work is consistently rewarded and when it's clear the department won't tolerate employees who do not live up to the high standards required of public servants," said Veterans Affairs Committee chairman Rep. Phil Roe, R-Tenn.

But the AFGE union, which represents most VA employees, said the law "has turned out to be the most counterproductive VA law ever enacted." While the change was largely targeted at management-level officials responsible for the scandal, in practice it has had a "disproportionate impact on VA's lowest paid and veteran workforce," it said. Of the nearly 1,100 disciplined in the first five months of this year, only 15 were supervisors and many were in positions such as housekeeping aides, it said.

"Instead of using the legislation to hold VA management accountable so that real change can be made, the administration has instead systematically purged lower level workers and whistleblowers," said ranking Democrat Mark Takano of California.

VA officials, though, presented data showing that the rate of discipline against GS employees below grade 10 and non-supervisory wage grade employees is about the same as it was prior to enactment.

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5. Improve Timeliness of Service

5.1 - Healio: [Study: Short supply of centers impacts transplant rates for veterans](#) (18 July, Mark E. Neumann, 581k uvm; Thorofare, NJ)

In most cases, U.S. veterans are less likely to get a kidney transplant compared to individuals with Medicare or private insurance, according to a recently published study.

"After successful listing, [Veterans Administration] VA kidney transplant candidates appear to have persistent barriers to transplant," wrote Joshua J. Augustine, MD, and colleagues from the Cleveland Clinic, Case Western University School of Medicine, the Louis Stokes Veterans Administration Hospital and the Populations Health Research in Cleveland. "Further contemporary analyses are needed to account for variables that contribute to such differential transplant rates."

Veterans have a higher rate of kidney disease compared with the general population, and kidney transplant outcomes in VA patients have been comparable to the general population, the authors wrote. VA patients do benefit from universal coverage of immunosuppressive therapy, with low or absent copays after transplantation.

"The high cost of immunosuppressive medications has been shown to be a deterrent to transplantation in the general population, and VA benefits may help to eliminate this barrier," the authors wrote.

However, the VA has seven kidney transplant centers available across the country, possibly explaining why 15% of veterans who get kidney transplants use VA centers for the surgery, the authors wrote.

“Traveling long distance to a transplant center creates barriers as described above, and VA transplant centers that serve veterans from multiple states and a wide geographic area face challenges related to high-patient volume and the difficulty in making an initial assessment by long distance chart review,” Augustine told Healio Nephrology. “The VA provides excellent access to care and affordable coverage of medication after transplantation. However, even with expansion of VA transplant centers, it may be hard to serve all veterans effectively prior to transplantation.”

In the study, 302,457 transplant patients were identified in the Scientific Registry of Organ Transplantation database; 11,604 who received a living donor kidney transplant without being referred for transplantation and waitlisted were excluded. When reviewing distance to transplant centers, researchers said the median distance for VA patients in the study to a transplant center was nearly 10-fold greater than those with other insurance (282 miles vs. 22 miles). Even when comparing VA transplant rates from four local VA transplant centers with four local non-VA competing centers in the same donor service areas, VA patients still showed a lower transplant rate than privately insured patients despite similar adjusted mortality rates. Transplant rates for VA patients were similar to those of Medicare patients in the local study.

“We compared transplant rates with local non-VA centers in order to make a more direct comparison within the same donor service areas, since rates of organ recovery and transplantation can vary from different regions and organ procurement organizations,” Augustine told Healio Nephrology. “We were not completely surprised to see differences since publicly available Scientific Registry of Transplant Recipients (SRTR) reports had recently reported transplant rates to be lower than expected in three of the four VA transplant centers while transplant rates were greater than expected in the local academic competing centers. Differences did not appear to relate to poor health in veterans, as VA patients had good initial survival on the waiting list and better survival compared to Medicare patients. Differences also did not appear to be driven by poor socioeconomic status in veterans, as analyzed by ZIP code data. A more granular analysis of organ turn-down rates and patient availability may shed light on the reasons for differences between VA and local non-VA centers.”

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5.2 - Healio: [Veterans Health Administration dialysis providers linked with lower mortality rates, increased hospitalization rates](#) (18 July, 581k uvm; Thorofare, NJ)

Veterans who initiated dialysis with a Veterans Health Administration dialysis provider appeared to have lower mortality rates, but experienced increased hospitalization rates compared to veterans who initiated dialysis at non-Veteran Health Administration facilities, according to research appearing in the Clinical Journal of the American Society of Nephrology.

“Given that veterans with ESKD who initiate dialysis under the Veterans Health Administration may have different survival rates according to their dialysis provider at initiation be it a VA dialysis unit or an outsourced dialysis provider such as DaVita or Fresenius or others, we sought to evaluate these important associations,” Elani Streja, MPH, PhD, lead author of the

study and director of the transition of care in CKD project in Veterans Administration (VA) Long Beach, told Healio Nephrology.

Streja and colleagues studied 68,727 U.S. veterans who initiated dialysis at either a Veterans Health Administration (VHA) or a non-VHA facility to examine the association of the provider with mortality and hospitalization rates within the first year of initiation.

Researchers found 10% of patients initiated treatment at a VHA dialysis center. These patients were younger, were more likely to be black, had fewer cardiovascular comorbidities and had lower eGFR at initiation; however, they were more likely to be hospitalized within a year.

“Yes, we did find that veteran patients who initiated dialysis treatment in a VA dialysis unit had a lower mortality risk but higher hospitalization rates than veterans initiating dialysis at outsourced units. This could suggest that focused hospitalization to enhance care is beneficial for survival,” said Kamyar Kalantar-Zadeh, MD, study co-author, professor, chief of nephrology at University of California Irvine and principal investigator of the USRDS Special Study Center. “Moreover, since only 10% of all veterans initiate dialysis in one of the 75 VA units given space constraints, an incremental initiation of dialysis at twice-weekly could allow more veterans to start dialysis in the VA system.”

Disclosures: Streja is an employee of the Department of Veterans Affairs. Kalantar-Zadeh has received honoraria and/or support from Abbott, AbbVie, Alexion, Amgen, American Society of Nephrology, AstraZeneca, AVEO Oncology, Chugai, DaVita, Fresenius, Genentech, Haymarket Media, Hofstra Medical School, International Federation of Kidney Foundations, International Society of Hemodialysis, International Society of Renal Nutrition and Metabolism, Japanese Society of Dialysis Therapy, Hospira, Kabi, Keryx, Novartis, NIH, National Kidney Foundation, OPKO, Pzer, Relypsa, Resverlogix, Sandoz, Sano, Shire, Vifor, UpToDate, and ZSPharma. Please see the full study for all other authors’ relevant financial disclosures.

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5.3 - WVEC (ABC-13, Video): [Veterans Affairs nursing homes with low ratings in Hampton Roads, Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.](#) (18 July, Megan Shinn, 607k uvm; Norfolk, VA)

For the first time, the Veterans Affairs is making its annual nursing home ratings public.

The House Veterans Affairs Committee is investigating 133 VA nursing homes. The investigation comes after the committee learned the VA gave almost half of its nursing homes the lowest possible score in internal rankings.

All the nursing homes were rated on a scale from one to five stars. Ratings are evaluated on staffing, health inspections, surveys, and quality measures, according to an email from the Hampton VA media department.

Those quality measures include: the residents' health, physical functioning, mental status and general well-being.

Documents from our partners at USA TODAY show patients in more than two-thirds of VA nursing homes were more likely to have bed sores and pain, compared to private nursing homes.

In response to the report, a Hampton VA spokesperson told 13News Now the department cares for sicker patients in its nursing homes than do private facilities on average.

The VA has nursing homes in 46 states.

We looked into which of our community living centers made the list in Hampton Roads. Through the VA's website, we went to the ratings link. When you put in a Hampton Roads zip code, it pops up with at least three one-star rated nursing homes including: Carrington Place of Chesapeake, Coliseum Convalescent and Rehabilitation Center, and Autumn Care of Suffolk.

We reached out to all three VA nursing homes with one-star ratings. So far, we only heard back from one.

A statement from Autumn Care of Suffolk's attorney Gregory Nicoluzakis, Esq. our official comment is as follows:

"At all times Autumn Care of Suffolk acts in the best interests of its residents and promotes their health, safety, and welfare. A unitary star rating determined from afar by folks who may not have ever visited the facility does not accurately reflect the quality of care the facility provides and the number of positive outcomes encountered by residents and their families."

Butch Schupska is with the Veterans of Foreign Wars in Norfolk. When we showed him the results he said, "It's sad."

"All veterans are family," and this report makes him "just makes you want to go out there and just take them out and bring them home."

Family Law professor Lyanne Marie Kohm told 13News Now, "There are rights that the VA resident has. That any resident has."

Kohm said most times, those through the "resident's bill of rights," nursing home tenants have the right to be safe, have proper health care, privacy, and more.

So in light of this report she suggests, "Family members really need to keep an eye out for them (nursing home residents) and to follow up on any leads the person living in the home would suggest, gosh I've been mistreated," said Kohm.

She suggests going directly to the first nursing home administrator if there's an issue, and then working your way up to higher supervisors and a lawyer if needed.

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5.4 - Berkshire Eagle: [A Marine Corps vet's mission: Getting to bottom of VA care mishap](#)
(18 July, Ben Garver, 191k uvm; Pittsfield, MA)

A Lenox man is heading back to Northampton soon, ready after a year of turmoil to sit in a dental chair and receive the free care he earned by serving with the Marine Corps.

But he'll be on his guard. And on a mission.

Bruce A. Deloye's return to a veterans hospital comes after a yearlong fight to get to the bottom of a bad experience he says he suffered during a dental cleaning last August — a matter that's now one element, however small, in an ongoing federal probe of the quality of care delivered to veterans like Deloye in Western Massachusetts.

Even before the Veterans Affairs' Office of Accountability and Whistleblower Protection opened an investigation into a former staff doctor's allegations of substandard care at the institution, Deloye began seeking answers about why he suffered an intense burning sensation in his mouth and throat during a procedure Aug. 24, 2017.

Deloye, a Pittsfield native who is 81, receives care, like other veterans in Berkshire County, through the Central Western Massachusetts HealthCare System in Northampton.

The sensation occurred as his mouth was being rinsed during the cleaning and lasted about 10 seconds.

"The taste of that stuff was like drinking out of Silver Lake at its worst," said Deloye, referring to the Pittsfield lake polluted over decades by the General Electric Co. "It was a horrible burning experience. Who knows what was in that line."

He set out to uncover what happened. "I want to be a whistleblower," said Deloye.

Officials with the Northampton VA say Deloye's experience was limited and has not occurred again, though one other patient reported a "bad taste" in his mouth while receiving care in Dental Treatment Room 1242.

Deloye's quest for answers won him audiences with VA officials, including Director John P. Collins, and help from staff in the office of U.S. Rep. Richard E. Neal, D-Springfield. In late June, Neal informed Deloye by letter that his case has been referred to federal authorities investigating the facility.

The newly created whistleblower office continues to look into claims that the late Dr. Sarah Kemble detailed in a 23-page affidavit. Five days before dying of cancer in December, Kemble also had testified to the whistleblower unit.

Kemble flagged what she saw as problems with the Northampton VA's care in her three years there. Among her concerns: inadequate staffing, bad communication that led to delays in care and access by patients to illegal drugs.

Andre Bowser, spokesman for the Northampton VA, said the institution is cooperating "fully" with the federal investigation and said staff there are committed to providing high-quality care for veterans.

"This is all the information we have that is releasable at this time," he said in an email.

`Chemical waste'

Within days of his Aug. 24 dental clinic visit, Deloye contacted Neal's office, detailing in a handwritten, one-page letter what he had experienced. He said the cleaning seemed to be going routinely until about 10 minutes in, when he used a tube that provided liquid for rinsing.

He wrote that his mouth began to burn and he swallowed "what tasted like, for lack of a better description, `chemical waste.'"

Deloye asked the dental hygienist what was happening. On leaving, he ran into the head of the clinic, Dr. Amit Sharma, and described his experience. Like the hygienist, Sharma said the liquid was distilled water.

"I demand to know what I swallowed," Deloye wrote. "I don't want this to happen to any other vets, and I don't want a VA coverup to occur."

Deloye suggested in his original statement to the VA that a cleaning agent might have been present in the line supplying the rinse water. He wrote that he was sharing his statement with Neal's office and with the veterans' agent in Pittsfield.

Deloye also had spoken again with Sharma, the Northampton VA's chief of dental services, who explained that, due to changes nationally, the facility used a new system employing suction and a water spray, rather than the old-style "cuspidor" system in which patients spit rinse water into bowls.

After getting Deloye's statement, Cynthia Clark, a staff member in Neal's Pittsfield office, referred the matter to the Northampton VA's director in a Sept. 5 letter.

According to the VA, Sharma already had promised Deloye that he would have the cleaning system tested. That happened Sept. 6 — with no problems found by a unit called the Bio-Medical Equipment support group.

Tests done

In a response to the letter from Clark, Dennis R. Ramstein of the Northampton VA said the tests examined the exam chair as well as air and water connections in tubing in the room where Deloye had been treated. Ramstein, a public affairs officer, said the inspection group also contacted the maker of the chair.

It found that "there is no chance of cross contamination of any of the air, water, or suction lines used," Ramstein wrote. He said tests run every three months also had not found any contamination.

"To date we have found no errors in our dental equipment and have had no other complaints of the sort expressed by Mr. Deloye," he wrote.

Ramstein told Clark that Deloye's experience led the clinic to begin stocking water bottles so patients can rinse their mouths. He said the clinic is now purging all lines for four minutes after each cleaning instead of the 30 seconds recommended by the manufacturer.

Clark then relayed those findings to Deloye in a Sept. 27 letter.

But Deloye remained unconvinced.

He later learned that another veteran had reported having a "bad taste" during a procedure.

In October, Deloye spoke again with Sharma, after the dentist called him to check in. According to medical records that Deloye made available to The Eagle, the dentist logged that he had told the patient Oct. 17 the taste could have been the "highly diluted" sodium hypochlorite the clinic used to clean a device known as an ultrasonic scaler. That implement is used in dental cleanings.

Sharma said the scaler had been disconnected from the chair and the VA was ordering equipment so the device could be employed "without using the connections of the chair. Informed him that this was the reason he might have had a chemical taste in his mouth."

The entry closes, "Veteran thanked me and seemed happy."

Ramstein, who serves as outreach coordinator for the local VA, said Sharma told Deloye about the second patient's experience, which came several days after the chair and equipment had been inspected, "in the spirit of complete transparency."

The second patient did not file an official complaint, Ramstein said.

"The issue was determined to also be associated with the change to suction for removal of dental hygiene byproduct," he said, in response to questions about the issue, "rather than the previous rinse and spit routine. There have been no complaints of this nature since."

The chair in Room 1242 remains in use as before, Ramstein said.

But Deloye says a patient advocate who works for the VA told him the chair had been taken out of service, leading him to think that he had not yet gotten the whole story.

Visit with director

On Feb. 9, Deloye met for nearly an hour with Collins, the VA director. At Deloye's side was Phil Prew, a lifelong friend with whom he rode a bus south to boot camp in 1954.

Though assured that tests of the dental clinic equipment had been performed eight months earlier, with no problems found, Deloye felt he wasn't getting straight answers.

Along the way, a patient advocate who had provided early advice, and had told him about the second patient, stopped returning his calls, Deloye said.

Because Deloye didn't want to return to Northampton for dental care, the VA helped him get an appointment with a private practice in North Adams.

"This thing is snowballing into a nightmare," Deloye said in a May interview at The Eagle, as Prew listened.

"Now it's grown into something bigger," said Prew.

Deloye's own medical record now records his emotional odyssey — as well as occasional flashes of temper.

"Veteran in clinic to vent about the frustration and anger he feels," a nurse's Oct. 16 note reads. "Mr. Deloye said that he is angry and disappointed at the [Northampton] hospital director's staff — all of whom appear to be ignoring his concerns."

"He said that he has made it his personal mission 'to get answers and an explanation' from the facility leadership. Vet said his goal is to advocate not just for himself but so the same mishap does not happen to [other] veterans receiving dental services."

The next day, the same registered nurse, Dina Malone, saw Deloye and logged into the medical record that Deloye was upset and exhibiting "hyperfocus" and "perservation of thought" in the way he spoke repeatedly and insistently about his inquiry into his dental experience.

"Veteran's perception of being ignored by VA leadership," Malone wrote, "seem[s] to have triggered ongoing state of anger (self proclaimed 'being like a pitbull dog' unwilling to let go of the matter at hand) thereby continually pursuing all possible avenues toward reinvestigation of the subject."

Though he still harbored doubts about what actually happened in the dental clinic, Deloye felt he was accomplishing something just by reaching out. He expanded his efforts, including calls to the office of Sen. Edward Markey.

That feeling was confirmed when he learned his case had been referred last month by Neal's office to investigators.

"Without pressures, the system will never change," Deloye said in a recent interview, reflecting on his months of advocacy. "We've had so many directors of the VA. It's the same old machine. If there's enough pressure applied, the system will change."

But the former Marine still feels it's an uphill fight. He wonders if he'll hear from authorities alerted by Neal's office.

"After that letter, nothing," he said. "No one has contacted me."

'For other veterans'

Jim Clark, Pittsfield's director of veterans services, believes Deloye advocated for himself well over the past year. Though Clark says his own care through the VA has been "top notch," others have had experiences that warrant review.

"I think he really got the answers," Clark said of Deloye. "It wasn't just for himself. It was for other veterans who went there. He wasn't a lone duck."

"All the right people were put into play. He went through all the right steps," Clark said. "I think he's happy with where he got."

As the anniversary of his dental visit nears, Deloye is going back to Northampton, in part because imaging shows a "shadow" on his jaw that needs to be evaluated.

"We're worried about cancer of the jaw, but I don't think I have it," Deloye said.

The fact that Deloye is coming back for an oral surgery consultation in August, Ramstein told The Eagle, is evidence that trust has been rebuilt.

Deloye acknowledges that progress has been made. He said Sharma, the VA dental chief, has been responsive.

"They've been going overboard for me," he said of the VA.

But when Deloye goes to Northampton, he'll have a few items in tow.

"I said 'I'll bring my own water and my own spittoon,'" Deloye said.

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5.5 - Greenville Sun: [Ahead Of Trial, Judge Upholds VA Policy](#) (18 July, Ken Little, 70k uvm; Greenville, TN)

Robert D. Rose Jr. implored a federal judge Tuesday to consider the plight of military veterans denied relief from chronic pain by the Department of Veterans Affairs as a result of recent VA policies drastically limiting the amount and type of opioid-based pain medications prescribed for treatment.

U.S. District Judge Travis R. McDonough listened to impassioned arguments by Rose in support of an injunction he filed that could have opened the possibility of other veterans seeking legal options to being denied long-prescribed opioid medications. McDonough also heard responses from government attorneys who maintained the VA is rightly following recent federal policy in weaning many veterans off opioid-based medications.

McDonough denied issuing an injunction, saying that Rose offered insufficient proof, effectively narrowing the scope of the lawsuit filed last year to Rose vs. the Mountain Home VA Medical Center and releasing a number of doctors and other defendants initially named in the November 2017 civil action.

Rose, 52, of Gray, said he continues to suffer debilitating pain since being tapered off opioid pain medications beginning in 2016 for chronic medical conditions connected to his service as a Marine. He maintains VA policies drastically affect his quality of life, along with many other veterans now compelled to seek alternate methods of pain relief.

Chattanooga-based McDonough also set a July 2019 trial date for the lawsuit. The case will be heard in U.S. District Court in Greenville.

"I'm not going to stop fighting this," Rose said Tuesday afternoon as he left the courtroom.

Rose sought to obtain an order from the judge to suspend the VA and Department of Defense policy tapering off prescription of opioid-based medications for former and current members of the military.

In his amended complaint, Rose made a number of legal claims naming as defendants the U.S. government, the VA and individual medical providers who treated him, along with U.S. Rep. Phil Roe, who was earlier excused by McDonough from attending the hearing.

Government lawyers maintained at the hearing that Rose alleged no “viable cause of action” against the defendants. For purposes of the injunction sought, McDonough agreed.

McDonough said while announcing his ruling on one of the allegations that Rose “is not likely to win on the merit of his claims.”

Rose said he cannot afford a lawyer and represents himself. Assistant U.S. attorneys Kenny L. Saffles and M. Kent Anderson represented the government.

Rose’s legal arguments cover a wide range of legal territory, including various constitutional violations, violation of the Medicare Act, violation of the Proxmire Act that likens the alleged actions of the VA and other defendants to “genocide,” violation of international treaties signed by the U.S. that cover humanitarian law, violation of the Americans with Disabilities Act, medical malpractice, and alleged libel and slander.

Rose named Roe in the lawsuit, but McDonough said after a teleconference earlier this week that the congressman did not have to appear at the hearing because his is not directly connected to the VA. Roe, chairman of the House Committee on Veterans’ Affairs and a medical doctor, called lawsuit allegations about him “frivolous” in a court document.

Rose told McDonough in court that the VA opioid policy affecting him and many others puts veterans in the same category as habitual drug users and is “unjustifiable.”

“They’re doing this the same way they did Agent Orange. They ignored it and denied it for 30 years,” Rose said.

He cited rising suicide rates among veterans and said federal figures for prescribed opioid overdoses are inflated, while the overdose rates for powerful drugs purchased on the street like heroin and fentanyl on the streets continue to rise.

The stricter VA policy is “a death sentence for people like me and (others),” Rose said.

“You have a power. You’re a federal judge,” Rose told McDonough. “You can save lives. The choice is yours.”

Rose was told in 2016 by a VA provider that his prescription for morphine would gradually “taper” and then be stopped.

Rose answered in the affirmative when asked by Saffles if he has seen a private physician since last year after obtaining insurance. He is prescribed some medication that helps his health conditions, but not at the level he received from the VA to mitigate constant pain.

Rose denied breaking a “pain contract” he signed with the VA in 2016, and challenged Saffles to produce proof that showed he did.

Rose obtained private insurance in July 2017.

"It took that long because I was thinking the VA had my best interests in mind. They did not," he said.

The Marine veteran who suffered a debilitating service-related injury filed the lawsuit last year in U.S. District Court. It seeks a total of \$350 million in damages from defendants that included employees of the Mountain Home Veterans' Affairs Medical Center and Roe.

Rose, a former teacher who is now disabled, served in the Marine Corps from 1983 to 1994. He is now on 100 percent disability due to service-related injuries that affected his back, spine and legs and caused other complications that leave him in constant pain. He is also a diabetic and has other medical conditions.

Rose seeks personal damages of \$100 million "for pain, suffering and extreme torment" since Nov. 1, 2016, "after being forced on pain medication taper on Oct. 15, 2016, as part of VA policies supported by (Roe)," the complaint said.

The civil rights violation lawsuit also asks for punitive damages of \$250 million, with the amount to be placed in a trust to be used to provide free legal representation "to veterans and civilians being discriminated against by governmental agencies, medical and/or doctor offices and doctors to receive the best possible health care to include opioid-based medications for intractable pain" and education of doctors and the public of the need for opioids to treat certain conditions.

Rose acknowledged the "street drug problem" in a 2017 interview but also said pain medicines have "a place in society" for those whose quality of life is impacted when opioid medications are taken away or reduced.

"Many of (my) injuries were degenerative in nature with no current medical procedure available resulting in long-term Intractable Pain Disease," Rose's complaint states.

It claims that since October 2016, providers at Mountain Home VAMC have denied Rose and "90 percent of all veterans being treated there" all pain medications.

The policy is "genocidal in nature as it targets veterans," according to the complaint, which was prepared by Rose.

Rose said he and other veterans with chronic pain issues should not be grouped with victims of the opioid abuse epidemic sweeping Tennessee and the nation.

"One size does not fit all," he said.

The VA embarked on a policy that focuses on alternative methods of treatment and gradually tapering off the prescription of opioid-based pain medications for many patients. The policy makes it harder for veterans and active U.S. military service members to obtain opioid pain medication.

The VA and Department of Defense released a new clinical practice guideline in 2017 for VA and military doctors that strongly recommends against prescribing opioids for long-term chronic pain, or pain that lasts longer than 90 days.

The new guideline is even more stringent than one released in 2016 by the Centers for Disease Control and Prevention.

The guideline recommends against long-term opioid therapy for patients under the age of 30. It also urges VA and military doctors to taper off or discontinue opioids for patients currently receiving high doses.

Rose says for him that amounts to a life confined to his bed or recliner and the inability to care for his wife, who has cancer and a chronic heart condition.

“Every time I take a breath, it’s painful,” Rose said. “The VA used us as guinea pigs to come up with that policy.”

Rose said he served in Italy, Spain and at Camp Lejeune in North Carolina, including two deployments to the Mediterranean.

During a training exercise involving climbing in Italy, Rose said he fell 60 feet backward down a cliff face into the Mediterranean Sea, suffering injuries to his spine, hips and legs. The injuries eventually resulted in his leaving the service.

Several veterans and others also denied pain medications for health conditions filed letters of support for Rose that describe their own experiences since stricter policies governing opioid prescriptions went into effect.

Carson E. Carter, who served in the Navy and Air Force and then had a career as a licensed therapist with departments of correction in Washington State and Missouri, said he has had two open back surgeries and will be cut off from a less potent type of VA-approved opioid pain medication than Rose received in about 10 days.

“I will have to (get off) myself and step myself down,” Carter said. “The (VA doctor) that I saw didn’t even ask about about it.”

Carter, of Kingsport, believes health care plans should be tailored to the individual.

“All corporations and the federal government have a standard where all treatment plans have to be individualized,” he said.

He said the VA’s opioid restriction policy is an apparent contradiction. Carter learned of Rose’s lawsuit and was one of those who wrote letters of response supporting him that were submitted to McDonough. No testimony was allowed at Tuesday’s injunction hearing other than statements presented by Rose and the government.

“They are clearly defending this kind of blanket policy and blanket treatment plan,” Carter said. “The main point is there’s a disconnect about what the judge knows, what (information) the attorneys present and what’s happening with the boots on the street.”

Saffles declined comment after the hearing.

Rose said he will continue efforts to curb “legislators with no medical degrees passing laws they know nothing about.”

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5.6 - The Cap Times (Video): [Rebuilding: Tomah VA Medical Center works to improve after opioid scandal](#) (18 July, Katelyn Ferral, 20k uvm; Madison, WI)

When Sam Hipp sees political ads rehashing the Tomah Veterans Administration Medical Center's opioid scandal, he gets angry.

The 32-year-old Army veteran served in Iraq in 2009 and recently completed an inpatient substance abuse program there. Ads featuring Tomah's past problems are insulting and inhibit veterans from seeking help, Hipp said.

"Using something in a political race, it's unsavory. It doesn't affect just their campaign, it affects the people's lives that the VA is helping," he said. "It was several years ago and obviously there have been changes since then.

"It's hard to be a veteran and just live your daily life, but it's also hard when you can see political ads that are essentially using you and using your treatment programs, whether it be to mudsling or to promote their own campaign," he said.

Hipp has received treatment at several VA hospitals across the country. Before he came to Tomah, he heard of its reputation as "Candy Land," where doctors were known to over-prescribe painkillers. A 35-year-old Marine Corps veteran, Jason Simcakoski, died of an overdose there, prompting a firestorm of scrutiny and several government investigations.

Yet Hipp said he has had excellent care at Tomah and has stayed in Wisconsin because of it.

Nearly five years after the Tomah VA opioid scandal was outlined in a report published by the Center for Investigative Reporting, patients, veterans groups and federal officials say there has been a turnaround, pointing to data showing a decrease in opioid prescription rates. Where there was a previous culture of fear and retaliation, employee morale has also improved, they say.

Tomah's leadership has been replaced and the facility has been chosen as a model site by the VA for several alternative health programs and therapies. Its Pain University, a series of classes that help veterans understand how pain works and how they can manage it outside of pills, is now being replicated at other VAs.

Issues at the Tomah VA foreshadowed a nationwide opioid epidemic and a public health crisis for states and municipalities, which has taken a central role in political campaigns.

The Cap Times asked to spend a day at the Tomah VA Medical Center in April, and was given access to three Tomah patients and several officials who oversee its operations and medical programs. The hospital does not allow reporters to approach patients on the facility grounds without first getting clearance from the administration.

Tomah has remained a fixture in the state's U.S. Senate races. It was the focus of political ads in the 2016 U.S. Senate race between Ron Johnson and Russ Feingold, each alleging the other didn't do enough to protect veterans. Tomah was featured in the first digital ad of the 2018 Senate campaign, more than a year before voters will go to the polls.

In the ad, released in March 2017, the Republican Party of Wisconsin accused Democratic incumbent Sen. Tammy Baldwin of a “cover-up,” followed by a press release listing a timeline of the issues there.

Since then, Baldwin’s opponents, Republican state Sen. Leah Vukmir and Kevin Nicholson, a business adviser, have not hesitated to hammer the issue. More than \$10 million has been spent by other groups outside of Wisconsin on ads attacking Baldwin’s record, some highlighting her office’s slow reaction to a whistleblower complaint in 2014.

“Senator Baldwin looked the other way when a whistleblower came to her with a complaint that one veteran had lost his life and others’ lives were imperiled by mistakes at the Tomah VA hospital,” said Nicholson, a Marine Corps veteran.

“While Tammy is now running around trying to embrace the heroin and opioid addiction problem, she ignored a major one at the Tomah VA,” said Vukmir, a registered nurse, in a Cap Times story last month. Vukmir and Nicholson will face off in the Aug. 14 primary and the winner will challenge Baldwin.

Baldwin has acknowledged her office failed to act properly after getting complaints about Tomah, firing one staffer and demoting others after she conducted an internal investigation of her office. Senate ethics panels dismissed complaints over the firings and how her office handled the scandal. She said she is now focused on creating legislation that can fix problems and make VA health care better. She developed and worked to pass the bipartisan “Jason’s Law,” named for Simcakoski, that cracks down on the overprescribing of opioids throughout the VA.

“I understand some people want to play politics with our veterans’ health care, but I’m focused on solving problems at the VA,” Baldwin said.

The latest ad of the 2018 campaign featuring Tomah was released by Concerned Veterans for America, a branch of the conservative advocacy group Americans for Prosperity.

“It has been important to us to make sure Wisconsinites remember (Baldwin’s) failure to act urgently with the information she had,” said Luis Cardona, the coalitions director for the group. “We will continue to monitor and speak out on what is happening at VA medical centers such as Tomah until we are able to secure better care and more health care choices for veterans.”

Disabled American Veterans, a national organization that gives free rides to veterans to attend VA hospital appointments, has monitored opioid issues at Tomah since the scandal broke.

The group has worked with members of Congress to craft legislation to reduce opioid usage. It continues to track issues at the Tomah VA by attending town halls and soliciting feedback from its volunteers.

“Some seeking political advantages continue to dwell on the past. Tomah has used its past tragic events to develop a modern, innovative mental health program of high quality for veterans,” said Al Labelle, who has monitored and met with VA officials at Tomah and in D.C. about the scandal. “Simply put, Tomah VA, like the Phoenix, has risen from the ashes.”

When Victoria Brahm became assistant medical director of Tomah in October 2015, it was unclear whether the facility would remain open.

“The culture was toxic. The leadership was gone. There were concerns about the practices, the medication practices, especially with the opioids and benzodiazepines,” said Brahm, who has worked in the VA system for more than 37 years and became medical director of the Tomah VA in 2017. “There were concerns about stabilizing the staffing because we had lost a lot of employees who walked out because they weren’t even sure if the Tomah VA would survive. The change had to happen.”

Heading into a second election cycle where Tomah has been used as a political test for a candidate’s concern for veterans, Brahm acknowledges Tomah, as a government-run hospital, is inherently political.

“It is what it is,” she said. “Growing up in the VA system, I know we are of a political nature. We are of a federal nature. Knowing that, there is no use complaining about it, we need to roll with it.

“This stuff we know, it happened. We admitted it. We dealt with it. It’s way better, so I guess my frustration or my goal is to make sure the new stuff is getting out.”

Before leading Tomah, Brahm was chief nursing officer for the VA’s Integrated Services Networks, or VISN, which works with hospitals across the VA system. At VISN Brahm monitored and followed up on elevated opiate prescriptions at Tomah and worked with nurses to help maintain staffing levels.

Turnover at the facility is now at 5.5 percent. That’s nearly double the federal VA benchmark of 2.4 percent, but down from 13.9 percent in 2015.

Her approach to dealing with the stigma of the facility’s past is to fortify the processes that work and discard the ones that do not, she said.

“There is a whole other side to these things and sometimes I think it’s a matter of the public not understanding. I’d like to say our data can speak for itself. Our veterans can speak for themselves. Are we perfect? No, we’re not perfect. We’re striving for excellence ... we will continually look for ways to improve and when we find those areas we need to improve on, we will do it.”

She cited the facility’s issues last year with a dentist who was using unsterilized tools. A VA Inspector General report released in September 2017 confirmed the practice and found that VA staff failed to report the dentist to hospital administration.

Brahm suspended the dentist, who later resigned, and offered dental screenings to nearly 600 patients to ensure none got sick because of the unsterilized tools.

“I think transparency is the key,” she said. “I just keep focused and if I get questioned I try to just be right out there and tell the truth, ‘Yep things have happened. Yep, we had a dentist that didn’t do the right thing. Our patients are safe to receive dental care again.’ That’s all we can do and we hope we can rebuild the trust for the veterans that have lost it.”

Wait times at Tomah and at other VAs has also been a source of contention, but officials at Tomah say they are pleased with where wait times are for most primary care services. They monitor and rectify instances where wait-times are longer than 30 days for non-emergency services, according to the facility.

Tomah is one of 18 VA hospitals nationwide to host a “Whole Health” program, offering veterans a range of alternative therapy treatments including battlefield acupuncture, healing touch, yoga and aromatherapy to address pain. Mental health and addiction treatment are also provided.

A 10,000-square foot Whole Health Wellness Center is set to open in December and Tomah has realigned some staff and is hiring more, aiming to allocate 13 staff members to the program.

Tomah also offers classes through the Pain University curriculum it developed. Pain University teaches veterans about chronic pain and how they can manage it more effectively, with less dependence on a narcotic painkiller.

The program, started in May 2016, came after physical therapists at Tomah said they kept seeing patients with chronic pain who could not find relief.

“The thought is that the education portion is the therapy,” said Bradley Schaack, who has been a physical therapist at Tomah since 2010 and teaches Pain University classes. “If you can understand how (pain) works in your body, how your body produces pain, that’s going to give you more tools to help treat it.”

Elements of Pain University are now used at 12 other VA facilities. The 25 classes at Tomah cover a variety of topics, including ones on understanding endorphins, opioids and the physiology of pain. It was recognized last year in the VA’s “Diffusion of Excellence Initiative,” which aims to spread innovative programs and best practices across VAs. More than 200 patients have graduated from the program, according to the VA.

It has been a paradigm shift for patients as well as medical providers at Tomah, said Kristin Eneberg-Boldon, rehabilitation manager at Tomah who helped develop Pain University.

“It’s not just one type of treatment but we’re really changing how we do things,” she said. “We tended to work in silos years ago and it’s really coming together now.”

According to the facility, it has reduced the number of veterans prescribed a benzodiazepine, a type of psychoactive drug used to treat anxiety and seizures, by 58 percent. The number of patients receiving an opioid for pain has decreased by 41 percent.

Battlefield acupuncture is one therapy growing in popularity. It involves placing small, retractable needles in five points on a patient’s ear. The needles relieve pain by suppressing the transmission of it throughout the body and releasing chemicals to reduce feelings of pain. The theory is that the ear is a microcosm of the whole body.

For Frank Smith, 62, a Marine Corps veteran, it is the only therapy that has consistently worked, giving him the longest relief from his chronic back pain. He said he was nervous at first to try it, but said his pain is down overall and his energy is up.

He now tries to make an appointment every few weeks.

"My pain is going down right now as she's doing it," he said, as Dr. Katherine Pica placed needles in his ear. "She knows exactly the right points to hit."

Another of Tomah's major initiatives is outreach: trying to get veterans who are former patients to come back, and to reach other veterans who may need treatment. Brahm meets with Congressional representatives to update them on Tomah quarterly, and she holds regular in-person and telephone town halls where veterans and community members can ask questions.

"We hope we can rebuild the trust for the veterans that have lost it," she said.

Federal VA officials affirm that Tomah has made significant strides over the last four years.

"Under the leadership of Victoria Brahm, the Tomah VA Medical Center has made an incredible turnaround and has led the charge to provide non-pharmacological pain relief and Whole Health services to veterans. Because of this, veterans are receiving pain relief through a number of non-pharmacological therapies, including aquatic therapy, battlefield acupuncture, yoga and tai chi," said Dr. Carolyn Clancy, the executive in charge of the Veterans Health Administration, who also led the Inspector General's investigation of the facility in 2015.

Clancy said she is pleased with Tomah's progress in morale and workforce culture, too, noting that the registered nurse turnover rate has decreased by 63 percent.

"Tomah leadership has worked hard to make positive changes at the facility, and the staff's hard work has been central to the facility's accomplishments," she said in an email.

Jake Leinenkugel, who ran Jacob Leinenkugel Brewing Co. in Chippewa Falls for 25 years before retiring in 2015, was appointed senior White House advisor to the U.S. Department of Veterans Affairs by President Donald Trump last year. He has been getting to know Brahm and other staff members at Tomah over the last 18 months and calls Brahm "a true change agent," he said in an email.

"She has done an incredible job bringing in a diverse and energetic group of leaders to make this happen. She is inclusive, driven and completely focused on veterans' access to quality care and their whole health spectrum," he said.

"It shows that a medical center can make a 180-degree turnaround with the right leadership," Leinenkugel said.

The facility has also started a new partnership with the Mayo Clinic to serve veterans with specialty care needs. Mayo will see Tomah VA patients if a service that is needed is not available there, said Rick Thiesse, a spokesman for Mayo Clinic Health System Franciscan Healthcare. The Tomah VA is the only VA hospital that Mayo has this contract with.

"This pilot agreement ... provides an innovative path for eligible patients to seek care through the MCHS southwest Wisconsin practice. The agreement is still in its early stages and will be evaluated as we gain more experience in the partnership, but we hope that this is a model that could offer a longstanding solution to the needs of local veterans," Thiesse said.

Another veteran enrolled at an inpatient program at Tomah said he has been pleased with his care at the facility, noting that it is superior to how he's been treated at other VA facilities in Wisconsin and across the country.

Kristopher Heimerl, 30, is an Army veteran who served in Iraq from 2008-09. He came to Tomah in 2016 seeking help for several health issues related to his service, including post-traumatic stress disorder.

He said though he has had poor experiences at other VA hospitals, dealing with apathetic and unresponsive staff, the Tomah VA has changed his life as and become his safe haven. He completed the inpatient PTSD program twice and is currently in a substance abuse treatment program.

"I can't even count the number of times I was about to wrap a rope around my neck and I called the VA and I got help," he said. "Unfortunately, because of the stigma that the VA has... a lot of vets, they don't want to come to the VA. They don't want to get help."

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Wall Street Journal: [Opinion - A GI Bill Wrong From the Pentagon, Benefit restrictions that kick in after 16 years of service.](#) (18 July, Maria Biery, 43.6M uvm; New York, NY)

Donald Trump promised in his victory speech that he would "finally take care of our great veterans." He took a step in the right direction last year by signing the Forever GI Bill, which lifts the time limit on veterans' educational benefits and makes it easier to transfer benefits to dependents. But the Defense Department took a step in the wrong direction last week, prohibiting members of the armed forces who have been in the service for more than 16 years from transferring their GI Bill benefits to dependents.

The new rule is meant "to more closely align the transferability benefit with its purpose as a recruiting and retention incentive," the Pentagon explained in a statement. The idea is that people who've served for 16 years have already shown a propensity to stay and therefore don't need an incentive.

After six years of service, members can transfer their GI Bill benefits to a spouse or child—under the condition that they commit to serve at least four more years. After 10 years, service members can still cash in on the benefit, subject to the requirement only that they "serve for the maximum amount of time allowed by such policy or statute"—which can be less than four years. Transfers must be submitted while one is still in active-duty service.

Advocates of the Forever GI Bill aren't happy with the 16-year cutoff. "We understand the minimum time-in-service for transferability eligibility, and that makes sense from a retention

perspective,” said Joe Plenzler of the American Legion. “But the 16-year transfer-or-lose rule makes no sense to us . . . and disadvantages the veteran when it comes to the full use of this earned benefit.”

Pentagon spokeswoman Jessica Maxwell said in an email that “with these updates, the department addresses the intent of Congress and ensures the benefit is available for future service members.” She added that the decision will affect only 9% of those on active-duty service—but if the effect is so small, why is the change necessary?

The six-year minimum requirement to receive the transferability benefit remains intact, and therefore so does the retention incentive to serve longer in the military. Why should those that have proved their commitment be penalized with limits on their benefits?

Ms. Biery is a Robert L. Bartley Fellow at the Journal.

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7.2 - Military Times (Reboot Camp): [VA behind schedule on implementing GI Bill changes](#) (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

Some veterans using Post-9/11 GI Bill benefits to attend school this fall could get an inaccurate housing stipend early in the semester.

That’s because the Veterans Affairs Department is behind schedule on implementing aspects of the Forever GI Bill, signed into law last year, that relate to how veterans’ housing stipends should be calculated.

But VA promises that it will reimburse GI Bill users for any underpayments that result — and let them pocket overpayments.

VA officials told members of Congress Wednesday that though these provisions were supposed to go into effect Aug. 1, the department missed its July 16 deadline to have the technology systems ready and has pushed back its target date to the middle of August.

In the meantime, school certifying officials have been instructed to process students’ records under the old rules, which calculate housing stipends based on the location of the school’s main campus. On Aug. 1, that was supposed to change to the location of the campus where a student takes the most classes, so some students could be under or overpaid on their first check.

The VA will correct underpayments as soon as possible, and veterans who are overpaid because of this issue will not be required to pay that money back to the VA, said retired Gen. Robert Worley, head of VA’s education service.

“We’re doing everything we can to make this a smooth and seamless rollout,” he said, assuring members of Congress that staff members are working overtime and that there is “progress being made daily.”

He said the VA pays about 500,000 GI Bill beneficiaries each fall and is on schedule to meet the Aug. 1 deadline on several other provisions, including one that provides the full 36 months of GI

Bill benefits to Purple Heart recipients, regardless of how long they served in the military, and another calculating reservists' time on active duty.

"All of that — it hasn't been easy, but it's gone very well," Worley said. "We have the data in place that we need for (Aug. 1) and we're ready to go."

Another Forever GI Bill provision that will be ready come the first of the month is the expansion of the Yellow Ribbon program to include surviving family members using the Fry Scholarship. Yellow Ribbon is an agreement schools can enter into with VA to supplement students' costs not covered by the GI Bill.

"The timely delivery of education benefits to our chapter members is SVA's highest concern, especially as the fall semester nears," Lauren Augustine, vice president of government affairs at Student Veterans of America, said in an email. She said that while SVA appreciates the steps that the VA has taken to make stakeholders aware of the issue and to ensure the Forever GI Bill is administered both efficiently and effectively, the technology challenges are concerning.

SVA and other organizations have lobbied for a new division at the VA focused specifically on economic opportunity that would focus on veteran transition-related issues, including education benefits, and Augustine said this is another example of why this is needed.

"We will continue to work closely with (Veterans Benefits Administration) leadership and Congress to ensure the Forever GI Bill achieves its full impact and support VBA through their proactive communication with schools, student veterans, and advocates as this issue is resolved," she said.

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7.3 - Military Times (Reboot Camp): [New GI Bill transfer restrictions: 7 things you need to know](#) (18 July, Natalie Gross, 2.1M uvm; Springfield, VA)

The Pentagon's new rules on transferring GI Bill benefits to dependents, announced last week, have created a lot of concern and confusion among service members, veterans and military families.

Will you still be able to transfer your benefits? What if your toddler won't be old enough for college by the time you hit the new time-in-service limit? What effect will this have if you've already transferred your benefits?

If you've been struggling with questions on the new rules, we've got you covered.

1. What changes have already taken effect?

VA behind schedule on implementing GI Bill changes

As TA use drops, could recent policy changes get more service members using the education benefit?

The Defense Department requires service members to commit to serve an additional four years in the military in order to transfer GI Bill benefits to a dependent. Prior to last week's policy

change, that requirement could be waived in some cases if it wasn't possible for a service member to serve another four years.

The new policy ends such exceptions, meaning that regardless of what branch of the military you serve in, if you can't commit to another four years for any reason, you can't put in for a GI Bill transfer. Though there's been some confusion about whether this aspect of the policy change applies immediately to members of all service branches, this change is, indeed, currently in effect across DoD.

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"If there are reasons that preclude a service member from committing to four years of service, that service member cannot sign up to transfer their benefits," a DoD fact sheet on the policy said, listing this as one of the changes that "go into effect immediately."

2. How long must I serve to be able to transfer my GI Bill?

Previously, DoD required troops to have served at least 6 years in order to request a GI Bill transfer. That requirement remains, and the Pentagon's new policy will also require that service members not have served more than 16 years. So you'll need between six and 16 years in uniform.

It's important to note that because the 16-year cap doesn't go into effect until July 12, 2019, service members who have been in longer than that have a year to transfer their GI Bill benefits — as long as they can still commit to serving four more years. So, if you've been in for 20 years and can commit to 24, make sure you take advantage of this before time's up.

3. I've already transferred my GI Bill benefits. Does this rule change affect me?

No, you're safe. The policy change will not affect service members who have already transferred their GI Bill benefits, according to Jessica Maxwell, a DoD spokeswoman.

4. If I transfer my benefits now, can I make changes later on?

Yes, you can. If you want to add another child to your list of beneficiaries or divvy things up between your dependents a little differently, you can do that even if you've been in the service for more than 16 years.

5. Does my kid have to be old enough to use the GI Bill by the time I hit 16 years?

A dependent child must be 18 or younger when the GI Bill benefits are transferred to them -- or under 23 in special cases for approved programs, Maxwell said. To use the GI Bill, the dependent must be 18 or a high school graduate.

So in other words, you can go ahead and transfer the GI Bill to your 2 year old without a worry. They just won't be able to use it until they're of age.

6. I'm in the Coast Guard. Do these changes apply to me?

Even though the Coast Guard is under the Department of Homeland Security and not DoD, the same changes apply.

7. I want to transfer my GI Bill benefits. How do I get started?

Log onto DMDC milConnect. At the top of the page, you'll see a section labeled, "I want to." Click on the "Transfer my education benefits" option and go from there.

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7.4 - Los Angeles Daily News (City News Service): [LA soldier killed in World War II to be buried at Riverside National Cemetery](#) (18 July, 886k uvm; Los Angeles, CA)

Funeral services will be held this week for a U.S. Army staff sergeant and Los Angeles native who was killed during World War II but whose remains were not identified until earlier this year.

Staff Sgt. David Rosenkrantz, 28, was killed Sept. 28, 1944, while on a mission to disrupt German defensive lines in the Netherlands. His platoon was occupying a farm near the town of Groesbeek when they were overrun by the German infantry.

Rosenkrantz and other paratroopers tried to hide behind trees and buildings, but when he rose from his position, "enemy gunfire erupted and Rosenkrantz was killed," according to the Defense POW/MIA Accounting Agency. "Due to enemy fire and the proximity to enemy troops, Rosenkrantz's remains could not be recovered."

According to the agency, the remains of service members killed in the area were later collected by a Canadian team, and several that could not be identified were buried as unknown soldiers in cemeteries around Europe. A separate team in the area subsequently found Rosenkrantz's ID tags.

Last year, DPAA researchers traced his remains to the Netherlands American Cemetery. His remains were exhumed last June and teams were able to eventually confirm their identity through DNA analysis, according to DPAA.

Rosenkrantz is scheduled to be buried with full military honors at noon Friday at Riverside National Cemetery. According to the Fields of Honor Database, Rosenkrantz had four brothers, all of whom served in World War II and all of whom are also buried at Riverside National Cemetery.

Gov. Jerry Brown issued a statement Tuesday honoring Rosenkrantz and saying flags would be flown at half-staff over the State Capitol.

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7.5 - Government Executive: [Expanded Job Training for Vets, GI Bill Changes and More](#) (18 July, Erich Wagner, 870k uvm; Washington, DC)

The House Veterans' Affairs Committee last week voted to advance several measures that would expand benefits for veteran military personnel and reservists.

The Reserve Component Vocational Rehabilitation Parity Act (H.R. 5538), introduced by Rep. Scott Peters, D-Calif., would expand eligibility for vocational rehabilitation and employment

programs to reservists called into active service under involuntary deployment orders to the site of a national emergency or for pre-planned combat support missions.

Currently, such deployments, which occur under 12404(a) or 12304(b) orders, do not count toward reservists' and guardsmen's time of service. Last year, Congress approved a broad expansion of the GI Bill that included closing a similar loophole for other educational benefits.

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"Our guardsmen and reservists serve honorably in support of combat missions," Peters said in a statement. "They have earned the same employment and education benefits as any other reservist through their service, regardless of the authority under which they were deployed."

The committee also approved the Gold Star Spouses Leasing Relief Act (H.R. 5882), introduced by Reps. Cheri Bustos, D-Ill., and Brad Wenstrup, R-Ohio, which would allow military spouses to break long-term rental agreements without penalty in the event of a service member's death.

The bill would expand to Gold Star spouses existing protections allowing active duty military personnel to break home or apartment rental agreements, car leases and cell phone contracts, which often are paired with expensive cancellation fees, when they are deployed or relocated.

"The families of our fallen heroes have already sacrificed far too much, and we should do everything in our power to ensure grieving spouses are able to do what they need to do to support their families," Bustos said in a statement.

The Defense Department last week also announced changes to how the Pentagon will handle GI Bill eligibility transfers from military personnel to family members. Effective July 2019, only service members with at least six years of service, but less than 16 years of total service will be eligible to transfer their GI Bill benefits to family members. Currently, service members are only required to have at least six years of service to transfer their GI Bill eligibility to their kin.

Department officials said in a statement that the change is intended to improve retention of service members.

"After a thorough review of the policy, we saw a need to focus on retention in a time of increased growth of the Armed Forces," said Stephanie Miller, director of accessions policy in the Office of the Secretary of Defense. "This change continues to allow career service members that earned this benefit to share it with their family members while they continue to serve . . . This change is an important step to preserve the distinction of transferability as a retention incentive."

The Pentagon said the changes will not apply to service members who fail to fulfill a service obligation because of a "force shaping" event, and benefits transfers still will require a four-year commitment in the Armed Services. A service member must be retained for four years from the date of the transfer.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - KYTV (NBC-3, Video): [Patient arrested after making threats to VA Clinic in Mount Vernon, Mo.](#) (18 July, Linda Russell, 818k uvm; Springfield, MO)

A man is in custody after police say he threatened workers at the Veterans Affairs Clinic in Mount Vernon, Mo.

FBI agents arrested Richard Leslie Turner, 48, in the 200 block of East Kearney in Springfield Tuesday night without incident. He faces a charge of making a terroristic threat. A judge held him without bond.

Police put the clinic on lockdown Tuesday after a threatening call was made to a doctor. Mount Vernon Police Chief Dave Hubert says the same person, a patient at the VA, made a threat on Friday. Investigators say the man was in the building and threatened to blow up the place. Then, Mount Vernon police evacuated the building for about an hour while officers searched.

"He didn't take any overt action, but he was persistent in his threats, so we took action," said Chief Hubert.

Chief Hubert says the FBI kept surveillance on the suspect after the first threat.

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Veterans Affairs Media Summary and News Clips

20 July 2018

1. [Top Stories](#)

1.1 - Reuters: [VA whistleblowers faced greater risk of retaliation by officials: watchdog](#) (19 July, 44M uvm; New York, NY)

Whistleblowers who reported wrongdoing at the U.S. Department of Veterans Affairs between 2010 and 2014 faced greater risk of disciplinary action than other employees, according to a study released on Thursday by a congressional watchdog. The department, which provides healthcare and benefits to about nine million military veterans, also often fails to hold senior officials accountable for proven wrongdoing, the study by the U.S. Government Accountability Office (GAO) found.

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1.2 - Washington Post: [Senate moves to install VA nominee following reports of staff targeting by acting secretary](#) (19 July, Lisa Rein, 43.9M uvm; Washington, DC)

Senate Majority Leader Mitch McConnell (R-Ky.) announced Thursday that the Senate will vote Monday on the confirmation of top Pentagon official Robert Wilkie as veterans affairs secretary after revelations of a politically motivated purge of employees by the interim leadership. The rapidly scheduled vote was announced after Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans' Affairs Committee, called Thursday for action on the confirmation "without delay."

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1.3 - NPR: [VA Whistleblowers 10 Times More Likely Than Peers To Receive Disciplinary Action](#) (19 July, Eric Westervelt, 22M uvm; Washington, DC)

A new report out Thursday by the federal government's auditing arm raises big concerns about how the Department of Veterans Affairs handles employees who report wrongdoing and managers found to have committed misconduct. The U.S. Government Accountability Office's report says VA whistleblowers are far more likely than their colleagues to face discipline or removal after reporting misconduct.

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1.4 - TechCrunch: [IBM Watson Health and the VA extends partnership in cancer research](#) (19 July, Sarah Wells, 12.5M uvm; San Francisco, CA)

IBM Watson Health and the Department of Veteran Affairs (VA) announced today their continued partnership to use Watson's artificial intelligence to support Veterans suffering from late stage cancer. While perhaps better known as a Jeopardy! winner than an oncologist, Watson joined the VA's Precision Oncology program in 2016 following the Obama administration's introduction of the National Cancer Moonshot Initiative to promote cancer research in the country.

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1.5 - The Hill: [Senate to vote Monday on Trump's VA nominee](#) (19 July, Jordain Carney, 11.8M uvm; Washington, DC)

The Senate is scheduled to vote next week on President Trump's pick to lead the Department of Veterans Affairs. Senate Majority Leader Mitch McConnell (R-Ky.) teed up a vote

on Robert Wilkie's nomination for 5:30 p.m. on Monday. Sen. Johnny Isakson (R-Ga.), the chairman of the Senate Veterans' Affairs Committee, said earlier Thursday that the Senate should vote to confirm Wilkie "without delay."

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1.6 - Engadget: [IBM extends deal using Watson to support veterans with cancer, Its AI helps spot mutations that could be responsive to treatment.](#) (19 July, Jon Fingas, 11.2M uvm; New York, NY)

IBM is making further use of Watson in the fight against cancer. The tech giant has extended a team-up with the US Department of Veterans Affairs that taps Watson for help treating soldiers with cancer, particularly stage 4 patients who have few other options. The new alliance runs through "at least" June 2019 and will continue the partnership's existing strategy.

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1.7 - VentureBeat: [IBM Watson Health and the VA extend partnership to fight cancer](#) (19 July, Kyle Wiggers, 9.4M uvm; San Francisco, CA)

In 2016, as part of then-Vice President Joe Biden's National Cancer Moonshot Initiative, the U.S. Department of Veterans Affairs (VA) and IBM embarked on a collaboration aimed at providing access to "precision treatment" options to over 10,000 patients with cancer. Today, the two announced an extension of that partnership — the VA will continue using IBM's Watson for Genomics platform through June 2019.

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1.8 - Military.com: [VA Denies Charge of Purging Staff Seen as Disloyal to Trump](#) (19 July, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs pushed back Thursday against charges of mounting a political purge of high-level staff seen as not sufficiently loyal to President Donald Trump and his agenda for the department. "It's understandable that some of these individuals would want to shift blame away from themselves in an attempt to save face," VA spokesman Curt Cashour said in a statement...

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1.9 - Military.com: [VA Says New 'Forever GI Bill' Finally Ready for Launch Aug. 1 ... Mostly](#) (19 July, Richard Sisk, 9M uvm; San Francisco, CA)

The benefits under the new "Forever GI Bill" will be ready to go into effect Aug. 1, with the exception of a few IT glitches on housing allowances, Department of Veterans Affairs officials said Wednesday. "We hit the ground running and we haven't slowed down" on implementing the bill, but the technology was not quite ready to handle two provisions in the complicated formula for housing allowances, said retired Air Force Maj. Gen. Robert Worley...

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1.10 - Military Times: [Democrats demand investigation into reports of politically motivated VA firings](#) (19 July, Leo Shane III, 2.1M uvm; Springfield, VA)

A group of House Democrats is calling for the Office of Special Counsel to launch a full investigation into acting Veterans Affairs Secretary Peter O'Rourke for what they believe are politically motivated firings at the department, a possible violation of federal law. In a letter to the

independent prosecutorial agency, nine Democratic members of the House Veterans' Affairs Committee said they have been informed of career employees at VA being "removed, demoted, or reassigned for political reasons..."

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - ZDnet: [IBM Watson Health extends partnership with US to help vets with cancer, After providing precision oncology care for more than 2,700 veterans, the Department of Veterans Affairs and IBM are extending their partnership through at least June 2019.](#) (19 July, Stephanie Condon 4.3M uvm; San Francisco, CA)

IBM on Thursday said it's extending its partnership with the US Department of Veterans Affairs to apply artificial intelligence to cancer treatments for veterans. The VA and IBM Watson Health first partnered to help cancer patients in 2016, as part of then-Vice President Joe Biden's cancer moonshot initiative. The partnership uses the Watson cognitive computing platform to help the VA's precision oncology department deliver individualized treatment plans.

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3.2 - Fierce Biotech: [IBM and the VA extend their Watson collaboration in guiding veterans' cancer treatments](#) (19 July, Conor Hale, 705k uvm; Washington, DC)

IBM and the Department of Veterans Affairs have agreed to extend their precision oncology partnership for another year and continue their work in applying Watson technology to the treatment of veterans with late-stage cancer. VA oncologists have been using IBM's Watson for Genomics programs to help guide precision care for more than 2,700 patients since the project was launched over two years ago as part of the National Cancer Moonshot Initiative.

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3.3 - Genome Web: [VA, IBM Watson Extend Precision Oncology Partnership](#) (19 July, 694k uvm; 694k uvm; New York, NY)

The US Department of Veterans Affairs announced today that it is extending its partnership with IBM to apply Watson artificial intelligence to its precision oncology efforts. The collaboration will continue until at least July 2019. IBM and the VA entered into a two-year partnership in late June 2016 to provide personalized medical care to veterans with cancer. Under the terms of the alliance...

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3.4 - Becker's Hospital Review: [IBM Watson Health, VA extend cancer research partnership](#) (19 July, Julie Spitzer, 58k uvm; Bakersfield, CA)

The Department of Veterans Affairs and IBM Watson Health are expanding their partnership to bring artificial intelligence-powered technology to support precision oncology at VA facilities, the organizations confirmed July 19. The announcement extends the VA's public-private partnership with IBM, which was first launched two years ago with the National Cancer Moonshot Initiative, through June 2019.

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3.5 - Healthcare IT News: [VA, IBM Watson Health extend precision cancer partnership to help veterans - The agreement is to continue the public-private partnership to connect AI technology with genomic data to provide cancer therapy for veterans.](#) (19 July, Dave Muoio, 438k uvm; Portland, ME)

The Department of Veterans Affairs and IBM Watson Health have announced a one-year extension to an ongoing public-private partnership applying the AI company's technology to genomic data for cancer therapy. The precision oncology collaboration has so far assisted the treatment of more than 2,700 veterans, according to a statement, although the original agreement in 2016 had proposed the lofty goal of treating 10,000 patients.

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3.6 - Nextgov: [IBM Extends Watson Partnership With VA to Support Veterans With Cancer](#) (19 July, Caitlin Fairchild, 193k uvm; Washington, DC)

Watson is here to help, again. IBM has chosen to extend a partnership with the Veteran Affairs Department, the company announced Thursday. This partnership involves the company's computer system, Watson for Genomics Technology, which will continue to help to treat veterans with cancer.

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3.7 - Health IT Analytics: [VA, IBM Watson Extend AI, Genomics Partnership for Cancer Care, The extended partnership will allow VA oncologists to continue using artificial intelligence and genomics to improve cancer care for veterans.](#) (19 July, Jessica Kent, 58k uvm; Danvers, MA)

The Department of Veteran Affairs (VA) and IBM Watson Health have announced an extension of their partnership to bring artificial intelligence and genomic analytics to cancer care. The VA's precision oncology program primarily supports stage 4 cancer patients who could be eligible for alternative treatment options. With precision oncology, providers can identify the specific genetic influences involved in a cancer and choose therapies that will specifically target the condition.

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3.8 - Mass Device: [IBM Watson Health, VA extend precision oncology partnership deal](#) (19 July, Fink Densford, 56k uvm; Brookline, MA)

IBM Watson Health (NYSE:IBM) and the US Dept. of Veterans Affairs said today they extended their partnership using artificial intelligence to help interpret oncological data in the treatment of veteran patients. The partnership, originally signed between the two groups two years ago as part of the National Cancer Moonshot Initiative, will now be extended through to 2019.

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3.9 - Bio-IT World: [VA, IBM Extend Watson For Genomics Partnership](#) (19 July, 48k uvm; Needham, MA)

Today the US Department of Veterans Affairs (VA) and IBM Watson Health announced the extension of a public-private partnership to apply artificial intelligence (AI) to help interpret cancer data in the treatment of Veteran patients. First announced two years ago as part of the

National Cancer Moonshot Initiative, VA oncologists have now used IBM Watson for Genomics technology to support precision oncology care for more than 2,700 Veterans with cancer.

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3.10 - WBFO (NPR-88.7): [VA confirms forthcoming closing of Amherst-based Adult Day Health Care center](#) (19 July, Michael Mroziak, 37k uvm; Buffalo, NY)

The US Department of Veterans Affairs in Buffalo is closing a suburban clinic and says it is now working with affected clients to find new arrangements. In an email to WBFO Thursday, the VA Western New York Healthcare System confirmed it will soon shut down the Adult Day Health Care facility at the Northtown Business Center on Sheridan Drive in Amherst.

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3.11 - Healthcare Analytics News: [VA, IBM Watson Health Continue High-Tech Cancer Partnership](#) (17k uvm; Cranbury, NJ)

The U.S. Department of Veterans Affairs (VA) and IBM Watson Health have opted to continue a partnership that aims to use artificial intelligence (AI) to draw insights from cancer data, driving the VA's precision oncology program for veterans, according to an announcement today. Since the program launched two years ago under the National Cancer Moonshot Initiative, IBM Watson's genomics technology has supported precision cancer care for more than 2,700 veterans, according to the organizations.

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[4. Focus Resources More Efficiently](#)

4.1 - NPR (Morning Edition, Audio): [News Brief: GOP Lawmakers React To Russia Statements, VA Purges, New Israeli Law](#) (19 July, Kelsey Snell and Daniel Estrin, 22M uvm; Washington, DC)

We look at how Republican lawmakers are responding to President Trump's inconsistent statements about Russian election interference. Also, The Washington Post's Lisa Rein discusses purges at the VA.

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4.2 - The Hill: [Trump loyalists purge VA of longtime staffers who don't support agenda: report](#) (19 July, Brett Samuels, 11.8M uvm; Washington, DC)

Officials within the Department of Veterans Affairs have moved to root out staffers who are believed to be disloyal to President Trump and his agenda, The Washington Post reported Wednesday. The news outlet reported that more than a dozen people have been reassigned from leadership positions ahead of Robert Wilkie's likely installment as head of the agency.

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4.3 - New York Magazine: [Trump Loyalists Accused of Purging Veterans Affairs Ahead of New Secretary's Arrival](#) (19 July, Margaret Hartmann, 10.8M uvm; New York, NY)

The Trump administration is fond of conducting purges, from alleged efforts to rid the State Department of career diplomats deemed insufficiently loyal to the president, to the never-ending quest to rid the White House of leakers. The latest push to make the executive branch great

again is said to be happening in the Department of Veterans Affairs, which is without a permanent leader following Trump's failed attempt to replace VA Secretary David Shulkin with his personal doctor, Ronny Jackson.

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4.4 - Military.com: [VA Firings Climb Under Trump; Dems Charge Low-Wage Workers Targeted](#) (19 July, Richard Sisk, 9M uvm; San Francisco, CA)

The number of people fired at the Department of Veterans Affairs increased by more than 500 during President Donald Trump's first year in office in a reform move that Democrats charged is unfairly targeting low-wage workers. The VA said a total of 2,537 people from a workforce of more than 360,000 were fired in 2017, including 1,443 removals and another 1,094 probationary removals during training periods.

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4.5 - Government Executive: [VA Is Letting Senior Officials Off the Hook While Disproportionately Punishing Whistleblowers, Audit Finds](#) (19 July, Eric Katz, 870k uvm; Washington, DC)

The Veterans Affairs Department may have taken disciplinary action against hundreds of rank-and-file employees without justification, according to a new report, while in some cases failing to follow through on punishments for senior leaders after they were proposed. Congress has for years worked to reform the disciplinary process at VA, with President Trump last year signing into law new procedures that expedite firings and make it easier for the department to prove its case.

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4.6 - Daily Courier: [VA leadership and staff departures prompt skepticism over agency's mission and future, Top VA leaders leave positions](#) (19 July, Nanci Hutson, 481k uvm; Prescott, AZ)

More than a dozen top VA leaders and supervisors, including two of the four top-tier administrators, will be departing the 1,100-employee agency in the next month, adding to a 12.6 percent turnover rate between May and July. Some Northern Arizona Veteran Affairs Health Care System insiders say it is a symptom of a leadership style counterproductive to the agency's longstanding veteran-centric mission.

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4.7 - Fayetteville Observer: [Our View: Political purges take toll on VA](#) (19 July, Editorial Board, 439k uvm; Fayetteville, NC)

We hope that by the time Robert Wilkie is confirmed as the country's next secretary of Veterans Affairs, there'll still be a functioning agency left for him to run. The purge being carried out by the VA's acting boss may cause the incoming secretary big problems. Wilkie, a Fayetteville native, was nominated by President Trump earlier this year to run the VA.

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4.8 - WCIV (ABC-4, Video): [Citadel nursing students, VA hospital form unique new partnership](#) (19 July, Erica Scripa, 162k uvm; Mount Pleasant, SC)

Citadel nursing students are now able to get their clinical training hours at the Ralph H. Johnson VA Medical Center. Emily Banks is in the evening nursing program at the Citadel. She spends her days at the VA, talking to patients, taking vitals and making sure their needs are met. But on weeknights she's in the classroom.

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4.9 - WJRT (ABC-12, Video): [Lemonade stand serves up support for veterans](#) (19 July, 154k uvm; Flint, MI)

The money raised at Sammie's Lemonade Stand for Vets goes directly to the Aleda E. Lutz VA Medical Center in Saginaw.

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4.10 - Union Bulletin: [VA's first Archaeology Day Friday](#) (19 July, 60k uvm; Walla Walla, WA)

Jonathan M. Wainwright Memorial VA Medical Center invites the community to join local archaeologists and other experts for a day of free family fun and learning about archaeology. Activities for all ages will begin at 9 a.m. Friday on the VA parade grounds, 77 Wainwright Drive, organized by the VA's Archaeologist/Cultural Resource Program Manager Katherine "Kat" Ferguson.

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4.11 - Augusta Free Press: [Sen. Warner meets with Virginia VA medical facility directors](#) (19 July, 55k uvm; Waynesboro, VA)

U.S. Sen. Mark Warner (D-Va.) met on Wednesday with the directors of the Hampton Veterans Affairs (VA) Medical Center, the Hunter Holmes McGuire VA Medical Center in Richmond, the Salem VA Medical Center, and other VA officials to discuss a recent news report regarding the quality of care at VA-run nursing homes that serve Virginia's veterans.

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4.12 - Daily News: [Antique tractors, classic cars make annual visit to VA medical center](#) (19 July, Nikki Younk, 54k uvm; Iron Mountain, MI)

Veterans at the Oscar G. Johnson VA Medical Center in Iron Mountain got a chance Wednesday to experience the annual gathering of antique tractors and vintage automobiles at the facility and visit with the owners. "Most of us in the tractor club are veterans and a lot of guys at the VA are old farmers and they like to see the tractors," Northwoods Antique Tractor Club Vice President Vance Jones said.

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4.13 - ConnectingVets: [VA's Center for Women Veterans employees fired over political tweets](#) (18 July, Jonathan Kaupanger, 24k uvm; New York, NY)

Two employees at Veterans Affairs Center for Women Veterans (CWV) lost their jobs for allegedly violating the Hatch Act via Twitter last week. One was terminated—the other, the last Obama political appointee left at VA—resigned before she could be fired. The terminated employee, Danielle Corazza, was the National Outreach Coordinator for CWV and part of her duties included posting to the Center's Twitter page.

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5. Improve Timeliness of Service

5.1 - Stars and Stripes: VA watchdog finds nearly 20,000 veterans subjected to unwarranted medical exams

(19 July, Claudia Grisales, 1.5M uvm; Washington, DC)
A Department of Veterans Affairs watchdog has discovered the agency spent about \$10 million in unwarranted medical exams for military veterans, and warned another \$101 million could be lost from similar procedures in the next five years. Last year, the Veterans Benefits Administration required nearly 20,000 disabled veterans to submit to unwarranted, follow-up medical exams...

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5.2 - WFLA (NBC-8, Video): Disabled veteran takes fight for burn pit benefits to nation's capitol

(19 July, Steve Andrews, 692k uvm; Tampa, FL)
America's military is the most powerful in the world, the most technically advanced fighting machine in the history of the planet. But for the last 17 years in Iraq and Afghanistan, the military disposed of its waste by dumping it into a hole, dousing it with jet fuel, then lighting it up in what are now known as burn pits. Chemical, paint, plastics, medical and human waste and more were all burned.

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5.3 - Wisconsin Public Radio (Audio): Wisconsin VA Leaders Defend Quality Of Care At Veteran Nursing Homes - Recently Published Data Brings Increased Public Scrutiny, VA Officials Say They Care For Patients With More Severe Needs

(18 July, Hope Kirwan, 151k uvm; Madison, WI)
As national officials question the quality of nursing homes run by the U.S. Department of Veterans Affairs, VA leaders in Wisconsin say they welcome increased transparency around the care they provide. USA Today reports the U.S. House Committee on Veterans Affairs will be investigating quality of care at VA nursing homes. The review comes after reporting from USA Today and the Boston Globe found last year's internal quality measures at VA facilities were worse than the private sector.

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5.4 - Nevada Appeal: Sierra Nevada Health Care System nursing home receives 3-star rating

(19 July, 78k uvm; Carson City, NV)
The VA (Veterans Affairs) Sierra Nevada Health Care System recently announced its nursing home received three stars as part of its annual performance rating. Spokeswoman Glenna Smith said the announcement comes after VA extended its 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.

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5.5 - Charleston Gazette-Mail: Gazette editorial: Navy veterans one step closer to deserved benefits

(19 July, Editorial Board, 28k uvm; Charleston, WV)

Legislation to extend federal disability benefits to 90,000 veterans who might have been exposed to toxic chemicals, including Agent Orange, is scheduled for a hearing on Aug. 1 in the Senate Committee on Veterans Affairs, the Marine Corps Times reported. West Virginia's Sen. Joe Manchin is a member of that committee. It is led by Sen. Johnny Isakson, R-Ga. The ranking minority member is Sen. Jon Tester, D-Mont.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - KERO (ABC-23): [Congressman Valadao urging VA Secretary to ensure housing vouchers are given to veterans - Valadao: Dept. of Veteran Affairs is understaffed](#) (19

July, Elisa Navarro, 302k uvm; Bakersfield, CA)

U.S. Congressman David G. Valadao joined House Majority Leader Kevin McCarthy and both California Senators by sending a letter to the U.S. Department of Veterans Affairs regarding unused vouchers from the Housing Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program.

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7.2 - Crosscut: [The number of homeless veterans is down. What's working?](#) (19 July, David Kroman, 162k uvm; Seattle, WA)

The bad news arrived again this year, like it had the year before and the year before that: According to the annual Point-in-Time count, homelessness in King County increased by 4 percent. But within that troubling statistic was something positive: The number of veterans experiencing homelessness in the county actually decreased, by 31 percent, from about 1,300 in 2017 to 929 in 2018.

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7.3 - KBAK (CBS-29): [Valadao, McCarthy and California senators seek help for Kern's homeless vets](#) (19 July, 58k uvm; Bakersfield, CA)

Local homeless veterans aren't getting the help that should be available to them because of staffing shortages at the Department of Veterans Affairs, according to Rep. David Valadao. He, fellow Kern County Rep. Kevin McCarthy and both California senators sent a letter to the VA's acting secretary to seek help for the vets living on the streets.

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - Washington Post: [Senate moves to install VA nominee following reports of staff targeting by acting secretary](#) (19 July, Lisa Rein, 43.9M uvm; Washington, DC)

Senate Majority Leader Mitch McConnell (R-Ky.) announced Thursday that the Senate will vote Monday on the confirmation of top Pentagon official Robert Wilkie as veterans affairs secretary after revelations of a politically motivated purge of employees by the interim leadership. The rapidly scheduled vote was announced after Sen. Johnny Isakson (R-Ga.), chairman of the

Senate Veterans' Affairs Committee, called Thursday for action on the confirmation "without delay."

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9. [Other](#)

9.1 - Arkansas Democrat-Gazette: [VA employee in Arkansas arrested in April rape, abduction](#) (19 July, Clara Turnage, 871k uvm; Little Rock, AR)

A Veterans Affairs employee was arrested Tuesday and charged with raping a woman in April, according to court records. North Little Rock police officers were dispatched April 20 to West 18th Street, where they encountered a woman who told them she had been raped. The woman said she met a man who asked for her phone number and asked her to come out to eat with him...

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1. [Top Stories](#)

1.1 - Reuters: [VA whistleblowers faced greater risk of retaliation by officials: watchdog](#) (19 July, 44M uvm; New York, NY)

Whistleblowers who reported wrongdoing at the U.S. Department of Veterans Affairs between 2010 and 2014 faced greater risk of disciplinary action than other employees, according to a study released on Thursday by a congressional watchdog.

The department, which provides healthcare and benefits to about nine million military veterans, also often fails to hold senior officials accountable for proven wrongdoing, the study by the U.S. Government Accountability Office (GAO) found.

Four years ago a scandal over delays in veterans' healthcare forced the resignation of Veterans Affairs Secretary Eric Shinseki and prompted a major effort to reform the department to reduce patient wait times for services.

Congress passed the VA Accountability and Whistleblower Protection Act in 2017 in a bid to make it easier to dismiss employees for misconduct while protecting those who attempt to shed light on wrongdoing.

The GAO report underscored the problems faced by the department.

Of 135 cases reported to the VA's Office of Special Counsel between 2010 and 2014 by whistleblowers who did not seek anonymity in reporting wrongdoing, 10 percent received some sort of disciplinary action in the year they reported misconduct and 8 percent received adverse action the next year, the GAO said.

By comparison, only about 1 percent of the rest of Veterans Affairs employees received some form of disciplinary action, said the GAO, which solicited the VA's input and data and sought its feedback for the report.

Six whistleblowers interviewed by the GAO said they faced several different forms of retaliation, including reassignment to other duty locations, being denied needed equipment and being socially isolated from peers.

In five of 17 cases the GAO reviewed, officials found responsible for misconduct never received the recommended disciplinary action against them.

VA data showed that people who reported misconduct to the VA's special counsel "received disciplinary action, and left the agency, at a higher rate than the peer average for the rest of the VA," the GAO said.

It noted that some VA officials believe people facing disciplinary action were more likely to become whistleblowers and report perceived misconduct.

The disciplinary action against whistleblowers is greater than the VA population as a whole and while that “is consistent with a pattern of retaliation for nonanonymous whistleblowers, it is only an indication that retaliation could be occurring,” the GAO said.

Reporting by David Alexander; Editing by Grant McCool.

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1.3 - NPR: [VA Whistleblowers 10 Times More Likely Than Peers To Receive Disciplinary Action](#) (19 July, Eric Westervelt, 22M uvm; Washington, DC)

A new report out Thursday by the federal government's auditing arm raises big concerns about how the Department of Veterans Affairs handles employees who report wrongdoing and managers found to have committed misconduct.

The U.S. Government Accountability Office's report says VA whistleblowers are far more likely than their colleagues to face discipline or removal after reporting misconduct.

It also found that senior VA managers are sometimes not held accountable for substantiated misconduct and that managers accused of wrongdoing sometimes investigate themselves.

Report highlights include:

- Whistleblowers were 10 times more likely than their peers to receive disciplinary action within a year of reporting misconduct.
- The VA doesn't always maintain required files and documents for adjudication, suggesting that employees may not have received due process.
- Sixty-six percent of VA employees who filed formal complaints did not work for the VA the following year.
- VA officials found guilty of misconduct sometimes received a lesser punishment than recommended or no punishment.

The GAO report underscores what VA whistleblowers have been saying for years: that too many of those who speak up about mismanagement, fraud or abuse are quickly silenced. And that sometimes they're even investigated by the very managers they're blowing the whistle on.

In addition, senior VA officials found guilty by the agency of misconduct — including gross mismanagement, fraud, abuse and whistleblower retaliation — often got a lesser punishment than recommended or no punishment at all.

Some senior managers recommended for removal by the VA's accountability office instead got reprimands, counseling or brief suspensions. The report says the VA “did not consistently ensure that allegations of misconduct involving senior officials were reviewed according to investigative standards.”

It also found that the VA has serious file and data maintenance problems — suggesting, the report says, that employees “may not have received due process.”

Congresswoman Michelle Lujan Grisham, D-N.M., calls the GAO's findings "alarming and beyond disturbing."

"It describes an agency in crisis that has failed to protect whistleblowers and hold senior VA officials accountable for misconduct, jeopardizing veteran health and well-being," Lujan Grisham told NPR. "It means that there is a system that cannot police itself and doesn't appear to be interested in really focusing on improving access and quality of care, a system that won't address its own problems."

She requested the GAO investigation along with Colorado Republican Rep. Mike Coffman, who called the report "troubling to say the least."

"I've repeatedly called for the secretary and the president to end the culture of bureaucratic incompetence and corruption at the VA, but with failing systems and processes how can this be achieved?" Coffman asked.

"The fact that the second-largest federal agency is unable to collect reliable information regarding employee misconduct, adhere to procedures when adjudicating claims, and have multiple [12 to be exact] siloed information systems is disturbing," Coffman told NPR.

Lujan Grisham, who is now running for governor of New Mexico, says the report shows the need for the Department of Justice to oversee how the VA handles misconduct and retaliation cases, and to create a federal commission to look into these issues.

"There needs to be a message to these senior officials immediately that they're going to be held accountable. They weren't held accountable for the wait-time scandal. I can't find the scandal were anyone in the V.A. system has ever been held accountable," she said.

VA Press Secretary Curt Cashour pointed out that the GAO's report "focuses almost entirely on misconduct and whistleblower cases during the Obama administration. Everyone recognizes that in the Obama-era, VA struggled to hold employees accountable when they violated the public trust and to protect whistleblowers from retaliation," Cashour wrote in a statement.

Cashour added that the VA under President Trump has revamped its accountability arm, the Office of Accountability and Whistleblower Protection (OAWP). He said the OAWP today is "ensuring adequate investigation and correction of wrongdoing throughout the VA, and protecting employees who lawfully disclose wrongdoing from retaliation."

The GAO's report is not based solely on Obama-era data. The oversight body looked at VA employee misconduct data from 12 information systems operated by various VA components from October 2009 through July 2017.

The number of VA workers fired is up under President Trump. But congressional Democrats and the VA's union cite VA data showing that the vast majority of those fired in the first five months of 2018 were low-level food service, laundry and custodial staff the majority of whom are veterans. In that same period, only 15 out of 1,096 employees fired were supervisors.

This report comes as the VA's own inspector general has publicly clashed recently with the VA leadership over access to documents and information about whistleblower adjudication.

A recent NPR investigation showed a pattern of often vicious whistleblower retaliation at the VA in central Alabama and sidelining of whistleblowers in Indiana.

There's also a news report this week that the VA, under Acting Secretary Peter O'Rourke, is aggressively reassigning or forcing out VA staff members thought to be disloyal to President Trump and his agenda for the agency.

At a congressional hearing this week, O'Rourke defended the agency as undergoing "historic, transformative changes" that "are going to change the status quo."

But at the hearing, U.S. Rep. Kathleen Rice, D-N.Y., questioned O'Rourke on why VA managers who try to silence employees still often face little or no punishment.

"Why does it seem — seems to me there's always the benefit of the doubt given to the people who retaliate against whistleblowers?" Rice asked.

"I don't agree with that," O'Rourke said.

"Well, O.K., but we've seen example after example of it," Rice said.

To improve things, the GAO offers 16 detailed recommendations, including that the secretary issue clear, written guidance on accountability actions for all substantiated misconduct cases and overhaul record-retention procedures.

In the report, the VA says it agrees with nine of the recommendations and partially concurs with five.

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1.4 - TechCrunch: [IBM Watson Health and the VA extends partnership in cancer research](#) (19 July, Sarah Wells, 12.5M uvm; San Francisco, CA)

IBM Watson Health and the Department of Veteran Affairs (VA) announced today their continued partnership to use Watson's artificial intelligence to support Veterans suffering from late stage cancer.

While perhaps better known as a Jeopardy! winner than an oncologist, Watson joined the VA's Precision Oncology program in 2016 following the Obama administration's introduction of the National Cancer Moonshot Initiative to promote cancer research in the country. Together, Watson and VA oncologists analyze tumor samples submitted by patients and look for mutations in the cancer's genome. With that information, they can better target specific drugs and treatments to fight the cancer.

Since their partnership began, Watson and the VA have worked with over 2,700 veterans, and the announcement today will enable VA oncologists to use Watson's genomics technology through at least 2019.

"It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments," said Dr. Kyu Rhee, chief health officer for IBM Watson Health, in a statement. "...AI can play an

important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S.”

Before the initial partnership in 2016, IBM trained Watson for two years in the oncology departments of over 20 cancer institutes and early results found it made decisions that matched a team of scientists and clinicians.

While two years hardly awards the AI a degree in medicine, Watson does eclipse human professionals in one aspect: consuming data. Which is particularly important when you consider that the veteran population alone accounts for 3.5 percent of the nation’s cancer patients. (According to the National Cancer Institute, an estimated 1,735,350 new cases of cancer will be diagnosed in 2018).

In many ways, providing care and treatment for these patients is a numbers game, and one that Watson just might be able to help with.

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1.6 - Engadget: [IBM extends deal using Watson to support veterans with cancer, its AI helps spot mutations that could be responsive to treatment.](#) (19 July, Jon Fingas, 11.2M uvm; New York, NY)

IBM is making further use of Watson in the fight against cancer. The tech giant has extended a team-up with the US Department of Veterans Affairs that taps Watson for help treating soldiers with cancer, particularly stage 4 patients who have few other options. The new alliance runs through "at least" June 2019 and will continue the partnership's existing strategy. Oncologists and pathologists first sequence tumor DNA, and then use Watson's AI to interpret the data and spot mutations that might open up therapeutic choices.

The pact could do more to help health care in the US than you might think. IBM noted that Veterans Affairs treats about 3.5 percent of all American cancer patients, the largest in any one cancer group. If even a fraction of them can find viable cancer treatments through Watson, that could help a significant portion of the population.

The company also points out that "more than one-third" of VA patients in this oncology program (about 2,700 have received support so far) are rural residents who have a harder time getting access to cutting-edge treatments. To some extent, this could make specialized cancer therapy more accessible, not just more commonplace.

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1.7 - VentureBeat: [IBM Watson Health and the VA extend partnership to fight cancer](#) (19 Jul, Kyle Wiggers, 9.4M uvm; San Francisco, CA)

In 2016, as part of then-Vice President Joe Biden’s National Cancer Moonshot Initiative, the U.S. Department of Veterans Affairs (VA) and IBM embarked on a collaboration aimed at providing access to “precision treatment” options to over 10,000 patients with cancer. Today, the two announced an extension of that partnership — the VA will continue using IBM’s Watson for Genomics platform through June 2019.

The program has achieved a measure of success in the two years since it started, according to the VA. Oncologists have used IBM Watson for Genomics to identify mutations in cancer cells' DNA for more than 2,700 veterans, which make up roughly 3.5 percent of cancer patients in the country. From those insights, the doctors develop personalized therapies targeting particularly aggressive late-stage cancers, such as breast, bowel, prostate, and lung.

"Our mission with VA's precision oncology program is to bring the most advanced treatment opportunities to veterans, in hopes of giving our nation's heroes better treatments through these breakthroughs," Peter O'Rourke, acting VA secretary, said in a statement. "We look forward to continuing this strategic partnership to assist VA in providing the best care for our veterans."

VA oncologists and pathologists undertake the bulk of the processing at a central hub in Durham, North Carolina, where they receive tumor samples from patients nationwide. For almost a third of veterans diagnosed with cancer, the VA said, the oncology program has afforded access to cutting-edge medical care that otherwise wouldn't be available to them.

"VA is leading the nation to scale and spread the delivery of high-quality precision oncology care, one veteran at a time," said Dr. Kyu Rhee, chief health officer for IBM Watson Health. "It is incredibly challenging to read, understand, and stay up to date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments. This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S."

The extended partnership with IBM Watson furthers the VA's artificial intelligence ambitions. In February, it launched a partnership with Google subsidiary DeepMind that used 700,000 health records to develop algorithms that identify risk factors for declining health. And in a study presented in March at the American College of Cardiology's Scientific Session and Expo, VA researchers demonstrated how a wearable biosensor and smart monitoring platform could be used to predict hospitalizations from acute heart failure.

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1.8 - Military.com: [VA Denies Charge of Purging Staff Seen as Disloyal to Trump](#) (19 July, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs pushed back Thursday against charges of mounting a political purge of high-level staff seen as not sufficiently loyal to President Donald Trump and his agenda for the department.

"It's understandable that some of these individuals would want to shift blame away from themselves in an attempt to save face," VA spokesman Curt Cashour said in a statement, "but the bottom line is that in President Trump's VA, if employees aren't getting the job done for veterans, it's time for them to move on."

He said that the reassignments were "absolutely not" motivated by politics.

"These personnel moves are what's required to ensure VA is performing at its best," he added.

The statement followed a Washington Post report that more than a dozen career civil servant staffers at VA headquarters had been reassigned to lower-level jobs by Acting VA Secretary Peter O'Rourke, the former chief of staff at the VA who previously worked on the Trump campaign for the White House.

In response to The Washington Post report, 12 Democratic senators wrote O'Rourke charging that he is "putting politics above veterans' needs and that is shameful."

Separately, Rep. Tim Walz, D-Minnesota, the ranking member of the House Veterans Affairs Committee, and eight other committee Democrats questioned whether O'Rourke is in violation of the Hatch Act, which prohibits executive branch members from engaging in most forms of political activity.

The group asked Special Counsel Henry Kerner at the U.S. Office of Special Counsel, which oversees the Hatch Act and the civil service, to investigate whether O'Rourke violated prohibitions against "removing, demoting, or reassigning (VA) employees for political reasons."

"Never before in our nation's history has a President attempted to reshape the Department of Veterans Affairs to reflect his own political ideology," Walz said.

In his statement, Cashour said the personnel shifts are a matter of urgency. "Under President Trump, VA won't wait to take necessary action when it comes to improving the department and its service to veterans," he said. "This has understandably shaken up VA's Washington bureaucracy and, in many cases, employees who were wedded to the status quo and not on board with this administration's policies have departed VA -- some willingly, some against their will as they were about to be fired."

At a hearing of the House Veterans Affairs Committee on Tuesday, Rep. Elizabeth Esty, D-Connecticut, confronted O'Rourke on allegations that staffers are being reassigned because of "loyalty concerns."

"During your tenure, our committee has been made aware of a significant number of career employees who have served under multiple secretaries," she said. "These employees have been removed, demoted or reassigned, or they've resigned or retired after being made aware of adverse actions coming their way."

Esty has announced that she will not be running for re-election after acknowledging that she kept a staffer on the payroll for months despite accusations against him of sexual harassment and threats of violence.

In response to Esty, O'Rourke said, "We're not on a path to just move things randomly" in making personnel changes to improve the VA. "These are all very well-planned and designed moves to better make efficiency and effectiveness at our level."

Questions of political loyalty surrounded the stormy departure of former VA Secretary Dr. David Shulkin, who was ousted by Trump in March.

Shulkin charged that he was the victim of "subversion" by Trump administration political appointees within the VA and at the White House over his refusal to speed up private health care options for veterans. He was also caught up at the time in a scandal over his travel expenses.

O'Rourke has been serving as acting secretary while awaiting confirmation by the full Senate of the nomination of Robert Wilkie, the former undersecretary of defense for personnel and readiness.

In a statement Thursday, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, made no reference to O'Rourke but said, "I am urging the Senate to hold a vote to confirm Robert Wilkie to be secretary of the U.S. Department of Veterans Affairs without delay.

"It is of utmost importance that any policy changes that impact the future of the department be made by a confirmed VA secretary who can be held accountable by Congress and the American people," Isakson said.

Senate leadership later confirmed that a vote on Wilkie's confirmation will take place Monday.

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1.9 - Military.com: [VA Says New 'Forever GI Bill' Finally Ready for Launch Aug. 1 ... Mostly](#) (19 July, Richard Sisk, 9M uvm; San Francisco, CA)

The benefits under the new "Forever GI Bill" will be ready to go into effect Aug. 1, with the exception of a few IT glitches on housing allowances, Department of Veterans Affairs officials said Wednesday.

"We hit the ground running and we haven't slowed down" on implementing the bill, but the technology was not quite ready to handle two provisions in the complicated formula for housing allowances, said retired Air Force Maj. Gen. Robert Worley, director of education services at the VA.

"This is a complex, heavy-lift effort," he said at a hearing of the House Veterans Affairs Subcommittee on Economic Opportunity. "It is, of course, absolutely critical that we get these changes right."

Worley and Lloyd Thrower, deputy chief information officer at the VA's Office of Information & Technology, said they expect the housing allowance problems to be cleared up by mid-August.

Housing allowance underpayments for veterans will eventually be made whole, they said.

Rep. Beto O'Rourke, D-Texas, asked whether veterans would be able to keep any overpayments on housing allowances. "That's correct," Worley said. "The VA would consider that an administrative error on the VA's part."

The Harry W. Colmery Veterans Educational Assistance Act, dubbed the "Forever GI Bill" and named for the American Legion national commander who drafted the original GI Bill after World War II, was passed last year with bipartisan support. President Donald Trump signed the bill last August at his estate in Bedminster, New Jersey.

The bill's main provision removes the 15-year time limit for the use of education benefits under the existing GI Bill and makes it a lifetime benefit.

The bill also includes increases in GI Bill funding for reservists and guardsmen, dependents, surviving spouses and surviving dependents; provides 100 percent GI Bill eligibility to post-9/11 Purple Heart recipients; restores eligibility for service members whose schools closed in the middle of a semester; and increases aid for veterans pursuing science, technology, engineering and mathematics (STEM) degrees.

"We made very good progress to date" on implementing the bill, although the VA missed the initial July 16 launch date, Worley said. "We have a handful of defects left" to correct. However, "We have the data in place that we need for [Aug. 1], and we're ready to go.

"We expect a wave of enrollments to come in between now and the early part of the fall, so that will be an increased workload, and that's why we have more people and overtime scheduled and those kinds of things," he said. "We will need to do some reworks for enrollments that come in between now and mid-August."

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1.10 - Military Times: [Democrats demand investigation into reports of politically motivated VA firings](#) (19 July, Leo Shane III, 2.1M uvm; Springfield, VA)

A group of House Democrats is calling for the Office of Special Counsel to launch a full investigation into acting Veterans Affairs Secretary Peter O'Rourke for what they believe are politically motivated firings at the department, a possible violation of federal law.

In a letter to the independent prosecutorial agency, nine Democratic members of the House Veterans' Affairs Committee said they have been informed of career employees at VA being "removed, demoted, or reassigned for political reasons, or they resigned after being made aware of adverse personnel actions coming their way for political reasons."

The positions include staffers in the office of the VA Secretary, the protocol office, the Center for Women Veterans and the Center for Minority Veterans, among other posts. The move comes just a few weeks after a high-profile fight between O'Rourke and the department's inspector general, in which department leadership accused the watchdog of casting VA in a negative light.

In a statement, committee ranking member Rep. Tim Walz, D-Minn., called the moves a potential dismantling of veterans services based on the administration's political whims.

"If these reports are true, then what Donald Trump and Acting Secretary O'Rourke are doing has absolutely nothing to do with serving veterans and everything to do with advancing a political agenda centered around the privatization of key VA programs and services," he said.

"What's more, not only would it be morally reprehensible for Acting Secretary O'Rourke to use of his temporary status to reshape the VA workforce for partisan gain, it could also constitute a violation of federal law."

The move comes a day after a Washington Post report that numerous career VA workers — some of whom worked in multiple presidential administrations — have been dismissed or demoted in recent weeks without any apparent reason.

When confronted on the issue at a Capitol Hill hearing earlier this week, O'Rourke said the moves were for "organizational efficiency," not because of poor performance.

"When you have an office that's not performing the way it needs to, that doesn't always mean that a person was committing misconduct of some sort," he said. "This means that we're not getting the performance or the efficiency out of that organization that we need, and then sometimes it requires a change in leadership."

O'Rourke also said that none of the individuals involved in the reorganization were asked to leave, but in some cases "we found that there really wasn't an alignment at all with where the VA was going" and "I'm surprised they stayed as long as they did."

The Democrats who petitioned the special counsel's office said the moves may violate federal law prohibiting disciplinary action against employees for political affiliations.

They have also expressed concerns that the moves are happening under O'Rourke, who has served as acting secretary for less than two months is expected to vacate the role in coming weeks, pending a confirmation vote for Robert Wilkie to take over as permanent VA Secretary.

The recent firings aren't the first time that President Donald Trump's political appointees within the department have been accused of working to undermine operations there.

Former VA Secretary David Shulkin, fired from his post in March, had repeatedly accused operatives in the White House and at VA headquarters of working to undermine his tenure over policy disagreements, particularly moves to shift more VA health care dollars into private-sector practices.

A month after his firing, after additional leadership turmoil at the bureaucracy, VA spokesman Curt Cashour issued a statement noting that the department "is now firmly aligned with President Trump and his priorities" and "In a number of cases, employees who were wedded to the status quo and not on board with this administration's policies or pace of change have now departed VA."

VA Deputy Secretary Thomas Bowman retired from his post last month, after months of speculation over his job security. Administration officials have not filled the Under Secretary for Health job since Trump took office.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - ZDnet: [IBM Watson Health extends partnership with US to help vets with cancer, After providing precision oncology care for more than 2,700 veterans, the Department of Veterans Affairs and IBM are extending their partnership through at least June 2019.](#) (19 July, Stephanie Condon 4.3M uvm; San Francisco, CA)

IBM on Thursday said it's extending its partnership with the US Department of Veterans Affairs to apply artificial intelligence to cancer treatments for veterans.

The VA and IBM Watson Health first partnered to help cancer patients in 2016, as part of then-Vice President Joe Biden's cancer moonshot initiative. The partnership uses the Watson cognitive computing platform to help the VA's precision oncology department deliver individualized treatment plans.

So far, the VA has used IBM Watson to help more than 2,700 veterans with cancer. They're extending the partnership through at least June 2019.

To prepare an individualized treatment plan, teams of scientists and clinicians must sequence a patient's DNA to pinpoint the likely cancer-causing mutations and determine what treatments would target those specific mutations. Using AI helps oncologists interpret the genomic data more quickly and easily.

IBM and the VA stressed how the partnership has focused largely on helping rural veterans with less access to cutting-edge cancer facilities. The VA established a hub in Durham, North Carolina where a small group of oncologists and pathologists have received tumor samples from patients nationwide. More than one-third of the patients treated by the VA's precision oncology program are Veterans from rural areas.

"It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments," Dr. Kyu Rhee, chief health officer for IBM Watson Health, said in a statement. "This is where AI can play an important role in helping to scale precision oncology."

Watson, one of IBM's "strategic imperatives" was plagued by a report last year that it's costly hard for customers to implement. Then earlier this year, as IEEE reported, IBM laid off a percentage of its Watson Health workforce.

The latest financial report from IBM show less-than-stellar results from Watson: Big Blue's Q2 results show that revenue in its cognitive solutions division was effectively flat compared to a year ago. Still, the company continues to tout Watson as an area of growth:

"More clients are engaging IBM on their journey to the cloud, and deploying IBM Cloud, Watson AI, analytics, blockchain and security solutions," CEO Ginni Rometty said in a statement. "This demonstrates IBM's unique leadership in providing innovative technology coupled with deep industry expertise, trust and security."

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3.2 - Fierce Biotech: [IBM and the VA extend their Watson collaboration in guiding veterans' cancer treatments](#) (19 July, Conor Hale, 705k uvm; Washington, DC)

IBM and the Department of Veterans Affairs have agreed to extend their precision oncology partnership for another year and continue their work in applying Watson technology to the treatment of veterans with late-stage cancer.

VA oncologists have been using IBM's Watson for Genomics programs to help guide precision care for more than 2,700 patients since the project was launched over two years ago as part of the National Cancer Moonshot Initiative. The extension will allow VA staff to continue using the program through at least June 2019.

The department, through its TRICARE health program, treats 3.5% of the country's cancer patients, making up the largest group of cancer patients within a single healthcare group. Meanwhile, the VA's Million Veteran Program aims to create a massive medical and genomic database through the collection of blood samples from 1 million volunteers.

"Our mission with VA's precision oncology program is to bring the most advanced treatment opportunities to veterans, in hopes of giving our nation's heroes better treatments through these breakthroughs," said Acting VA Secretary Peter O'Rourke in a statement. "We look forward to continuing this strategic partnership to assist VA in providing the best care for our veterans."

Based at a central hub in Durham, North Carolina, the public-private partnership's oncologists and pathologists receive tumor samples from patients nationwide and sequence the tumor DNA. The Watson AI then interprets the genomic data, identifies relevant mutations and suggests potential targeted treatment options, by cross-referencing findings against medical literature on approved and investigational therapies.

According to IBM and the VA, more than one-third of the treated patients are from rural areas, with limited access to trained oncologists and personalized cancer care. The department's precision oncology program primarily supports stage 4 cancer patients who have exhausted other treatment options.

"VA is leading the nation to scale and spread the delivery of high quality precision oncology care, one veteran at a time," said Kyu Rhee, chief health officer for IBM Watson Health.

"It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments," Rhee said. "This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S."

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3.3 - Becker's Hospital Review: [IBM Watson Health, VA extend cancer research partnership](#) (19 July, Julie Spitzer, 58k uvm; Bakersfield, CA)

The Department of Veterans Affairs and IBM Watson Health are expanding their partnership to bring artificial intelligence-powered technology to support precision oncology at VA facilities, the organizations confirmed July 19.

The announcement extends the VA's public-private partnership with IBM, which was first launched two years ago with the National Cancer Moonshot Initiative, through June 2019.

Under the agreement, VA oncologists can leverage IBM Watson for Genomics to support the practice of biologically directed cancer care known as precision oncology. By understanding the cancer's DNA, oncologists are able to select more targeted therapies for each patient.

In 2015, VA established a central "hub" in Durham, N.C., to help treat more than 2,700 veterans with stage 4 cancer who have exhausted other treatment options. VA oncologists and pathologists sequence tumors' DNA and use AI to analyze the data, identify relevant mutations and devise treatments to target those mutations.

"Our mission with VA's precision oncology program is to bring the most advanced treatment opportunities to Veterans, in hopes of giving our nation's heroes better treatments through these breakthroughs," Acting VA Secretary Peter O'Rourke said in a news release. "We look forward to continuing this strategic partnership to assist VA in providing the best care for our Veterans."

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3.4 - Healthcare IT News: [VA, IBM Watson Health extend precision cancer partnership to help veterans - The agreement is to continue the public-private partnership to connect AI technology with genomic data to provide cancer therapy for veterans.](#) (19 July, Dave Muoio, 438k uvm; Portland, ME)

The Department of Veterans Affairs and IBM Watson Health have announced a one-year extension to an ongoing public-private partnership applying the AI company's technology to genomic data for cancer therapy.

The precision oncology collaboration has so far assisted the treatment of more than 2,700 veterans, according to a statement, although the original agreement in 2016 had proposed the lofty goal of treating 10,000 patients. Dr. Michael Kelley, professor of medicine at Duke University and the national program director for oncology at the VA, admitted that the initial benchmark was a bit ambitious, but is more attainable now that the two partners have laid a groundwork for future patients.

"I think we [IBM and the VA] were both pleased with what we've accomplished so far, and we both see that the immediate future looks bright for extending that," Kelley told MobiHealthNews. "When the initial agreement was made, we set a limit of how many patients we would do. We are below that limit, so we're basically having what would be thought of as a no-cost extension. But clearly, when we looked back at those two years, initially there was some startup activities — getting used to each other's data and how our systems talk to each other. We really started to ramp it up about a year ago, where we went from a drip to opening the fire hose."

Whereas a single oncologist or care team doesn't have the time or capacity to memorize all of the available information regarding treatments and specific cancer-linked genes, IBM's Watson for Genomics is able to reference these data to match patients with appropriate therapies or clinical trials, Kelley explained. Currently, VA oncologists and pathologists caring for stage 4 cancer patients with solid tumors can send a tumor or blood sample for testing a panel of roughly 100 genes, he said.

"Initially we wanted to get this up and running, and we're actually doing it in more than half of the [VA] medical centers around the country," Kelley said. "I think we're going to continue to amplify its availability, and I do imagine before too long — maybe later this year — that this will become the default approach to doing this type of testing."

While the early clinical data has shown promising results, Kelley also noted that implementing the AI technology will help the VA reduce variability that is common in cancer care.

"[Cancer treatment] is still somewhat of an art, and I think one of the nice things about Watson is it starts to turn it into a more predictable science," Kelley said. "Of course we don't want to take [doctors] out of the equation, but we want to make their job very efficient so that the quality of that is very good. What we've shown is there's quite a lot of variability [in interpreting results], so I think one of the nice things about Watson is that it is more standardized — you get similar results all the time, and there's some clear basis for the decision-making processes. It's not perfect, but we think it has promise in that regard. "

More than one-third of those treated through the VA's precision oncology program are vets living in rural areas of the country, according to a statement. The new agreement will allow VA oncologists to continue using Watson for Genomics through June 2019, at least.

"VA is leading the nation to scale and spread the delivery of high-quality precision oncology care, one veteran at a time," Dr. Kyu Rhee, chief health officer for IBM Watson Health, said in a statement. "It is incredibly challenging to read, understand, and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments. This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S."

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3.5 - Nextgov: [IBM Extends Watson Partnership With VA to Support Veterans With Cancer](#) (19 July, Caitlin Fairchild, 193k uvm; Washington, DC)

Watson is here to help, again.

IBM has chosen to extend a partnership with the Veteran Affairs Department, the company announced Thursday.

This partnership involves the company's computer system, Watson for Genomics Technology, which will continue to help to treat veterans with cancer.

The focus of the partnership is on patients with Stage 4 cancer. Doctors and scientists sequence the DNA of a patient's tumor and use Watson's AI used to spot patterns and mutations that might suggest certain treatments or therapies that could be more beneficial for that specific patient.

"It is incredibly challenging to read, understand and stay up to date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments," said Dr. Kyu Rhee, chief health officer for IBM Watson Health. "This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA."

The partnership was first announced in June 2016, as part of the National Cancer Moonshot Initiative. Now, it will continue through at least June 2019.

The VA treats about 3.5 percent of all cancer patients in America and about 2,700 of them participated in the program with Watson.

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3.6 - Genome Web: [VA, IBM Watson Extend Precision Oncology Partnership](#) (19 July, 694k uvm; 694k uvm; New York, NY)

The US Department of Veterans Affairs announced today that it is extending its partnership with IBM to apply Watson artificial intelligence to its precision oncology efforts. The collaboration will continue until at least July 2019.

IBM and the VA entered into a two-year partnership in late June 2016 to provide personalized medical care to veterans with cancer. Under the terms of the alliance, VA oncologists and pathologists have been using IBM's Watson for Genomics computational technology to help identify precision cancer treatment options. To date, more than 2,700 patients have benefitted from this technology, primarily those with stage 4 cancers who have run out of more traditional treatment options, the VA and IBM said.

Watson compares patients' de-identified sequencing data with existing medical literature, and identifies the mutations most likely to be responsible for each patient's cancer. The platform then suggests treatment options targeting those genetic alterations.

"It is incredibly challenging to read, understand, and stay up-to-date with the breadth and depth of medical literature, and link them to relevant mutations for personalized cancer treatments," IBM Watson Health Chief Health Officer Kyu Rhee said in a statement. "This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with the VA, the largest integrated health system in the US."

The VA and IBM have also said they will make findings related to identified treatment options in the literature available to the broader scientific community.

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3.7 - Health IT Analytics: [VA, IBM Watson Extend AI, Genomics Partnership for Cancer Care. The extended partnership will allow VA oncologists to continue using artificial intelligence and genomics to improve cancer care for veterans.](#) (19 July, Jessica Kent, 58k uvm; Danvers, MA)

The Department of Veteran Affairs (VA) and IBM Watson Health have announced an extension of their partnership to bring artificial intelligence and genomic analytics to cancer care.

The VA's precision oncology program primarily supports stage 4 cancer patients who could be eligible for alternative treatment options. With precision oncology, providers can identify the specific genetic influences involved in a cancer and choose therapies that will specifically target the condition.

"Our mission with VA's precision oncology program is to bring the most advanced treatment opportunities to Veterans, in hopes of giving our nation's heroes better treatments through these breakthroughs," said Acting VA Secretary Peter O'Rourke.

"We look forward to continuing this strategic partnership to assist VA in providing the best care for our Veterans."

The VA treats 3.5 percent of the nation's cancer patients, the largest group of cancer patients within any one healthcare entity.

The VA established a central facility in Durham, North Carolina to allow their patients to access advances in precision oncology from anywhere in the country. More than one-third of patients who have benefitted from the VA oncology program are from rural areas where it is often difficult to access cutting-edge medical breakthroughs.

In the Durham facility, a small team of oncologists and pathologists receive and sequence tumor samples from patients nationwide. The team then uses artificial intelligence to analyze the data, detect relevant mutations, and identify the appropriate treatments that will target these mutations.

"VA is leading the nation to scale and spread the delivery of high quality precision oncology care, one Veteran at a time," said Dr. Kyu Rhee, Chief Health Officer for IBM Watson Health.

"It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments. This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the US."

The partnership between VA and IBM Watson was first announced two years ago as part of the Cancer Moonshot Initiative in an effort to accelerate precision medicine for cancer patients seeking care at the VA.

"Genetic alterations are responsible for most cancers, but it remains challenging for most clinicians to deliver on the promise of precision medicine due to the sheer volume of data surrounding each decision that needs to be made," Department of Veterans Affairs Under Secretary for Health Dr. David J. Shulkin said at the time.

"By applying Watson to this problem, we see an opportunity to scale access to precision medicine for America's veterans, a group most deserving of the best care in the world."

Since the partnership was first announced, VA oncologists have applied IBM Watson for Genomics technology to precision cancer care for over 2,700 veterans.

The partnership extension will allow VA oncologists to continue using Watson for Genomics through at least June 2019.

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3.8 - Mass Device: [IBM Watson Health, VA extend precision oncology partnership deal](#)
(19 July, Fink Densford, 56k uvm; Brookline, MA)

IBM Watson Health (NYSE:IBM) and the US Dept. of Veterans Affairs said today they extended their partnership using artificial intelligence to help interpret oncological data in the treatment of veteran patients.

The partnership, originally signed between the two groups two years ago as part of the National Cancer Moonshot Initiative, will now be extended through to 2019.

“VA is leading the nation to scale and spread the delivery of high-quality precision oncology care, one veteran at a time. It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of the medical literature, and link them to relevant mutations for personalized cancer treatments. This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S.,” IBM Watson Health chief health officer Dr. Kyu Rhee said in a prepared statement.

Through the partnership, oncologists will use Watson for Genomics as part of the VA’s precision oncology program, which primarily supports stage 4 cancer patients who have exhausted other treatment options.

“Our mission with VA’s precision oncology program is to bring the most advanced treatment opportunities to Veterans, in hopes of giving our nation’s heroes better treatments through these breakthroughs. We look forward to continuing this strategic partnership to assist VA in providing the best care for our Veterans,” acting VA Secretary Peter O’Rourke said in a press release.

In June, a report emerged suggesting IBM Watson Health was cutting back on the portion of its business that sells to hospitals due to a softening market for value-based healthcare offerings.

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3.9 - Bio-IT World: [VA, IBM Extend Watson For Genomics Partnership](#) (19 July, 48k uvm; Needham, MA)

Today the US Department of Veterans Affairs (VA) and IBM Watson Health announced the extension of a public-private partnership to apply artificial intelligence (AI) to help interpret cancer data in the treatment of Veteran patients.

First announced two years ago as part of the National Cancer Moonshot Initiative, VA oncologists have now used IBM Watson for Genomics technology to support precision oncology care for more than 2,700 Veterans with cancer.

VA’s precision oncology program primarily supports stage 4 cancer patients who have exhausted other treatment options. The partnership extension with IBM will enable VA oncologists to continue using Watson for Genomics through at least June 2019.

“Our mission with VA’s precision oncology program is to bring the most advanced treatment opportunities to Veterans, in hopes of giving our nation’s heroes better treatments through these breakthroughs,” said Acting VA Secretary Peter O’Rourke in a press release. “We look forward to continuing this strategic partnership to assist VA in providing the best care for our Veterans.”

VA treats 3.5% of the nation’s cancer patients — the largest group of cancer patients within any one health-care group. In order to bring precision oncology advances to this large group of patients, with equal access available anywhere in the country, VA established a central “hub” in Durham, North Carolina.

In this facility, a small group of oncologists and pathologists receive tumor samples from patients nationwide and sequence the tumor DNA. They then use AI to help interpret the genomic data, identifying relevant mutations and potential therapeutic options that target those mutations.

More than one-third of the patients who have benefited from VA's precision oncology program are Veterans from rural areas where it has traditionally been difficult to deliver cutting-edge medical breakthroughs.

"VA is leading the nation to scale and spread the delivery of high quality precision oncology care, one Veteran at a time," said Dr. Kyu Rhee, chief health officer for IBM Watson Health in the same statement. "It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments. This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the US"

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3.10 - WBFO (NPR-88.7): [VA confirms forthcoming closing of Amherst-based Adult Day Health Care center](#) (19 July, Michael Mroziak, 37k uvm; Buffalo, NY)

The US Department of Veterans Affairs in Buffalo is closing a suburban clinic and says it is now working with affected clients to find new arrangements.

In an email to WBFO Thursday, the VA Western New York Healthcare System confirmed it will soon shut down the Adult Day Health Care facility at the Northtown Business Center on Sheridan Drive in Amherst.

The lease at the building in which the center is housed, it was explained, will soon expire and the building itself is slated for demolition. No further explanation was given.

The center provides services including physical therapy and exercise, meals, medication management and care for patients living with dementia. The VA tells WBFO 109 local veterans are affected by the forthcoming closure and will be assisted in arrangements with another center by the end of September.

"With this transition, VA Western New York Healthcare System (VAWNYHS) has decided to give local eligible Veterans the choice of where they get their ADHC services," said a VA official in a written statement. "Veterans who now use VA ADHC at the Northtown Business Center will have the opportunity to receive these services through community providers closer to home, and VA will pick up the expense."

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3.11 - Healthcare Analytics News: [VA, IBM Watson Health Continue High-Tech Cancer Partnership](#) (17k uvm; Cranbury, NJ)

The U.S. Department of Veterans Affairs (VA) and IBM Watson Health have opted to continue a partnership that aims to use artificial intelligence (AI) to draw insights from cancer data, driving the VA's precision oncology program for veterans, according to an announcement today.

Since the program launched two years ago under the National Cancer Moonshot Initiative, IBM Watson's genomics technology has supported precision cancer care for more than 2,700 veterans, according to the organizations. Under the renewed deal, the program, which "primarily supports" patients with stage 4 cancer, will continue through June 2019.

"Our mission with the VA's precision oncology program is to bring the most advanced treatment opportunities to veterans, in hopes of giving our nation's heroes better treatments through these breakthroughs," Acting VA Secretary Peter O'Rourke, M.S., said in a statement. "We look forward to continuing this strategic partnership to assist VA in providing the best care for our veterans."

Precision medicine, of course, entails a detailed examination of the unique mutations of a patient's cancer genome. A growing trend across healthcare, this type of targeted care enables providers to craft personalized treatments for a given patient.

The VA treats 3.5 percent of the country's patients with cancer, according to the agency, meaning innovative care delivered within its walls could carry big implications for healthcare at large.

"VA is leading the nation to scale and spread the delivery of high-quality precision oncology care, one veteran at a time," Kyu Rhee, M.D., IBM Watson Health's chief health officer, said in a statement.

The contract extension furthers the VA's high-tech medical aspirations, which in recent years have manifested in initiatives using AI to monitor veterans' deteriorating health and a mixture of biosensors and AI to spark earlier interventions for patients at risk of heart failure, among others.

So far, more than a third of veterans who have received care in the VA's precision cancer program are from rural communities where quality healthcare, never mind bleeding-edge medicine, has long been challenging to access.

But the precision oncology initiative also has a central hub in Durham, North Carolina, comprising a "small group of oncologists and pathologists" who sequence DNA from tumor samples of veterans from across the country, according to the announcement. Afterward, these experts use AI to analyze genomic data, pinpointing mutations and corresponding therapies.

"It is incredibly challenging to read, understand and stay up to date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments," Rhee said. "This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S."

And the VA's size and position in the spotlight benefits IBM Watson Health, as the unit looks to make its way into more healthcare settings and further the track record and value of its AI technologies.

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4. Focus Resources More Efficiently

4.1 - NPR (Morning Edition, Audio): [News Brief: GOP Lawmakers React To Russia Statements, VA Purges, New Israeli Law](#) (19 July, Kelsey Snell and Daniel Estrin, 22M uvm; Washington, DC)

We look at how Republican lawmakers are responding to President Trump's inconsistent statements about Russian election interference. Also, The Washington Post's Lisa Rein discusses purges at the VA.

TRANSCRIPT:

NOEL KING, HOST:

President Trump's position on Russia and its efforts to interfere in U.S. politics has not been consistent.

DAVID GREENE, HOST:

Yeah. And that has left his own party in Congress saying they need to address the issue independent of the president's position of the moment. Trump's own director of national intelligence, Dan Coats, just last week named Russia as a prime actor behind ongoing daily digital attacks.

(SOUNDBITE OF ARCHIVED RECORDING)

DAN COATS: And I'm here to say the warning lights are blinking red again.

GREENE: So will Republicans who control Congress go beyond merely chastising President Trump for his words and act?

KING: NPR's Kelsey Snell covers Congress. She's with me now in the studio. Good morning, Kelsey.

KELSEY SNELL, BYLINE: Good morning.

KING: All right. So you've got Republicans saying they need to do something. Here's Senator Marco Rubio of Florida.

(SOUNDBITE OF ARCHIVED RECORDING)

MARCO RUBIO: Our job is to pass laws and do things that are for the good of the country, and one of those things should be to put in place strong deterrence measures that would pre-position penalties should this ever happen again.

KING: Strong deterrence measures, he said. Are there any new measures on the horizon?

SNELL: Well, Rubio has a bill with Senator Chris Van Hollen, the Democrat from Maryland, and that would make sanctions automatic if the director of national intelligence - Dan Coats, who we just heard - determines that foreign governments interfered with any future election, including the one that's happening in November this year.

This isn't a new bill. They introduced it back in January. And up until this point, it really didn't get a lot of attention. And it's hard for me to tell right now how quickly it will move. Leaders generally like the idea of having some preplanned penalties ahead of this election - sanctions being that one thing that Congress has the most control over.

But there are concerns that the bill is too broad. And there's been some discussion of making changes to it. I talked to some lawmakers who say they worry that the news cycle will move on too quickly for them to make those changes, though. And the energy and vigor for a bill like this could fade if another crisis emerges.

In the meantime, Senator Jeff Flake of Arizona and Chris Coons, a Democrat from Delaware, are planning to offer a resolution that would be nonbinding, and it would back the U.S. intelligence - the whole community against Russia. But the way they're offering it means that they would need unanimous consent. And only one person could object, and then it would go nowhere.

KING: That would be a hard thing to get done. All right. This kind of situation keeps happening on lots of issues - on tariffs, on family separations, on Russia. Republican lawmakers - we see this. They'll express real frustration with the president, but then they don't really take any steps to rein him in or limit his authority. Why is that?

SNELL: Well, they have passed sanctions. They have veto-proof sanctions that, you know, really did force the president's hand. And that is one thing that they can really do here. And some senators, like Minority Leader Chuck Schumer, want to do that again.

But it's important to remember that this uncomfortable relationship with the president isn't new. And Republicans are exhausted by the relationship, and they are annoyed, but they have the same policy goals as the president. And when the administration does something like helps them pass a piece of legislation like the tax bill...

KING: Right.

SNELL: ...Or nominates someone like Brett Kavanaugh for the Supreme Court, all is forgiven. And we're kind of seeing that happen again, though that might change. This might be the thing that changes that relationship.

KING: Let me ask you quickly about the Mueller investigation, which the president keeps attacking even though it has yielded indictments. Is there a chance that Congress might move to protect that investigation?

SNELL: It's another thing that Democrats are pushing for. But leaders - Senate Majority Leader Mitch McConnell and House Speaker Paul Ryan haven't really engaged in the idea. And McConnell, in particular, has said that he hasn't seen any evidence that protecting Mueller specifically is necessary.

KING: NPR's Kelsey Snell covers Congress. Thanks, Kelsey.

SNELL: Thank you.

(SOUNDBITE OF MUSIC)

KING: OK. This morning, we have news about a conflict inside the Department of Veterans Affairs.

GREENE: Yeah. This is interesting. High-ranking staffers there are leaving, either under pressure, or they're being reassigned. Those being moved are not being told why it's happening. There is new reporting that calls this, quote, "a new stage in the long estrangement between civil servants and Trump loyalists at the VA."

KING: The reporter who broke this story works for The Washington Post. Her name is Lisa Rein. She's with us now. Good morning, Lisa.

LISA REIN: Good morning.

KING: All right. So who is responsible for these people being either reassigned or forced to leave the VA?

REIN: So this is actually part of the conflict. The person who is calling for this reshuffling, which critics are calling a loyalty purge, is Peter O'Rourke. And Mr. O'Rourke is the acting secretary of the VA. He's been in the acting role only since May 30. And that's because the agency has been without a permanent cabinet secretary for four months since O'Rourke and his colleagues helped oust former secretary David Shulkin. Robert Wilkie, who the president nominated to the job permanently and who is very likely to be confirmed by the Senate this summer, is back at the Pentagon in his old role awaiting confirmation.

KING: Right. So he's awaiting confirmation. Why does the interim director not just wait for him to get there if he wants to do things like let people go or reassign them?

REIN: That's right. So this is clearly, you know, part of what is riling up members of Congress, as well as many of the employees who are being moved. There is really no explanation for this, except that it does seem that Mr. O'Rourke, who had served as chief of staff briefly at VA and also in another role as head of a whistleblower agency that's supposed to protect whistleblowers, and he was a Trump campaign employee as well - that he is concerned about consolidating power.

He told Representative Elizabeth Esty of Connecticut, a Democrat, at a House hearing Tuesday that he was making these moves to enhance the efficiency of the organization, to which she responded, well, what is your criteria? What does that mean? And he did acknowledge that the moves that he's made, including kind of a mass exodus from the 10th floor office where the secretary sits, were not because of performance.

KING: Well, you wrote in your story that some of these folks being lost or sidelined have very specific and valuable expertise. Just quickly, what is being lost by the VA as this happens?

REIN: That's right. So some of the jobs, particularly in the secretary suite, some of these folks have been physically moved out of the office but are still actually doing their jobs. But these are largely support roles. But crucial ones that help a new secretary who comes on board who has

never worked at VA get acclimated - for example, the person in charge of congressional correspondence - that person, a senior executive, was moved to a detail in another part of the agency.

KING: And there will be a new - there will be a new secretary, so these are obviously...

REIN: There will.

KING: ...Very important jobs. Lisa Rein of The Washington Post, thank you so much.

REIN: Thank you very much.

(SOUNDBITE OF MUSIC)

KING: All right. Earlier today, Israel's parliament passed a law that goes right to the heart of that country's identity. But the critics of the law worry it could actually undermine the country's democracy.

GREENE: Yeah. The so-called Nation-State Bill enshrines in Israeli law that Israel is the home of the Jewish people - their national homeland. But there are Muslims and Christians in Israel as well, and that fact is at the heart of this controversy that's surrounding this law. Here's what furious opponents sounded like in Israel's parliament, the Knesset.

(SOUNDBITE OF ARCHIVED RECORDING)

UNIDENTIFIED POLITICIANS: (Screaming in foreign language).

GREENE: So those Knesset members we're hearing, they're actually ripping the bill to pieces.

KING: NPR's Daniel Estrin is on the line from Jerusalem. Hi, Daniel.

DANIEL ESTRIN, BYLINE: Hi there.

KING: So what is going on here?

ESTRIN: Well, I think to understand this law, you have to know about a decades-long debate in Israel. And the debate is, you know, this country is defined in law as a, quote, "Jewish and democratic state." So how does a country balance its Jewish character with its democratic character, you know, with its commitment to equality, for instance, for non-Jews in the country?

Now nationalist conservative lawmakers in Israel say the Supreme Court here has become too liberal and is not giving emphasis to Israel's Jewish character and its rulings. And so they say this law would help fix that by laying out very clearly that Israel is a Jewish state. This is a very divisive law. Opponents are pointing out that the words equality and democracy do not appear in the new law.

KING: Interesting. Does this bill curb the rights of minorities of Arabs and Christians in Israel?

ESTRIN: Well, that's what they're concerned about. About 20 percent of the Israeli population are Palestinian - Arabs with Israeli citizenship. They're mostly Muslim, some are Christians. They say they already face discrimination in many areas. The new law puts down that the

Arabic language, for instance, which is an official language here - in the new law, it's been downgraded to just a special status.

There's another very controversial part of the law that says the government will encourage the creation of Jewish towns and communities. That's being seen by critics as Israel sanctioning Jewish-only towns. For instance, a proponent of the law cited an example of a Jewish majority city in Israel and the need to combat a takeover of Palestinian Arab citizens.

KING: NPR's Daniel Estrin in Jerusalem. Thank you so much, Daniel.

ESTRIN: Sure thing.

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4.2 - The Hill: [Trump loyalists purge VA of longtime staffers who don't support agenda: report](#) (19 July, Brett Samuels, 11.8M uvm; Washington, DC)

Officials within the Department of Veterans Affairs have moved to root out staffers who are believed to be disloyal to President Trump and his agenda, The Washington Post reported Wednesday.

The news outlet reported that more than a dozen people have been reassigned from leadership positions ahead of Robert Wilkie's likely installment as head of the agency. Some of those recently reassigned employees had been with the department for decades, while others were Trump appointees.

A VA spokesman told the Post that Wilkie has not played a role in the changes.

The Post reported that acting Secretary Peter O'Rourke has largely led the charge in getting rid of staffers who are not considered loyal. A group of Democrats wrote a letter to O'Rourke after the Post published its story, calling his actions "reckless."

Wilkie is awaiting confirmation to head the agency, which has not had a permanent leader since David Shulkin was pushed out of the role in March.

Shulkin's tenure was marred by an inspector general report that found he improperly used taxpayer dollars during a trip to Europe.

In addition, Shulkin reportedly sought to root out agency staffers who opposed his policies and defy his leadership.

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4.3 - New York Magazine: [Trump Loyalists Accused of Purging Veterans Affairs Ahead of New Secretary's Arrival](#) (19 July, Margaret Hartmann, 10.8M uvm; New York, NY)

The Trump administration is fond of conducting purges, from alleged efforts to rid the State Department of career diplomats deemed insufficiently loyal to the president, to the never-ending quest to rid the White House of leakers. The latest push to make the executive branch great

again is said to be happening in the Department of Veterans Affairs, which is without a permanent leader following Trump's failed attempt to replace VA Secretary David Shulkin with his personal doctor, Ronny Jackson.

When Trump fired Shulkin in a tweet, he announced that Robert Wilkie, the Pentagon's undersecretary of Defense for personnel and readiness, would be acting secretary. This was seen as a political maneuver, as according to federal statutes, the job should have gone to Deputy Secretary Thomas Bowman, who had pushed back on Trump's privatization efforts.

After Jackson withdrew his nomination (and Bowman was pushed to retire), Trump nominated Wilkie to fill the spot permanently. Peter O'Rourke, a Trump campaign staff member who served as VA's chief of staff, was made the new acting secretary while Wilkie awaited his Senate confirmation hearing.

Though acting secretaries usually avoid making any drastic changes, the Washington Post reported on Wednesday that a small group of political appointees led by O'Rourke has consolidated power within the VA, and is making aggressive moves to purge the agency of those not loyal to Trump:

The transfers include more than a dozen career civil servants who have been moved from the leadership suite at VA headquarters and reassigned to lower-visibility roles. The employees served agency leaders, some dating back more than two decades, in crucial support roles that help a new secretary.

None said they were given reasons for their reassignments.

It appears Wilkie is not on board with the changes, which threaten to leave the troubled agency bereft of institutional knowledge. An experienced scheduler whom Wilkie told colleagues he wanted to work with was reassigned, and the nominee said he had no part in the staffing changes.

"Any decisions made following Mr. Wilkie's departure as acting [secretary] were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions," said spokesperson Carla Gleason.

VA officials characterized the reassignments as a sign of Trump's eagerness to make good on his campaign promise to improve care for veterans. Last month he signed a bill that aims to make it easier for veterans to see private doctors, which critics say would starve the VA system.

Curt Cashour, the VA's press secretary, denied that employees are being removed for political reasons. He claimed the VA has been making "groundbreaking progress" under president Trump. "This has understandably shaken up VA's Washington bureaucracy," Cashour continued, "and in many cases, employees who were wedded to the status quo and not on board with this administration's policies have departed VA — some willingly, some against their will as they were about to be fired."

Pressed to explain the changes at a House hearing on Tuesday, O'Rourke said they were "well-planned and designed moves" to improve "efficiency and effectiveness" — though he acknowledged that those reassigned hadn't been performing poorly.

Following reports on the reassignments, 12 Senate Democrats issued a three-page letter late on Wednesday demanding that O'Rourke stop reshuffling VA employees immediately.

They accused O'Rourke of "putting politics above veterans' needs and that is shameful," and said, "Using this short-term appointment to install more political loyalists within the Department while wantonly reassigning, demoting and removing countless nonpartisan career employees who have served multiple prior administrations is reckless."

The Senate Veterans Affairs Committee approved Wilkie's nomination last week, nearly guaranteeing that he'll be confirmed by the full Senate later this summer.

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4.4 - Military.com: [VA Firings Climb Under Trump; Dems Charge Low-Wage Workers Targeted](#) (19 July, Richard Sisk, 9M uvm; San Francisco, CA)

The number of people fired at the Department of Veterans Affairs increased by more than 500 during President Donald Trump's first year in office in a reform move that Democrats charged is unfairly targeting low-wage workers.

The VA said a total of 2,537 people from a workforce of more than 360,000 were fired in 2017, including 1,443 removals and another 1,094 probationary removals during training periods.

That was an increase of 536 firings over the previous year. In addition, the VA reported another 1,096 people were fired in the first five months of 2018.

In 2016, the VA fired 2,001 people, including 983 removals and 1,018 probationary removals, according to VA data.

The firings were the subject of a House hearing Tuesday on the first year since the enactment in June 2017 of the Veterans Accountability and Whistleblower Protection Act, which Trump signed to fulfill a campaign pledge to reform the VA and weed out poor performers who mistreat veterans.

At the House Veterans Affairs Committee hearing, VA officials defended their expanded firing authorities under the Accountability Act against charges that low-level workers are being targeted while management is getting a pass.

Democratic lawmakers and the VA's union cited VA data showing that only 15 supervisors were among the 1,096 VA employees who were fired in the first five months of 2018.

Rep. Mark Takano, D-California, said most of those fired from January through May were on the low-wage custodial, laundry and food service staff.

However, Acting VA Secretary Peter O'Rourke said the VA's firing rate for low-level employees has not changed compared to previous years.

"It's in the data. When we look back to 2014 and forward, you don't see a significant difference from year to year in unrealistic firings or removals of any category of employee," including the so-called "housekeeping" workers.

Takano said most of those workers were veterans themselves. Veterans make up about one-third of the VA's workforce.

"I think people on both sides of the aisle are gravely concerned about this," he said. "I am very troubled by how I am seeing the implementation of this. It is not possible to fire your way to excellence."

Nathan Maenle, principal deputy assistant secretary for VA's Office of Human Resources and Administration, said the data did not represent "a significant change in the past three fiscal years in the number of actions that were taken" against custodial, laundry and food service workers.

He said the VA has seen "less than one percent increase in terminations at that level of employee" since the Accountability Act was passed, adding that the firing rate at the VA "compares similarly to the private sector."

FIRINGS VS. TURNOVER RATES

O'Rourke also cited the high turnover rate among low-wage employees in both the civil service and the private sector.

Takano said the issue is firings, not turnover rates.

"That is our highest turnover area," O'Rourke said of low-wage VA workers, but "our turnover rates are much lower than the private sector."

When counting firings, "if you go back to 2015, you're going to see the same amount of removals even before the accountability law" on the low-wage level, he said.

In his opening remarks, Rep. Phil Roe, R-Tennessee, the committee chairman, called the Accountability Act "one of the most consequential reforms to the federal civil service system in decades" but said he is concerned about how the VA is putting it into effect.

"I also want to make it clear that while this law made it easier to discipline poor employees, it did not give VA the license to use this authority to target employees, no matter their position or grade, or to retaliate against whistleblowers," he said.

Since the law was enacted, the VA's Office of Accountability and Whistleblower Protection (OAWP) has received about 170 whistleblower complaints per month, O'Rourke said.

From June 2017 to June 2018, the VA received a total of about 2,000 submissions from whistleblowers, and those complaints resulted in recommendations of disciplinary actions against 54 senior-level staff, he said.

O'Rourke said retaliation against whistleblowers is still a concern and is "absolutely unacceptable. I will not tolerate it."

OAWP now puts a hold on any administrative actions against whistleblowers while the complaint is investigated, he added. In many cases, the complaints are unfounded or the result of poor communication, he said.

"Lots of times, what we found was two sides not talking to each other," O'Rourke said.

The poor communication is indicative of the need for a "change of culture" at the VA, he said, but that will take "time, persistence and patience. We must change the VA's culture from within."

"Right now, we're dealing with the first year of implementation," he said. "New rules -- everyone's trying to figure that part of it out."

ENDING A FEUD?

Roe questioned the lack of written procedures for OAWP, staff shortages, and O'Rourke's recent refusal to share data on whistleblower complaints with the VA's Office of Inspector General, led by Michael Missal.

In a report to Congress in June, the VA said OAWP was authorized for 102 full-time employees but had 73 on staff as of June 1. Additional hires were pending, the VA said.

Takano pressed O'Rourke on whether he had ended his feud with Missal over access to whistleblower data that surfaced in an angry exchange of letters last month.

Missal charged that O'Rourke could be in violation of the law.

"You are reminded that [OIG] is loosely tethered to VA and in your specific case as the VA inspector general," O'Rourke wrote back. "I am your immediate supervisor. You are directed to act accordingly."

At the hearing, O'Rourke said the dispute with Missal was "unfortunate," but he maintained that Missal's "access to OAWP [data] has been unfettered since day one. My commitment remains the same."

Takano pressed again, asking whether O'Rourke would work with Missal.

"Yes," O'Rourke replied.

In his State of the Union address in January, Trump claimed that 1,500 VA employees had been fired since he signed the Accountability Act in June 2017.

"Since its passage, my administration has already removed more than 1,500 VA employees who failed to give our veterans the care they deserve," he said. "And we are hiring talented people who love our vets as much as we do. I will not stop until our veterans are properly taken care of, which has been my promise to them from the very beginning of this great journey."

INVESTIGATING ALLEGATIONS

In a June letter to the VA's Office of Inspector General, four Democratic senators asked Missal to investigate allegations that VA managers are using the Accountability Act to go after employees for spurious reasons, such as moving too slowly after a workplace injury.

"We have had numerous VA employees and their representatives contact our offices about the law's implementation, indicating that the authorities provided by the law are being used in an inconsistent and inappropriate manner," the senators said.

"Unfortunately, VA still has not been able to provide us with data that would alleviate our concerns or demonstrate in any way that application of these authorities has been consistent, fair and appropriate," said the letter signed by Sens. Jon Tester, D-Montana; Richard Blumenthal, D-Connecticut; Tammy Baldwin, D-Wisconsin; and Sherrod Brown, D-Ohio.

At the hearing Tuesday, Rep. Conor Lamb, D-Pennsylvania, cited the example of the VA Medical Center in Pittsburgh. He said 46 housekeeping staff had been fired this year, while at the same time the center had 300 job vacancies.

"From a housekeeper's vantage point, they've seen 46 of their colleagues punished in the last year," Lamb said. "They see 300 of them missing. Their work is additional every single day, and very few, if any, managers have been dismissed at that time."

Roe interjected in support of Lamb. "If you're short of personnel, you don't fire adequately performing employees," he said.

"You reward those people to stay there. If I were a manager at Pittsburgh and I was having to get rid of somebody and I was already short of personnel, they'd have to do something pretty egregious for me to get rid of them," Roe said.

'CLIMATE OF FEAR'

In his testimony at the hearing, J. David Cox, president of the American Federation of Government Employees (AFGE), which represents about 240,000 workers at the VA, said the Accountability Act is creating a "climate of fear" in the VA workforce that is impacting veterans' care.

"There is fear; there is a lot of fear," Cox said. "The Accountability Act has proven to be one of the most misguided and counterproductive VA laws ever enacted. I think it creates fear and, when you have fear in an organization, you never have the best performance."

O'Rourke asked the committee for patience in oversight on the implementation of the bill. When asked what he would do immediately if he could, he gave a lengthy response:

"We have a lot of times where we don't work together on problems. We try to work on them either individually or we just try to not think about them too much," he said.

He said success would involve "breaking down those barriers, whether it's between IT and VHA [the Veterans Health Administration] or whether it's between VHA and VBA [Veterans Benefits Administration]."

O'Rourke said he wants to see the VA "working problems collaboratively with the veteran's outcome in mind" rather than at cross purposes. "That's what I would change immediately if I could. That involves personalities. People have been doing things their whole careers."

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4.5 - Government Executive: [VA Is Letting Senior Officials Off the Hook While Disproportionately Punishing Whistleblowers, Audit Finds](#) (19 July, Eric Katz, 870k uvm; Washington, DC)

The Veterans Affairs Department may have taken disciplinary action against hundreds of rank-and-file employees without justification, according to a new report, while in some cases failing to follow through on punishments for senior leaders after they were proposed.

Congress has for years worked to reform the disciplinary process at VA, with President Trump last year signing into law new procedures that expedite firings and make it easier for the department to prove its case. Those changes may not have taken into account internal failings within VA, the Government Accountability Office found, as it consistently fails to document evidence against employees and notify them of their rights.

Additionally, while last year's Accountability and Whistleblower Protection Act sought to protect employees who attempted to shine a light on shortcomings within the agency, GAO found whistleblowers were far more likely to face adverse actions after reporting misconduct. One in 10 employees who brought issues before the Office of Special Counsel were slapped with discipline that same year, compared to one out of 100 VA employees overall.

VA failed to properly separate disciplinary investigations from the offices where alleged misconduct took place, GAO also reported. The auditors identified cases in which managers investigated allegations into their own impropriety.

The department maintains 12 systems that collect information on disciplinary actions throughout VA, and GAO found flaws in all of them. In one system, for example, VA did not indicate in its records the date of the punishment or the infraction. The department had no accounting for disciplinary actions that did not affect pay or leave and took an inconsistent approach in documenting how it adjudicated misconduct allegations. GAO estimated there were 3,600 cases between October 2009 and May 2015 in which VA did not document whether it notified employees of their rights, such as their right to an attorney.

"The absence of files and associated documentation suggests that individuals may not have always received fair and reasonable due process as allegations of misconduct were adjudicated," GAO said. It added that without collecting reliable data, VA's "decision making on misconduct [is] impaired."

VA failed to apply consistent standards to its investigations of senior officials, GAO found. In five of 17 cases the auditors reviewed, the supervisors failed to receive any discipline at all despite recommended punishments. The department frequently failed to supply the inspector general with documents to support the decisions it took regarding discipline of senior officials.

GAO made 16 recommendations to VA, including guidance to standardize the collection of reliable misconduct and disciplinary-action data and directing the newly formed Office of Accountability and Whistleblower Protection to review evidence in cases involving senior officials to ensure VA takes the necessary steps. OAWP should also provide guidance to ensure recommended discipline against senior officials is carried out and develop clearer policies to protect whistleblowers from retaliation. Such guidance should ensure investigations are conducted by individuals independent of the allegations, the watchdog recommended.

Lawmakers faulted OAWP for its lack of written guidance and procedures in a hearing this week. VA officials told GAO they expect OAWP to issue more concrete guidance by Oct. 1.

“With high-quality information that is accurate and comprehensive,” GAO said, “VA management would be better positioned to make knowledgeable decisions regarding the extent of misconduct occurring and how it was addressed, departmentwide.”

Jacquelyn Hayes-Byrd, VA’s chief of staff, told GAO that department officials generally agreed with the report’s findings and largely vowed to implement the recommendations.

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4.6 - Daily Courier: [VA leadership and staff departures prompt skepticism over agency’s mission and future, Top VA leaders leave positions](#) (19 July, Nanci Hutson, 481k uvm; Prescott, AZ)

More than a dozen top VA leaders and supervisors, including two of the four top-tier administrators, will be departing the 1,100-employee agency in the next month, adding to a 12.6 percent turnover rate between May and July.

Some Northern Arizona Veteran Affairs Health Care System insiders say it is a symptom of a leadership style counterproductive to the agency’s longstanding veteran-centric mission. They say this exodus speaks to an effort to silence those willing to speak out for better treatment of their veteran clientele.

“It’s a mess,” one 30-year employee said of diminishing morale.

In August, Dr. M. Keith Piatt, chief of medical staff, will retire. The same month, Dr. Kerri Wilhoite, associate director of patient care services/nurse executive will leave for a similar position at the VA in Tucson.

Those two follow the May retirement of Dr. Jerry Easterday, a psychiatrist who headed the VA’s mental health services for nine years. Earlier in the year, the two top Human Resource administrators, Mary Pugh and Christine Miller, resigned. Other clinicians and supervisors are also in the mix.

The VA job website now lists 20 vacant positions, not including the additional dozen expected in the next two months. Since April, the VA has filled 96 vacancies, all but about 20 of those were internal moves.

Staffing shortages over the last couple years have pushed employees to multi-task more than some consider beneficial, according to employees and managers. Piatt doesn’t disagree. At no time, however, did the VA accept more patients than is safe, occasionally setting limits on how many patients could be accepted, he said.

The VA maintains good relationships with community health care providers and makes referrals when appropriate. At this time, Prescott has 12 four-person primary care teams, and is now seeking to add another.

Medical Center Director Barbara Oemcke admits losing two of her revered, top executives is a “big transition” for the agency.

“They have made significant contributions to the institution, and have a real heart for their employees and the veterans they serve,” she said.

In an institution of this size, leaders do come and go, although to lose two at once is an anomaly, Oemcke said. She said she has every faith the remaining staff will continue their legacy because “they hold close to their heart the care for our veterans.”

Such a period of change can be unsettling for all involved, Oemcke noted. Her promise is to make every effort to assure there are no gaps in services for northern Arizona’s 27,000 veterans.

One new hire in April, Human Resources Officer Donald Jackson, has proved a key to helping fill vacancies that went unfilled for long stretches due to lack of administrative staff to recruit candidates, she said. Regional VA officials will assist with hiring interim officials to cover until permanent candidates are hired.

Staff and advocates, though, fear the administration is bowing to the national squeeze on all VA institutions to move toward private rather than agency care. Such an approach will likely force more of those who are most capable of managing the unique needs of veterans out the door, they said.

The VA is under considerable scrutiny that can infuse pressure into the workforce, Oemcke concurred. To that end, she said, this week she arranged for VA psychologists to offer training to managers so they can help their staff navigate through this trying time.

“I’d say it is really important for us to honor where we’ve been and how we’ve got here,” Oemcke said. “We want to recognize the contributions of leadership, at all levels of the organization, who brought us to where we are. We are a very veteran-centric community, and are known for good relations with the community.”

She assured this VA’s mission remains unchanged. Staff and advocates say those words have to be backed up with action.

The Prescott VA is in the midst of some \$30 million worth of construction. Long-term staff suggest these may be the start of refocusing traditional veteran health care to in-and-out service.

“Are we here for the veterans or are we here to make (the campus) beautiful?” queried one employee.

Despite the demands that come with this job, Piatt described his retirement as “bittersweet. He said he hates to leave behind the “beautiful people” who “do everything” to care for this region’s veterans.

“It was a wonder to view ... marvelous,” he said.

Likewise, Wilhoite said she will miss those who dignify “our nation’s heroes” with their devotion.

Arizona has “great beauty but it is the people who shine the most,” Wilhoite said.

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4.7 - Fayetteville Observer: [Our View: Political purges take toll on VA](#) (19 July, Editorial Board, 439k uvm; Fayetteville, NC)

We hope that by the time Robert Wilkie is confirmed as the country’s next secretary of Veterans Affairs, there’ll still be a functioning agency left for him to run. The purge being carried out by the VA’s acting boss may cause the incoming secretary big problems.

Wilkie, a Fayetteville native, was nominated by President Trump earlier this year to run the VA. He easily won the endorsement of the Senate Committee on Veterans Affairs last month and appears equally likely to sail through confirmation by the full Senate. He currently serves as undersecretary of defense for personnel and readiness, one of several high-ranking Pentagon positions he’s held during his long Washington career. He served as acting VA secretary for a few months after the president sacked former VA Secretary David Shulkin, but the law required that he return to his Pentagon job after he was officially nominated.

Since then, Acting Secretary Peter O’Rourke and several of his fellow political appointees at the VA have been, according to a Washington Post story this week, “taking aggressive steps to purge or reassign staff perceived to be disloyal to President Trump and his agenda for veterans.” That has created even deeper morale problems in an agency long beset by them. Political infighting at the VA has created a difficult work environment, according to many people inside the federal government’s second-largest bureaucracy.

During his months as acting secretary, Wilkie quickly identified morale as one of the VA’s biggest issues, a problem that he needed to solve quickly, so he could move ahead in tackling other big issues in the bureaucracy that must serve nine million veterans and run more than 1,700 health care facilities. Morale has been a long-term problem at the VA, from its upper levels in Washington to its clinics across the country. Good management, as we’ve seen in Fayetteville VA operations, can turn that around.

But since the beginning of the Trump administration, the political battles in VA headquarters have intensified. Although the president has denied it, there appears to be considerable pressure to privatize many of the VA’s functions, a move that has brought angry responses from many of this country’s largest veterans organizations. Privatization is believed to be one of the larger factors in Shulkin’s ouster — the experienced health-care administrator opposed it.

We’ve long believed that some move toward privatization makes sense. Many of the nation’s veterans live considerable distances from the nearest VA facility but have good options for treatment of routine medical problems near their homes. Why should they have to drive hours and maybe even need an overnight stay to deal with a health problem that has nothing to do with their military service? On the other hand, VA medical centers offer levels of skill and expertise not necessarily found at civilian hospitals for war injuries and in those cases, a veteran is best served by the VA.

But the VA’s initial moves in that direction, in the Veterans Choice program, have been plagued with problems. Funding has been limited and many doctors have stopped participating because

of late payments or no payments at all. The VA needs to get that program right before it moves farther into privatization — if, indeed, it should go there at all.

It's possible, unfortunately, that the political purges and general unrest taking place at the VA now will only make it harder to bring reform to the sprawling agency. Yet under O'Rourke, a former Trump campaign staffer, the purge goes on and the problems intensify. We can only hope that by the time Wilkie is confirmed and takes the VA's helm, his job hasn't devolved into a salvage mission.

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4.8 - WCIV (ABC-4, Video): [Citadel nursing students, VA hospital form unique new partnership](#) (19 July, Erica Scripa, 162k uvm; Mount Pleasant, SC)

Citadel nursing students are now able to get their clinical training hours at the Ralph H. Johnson VA Medical Center.

Emily Banks is in the evening nursing program at the Citadel. She spends her days at the VA, talking to patients, taking vitals and making sure their needs are met.

But on weeknights she's in the classroom.

"Nursing was something I thought about for a while so the opportunity at the Citadel for the evening undergrad student nursing program came up as something I wanted to take advantage of," said Banks.

She spent the last five years working in the communications field, but decided she wanted to make a change.

"I knew I wanted to fulfill another part inside of me," said Banks.

Nicole Coxe is the chief nurse for education at the VA. She says they started the Citadel partnership in May 2018.

"Not only do we have students coming here doing clinical training, we also have students who are eligible to get hired as student nurse technicians and to get paid to take care of our veterans," said Coxe.

Banks is one of two Citadel evening nursing students working as a nurse technician. Coxe says students like Banks are taking learning one step further.

"They have that excitement, they choose to be here and choose to be a part of our family and it makes the quality of their care better," said Coxe.

In her five weeks at the VA, Banks says the veterans already have a special place in her heart.

"I really enjoy the patients, they have great attitudes, they take their care into their own hands and focus on getting better," said Banks.

Banks will be joined by a group of Cadet nursing students in the fall.

They'll also get their clinical training at the Ralph H. Johnson VA.

The first class of Citadel nursing students will graduate May 2019.

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4.9 - WJRT (ABC-12, Video): [Lemonade stand serves up support for veterans](#) (19 July, 154k uvm; Flint, MI)

The money raised at Sammie's Lemonade Stand for Vets goes directly to the Aleda E. Lutz VA Medical Center in Saginaw.

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4.10 - Union Bulletin: [VA's first Archaeology Day Friday](#) (19 July, 60k uvm; Walla Walla, WA)

Jonathan M. Wainwright Memorial VA Medical Center invites the community to join local archaeologists and other experts for a day of free family fun and learning about archaeology.

Activities for all ages will begin at 9 a.m. Friday on the VA parade grounds, 77 Wainwright Drive, organized by the VA's Archaeologist/Cultural Resource Program Manager Katherine "Kat" Ferguson.

Ferguson said Archaeology Day is traditionally recognized annually in October.

But she decided to have it in the summer months so veterans, families and children could more easily participate in the day of learning.

Activities include hands-on pottery reconstruction, flintknapping, small-scale archaeological excavation, atlatl throwing and artifact identification.

There will be informative walking tours of the historic Fort Walla Walla VA campus, to include informational maps and interpretive panels.

Archaeologists from the U.S. Forest Service, Walla Walla VA, U.S. Army Corps of Engineers and Confederated Tribes of the Umatilla Indian Reservation will participate.

Informational posters on various archaeological projects within their agencies will be displayed.

Ferguson is also an adjunct faculty member teaching anthropology at Walla Walla Community College.

She is a registered professional archaeologist with more than 20 years of experience in cultural resource management and regularly provides public outreach to include archaeology presentations at Prospect Point Elementary School and the YMCA After School Program.

She researched and designed a series of interpretive panels on the history of Fort Walla Walla. The panels have been displayed at the Walla Walla Frontier Days, are currently on display at the Fort Walla Walla Museum, and are situated permanently around the Walla Walla VAMC campus.

Ferguson is passionate about introducing archaeology to the public, especially in schools. She also has worked around the West and several states in the Southeast. She has managed large and small-scale projects, supervised large teams on survey and Phase II archaeological testing, and currently advises a handful of other VAMCs in cultural resource management and consultation issues.

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4.11 - Augusta Free Press: [Sen. Warner meets with Virginia VA medical facility directors](#)
(19 July, 55k uvm; Waynesboro, VA)

U.S. Sen. Mark Warner (D-Va.) met on Wednesday with the directors of the Hampton Veterans Affairs (VA) Medical Center, the Hunter Holmes McGuire VA Medical Center in Richmond, the Salem VA Medical Center, and other VA officials to discuss a recent news report regarding the quality of care at VA-run nursing homes that serve Virginia's veterans.

"Veterans who selflessly served our country deserve world-class care," said Sen. Warner. "It was important to hear directly from Virginia's VA medical centers on steps they will take to improve the quality of care for veterans and increase transparency. What I heard from these Directors is that they are working hard to improve outcomes, recognizing that veterans in their care often have unique medical challenges. I will be closely monitoring their progress."

On June 25, an investigation by USA Today and the Boston Globe found that a majority of the VA's 133 nursing homes – known as community living centers – have a higher percentage of residents suffering from pain and preventable complications than at private care facilities. In response, Sens. Mark Warner and Tim Kaine sent a letter to the U.S. Department of Veterans Affairs medical centers in Hampton, Va., Richmond, Va., Salem, Va., and Washington, D.C. on the steps they are taking to address deficiencies in care at their nursing home facilities.

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4.12 - Daily News: [Antique tractors, classic cars make annual visit to VA medical center](#)
(19 July, Nikki Younk, 54k uvm; Iron Mountain, MI)

Veterans at the Oscar G. Johnson VA Medical Center in Iron Mountain got a chance Wednesday to experience the annual gathering of antique tractors and vintage automobiles at the facility and visit with the owners.

"Most of us in the tractor club are veterans and a lot of guys at the VA are old farmers and they like to see the tractors," Northwoods Antique Tractor Club Vice President Vance Jones said.

Medical center resident Lloyd Gauthier, who has a background in ranches and rodeo, agreed.

"It's a good opportunity for us to get out and do something," he said.

The Northwoods Antique Tractor Club for the past seven years has led an annual tractor procession from the fire hall in Aurora, Wis., to the VA medical center, but road construction in Aurora forced this year's route to start in Kingsford instead, Jones said.

OSCAR G. JOHNSON VA Medical Center resident Lloyd Gauthier looks over a line of old tractors and a display of an engine running antique appliances such as a washing machine and water pump.

They had a police escort on Carpenter Avenue and H Street.

This year's event included 16 tractors members of the Northwoods Antique Tractor Club in Aurora, Iron River Classic Farm Machinery Club and Mid-County Antique Tractor Club in Daggett; six automobiles from members of the Just Cruizin' Car Club in Iron Mountain; and a display of an engine powering antique appliances such as a washing machine and water pump. The youngest tractor driver was 9-year-old Caleb Erickson of Iron Mountain.

"We really appreciate these club members who come and spend time with our veterans," VA Public Affairs Officer Brad Nelson said. "This event is enjoyed by our veterans, staff and volunteers."

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4.13 - ConnectingVets: [VA's Center for Women Veterans employees fired over political tweets](#) (18 July, Jonathan Kaupanger, 24k uvm; New York, NY)

Two employees at Veterans Affairs Center for Women Veterans (CWV) lost their jobs for allegedly violating the Hatch Act via Twitter last week.

One was terminated—the other, the last Obama political appointee left at VA—resigned before she could be fired.

The terminated employee, Danielle Corazza, was the National Outreach Coordinator for CWV and part of her duties included posting to the Center's Twitter page.

According to Corazza, she would post anything and everything that effected the women veteran community. She had a Google alert set for news stories about women veterans and would also receive clips from the VA's press office to post. "Our community is small and they're hungry for information," said Corazza, who's a veteran herself.

Corazza says she was never counseled about her alleged violation of the Hatch Act and only learned about it when she was fired. The Hatch Act which has been around since 1939, was created to stop federal employees from engaging in political activities while on official duty. Current penalties for violating the act include: removal, reduction in grade, ineligibility from Federal employment for a period not to exceed 5 years, suspension reprimand, or an assessment of a civil penalty not to exceed \$1,000.

At the time of her termination, Corazza received what was supposed to be a three page letter but according to her the second page was missing. The Government uses a standard template for termination letters and this second page would have explained how she could file for

unemployment insurance and who to contact in order to get the evidence file used in her termination.

Corazza wants her job back and has hired a lawyer.

"No one has returned my calls to try and get the rest of the documents the agency has about this matter," says Corazza's lawyer, Kevin Owen. "They aren't returning her calls. They are stonewalling. I think they are doing it because they don't want to provide her rights and they don't want what's been going on known."

Connecting Vets reached out to VA for comment, and was sent screenshots of the five tweets they say are violations of the Hatch Act.

"The Center for Women Veterans was recently involved in repeated, clear and unequivocal violations of the Hatch Act," said VA Press Secretary Curt Cashour. "Using VA resources or time to put partisan politics ahead of the important needs of Veterans runs counter to VA's values and the law, and as a result VA is implementing staffing changes at the center."

"The office that Danielle worked for is statutorily mandated by Congress to help assist and promote and advocate for women veterans," explains Owen.

Corazza admits she didn't post many stories about Republican women running for office, because she says there are not as many.

"I haven't seen any Republican women veterans make the top ten," says Corazza. "If I had, I absolutely would have posted it. For me, it's not about being a Republican or Democrat. It's about being a strong powerful woman in our community."

Information from the Center for American Women and Politics seems to back Corazza on this. Women running as Democrats far outnumber those who are Republican this year. To date, adding up national and state political races, 3,107 of the women who have filed to run for office are Democratic, 1,250 are Republican.

This is not the first time someone in federal service has violated the Hatch Act this year. In March, the Office of Special Council (OSC) sent a letter to the President regarding two violations by Counselor to the President Kellyanne Conway. In the letter, Special Counsel Henry J. Kerner said, "Ms. Conway was aware of the Hatch Act's prohibitions when she chose during both interviews to repeatedly identify reasons why voters should support one candidate over another in the Alabama special election. Thus, I refer her violations for your consideration of appropriate disciplinary action." It's still unknown if any disciplinary action occurred.

A Hatch Act complaint was also filed against the president's son-in-law Jared Kushner in February. Both White House Social Media Director Dan Scavino and U.S. ambassador to the UN Nikki Haley, have also received either a warning or reprimand from the OSC for political statements on their official social media accounts.

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5. [Improve Timeliness of Service](#)

5.1 - Stars and Stripes: [VA watchdog finds nearly 20,000 veterans subjected to unwarranted medical exams](#) (19 July, Claudia Grisales, 1.5M uvm; Washington, DC)

A Department of Veterans Affairs watchdog has discovered the agency spent about \$10 million in unwarranted medical exams for military veterans, and warned another \$101 million could be lost from similar procedures in the next five years.

Last year, the Veterans Benefits Administration required nearly 20,000 disabled veterans to submit to unwarranted, follow-up medical exams — also known as “re-examinations” — to verify whether a disability was still present or had worsened, the VA inspector general estimated.

“While re-examinations are important in the appropriate situation to ensure taxpayer dollars are appropriately spent, unwarranted re-examinations cause undue hardship for veterans,” the inspector general said in a report released Tuesday. “They also generate excessive work, resulting in significant costs and the diversion of VA personnel from veteran care and services.”

The 25-page report is the latest indication of wasteful spending at the VA, a concern that has long plagued the agency.

In its latest findings, the VA inspector general said Veterans Benefits Administration employees did not consistently follow policy to request the follow-up exams only when necessary.

The VA watchdog reviewed a sample of 300 follow-up patient exams from March 2017 through August 2017 and found 111 of the exams were unwarranted. Based on that sample, the watchdog’s review team estimated an overall 37 percent — or 19,800 patient exams — of the total 53,500 conducted during the same six months were unneeded evaluations.

The unneeded patient visits were valued at an estimated \$10.1 million, which is comprised of \$5.3 million spent for the Veterans Health Administration clinicians and \$4.8 million to pay contractors, the VA watchdog report reported.

At such a pace, the Veterans Benefits Administration, or VBA, is now on track to waste \$100.6 million on similar exams in the next five years, the report stated.

That is, “unless it ensures that employees only request re-examinations when necessary,” the report states.

Of the 19,800 veterans who underwent the unneeded exams, 14,200 of them saw no change to their disability evaluations. Of the 14,200, an estimated 3,700 veterans saw proposed benefit reductions, which remained subject to a final decision and appeal process before the VA watchdog completed its report.

The nonessential exams also created additional workloads for VA workers, according to the watchdog report.

That “reduced VBA’s capacity to process benefits claims and the Veterans Health Administration’s capacity to provide health care services,” the report concluded.

A Veterans Benefit Administration policy requires a review of a veteran's claims to determine whether a follow-up exam, or re-examination, is needed. The review serves as a control to prevent pointless follow-up exams.

But the VA inspector general said it found a vast majority of the 19,800 veteran patient exams last year — 78 percent — didn't get a pre-exam review, with those cases referred for medical visits instead.

A series of factors should have prevented many of these unnecessary follow-up exams from occurring, such as the presence of a permanent disability that showed no signs of improving and cases involving patients who were older than age 55, the report stated.

The VA did not immediately respond to a request for comment Thursday. The full report can be read on the VA website.

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5.2 - WFLA (NBC-8, Video): [Disabled veteran takes fight for burn pit benefits to nation's capitol](#) (19 July, Steve Andrews, 692k uvm; Tampa, FL)

America's military is the most powerful in the world, the most technically advanced fighting machine in the history of the planet.

But for the last 17 years in Iraq and Afghanistan, the military disposed of its waste by dumping it into a hole, dousing it with jet fuel, then lighting it up in what are now known as burn pits.

Chemical, paint, plastics, medical and human waste and more were all burned.

"People are sick, people have died," said Navy veteran Lauren Price.

Burn pits got rid of the waste, but made many American troops sick.

Price is one of them.

After returning from Iraq in 2008, doctors diagnosed Lauren with a terminal bronchial condition.

"Thousands have died from diseases they have contracted while serving over there," explained Price.

Concerned about exposure to toxic smoke and fumes, more than 141,000 American service members signed on to the VA's Burn Pit Registry.

Central Command regulations banned burn pits.

"They complete ignored that," states Price.

Photos obtained by 8 On Your Side show evidence of a burn pit operating near where Americans are stationed in Taji, Iraq.

Price traveled to Washington D.C. this week to educate Congress about the damage caused by burn pits, which is a much different take than what the military contends.

"The typical spin that's coming out is, we need more research, we have to research this longer," said Price.

"If I go back in time to Vietnam veterans trying to get their benefits, we heard the exact same from the Department of Defense, that we needed more research."

Price started an organization called Veteran Warriors Advocacy. It is writing legislation mandating that the VA care and provide benefits for veterans suffering from burn pit exposure.

"If anyone needs us, if anyone has issues with burn pit claims, if they feel like they were exposed, you can find us on our own website at VeteranWarriorsAdvocacy.com or on Facebook, just look for Veteran Warriors," Price explained.

"I promise you that we have people across the nation who are fluent in what the regulations are and how to get your help, your medical care and your claim. You are not alone."

If you have a problem that you think should be investigated call our 8 On Your Side helpline at 1-800-338-0808.

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5.3 - Wisconsin Public Radio (Audio): [Wisconsin VA Leaders Defend Quality Of Care At Veteran Nursing Homes - Recently Published Data Brings Increased Public Scrutiny, VA Officials Say They Care For Patients With More Severe Needs](#) (18 July, Hope Kirwan, 151k uvm; Madison, WI)

As national officials question the quality of nursing homes run by the U.S. Department of Veterans Affairs, VA leaders in Wisconsin say they welcome increased transparency around the care they provide.

USA Today reports the U.S. House Committee on Veterans Affairs will be investigating quality of care at VA nursing homes. The review comes after reporting from USA Today and the Boston Globe found last year's internal quality measures at VA facilities were worse than the private sector.

That data showed the Tomah VA and Milwaukee VA were rated 2 out of 5 stars based on quality measures like pain levels, rates of bed sores and use of anti-psychotic drugs. The Madison VA nursing home received three stars.

Victoria Brahm, director of the Tomah VA Medical Center, said VA facilities will always face a high level of scrutiny, but it's something she welcomes.

"I think that it's really great that we are now being so transparent with our data," she said. "I think that open investigations and looking into how we provide care is a good thing."

But Brahm said she does think the VA needs to provide more information on how to interpret the newly available data.

The VA recently released this year's ratings of nursing home facilities on their website. Madison and Tomah both increased their quality ratings from last year, up to four and three stars, respectively. The Milwaukee VA dropped to one star under the quality rating.

The department also published their overall rating of the nursing homes, which is based on quality ratings, yearly unannounced inspections and staffing levels. Overall, Milwaukee and Tomah were rated four-star facilities while Madison received five stars.

Brahm points out that these ratings are based on the last three years of data for the facility.

"We certainly project our data to be phenomenally better next year," Brahm said. "Since our opioid crisis, we have implemented so many pain interventions."

Detailed quality data shows the percentage of VA patients who report moderate to severe pain is six times the national average for long stay patients. For short stay patients, the VA average is more than double the national average. Both Milwaukee and Tomah were higher than the VA average in both pain categories.

But James McLain, acting director of the Milwaukee VA Medical Center, said it's not fair to compare the VA to regular nursing homes because the VA provides a higher level of care.

"We don't transfer them to another hospital, we are a hospital so we provide that service in house," McLain said.

McLain said the Milwaukee VA has worked to provide more alternative treatments for pain, like yoga or water therapy.

"We also have to be realistic. As anyone ages, the likelihood of them experiencing pain at some time or another is going to increase," McLain said.

As the public pays more attention to these previously internal ratings, Brahm said she hopes the VA can work with private sector nursing homes to create a standard for evaluating quality.

"I think it's incumbent upon us to be partnering closer with the private sector to make sure that the data that we put out is standardized," Brahm said. "If you're measuring mortality, let's measure it the same way and let's all be transparent so that it is comparative and so that the public can make good decisions."

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5.4 - Nevada Appeal: [Sierra Nevada Health Care System nursing home receives 3-star rating](#) (19 July, 78k uvm; Carson City, NV)

The VA (Veterans Affairs) Sierra Nevada Health Care System recently announced its nursing home received three stars as part of its annual performance rating.

Spokeswoman Glenna Smith said the announcement comes after VA extended its 18-month record of transparency disclosures by making public for the first time its annual nursing home ratings for every facility in the country.

The data show that, overall, VA's nursing home system — composed of more than 130 community living centers — compares closely with private sector nursing homes, even though the department on average cares for sicker patients in its nursing homes than do private facilities.

In fact, Smith said the overall star rating for VA's nursing homes compared to the 15,487 private sector nursing homes rated by the Centers for Medicare and Medicaid Services (CMS) shows that VA has a significantly lower percentage (34.1 percent lower) of one-star, or lowest rated, facilities than the rest of the nation.

"VA Sierra Nevada Health Care System is aggressively working each day to improve the quality of care provided to our Veterans," said Acting Director, Charles Benninger. "We are proud to be one of the 60 facilities that demonstrated significant improvement in the quality of care we provide in the Community Living Center."

The best comparison of VA nursing homes to the private sector is in the overall star rating. Smith said by using that overarching and most important metric, VA's performance compares very closely with that of the private sector.

Specifically, VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness, and other conditions rarely seen in private nursing homes.

Also, Smith said private sector nursing homes admit patients selectively, whereas — unlike the private sector — VA will not refuse service to any eligible veteran, no matter how challenging the veteran's conditions are to treat. In other words, VA nursing homes often house residents with more complex medical needs that private sector facilities will not accept, which makes achieving good quality ratings more challenging.

As a result, VA nursing homes at times rate lower than private sector facilities on specific metrics such as pain and type of treatment. Despite that fact, she said VA nursing homes compare well with private sector facilities in overall facility rankings.

Additionally, VA nursing homes have a higher staff-to-resident ratio than private sector facilities, meaning residents in VA facilities get more direct attention from nursing home staff than do residents in the private sector.

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5.5 - Charleston Gazette-Mail: [Gazette editorial: Navy veterans one step closer to deserved benefits](#) (19 July, Editorial Board, 28k uvm; Charleston, WV)

Legislation to extend federal disability benefits to 90,000 veterans who might have been exposed to toxic chemicals, including Agent Orange, is scheduled for a hearing on Aug. 1 in the Senate Committee on Veterans Affairs, the Marine Corps Times reported.

West Virginia's Sen. Joe Manchin is a member of that committee. It is led by Sen. Johnny Isakson, R-Ga. The ranking minority member is Sen. Jon Tester, D-Mont.

Veterans and their families have been working for years for relief.

In 1991, Congress passed the Agent Orange Act. It allowed the secretary of Veterans Affairs to treat certain diseases as “presumptive,” meaning veterans who developed these diseases were presumed to have been exposed to Agent Orange and qualified for disability compensation.

In 2002, though, Veterans Affairs stopped benefits to U.S. Navy veterans whose ships never entered Vietnam’s inland waterways. These veterans, who served in harbors and on the ocean, called blue-water veterans, could qualify for benefits only if they proved they set “boots on the ground.”

This change led to a backlog of claims while veterans sickened and died.

But those veterans claimed, and further investigation has found, that, even on the nearby ocean, veterans were likely exposed. As ProPublica and The Virginian-Pilot reported in 2015 and 2016, Navy ships sucked in water contaminated with Agent Orange. Veterans say the water was distilled for drinking, showering, cooking and laundry, a process that could have actually concentrated the chemical.

Agent Orange was sprayed to kill vegetation that hid enemy soldiers. The chemical, produced by the former company Monsanto, among others, has been linked to various cancers, type 2 diabetes and Parkinson’s disease, among other conditions, and birth defects in the children of veterans.

In additions to Vietnam veterans, those who served in the Korean Demilitarized Zone in 1967 also would be included in this bill.

The legislation that the Senate committee will consider was passed by the House of Representatives last month, House Resolution 299, called the Blue Water Navy Vietnam Veterans Act of 2017.

Veterans and their families working to correct this wrong formed a group, the Blue Water Navy Association. It includes a number of West Virginians. In addition to working to get disability benefits restored to deserving veterans, the group connects affected people to share information and support. Other attempts to restore these benefits have died in committee.

We wish the veterans success.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - KERO (ABC-23): [Congressman Valadao urging VA Secretary to ensure housing vouchers are given to veterans - Valadao: Dept. of Veteran Affairs is understaffed](#) (19 July, Elisa Navarro, 302k uvm; Bakersfield, CA)

U.S. Congressman David G. Valadao joined House Majority Leader Kevin McCarthy and both California Senators by sending a letter to the U.S. Department of Veterans Affairs regarding unused vouchers from the Housing Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program.

Valadao, who represents portions of Kern County explained how the program provides support for homeless veterans.

"The HUD-VASH program provides rental assistance, as well as case management and clinical services, to homeless veterans, ensuring our nation's heroes never have to spend a night on the streets," Valadao said, "However, despite ample housing vouchers, staffing shortages at the Department of Veterans Affairs are preventing vouchers from being distributed to veterans in need of housing."

In the letter written by the California senators, McCarthy and Valadao stated that 102 vouchers are currently being used by veterans but due to a shortage of VA staff they are not able to accommodate everyone, this makes it difficult to serve the veterans to the fullest.

"With at least 95 known homeless veterans in the county, 39 of whom are living on the street, the VA should drastically increase its efforts to provide the staffing required to ensure that these vouchers are put to use."

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7.2 - Crosscut: [The number of homeless veterans is down. What's working?](#) (19 July, David Kroman, 162k uvm; Seattle, WA)

The bad news arrived again this year, like it had the year before and the year before that: According to the annual Point-in-Time count, homelessness in King County increased by 4 percent.

But within that troubling statistic was something positive: The number of veterans experiencing homelessness in the county actually decreased, by 31 percent, from about 1,300 in 2017 to 929 in 2018.

As the pressure to alleviate homelessness in the region increases, solutions with demonstrable results have been hard to come by. The nationwide success of those working with this particular population, then, provides a glimmer of hope that progress is possible and a potential roadmap for the city as it moves forward.

On a recent morning near the Veteran's Affairs hospital in Seattle's Beacon Hill neighborhood, Richard Alvarado climbed from his truck, where he had slept through the night. Moments later he was talking to Monique Brown, who was making the rounds through the parking lot where scores of people had spent the night in their vehicles.

As the founder of Forward Operating Base Hope, Brown does outreach to homeless veterans. Among other things, she helps people enter their names into a database. Famed among service providers for its specificity and individual focus, the database — known as the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) — helps connect homeless

veterans to services and housing. “It puts me on a thing to let them know I’m really struggling,” says Alvarado.

Alvarado had a wife and a family once, he says. But while driving a John Deere tractor on Joint Base Lewis McChord, he fell, ravaging his leg, which is now a patchwork of skin grafts and scars. Eight surgeries later, he could no longer work and his benefits couldn’t keep up with the rent. Now without a job or a permanent home, Alvarado becomes emotional when talking about what he lost. “I’ve been to the top and now I’m at the bottom,” he says.

Service providers point to two things that differentiates the responses to veteran homelessness and other demographics: sustained federal and local dollars, and this list, which ranks clients by need and helps service providers for homeless veterans at every level coordinate with one another. Providers across the region meet every week, combing through the database, discussing individual cases, looking for openings and gaps in the system.

“The reason why veterans homelessness is reaping dividends now, despite having this crazy housing market, despite having very limited access and utilization of health care, is because we got together and did the by-name list,” says Ryan Mielcarek, Director of Strategic Initiatives with Compass Housing Alliance.

“Knowing who is homeless and knowing what resources we have, helps us to better identify existing gaps in the system to both quantify and qualify what areas of need there are,” says Kip Swanson, program manager at Supportive Services for Veteran Families. “It’s not just a bunch of siloed programs,” he adds.

The model’s profile was elevated by consultant Barbara Poppe, who included a mention of it in her report on the City of Seattle’s response to homelessness. She said that it is key to improving the response to homelessness among other populations, not just veterans. Seattle’s Human Services Department is working toward launching its own by-name list.

Key to making that list work, according to the service providers that currently use it, are resources. Support for homeless veterans has consistently had bipartisan support and so funding has been steady, coming from the U.S. Department of Veterans Affairs, the Washington State Dept. of Veterans Affairs, and King County’s Veterans, Seniors and Human Services Levy, as well as various charities and private investment.

One of the most important assets is the “golden ticket,” as Mielcarek calls it: the Veterans Affairs Supportive Housing voucher. VASH vouchers act like Section 8, but as part of a partnership between the Department of Housing and Urban Development and the VA, it’s targeted toward veterans. Director of the VA’s Community Housing and Outreach Services Meghan Deal says that, while VASH vouchers are not available to everyone who needs them, they “are generally more available than mainstream Section 8 vouchers.”

For Ben Bourg, 34, it was this “golden ticket” that finally got him and his wife into stable housing. After extended tours in Iraq and Afghanistan, Bourg returned home with severe PTSD, which was misdiagnosed as bipolar disorder. He says he feels extreme anxiety around other people and is quick to lash out, qualities that made it hard for him to hold a job.

While living in Forks, he and his wife became homeless, eventually moving to Kirkland in hopes of connecting with more resources. They received a Section 8 voucher and found a place to

live, but left after having a clashing with the landlord. Back on the market, they had trouble finding a new place and the voucher expired before they could use it.

In and out of housing, Bourg and his wife lived on the streets and in a tent before connecting with the Department of Veterans Affairs office in Renton. The department found him a “project-based” VASH voucher, meaning he could use it in a housing facility specifically for homeless veterans. “That was what I needed was a place where I could get help,” he says while sitting at his kitchen table, the balcony door open to the street below. Surrounded by other veterans and case managers, Bourg says he feels he can finally work on his mental state in a way he never could without housing. He says he hopes to eventually design and sell apps.

Evan Mack, the Program Manager at Compass Veterans Center in Renton, says that as the number of homeless veterans decreases, the remaining cases are the more complicated ones, which require more wraparound services. He believes the success of his and other programs will continue, but that they will need to be more “creative.”

The severe lack of affordable housing is an obstacle to getting that number of homeless veterans down to zero. But Mack still sees the approach to veteran homelessness as an example to be followed. “This model could be successful for the general population if we just funded it the same way and set up the systems the same way.” He adds, “I feel bad for my partners that are not working with veterans because they just don’t have as many resources to turn to.”

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7.3 - KBAK (CBS-29): [Valadao, McCarthy and California senators seek help for Kern’s homeless vets](#) (19 July, 58k uvm; Bakersfield, CA

Local homeless veterans aren’t getting the help that should be available to them because of staffing shortages at the Department of Veterans Affairs, according to Rep. David Valadao.

He, fellow Kern County Rep. Kevin McCarthy and both California senators sent a letter to the VA’s acting secretary to seek help for the vets living on the streets.

The Housing Authority of the County of Kern has been given 143 federal vouchers designed to help homeless veterans, but only 102 vouchers are being used. The lawmakers blame VA staffing shortages for letting the others go to waste.

“The (Housing Urban Development-Veterans Affairs Supportive Housing) program provides rental assistance, as well as case management and clinical services, to homeless veterans, ensuring our nation’s heroes never have to spend a night on the streets,” Valadao said in a news release. “However, despite ample housing vouchers, staffing shortages at the Department of Veterans Affairs are preventing vouchers from being distributed to veterans in need of housing.”

There are 39 known local veterans living on the streets who could be helped by these vouchers, according to Valadao’s office.

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8. Mr. Wilkie nomination for VA Secretary

8.1 - Washington Post: Senate moves to install VA nominee following reports of staff targeting by acting secretary (19 July, Lisa Rein, 43.9M uvm; Washington, DC)

Senate Majority Leader Mitch McConnell (R-Ky.) announced Thursday that the Senate will vote Monday on the confirmation of top Pentagon official Robert Wilkie as veterans affairs secretary after revelations of a politically motivated purge of employees by the interim leadership.

The rapidly scheduled vote was announced after Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans' Affairs Committee, called Thursday for action on the confirmation "without delay."

The move follows a report in The Washington Post on Wednesday that VA officials who are supportive of President Trump have been taking aggressive steps to sideline or reassign employees who are perceived to be disloyal.

"It is of utmost importance that any policy changes that impact the future of the department be made by a confirmed VA secretary who can be held accountable by Congress and the American people," Isakson said in a statement.

Isakson said he would work with Wilkie to implement "any policy and personnel changes that he deems necessary to best serve the veterans of the United States" — a reference that underscored the alarm in both parties about the targeting of staff members.

Hours later, McConnell announced that the vote would be the first order of business when the Senate convenes Monday.

The personnel changes have been carried out by Peter O'Rourke, a former Trump campaign staff member who has been serving as VA's acting secretary since May 30. Multiple civil servants in several offices have been reassigned to lower-visibility roles, and some high-ranking Trump political appointees have been forced out after disagreeing with the management style of O'Rourke and his team, The Post reported.

Wilkie was not aware of the personnel moves, according to his spokesman and VA officials.

The officials behind the reassignments were also the driving force behind the ouster of Secretary David Shulkin, whom Trump fired in March. Wilkie served briefly as acting secretary after Shulkin left.

Among those reassigned in recent weeks were more than a dozen civil servants who served for years in support roles in the secretary suite's on the 10th floor of VA headquarters. The employees were not told why they were being moved, according to current and former VA staff members.

O'Rourke told House lawmakers Tuesday that the reassignments, which have extended to career executives at VA's massive benefits department, were "well-planned and designed moves" to improve "efficiency and effectiveness." He acknowledged that the changes were not the result of poor performance.

But Democratic lawmakers and the reassigned employees have accused O'Rourke of carrying out a loyalty purge based on the perceived political leanings of civil servants, whose jobs are supposed to be nonpartisan. Many of the staff members in the executive suite served multiple VA secretaries.

Also Thursday, nine Democrats led by Rep. Tim Walz (Minn.), the ranking Democrat on the House Veterans' Affairs Committee, called for an investigation of whether O'Rourke violated a federal law that prohibits on-duty political activity during his tenure as acting secretary.

"It is troubling that Mr. Rourke confirmed that the personnel changes were not for cause," the lawmakers wrote to special counsel Henry Kerner, a Trump appointee who leads the office that investigates violations of the Hatch Act.

The lawmakers said they have received information that career employees "have been removed, demoted or reassigned for political reasons," or resigned when they realized they were about to be fired.

The request from House Democrats follows a three-page letter that 12 Senate Democrats, led by Jon Tester (Mont.), the ranking Democrat on Veterans' Affairs Committee, sent to O'Rourke on Wednesday. The letter accused O'Rourke of "putting politics above veterans' needs."

VA spokesman Curt Cashour did not respond to a request for comment on the letter.

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8.2 - The Hill: [Senate to vote Monday on Trump's VA nominee](#) (19 July, Jordain Carney, 11.8M uvm; Washington, DC)

The Senate is scheduled to vote next week on President Trump's pick to lead the Department of Veterans Affairs.

Senate Majority Leader Mitch McConnell (R-Ky.) teed up a vote on Robert Wilkie's nomination for 5:30 p.m. on Monday.

Sen. Johnny Isakson (R-Ga.), the chairman of the Senate Veterans' Affairs Committee, said earlier Thursday that the Senate should vote to confirm Wilkie "without delay."

"It is of utmost importance that any policy changes that impact the future of the department be made by a confirmed VA secretary who can be held accountable by Congress and the American people," Isakson said.

Presidential physician Ronny Jackson, Trump's initial pick, withdrew his nomination in April amid allegations of professional misconduct.

Wilkie's nomination has, by comparison, been fairly low key.

Questions were temporarily raised about his nomination when The Washington Post reported that Wilkie has worked throughout his career for polarizing lawmakers and officials, whose controversial views he has defended.

But Sen. Jon Tester (Mont.), the top Democrat on the Senate's veterans panel, defended Wilkie, saying at the time that the nominee is qualified and a "good guy," and would wait to see Wilkie's response to the questions.

"That's why we're having a hearing," Tester said. "He'll have an opportunity to answer some of those questions. Many of them happened 20 years ago."

Wilkie defended his stance toward women and minorities during his confirmation hearing, telling lawmakers, "I will stand on my record."

Wilkie was subsequently approved by the committee in a near-unanimous vote. Sen. Bernie Sanders (I-Vt.) voted against him.

Wilkie previously ran military personnel policy at the Pentagon for the Trump administration before serving as acting VA secretary. He stepped down from acting VA secretary after being nominated for secretary.

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9. [Other](#)

9.1 - Arkansas Democrat-Gazette: [VA employee in Arkansas arrested in April rape, abduction](#) (19 July, Clara Turnage, 871k uvm; Little Rock, AR)

A Veterans Affairs employee was arrested Tuesday and charged with raping a woman in April, according to court records.

North Little Rock police officers were dispatched April 20 to West 18th Street, where they encountered a woman who told them she had been raped.

The woman said she met a man who asked for her phone number and asked her to come out to eat with him, court documents say. Instead, the man reportedly took her to his residence in Little Rock, where they had consensual sex before he told her he wanted to have anal sex.

The woman told him no, that she did not want to do that, but, according to an affidavit, he grabbed a handgun and told her he would kill her if she refused. The woman told officers that she struck the man with a shoe, hit him and pushed him away, but that he told her "it was turning him on because she was fighting," the report said.

The woman told officers the man overpowered and raped her then took her to Taco Bell, where he bought her food before leaving her on the side of the road. The woman immediately called police.

Evidence from a rape kit and samples taken from the food and drink containers left with the woman had some verifiable DNA that the state Crime Laboratory said belonged to Jacoby Lamar Carter, 30.

While officers were still investigating the crime, the woman said the man began texting her, asking when he could see her again and how much it would cost, according to the affidavit. The woman replied, confronting the man about the rape, but he told her she was "texting the wrong person," according to reports.

On May 10, the woman called police and told them the man was driving by her residence "smiling" and "blowing her kisses."

In her original testimony, the woman told officers the man had been wearing white scrubs when she met him. Officers said this could mean the man was a Veterans Affairs health care employee; they confirmed their suspicions with the Veterans Affairs police, reports say.

Detectives submitted the case to the prosecutor's office on April 25 for review. The arrest was approved on July 2 and officers obtained a warrant for Carter's arrest on July 11.

Officers arrested Carter Tuesday on charges of rape and kidnapping. He was in the Pulaski County jail in lieu of \$50,000 bond as of Wednesday evening.

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Veterans Affairs Media Summary and News Clips

21 July 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Long-Delayed, Budget-Busting VA Hospital to Open in Colorado](#) (20 July, Dan Elliot, 23.9M uvm; Washington, DC)

It's more than \$1 billion over budget and five years behind schedule, but an elaborate new veterans hospital is finally opening in suburban Denver on Saturday with the promise of state-of-the-art medical care. The \$1.7 billion Rocky Mountain Regional VA Medical Center made it through nearly a decade of management blunders, legal battles, federal investigations and congressional hearings.

[Hyperlink to Above](#)

1.2 - PBS NewsHour (Video): [Iraq and Afghan war vets exposed to toxic air struggle for breath — and a diagnosis](#) (20 July, Dan Sagalyn, 22M uvm; Arlington, VA)

Among the more than 2.5 million men and women who have served in the wars in Iraq and Afghanistan, there are many veterans -- exposed to sandstorms, burn pits and other hazards -- who suffer from a mysterious pulmonary illness, as well as the confusion and doubt that surrounds their condition. The NewsHour's Dan Sagalyn reports, with narration from Nick Schiffrin.

[Hyperlink to Above](#)

1.3 - PCMag (Video): [VA Reenlists IBM's Watson in Fight Against Cancer](#) (19 July, Angela Moscaritolo, 19.1M uvm; New York, NY)

Two years ago, oncologists with the US Department of Veterans Affairs started using IBM Watson artificial intelligence to identify targeted treatment options for cancer patients. Now, they will be able to continue that work for at least another year. The VA and IBM Watson Health today announced an extension of their partnership through at least June 2019.

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1.4 - The Denver Post: [How the \\$1.7 billion VA boondoggle got unbungled](#) (21 July, Rep. Mike Coffman (R-Colo.), 4.8M uvm; Denver, CO)

The Rocky Mountain Regional VA Medical Center located in Aurora is officially open. This is a great thing for our veterans and for our community, but it arrived years late and cost the taxpayers far more than it should have. Plagued by years of mismanagement by the Department of Veterans Affairs, I'm convinced that if not for the U.S. Army Corps of Engineers, who took over the construction management of the hospital in 2015, this day might never have come.

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1.5 - Tampa Bay Times: [Congress demands answers from VA about allegations against Haley](#) (20 July, Howard Altman, 4.8M uvm; Saint Petersburg, FL)

Congress is demanding answers from the Department of Veterans Affairs about allegations that at least hundreds of radiology exams were improperly cancelled at the James A. Haley Veterans' Hospital and that officials there tried to cover it up.

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1.6 - Stars and Stripes: [VA watchdog: Nearly 20,000 veterans subjected to unnecessary medical exams](#) (19 July, Claudia Grisales, 1.5M uvm; Washington, DC)

A Department of Veterans Affairs watchdog has discovered the agency spent about \$10 million in unwarranted medical exams for military veterans, and warned another \$101 million could be lost from similar procedures in the next five years.

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1.7 - Stars and Stripes: [VA's erratic handling of employee misconduct claims could hurt veterans, GAO says](#) (20 July, Claudia Grisales, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs doesn't have a system to track disciplinary actions. Case files are missing documentation. VA whistleblowers are more likely to be punished than their peers. These findings were among others documented in a lengthy report issued Thursday by the Government Accountability Office, a federal watchdog agency.

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1.8 - Government Executive: ['Chaos' as VA Implements Executive Order Limiting Union Official Time](#) (20 July, Erich Wagner, 870k uvm; Washington, DC)

The Veterans Affairs Department announced Friday that it has begun implementation of the Trump administration's controversial executive order significantly curbing unions' ability to use official time to represent employees.

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1.9 - WFED (AM-1500): [VA whistleblowers 10 times more likely to receive discipline over their colleagues](#) (20 July, Nicole Ogrysko, 831k uvm; Washington, DC)

Whistleblowers at the Veterans Affairs Department have received a disciplinary action within the first year of making a disclosure 10 times more often compared to their colleagues in the rest of the agency. Of roughly 130 VA whistleblowers the Government Accountability Office reviewed in a recent study, 2 percent of them had received an adverse action from their supervisors before filing a disclosure.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KMGH (ABC-7): [Rep. Mike Coffman has mixed feelings on long-awaited Colorado VA hospital's opening](#) (20 July, Blair Miller, 2.1M uvm; Denver, CO)

Congressman Mike Coffman said Friday he's feeling "good and bad" ahead of Saturday's ribbon-cutting ceremony of the new Rocky Mountain Regional VA Medical Center in Aurora. The five-term Republican congressman from Aurora also criticized President Donald Trump's meeting this week with Russian President Vladimir Putin in an interview with Denver7 ahead of Saturday's hospital ceremony.

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3.2 - KDVR (FOX-31, Video): [Veterans have conflicting emotions ahead of new Aurora hospital opening](#) (20 July, Joe St. George, 662k uvm; Denver, CO)

Saturday is a day many believed would never come. The new Aurora Veterans Medical Center is scheduled to open following a ribbon-cutting ceremony. While ribbon cuttings are usually a celebration, this one is full of conflicting emotions. Some veterans are enthusiastic.

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3.3 - FedScoop: [VA extends partnership with IBM Watson to use AI in cancer treatment](#)

(20 July, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The Department of Veterans Affairs says it has extended a public-private partnership with IBM that allows the VA to use the company's Watson Health artificial intelligence capabilities to interpret cancer data.

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3.4 - Long Island Business News: [In N. Hempstead, a push for a veterans clinic](#) (20 July, Adina Genn, 55k uvm; Ronkonkoma, NY)

In North Hempstead, a call for federal funding for a Veterans Affairs Community-Based Outpatient Clinic is gaining momentum. A clinic in North Hempstead would spare veterans from traveling to the Northport VA or to a clinic in Valley Stream when they need medical treatment, officials said Friday.

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4. [Focus Resources More Efficiently](#)

4.1 - The Daily Caller: [VA Wasted \\$10 Million In Unwarranted Medical Exams, Reports VA Watchdog](#) (20 July, Hanna Bogorowski, 12M uvm; Washington, DC)

A Department of Veterans Affairs watchdog has revealed the agency performed nearly 20,000 unnecessary medical exams for disabled veterans in 2017, costing over \$10 million. The Veterans Benefits Administration (VBA) required thousands of veterans to go through "re-examinations" to verify if their disabilities or conditions were still present or had gotten worse, according to Stars and Stripes.

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4.2 - Star Tribune: [Minneapolis VA boosts access to federal cancer trial](#) (21 July, Jeremy Olson, 10.8M uvm; Minneapolis, MN)

Researchers hope a new partnership with the Minneapolis VA Medical Center and other veterans' hospitals will boost growth in cancer studies and the development of drugs and personalized therapies.

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4.3 - Washington Examiner: [If Trump cares about veterans, here are better ways to help than a military parade](#) (20 July, Erin Dunne, 4.8M uvm; Washington, DC)

Trump's military parade is expected to cost about \$12 million, according to three defense officials who spoke with CNN earlier this week. That might be a drop in the bucket for the

military budget, but it's still a lot of money to spend on marching around in uniforms and loud planes over the capital.

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4.4 - WFED (AM-1500, Audio): [Is law to bar abusers of VA credit cards necessary?](#) (19 July, 831k uvm; Washington, DC)

A bill that passed the House and is pending in the Senate seeks to curb misuse of federal credit cards in the Veterans Affairs Department. It would bar abusers from ever being entrusted with another card. Is this law necessary and what might be its practical effects? For some answers, Federal Drive with Tom Temin spoke with Wayne Simpson, a retired career VA manager in logistics and acquisition and now with Centre Law and Consulting.

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4.5 - FedSmith: [GAO: VA Whistleblowers 10x More Likely to Be Disciplined Than Peers](#) (20 July, Ian Smith, 277k uvm; Washington, DC)

A new report from the Government Accountability Office found that whistleblowers at the Department of Veterans Affairs were 10 times more likely than their peers to receive disciplinary action within a year of reporting misconduct. That was among some of the findings from the report which also included numerous recommendations for the VA that GAO made.

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4.6 - FierceHealthcare: [GAO: VA whistleblowers far more likely than colleagues to face disciplinary action](#) (20 July, Paige Minemyer, 141k uvm; Washington, DC)

Whistleblowers at the Department of Veterans Affairs were significantly more likely to face disciplinary action than their colleagues, according to a new report. The Government Accountability Office found that VA whistleblowers were 10 times more likely than other employees to be hit with a disciplinary action within a year of reporting misconduct.

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4.7 - St. Louis Record: [Former VA worker's suit cites retaliation, gender bias at health clinic in Mount Vernon](#) (19 July, William Sassani, 13k uvm; Rolling Meadows, IL)

A former male employee of the Veterans Affairs (VA) clinic in Mount Vernon recently filed a federal suit against the department alleging retaliation, gender discrimination and a hostile work environment leading up to the termination of his employment.

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4.8 - ConnectingVets.com (CBS Radio): [Exclusive: Senators call recent firings at VA a "Shameful" political purge](#) (19 July, Jonathan Kaupanger, New York, NY)

Accusing VA of putting politics ahead of veterans, senators sent VA Acting Secretary Peter O'Rourke a letter calling the current actions at VA "shameful." Sen. Jon Tester's office confirmed that the letter was sent to O'Rourke in response to a story published by The Washington Post, about VA employees who were reassigned or simply fired and not given proper reasons for their termination.

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5. Improve Timeliness of Service

5.1 - WBIR (NBC-10): VA nursing homes in Tennessee, U.S. under investigation after internal ratings released (20 July, Yihyun Jeong, 1.5M uvm; Knoxville, TN)

Two Department of Veterans Affairs nursing homes in Tennessee are under investigation as part of a national review launched by officials this week after the VA released internal ratings for the first time that showed that almost half of the centers were given the lowest possible score.

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5.2 - Brooklyn Daily Eagle: VA Hospital “not closing,” says official at heated town hall meeting (20 July, Jaime DeJesus, 64k uvm; Brooklyn, NY)

“We’re not closing.” That was the definitive statement made by Director of VANY Harbor Healthcare System Martina Parauda regarding the status of the Brooklyn VA Hospital during a two-hour town hall meeting held on the second floor of the center, 800 Poly Place, on Wednesday, July 18.

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6. Suicide Prevention

6.1 - Stars and Stripes: Vets, PTSD and suicide: An age-old problem? (20 July, Larry M. Logue and Peter Blanck, 1.5M uvm; Washington, DC)

July observances are more about patriotism and independence than soldiering, but the two are never far apart. This past Independence Day, you may have seen the two concepts dovetail on yard signs notifying revelers that “A COMBAT VETERAN LIVES HERE — PLEASE BE COURTEOUS WITH FIREWORKS.”

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6.2 - The Daily News: Officials: Mental health treatment not mandatory (20 July, Kelsey Stiglitz, 66k uvm; Jacksonville, NC)

A retired Marine who suffered gunshot wounds in a domestic dispute early Tuesday morning reportedly had previously voiced suicidal threats leading up to the incident. No arrests have been made following a shooting in Sneads Ferry Tuesday as the suspect remains hospitalized.

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6.3 - The Baxter Bulletin: VA officials: Community Action Board (CAB) offers help to Mountain Home vets (20 July, Scott Liles, 58k uvm; Mountain Home, AR)

More than 70 area veterans packed into a meeting room at the Mountain Home Holiday Inn Express on Friday to hear Veterans Affairs officials talk about forming a community action board comprised of local groups.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military.com: [Disabled Vets May Be Eligible For Student Loan Writeoff](#) (20 July, Jim Absher, 9M uvm; San Francisco, CA)

The Departments of Education and Veterans Affairs (VA) have teamed up to notify veterans with severe disabilities that they may be eligible to have their federal student loans discharged tax-free. If you have a permanent and total disability from the VA or DOD, or are considered unemployable by the VA due to your service-connected disability, you may qualify for a total and permanent disability (TPD) discharge or waiver of your federal student loans or TEACH Grant service obligation.

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7.2 - KOB (TV-4, Video): [An honor 75 years in the making](#) (20 July, Kai Porter, 1M uvm; Albuquerque, NM)

After bravely fighting for his country in World War II nearly 75 years ago, 97-year-old Dennis Ferk was finally honored Friday with the four medals he earned in the conflict. During a ceremony at the Santa Fe Vet Center, Ferk was pinned with four medals he earned, but never claimed after the war ended.

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7.3 - Times-News: [Grant will cover expansion of veterans cemetery in Black Mountain](#) (20 July, 59k uvm; Hendersonville, NC)

The Department of Veterans Affairs has awarded a \$3 million grant to cover 100 percent of the costs associated with the expansion of the Western Carolina State Veterans Cemetery in Black Mountain. The grant will fund the construction of 1,300 preplaced crypts, 564 in-ground cremated remain sites, 1,360 columbarium niches, roadways, landscaping and supporting infrastructure, Sens. Thom Tillis and Richard Burr announced Friday.

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7.4 - Citizen Tribune: [Roe: Extending GI Bill Benefits Is One Of Most Important Of His Career](#) (20 July, Bianca Marais, 49k uvm; Morristown, TN)

With media Thursday, U.S. Rep. Phil Roe touted a bill to extend veteran benefits and another that will make it easier for low-income students to attend college. He also gave a rundown of where a variety of current issues now stand in Congress. The congressman attended some round-table meetings to discuss the Forever GI Bill which will go into effect Aug. 1.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Roll Call: [VoteVets Launches TV Ad Knocking Cramer on Veterans Issues](#) (20 July, Bridget Bowman, 430k uvm; Washington, DC)

A liberal veterans group is launching a television ad in North Dakota, criticizing GOP Rep. Kevin Cramer for comments about the military and for votes relating to pay raises for the military and Veterans Affairs funding.

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9.2 - Wyoming Tribune-Eagle: [Woman gets probation for accusations of abusing vulnerable adult](#) (20 July, Katie Kull, 154k uvm; Cheyenne, WY)

A longtime family dispute came to a head Thursday in Laramie County District Court as a woman was sentenced to probation and ordered to pay hundreds of thousands of dollars in restitution for taking advantage of an elderly man.

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9.3 - Task & Purpose (Video): [Exclusive: American Legion In Turmoil As Top Exec Resigns Over Background Questions](#) (20 July, Adam Linehan, 102k uvm; New York, NY)

The American Legion executive tapped to assume the organization's top administrative position resigned abruptly on Wednesday amid allegations that she exaggerated her professional and academic credentials, Task & Purpose has learned.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [Long-Delayed, Budget-Busting VA Hospital to Open in Colorado](#) (20 July, Dan Elliot, 23.9M uvm; Washington, DC)

DENVER — It's more than \$1 billion over budget and five years behind schedule, but an elaborate new veterans hospital is finally opening in suburban Denver on Saturday with the promise of state-of-the-art medical care.

The \$1.7 billion Rocky Mountain Regional VA Medical Center made it through nearly a decade of management blunders, legal battles, federal investigations and congressional hearings.

Lawmakers were so angry they stripped the VA of the authority to manage big projects in the future and gave it to the Army's construction experts, the Corps of Engineers.

Veterans say they are frustrated by the slow and tortuous path the VA followed but relieved the hospital is finally done.

"The cost overrun has been unfortunate. The schedule slip has been unfortunate. Yeah, it's all been unfortunate," said Leanne Wheeler, an Air Force veteran who gets VA health care in Denver.

But "we're glad to have it," she said.

The bright, airy complex in the east Denver suburb of Aurora is a collection of a dozen large buildings connected by a long, soaring, glass-walled corridor. From above, it looks like square leaves growing from a vine.

Most patients will have private rooms, with space for family to stay overnight. Operating rooms have easy access to the intensive care unit as well as pre- and post-operation rooms.

When it's in full operation, the facility will offer services that the old VA hospital in Denver does not, including clinics for spinal cord injuries, mammography, PET scans for cancer, prosthetics and aquatic therapy.

But a post-traumatic stress disorder program will remain at the old campus for now. It was axed from the new facility when the VA tried to rein in soaring costs.

The old hospital is "kind of dingy, depressing," with a dreary, military feel, said John Keene, a Marine Corps veteran and executive director of Veterans of Foreign Wars Post 1 in Denver.

"I've heard anecdotally that some veterans don't use the VA because just walking into the facility can bring back memories," he said.

The new hospital should be more inviting, Keene said.

It has been in the works since 2002, when the VA proposed making it part of a University of Colorado hospital then in the planning stages. But the agency dropped that idea when veterans said they wanted a separate facility.

In 2006, the VA hired a design team, and in 2009, the agency estimated it could build the new hospital for \$537 million and finish by 2013, according to a government investigation.

Six years later, the price tag had soared to more than \$1.7 billion.

What went wrong, according to multiple investigations, was that VA officials opted for a lavish design and tried to use a complicated contract they didn't fully understand. They failed to get the designers and builders to agree on plans and costs, and they didn't oversee the work closely enough, investigators said.

Congress was furious, holding multiple hearings and demanding that the VA fire anyone responsible. But in the end, no one was let go or criminally charged. The VA said it was ready to fire one executive and was investigating another, but both retired before the agency could act.

Other officials were demoted or transferred.

Congress eventually agreed to finish the hospital. The Army Corps of Engineers took over construction management and trimmed the final cost by about \$400,000, to just under \$1.7 billion, according to VA numbers.

Republican Rep. Mike Coffman, whose district includes the hospital, was a dogged critic of the project's planners and managers but declined to dwell on the problems this week.

"While we can debate the long road it took for us to get here, Saturday will be about the veterans and their families," he said in an email to The Associated Press.

Keene, the VFW post commander, worries that the public will blame hospital staff for the problems.

"They kind of have a weight around their neck coming out of the gate because of all the cost overruns," he said, but they're not the ones responsible.

"Those are good people and they're trying to do their best," he said.

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1.2 - PBS NewsHour (Video): [Iraq and Afghan war vets exposed to toxic air struggle for breath — and a diagnosis](#) (20 July, Dan Sagalyn, 22M uvm; Arlington, VA)

Among the more than 2.5 million men and women who have served in the wars in Iraq and Afghanistan, there are many veterans -- exposed to sandstorms, burn pits and other hazards -- who suffer from a mysterious pulmonary illness, as well as the confusion and doubt that surrounds their condition. The NewsHour's Dan Sagalyn reports, with narration from Nick Schiffrin.

Read the Full Transcript

Judy Woodruff:

But first, more than 2.5 million men and women have served in the wars in Iraq and Afghanistan.

The health challenges many veterans face when they return home, such as post-traumatic stress disorder or traumatic brain injury, are well-documented.

But there's another illness many military personnel suffer from that's led to a fight among doctors over how to diagnose the condition. Some doubt it even exists.

Nick Schiffrin returns now with this story, produced and reported by the "NewsHour"'s Dan Sagalyn.

Nick Schiffrin:

On the edge of a U.S. base in Kuwait, the entire horizon has become a cloud of dust.

Man:

That is just insane.

Nick Schiffrin:

It's 2011. U.S. service members have been stationed in the desert for eight years. And in a matter of seconds, what was once a blue sky becomes thick yellow dust, and then red, and then darkness.

Man:

Now we can't see anything.

Nick Schiffrin:

Sandstorms like this were routine, not only in Kuwait, but theater-wide, in Iraq and Afghanistan. So were thick black clouds of smoke.

Man:

Luckily, the wind is not blowing our way.

Nick Schiffrin:

The military used burn pits to dispose of pretty much everything, from tires to batteries to styrofoam, all burned near where soldiers lived and where soldiers worked.

The horror of car bombs produced combat dust and debris. Soldiers inhaled all that dust, all that smoke, and it may have afflicted them with higher-than-average rates of asthma, bronchitis, and other pulmonary disorders.

Cynthia Aman:

I find myself struggling, when I pull into a parking lot, even at the grocery store, because I know what's going to happen. If I have to park in the back of the parking lot, by the time I get inside, I'm so winded that it's miserable for me to even do my grocery shopping.

Nick Schiffrin:

Former Army Sergeant Cynthia Aman is one of more than 360,000 Iraq and Afghan war veterans diagnosed with lung disease and seen by Department of Veteran Affairs.

Aman's Missouri National Guard police company deployed to Kuwait and Iraq in 2003. She says, in her yearlong deployment, she suffered dozens of sand storms.

Cynthia Aman:

The only thing we had were like scarves or things to cover our faces. So, when we were out doing these missions in these small camps, a sandstorm would come up so quickly that you — the only thing you can do is try to cover your face. And I joke now, but it was almost like we were eating it.

Nick Schiffrin:

Aman lives in Delaware with her husband and daughter. She leaned on her family for support while she struggled to figure out what was wrong.

Cynthia Aman:

It's been a year-and-a-half, almost two years of nonstop jumping through hoops and fighting trying to get answers and get a definitive diagnosis.

Nick Schiffrin:

Aman travels from her home in Delaware to Washington to advocate for veterans. She says, at first, doctors said the problem was in her mind.

Cynthia Aman:

When I first starting going to the VA and explaining my symptoms, automatically, they were telling me it was anxiety. I was just hyperventilating. They tried to put me on antipsychotic medications, different mood stabilizers and things of that nature.

And I was telling them, no. My shortness of breath, it's something physical. I know it is. It's not psychological. I'm not depressed. I'm not anxious. You know, I want to find an answer.

Nick Schiffrin:

After dozens of medical tests, Aman got a surgical procedure like the one seen here, a lung biopsy, where doctors remove a sample of her lung.

When they examined it, they realized she had constrictive bronchiolitis, a lung disease where the small airways are destroyed. It's rare among civilians, and there's no treatment or cure.

The first time U.S. troops came down with constrictive bronchiolitis, it's believed they'd breathed in the black haze caused by a sulfur fire like this one. It spewed toxic fumes for almost a month. But the unit's doctors couldn't figure out the source of the soldiers' lung problems, so they sought out Dr. Robert Miller of Vanderbilt University.

Dr. Robert Miller:

When we started seeing service members with unexplained shortness of breath, they had already had a number of noninvasive studies, chest X-rays, C.T. scans, pulmonary function tests, exercise tests. None of these tests seemed to explain their exercise limitation.

Nick Schifrin:

The patients were undiagnosable without lung biopsies that are expensive and invasive and carry some risk. He published his findings in "The New England Journal of Medicine."

Dr. Robert Miller:

Small airways disease is known to be a stealth-like disease. It is difficult to diagnose it without a lung biopsy.

Dr. Allyn Harris:

Constrictive bronchiolitis is the most common, far and away the most common thing that I see, which is a disease of the small airways.

Nick Schifrin:

Doctor Allyn Harris is a pulmonologist at the Jackson, Mississippi, VA Medical Center. We met her at a conference attended by veterans with lung disease, including Cynthia Aman.

Dr. Allyn Harris:

I think it's underdiagnosed, for sure, nationwide.

Nick Schifrin:

Dr. Harris says she has around 200 patients who have constrictive bronchiolitis.

Dr. Allyn Harris:

My feeling is that constrictive bronchiolitis is very prevalent, and probably second only to PTSD.

Nick Schifrin:

The VA has diagnosed more than 390,000 Iraq and Afghanistan veterans with PTSD, or post-traumatic stress disorder.

And they argue patients with constrictive bronchiolitis is nowhere near that number. The VA told the “NewsHour” they have diagnosed only 128 veterans with the condition, and that shortness of breath can be caused by other factors.

That skepticism is shared by retired Army Colonel and pulmonologist Dr. Michael Morris, at the Brooke Army Medical Center in San Antonio.

Dr. Michael Morris:

If you are a little bit heavier, you haven’t exercised as much, if you have some sleep issues, if you have reflux — reflux affecting the lungs is very hard to diagnose. All those things may play a role in your symptoms.

Nick Schiffrin:

Morris researches soldiers’ respiratory health. He believes that, unless noninvasive tests show problems, doctors should avoid invasive and what he calls risky lung biopsies.

Dr. Michael Morris:

There is a risk. They have to go general anesthesia. There is a risk to that. There is a risk to the procedure itself. And our thought is that we should do everything noninvasively first before we proceed to a biopsy.

Nick Schiffrin:

And he says, since there’s no treatment plan for constrictive bronchiolitis, biopsies serve little purpose.

But Cynthia Aman says her lung biopsy eliminated so many doubts that had been plaguing her.

Cynthia Aman:

The biopsy has given me a definitive diagnosis and just some answers. It was funny, because when I got the results, the first words out of Dr Szema’s mouth — wait, stop. I’m sorry.

Literally, the first words out of his mouth were, “Cindy, you’re not crazy,” because for so long, after you’re getting a normal pulmonary function test, and you have lung specialists or doctors saying, your tests are normal, we don’t think anything’s wrong, to hear those words of there’s definitely something wrong with your lungs was just such a relief.

Nick Schiffrin:

But for these veterans, getting a proper diagnosis from the inhalation of dust, debris and smoke is only a first step. The next step is to qualify for disability compensation. And doing that turns out to be a second major challenge.

When Aman applied, she says the VA ignored her diagnosis and assigned her its lowest benefit rating.

Cynthia Aman:

They gave me a zero percent, because they said my pulmonary functioning is normal, and I'm not using inhalers or corticosteroids every day.

Nick Schiffrin:

Aman appealed and ultimately won. The VA rated her 100 percent disabled. She now gets disability compensation.

Kerry Baker:

If I had to guess how many people were getting denied benefits because of this, I would say probably 80 to 90 percent

Nick Schiffrin:

Attorney Kerry Baker represents veterans struggling to obtain VA coverage. He used to lead the VA's legislative and policy staff.

Kerry Baker:

Veterans are pushed through the claims process so fast. VA examiners might do an exam for orthopedic disabilities, the next one may be hearing loss. The next one may be some other type of disability.

And when you're a physician's assistant doing that for a living, the odds of you having any real knowledge of complicated exposures, such as burn pits, it's not likely.

Nick Schiffrin:

Dr. Miller thinks vets who lived under those dusty conditions and exhibit the symptoms of constrictive bronchitis should qualify for compensation.

Dr. Robert Miller:

A soldier that presents with unexplained shortness of breath, with the appropriate exposures, and no other complicating factors, such as heart disease or asthma, and has a clear history of exercise limitation, may be a candidate for that presumptive diagnosis.

Nick Schiffrin:

The VA disagrees.

In response to the "NewsHour"'s questions, the agency said, "The evidence simply doesn't exist to support the presumption of service connection for constrictive bronchiolitis."

And the VA also denied any problems with how it determines disability compensation.

Out in Denver, researchers are trying to figure out if they can diagnose constrictive bronchiolitis without biopsies. This lung clearance index test at National Jewish Health could discover the

same problems a biopsy does, without the invasive procedure. But their research will take years.

In the meantime, countless veterans exposed to airborne hazards struggle with every breath more than 15 years after many of them deployed.

For the “PBS NewsHour,” I’m Nick Schifrin.

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1.3 - PCMag (Video): [VA Reenlists IBM's Watson in Fight Against Cancer](#) (19 July, Angela Moscaritolo, 19.1M uvm; New York, NY)

Two years ago, oncologists with the US Department of Veterans Affairs started using IBM Watson artificial intelligence to identify targeted treatment options for cancer patients.

Now, they will be able to continue that work for at least another year. The VA and IBM Watson Health today announced an extension of their partnership through at least June 2019.

Working out of a precision oncology "hub" in Durham, N.C., a small group of VA oncologists and pathologists receive tumor samples from patients around the country. They sequence the tumor DNA, then use Watson AI to help interpret the data, identifying likely cancer-causing mutations and drugs that might be useful to treat them. So far, VA oncologists have used Watson to help treat more than 2,700 veterans with cancer—mostly stage 4 patients who have exhausted all other treatment options.

"It is incredibly challenging to read, understand, and stay up-to-date with the breadth and depth of medical literature and link them to relevant mutations for personalized cancer treatments," IBM Watson Health Chief Health Officer Dr. Kyu Rhee said in a statement. "This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S."

The VA currently treats 3.5 percent of the nation's cancer patients. More than a third of the patients who have benefited from its precision oncology program are veterans from rural areas where cutting-edge medical technology like this is uncommon.

"Our mission with VA's precision oncology program is to bring the most advanced treatment opportunities to Veterans, in hopes of giving our nation's heroes better treatments through these breakthroughs," Acting VA Secretary Peter O'Rourke said in a statement. "We look forward to continuing this strategic partnership to assist VA in providing the best care for our veterans."

Watson has been fighting cancer for some time. The New York Genome Center first started using the technology in 2014 in DNA-based treatments for glioblastoma — the most common type of brain cancer, which kills more than 13,000 Americans every year.

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1.4 - The Denver Post: [How the \\$1.7 billion VA boondoggle got unbungled](#) (21 July, Rep. Mike Coffman (R-Colo.), 4.8M uvm; Denver, CO)

The Rocky Mountain Regional VA Medical Center located in Aurora is officially open. This is a great thing for our veterans and for our community, but it arrived years late and cost the taxpayers far more than it should have. Plagued by years of mismanagement by the Department of Veterans Affairs, I'm convinced that if not for the U.S. Army Corps of Engineers, who took over the construction management of the hospital in 2015, this day might never have come.

At the end of the day, at a price tag of over \$1.7 billion, the new VA hospital will be double the square footage of the old hospital but will have the same number of beds. Also, there are fewer primary care exam rooms at the new hospital requiring seven existing Patient Aligned Care Teams to be left on the first floor of the old hospital on Colorado Boulevard until additional outpatient space can be found.

Operating both medical centers was never part of the plan.

On January 3, 2013, I became the congressman for a newly redrawn 6th Congressional District that included the construction site for the replacement VA hospital on the Anschutz Medical Campus. Prior to 2013, Congressman Ed Perlmutter represented the hospital construction site, and his predecessor, former Congressman Bob Beauprez, represented the area from 2003-2007 when the planning for the VA hospital started.

Knowing how important this project was to our veterans, I asked that same month to be moved to the Veterans Affairs Committee where I was appointed to be the chairman of the Oversight and Investigations Subcommittee. This gave me a unique vantage point to monitor the progress of the construction project.

Immediately, I saw the disconnect between what the construction management team for the Aurora project was officially reporting to Congress and what I was hearing privately from concerned VA employees and subcontractors working onsite. Early in 2013, I began to receive internal emails revealing that senior VA leaders clearly knew that the costs of the project were spiraling out-of-control and pushing it well beyond the authorized budget cap of \$600 million. When I openly challenged the VA about these costs overruns and the construction delays, they repeatedly responded with misleading narratives that all was going "just fine."

In fact, all was not "just fine." In April 2013, the Government Accountability Office (GAO) issued a 33-page report condemning the VA for its hospital construction management practices and said that all four major hospital projects then underway: Orlando, Las Vegas, New Orleans, and Aurora, were disasters. "For VA's four largest medical-facility construction projects, when comparing November 2012 construction project data with the cost and schedule estimates first submitted to Congress, cost increases ranged from 59 percent to 144 percent, representing a total cost increase of nearly \$1.5 billion and an average increase of approximately \$366 million per project. The schedule delays ranged from 14 to 74 months with an average delay of 35 months per project." The report projected the biggest cost increase of 144 percent for the Aurora hospital.

To highlight the challenges of getting straight answers, the September 21, 2016 Office of Inspector General (OIG) report stated that the VA construction executive, Glenn Haggstrom, "did not share [the] information with Congress" concerning the cost overruns. Another VA executive who had her fingerprints all over the cost overruns was Stella Fiotes, the executive

director of the Office of Construction and Facilities Management for the VA since 2013. She succeeded Haggstrom and she was equally evasive.

Fiotes still holds the same position with the VA despite her office's extraordinary failures.

Throughout the 2013 GAO report there were multiple references to the U.S. Army Corps of Engineers' construction management policies and procedures that the VA could adopt in order to improve its practices, particularly given that the Army Corps of Engineers has a record of building similar facilities for the Department of Defense within budget and on schedule.

After reading this GAO report and recognizing that the VA Office of Construction and Facilities Management was not providing honest answers to the subcommittee that I chaired, I decided to push for legislation that would replace the VA with the Army Corps of Engineers at all four construction sites. No doubt, the VA is an organization that should be focused on their core mission of providing the health care and benefits that our veterans have earned through their military service and not on construction management, which they clearly don't have the competence to do.

On November 21, 2013, I introduced the VA Construction Assistance Act of 2014, to strip the VA of its construction management authority on all four major hospital construction projects and put the Army Corps of Engineers in charge. The legislation passed the House unanimously.

Three months later, the general contractor for the Aurora VA hospital, Kiewit-Turner, prevailed in a lawsuit against the VA at the Civilian Board of Contract Appeals claiming that the VA breached its contract through its mismanagement of the project. The remedy that the court gave Kiewit-Turner was that they were no longer obligated to the contract and were free to cease all work and walk off the project. Kiewit-Turner agreed to stay on and to continue working at the hospital construction site only if the Army Corps of Engineers took over construction management responsibilities in accordance with the House-passed bill. The VA immediately began the transition process and the Army Corps of Engineers completely took over by April 2015. This change, inspired by my legislation, gave Congress enough confidence to continue funding the Aurora VA hospital through its completion.

Subsequently, to reassure a failure of this magnitude never occurs again, I led the effort in the House to pass a provision in the VA Expiring Authorities Act of 2015 to permanently strip the VA of their construction management authority for projects of \$100 million or more. This effectively forces them to use another federal entity, such as the Army Corps of Engineers, the Naval Facility Engineering Command, or the General Services Administration, to manage their hospital construction projects.

When I think about our nation's obligations to our veterans who have sacrificed so much in defense of our freedom and who will finally receive health care from a new VA hospital that they have waited so long for, I will also give thanks to the men and women of the U.S. Army Corps of Engineers who have made this hospital possible.

U.S. Rep. Mike Coffman is a Marine Corps combat veteran and a member of the House Veterans Affairs Committee and Armed Services Committee.

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1.5 - Tampa Bay Times: [Congress demands answers from VA about allegations against Haley](#) (20 July, Howard Altman, 4.8M uvm; Saint Petersburg, FL)

TAMPA — Congress is demanding answers from the Department of Veterans Affairs about allegations that at least hundreds of radiology exams were improperly cancelled at the James A. Haley Veterans' Hospital and that officials there tried to cover it up.

The demand comes in the wake of a Tampa Bay Times article about a VA Office of Inspector General's investigation of the allegations. They were made by four radiology technicians suing the hospital over sexual harassment and intimidation.

The radiology technicians claim that hospital officials — without following established protocol — routinely cancelled exams ordered to determine patient health if they went unfilled for more than 60 days. They then tried to cover it up, the technicians claim, by turning off printers that acknowledge such cancellations. The types of exams include CT scans, MRIs, ultrasounds and mammographies.

"The allegations made in the Times' article were clearly disturbing," U.S. Rep. Gus Bilirakis, vice chairman of the House Veterans Affairs Committee, said in an email statement. "I have joined a fellow HVAC Committee member and staff in demanding timely information from the VA about their radiology and cancellation practices."

Tampa attorney Joseph Magri, who is representing Kara Mitchell-Davis, Erin Tonkyro, Michelle Strauser and Yenny Hernandez in their suit against Haley, confirms his clients have been contacted by the congressional committee.

"They are happy Congress wants to look into it and will of course cooperate fully," Magri said. "This is about the veterans. They believe that many others in the VA are concerned about the veterans and will come forward to make sure that appropriate procedures are in place."

Karen Collins, a Haley spokeswoman, said "we appreciate the lawmakers' concerns and will respond to them directly."

Hospital officials deny wrongdoing. In court documents, they say the printers were turned off to avoid confusion between old and new exams. They say concerns about radiology exams have been reviewed previously and found to have no basis.

VA officials say there are several reasons why exams are not fulfilled within 60 days, including elimination of clinical need, redundant orders and patients not showing up.

The hospital has also denied the sexual harassment and retaliation claims made in the lawsuit and have moved to have it thrown out.

In court documents and in complaints to investigative agencies, the four plaintiffs liken the cancellations to a 2014 scandal at the Phoenix veterans hospital, where patients died awaiting medical procedures. The delays in Phoenix were covered up through appointment documents.

The plaintiffs say the moves affected patient care at Haley, but it's unclear whether any patients were harmed by having their exams canceled. The plaintiffs make no such link, in part "because they are denied access to that information," Magri said earlier this month.

Still, one of the plaintiffs said in a deposition that she reached out to a patient whose ultrasound test was overdue and learned that the patient had died. She did not know the cause of death.

According to internal VA documents obtained through the lawsuit, physicians and radiologists must determine whether a patient still needs an exam before cancelling it. Collins, the Haley spokeswoman, said a notification about cancellation that shows up on the computer screen of such medical personnel is sufficient.

The review of the allegations against Haley is part of a nationwide audit of radiology practices at Department of Veterans Affairs hospitals. The goal is to determine whether the VA "processes radiology requests in a timely manner and appropriately manages canceled requests," said Michael Nacincik, a spokesman with the agency's Office of Inspector General.

At a meeting in April with an official from the Office of Inspector General, Kara Mitchell-Davis, one of the four radiology technicians, turned over paperwork supporting the allegations against Haley, including appointments that were never completed, improperly scheduled or "tampered with," according to court documents.

A list of 1,234 patients that Mitchell-Davis provided shows veterans were not receiving diagnostic exams due to "short staffing and inept leadership in radiology," according to court documents.

The Inspector General's office launched the investigation on its own in February and expects to finish it by January. Haley is one of eight VA hospitals nationwide that investigators have contacted "to assess their local procedures and processes," Nacincik said.

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1.6 - Stars and Stripes: [VA watchdog: Nearly 20,000 veterans subjected to unnecessary medical exams](#) (19 July, Claudia Grisales, 1.5M uvm; Washington, DC)

This story has been updated to add a comment from the VA.

WASHINGTON — A Department of Veterans Affairs watchdog has discovered the agency spent about \$10 million in unwarranted medical exams for military veterans, and warned another \$101 million could be lost from similar procedures in the next five years.

Last year, the Veterans Benefits Administration required nearly 20,000 disabled veterans to submit to unwarranted, follow-up medical exams — also known as “re-examinations” — to verify whether a disability was still present or had worsened, the VA inspector general estimated.

“While re-examinations are important in the appropriate situation to ensure taxpayer dollars are appropriately spent, unwarranted re-examinations cause undue hardship for veterans,” the inspector general said in a report released Tuesday. “They also generate excessive work, resulting in significant costs and the diversion of VA personnel from veteran care and services.”

The 25-page report is the latest indication of wasteful spending at the VA, a concern that has long plagued the agency.

In its latest findings, the VA inspector general said Veterans Benefits Administration employees did not consistently follow policy to request the follow-up exams only when necessary.

The VA watchdog reviewed a sample of 300 follow-up patient exams from March 2017 through August 2017 and found 111 of the exams were unwarranted. Based on that sample, the watchdog's review team estimated an overall 37 percent — or 19,800 patient exams — of the total 53,500 conducted during the same six months were unneeded evaluations.

The unneeded patient visits were valued at an estimated \$10.1 million, which is comprised of \$5.3 million spent for the Veterans Health Administration clinicians and \$4.8 million to pay contractors, the VA watchdog report reported.

At such a pace, the Veterans Benefits Administration, or VBA, is now on track to waste \$100.6 million on similar exams in the next five years, the report stated.

That is, “unless it ensures that employees only request re-examinations when necessary,” the report states.

Of the 19,800 veterans who underwent the unneeded exams, 14,200 of them saw no change to their disability evaluations. Of the 14,200, an estimated 3,700 veterans saw proposed benefit reductions, which remained subject to a final decision and appeal process before the VA watchdog completed its report.

The nonessential exams also created additional workloads for VA workers, according to the watchdog report.

That “reduced VBA’s capacity to process benefits claims and the Veterans Health Administration’s capacity to provide health care services,” the report concluded.

A Veterans Benefit Administration policy requires a review of a veteran’s claims to determine whether a follow-up exam, or re-examination, is needed. The review serves as a control to prevent pointless follow-up exams.

But the VA inspector general said it found a vast majority of the 19,800 veteran patient exams last year — 78 percent — didn’t get a pre-exam review, with those cases referred for medical visits instead.

A series of factors should have prevented many of these unnecessary follow-up exams from occurring, such as the presence of a permanent disability that showed no signs of improving and cases involving patients who were older than age 55, the report stated.

VA spokeswoman Paula Paige said the agency wants to ensure all veterans receive the benefits to which they are entitled under the law “in an efficient and accurate manner.”

“VA will establish internal controls regarding re-examinations, improve business processes, prioritize the design and implementation of technology enhancements, and enhance quality assurance and improvement,” she said.

The agency concurred, at least in part, with all four of the watchdog report’s recommendations.

The full report can be read on the VA website.

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1.7 - Stars and Stripes: [VA's erratic handling of employee misconduct claims could hurt veterans, GAO says](#) (20 July, Claudia Grisales, 1.5M uvm; Washington, DC)

The Department of Veterans Affairs doesn't have a system to track disciplinary actions.

Case files are missing documentation.

VA whistleblowers are more likely to be punished than their peers.

These findings were among others documented in a lengthy report issued Thursday by the Government Accountability Office, a federal watchdog agency.

And if such concerns aren't addressed, VA worker misconduct can have serious consequences for some veterans, including poor quality of care, the agency said in its 103-page report.

"Because of past reports of poor care that veterans were receiving at VA hospitals and to the extent that there are medical providers in VA hospitals that are involved in that conduct, and the agency is not appropriately dealing with them, that could have negative consequences on those veterans receiving care at those hospitals," said Kathryn Larin, a director at the GAO.

The findings are the latest indication of the ongoing turmoil at the VA, as it faces questions of mismanagement, turnover concerns and awaits the appointment of a new secretary since the position was left vacant in April. The GAO, which is an investigative arm for Congress that routinely reviews U.S. agencies and programs, said it reviewed a sample of 544 out of 23,622 employee misconduct files.

The GAO found in its review that the VA's system for tracking misconduct claims is fragmented, and it can only track certain types of misconduct departmentwide. There are also data-reliability issues in collecting the information, the report stated.

"Without collecting reliable misconduct and disciplinary action data on all cases department-wide, VA's reporting and decision making on misconduct are impaired," the agency wrote in the report.

The agency also found case files were missing documentation, and it inconsistently adhered to its own guidance for documentation retention. The GAO estimated the VA could not account for 1,800 employee misconduct case files, and another 3,600 didn't contain required documentation showing workers were adequately informed of their rights during their adjudication process, such as the right to be represented by an attorney.

"The absence of files and associated documentation suggests that individuals may not have always received fair and reasonable due process as allegations of misconduct were adjudicated," the agency reported. In addition, "VA's Office of Human Resource Management does not regularly assess the extent to which files and documentation are retained consistently with applicable requirements."

The agency also found the VA doesn't consistently examine whether misconduct allegations are reviewed according to their own investigative standards and that the officials are held accountable. Based on a review of 23 alleged cases of senior official misconduct, the VA did not include sufficient documentation for its findings or provide a timely response to the VA Office of Inspector General, the GAO wrote.

The VA inspector general also does not have a policy in place to verify the completeness of such investigations.

In addition, the VA did not always take measures to ensure that senior officials were held accountable for substantiated misconduct claims. Out of 17 substantiated cases, proposed disciplinary action wasn't taken in five, the GAO found.

Last year, a new office was created by law within the VA, the Office of Accountability and Whistleblower Protection, to handle complaints involving senior officials.

The GAO also found from 2010 to 2014, whistleblowers were 10 times more likely than their peers to see disciplinary action within a year of their complaint.

"Data and whistler-blower testimony indicate that retaliation may have occurred at the VA," the report stated. "Individuals who filed a disclosure of misconduct with the Office of Special Counsel ... received disciplinary action at a much higher rate than the peer average for the rest of VA."

The GAO detailed more than a dozen recommendations for the VA to improve its handling of employee misconduct claims in the future. Among them, the agency recommended the VA develop and implement a system to collect complete and reliable worker misconduct claims department-wide, install a system to audit the files to ensure proper documentation, ensure the new Office of Accountability and Whistleblower Protection reviews details connected to evidence in senior-official cases and verifies disciplinary action has been taken.

In addition, the new agency can develop procedures to ensure that whistleblower investigations are reviewed independently and whistleblowers are treated fairly and protected against retaliation.

The VA concurred totally or in part with each of the 16 recommendations the GAO listed in its report.

In some cases where the GAO made a specific recommendation to boost oversight by department heads and others, the VA disagreed, and opted to place that new responsibility with the new Office of Accountability and Whistleblower Protection instead. It also said a current VA-wide discipline tracking system used by the new office would eventually be phased out and replaced by a new system.

Curtis Cashour, a VA spokesman, said the concerns mentioned in the report have improved under the administration of President Donald Trump, who signed into law a plan to create the new Office of Accountability and Whistleblower Protection, or OAWP.

"We appreciate the Government Accountability Office's oversight," he said. "The first office of its kind in the federal government, OAWP has changed dramatically the way VA handles accountability and whistleblower issues, ensuring adequate investigation and correction of

wrongdoing throughout the VA, and protecting employees who lawfully disclose wrongdoing from retaliation.”

Read the full report below.

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1.8 - Government Executive: 'Chaos' as VA Implements Executive Order Limiting Union Official Time (20 July, Erich Wagner, 870k uvm; Washington, DC)

The Veterans Affairs Department announced Friday that it has begun implementation of the Trump administration’s controversial executive order significantly curbing unions’ ability to use official time to represent employees.

The department said about 1,700 of the VA’s more than 300,000 employees use official time, the practice by which an agency compensates a union employee for representational work. In a statement, Nathan Maenle, principal deputy assistant secretary in the VA Office of Human Resources and Administration, outlined in broad terms what the EO means for employees.

“VA employees who previously spent 100 percent of their official work hours on union issues can devote no more than 25 percent of that time to the union under the new executive order,” he said. “Union leaders must also request and receive approval of their use of taxpayer-funded union time to allow the VA to monitor the use of this time to ensure that it’s only used for authorized purposes.”

In testimony before the House Veterans' Affairs Committee Tuesday, acting VA Secretary Peter O’Rourke said that of the 1,700 employees who use official time, 472 are in that status full time.

But the American Federation of Government Employees said the department has provided little in the way of guidance on how to proceed, leading to “chaos” and inconsistencies.

“The VA failed to give the field any direction on how to implement [the executive order] in a consistent manner,” said Ibidun Roberts, an attorney with AFGE’s National VA Council. “Some facilities have implemented retroactive to last Friday; others have cut off employees’ [Personal Identity Verification] cards, preventing them from doing representational or agency work; and some have eliminated official time altogether.”

The department sent a memo to AFGE Tuesday outlining its intent to implement the executive order and rescind a number of pieces of a collective bargaining agreement first reached in 2011 and then automatically renewed each year since 2014. The memo highlighted 15 provisions of the agreement deemed to be “inconsistent” with the official time executive order.

“This is notification of the agency’s intent to terminate contractual provisions that are inconsistent with the [executive order] and implement the requirements of the executive order,” wrote Tamika Hinton, a VA labor relations specialist. “If the union seeks to bargain, the parties will meet through post-implementation bargaining, within 30 calendar days after the receipt of this notice.”

But union officials said efforts to clarify how the department is implementing the order, and what exactly needs to be changed in the CBA, have been stonewalled.

“[VA] has failed to respond to any of our requests to clarify this chaos caused by the department,” Roberts said.

In the meantime, AFGE said it considers the existing bargaining agreement to remain in full effect until the department and the union reach an agreement on a new contract. And next week, AFGE, along with more than a dozen other federal employee unions, will appear before a federal judge to argue that the Trump administration's recent workforce executive orders are unconstitutional.

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1.9 - WFED (AM-1500): [VA whistleblowers 10 times more likely to receive discipline over their colleagues](#) (20 July, Nicole Ogrysko, 831k uvm; Washington, DC)

Whistleblowers at the Veterans Affairs Department have received a disciplinary action within the first year of making a disclosure 10 times more often compared to their colleagues in the rest of the agency.

Of roughly 130 VA whistleblowers the Government Accountability Office reviewed in a recent study, 2 percent of them had received an adverse action from their supervisors before filing a disclosure. During the year of their disclosures, 10 percent of those whistleblowers received an adverse action, while 8 percent received a reprimand or other minor form of punishment in the year following their disclosures. Of the remaining VA workforce, 1 percent had received some sort of adverse action, GAO said.

GAO's findings come days after the House Veterans Affairs Committee expressed some concern with reports of whistleblower retaliation, which members heard amid preparations for a hearing on VA's implementation of the Accountability and Whistleblower Protection Act.

Though GAO acknowledged the data was only an indication that whistleblower retaliation could be happening, the agency reported higher attrition rates for VA whistleblowers compared to the rest of the department's workforce.

Six VA whistleblowers also spoke with GAO and described instances where their managers had retaliated against them after making a disclosure. The whistleblowers claimed they had been reassigned to other duty locations or had been denied access to equipment.

GAO began its study of disciplinary actions and misconduct at the agency in 2015, before Congress passed the accountability act in 2017. But GAO had plenty of criticism for the VA's new Office of Accountability and Whistleblower Protection (OAWP), which the agency stood up to comply with the recent law and previous executive order.

New policies and procedures at that new office have created a less-than ideal environment for whistleblowers, GAO said.

“OAWP has a practice of allowing VA employees who are subjects of the allegations brought forward by whistleblowers to review or participate in investigations, or both, which could make the whistleblower feel uncomfortable or intimidated,” GAO said.

In addition, new VA policy allows the agency's program offices or facilities where a whistleblower filed a complaint to conduct many of the investigations, but GAO said this procedure may cause conflicts of interest.

Whistleblowers also told GAO many VA employees were confused by the process for filing a disclosure with the department or with the Office of Special Counsel, GAO said. The American Federation of Government Employees (AFGE) reiterated this same point in a congressional hearing earlier this week.

Conflicts of interest in SES investigations

GAO also found problems and conflicts of interest with VA's investigations of misconduct of senior officials.

When an inspector general receives allegations of employee misconduct, the IG can choose to take no action, open an investigation or refer the case to VA facility or program offices.

In the latter situation, the IG will recommend that those investigations before the program offices include six different elements. GAO reviewed 23 cases of senior official misconduct between 2011 and 2014 and found many examples of elements lacking from those investigations.

In three of those cases, an executive at a higher level or grade than the implicated senior leader didn't conduct the investigation, as recommended by the IG.

"In one case involving alleged time-and-attendance abuse by a physician, the medical center director, who was also named in the allegation as having received a similar complaint against the physician two years earlier, reviewed the allegations made against the physician and himself," GAO wrote. "The documentation provided showed that the medical center director conducted the investigation of allegations and found the allegations were not substantiated and no corrective actions were implemented."

GAO also cited other mistakes, such as missing supporting evidence and documents and missed deadlines. Some investigatory files named points of contact, but the individuals mentioned were also often accused in the allegations.

Once the investigations were complete and misconduct was substantiated, the proposed disciplinary or adverse action wasn't always taken, GAO said. VA officials were often given a lesser penalty than what was originally proposed.

Many senior officials who have been previously disciplined remain in management positions, GAO said.

Unreliable data

Missing, unreliable or overlapping employee misconduct and disciplinary data underlies most of GAO's work on this topic.

VA has used or continues to use as many as 12 different IT systems to track employee misconduct and disciplinary actions. Each of these systems has different aspects of misconduct data, but none include all information, GAO says. No two VA systems are interoperable, and none give senior agency leaders easy access to data.

GAO said it took its own staff two months to obtain usable misconduct information, “suggesting that there was not already a process in place to provide this information to senior officials on a routine basis.”

Some of VA’s systems lacked all of the necessary information and failed to track an employee’s disciplinary action from the time of the proposed penalty to the final action. Roughly 35 percent of VA disciplinary files, for example, lacked a written acknowledgement from the employee that he or she had received a decision letter,

Again, GAO’s study details data and circumstances that date back, in some cases, to 2009. VA has been making upgrades to its human resources tracking system, HR SMART, in recent months.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - KMGH (ABC-7): [Rep. Mike Coffman has mixed feelings on long-awaited Colorado VA hospital's opening](#) (20 July, Blair Miller, 2.1M uvm; Denver, CO)

Congressman Mike Coffman said Friday he’s feeling “good and bad” ahead of Saturday’s ribbon-cutting ceremony of the new Rocky Mountain Regional VA Medical Center in Aurora.

The five-term Republican congressman from Aurora also criticized President Donald Trump’s meeting this week with Russian President Vladimir Putin in an interview with Denver7 ahead of Saturday’s hospital ceremony.

“I think from the good standpoint, this is a facility with state-of-the-art equipment that will give our veterans, the men and women who have served this country, the state-of-the-art health care that they’ve earned through their military service,” Coffman said.

But he was critical, as he has been for years, of the five extra years of construction it took to finish the hospital and the \$1.7 billion cost, which came in more than \$1 billion over budget.

“I guess one more positive thing is that all of the effort to strip the VA of all of their construction authority so they can never build a hospital again on their own,” Coffman said. “And on this facility, I led the effort to bring the Army Corps of Engineers to take it over. And I think without that, we would not be celebrating an opening tomorrow.”

The Corps of Engineers took over the project after it stalled because of poor planning, investigators said. After several fiery rounds of congressional hearings, the Corps of Engineers was able to bring the final cost of the project to just under \$1.7 billion.

But there have been additional costs to get all the equipment into the facility and worries about room shortages and understaffing in recent months.

Most of the outpatients from the Denver facility will start going to the new Aurora facility at the end of the month, and inpatients will be moved a week later. The hospital's director says there are 60 transition teams working on the move.

But a brand-new spinal cord injury unit won't open until later this year at the earliest, and most PTSD patients will continue being treated at the Denver campus.

Coffman called the staffing levels a "challenge" and said that it might be tough to address with the labor shortage in Colorado.

"But what we have in terms of our ability to augment that care at the hospital are providers that can be reimbursed by the Veterans administration," Coffman said.

While some veterans have said in recent weeks that they feel left in the dark about the move, others said they were glad the new hospital was finally opening. Coffman said Friday he's heard the same.

"I think there's relief that it's finally opening," he said. "I think that it's been so long in the making, they're obviously disappointed with how long it's taken to build a hospital—disappointed with the cost overruns and the criticisms involved against the VA for that. But I think that they take pride and they see this as their hospital."

The VA hospital's ribbon-cutting ceremony will come two days before the Senate votes whether or not to confirm new VA secretary nominee Robert Wilkie, whom Coffman said he's spoken briefly with and approves of.

"I think he's good. We've had a short conversation with the promise to be able to have a sit-down after he finishes the Senate confirmation," Coffman said.

He said he would continue to demand that the secretary "clean house" at the VA and get rid of problem senior staffers.

"If you don't clean house, it doesn't matter what you say or do. You're not going to change the bureaucratic culture of the VA," he said.

And he said that he believes his work on VA issues will benefit him in his November race against Democrat Jason Crow, a fellow veteran.

"I think certainly my leadership on veterans issues will be important, as will my work on Armed Services issues, as someone who served 21 years in the military," Coffman said.

"We have to make sure we are prioritizing hiring staff within the VA and we are funding the VA appropriately so they can hire the people that provide those services and get that information out," Crow said in an interview Friday.

Coffman says Trump "underestimates" Russian threat

Coffman also doubled down on his comments criticizing President Trump's meeting with Putin earlier this week.

"I think the president dramatically underestimates the threat that Russia poses to the security interests in the United States," he told Denver7 Friday. Coffman said he was "disturbed" that Trump met with Putin alone and said he didn't support Trump's floating the idea of bringing Putin to the White House later this year.

"He has a great national security team around him, and if he's going to meet with Mr. Putin, he has to have those people in the room with him," Coffman said. "He cannot do another meeting alone with Mr. Putin, assuming there is a value in having a meeting. I think the actions of Russia are destabilizing not only to the interests of the United States, but globally."

Coffman said the rhetoric from the president hasn't always matched the administration's actual actions, which he called "sort of confusing." He said he would be watching the administration's actions in regards to remaining committed to NATO, checking Russia's military expansion and election interference, and making sure sanctions are kept in place.

He said all levels of the U.S. government are focused on protecting the 2018 elections but acknowledged that there are always attempts by other countries to influence elections. Still, he said, Americans need to pay attention to the outside influence others have had.

"I think that what the American people have to understand is the mere fact that Americans have become less confident in the political process is a victory for the Russians," he said. "I think we will not be surprised this time and we will be monitoring it very, very, very closely to see if the Russians involve themselves in our election processes."

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3.2 - KDVR (FOX-31, Video): [Veterans have conflicting emotions ahead of new Aurora hospital opening](#) (20 July, Joe St. George, 662k uvm; Denver, CO)

AURORA, Colo. -- Saturday is a day many believed would never come. The new Aurora Veterans Medical Center is scheduled to open following a ribbon-cutting ceremony. While ribbon cuttings are usually a celebration, this one is full of conflicting emotions.

Some veterans are enthusiastic.

"I'm excited about it," Elmer Seagon, a Vietnam War veteran said outside the old VA Medical Hospital in Denver Friday. "This is about used up, I think," Seagon said of the old hospital.

However, for veterans like John Hildebrande, there is little excitement around the facility.

"It took too damn long to build it," Hildebrande said.

Perhaps Congressman Mike Coffman summed the problem up best.

"It has been a nightmare," Coffman told FOX31 political reporter Joe St. George when asked to reflect on the project.

The Aurora VA Hospital is more than \$1 billion over budget and it is five years behind schedule. The center has fewer exam rooms, fewer surgical rooms, and no PTSD unit.

The Problem Solvers previously examined the issues with the new facility in depth and how Congress was forced to get involved.

As a result, the current VA hospital will have to stay open for the foreseeable future.

"It is not a good design. It doesn't have a PTSD unit facility -- the signature wound of a military engaged in decades of war," Coffman said.

However, Coffman said he is pleased veterans will be given a state-of-the-art facility that they deserve -- even if no VA official was terminated for the cost overages and delays.

Some of benefits of the new hospital include private rooms for veterans, expanded family space, spinal surgery options and aquatic therapy.

Sen. Cory Gardner focused on the positives when asked about the hospital Friday.

"This will be a crown jewel of the VA system and this is something veterans have worked hard on for years to see through its completion," Gardner said.

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3.3 - FedScoop: [VA extends partnership with IBM Watson to use AI in cancer treatment](#) (20 July, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The Department of Veterans Affairs says it has extended a public-private partnership with IBM that allows the VA to use the company's Watson Health artificial intelligence capabilities to interpret cancer data.

The partnership, which started two years ago as part of President Barack Obama's National Cancer Moonshot initiative, is focused on "precision oncology care" — the practice of understanding the specific cancer genome present in a patient and using that knowledge to tailor treatment. The VA specifically uses Watson for Genomics to examine the genome.

In the past two years, the VA has been using this technology primarily on patients with stage four cancer. The agency says it has treated more than 2,700 veterans with this approach.

The VA is the nation's largest health care provider, and it treats the largest group of patients with cancer — a full 3.5 percent of U.S. cancer patients. Given the grand scale, AI is especially helpful for the VA, said Kyu Rhee, chief health officer for IBM Watson Health, in a statement.

"It is incredibly challenging to read, understand and stay up-to-date with the breadth and depth of the medical literature, and link them to relevant mutations for personalized cancer treatments," Rhee said. "This is where AI can play an important role in helping to scale precision oncology, as demonstrated in our work with VA, the largest integrated health system in the U.S."

Watson for Oncology has received some less-than-flattering press — in September 2017 the health care news site Stat News found that “the supercomputer isn’t living up to the lofty expectations IBM created for it.”

“It is still struggling with the basic step of learning about different forms of cancer,” Stat reported. “Only a few dozen hospitals have adopted the system, which is a long way from IBM’s goal of establishing dominance in a multibillion-dollar market.”

At the time, Politico called the VA the “last, big hope” for Watson Health.

The department isn’t paying for Watson — the latest extension in the partnership is still part of a free trial, VA press secretary Curt Cashour confirmed to FedScoop.

According to a press release, the VA will continue using Watson “at least June 2019.”

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3.4 - Long Island Business News: [In N. Hempstead, a push for a veterans clinic](#) (20 July, Adina Genn, 55k uvm; Ronkonkoma, NY)

In North Hempstead, a call for federal funding for a Veterans Affairs Community-Based Outpatient Clinic is gaining momentum.

A clinic in North Hempstead would spare veterans from traveling to the Northport VA or to a clinic in Valley Stream when they need medical treatment, officials said Friday.

Earlier this week, Sen. Charles Schumer stood with North Hempstead Supervisor Judi Bosworth and veterans at North Hempstead Park about the need for funding.

“We have such an active and involved Veteran’s Advisory Committee that has been advocating for an outpatient clinic closer to home in North Hempstead,” Bosworth said in a statement.

“The Town is an ideal place for a CBOC because of our large veteran population,” she added. “The clinic would also be complimented by the services provided by our Project Independence, we have a social worker devoted to veteran’s issues and we are able to provide taxis at a very reduced fare for medical visits.”

“These outpatient clinics provide on-the-ground care that translates into saving money at the 30,000-foot level of our larger healthcare system,” Schumer said in a statement.

Schumer is also requesting funding for a mobile unit until a new clinic is established.

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4. [Focus Resources More Efficiently](#)

4.1 - The Daily Caller: [VA Wasted \\$10 Million In Unwarranted Medical Exams, Reports VA Watchdog](#) (20 July, Hanna Bogorowski, 12M uvm; Washington, DC)

A Department of Veterans Affairs watchdog has revealed the agency performed nearly 20,000 unnecessary medical exams for disabled veterans in 2017, costing over \$10 million.

The Veterans Benefits Administration (VBA) required thousands of veterans to go through “re-examinations” to verify if their disabilities or conditions were still present or had gotten worse, according to Stars and Stripes.

The 25-page report issued by the VA inspector general, Michael J. Missal, states the VBA failed to follow policies that called to only administer re-examinations when necessary.

“While re-examinations are important in the appropriate situation to ensure taxpayer dollars are appropriately spent, unwarranted re-examinations cause undue hardship for veterans,” the report released on Tuesday reads.

The inspector general’s team estimated over 37 percent — or 19,800 out of 53,000 — of patient exams were unnecessary and a waste of taxpayer dollars.

If the VBA were to continue on this path, the report says they would spend an extra \$100.6 million over the next five years. (RELATED: White House Announces Trump Is Donating His Presidential Salary To Veterans Affairs)

The report also claims these unwarranted exams created a strain on VA workers, saying they “reduced VBA’s capacity to process benefits claims and the Veterans Health Administration’s capacity to provide health care services.”

Of the 19,800 disabled veterans who underwent such exams, 14,200 of them saw no change to their disability or condition.

The report came out a day before The Washington Post reported the VA reassigned or fired staffers they thought to be disloyal to President Donald Trump and his plans for the organization.

“Under President Trump, VA won’t wait to take necessary action when it comes to improving the department and its service to Veterans,” VA spokesperson Curt Cashour told CNN.

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4.2 - Star Tribune: [Minneapolis VA boosts access to federal cancer trial](#) (21 July, Jeremy Olson, 10.8M uvm; Minneapolis, MN)

Researchers hope a new partnership with the Minneapolis VA Medical Center and other veterans’ hospitals will boost growth in cancer studies and the development of drugs and personalized therapies.

Political, financial and other obstacles have limited VA hospitals’ access to clinical trials offered by the National Cancer Institute, but a new NAVIGATE program is designed to address those barriers by increasing the screening of veterans with cancer for research, and eliminating criteria that might have ruled them out in the past.

While trials present risks, they have been shown collectively to improve outcomes for cancer patients and raise the quality of entire hospitals, said Dr. Mark Klein, a Minneapolis VA oncologist. “It’s one of those all-ships-rise things ... They’re able to get access to trials that are working, but they’re also helping the entire system to be focused on improving their care outcomes.”

The Minneapolis VA was one of 11 veterans’ hospitals named this month to the NAVIGATE program, which should expand its access to federal trials. Klein said the prevalence of veterans with lung, prostate and bladder cancers makes it likely that the hospital will pursue studies in those areas.

Veterans have struggled in the past to participate in trials, which often have restrictions based on age and prior cancer histories — even if, for example, a prior localized skin cancer has nothing to do with a new lung cancer, Klein said.

Researchers generally need comparable patient populations to be certain that the drugs or treatments that they are testing are working, but the new VA partnership will re-examine restrictions to make sure they are necessary, Klein said. “You can sometimes have too many restrictions.”

Access to clinical trials has been a growing political issue. A federal “right-to-try” law was signed by President Donald Trump in May to increase access for critically ill or dying patients to experimental treatments.

Some have criticized the law for circumventing the “compassionate use” system in which the U.S. Food and Drug Administration already permits access to experimental drugs, but with caveats and guidance to doctors.

Klein said the new VA partnership would increase access to therapeutic trials, including personalized therapies based on patients’ genetic profiles and immunotherapies that coax patients’ immune systems to fight off cancers.

But it will also increase access to trials that look at community and public health efforts to prevent cancers, and at complimentary therapies that reduce the symptoms of cancer and the side effects of treatment.

A 2017 study led by a Seattle doctor promoted the idea that hospitals improve when they build up their access to cancer trials. Among the findings: cancer outcomes have improved the least among adolescents and teenagers, who also are the least likely to consent to clinical trials.

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4.3 - Washington Examiner: [If Trump cares about veterans, here are better ways to help than a military parade](#) (20 July, Erin Dunne, 4.8M uvm; Washington, DC)

Trump’s military parade is expected to cost about \$12 million, according to three defense officials who spoke with CNN earlier this week. That might be a drop in the bucket for the military budget, but it’s still a lot of money to spend on marching around in uniforms and loud planes over the capital.

If Trump truly wants to honor the military rather than dump money into a self-aggrandizing parade that the military doesn't even want, here are just three alternative ways, among many others, to spend those millions.

Trump could put that money towards veteran's healthcare. Earlier this week, the White House warned Congress that they would need to cut funding for other programs to fund veteran's healthcare. This warning came because last month Trump shifted how some veteran's health programs were funded with a bill that granted veterans more healthcare options. The new bill now required congressional allocation of funds where previously that money had been guaranteed.

The timing of that change, however, came after a budget deal had already been made meaning that to fund the program to meet the White House's mandate, Congress would have to renegotiate the budget on issues it has already agreed on. The warning from the White House comes as some senators are trying to raise spending caps to fund the program rather than re-litigate agreed upon spending. Although the millions for the parade probably wouldn't fill the spending gap that Trump created, it would help far more than a parade will.

Another option would be for the president to put that money towards paying VA hospital managers closer to market rates. Right now, the cap on their salary is less than half what hospital managers would make in the private sector, leaving little incentive for highly qualified people to stay in the job. That means high turnover and a host of problems because of turnover in management including low morale and lack of institutional knowledge.

Finally, if the president won't fix management and funding issues then he might put that money towards a program that could provide immediate and much-needed help. For example, he could commit to expediting repairs to veteran's wheelchairs and other mobility devices, which an audit released earlier this year showed some veterans had to wait 210 days for. While they wait for what should be quick repairs or replacements, veterans who rely on these devices lose mobility and are often confined to beds. Surely, helping disabled veterans get around is more important than watching a parade for a few hours?

After all, if Trump really wants his parade, he could at least foot the bill himself rather than pushing taxpayer dollars for presidential entertainment on Pennsylvania Ave.

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4.4 - WFED (AM-1500, Audio): [Is law to bar abusers of VA credit cards necessary?](#) (19 July, 831k uvm; Washington, DC)

A bill that passed the House and is pending in the Senate seeks to curb misuse of federal credit cards in the Veterans Affairs Department. It would bar abusers from ever being entrusted with another card. Is this law necessary and what might be its practical effects? For some answers, Federal Drive with Tom Temin spoke with Wayne Simpson, a retired career VA manager in logistics and acquisition and now with Centre Law and Consulting.

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4.5 - FedSmith: [GAO: VA Whistleblowers 10x More Likely to Be Disciplined Than Peers](#)
(20 July, Ian Smith, 277k uvm; Washington, DC)

A new report from the Government Accountability Office found that whistleblowers at the Department of Veterans Affairs were 10 times more likely than their peers to receive disciplinary action within a year of reporting misconduct.

That was among some of the findings from the report which also included numerous recommendations for the VA that GAO made.

GAO also found that the VA maintains 12 different information systems that various VA administrations and program offices use to collect specific information regarding their respective employees' misconduct and disciplinary actions, and there are data-reliability issues present such as missing data, lack of identifiers, and lack of standardization among fields.

GAO also said that the VA inconsistently adhered to its guidance for documentation retention when adjudicating misconduct allegations. This means that the agency would not be able to account for approximately 1,800 case files in GAO's estimation.

GAO said it conducted the study because misconduct among VA employees can lead to consequences for veterans, such as poor quality of care, and it was asked to review employee misconduct across the VA.

Recommendations

GAO issued numerous recommendations to the VA based on its findings. Among them, it said the VA Secretary should do the following:

- Develop and implement guidance to collect complete and reliable misconduct and disciplinary-action data department-wide; such guidance should include direction and procedures on addressing blank fields, lack of personnel identifiers, and standardization among fields;
- Direct applicable facility and program offices to adhere to VA's policies regarding misconduct adjudication documentation;
- Direct the Office of Human Resource Management to routinely assess the extent to which misconduct-related files and documents are retained consistently with applicable requirements;
- Direct the Office of Accountability and Whistleblower Protection (OAWP) to review responses submitted by facility or program offices to ensure evidence produced in senior-official case referrals demonstrates that the required elements have been addressed;
- Direct OAWP to issue written guidance on how OAWP will verify whether appropriate disciplinary action has been implemented; and
- Develop procedures to ensure (1) whistle-blower investigations are reviewed by an official independent of and at least one level above the individual involved in the allegation, and (2) VA employees who report wrongdoing are treated fairly and protected against retaliation.

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4.6 - FierceHealthcare: [GAO: VA whistleblowers far more likely than colleagues to face disciplinary action](#) (20 July, Paige Minemyer, 141k uvm; Washington, DC)

Whistleblowers at the Department of Veterans Affairs were significantly more likely to face disciplinary action than their colleagues, according to a new report.

The Government Accountability Office found that VA whistleblowers were 10 times more likely than other employees to be hit with a disciplinary action within a year of reporting misconduct. They were also eight times more likely to face discipline a year after their report.

"Data and whistleblower testimony indicate that retaliation may have occurred at the VA," GAO said.

The report includes data on misconduct in the VA from between 2009 and 2015 and a sample of whistleblower disclosures reported between 2010 and 2014. In addition to the disciplinary action data, GAO said that interviews with six whistleblowers at the agency indicated that retaliation at the agency was a possibility.

The whistleblowers claimed that superiors took "untraceable" steps to retaliate against them such as preventing them from accessing computer equipment needed for work, according to the GAO report.

In addition, the GAO report suggests that allegations of misconduct against senior VA officials are not adequately investigated. Based on a review of 23 cases that the VA Office of Inspector General referred to VA facilities for additional investigation, the watchdog agency found that the VA often failed to respond to the OIG in a timely manner or provide additional documentation.

The VA also failed to hold some senior officials accountable for their actions, according to the report. Proposed disciplinary actions were not carried out in five of 17 cases of substantiated misconduct.

Other concerns raised by the report include the VA's lack of measures to ensure that investigations are carried by neutral third parties and situations in which managers accused of misconduct investigated their own cases. GAO offered several recommendations for how the VA could address these concerns, including suggesting the agency implement new guidance to address gaps in the investigation process and ensure that disciplinary actions are carried out.

Senate pushing for quick vote on Wilkie's nomination

The Senate is scheduled to vote on Robert Wilkie's nomination to head the VA on Monday afternoon.

Sen. Johnny Isakson called on the chamber to quickly confirm Wilkie on Thursday, days after a report in The Washington Post alleged that several officials are being purged ahead of his confirmation for being disloyal to the president.

Isakson, a Georgia Republican and chairman of the Senate Committee on Veterans Affairs, said it's crucial that staffing decisions are made by a secretary who can be held accountable.

"It is of utmost importance that any policy changes that impact the future of the department be made by a confirmed secretary who can be held accountable by Congress and the American people," Isakson said.

Isakson's statement follows a report in The Washington Post earlier this week that alleged VA staffers who are "loyalists" to President Donald Trump were working to purge staffers they viewed as insufficiently loyal to the commander-in-chief.

"These are people who have served multiple administrations," one employee who was moved to a different role told the newspaper, "but they only want them to serve the Trump administration. You can't run a department like that."

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4.7 - St. Louis Record: [Former VA worker's suit cites retaliation, gender bias at health clinic in Mount Vernon](#) (19 July, William Sassani, 13k uvm; Rolling Meadows, IL)

JOPLIN – A former male employee of the Veterans Affairs (VA) clinic in Mount Vernon recently filed a federal suit against the department alleging retaliation, gender discrimination and a hostile work environment leading up to the termination of his employment.

Jeremiah Preston Trapp, a social worker who was employed by the VA for about 10 months between April 2014 and February 2015, alleges in his suit filed July 13 in the U.S. District Court for the Western District of Missouri, Southwestern Division. that his supervisor, Diana Collings, and her supervisor, Janet Tekell, colluded to have him terminated after he participated in an internal VA investigation. The investigation was looking into claims of a hostile work environment at the Mt. Vernon clinic.

After he was interviewed by the investigation, Trapp alleges that he received a negative report regarding conduct from six months prior that had never been addressed before. He claims that his personnel file was altered to reflect this report after he had received his performance evaluation. He alleges that this was done by both his supervisors in retaliation for participating in the internal investigation and that it was meant to "intimidate and antagonize" Trapp so that he would step down from his position as a suicide prevention coordinator.

Additionally, Trapp alleges gender discrimination and a hostile work environment. This stems from what he alleges are comments made by his supervisors regarding male staff at Mt. Vernon which he says were, "negative and hostile." The suit alleges that there was a hostile work environment toward men in general at the Mt. Vernon clinic and that it was "so pervasive and well-known," that Trapp was warned by his co-workers to be careful when with his supervisors because of his gender.

The suit alleges that these comments were made by the supervisors while Trapp was present. Also, that the supervisors and two other female employees, "engaged in sexual harassment and bullying of male employees" so severe that it intimidated male staff that they might lose their jobs. Two male co-workers allegedly resigned because of what they felt was discrimination based on their gender from Trapp's supervisors.

Trapp is suing for financial compensation from being terminated from his position, including back pay and loss of benefits, as well as to pay for attorney's fees and costs of pursuing the suit. The suit asks for a jury trial.

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4.8 - ConnectingVets.com (CBS Radio): [Exclusive: Senators call recent firings at VA a "Shameful" political purge](#) (19 July, Jonathan Kaupanger, New York, NY)

Accusing VA of putting politics ahead of veterans, senators sent VA Acting Secretary Peter O'Rourke a letter calling the current actions at VA "shameful."

Sen. Jon Tester's office confirmed that the letter was sent to O'Rourke in response to a story published by The Washington Post, about VA employees who were reassigned or simply fired and not given proper reasons for their termination. The letter, signed by 12 senators said, "Making determinations about an individual's employment status based on blind political loyalty is wholly unacceptable."

Connecting Vets reported on one of these employees yesterday. Danielle Corazza, the former National Outreach Coordinator for VA's Center for Women Veterans (CWV) was terminated for allegedly violating the Hatch Act when posting to the organization's Twitter page. Corazza says she was only informed about the violations at her termination. She also contests that VA omitted a page of her termination letter that contains who to contact in order to get the evidence file used in her termination.

The senators are demanding O'Rourke halt any further reassignment, demotion, or removal of an employee and reverse any employment actions that have happened in the last month.

The senators point out that O'Rourke was never confirmed by the Senate, and that "these matters can be more appropriately addressed by someone who has the full faith of the Senate to execute such actions." The Democratic lawmakers say they are troubled by the "reckless" actions of O'Rourke and "a number of other political appointees" who are trying to clean house before the new secretary is approved. Robert Wilkie, the President's nominee for VA Secretary, passed the Senate Committee of Veterans' Affairs with bipartisan support, receiving only one no vote. The date for the full Senate vote on Wilkie is not set yet, but the senators believe Wilkie should make reorganization decisions after he's confirmed and in place at the agency.

In an email to the Washington Post, Wilkie's spokeswoman said, "Any decisions made following Mr. Wilkie's departure as acting [secretary] were made by the current VA leadership and Mr. Wilkie was not aware, nor a part of those decisions."

O'Rourke's testimony on July 17th in front of the House Veterans' Affairs Committee, is also being used against him. The senators claim, during the hearing, O'Rourke admitted that the reassignments he directed during the six short weeks that he had been Acting Secretary were not based on poor performance. The letter also cites information provided to the Senate VA Committee by employees "who have been the subject of these reassignments and demotions, and those who have resigned rather than accept reassignment or removal, leads us to believe that these individuals are being punished for not expressing loyalty to the current administration, or for questioning programs or policies before their enactment."

A line from an April VA press release also concerns the group of senators. It states, “In a number of cases, employees who were wedded to the status quo and not on board with this administration’s policies or pace of change have now departed VA.” In the letter, the lawmakers remind O’Rourke “that VA serves all the veterans of this nation, not a single political group or agenda. And those who work there should not be beholden to loyalty pledges or partisan ploys.”

We’ve reached out to Veterans Affairs for comment on the letter, but have yet to receive a response.

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5. [Improve Timeliness of Service](#)

5.1 - WBIR (NBC-10): [VA nursing homes in Tennessee, U.S. under investigation after internal ratings released](#) (20 July, Yihyun Jeong, 1.5M uvm; Knoxville, TN)

Two Department of Veterans Affairs nursing homes in Tennessee are under investigation as part of a national review launched by officials this week after the VA released internal ratings for the first time that showed that almost half of the centers were given the lowest possible score.

House VA Committee Chairman Rep. Phil Roe, R-Tenn. ordered the investigation following an investigation by USA TODAY and The Boston Globe that found 60 VA nursing homes rated only one out of five stars for quality last year.

The investigation also found that patients in more than two-thirds of the homes were more likely to suffer pain and serious bedsores than their private sector counterparts. The VA nursing homes performed worse than private nursing homes on a majority of key quality indicators, including rates of anti-psychotic drug prescription and decline in daily living skills.

There are two VA nursing homes in Tennessee. The nursing home in Murfreesboro received a two-star rating while the Mountain Home nursing home received five-stars. Compared to the scores of 133 VA nursing homes across the country, the two in-state locations were ranked above the VA’s average.

The VA certifies state owned and operated nursing homes across the country. In Tennessee, the Tennessee State Veterans Homes are located in Humboldt, Knoxville, Clarksville and Murfreesboro. They are not included in the report.

VA Press Secretary Curt Cashour said Monday that agency officials “welcome the committee’s oversight.”

“We look forward to informing the committee about the care we provide veterans in our nursing homes and how it compares closely to care in the private sector, even though the department on average cares for sicker patients in its nursing homes than do private facilities,” Cashour said.

Tenn. VA nursing homes broken down

Here's how the Tennessee VA nursing homes stack up against private care facilities:

The VA operates nursing homes in 46 states that serve some 46,000 veterans annually. The agency has tracked detailed information about the quality of care they provide since at least 2011 and instituted a ranking system in 2016, but hadn't released that data until June 2018.

A representative with the VA said when it comes to the sub-metrics above, the differences between private and VA-run nursing homes in terms of pain and anti-psychotics can be attributed to the VA having to care for sicker patients in its nursing homes on average.

The VA said it serves a higher proportion of residents with conditions such as spinal cord injury, mental illness, homelessness, PTSD, and combat injuries not as commonly seen in private nursing homes.

"Those differences in case-mix, rather than a difference in quality of care, often account for an unfavorable comparison to the private sector on specific metrics such as pain and type of treatment," Kristen Schabert with the VA said. "What's more, VA nursing homes have a higher staff-to-resident ratio than private sector facilities, meaning residents in VA facilities get more direct attention from nursing home staff than do residents in the private sector."

Editor's Note: This article incorrectly stated Mountain Home VAMC scored two-stars. It has been updated to reflect the correct rating of five-stars according to the VA's data.

Includes reporting by USA TODAY reporter Donovan Slack and The Boston Globe. reporter Andrea Estes.

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5.2 - Brooklyn Daily Eagle: [VA Hospital “not closing,” says official at heated town hall meeting](#) (20 July, Jaime DeJesus, 64k uvm; Brooklyn, NY)

“We’re not closing.”

That was the definitive statement made by Director of VANY Harbor Healthcare System Martina Parauda regarding the status of the Brooklyn VA Hospital during a two-hour town hall meeting held on the second floor of the center, 800 Poly Place, on Wednesday, July 18.

The meeting was highly attended with so many people present that several had to stand outside the room just to listen. The objective of the meeting was to answer the questions veterans submitted, many related to the future of the Brooklyn facility.

Some attendees brought signs that read “No Closures at Brooklyn VA Hospital,” an issue that Parauda addressed right away.

“I don’t need the signs. There’s no closure of Brooklyn VA Hospital,” she said. “There are no plans to close. I’m not lying about that. I’m here to have an open, factual discussion.”

The first question addressed the facility’s long range and immediate plans.

“(Our plans are) to remain open both as an inpatient and outpatient facility,” Parauda stated. “There are no plans to close. That is a rumor that, for whatever reason, keeps on going on and on. “

Short-range plans include renovating the operating rooms to recreate them for the 21st century (a project that should be completed by October); ambulatory surgery suites, slated to be finished by January, 2020, and a women’s health clinic that is due for completion by November of this year.

The outpatient building will be getting a new roof; that should be completed by 2020 as well.

In addition, patients can expect more cosmetic updates, such as new furniture, especially in the lobby and outpatient clinics.

“In May, we moved the domiciliary from our Saint Albans campus to the renovated building 2 across the parking lot to accommodate 40 veterans there,” she said. This occurred, she said, because, “Brooklyn’s campus lent itself more to a complete renovation and had a free standing building in building 2 and we were able to convert the rooms to single and double bedded rooms. At Saint Albans, they were three or four-bed rooms which isn’t state-of-the-art care for anybody.”

There were points when the meeting got heated, especially when addressing the ENT Clinic, which veterans thought was going to be closed because a sign had been posted to that effect.

Parauda tried to clear the air, recalling that SUNY Downstate, which provided residents to the clinic, had informed the facility in December, 2017, that it “would no longer provide ENT residence to the Brooklyn campus effective on July 1. It doesn’t say why they pulled out in the memo. The medical staff here worked with SUNY Downstate to try to get them to continue to stay here. They said no.”

It snowballed from there, with staffers at the clinic resigning after it became clear that SUNY Downstate would not reconsider. At that point, in March, Parauda said, the facility began a nationwide search for ENT physicians, nurse practitioners and medical assistants. “We never closed the ENT clinic,” Parauda affirmed, noting that, since the end of SUNY Downstate’s residency program, it has been open on Mondays and Thursdays, with an ENT surgeon poised to start there shortly.

Parauda also said she would be meeting with the dean of SUNY Downstate on August 6. “You can burn me once, but you can’t burn me twice,” she said. “What else are you planning on pulling? I have to know now to make plans sooner rather than later to provide services for veterans. I have no intention of closing any program here at Brooklyn but I also can’t have it pulled out from under me so I’m scrambling to try to continue those services.” In addition, she said, “We have been reaching out to others seeing if we can partner up.”

However, founding director of the New York City Veterans Alliance Kristen Rouse, reminded Parauda of the sign. “We appreciate that you responded to the public pressure and have kept the ENT clinic open two days a week instead of closing it as the sign on the clinic stated,” she said.

"I didn't put up the sign in the clinic," Parauda answered. "I've been upfront from the beginning. What has been misconstrued is my story. When I learn there was a sign up at the ENT clinic saying it was closing I myself took down the sign because it wasn't true."

Nonetheless, State Senator Marty Golden, who was in attendance, later said, "If somebody in my office put up a sign that wasn't authorized, then that person would not be working for me. That person will be fired."

"I have no idea who put up the sign," Parauda responded.

"If someone in my office put it up, then I am still responsible for it. You are responsible." Golden said.

However, some came to Parauda's defense.

"She took every question from the minutiae to the big issues," said Vietnam veteran Bob Greene. "There are many issues we have in the VA and she is trying to address all of them. I think we're lucky to have a director like this. She's dealing with resource issues. She's trying to juggle a lot. This is not a perfect system but we have to recognize this is a world she didn't make and she is dealing with forces way out of her control."

"Having said that, we have to sort out for ourselves as a community what kind of impact we can have, and I know I want to send to the powers-that-be the message that we're a united community," Greene added.

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6. [Suicide Prevention](#)

6.1 - Stars and Stripes: [Vets, PTSD and suicide: An age-old problem?](#) (20 July, Larry M. Logue and Peter Blanck, 1.5M uvm; Washington, DC)

July observances are more about patriotism and independence than soldiering, but the two are never far apart. This past Independence Day, you may have seen the two concepts dovetail on yard signs notifying revelers that "A COMBAT VETERAN LIVES HERE — PLEASE BE COURTEOUS WITH FIREWORKS." These signs have engendered a lively debate about veterans' mental health and the public's proper response, but what is less debatable (and what is assumed by the signs) is that veterans are a class apart. They are men and women whose exploits are at once admirable and unfathomable, especially when it comes to the psychological wounds of war.

Scholars have done their best to demystify soldiers' and veterans' experience, but they have found psychological traumas especially intractable. Post-traumatic stress disorder (PTSD) is among the "signature casualties" of conflicts from the Vietnam War onward. However, the condition's relationship to earlier conflicts and warfare in general is less clear. Is PTSD a genuine product of today's extraordinarily lethal technology, or is it a new name for an age-old response to the horrors of combat?

Both sides in this dispute have marshaled evidence. Advocates of PTSD's timelessness point to the occurrence of its symptoms — flashbacks, irritable behavior, depression, and the like — as

far back as the Civil War. Their critics point to the specificity with which those who coined PTSD invoked the Vietnam War, and to warnings against “retroactive diagnosis.”

Our recent book investigates assertions about the Civil War’s psychological damage. Our principal source is military and pension records for approximately 72,000 Union army soldiers, digitized by the Center for Population Economics at the University of Chicago. When they examined applicants for federal pensions, physicians reported signs of mental illness (mania, dementia, hysteria and the like) in approximately 5 percent of white veterans. This incidence is close to the proportion of 21st-century veterans who develop PTSD, but the similarity masks the perils of comparison across centuries. While the Union army diagnoses were recorded by physicians, the 21st-century occurrence of PTSD comes primarily from self-reports. The earlier information also reflects the prejudices of physicians who ignored most instances of mental illness in black veterans.

Yet there is something tantalizing in the story of Joseph Shipley. A former sergeant in the U.S. Colored Troops, Shipley still “imagined himself in the army.” He “would walk up and down the street shooting with [a] stick,” shouting “Grant says blow ‘em up.” If not PTSD, what should we call Shipley’s condition?

A promising answer comes from the history of tuberculosis. Countless individuals were diagnosed with “consumption” prior to the late 19th century, a diagnosis that has since been superseded by tuberculosis. What appears to be simply a replacement for an archaic label, however, is not straightforward. The cause, course, and treatment of consumption were understood differently from what would become the characteristics of tuberculosis; an apparent matter of semantics reflects a genuine historical change.

So it is with Joseph Shipley and PTSD. As hauntingly familiar as Shipley’s behavior is, a different society interpreted it differently: Shipley was declared insane and committed to a series of asylums. Insisting that Shipley’s symptoms were PTSD flattens historical context into a prelude to an enlightened present.

Does respect for the past obviate putting today’s PTSD in perspective? One especially noteworthy feature of service-connected trauma is its association with suicide. Veterans are more prone to suicidal behavior than are civilians, and those with PTSD are even more susceptible. A recent study found that veterans with PTSD were more than four times as likely to have suicidal thoughts than were those without the condition. Though suicide has become a more private act than in the late 19th century, its meaning (or its mystery) remains largely the same.

Death records allow a test of the claim that today’s psychological toll on servicemembers is unprecedented. Massachusetts had exceptionally complete death records for the late 19th century, and suicides from that period can be compared with those of 2014. Though veterans’ suicides were more common than among civilians at both times, the Union army rate was highest of all, surpassing both the rate for veterans in contemporary Massachusetts and those reported nationally.

We needn’t take sides in the dispute over PTSD’s timelessness. Severe psychological damage, severe enough to drive an extraordinary number of veterans to suicide, extended at least as far back as the post-Civil War era. Unlike PTSD, however, the earlier trauma acquired no meaningful name, and pleas for public recognition — of the kind evinced in those July 4th yard

signs — went unheeded. If the recognition of PTSD has become a burden employed to stereotype returned soldiers, yesterday's silence may have been still more burdensome.

Larry M. Logue is a senior fellow at the Burton Blatt Institute (BBI) at Syracuse University. Peter Blanck is a Syracuse University professor and BBI chairman. They are co-authors of "Heavy Laden: Union Veterans, Psychological Illness, and Suicide."

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6.2 - The Daily News: [Officials: Mental health treatment not mandatory](#) (20 July, Kelsey Stiglitz, 66k uvm; Jacksonville, NC)

A retired Marine who suffered gunshot wounds in a domestic dispute early Tuesday morning reportedly had previously voiced suicidal threats leading up to the incident.

No arrests have been made following a shooting in Sneads Ferry Tuesday as the suspect remains hospitalized.

Taylor Vogel, 34, of Whirlaway Boulevard Sneads Ferry, was transported to Vidant Medical Center in Greenville after being shot in his abdomen, according to previous Daily News reports. Vogel was shot around 2:48 a.m. Tuesday following a domestic incident at 108 East Seabird Court.

Vogel allegedly arrived to the residence of his estranged wife and assaulted another man at the residence, Martin Nozar, to the point he had to defend himself using a firearm, according to a no contact order Nozar filed at the Onslow County District Courthouse Tuesday morning.

According to the Onslow County Sheriff's Office, charges are forthcoming but officials are allowing Vogel time to recover.

"We haven't pressed any charges yet," Onslow County Sheriff Hans Miller said.

Miller said the medical community did not provide any updates on Vogel's condition Friday, the day he was scheduled for a second surgery. Information from Vidant concerning Vogel's condition was not available.

According to previous Daily News reports, Vogel's estranged wife had ownership of the East Seabird Court residence and filed a complaint and motion for domestic violence protective order Tuesday. She wrote Vogel allegedly physically abused her in 2014 and 2015 and verbally harassed her with phone calls and texts Tuesday, including "he came into my home at 2:30 while under the influence of alcohol... I live in fear."

Other incidents cited in the protective order include several threats to commit suicide from Vogel, including times in 2017 where he voiced he "no longer wanted to live" and "should have died overseas," according to the protective order. Information provided by Manpower and Reserve Affairs Spokesperson Yvonne Carlock states Vogel was deployed three times before he retired from the U.S. Marine Corps as a lance corporal: from July 2007 to January 2008 to Iraq; from Nov. 2008 to June 2009 to Afghanistan; and from Aug. 2010 to May 2011 in support of Enduring Freedom.

According to Veteran's Affairs (VA), 20 percent of Iraq War veterans are affected by Post Traumatic Stress Disorder, which creates a higher risk for suicidal thoughts.

For those returning to life after combat, several resources are available locally. Off base, VA offers mental health services for patients with referrals, according to VA Public Affairs Officer Jeffrey Melvin.

The VA also offers crisis services, including the national Veterans Crisis Line by calling 1-800-273-8255 available 24/7. Melvin explained in an email to The Daily News that most VA medical facilities have walk-in hours available for veterans in crisis as well.

On base, service members may receive medical treatment through Naval Medical Center or the Intrepid Spirit Recovery Clinic. Options for counseling include Community Counseling and the Family Advocacy Program (FAP).

The FAP program helps Marines and their families receive counseling services -- either individually, as couples or as families. Valerie Hoffer, a FAP clinician supervisor, said the program focuses on relationships and safety.

Hoffer explained many of the participants in FAP are high-risk couples, who are having significant issues or may be a danger to one another. The program offers care for service members, dependents and retirees.

"We do that higher level of care for which we're responding to higher risk couples," Hoffer said. "When they are having issues such as verbal abuse ... one can come in and get help or both can get help."

But, Hoffer said, couples seeking help have to commit to participating. In serious situations, the service member's command will be notified and may advise counseling, but he or she cannot be ordered to receive treatment.

"We can't make anybody participate in therapy, if command is notified and asks for info we can't make them disclose anything," Hoffer said.

Melvin agreed, noting that veterans reserve the right to refuse treatment.

"Treatment is not mandatory," Melvin wrote. "Spouses or family members can strongly encourage their loved one to get treatment but only the service member has the right to consent to treatment or to refuse treatment."

According to Melvin, suicide prevention is a top priority for the VA and members of the Suicide Prevention Team have participated in outreach including distributing coasters with the Veteran's Crisis Line printed on it at several bars in Jacksonville and Fayetteville.

Similarly, Hoffer said the FAP does awareness work every day on Camp Lejeune, often by meeting with different unit commands or visiting the schools.

Some of the other programs offered by the FAP include walk-in counseling, victim advocacy, behavioral health and support for offenders.

Classes through the FAP are also available and cover everything from relationship skills in “In My Reach” and anger management in “Anger Management for the 21st Century.” For a complete list of group classes, visit MCCS-LejeuneNewRiver.com and select “Family Advocacy Program” under the “Marine and Family” section.

For victims, Hoffer said restricted counseling is available for clients who may want a self-focused approach to counseling or do not want to involve their spouse’s command, for example.

She said the restriction allows them get the therapy they need without having to notify others.

“It’s a good option for victims, let’s say ‘I’m having problems with my husband and I just want to talk to somebody’ they can do that,” Hoffer said.

To report abuse, victims can call the domestic violence helpline at 910-376-5675 or file a report with local law enforcement. The Onslow Women’s Center in Jacksonville offers e-filing for victims of domestic violence, which eliminates the need to go to the court house.

In addition to counseling, Hoffer said counselors often refer clients to evidence-based groups for care, and can also provide medical referrals when needed.

“Many clients who come to FAP are provided with care that recognizes trauma and the need for treatment, as all of our Clinical Providers are licensed clinicians,” Hoffer said.

Hoffer said clients experiencing symptoms of PTSD may be referred to specialized treatment at Deployment Wellness, Division Psych or Naval Medical Center.

“We provide a systemic support network for the family to address their needs both individually and as a whole,” Hoffer said.

Additionally, Hoffer said the program works in conjunction with Community Counseling aboard Camp Lejeune to provide treatment based on the family’s needs.

“One of the great things about family advocacy is people can come in and get the services they need,” Hoffer said.

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6.3 - The Baxter Bulletin: [VA officials: Community Action Board \(CAB\) offers help to Mountain Home vets](#) (20 July, Scott Liles, 58k uvm; Mountain Home, AR)

More than 70 area veterans packed into a meeting room at the Mountain Home Holiday Inn Express on Friday to hear Veterans Affairs officials talk about forming a community action board comprised of local groups.

The community action board, or CAB, would ideally organize community events, improve communication between veterans groups and allow those involved to coordinate services. Suicide prevention would be another aspect the CAB could address, providing veterans and their family with coordinated resources.

Baxter County counts more than 6,000 veterans as residents and has one of the state's largest veterans populations per capita.

Friday's meeting was organized by the VA-Clergy Partnership for Rural Veterans and the VA's Suicide Prevention Program. Funding for the meeting was provided through the Clay Hunt Suicide Prevention for American Veterans Act, which was passed in 2015 by Congress and received an influx of funds earlier this year.

The VA was ready and willing to assist the CAB, but its management must fall on local leaders, VA officials said Friday.

"It's ultimately going to be your lead," Laura Watlington, manager of the VA's Suicide Prevention Program, told the crowd of assembled veterans. "You are the guys who will be running point on this."

VA chaplain Steve Sullivan encouraged area ministers to join the CAB and the VA-Clergy Partnership.

"Ministers are really the first-responders to the needs of veterans," he said. "Especially in rural areas where the access to mental health resources are limited."

One in five veterans experiences mental problems six months to a year after returning to civilian life, Sullivan said. He described post-traumatic stress disorder and traumatic brain injuries as "invisible wounds" suffered by veterans. Depression and substance abuse were also commonly reported from veterans struggling to re-acclimate to civilian life.

"One in five has a mental problem, and we're not talking about vets back home on Day 1 here," he said. "We're seeing veterans return home, think everything is ok and then these problems emerge down the road."

Nationally, an average of 20 veterans commit suicide each day.

Churches often include active-duty military on their prayer lists, then remove them when they return home, Sullivan said.

"People think, 'They are back home now, they are safe,' and stop mentioning them in prayers," he said. "To the clergy and ministers here today, start dropping words like 'depression' and 'PTSD' into your prayer conversations on Wednesday nights, and you will be surprised how many veterans are struggling."

Veterans in attendance Friday spoke of their own struggles since returning home.

"The toughest thing is just opening up to someone," said Vietnam War veteran Scott Farmer. "We always thought no one gave a damn about us."

Dan Hall, commander of the Mountain Home Disabled American Veterans Chapter 30, said the lack of mental health resources available to area veterans left many struggling.

"If I tell my wife, 'I think I'm having a heart attack,' she calls 911 and I have someone out immediately checking on me," he said. "If I tell her, 'Life sucks and I want to kill myself,' who do we call? What do we do?"

A veteran thinking of suicide should contact 911 for immediate assistance, Watlington said. Veterans could receive help from the Baxter Regional Medical Center or the Mountain Home Community-Based Outpatient Clinic if they are considering suicide, she said.

The CAB could also serve as a contact flow-chart for the family of a veteran considering suicide.

"You can map out the contacts and with a couple of questions, that tells you who the best contact for that individual could be," Watlington said.

Family members should also approach the veteran and ask them if they were considering suicide, she said.

"It's an uncomfortable situation, but it needs to be addressed," Watlington said. "Sometimes just asking them about it gets things rolling toward the veteran getting help."

VA officials said a follow-up meeting would be held in August to further address the formation of a Baxter County-area CAB. Watlington said a new venue might be required for the next meeting due to the large turnout Friday.

"The turnout today really surpassed my expectations," she said. "You can tell there is a strong veterans presence here."

As of press time, no date or location for that meeting had been set.

Individuals or organizations wishing to become involved in the CAB or receive word of August's meeting should contact District 3 Veterans Service Officer Elesha Grannis at elesha.grannis@arkansas.gov or Baxter County Veterans Service Officer Charles Leonard at cvso@baxtercounty.org.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military.com: [Disabled Vets May Be Eligible For Student Loan Writeoff](#) (20 July, Jim Absher, 9M uvm; San Francisco, CA)

The Departments of Education and Veterans Affairs (VA) have teamed up to notify veterans with severe disabilities that they may be eligible to have their federal student loans discharged tax-free.

If you have a permanent and total disability from the VA or DOD, or are considered unemployable by the VA due to your service-connected disability, you may qualify for a total and permanent disability (TPD) discharge or waiver of your federal student loans or TEACH Grant service obligation.

This discharge, or waiver, of federal student loans for totally disabled persons was part of the 2012 Higher Education Act. In 2015, an executive order by President Obama directed the

Department of Education to identify and notify all disabled persons eligible for TPD discharge of student loan debt.

Finally, in April 2018, the Department of Education began matching their list of student loan borrowers with the VA's list of permanent and totally disabled or unemployable veterans and identified over 42,000 veterans with severe disabilities who hold a total of more than \$1 billion in outstanding student loans who may be eligible for TPD discharge.

Over 11,000 of those veterans were in default on their loan.

DEPARTMENT OF EDUCATION ACTIONS

The Department of Education is sending all those veterans who have been identified letters explaining eligibility for the writeoff of the loan and the process veterans should follow.

The Department of Education also set up a website with a private company to provide more information and allow people to apply for writeoff of eligible student loan debt. This website is disabilitydischarge.com.

Even though the website ends in .com it is an official government website. Those applying for loan writeoff should only use this website to apply for the loan discharge process. This is a free service and you do not have to pay any fees for the application. Ignore any services claiming they can help with your discharge for a fee, as they are likely scams.

IF THE VETERAN IS UNABLE TO COMPLETE AN APPLICATION

If the veteran can't complete the application due to their disability, their representative can complete and submit the TPD discharge application on their behalf, and assist them throughout the process. However, both the veteran and their representative must complete an Applicant Representative Designation form before the Department of Education can begin processing any claim. You must submit this form even if you have a power of attorney for your representative

WHAT TO DO IF YOU GET A LETTER

The easiest and quickest way to start the process is to apply online . The application will ask you some simple questions, like contact information and social security number. The good news is that if you received the letter, you do not have to submit documentation of your service-connected disability since the Department of Education already has obtained this information from the VA.

You can also start the application process by reaching out to the Department of Education via email or by calling 888-303-7818 during regular business hours. They will provide you the information you need to submit an application.

Once the Department of Education receives the application, they will instruct the loan company to suspend collection activity on the student loans for 120 days while the application is being reviewed to determine if you qualify for a discharge.

As part of the discharge, your loan servicer must refund all loan payments made after the effective date of the VA's determination of your service-connected disability.

IF YOU ARE ELIGIBLE BUT DIDN'T RECEIVE A LETTER

The Department of Education will work with the VA to conduct a new match of veterans with severe disabilities with the student loan database to identify more borrowers that may be eligible. Borrower notifications will be sent on a staggered basis each quarter.

If you or someone you know may be eligible for a disability discharge and haven't received a notification letter, you can find more information or start a TPD discharge application at www.disabilitydischarge.com.

If you apply for, and receive a writeoff of your student loans, you will not be eligible for any future student loans.

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7.2 - KOB (TV-4, Video): [An honor 75 years in the making](#) (20 July, Kai Porter, 1M uvm; Albuquerque, NM)

After bravely fighting for his country in World War II nearly 75 years ago, 97-year-old Dennis Ferk was finally honored Friday with the four medals he earned in the conflict.

During a ceremony at the Santa Fe Vet Center, Ferk was pinned with four medals he earned, but never claimed after the war ended.

"I didn't expect it," Ferk said. "I don't know how many men are left from the second World War. I have no idea, but fortunately I'm one of them."

The New Mexico Department of Veterans Services learned Ferk was still owed his medals two years ago after he updated his Veteran's Affairs benefits. One of them: the prestigious Bronze Star.

"It's actually more common than we would like to admit that our World War II veterans are discharged from their service in the military without receiving all the medals that they deserve," said Major General Kenneth Nava, with the New Mexico National Guard.

Sadly, not everyone has respected Ferk's sacrifices for our country. Two years ago police arrested Ferk's two caretakers for scamming him out of hundreds of thousands of dollars.

"If you think about what happened during World War II, it would view a totally different world if these men had not persevered and won," Nava said.

Ferk lost many friends in the war. He earned a Purple Heart after he was injured in combat, but he says he'll always be proud of fighting off the Japanese in New Guinea in the Pacific Theater.

"We were serving, of course, to protect the United States as a nation," he said.

In addition to the Bronze Star, Ferk also received an American Defense Service Medal, an American Campaign Medal and a World War II Victory Medal.

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7.3 - Times-News: [Grant will cover expansion of veterans cemetery in Black Mountain](#) (20 July, 59k uvm; Hendersonville, NC)

WASHINGTON, D.C. – The Department of Veterans Affairs has awarded a \$3 million grant to cover 100 percent of the costs associated with the expansion of the Western Carolina State Veterans Cemetery in Black Mountain.

The grant will fund the construction of 1,300 preplaced crypts, 564 in-ground cremated remain sites, 1,360 columbarium niches, roadways, landscaping and supporting infrastructure, Sens. Thom Tillis and Richard Burr announced Friday.

The project will develop approximately 4 acres, and provide continued services for approximately 124,000 veterans and their eligible family members.

“The VA Veterans Cemetery Grants Program is vital for VA national cemeteries to operate and allow military families to have an opportunity to visit family members who passed away,” Tillis said in a news release. “I want to thank the VA for this grant to cover the expansion costs of the Western Carolina State Veterans Cemetery and provide services for nearly 124,00 veterans and eligible family members in the area.”

“Not only will this grant expand the Western North Carolina State Veterans Cemetery, it will also help provide vital services for 124,000 local veterans and their family members,” Burr said in the release. “I appreciate the Department of Veterans Affairs’ efforts to ensure that these resources are available to men and women in North Carolina who have honorably served our country.”

In its 40th anniversary since inception, the VA’s Veterans Cemetery Grants Program is designed to complement the 136 VA national cemeteries across the country, with the strategic goal of providing 95 percent of the veteran population with convenient access to a burial option within 75 miles of their home.

The closest national cemetery is the VA’s Mountain Home National Cemetery in Mountain Home, Tennessee, which is approximately 75 miles away.

The closest grant-funded cemetery is M.J. Dolly Cooper Veterans Cemetery in Anderson, South Carolina, which is about 104 miles away.

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7.4 - Citizen Tribune: [Roe: Extending GI Bill Benefits Is One Of Most Important Of His Career](#) (20 July, Bianca Marais, 49k uvm; Morristown, TN)

With media Thursday, U.S. Rep. Phil Roe touted a bill to extend veteran benefits and another that will make it easier for low-income students to attend college.

He also gave a rundown of where a variety of current issues now stand in Congress.

The congressman attended some round-table meetings to discuss the Forever GI Bill which will go into effect Aug. 1.

“The Forever GI Bill is probably one of the best pieces of legislation, longterm, that will pass while I am here,” Roe said.

The bill extends the GI Bill benefits to veterans for a lifetime, instead of the previously regulated term-limited 15 years. Roe said it used to be 10 years, when he had just left the service.

“We know how quickly our jobs are changing, how fast technology is changing what we do, so this is huge,” Roe said.

“We also dropped a bill this week called the American Dream Accounts Act,” Roe said.

The bipartisan bill provides low-income students with the resources and support necessary to get into and graduate from college.

“It encourages partnerships between schools and colleges and local not-for-profits and businesses to help fund this,” Roe said. “Just making sure that low-income students can have more success in college.”

Roe, R-1st, of Johnson City, started off his conference call with area media Thursday by highlighting a bill he said will give the Secretary of State the tools necessary to protect whistleblowers and hold those in the wrong accountable.

In a House Committee on Veterans Affairs hearing this week, Roe, the committee chairman, discussed the implementation of the VA Accountability and Whistleblower Protection Act.

Roe also attended several meetings this week highlighting the effects of “burn pits” on veterans who served in Iraq and Afghanistan.

“They would dig these pits out and put all kinds of trash and material in there then burn it up to get rid of it, and there are some health issues associated with that,” Roe explained.

He said the committee will have to continue discussing the subject into next year to “keep working on that.”

It was “surprising” to Roe that “quite a few Democrats” voted for a bill opposing the abolishment of the Immigration and Customs Enforcement. Talk of abolishing ICE picked up after the Trump administration began enforcing a policy to separate families crossing into the U.S. illegally.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Roll Call: [VoteVets Launches TV Ad Knocking Cramer on Veterans Issues](#) (20 July, Bridget Bowman, 430k uvm; Washington, DC)

A liberal veterans group is launching a television ad in North Dakota, criticizing GOP Rep. Kevin Cramer for comments about the military and for votes relating to pay raises for the military and Veterans Affairs funding.

VoteVets Action Fund is launching a \$270,000 ad buy on both broadcast and cable networks throughout the state, starting Saturday and running through Aug. 3.

“Congressman Kevin Cramer has turned his back on our veterans and service members,” a narrator says in the ad, shared first with Roll Call.

The fact that VoteVets is spending in the race signals that Democrats believe they have a salient campaign message on veterans issues against Cramer, who is challenging Democratic Sen. Heidi Heitkamp.

The ad recounts comments Cramer made about military service, including a comment to Reuters in March in which he said continuing to vote to increase defense spending is “becoming a very difficult pill.”

In his full remarks to Reuters, Cramer called such spending a “high priority” and his comments were in the broader context of a longer-term spending package. Such packages are typically supported by defense hawks and appropriators, who argue that uncertainty caused by short-term spending bills damages the military. But the massive government funding packages are also distasteful to many lawmakers, particularly to Republicans trying to rein in spending.

The ad also cites a vote on the 2016 National Defense Authorization Act, when Cramer voted against a Democratic motion to amend the bill to increase service members' monthly pay by 2.3 percent and require that members of the military be paid during a lapse in government funding. All but one Republican also voted against the motion. Cramer did vote for final passage of the bill.

The ad cites another vote in 2013 on a Democratic motion to amend a Veterans Affairs spending bill to add \$9.2 million in funding to hire more claims processes for the Department of Veterans Affairs. Cramer joined all but two Republicans in voting against the motion. He voted for final passage of the spending bill.

Heitkamp is one of the most vulnerable Democratic senators up for re-election this year, since she is running in a state President Donald Trump won by 36 points in 2016. Inside Elections with Nathan L. Gonzales rates the race Tilts Republican.

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9.2 - Wyoming Tribune-Eagle: [Woman gets probation for accusations of abusing vulnerable adult](#) (20 July, Katie Kull, 154k uvm; Cheyenne, WY)

CHEYENNE – A longtime family dispute came to a head Thursday in Laramie County District Court as a woman was sentenced to probation and ordered to pay hundreds of thousands of dollars in restitution for taking advantage of an elderly man.

Linda Freeman took care of her father-in-law, Lelon Freeman, for years before his death in 2007 while he lived at the Cheyenne VA Medical Center. He came to the VA in Cheyenne after living in a nursing home in Kansas, according to court testimony.

For years after his death in 2007, the family spent time in court arguing over the more than \$700,000 they said Linda Freeman took from Lelon Freeman and used to buy property and build a home.

After a trial, a Laramie County District judge ruled against Linda Freeman in a civil case and ordered her to pay more than \$700,000 back to her husband's brothers and sisters.

But in 2015, prosecutors filed a criminal case against her, and Linda Freeman ultimately pleaded no contest to a single count of abuse of a vulnerable adult.

No contest pleas mean that the person does not dispute evidence contained in a probable cause affidavit compiled by investigators. Although the person hasn't actively admitted guilt, such pleas are treated largely the same as a guilty plea in a court of law.

The affidavit in the current case is sealed in a confidential file. But an affidavit in a previous criminal case that was ultimately dismissed and re-filed states that Linda Freeman transferred more than \$684,000 of Lelon Freeman's assets to her account while he was alive, and another \$91,331 after his death.

Throughout court proceedings, Linda Freeman has maintained that she had her father-in-law's permission to move the money.

But court documents and prosecutors argued that Lelon Freeman didn't have the mental capacity to authorize the money transfers.

At the sentencing hearing Thursday, Linda Freeman's children and her husband, Michael Freeman, testified in court that Linda was a caring person and not conniving, as the allegations against her would suggest.

Her son, William Freeman, said his mom was kind and hardworking.

"She is definitely my point of reference I use to make decisions," he said.

But the state, and Lelon Freeman's stepdaughter, Barbara Meyer, disputed that idea.

They accused her of taking advantage of Lelon Freeman at the most vulnerable time in his life, exploiting the World War II veteran of his life's savings.

"You robbed him of his friends and the friendships he had. You stole my father's dreams for the plans he had made for his family," Meyer said.

Prosecutor Ben Sherman said the court should make an example of Linda Freeman because she exploited a veteran who earned the Purple Heart and a Bronze Star.

"An American hero was taken advantage of," Sherman said. "We must send a message that this will not stand."

But Linda Freeman's attorney, Brandon Booth, said that the allegations, while damaging, didn't reflect the whole story.

He recounted going through banker's boxes of information in preparation for the case's trial, trying to figure out what exactly happened with all the money.

He said there was information that wasn't presented in the civil case where the court ruled against her, and that she had maintained her innocence throughout.

But perhaps the most telling part of his investigation was that the VA found Lelon Freeman competent to sign for medical procedures while the affidavits argued he was incompetent, Booth said.

"That, to me, flies in the face of everything that is being said about my client," he said.

"Just because something could possibly be proven in a court of law does not mean that a crime actually occurred," he said later.

But Judge Catherine Rogers said Linda Freeman had not contested the accusations against her, meaning that it really didn't matter whether there was more evidence because she had effectively admitted responsibility.

And despite an argument over restitution payments, Rogers didn't think Linda Freeman had done enough thus far to pay back her debts from the civil case.

Sherman and Meyer maintained that the case wasn't about receiving a payment from Linda Freeman, but Rogers disagreed.

"In the court's estimation, it would seem to me that the court's principal focus ... was about making them whole financially," Rogers said.

"Certainly, Ms. Freeman has done very close to exactly nothing to ensure that the victims were made whole (thus far)," Rogers said, referring to the fact that Linda Freeman doesn't currently have a job.

Rogers then ordered Linda Freeman to pay more than \$530,000 in restitution and be on probation for 10 years.

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9.3 - Task & Purpose (Video): [Exclusive: American Legion In Turmoil As Top Exec Resigns Over Background Questions](#) (20 July, Adam Linehan, 102k uvm; New York, NY)

The American Legion executive tapped to assume the organization's top administrative position resigned abruptly on Wednesday amid allegations that she exaggerated her professional and academic credentials, Task & Purpose has learned.

Verna L. Jones, 53, tendered her resignation just as she was about to take over for Daniel S. Wheeler, a Vietnam War veteran who has served as the Legion's National Adjutant since 2008.

Sources tell Task and Purpose that a cursory background check, required for her promotion, could not verify that Jones had a law degree or was ever licensed to practice law.

Jones' colleagues seem to have been completely blindsided by her sudden departure — and also by the discovery that one of the Legion's most cherished members, a woman highly regarded in policy circles for her strength of character and unyielding commitment to veterans advocacy, wasn't entirely the person she has long advertised herself to be.

A Gulf War-era Army veteran, Jones started working for the Legion at the grassroots level in her native North Carolina and ascended quickly through the ranks, building a network of powerful allies that spanned Washington. She leveraged her gift for public speaking to help keep veterans issues at the forefront as it became clear that the Department of Veterans Affairs was ill-equipped for the aftermath of the wars in Iraq and Afghanistan.

"When I became the youngest, first post-9/11 veteran to lead one of the biggest organizations, [Jones] was right there for me to lean on," AMVETS executive director Joe Chenelly told Task & Purpose.

"Standing shoulder to shoulder allowed for us to score major wins," Chenelly added. "She made a real difference."

Jones invigorated the Legion at a time when veterans service organizations, often associated with cantankerous old grunts, are struggling to draw in younger and more diverse members. In 2014, Jones was promoted to executive director, becoming the first woman — and the first African-American — to ever attain that position in the Legion's more than 100-year history. The historic promotion was covered thoroughly by the media.

Reporters and radio hosts often described Jones as an attorney. One article highlighting her 2014 promotion mentioned her work for veterans while attending law school, adding that "with law degree and North Carolina bar certification in hand she did not practice law, but stayed working for the Legion." A 2013 annual report of the Veterans Consortium pro bono law program listed Jones, a senior adviser to the program, as "Verna Jones, Esq.," a title traditionally reserved for practicing attorneys.

"I think of Verna as an extremely qualified and knowledgeable professional veteran that The American Legion is fortunate to have," then-National Commander Dale Barnett said in a statement following Jones' promotion. "Her experience as an attorney and department service officer gives me full confidence every day that our Washington headquarters is in good hands."

With more than 2 million members and roughly 14,000 posts, the Legion is arguably the most powerful veterans service organization in the country — "the biggest dog on the block," is how Chenelly put it. As executive director, Jones ran point for the Legion in Washington. She was responsible for drafting and proposing legislation, lobbying Senators, and maintaining a direct line in to the White House. In March 2017, she was among a small group of advocates who met with then-President-elect Donald Trump for a roundtable discussion on veterans issues and the future of the VA.

A representative for the North Carolina State Bar told Task & Purpose it had no record of a Verna Jones as a bar admittee. "If they're not in the database, they're not licensed to practice law in North Carolina," the representative said.

Jones was set to make history once again when she reported to American Legion headquarters in Indianapolis this month. Instead, much of her work for the organization will be clouded by the circumstances around her departure.

“In the VSO world, it’s very buddy-buddy,” a Legion employee told Task & Purpose on the condition of anonymity. “So when people get hired at the Legion, there’s no real vetting. But National Adjutant is the highest paid position and also very high profile. She would’ve been under a lot more scrutiny.”

The American Legion confirmed that Jones resigned but would not comment any further except to say that it “wishes her well in all future endeavors.” However, one of Jones’ now-former colleagues said the atmosphere at headquarters grew tense after Jones was informed that the investigators conducting the background check were unable to verify that she had graduated, or even attended, law school. (Jones declined to speak to Task & Purpose for this article.)

Another Legion employee, who worked with Jones closely, expressed concern over her wellbeing. “She is very bright and competent,” the employee said. “I’m really saddened by all this.”

On Friday morning, the Legion’s human resources director emailed the organization’s entire staff with an urgent request. “Please submit copies of your college transcripts and certifications to the HR Office at your earliest convenience,” it read. “If you have elected to take the voluntary separation agreement, please ignore this request.”

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Veterans Affairs Media Summary and News Clips

22 July 2018

1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [New Colorado VA Hospital Finally Opens, Late and Over Budget](#) (21 July, 23.9M uvm; Washington, DC)

A \$1.7 billion veterans hospital in suburban Denver has opened its doors to visitors after a ceremonial ribbon-cutting. Veterans strolled the halls and peered into operating rooms at the Rocky Mountain Regional VA Medical Center in Aurora on Saturday. The new facility replaces an aging and crowded hospital in Denver.

[Hyperlink to Above](#)

1.2 - ABC News (AP): [AP Fact Check: Trump's week of unreal claims on Russia, NATO](#) (21 July, Hope Yen and Calvin Woodward, 24.1M uvm; New York, NY)

On other fronts, Trump inaccurately claimed Queen Elizabeth II bestowed upon him an honor that she had never before granted during her reign and, when the president was back in the U.S., he gave a faulty account of improvements in health care for veterans.

[Hyperlink to Above](#)

1.3 - The Denver Post: [VA hospital ribbon-cutting acknowledges long delays, cost overruns, controversy](#) (21 July, Monte Whaley, 4.8M uvm; Denver, CO)

No one at a ribbon cutting ceremony for the \$1.7 billion Rocky Mountain Regional VA Medical Center on Saturday morning ignored the problems in getting the beleaguered facility to open. The hospital, designed for specialty care including spinal cord injuries and cancer screening, is \$1 billion over budget and five years behind schedule.

[Hyperlink to Above](#)

1.4 - Newsday: [Veteran stand-downs on LI dwindle as help becomes more accessible](#) (21 July, Martin C. Evans, 3.2M uvm; Melville, NY)

Some came for the toothpaste and the cotton socks and the rolls of toilet paper. Others, sometimes better dressed and looking less stressed, came for the chance to have a bite to eat with former service members like themselves. Nearly 250 veterans looking for everything from a job to a sympathetic ear came for the stand-down — a mashup of information fair, clothing giveaway and gabfest.

[Hyperlink to Above](#)

1.5 - KUSA (NBC-9, Video): [Finally it's open – the ribbon is cut for the new VA hospital in Aurora](#) (21 July, Jeremy Jojola, 3.1M uvm; Denver, CO)

After years of delays and significant cost overruns totaling more than one billion dollars, the new Veterans Affairs hospital has finally opened with a ribbon-cutting ceremony on Saturday. “This marks a significant turning point for the VA here in Denver,” said acting VA Secretary Peter O'Rourke. “There's a past, but today we're going to focus on the future.”

[Hyperlink to Above](#)

1.6 - The Virginian-Pilot (Video): [Hampton VA offers treatment for medicine-resistant depression](#) (22 July, Courtney Mabeus, 1.5M uvm; Norfolk, VA)

Charlene Campbell slipped a blue cap over her ponytail, velcroed a chinstrap into place and popped in her mouthguard. As she settled into her seat at the Hampton Veterans Affairs Medical Center's Behavioral Health Center, Dr. Kenneth Miller guided a plastic helmet-like device, lined on the inside with coils, over her head.

[Hyperlink to Above](#)

1.7 - KCUR (NPR-89.3): [Thousands Of Veterans Expected In Kansas City As VFW Convention Begins](#) (21 July, Nicolas Telep, 198k uvm; Kansas City, MO)

Veterans of Foreign Wars of the United States opened its 119th National Convention in Kansas City Saturday morning. President Donald Trump will address the gathering early next week. The convention runs through Wednesday at the Kansas City Convention Center. 10,000 members of the VFW and VFW Auxiliary — family members of veterans — are expected to attend. President Trump is set to appear Tuesday.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - KCNC (CBS-4, Video): [‘Focus On The Future’: Ribbon-Cutting Ceremony Held For New VA Center](#) (21 July, Michael Abeyta, 26.4M uvm; Denver, CO)

Before a ribbon-cutting ceremony for the newly constructed Rocky Mountain Regional VA Medical Center in Aurora, Acting Secretary of Veterans Affairs Peter O'Rourke read a prepared remark touting the center. "This marks a significant turning point for the VA in Denver," he said. "This facility represents the VA moving forward and providing our veterans with the best quality care and the latest technology."

[Hyperlink to Above](#)

3.2 - KMGH (ABC-7, Video): [From the Denver7 news desk: Breaking and developing news on July 21, 2018](#) (21 July, 2.1M uvm; Denver, CO)

10 a.m.: A ribbon-cutting ceremony for the \$1 billion over-budget Rocky Mountain Regional VA Medical Center in Aurora is underway. Watch the ceremony below: 7:25 a.m.: A motorcycle rider was injured following a crash involving an SUV on westbound I-70 at Fall River, mile marker 283. One lane is blocked and traffic is backing up, per the Colorado State Patrol - Golden division.

[Hyperlink to Above](#)

3.3 - WFED (AM-1500, Audio): [VA says it will miss Aug. 1 deadline to change GI Bill benefits due to IT challenges](#) (20 July, 831k uvm; Washington, DC)

Veterans Affairs Department officials say they're racing to comply with major changes Congress made to veterans' education benefits last year. But they say they're likely to miss an Aug. 1 deadline to put in place key provisions of the Forever GI Bill, because of complex changes programmers must make to VA's IT systems.

[Hyperlink to Above](#)

3.4 - KRDO (ABC-13): [Ribbon-cutting ceremony held for long-delayed VA hospital in Aurora](#) (21 July, Alexis Dominguez, 816k uvm; Colorado Springs, CO)

A ribbon-cutting ceremony was held Saturday for the new VA hospital in Aurora. The project was \$1 billion dollars over budget and 5 years behind schedule. It's a day many never thought would come. "I'm glad to see they're finally open," said Vietnam veteran, Richard Finnan.

[Hyperlink to Above](#)

3.5 - KRDO (ABC-13, Video): [Colorado Springs area veterans weigh impact of new VA hospital in Aurora](#) (21 July, Scott Harrison, 816k uvm; Colorado Springs, CO)

In this three-minute video, Colorado Springs area veterans weigh impact of new VA hospital in Aurora.

[Hyperlink to Above](#)

3.6 - KDVR (FOX-31): [Ribbon cutting marks next step for Aurora VA Hospital](#) (21 July, Evan Kruegel, 662k uvm; Denver, CO)

After years of delays, and one expensive mistake after another, the new Rocky Mountain Regional VA Medical Center is one step closer to opening. Hundreds gathered outside the main entrance Saturday morning for a ribbon cutting ceremony. The hospital won't actually open for a few more days, but the ceremony gave many a chance to reflect on the long road to get here.

[Hyperlink to Above](#)

3.7 - KOAA (NBC-5): [Overdue and over budget: The problem plagued VA hospital opens](#) (21 July, Nia Bender, 101k uvm; Colorado Springs, CO)

It's more than \$1 billion over budget and five years behind schedule, but an elaborate new veterans hospital is finally opening with the promise of state-of-the-art medical care. The Veterans Affairs Department ribbon-cutting ceremony takes place today at the Rocky Mountain Regional VA Medical Center in Aurora.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - KTVI (FOX-2, Video): [Federal workers rally against President Trump's executive orders](#) (21 July, Kim Hudson, 1.9M uvm; Saint Louis, MO)

In the shadow of the John Cochran Veterans Affairs Medical Center, union workers at the facility held a rally. The workers, members of the American Federation of Government Employees rallied Saturday to protest three executive orders signed by President Trump in March.

[Hyperlink to Above](#)

4.2 - The Free Lance-Star: [Letter: Voters to blame for underfunded agencies](#) (21 July, James W. Respass, 828k uvm; Fredericksburg, VA)

The Veterans Administration is having a difficult time carrying out its purpose, but not all the blame goes to the VA. It has management problems, but its main problem is funding. It is underfunded and understaffed. Veterans are living longer, and there are ongoing wars and conflicts that result in more veterans who need care.

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4.3 - Albuquerque Journal: [Urgent Veterans Affairs reform is needed now](#) (22 July, Rep. Michelle Lujan Grisham (D-N.M.), 461k uvm; Albuquerque, NM)

The findings from a recent U.S. Government Accountability Office (GAO) investigation into the Department of Veterans Affairs (VA) describe an agency in crisis. The investigation uncovered that the VA whitewashed misconduct allegations without interviewing witnesses; flatly ignored whistleblower concerns; failed to remove or suspend employees who were found guilty of gross misconduct; and allowed several individuals to investigate their own accusations.

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4.4 - Ocala Star-Banner: [Blue Star Mothers chapter forms in Ocala](#) (22 July, 323k uvm; Ocala, FL)

On Top Of the World resident Anne Parker wears her heart in her window or near her front door. Parker, co-president of the recently founded Ocala chapter of Blue Star Mothers of America, Inc., and national first vice-president of the overall group, displays at her home a red service flag that bears two blue stars, which indicates her two children are on active duty with the military, in this case the U.S. Army.

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4.5 - Rockford Register Star: [Military veterans get 'healing power of music' in Guitars for Vets](#) (21 July, Scott P. Yates, 302k uvm; Rockford, IL)

The Rockford Chapter of Guitars for Vets hosted "Heroes Unplugged," its third annual benefit event at the Nordlof Center Saturday. The program featured emcee Aaron Wilson, Paul Bronson, Post Facto, the Rockford Dance Company Cardio Tap Dancers, Malandrino and the Rockford G4V Jam Band. There was a silent auction fundraiser and music from 1 p.m. to 4 p.m.

[Hyperlink to Above](#)

4.6 - Watertown Daily Times: [Trump administration is weakening unions](#) (21 July, Robin Johnson, 199k uvm; Watertown, NY)

Attacks on workers from this administration should concern everyone who believes workers have rights and deserve the means to pursue fair treatment, due process and a voice on the job. Most folks have heard about the Janus case and realize that it had less to do with Mr. Janus's wishes than the anti-union agenda of politicians and corporate interests behind them.

[Hyperlink to Above](#)

[5. Improve Timeliness of Service](#)

5.1 - Stars and Stripes (The Mountaineer): ['We both have our nightmares': Twins who served in Vietnam tell some of their experiences](#) (21 July, Mike Schoeffel, 1.5M uvm; Washington, DC)

Ted Underwood likes to whittle. It helps him relax. He mostly makes small wooden soldiers. One of them is a boy – or, rather, a young man – clutching a duffel bag and a discharge notice. A wide grin is etched on his face. "That's me [leaving Vietnam,] he says.

[Hyperlink to Above](#)

5.2 - Temple Daily Telegram: [Pharmacy wait times a concern at VA](#) (22 July, Janice Gibbs, 157k uvm; Temple, TX)

A few months ago, Christopher Sandles, executive director of the Central Texas Veterans Health Care System was invited to attend a Military Officers Association of America meeting in Killeen. He received what he considered a challenge.

[Hyperlink to Above](#)

5.3 - Altoona Mirror: [Inspector General cites Van Zandt VA Medical Center. Government office finds problems with anesthesiologist](#) (22 July, William Kibler, 73k uvm; Altoona, PA)

A government organization that exercises scrutiny over the Department of Veterans Affairs has found fault with an anesthesiologist who worked at the Van Zandt VA Medical Center for eight years, ending last summer. In a report released July 5, the VA Office of Inspector General also found fault with management's supervision of the doctor.

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5.4 - Texarkana Gazette: [PTSD can happen to anyone, anywhere](#) (21 July, Michael Roizen, M.D. and Mehmet Oz, M.D., 72k uvm; Texarkana, TX)

Post-traumatic stress disorder, or PTSD, can be caused by a constellation of circumstances—some affecting millions of folks, like the 9/11 terrorist attacks; others intensely personal, such as a sexual assault, bullying or physical trauma from a sports-related injury or car accident. It's commonly found in victims of gun violence, combat veterans and first responders. In short, PTSD can happen to anyone.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - KVUE (ABC-9, Video): [Austin part of federal program to find solutions for veteran suicide](#) (21 July, Kris Betts, 865k uvm; Austin, TX)

The Department of Veterans affairs is looking locally to find solutions for veteran suicide. Austin is one of 20 cities chosen by the VA to bring together a team to help service members and their families. For one Austin veteran, this mission hits close to home.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - The Patriot-News: [16 women veterans who 'deserve our recognition': 100 Years of Heroes](#) (21 July, Daniel Zampogna, 3.1M uvm; New Bloomfield, PA)

This slideshow highlights the military service and achievements of these 16 women from Pennsylvania. They hail from various sections of the state and possess a variety of backgrounds and a multitude of tours. Their time in the military spans a mix of wars and includes an assortment of medals, accolades and honors. They perfectly fit the theme of 100 Years of Heroes.

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7.2 - KARE (NBC-11, Video): [Female veterans share their stories at Ft. Snelling](#) (21 July, 1.5M uvm; Minneapolis, MN)

In an effort to amplify the voices of women veterans, the Minnesota Historical Society held a special event at Historic Fort Snelling visitor center on Saturday. A group of female Minnesota veterans shared their stories of service, the return to civilian life, and the challenges that veterans - specifically female veterans - face today.

[Hyperlink to Above](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Johnson City Press: [Roe is "proud" of Trump's response to Russia](#) (21 July, Robert Houk, 194k uvm; Johnson City, TN)

U.S. Rep. Phil Roe, R-Johnson City, told reporters Thursday he is “proud of how the president has responded” to allegations of Russian meddling in U.S. elections. He also said he’s “absolutely amazed by the hysteria” in the news media and on Capitol Hill after the meeting between President Donald Trump and Russian President Vladimir Putin earlier this week.

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1. [Top Stories](#)

1.1 - U.S. News & World Report (AP): [New Colorado VA Hospital Finally Opens, Late and Over Budget](#) (21 July, 23.9M uvm; Washington, DC)

AURORA, Colo. — A \$1.7 billion veterans hospital in suburban Denver has opened its doors to visitors after a ceremonial ribbon-cutting.

Veterans strolled the halls and peered into operating rooms at the Rocky Mountain Regional VA Medical Center in Aurora on Saturday.

The new facility replaces an aging and crowded hospital in Denver.

Outpatient services will begin moving in on July 27, and hospitalized veterans will be transferred starting Aug. 4.

The medical center is more than \$1 billion over budget and five years behind schedule.

Federal investigators blamed the overruns on VA executives, saying they opted for a lavish design, tried to use a complicated contract they didn't fully understand, failed to get the designers and builders to agree on plans and costs and didn't oversee the work closely enough.

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1.2 - ABC News (AP): [AP Fact Check: Trump's week of unreal claims on Russia, NATO](#) (21 July, Hope Yen and Calvin Woodward, 24.1M uvm; New York, NY)

It was a week of bewilderment over what President Donald Trump really thinks about Russian interference in the U.S. election and what he and Russia's Vladimir Putin told each other in their private meeting. The confusion was fed by Trump's vacillating statements about the summit.

On other fronts, Trump inaccurately claimed Queen Elizabeth II bestowed upon him an honor that she had never before granted during her reign and, when the president was back in the U.S., he gave a faulty account of improvements in health care for veterans.

A week in review:

[...]

TRUMP: "I want to have choice, just like we have now with the veterans, all approved, which nobody thought would be possible. The vets now, instead of standing on line for two weeks or one week or three months, they can go out and see a doctor, and we pay for it, and it turns out to be much less expensive. And they are loving it." — remarks Wednesday at Cabinet meeting.

THE FACTS: The Department of Veterans Affairs' Choice program for veterans that Trump refers to is not "all approved." Nor are veterans necessarily loving the private-sector health care program, as measured by the average amount of time veterans must wait for a medical

appointment with a private doctor. Trump's suggestion that veterans are getting immediate care because of Choice does not reflect the reality.

Trump did sign into law last month a bill that would ease restrictions on private care. But its success in significantly reducing wait times depends in large part on an overhaul of VA's electronic medical records to allow for a seamless sharing of records with private physicians. That overhaul will take at least 10 years to be complete.

Under the newly expanded Choice program that will take at least a year to implement, veterans will still have to meet certain criteria before they can see a private physician. Those criteria will be set in part by proposed federal regulations that will be subject to public review.

Currently, only veterans who endure waits of at least 30 days for an appointment at a VA facility are eligible to receive care from private doctors at government expense. A recent Government Accountability Report found that despite the Choice program's guarantee of providing an appointment within 30 days, veterans waited an average of 51 days to 64 days.

[...]

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1.3 - The Denver Post: [VA hospital ribbon-cutting acknowledges long delays, cost overruns, controversy](#) (21 July, Monte Whaley, 4.8M uvm; Denver, CO)

No one at a ribbon cutting ceremony for the \$1.7 billion Rocky Mountain Regional VA Medical Center on Saturday morning ignored the problems in getting the beleaguered facility to open. The hospital, designed for specialty care including spinal cord injuries and cancer screening, is \$1 billion over budget and five years behind schedule.

Politicians, local and national Veterans Administration officials, as well as the veterans who will now get care from inside the sprawling 1.2 million-square-foot campus in Aurora, all acknowledged the well-publicized woes surrounding the hospital's opening during the ceremony.

"I know we have shovels here for us, but I think some of you will probably grab some pitchforks instead," Sallie Houser-Hanfelder, director of the VA Eastern Colorado Health Care System, told the crowd of about 300.

Saturday's ribbon cutting was purely ceremonial. The new hospital will not offer services until July 27 to outpatients. Hospitalized veterans will be transferred starting Aug. 4.

The hospital originally was proposed in 2002 to be part of the University of Colorado hospital system, but veterans wanted a separate facility. In 2006 the VA hired a design team. Three years later, the agency estimated it could build the new hospital for \$537 million and be finished by 2013.

Several investigations later showed that VA officials tried for a more grandiose design for the hospital and used a complicated contract they couldn't fully understand. The VA was hammered for failing to oversee the hospital's construction properly, and an angry Congress eventually tabbed the Army Corps of Engineers in 2015 to oversee the project.

U.S. Representative Mike Coffman, a Marine combat veteran and a longtime critic of the VA during the hospital's construction, was more barbed in his comments Saturday. While praising the hospital for providing state-of-the-art care for veterans of the armed forces, Coffman added, "This also represents the largest construction failure in VA history."

The facility has too few primary care beds and workers, according to reports.

But veterans watching the ceremony Saturday offered more of a roll-with-the punches attitude toward the construction process.

"Hey, anytime anything is owned and run by the government, there is always controversy," 28-year-old Tiffany Freeze said. Freeze served a tour in Afghanistan while the Army and is getting treated for mental health issues at the current VA facility at Ninth Avenue and Colorado Boulevard.

Freeze is satisfied in her care at the present hospital and doesn't expect anything to change much in the new place. Freeze, a dress designer, designed a paper gown for veterans to be used at the new facility. "For the most part, I had few issues at the old building, and I don't think it will be altered much here at the new building. It's also a beautiful place."

It's also convenient for Korean war veteran Van Coleman, who at 87 has a bad leg and can't walk too far. He lives only a mile away from the facility and can drive there easily.

The VA also got him glasses to help his vision and hearing aids. "They've done fairly well by me, so I can't complain too much."

"But service is what I'm concerned about," Coleman said. "So many times, you get at your 9 a.m. appointment and it's 11 a.m. or noon until someone sees you. But that's just the military I think; they make you hurry up and wait, and sometimes you get so frustrated you want to say, 'To hell with it,'" and go home."

Coleman said the issues surrounding the hospital's controversies boiled down to rich people "making a mint off my tax dollars." In fact, even after congressional outrage and multiple investigations, no one was fired from the VA or criminally charged.

Two executives targeted by investigators retired before the agency could act, and other officials were demoted or transferred.

The ceremony included talks from several members of Colorado's congressional delegation, patriotic songs and a visit from Magissawa the bald eagle.

Many veterans and other visitors toured the facility after the ribbon-cutting and found an expansive, airy place that was designed to be more welcoming to patients, VA officials said.

Most patients will have private rooms and space for families to stay overnight. Operating rooms will have easier access to the intensive care unit as well pre- and post-operation rooms.

The new hospital will also include mammography, PET scans for cancer, prosthetics and aquatic therapy.

A major new feature of the facility is a 30-bed Spinal Cord Injury and Disorders Unit and an outdoor courtyard specially designed for patients with spinal cord injuries. However, the unit is not expected to be open until 180 days after the hospital opens. The delay is to allow for more hiring and training of personnel, hospital officials said.

An emotional Ralph Bozella, a Vietnam vet and chairman of the American Legion National Veterans Affairs and Rehabilitation Commission, said Saturday the new hospital is a symbol of stubborn intent. "Nobody gave up on this, not our veterans, not our congressional delegation and a lot of other people who wanted a facility like this to serve those who needed this," Bozella said.

"This is a story," Bozella said, "of pure perseverance."

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1.4 - Newsday: [Veteran stand-downs on LI dwindle as help becomes more accessible](#) (21 July, Martin C. Evans, 3.2M uvm; Melville, NY)

Some came for the toothpaste and the cotton socks and the rolls of toilet paper. Others, sometimes better dressed and looking less stressed, came for the chance to have a bite to eat with former service members like themselves.

Nearly 250 veterans looking for everything from a job to a sympathetic ear came for the stand-down — a mashup of information fair, clothing giveaway and gabfest. They navigated the Freeport Armory, sitting down to shoot the breeze with an old friend or talking with representatives of more than a dozen government agencies and nonprofits brought in by the Nassau County Veterans Service agency to lend a hand.

"I met a bunch of pretty good guys — I always do at things like this," said Wesley Hodge, 60, who since his Army days in the 1970s has eked out a living by cutting hair. Right now, he said, he is sleeping on his sister's couch in Freeport.

These days, though, there are fewer stand-downs for Long Island's veterans after a heyday in the 2000s during the wars in Iraq and Afghanistan. The last stand-down sponsored by Suffolk County was in 2012. This year, the Northport VA Medical Center eliminated one of its two annual stand-downs. Nassau County still offers two stand-downs a year, one in summer and one in fall. The next is scheduled for Nov. 20, at the Freeport Armory.

What organizers, including Suffolk and Northport, are finding is that the resources offered at stand-downs are readily available to veterans. They can get help virtually anytime with mental health counseling, disability benefits, housing, education, medical services, employment and other needs.

"Information about these resources, and assistance in accessing them, are already being provided on a daily basis to Veterans by social work staff at the Medical Center," Kristin Sievers, an administrative aide at the medical center, said in an email.

But for many veterans, stand-downs also provide a chance to reconnect with military life — if only for a little while. Hodge still misses his Army days, even though he left the service nearly four decades ago. He enlisted shortly after his 17th birthday in 1975 and served four years.

Today, short on money and with no permanent place to live, Hodge said he came to the Freeport stand-down for advice, donated goods handed out by a legion of volunteers and a chance to share memories.

"We talk about the old ways the military used to be," Hodge said.

The stand-down is the brainchild of two veterans who, like Hodge, served during the Vietnam War era. Taking the name from the practice of combat units getting a break from fighting, Robert Van Keuren and Dr. Jon Nachison organized the first stand-down in 1988 in San Diego. Thirty years later, stand-downs number roughly 200 nationwide.

Larry Walton, 61, of East Meadow, a former Army sergeant in the Iraq War, lunched with Hodge at the armory. Walton said he had to leave his job as a Nassau court officer a decade ago after having flashbacks of his time stationed at Iraq's Abu Ghraib prison. During his tour, Walton convoyed fuel tankers. Roadside bombs came with the territory, he said.

Talking with other veterans has helped Walton deal with the trauma of what he experienced.

"The older Vietnam veterans really pull me through," he said at the stand-down. "I still feel depressed sometimes, but I feel safe here."

Countless other veterans like Walton struggle after their time in the service. Some turn to drugs or alcohol. Some lose touch with the loved ones. Others can't find work. Others live on the street.

That first stand-down in San Diego targeted homeless veterans. In New York, more than 1,200 veterans are homeless despite a nearly 80 percent drop in the number from 2011 to 2016, state data show. The drop in homeless, the result of an Obama administration initiative, played a role in Northport's decision to cut one of its stand-downs, Sievers said.

Today's stand-downs are coordinated mostly by local governments, the VA, and community-based service providers. Volunteers do much of the heavy lifting, handing out personal items and clothes. The government agencies and providers hand out information on housing, jobs, health screenings, treatment, mental health referrals and VA and Social Security benefits counseling.

Nassau is committed to continue sponsoring stand-downs because there are veterans who won't go anywhere else to get help, said Ralph Esposito, director of the county's Veterans Service Agency.

At a stand-down two years ago, Esposito said, a homeless veteran living under a bridge in Wantagh talked with a tax counselor. The veteran learned he was eligible for \$56,000 in unclaimed tax refunds owed to his deceased parents.

"The vets need to know what benefit they are entitled to," Esposito said. "They come for the freebies, but we pull them in with the services. There is still a need for them."

Some 350 volunteers helped at Freeport last week. They set up tables, played music, dished up the food and distributed the socks, toothpaste and toilet paper. And they offered encouragement to veterans who came from as far away as Queens and Babylon.

Joe Ingeno, the regional head of Vietnam Veterans of America, was taking it all in — the aroma of barbecue drifting in the breeze, the Beach Boys and the Temptations blaring from a pair of speakers.

“Veterans got the help they needed — a lot of resources from a lot of different providers — and veterans appreciate it,” Ingeno said. “This is great.”

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1.5 - KUSA (NBC-9, Video): [Finally it's open – the ribbon is cut for the new VA hospital in Aurora](#) (21 July, Jeremy Jojola, 3.1M uvm; Denver, CO)

AURORA — After years of delays and significant cost overruns totaling more than one billion dollars, the new Veterans Affairs hospital has finally opened with a ribbon-cutting ceremony on Saturday.

“This marks a significant turning point for the VA here in Denver,” said acting VA Secretary Peter O'Rourke. “There's a past, but today we're going to focus on the future.”

Numerous dignitaries were on hand for the ceremony, along with hundreds of veterans who watched and listened as some members of Colorado's congressional delegation took to the podium to give praises and talk about the challenges over the years.

The most critical was Congressman Mike Coffman who pointed out the VA should never be involved in such a massive construction project.

After numerous delays, the U.S. Army Corps of Engineers took over the project after significant cost overruns and delays.

“While this hospital is a testament to our nation's obligations to our veterans, it also represents the largest construction failure in the history of the Veterans Administration,” Coffman said at the podium.

While Saturday's ribbon-cutting ceremony was significant, it will be another week before the first patients will be seen at the new hospital.

For veterans like Leroy Robert, who saw combat in Vietnam, the new facility will provide state of the art medical care.

“I'll be easier for me to come here,” Robert said. “This is a beautiful facility.”

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1.6 - The Virginian-Pilot (Video): [Hampton VA offers treatment for medicine-resistant depression](#) (22 July, Courtney Mabeus, 1.5M uvm; Norfolk, VA)

Charlene Campbell slipped a blue cap over her ponytail, velcroed a chinstrap into place and popped in her mouthguard.

As she settled into her seat at the Hampton Veterans Affairs Medical Center's Behavioral Health Center, Dr. Kenneth Miller guided a plastic helmet-like device, lined on the inside with coils, over her head.

"On the count of three, I'm going to go ahead and get you started," Miller, a psychiatrist, said. "Ready?"

With her left hand, Campbell, an Army military police veteran from Yorktown, popped a thumbs up. In her right hand, she gripped a small, white rubber stress ball emblazoned with the VA's crisis line logo.

Miller counted down: "One. Two. Three."

In the span of two seconds, 36 magnetic pulses fired into Campbell's dorsolateral prefrontal cortex, the part of the brain that manages executive function. A rapid knocking – a sound like a jackhammer muted by walls and distance – filled the room. Campbell's hand tensed around the ball, not because of pain but to steady slight twitching caused by the motor stimulation. Twenty seconds later, 36 more pulses, another squeeze.

After a few rounds of pulses, Campbell pulled out her iPhone. Holding it in her left hand, she used the fingers on her right, which still held the ball, to scroll through news and Facebook to catch up with posts from family during the 20-minute procedure.

Campbell was in her third week of deep and repetitive transcranial magnetic stimulation, also known as TMS, at the Hampton VA – one of about 30 veterans centers nationwide that offer the treatment as part of a pilot program.

Early every Monday through Friday for four weeks, before she headed to work, a machine shot 1,980 pulses into her brain with the goal of alleviating the depression she has dealt with for 20 years, along with anxiety and post traumatic stress. She said she was able to hide her feelings and could function daily, though she often isolated herself from her husband and five children.

"I was very depressed for a very long time," Campbell said.

An estimated 16.2 million U.S. adults – 6.7 percent of the adult population – experienced a major depressive episode in 2016, according to the National Institute of Mental Health. As many as 20 percent of patients experiencing depression may fail to respond to traditional treatments like medicine and psychotherapy, according to a four-year clinical trial of veterans who received TMS published in June in the Journal of American Medicine Association Psychiatry.

The procedure uses an electromagnetic coil placed against the head to deliver pulses to the brain that stimulate and activate nerve cells in the cerebral cortex. The treatments are non-invasive and do not require surgery or sedation. Short-term side effects include scalp discomfort and headache, but because the treatment is relatively new, long-term effects remain unknown.

"Those brain cells are part of circuits and those circuits, amongst other things, regulate mood and motivation," Dr. Irving Reti, director of the Brain Stimulation Program at Johns Hopkins University, said.

TMS has grown in popularity since it was cleared for use by the Food and Drug Administration in 2008 for patients with major depressive disorder for which at least one anti-depressant has failed to work. Eastern Virginia Medical School has been using TMS since 2010; Virginia Commonwealth University, the University of Virginia, Riverside Behavioral Health Center in Williamsburg and some private providers in Hampton Roads also offer it.

The Hampton VA has seen 13 active patients since opening its behavioral health center in April, with more scheduled soon, Miller, who directs the TMS clinic, said. Data is being shared to see how effective it is and how it aligns with research that's been completed. Hampton VA patients receive a minimum of 20 outpatient treatments during the "acute" phase before tapering off. Patients must have a referral and a diagnosis of major depressive disorder, and previous treatment options must have failed, Miller said.

Researchers say TMS may also prove useful in treating post traumatic stress, strokes, traumatic brain injury, Alzheimers, addiction and other conditions. In 2016, Dr. Serina Neumann, a psychologist and researcher at EVMS, did a study on combat veterans with post-traumatic stress that combined TMS with a form of talk therapy. She wants to follow up on a finding that showed cognitive function improved with the treatment and would like to test if it also might help those with mild traumatic brain injury.

While the cost of TMS to treat depression at VA was not clear, a study released in April in the Journal of Neuropsychiatry and Clinical Neurosciences estimated a 30-minute session in 2009 at \$300.

Data on the effectiveness of TMS, and how it is carried out, varies. An NIMH five-year clinical trial published in 2010 in JAMA Psychiatry found that 14 percent of TMS participants went into remission as opposed to 5 percent of those receiving sham treatment. Remission rates reached 30 percent during a second phase in which all participants received TMS.

Those participants weren't taking anti-depressants, said Dr. Mark George, who directs the Brian Stimulation Laboratory at the Medical University of South Carolina. George also co-directed a VA clinical trial of 164 veterans who received TMS or a sham treatment, the results of which were published in June. Participants had to have failed at least two anti-depressants but were allowed to continue with medications they were currently taking. They were also not excluded if they also had post-traumatic stress or histories of substance abuse, which are common among veterans.

The VA study found little difference between those who received TMS and sham: 40 percent who got TMS reported remission; 37 percent of those receiving sham did so. That lack of difference disappointed George, who speculated reasons the sham rate was so high: Many of the participants were socially isolated before treatment and may have simply benefited from the study's interaction with hospital staff. Others may have inflated their response because of their attachment to the warrior ethos of military service.

"You'll do anything that you can to help your fellow soldier, and a lot of the veterans who participate in this trial and other research still have that credo," said George, who is also a physician at the Ralph H. Johnson VA Medical Center in Charleston, S.C.

But a 40 percent remission rate is a lot higher than the 14 percent in the earlier NIMH study.

"The great news is that about 40 percent of these patients got substantially better," George said. "I mean, they got their lives back."

It's possible that the stimulation itself may make a difference in alleviating medicine-resistant depression. Where the recent VA study used a type of coil to that's more commonly used in TMS, called a "figure-8," the Hampton VA's device, manufactured by BrainsWay, uses a coil called "H1." That coil produces deeper brain stimulation, though it is less targeted and more broad, researchers say. Data provided by BrainsWay showed that 42 percent of patients achieved remission within 20 sessions. Among those who continued to 30 sessions, 51 percent reached remission.

Seeking treatment

Campbell traces some of her struggle to an incident during a seven-month deployment to Saudi Arabia during Operation Desert Storm/Desert Shield from 1990 to 1991. She was a first responder in Dhahran, where a Scud missile bombing on a transient U.S. barracks killed 27 soldiers and injured nearly 100 personnel. The attack was among the deadliest of the war and she said she blamed herself for failing to do enough to save her fellow soldiers. Seeing and dealing with so much, she shut her emotions off.

"Of course you think there's something you should have done differently," Campbell said. "You should have gotten there faster, you should have been better trained, you should have had more equipment."

Campbell was treated by a civilian doctor, but felt a disconnect because of her military service. She sought treatment at the Hampton VA around 2010. Prescription pills only worked sometimes, and she has continued to take a low dose of the anti-depressant Trazadone, from which she is slowly tapering. Others, like Xanax, didn't work at all.

"All I can say is your typical anti-anxiety drug and anti-depressant didn't work," she said.

Therapy helped some, but Campbell said she hit a wall. Intellectually, she said, she knew what was happening inside her head but her heart wasn't feeling it. She could have given up, but her doctors, who referred her for TMS treatment, and her family kept her going.

"It's never too late to be the best mom in life I can be," Campbell said. "It just isn't, you know? I know that my struggle has been their struggle also and you know that is something that I will always feel bad about but, I know it's never too late for me to be better for them."

It didn't take long for Campbell to notice improvements in her mood after starting treatment. During her first week, she slept better. In her second week, she was bouncing back from her anxiety and depression quicker. Things that previously provoked her anxiety, like a hefty work load, weren't weighing on her as much.

Campbell completed the acute phase of treatment in late June, in time for a family vacation. By early July, she said, she wasn't sure remission was something she might ever achieve, but her depression was more manageable and her anxiety was "real low, whereas before it was really unmanageable." She said she would go back to the VA for more treatments in the future.

"I'm doing really good and feeling good," she said.

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1.7 - KCUR (NPR-89.3): [Thousands Of Veterans Expected In Kansas City As VFW Convention Begins](#) (21 July, Nicolas Telep, 198k uvm; Kansas City, MO)

Veterans of Foreign Wars of the United States opened its 119th National Convention in Kansas City Saturday morning. President Donald Trump will address the gathering early next week.

The convention runs through Wednesday at the Kansas City Convention Center. 10,000 members of the VFW and VFW Auxiliary — family members of veterans — are expected to attend. President Trump is set to appear Tuesday.

The VFW, which is based in Kansas City, is hosting its first national convention in the metro since 2007. Incoming VFW national commander Vincent Lawrence says hosting the event in Kansas City gives members the opportunity to see the organization's headquarters and meet with staff.

Lawrence says Trump spoke at a previous national convention when he was a candidate, and this is the first time he will appear as president.

"We have a long-standing tradition; we invite the sitting president to every convention," Lawrence says.

In addition to the festivities and the President's speech, the organization will also be conducting business meetings and outlining its priorities for the next year. Lawrence says one of the biggest issues the VFW deals with is health care, especially through the U.S. Department of Veterans Affairs.

The department has been involved in some controversy over the past few months since President Trump fired its secretary in March. Then Trump's first nominee for a new secretary withdrew. However, acting Secretary Robert Wilkie has been nominated to fill the post permanently, and Lawrence is optimistic.

"The VA is making a lot of improvements," Lawrence says. "We're excited to see what the new secretary will bring to the VA, and we're also excited, of course, to hear the President's vision for the future of the VA."

Wilkie will also speak at the convention on Tuesday.

Lawrence says one of the biggest accomplishments of the VFW over the past year was assisting in the passage of the VA Mission Act, which he says improves veterans' access to health care.

In addition to business and the address from President Trump, the convention will include a concert from country singer Trace Adkins, health screenings for veterans and the VFW's annual "Buddy Poppy" Display Contest.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - KCNC (CBS-4, Video): 'Focus On The Future': Ribbon-Cutting Ceremony Held For New VA Center (21 July, Michael Abeyta, 26.4M uvm; Denver, CO)

AURORA, Colo. – Before a ribbon-cutting ceremony for the newly constructed Rocky Mountain Regional VA Medical Center in Aurora, Acting Secretary of Veterans Affairs Peter O'Rourke read a prepared remark touting the center.

"This marks a significant turning point for the VA in Denver," he said. "This facility represents the VA moving forward and providing our veterans with the best quality care and the latest technology."

Afterward, O'Rourke took questions from reporters. Most were about the facility being \$1 billion over budget and five years behind schedule. When asked if anyone would be held accountable O'Rourke said, "Let's put this into perspective. Today we are here to cut a ribbon on a facility that's going to serve our veterans. There's a past, but today we are going to focus on the future."

So the ceremony went on as planned, but the problems of the past hung over the event. In his remarks Congressman Mike Coffman touched on the issue.

"Managing the construction of a hospital is clearly not a core competency of the VA, nor should it be," he said.

William Hendershot, a veteran, and his friend wore shirts to the event which read, "New VA Hospital Open 2024. No arrest/No Jail 2 Billion Over Budget VA!"

"They're missing \$2 million during construction." Hendershot said. His friend added, "If we embezzled \$2 million where would we be?"

Despite acknowledged problems of the past, there was optimism at the event and hope that veterans in the Rocky Mountain region will get the healthcare they deserve.

"Truthfully, I'm excited. There's a lot of people that really need help, and I think this will do the job," said Veteran Jeff Paplow.

Many outpatient services will be moved from the Denver site to the new center starting July 28. Remaining inpatient veterans will be moved to their new facility on Aug. 4.

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3.2 - KMGH (ABC-7, Video): From the Denver7 news desk: Breaking and developing news on July 21, 2018 (21 July, 2.1M uvm; Denver, CO)

10 a.m.: A ribbon-cutting ceremony for the \$1 billion over-budget Rocky Mountain Regional VA Medical Center in Aurora is underway. Watch the ceremony below:

7:25 a.m.: A motorcycle rider was injured following a crash involving an SUV on westbound I-70 at Fall River, mile marker 283. One lane is blocked and traffic is backing up, per the Colorado State Patrol - Golden division.

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3.3 - WFED (AM-1500, Audio): [VA says it will miss Aug. 1 deadline to change GI Bill benefits due to IT challenges](#) (20 July, 831k uvm; Washington, DC)

Veterans Affairs Department officials say they're racing to comply with major changes Congress made to veterans' education benefits last year. But they say they're likely to miss an Aug. 1 deadline to put in place key provisions of the Forever GI Bill, because of complex changes programmers must make to VA's IT systems. Federal News Radio's Jared Serbu had details on Federal Drive with Tom Temin.

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3.4 - KRDO (ABC-13): [Ribbon-cutting ceremony held for long-delayed VA hospital in Aurora](#) (21 July, Alexis Dominguez, 816k uvm; Colorado Springs, CO)

AURORA, Colo. - A ribbon-cutting ceremony was held Saturday for the new VA hospital in Aurora.

The project was \$1 billion dollars over budget and 5 years behind schedule. It's a day many never thought would come.

"I'm glad to see they're finally open," said Vietnam veteran, Richard Finnan.

He's now in a wheelchair after suffering a spinal injury in 1962. So having this state of the art facility close to home, is a positive.

"I can hardly wait to get up to the spinal cord clinic because I understand it's a beautiful layout and it'll be a clinic that can really take care of the spinal cord injuries," Finnan said.

With the facility lacking a ptsd unit and having fewer exam and surgical rooms than the VA hospital in Denver.

"We've had our ups and downs."

Leaders know it's not the hospital many were hoping for, but they hope people know their patience is appreciated.

"Thank you for your perseverance. Thank you for your team work. Thanks for never giving up," said state leaders.

"This is a facility with state of the art equipment that will give our veterans, the men and women, a state of the art facility that they've earned through their military service," said Congressman Mike Coffman.

Even with the wait, veterans like Alfred Lefrance say they're happy with the end results.

"This building is just wonderful. Service is going to be so much better than it was at the old place," he said.

The hospital will be open for patients like Finnan and Lefrance next week.

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3.5 - KRDO (ABC-13, Video): [Colorado Springs area veterans weigh impact of new VA hospital in Aurora](#) (21 July, Scott Harrison, 816k uvm; Colorado Springs, CO)

In this three-minute video, Colorado Springs area veterans weigh impact of new VA hospital in Aurora.

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3.6 - KDVR (FOX-31): [Ribbon cutting marks next step for Aurora VA Hospital](#) (21 July, Evan Kruegel, 662k uvm; Denver, CO)

AURORA, Colo. — After years of delays, and one expensive mistake after another, the new Rocky Mountain Regional VA Medical Center is one step closer to opening.

Hundreds gathered outside the main entrance Saturday morning for a ribbon cutting ceremony. The hospital won't actually open for a few more days, but the ceremony gave many a chance to reflect on the long road to get here.

"It's been very frustrating," said Air Force Veteran John Mason. "At least now we're finally getting what we were promised."

The hospital is more than \$1 billion over budget and five years behind schedule. The center has fewer exam rooms, fewer surgical rooms, and no PTSD unit.

Congress was forced to get involved after costs skyrocketed, pushing back the completion date.

"It's not a good design," said Congressman Mike Coffman. "It has been a nightmare."

Coffman says nobody from the VA has been held accountable. When pressed for answers at Saturday's ceremony, Acting Secretary Peter O'Rourke wanted nothing to do with the topic.

"There's a past, but today, we're going to focus on the future, and what we're going to be able to do moving forward."

The ceremony did give the public its first look inside the nearly-complete hospital.

It includes a state-of-the-art spinal surgery clinic, and private rooms for veterans.

“It should work out well for me and a lot of other veterans too,” said John Mason. “This is a wonderful day, it’s almost like a birthday.”

Patients will begin arriving at the hospital within the next week. The old VA hospital is scheduled to remain open for the next 3 to 5 years.

There remains no timeline for an addition of a PTSD ward.

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3.7 - KOAA (NBC-5): [Overdue and over budget: The problem plagued VA hospital opens](#) (21 July, Nia Bender, 101k uvm; Colorado Springs, CO)

AURORA - It's more than \$1 billion over budget and five years behind schedule, but an elaborate new veterans hospital is finally opening with the promise of state-of-the-art medical care.

The Veterans Affairs Department ribbon-cutting ceremony takes place today at the Rocky Mountain Regional VA Medical Center in Aurora.

The \$1.7 billion hospital made it through nearly a decade of management blunders, legal battles, federal investigations and angry congressional hearings.

It replaces an aging and crowded hospital in Denver. But some services will still be offered there after they were left out of the new facility when spending soared out of control.

Many new services are to be offered at the new facility. Until now, Colorado veterans who required inpatient care for spinal cord injuries had to travel to Albuquerque or Chicago. The new center's spinal clinic puts an end to the travel.

The new hospital is offering mammograms and PET scans for the first time.

Inpatient beds will increase to 148, which is only about 19-more beds than the old hospital. The VA plans to eventually move its PTSD residential rehabilitation program from the old hospital to the new facility to better serve its mental health patients.

For a period time moving forward, the old hospital is to remain open.

It's been a problem plagued project from the start. There's still an issue with enough staffing, but the VA says the new facility will better serve our vets here in Colorado.

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4. [Focus Resources More Efficiently](#)

4.1 - KTVI (FOX-2, Video): [Federal workers rally against President Trump's executive orders](#) (21 July, Kim Hudson, 1.9M uvm; Saint Louis, MO)

In the shadow of the John Cochran Veterans Affairs Medical Center, union workers at the facility held a rally. The workers, members of the American Federation of Government Employees rallied Saturday to protest three executive orders signed by President Trump in March.

One order aimed to make it easier for federal offices to fire poor-performing employees. Fred McDuff, AFGE Legislative Political Organizer, said employers usually need a cause and process before terminating a union worker. He said the new order would end due process and seniority protections.

"Somebody can be out here for 20 years, make a minor mistake, and they can get removed."

Members said a second order that allows for the review of existing union contracts cuts into the rights of unions to collectively bargain.

A third executive order aimed to reduce wasteful spending by cutting on-the-clock union work by shop stewards. Donald White, Chief AFGE Steward at Harry S. Truman VA Hospital in Columbia said he is losing much-needed time and opportunities to defend workers against on-the-job discrimination and retaliation.

"Now, it's 10 hours in a two-week pay period. Before, it would have been 32 hours in a two-week pay period."

Some union workplaces collect "fair use" fees from non-union workers in exchange for promoting favorable working conditions for all employees. AFGE leaders said they do not collect those fees. Instead, they negotiated office space and office hours. For instance, White does his shop steward work in Harry S. Truman Hospital on the clock. Now, he is worried about the executive order cutting those hours and closing those offices will affect everyone who works in that hospital.

Edgar Evans is a Chief AFGE Steward at St. Louis' Cochran VA Medical Center. He is also a patient. He is worried that the executive orders will hurt patient care and will lead to privatizing patient care.

"I just recently had to get a special procedure done at BJC. It took me over two months to in at BJC."

There was a lot of shouting, a lot of horn honking and a little hope on Grand Boulevard. Lawyers from several unions are suing to stop the executive orders. There is a hearing in U.S. District Court July 25th.

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4.2 - The Free Lance-Star: [Letter: Voters to blame for underfunded agencies](#) (21 July, James W. Respass, 828k uvm; Fredericksburg, VA)

The Veterans Administration is having a difficult time carrying out its purpose, but not all the blame goes to the VA. It has management problems, but its main problem is funding. It is

underfunded and understaffed. Veterans are living longer, and there are ongoing wars and conflicts that result in more veterans who need care.

The same problem exists with the Social Security Administration. It, too, is underfunded and understaffed.

The problem with these and all other government agencies is not having enough funds and being understaffed. These and other problems are caused by our citizens not participating in the democracy that requires voters to vote intelligently at election time. The voting record has become so lacking that we have surrendered the control of our government to the Koch brothers and other millionaires and billionaires.

Remember the old saying, “You dance with the one who brung you?”

To make sure that these elected representatives follow our needs and wants, we must be the ones who send them to their respective jobs. When we don’t vote, they don’t need to pay attention to our needs. This applies to all levels of government, from local to the president.

Be sure to vote in November.

James W. Respass

Spotsylvania

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4.3 - Albuquerque Journal: [Urgent Veterans Affairs reform is needed now](#) (22 July, Rep. Michelle Lujan Grisham (D-N.M.), 461k uvm; Albuquerque, NM)

The findings from a recent U.S. Government Accountability Office (GAO) investigation into the Department of Veterans Affairs (VA) describe an agency in crisis.

The investigation uncovered that the VA whitewashed misconduct allegations without interviewing witnesses; flatly ignored whistleblower concerns; failed to remove or suspend employees who were found guilty of gross misconduct; and allowed several individuals to investigate their own accusations.

Most troubling, VA whistleblowers were 10 times more likely to receive disciplinary action than other employees, and two-thirds of them left the VA within a year, suggesting pervasive retaliation against employees who reported wrongdoing or abuse.

These findings unfortunately confirmed the reasons why I called for this investigation and mirrored the dozens of complaints my office received from Albuquerque VA staff who described a culture of intimidation and bullying.

Many even contacted my office anonymously or used aliases to conceal their identity due to fear of reprisal.

Extremely alarming for me was when a staffer at the Albuquerque VA Hospital told me that, “When staff complain about supervisors, management either found a reason to fire them or bullied them until they quit.”

Instead of acknowledging that our most important tool in reforming the VA is the veterans, loved ones, and staff who bravely report misconduct and abuse, VA officials were burying complaints and pushing out concerned employees.

VA Subcommittee Chairman Mike Coffman, R-Colo., had heard the same types of anecdotes that we had been hearing.

In March 2015, we worked to launch a national investigation into VA whistleblower and accountability issues because when problems are hidden, veterans suffer, and people die.

The investigation’s findings were disturbing and portrayed a toxic culture that failed to hold employees responsible for misconduct and punished those with the courage to speak up.

That type of turmoil is completely unacceptable for an agency that manages the federal government’s most solemn responsibility: caring for the men and women who were injured or traumatized defending our nation.

It is clear that whistleblower retaliation and a pervasive lack of accountability are major roadblocks to reducing patient wait times, increasing access to PTSD services, improving caregiving and providing quality health care.

Reforming our VA is not a partisan issue, and members of Congress must continue to work collaboratively to improve veteran services and be responsive to the people we represent. We must engage more members in this effort because much more work remains to be done.

That is why I urge my Congressional colleagues to establish a blue ribbon commission, similar to what Congress set up after the terrorist attacks of Sept. 11, 2001, in order to overhaul how the VA protects whistleblowers and addresses mismanagement, waste, fraud and abuse.

Further, the VA is blatantly ignoring its procedures on due process rights, whistleblower rights and employee accountability, and I believe the Department of Justice (DOJ) has the independence and expertise to immediately change that culture.

The Trump administration must assign a DOJ federal monitor to oversee misconduct complaints – for the benefit of whistleblowers and accused.

These common-sense steps are needed to ensure the federal government keeps its promise to the brave men and women who risk their lives for our country.

I am especially grateful for every person who has come forward and brought to light issues at the VA.

Without their courage, we would never know about the problems that need to be fixed; Congress would never have enacted the VA Choice Program; the GAO would never have launched this investigation, and I would not have the honor to advocate for veterans and families experiencing issues at the Albuquerque VA Hospital.

I am committed to continuing to do everything possible to reform the VA and work to ensure every veteran receives the timely, quality care they have earned.

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4.4 - Ocala Star-Banner: [Blue Star Mothers chapter forms in Ocala](#) (22 July, 323k uvm; Ocala, FL)

On Top Of the World resident Anne Parker wears her heart in her window or near her front door.

Parker, co-president of the recently founded Ocala chapter of Blue Star Mothers of America, Inc., and national first vice-president of the overall group, displays at her home a red service flag that bears two blue stars, which indicates her two children are on active duty with the military, in this case the U.S. Army.

"We didn't pick this sisterhood, but our children made the decision to serve and mothers are united by it," Parker said.

According to www.bluestarmothers.org, "We are mothers, stepmothers, grandmothers, foster mothers and female legal guardians who have children serving in the military, guard or reserves, or children who are veterans. We support each other and our children while promoting patriotism."

Fathers and other family members are encouraged to join as associate members.

Parker said she shares a mission, along with chapter co-president Tina Shumway of Crystal River, and other chapter members, to keep the public aware of their sons and daughters who are serving in the U.S. armed services and protecting everyone's freedoms.

Shumway said with her son, C.J. Shumway, 19, deployed with the U.S. Army, she felt she "needed to do more, something tangible," for military families and to gather support for those serving.

"Out of sight is out of mind," Shumway said about keeping American military service members in the public eye.

Parker joined Blue Star Mothers while her husband, Gordon, a U.S. Air Force veteran, was in a civilian job in Germany in 2007. She remained with the group while they lived in South Carolina before moving to Marion County. Gordon is an associate member, or Blue Star Dad.

Parker's daughter, Maj. Leigh Ann Lechanski, 34, is a physical therapist at Walter Reed National Military Medical Center and her son, Maj. William Graham Swafford, 32, is a Ranger who has had six overseas deployments.

Parker said Blue Star Mothers of America, Inc., supports the efforts of American Gold Star Mothers, Inc., which supports the families of fallen service members.

According to Blue Star Mothers of America literature, the Flint News Advertiser published a coupon on Jan., 22, 1942, asking mothers of servicemen to respond. After 1,000 replies came

in, a decision was made to form a group. Capt. George Maines met with 300 mothers in Flint and then groups formed in several states. The organization was chartered by Congress in 1960.

Blue Star Mothers of America is listed on the House Committee on Veterans Affairs as a chartered veterans service organization. It has about 5,000 members in 200 chapters nationwide.

Programs by the national chapters include sending troop care packages and letters, and volunteering at veterans hospitals. Local chapters also may support veterans healthcare facilities; support the families of fallen heroes, POWs and MIAs; and volunteer with the Red Cross and USO.

Parker said the local group has been involved in volunteer work at the Malcolm Randall VA Medical Center in Gainesville.

Daniel Henry, public affairs officer with the North Florida/South Georgia Veterans Health System, said the VA thanks and appreciates the many volunteers who support veterans.

Blue Star Mothers of America programs also include the placing of wreaths at the Tomb of the Unknown Soldier at Arlington National Cemetery, Parker said.

"It's not like the Vietnam War era, when the death toll was on the news every night. We don't even regularly honor our lost soldiers," Parker said.

She said the outreach programs are carried out with "no paid employees."

"A lot of people have no idea what we do," she added.

Shumway said she finds that the Blue Star banner is a way to start dialogue about those in American military service.

"Most people are supportive if you ask," she said.

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4.5 - Rockford Register Star: [Military veterans get 'healing power of music' in Guitars for Vets](#) (21 July, Scott P. Yates, 302k uvm; Rockford, IL)

The Rockford Chapter of Guitars for Vets hosted "Heroes Unplugged," its third annual benefit event at the Nordlof Center Saturday.

The program featured emcee Aaron Wilson, Paul Bronson, Post Facto, the Rockford Dance Company Cardio Tap Dancers, Malandrino and the Rockford G4V Jam Band.

There was a silent auction fundraiser and music from 1 p.m. to 4 p.m.

Guitars for Vets currently operates more than 80 chapters nationwide and is dedicated to sharing the healing power of music with veterans suffering from combat-related distress, according to the organization's website. The program provides guitar instruction in a structured program run by volunteers.

Trish Rooney, coordinator of the Rockford chapter of Guitars for Vets, said the program provides a “positive outlet for dealing with whatever stresses (veterans) are going through.”

“The Nordlof Center is a wonderful, gracious host,” Rooney said. “It’s very easy to get volunteer performers because they want to support the cause, and they enjoy performing at the Nordlof.”

Participant R. Glenn Wolf of Belvidere, an Air Force fire and rescue specialist from 1974 to 1980, manned the greeting table at the venue Saturday afternoon.

Wolf said he suffers from insomnia, lack of focus and other health issues stemming from his military service.

Wolf has been playing guitar in the Guitars for Vets program for the last three months. He said his wife and medical care providers have seen an improvement in his behavior over that time period.

“It calms you down and makes you relaxed,” he said.

Wolf said the need for the program exceeds its current capacity. He said the high suicide rate among veterans is the most important reason the program is needed.

A 2017 Veterans Affairs report said the risk for suicide among veteran adults is 22 percent higher than for nonveteran adults. In the report, VA Secretary David J. Shulkin said the VA reported 20 suicides by veterans per day in 2016.

“We only have 80 chapters in the nation,” Wolf said. “That’s not enough. We have three (chapters) in Illinois — two in Chicago and one here. That’s ridiculous. You’re telling me that’s the only areas of veterans?”

The Rockford chapter serves veterans who receive their health care through the Rockford VA community-based outpatient clinic. Monthly jam sessions are held the second Monday of each month.

For more information go to www.guitars4vets.org

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4.6 - Watertown Daily Times: [Trump administration is weakening unions](#) (21 July, Robin Johnson, 199k uvm; Watertown, NY)

Attacks on workers from this administration should concern everyone who believes workers have rights and deserve the means to pursue fair treatment, due process and a voice on the job.

Most folks have heard about the Janus case and realize that it had less to do with Mr. Janus’s wishes than the anti-union agenda of politicians and corporate interests behind them. Similarly, the so-called VA Accountability Act of 2017 has been used to remove frontline Veterans Affairs employees with reduced due process. The goal was never to increase accountability (management always had ample means to remove employees for misconduct or poor

performance) but to target whistleblowers like those who revealed they were being made to falsify veterans' wait times so their boss would get his bonus. Can Nurse Sally afford to put your grandpa's care ahead of her job security? That's the choice VA personnel can be faced with, though in reality assuring Grandpa gets good care should guarantee job security, not threaten it.

On May 25, President Donald Trump released three Executive Orders designed to kill federal unions. To enumerate specifics of how these EO's seek to abolish workers' rights would exceed the 400 words allowed, many times over. Information is available online from sources like afge.org, where you can learn about the EO's and the status of ongoing lawsuits against them.

Even Republican lawmakers including Elise Stefanik wrote the president, stating, "We are concerned that the recent Executive Orders embark upon a path that will undo many of the longstanding principles protected by law, which establish checks and balances not only in the federal workplace but for the American public. We believe that the three Executive Orders undermine existing labor laws and we ask that you rescind them."

What doesn't kill us makes us stronger. These attacks have the potential to do either, and which way it goes depends on each of us. We the people all need to stand up and speak out. If you can belong to a union, that's a good place to start. We must make our unions stronger because the alternative really is the death of representation in the workplace, without which everyone's pay, benefits and working conditions will be at the whim of the employer. And that's not good for America.

Please arm yourself with knowledge, hold your elected representatives accountable and vote. Thank you.

Robin Johnson

Philadelphia

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5. [Improve Timeliness of Service](#)

5.1 - Stars and Stripes (The Mountaineer): ['We both have our nightmares': Twins who served in Vietnam tell some of their experiences](#) (21 July, Mike Schoeffel, 1.5M uvm; Washington, DC)

WAYNESVILLE, N.C. (Tribune News Service) — Ted Underwood likes to whittle. It helps him relax.

He mostly makes small wooden soldiers. One of them is a boy – or, rather, a young man – clutching a duffel bag and a discharge notice. A wide grin is etched on his face.

"That's me [leaving Vietnam,]" he says.

Another of Ted's creations is a soldier wearing a flak jacket, carrying a toolbox and a rifle. As Ted explains, this little guy is about to be helicoptered into the middle of the jungle to fix a tank.

That's him, too.

"It seems to calm me," says Ted of his newfound hobby. "It gets your mind off all this mess. I say mess, but it's an honor to do what we done."

What he and his twin brother, Fred, both 71, did was serve in the Vietnam War, one of the most divisive and brutal military engagements in United States history. What's more is their deployments overlapped, making them – to Ted's knowledge – one of just seven sets of twins to serve in Vietnam simultaneously.

The Underwood twins have a complicated relationship with the war that has changed them physically, mentally and spiritually. As blue collar Haywood County boys, they're proud to have worn the uniform ("The best honor you can give is to support that flag," says Fred), yet don't pretend to agree with the motivations underlying the conflict ("Just somebody who wanted to make a name for himself. Now he's dead and gone, too," says Ted).

On one hand, there's deep-seated pride in country. On the other, there are the repercussions: the horrible issues they're still dealing with today, 50 long years after coming home from the jungle.

"We all did our part," says Ted. "But it was a useless war to begin with."

"Useless," agrees Fred.

"We went over there for nothing. But we sure as hell went."

There are numerous differences between the Underwood twins, but the one most consequential to their distinct roles in Vietnam was education.

Ted graduated from the now-defunct Clyde High School. Fred didn't.

Thus Fred joined the infantry, which all but guaranteed he'd see more combat than his brother. He was 20 years old.

"At the time, the government's theory was 'We're going to throw as many people in there as we can.' What's a man's life? Especially if you didn't have an education. In that case, they'd see you went straight to Vietnam," says Ted.

Fred flew into Bien Hoa Air Base, where he joined the 14th infantry, 25th division, third brigade. His gift upon arrival was an M16. He spent the next eight months sleeping in glorified holes in the ground – come monsoon or sunshine, combat or quiet – with little more than a poncho to shield him from the elements.

"Some days we'd walk 10 to 15 miles," he says. "As people got killed, I moved into manning the machine gun."

He pauses.

"I've gone blank," he says. "I don't talk much about what I've done."

Though Fred prefers not to discuss his experiences, he does recall the selfless unity he and his fellow soldiers displayed in moments of crisis.

"One guy blew off his leg and we had to load him up," he says. "You pitched in as a family. You worked together."

As Fred was serving in the infantry, Ted became a tank mechanic. He was stationed "just a touch out of Saigon," as he put it. Though he admits to not experiencing as much combat as his brother, he saw enough for any man's lifetime.

"They ask me: 'Did you kill anybody?' I say 'I don't know.' I ran a machine gun. I shot a lot of ammo. Chances are I hit somebody, sooner or later," he says. "I heard a lot of rounds go by, but I was never shot. Sheer luck. I got snipered a couple times. All in all, Fred and I did well by coming home."

Ted isn't short on hair-raising stories.

On one occasion, he was helicoptered into the jungle to work on a broken down tank. He was told someone would return soon to pick him up.

Ted finished the job, then waited, by himself, surrounded by menacing greenery that held untold dangers. One hour passed. Then two. He started to wonder if the chopper would ever come. Then he heard thumping in the distance.

"I can still hear it today," he says. "They finally came down and got me. Boy, I was tickled to death."

Ted saw several men killed right in front of him. He was just 21. Says Ted: "They trained you to kill before you could buy liquor." He recalls driving down any number of roads after any number of hellish firefights and seeing "dead bodies everywhere, swelling up in the sun." Eventually they'd be picked up, but not before Ted laid eyes on them.

"That became commonplace," he says.

Both men couldn't wait to return home. They knew their DEROS – the date an employee is expected to return from overseas – when they deployed, and Ted recalls keeping a calendar to "mark down how many days I had left."

Both brothers have their army medals displayed in beautiful wooden cases. Ted's is hanging on a wall in his house, along with a letter from President Lyndon Johnson inviting him to the service, and his honorable discharge.

Of all of Fred and Ted's Vietnam keepsakes, both men list the honorable discharge notice as their most meaningful possession. Ted sees it as a badge of honor, a reward for a job well done, a symbol of duty and respect.

"We went over there for nothing, but we sure as hell went," he says. "The heroes were sent home in body bags. We're not the heroes."

Scars

Ted didn't have his first bout with PTSD until six or seven years ago. His wife had just died, and not long thereafter he woke up in the middle of the night to his entire body shaking.

"All I could see was that fella who got killed in front of me, lying right there, looking up at me," he says. "I see him all the time now."

Ted visited a psychiatrist at the Asheville VA Medical Center and was prescribed medication. He didn't like being constantly drugged, though, so he stopped taking it. The vivid image of the dead soldier comes and goes. It's usually triggered by something military-related during the day – i.e. Veterans Day – and results in an episode at night.

"We both have our nightmares," says Ted. "But I'm assuming Fred has more than I do."

Ted has suffered from suicidal thoughts, too. Fred may have as well, but doesn't mention it – at least not in this interview.

"Been there, done that," says Ted. "I've been close. But I decided I have too much to live for. And I do."

PTSD and suicidal ideation are just two of the many scars Vietnam has left on the minds, bodies and souls of the Underwood brothers. Ted lost his first child due to complications stemming from contact with Agent Orange, a herbicide used to clear foliage in the jungle that also causes countless serious diseases and health conditions.

Additionally, Ted has been diagnosed with cardiovascular disease. He had bypass surgery last month, but that's just a temporary relief – not a cure – for a chronic problem.

"I'll have this disease until I pass on," he says. "Agent Orange is the gift that keeps on giving."

Fred, too, has received his fair share of unwelcomed presents from that awful chemical. He has a bad case of diabetes and a skin condition that resembles a nasty rash. Ted has the latter, too.

But these illnesses merely represent issues that have been officially diagnosed. Who knows what else may lay in wait?

"I'm sure Fred has cardiovascular disease, too," says Ted. "But they just haven't found it yet."

Fred suffers from PTSD, as well. But again, he's not keen on sharing the details.

"I got stuff I could talk about," he says. "But it's nobody's business."

A silver lining

If there is a silver lining to be mined from the abominable experiences the Underwood twins endured in Vietnam, it's the way they've been treated by the Asheville VA Medical Center.

In 2017, it received a 4/5 rating from the U.S. Department of Veteran Affairs.

"I can't say enough about how great they are," says Fred. "They treat us with respect. It's 100-percent for you, the veteran. Anything that's wrong, they'll fix it, no questions asked."

Point-in-case: Just last month, Ted started having terrible chest pains. The folks at the medical center took him back right away, no ifs, ands or buts, and it was determined he needed that aforementioned bypass as soon as possible. Says Ted: "I was close to not being here. That opened my eyes to a lot of stuff."

Since Fred and Ted are both considered more than 40 percent disabled, they don't pay a dime for medical services. People have called Ted out about the free healthcare he receives, chastising him for "taking money out of other people's pockets."

Ted has an answer for them.

"I say: 'Let me tell you something: Did you lay over there in the jungle and get shot at?' When I went up in that chopper, I didn't know if I was going to make it back down to the ground. I think I've earned this."

Veterans helping veterans

The Underwood brothers haven't let personal ailments isolate them from other veterans.

Quite the opposite.

Both men are active members of numerous veterans organizations, including the local DAV (Disabled American Veterans), an organization chartered by the U.S. Congress to help disabled veterans through various means.

They participate in Chapter 89, which is named in honor of Keith Mehaffey, a late Vietnam veteran from Maggie Valley. It covers Jackson, Swain and Haywood counties, and Fred has been its commander for the past decade.

In fact, Fred was named North Carolina's Outstanding Chapter Commander for 2017-18, the first leader from his district and chapter to earn the distinction.

"They baked me a cake and everything," says Fred.

The brothers do vast amounts of good with the DAV – far more good than can be listed comprehensively in a newspaper article. The organization's central philosophy is "veterans helping veterans," and it follows through on that objective.

If there's a disabled veteran in need, by God, the DAV will find a way to lend a hand, Fred says, no matter how easy or difficult the request.

"We've helped the homeless, worked on cars, put teeth in people's mouths," he says. "We're there for whatever the veteran needs."

The chapter holds regular fundraisers at Walmart, with all of the proceeds going to help local disabled veterans. Every Christmas, they visit 13 rest homes throughout the three counties and deliver \$50 to each veteran within. Ted believes it's probably the only visitor many of them see all year.

"If you want to see something that'll break your heart, go," says Ted.

Most of the veterans are grateful for the generosity, but even those who don't accept the gift show a level of respect.

"One of the guys is blind," says Ted. "He stands up, salutes and states his serial number. Then he tells us 'Thank you for being here, but I don't want any help.'"

It is, indeed, the little moments that mean the most to the Underwood twins, maybe because they realize things could have turned out so very differently for them. They can't change the burdens fate has laid upon them – the flashbacks, the lost child, the diabetes, the heart issues – but what they can do is make a difference in the here and now, by improving the lives of people who have been through similar horrors, alongside people who likewise know those horrors all too intimately.

The first year Ted was involved in the DAV, he and several other members visited a nearby nursing home, where they delivered a card to an older lady who had served in the Navy. A simple gesture, sure, but she opened it and instantly started crying. Then everyone started crying.

She couldn't believe somebody would do something like that for her.

"It's definitely breathtaking," says Fred. "And yes, you'll cry and cry and cry."

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5.2 - Temple Daily Telegram: [Pharmacy wait times a concern at VA](#) (22 July, Janice Gibbs, 157k uvm; Temple, TX)

A few months ago, Christopher Sandles, executive director of the Central Texas Veterans Health Care System was invited to attend a Military Officers Association of America meeting in Killeen. He received what he considered a challenge.

One of the association members told Sandles he had complained about the Temple VA pharmacy to the two executive directors who had preceded him, but nothing had changed and he doubted it would change under Sandles' leadership.

The director returned to the VA and talked to pharmacy leadership and charged them with making some changes.

On Wednesday, members of the officers association came to lunch at the Temple VA that included an update on recent projects and a visit the pharmacy.

Pharmacy wait times have been a bone of contention at the Temple VA for some time, said Jody Bartlett, chief of pharmacy services for Central Texas Veterans Health Care System.

A few years ago when the VA pharmacy was much smaller and much slower there was a 12-seat waiting area with one check-in window and one check-out window, Bartlett said. Then there was something of a misguided decision to make one large waiting area for multiple services, including pharmacy.

Pharmacy services can't just move, he said.

“There are a lot of security requirements that go along with pharmacy and it takes years of planning to change locations, and also deciding where is the safest place to put it inside a VA” Bartlett said.

There were two big goals, he said, decrease the wait time and decrease the lines.

The pharmacy had considered a ticketing system, but the lab used tickets and shared the waiting area, which would have resulted in certain confusion.

“Lab has since moved and we’re looking at other options,” he said. “We now have outpatient robotics and it has decreased patient fill times by five minutes.”

Two additional service windows were added, which were made possible when benefits travel funding went online exclusively.

“We still are working on optimizing the patient flow,” Bartlett said.

Additional staff is needed to man the windows.

Vet Link kiosks are used for check in throughout the hospital and can now be used at any location in the hospital to communicate with the pharmacy. The patient can tell the pharmacy, via the kiosks, whether they want to wait for the medication or not. If not, the prescriptions will be mailed.

Security requires that windows at the pharmacy be made of bulletproof glass and it’s hard to have a discussion through the windows without yelling, he said. There are phones, but some people are hesitant to use them. Now there is a speaker system at each window that seems to be working.

When you have the ear of a group of retired military officers you take advantage of the situation and share the positive things going on in the area VA system, Sandles said.

Sandles talked about changes and what’s in the works.

The Central Texas System saw 105,000 veterans last year and will become the tele-primary care hub site, providing remote services to patients in the areas of Victoria; Harlingen; Big Spring; and Las Cruces, N.M. Nurses and physicians at the Cedar Park clinic will be providing the remote care. Patients can talk to medical professionals through phones, computers and other online means.

The Central Texas Veterans Health Care System serves a veteran population of more than 251,000, covers 35,243 square miles and 11 congressional districts in 39 counties.

Sandles said he feels like the VA is reaching out to more of its patients through on-site and remote town hall meetings. Town halls held via phones typically have between 500 and 1,000 callers participating

The VA continues to look for a clinic site in Killeen. The goal was to open a VA clinic on Fort Hood, but that isn’t working out, Sandles said.

The VA has embraced virtual care, which allows a patient to visit live on a screen with a nurse who can help decide whether an in-person patient visit is necessary.

“We’re using that service aggressively for both unscheduled urgent request calls that come into the call center and for mental health,” he said.

The cath lab in Temple is being expanded and an eight-bed psychiatric unit for women opened in Waco.

Charles Sweeney, a retired major in the Army, serving 24 years in the Army and 14 years as a civilian, said he had heard all the negative stories about the VA, but has found that his care at the Temple VA to be outstanding.

One of the visitors asked about linking patient information from the VA with private care physicians.

The VA contracted with Cerner, the same company the Department of Defense is using for its medical records. It’s hoped that this will lead to more record sharing.

Sandles said when he was in California, the VA and Kaiser shared records, but it hasn’t worked out so well here.

Monica Smith, supervisor veterans experience section, talked about surveys the Temple VA has sent to patients following appointments.

The questions are determined by the type of appointment of the veteran.

Close to 8,000 veterans in the Central Texas system responded to the surveys in the last three months.

In addition to the survey, veteran patients will get a text message or email that asks a series of questions within a day of an appointment.

An in-house construction team has sped up projects at the Central Texas VA, said Charles Yale, chief of engineering.

“It has saved a lot of time and money,” Yale said.

The eye clinic is going to double in size, picking up space that had been used for sleep studies that are no longer done at the hospital, Jason Stephens with engineering said.

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5.3 - Altoona Mirror: [Inspector General cites Van Zandt VA Medical Center. Government office finds problems with anesthesiologist](#) (22 July, William Kibler, 73k uvm; Altoona, PA)

A government organization that exercises scrutiny over the Department of Veterans Affairs has found fault with an anesthesiologist who worked at the Van Zandt VA Medical Center for eight years, ending last summer.

In a report released July 5, the VA Office of Inspector General also found fault with management's supervision of the doctor.

Dr. Michael Knitter — his name was revealed indirectly by the OIG and Van Zandt — used more anesthesia and sedative medications for outpatient procedures than recommended by the Food and Drug Administration, potentially increasing patients' risk of respiratory and cardiac failure, according to the OIG, which investigated after receiving a complaint. Knitter was the only anesthesiologist on the center's staff at the time.

The Mirror was unable to reach Knitter for comment.

Knitter also once placed a patient under general anesthesia, even though the hospital wasn't qualified for its use, according to the OIG.

No evidence was found that patients were harmed by the higher-than-recommended drug dosing, according to the report.

The OIG also found that hospital managers didn't provide "oversight of the anesthesiologist (in keeping with) Veterans Health Administration and Facility credentialing and privileging and ongoing supervision policies," the report stated.

Knitter was discharged from Van Zandt last summer for "non-patient care issues," halfway through the OIG investigation and not because of the anesthesiologist's "inconsistent medication administration," the OIG report stated.

Knitter filed a complaint in 2016 in federal District Court, alleging that VA policies allowed registered nurses to countermand his orders, putting patients at risk.

A judge dismissed the complaint in March.

Both regional VA Director Michael Adelman and Van Zandt Director Sigrid Andrew concurred with the findings of the OIG report, according to an appendix to the report.

"We always appreciate reports done by regulatory bodies," Andrew said.

"It gives us added insight," Van Zandt spokes-man Shaun Shenk said.

Specifics

According to the OIG, Knitter administered more than the recommended doses of two drugs to 17 of 20 patients whose records were examined.

He gave higher-than recommended doses of Midazolam to five of those patients, the report states.

He gave higher-than-recommended doses of propofol — both initial startup doses and subsequent maintenance doses — to 15 of the patients, according to the OIG.

He stayed within the guidelines for Fentanyl — although all 20 patients received the maximum dose, according to the OIG.

At one point, Knitter gave an outpatient general anesthesia in violation of a Van Zandt policy that states that all patients requiring general anesthesia be transferred to the VA Pittsburgh Health-care System or a qualified non-VA facility, the report states.

The policy is meant to ensure patient safety because under general anesthesia, patients can experience respiratory and cardiac failure and “medical equipment and experienced staff must be available” to treat them, according to the report. Van Zandt, a Level 3 facility, lacks a surgical unit, an intensive care unit and a post-anesthesia unit, the report states.

Management

Van Zandt leaders fell short by granting Knitter privileges that included permission to manage patients under general anesthesia during surgeries and “certain other medical procedures,” and permission to supervise critically ill patients in special care units, the report states.

Because Van Zandt is a Level 3 facility and doesn’t care for critically ill patients, “facility leaders should not have granted those privileges,” the report states.

Van Zandt management also fell short in its supervision of Knitter by not including a check on his use of controlled drugs and sedatives — which can cause unconsciousness and put patients at serious health risk — as part of the hospital’s “ongoing Professional Practice Evaluations,” according to the report. Van Zandt’s evaluation of Knitter “lacked this type of data review and did not meet the intent of Veterans Health Administration policy to monitor data that was provider-specific, as well as reliable,” the report states.

Had the hospital’s evaluations of Knitter included a review of his handling of controlled drugs and sedatives, the risk to patients might have been uncovered earlier, according to the report. Such findings could have led to “suspension or reduction of clinical privileges” and should have generated a report to the National Practitioner Data Bank, the report states.

Patient advocate

The OIG also cited a Van Zandt patient advocate’s failure to document patient complaints in the VA’s web-based Patient Advocate Tracking System and failure to document descriptions of issues involved, actions taken and complaint resolutions.

“VHA requires that VA facilities have a Patient Advocacy Program to ensure that patient complaints are resolved in a proactive and timely manner,” the report states. “VHA also requires full utilization of PATS to track patient complaints. Entering all complaints in PATS provides facility and national leaders with a comprehensive understanding of patient issues and concerns.”

PATS also help quality managers “focus quality improvement efforts,” the report states.

Instead of using PATS, the patient advocate documented patient complaints on a desktop spreadsheet, according to the report.

Of 822 patient complaints listed from November 2015 through July 2016, 781 did not include a description of issues involved, according to the report. Among those same complaint listings, 173 also didn’t include a description of an action taken or complaint resolution, the report states.

Recommendations

The report recommended that the hospital conduct an evaluation to ensure the anesthesia program complies with hospital policies, that hospital service chiefs grant doctor privileges specific to the facility and that it conduct doctor-specific evaluations.

The report also recommended that Van Zandt consider whether the anesthesiologist should be reported to the NPDB and State Licensing Board for the policy violations detailed in the report; and that the patient advocate enter all patient complaints into the PATS system, with descriptions of issues and resolutions.

According to Van Zandt director Andrew, writing in the appendix, the hospital's chief of staff and quality management staff have reviewed the anesthesia program and have aligned it with the hospital's capabilities.

Between now and August, the chief of staff will evaluate privileges to make sure they're facility-specific, while checking out evaluation practices to make sure they're provider specific, Andrew wrote.

Hospital leaders planned to consult with the VA's Office of Special Counsel to determine whether they should report the anesthesiologist to the NPDB and the State Licensing Board, Andrew wrote.

The hospital has been using PATS as prescribed by the VA since October, Andrew wrote. The hospital has gone beyond that, developing "clearer guidelines on language and descriptions (and) a one week expectation for closing reports." The hospital is also "in the process of developing training for all staff so communication can be done almost exclusively in PATS," Andrew wrote.

All feedback from patients will be entered in PATS "to allow for a better understanding of patient experience," she wrote.

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5.4 - Texarkana Gazette: [PTSD can happen to anyone, anywhere](#) (21 July, Michael Roizen, M.D. and Mehmet Oz, M.D., 72k uvm; Texarkana, TX)

Post-traumatic stress disorder, or PTSD, can be caused by a constellation of circumstances—some affecting millions of folks, like the 9/11 terrorist attacks; others intensely personal, such as a sexual assault, bullying or physical trauma from a sports-related injury or car accident. It's commonly found in victims of gun violence, combat veterans and first responders. In short, PTSD can happen to anyone.

Researchers at the National Center for PTSD estimate that 7 or 8 of every 100 Americans will have PTSD at some point in their life, and 8 million adults will have PTSD during any given year. Among veterans, the numbers are much higher: We know that around 11 to 20 percent of those who served in Iraq developed PTSD; in Vietnam the rate hit about 30 percent. Today we have more than 1.3 million active servicemen and servicewomen in the Army, Navy, Air Force and Marines with Special Operations forces deployed in more than 145 countries, according to The Nation and Stars and Stripes. While 31 service members died in actions overseas in the first 11

months of 2017, according to Defense Department data, 20 vets a day commit suicide—often a result of untreated PTSD.

The latest cause of PTSD that we are hearing about is from taking children away from their parents at U.S. border crossings. The reason many of these families are here is because they're fleeing extreme violence in Central American countries like San Salvador and Honduras. Now there's a double trauma for each child to process, and there's a good chance that the resulting PTSD may accompany them for years and result in many behavioral problems, ranging from depression, anxiety and drug abuse to rage and violence.

And what about the parents? Ever seen the film "Sophie's Choice"? Adapted from the William Styron novel, the 1982 film told the story of the Polish holocaust survivor Sophie Zawistowski (Meryl Streep won the Academy Award for Best Actress—maybe best ever!) and what happened after she had to choose which of her two children to leave behind and then deal with her later separation from her son at the Auschwitz concentration camp. She survives the camp, but later when she is living in Brooklyn, she doesn't survive the PTSD.

No matter the trigger, symptoms of PTSD may include sleep problems; becoming quick to anger and other intense emotional outbreaks; flashbacks; recurring upsetting memories; and thoughts of suicide.

Treatment with a trained therapist will help you open up about your experience and also may include instruction in meditation, progressive muscle relaxation, yoga, tai chi and acupuncture. A good therapist will use some of the newer therapies, including virtual reality exposure and wise use of medications to temporarily treat anxiety and depression. If you cannot get to a therapy session in person, explore telemedicine (the Department of Veterans Affairs is doing a lot of this) and internet-delivered cognitive behavioral treatment for PTSD.

There soon may be a new medical treatment for PTSD that promises to be quite effective. The results of a Phase II clinical trial are in, and it seems that using MDMA (otherwise known as Molly and ecstasy) with adjunctive psychotherapy in a controlled setting may be somewhat effective and well-tolerated in reducing PTSD symptoms in veterans and first responders. A 12-month follow-up found sustaining benefits.

More information will become available over the coming months. But for now, if you're suffering the effects of PTSD, see a therapist. If someone you know has PTSD, offer support and understanding. Suggest that he or she check out online resources at www.ptsd.va.gov and Sharecare (<https://bit.ly/2ygmibk>).

Mehmet Oz, M.D. is host of "The Dr. Oz Show," and Mike Roizen, M.D. is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. To live your healthiest, tune into "The Dr. Oz Show" or visit sharecare.com.

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6. [Suicide Prevention](#)

6.1 - KVUE (ABC-9, Video): [Austin part of federal program to find solutions for veteran suicide](#) (21 July, Kris Betts, 865k uvm; Austin, TX)

The Department of Veterans affairs is looking locally to find solutions for veteran suicide.

Austin is one of 20 cities chosen by the VA to bring together a team to help service members and their families.

For one Austin veteran, this mission hits close to home.

From prioritizing mental health to providing resources for physical health, Christopher Araujo with Easterseals Central Texas understands that treating veterans is a complex process.

He's been through it firsthand.

"I'm a veteran myself. I've lost friends to suicide. I mean, I've been there myself, so I definitely have a very vested interest in this," said Araujo.

His organization was handpicked by Mayor Steve Adler's office to be part of a team of people coming up with solutions to stop veterans from killing themselves.

One of the options they discussed this week was creating in-depth training for first responders dealing with potentially suicidal veterans and active service members.

"Say a veteran calls 9-1-1 and says, you know, 'I have an individual that may be actively suicidal,' what is the next step for that 9-1-1 operator," asked Araujo.

He hopes they can come up with ways to implement real-life training for an all too real problem.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Patriot-News: [16 women veterans who 'deserve our recognition': 100 Years of Heroes](#) (21 July, Daniel Zampogna, 3.1M uvm; New Bloomfield, PA)

This slideshow highlights the military service and achievements of these 16 women from Pennsylvania. They hail from various sections of the state and possess a variety of backgrounds and a multitude of tours. Their time in the military spans a mix of wars and includes an assortment of medals, accolades and honors.

They perfectly fit the theme of 100 Years of Heroes.

Lance Corporal Natalie Aysha David of Philadelphia serves as a supply warehouse clerk with the Chemical Biological Incident Response Force in Indian Head, Maryland. Previously, she served in Japan and South Korea. She enlisted in the U.S. Marines in September 2014, graduating Recruit Training in Parris Island and then attending Ground Supply School in Camp Johnson, North Carolina. Her awards include the National Defense Medal, Korean Defense Service Medal, Global War on Terrorism Service Medal, and the Sea Service Deployment Ribbon with one bronze star. She is a native of Philadelphia and graduated from Community Academy of Philadelphia Charter School.

Amanda Kloehr of Camp Hill suffered a horrific car accident in 2008, leaving her in a coma. She underwent over 20 surgeries and lost her right eye. In 2014, she graduated from Central Penn College with a Bachelor of Science in corporate communications, and was hired as communications coordinator for the East Pennsboro School District. She has chosen--- to use her horrific experience to educate others about the dangers of distracted driving, which led to the accident. She is a motivational speaker who has addressed audiences ranging from one to 2,000, including an appearance on the Today Show. Kloehr entered the military immediately after high school, spending three and a half years working as a physical therapy assistant for the U.S. Air Force before being medically retired in 2009.

Sergeant First Class Theresa Walls of Chalfont, Bucks County, has served over 28 years in the U.S. Armed Forces, including the U.S. Navy and the Pennsylvania Army National Guard. Her tours include humanitarian efforts in Nicaragua and Louisiana, in support of Hurricanes Katrina and Rita, where she earned Humanitarian Service Medals. She also had a combat deployment to Iraq in support of Operation Iraqi Freedom. She earned her MBA in 2015 from Excelsior College in Albany, New York. Her significant military decorations include the Bronze Service Medal, the Meritorious Service Medal, four Army Commendation Medals, the Army Achievement Medal, the Iraqi Campaign Medal and the Combat Action Badge. While raising her three children, Walls has had a span of assignments including aviation storekeeper, automated logistics specialist, light wheeled vehicle mechanic, human resources manager and paralegal.

Adelle Zavada retired from the Air Force in 2008 as a colonel after a 30-year career as an aircraft maintenance and logistics officer. She served in various leadership positions in both the active and reserve components. As a reservist, she was mobilized after the 9/11 attacks to lead the Air Force Combat Support Center at the Pentagon. Zavada is a graduate of Squadron Officer School, Air Command and Staff College, and Air War College, all located at Maxwell Air Force Base, Alabama. She is also a distinguished graduate from the Air Force Institute of Technology, where she received a master's degree in logistics management. She has a bachelor's degree from the University of Pittsburgh, a Pharmacy degree from Temple University, and a Juris Doctor from Widener University School of Law. She has practiced law in the public interest sector over the past 12 years. She resides in Harveys Lake, Luzerne County, with her husband, Sam.

Charmaine Ijeoma of Norristown was hired in 2015 as the Homeless Veterans Outreach Officer at the Montgomery County Veterans Affairs Office. There, she has housed 215 veterans and 170 of their family members. She continues to work to help other veterans in Montgomery County avoid becoming homeless in the first place. That's of special importance to her because In 2008 she lost her job and for three years lived on savings and part-time jobs before becoming homeless. Eventually she connected with Coatesville VAMC, where she used their computers to search for full-time jobs and enrolled in VA Healthcare. In the summer of 2014, Charmaine was successfully housed in Pottstown. Ijeoma served in the U.S. Navy from 1985-89; after leaving the military she graduated cum laude from Temple University with a Bachelor of Arts in African American studies. She then pursued a master's and a doctorate, specializing in African American literature.

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7.2 - KARE (NBC-11, Video): [Female veterans share their stories at Ft. Snelling](#) (21 July, 1.5M uvm; Minneapolis, MN)

FORT SNELLING, Minn. - In an effort to amplify the voices of women veterans, the Minnesota Historical Society held a special event at Historic Fort Snelling visitor center on Saturday.

A group of female Minnesota veterans shared their stories of service, the return to civilian life, and the challenges that veterans - specifically female veterans - face today.

Here are a few of their unedited stories, captured by KARE 11 photojournalist Craig Norkus.

Kay Bauer

Kay Bauer served as a nurse in the Navy for 35 years. She creates programming specific to women veterans to address mental health needs and overall wellness. Bauer is the Woman Veteran of the Year, a mother of two, and a grandmother of six.

Jessi Faue

Jessi Faue is a Registered Nurse at the Minneapolis VA. She works in suicide education and prevention. Her vision is to reframe the way society views mental health.

Kim Dobler

The Minnesota Department of Veteran Affairs women veteran coordinator, Kim Dobler, responds to gender specific needs of female veterans and advocates for their visibility. Dobler is the mother of a 3-year-old girl.

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8. [Mr. Wilkie nomination for VA Secretary](#)

9. [Other](#)

9.1 - Johnson City Press: [Roe is "proud" of Trump's response to Russia](#) (21 July, Robert Houk, 194k uvm; Johnson City, TN)

U.S. Rep. Phil Roe, R-Johnson City, told reporters Thursday he is "proud of how the president has responded" to allegations of Russian meddling in U.S. elections. He also said he's "absolutely amazed by the hysteria" in the news media and on Capitol Hill after the meeting between President Donald Trump and Russian President Vladimir Putin earlier this week.

The 1st District congressman said it was obvious the Russians "tried to interfere with our elections," and noted Congress would continue to investigate the matter.

"Russians are Russians and will behave like Russians," Roe said by phone from Washington, D.C.

He said that while Russians have used similar interference tactics under other presidents, Trump's administration has taken steps to address the threat. Roe was specifically critical of former President Barack Obama, who he said wasn't as tough as Trump has been on the Russians.

Roe said Trump has been critical of Putin's annexation of Crimea. As a result, he said the United States has stepped up its military aid to Ukraine.

Trump declined to directly confront Putin on election interference during a news conference Monday that followed his private meeting with the Russian president in Helsinki. A day later, Trump said he had misspoken when he sounded as if he had accepted Putin's denials that Russia had interfered in the 2016 presidential election.

Unlike past presidents, Roe said Trump has held NATO allies accountable when it comes to paying their fair share of mutual defense costs. The congressman said he was pleased with the president's recent meeting with NATO leaders where he asked member nations to not only pay their current 2 percent of GDP to defense, but add another 2 percent to the cause.

In other issues, Roe said the U.S. House Committee of Veterans Affairs, which he serves as chairman, has begun hearings on a so-called "Forever G.I. Bill" that would extend veterans benefits for a lifetime. The current GI Bill covers those benefits for 15 years.

"This is huge," Rose said.

The congressman also dismissed a recent Washington Post report that officials are "purging" employees at the U.S. Department of Veterans Affairs who are deemed disloyal to the president and his policies on veterans. The newspaper said the dismissals are being made before Robert Wilkie is appointed to lead the VA. Roe said appointees in many departments serve at the pleasure of the president.

"I don't think there is a purge going on," he said.

Even so, Roe said Wilkie should be confirmed as the new VA chief "sooner than later." He said the department is in "need of stability" with a number of new measures dealing with veterans and the VA set to become law.

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Veterans Affairs Media Summary and News Clips

24 July 2018

1. [Top Stories](#)

1.1 - ABC News (AP): [Senate confirms Robert Wilkie for Veterans Affairs secretary](#) (23 July, Hope Yen, 24.2M uvm; New York, NY)

The Senate on Monday confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs, charged with delivering on President Donald Trump's campaign promises to fire bad VA employees and steer more patients to the private sector. Wilkie won approval on a bipartisan vote of 86-9, securing the backing of many Democrats after insisting at his confirmation hearing that he will not privatize the government's second-largest department.

[Hyperlink to Above](#)

1.2 - Wall Street Journal: [Senate Confirms Robert Wilkie as Secretary of Veterans Affairs, The new secretary has worked both in government and at private-sector defense contractors](#) (23 July, Ben Kesling, 43.6M uvm; New York, NY)

The Senate voted overwhelmingly Monday to confirm Robert Wilkie as the new secretary of the Department of Veterans Affairs. Mr. Wilkie, a Washington insider and longtime Defense Department official, was confirmed with a vote of 86-9. The new secretary, who has worked both in government and at private-sector defense contractors, takes over a department facing large-scale changes and that still has vacancies in key leadership positions.

[Hyperlink to Above](#)

1.3 - USA Today: [Senate confirms Robert Wilkie to be the next VA secretary](#) (23 July, Donovan Slack, 36.8M uvm; McLean, VA)

The Senate on Monday confirmed Robert Wilkie to be the next secretary of the Department of Veterans Affairs. Wilkie, previously an undersecretary at the Pentagon, is the fourth VA secretary in five years and has a lot of work ahead of him to modernize the agency and deliver on President Donald Trump's campaign promises to provide better, more timely care and services to veterans.

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1.4 - CNN (Video): [Senate confirms Robert Wilkie to serve as secretary of veterans affairs](#) (23 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Robert Wilkie, a Pentagon under secretary, was confirmed Monday by the Senate as secretary of the Department of Veterans Affairs, giving the sprawling agency its first permanent leader in months. The vote, which was 86-9, came the day before the President will address the Veterans of Foreign Wars national convention in Kansas City. While Wilkie was confirmed overwhelmingly...

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1.5 - NPR (All Things Considered, Audio): [Senate Confirms Pentagon Official To Head Veterans Affairs Department](#) (23 July, Quil Lawrence, 22M uvm; Washington, DC)

President Trump's second VA secretary, Robert Wilkie, was confirmed 86-9 by the Senate on Monday. He takes the helm of the second largest department in the U.S. government, with more than 350,000 employees, a nearly \$200 billion budget and almost 20 million American veterans

depending on it for care and benefits. That may sound like a herculean task. Now add that the department has been in turmoil since Trump sacked his first VA secretary...

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1.6 - The Hill: [Senate confirms Trump's VA pick despite opposition from some Dems](#) (23 July, Jordain Carney, 11.9M uvm; Washington, DC)

The Senate easily cleared President Trump's nominee to lead the Department of Veterans Affairs (VA) on Monday. Senators voted 86-9 on Robert Wilkie's nomination to be the VA secretary. Democratic Sens. Cory Booker (N.J.), Dianne Feinstein (Calif.), Kirsten Gillibrand (N.Y.), Kamala Harris (Calif.), Ed Markey (Mass.), Jeff Merkley (Ore.), Elizabeth Warren (Mass.), Ron Wyden (Ore.) and independent Sen. Bernie Sanders (Vt.) voted against the nomination.

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1.7 - Military.com: [Former Navy Corpsman Nominated as Head of VA Accountability Office](#) (23 July, Richard Sisk, 9M uvm; San Francisco, CA)

Two things happened Friday that will greatly affect hiring, firing and the monitoring of union activities at the Department of Veterans Affairs. President Donald Trump announced his intent to nominate Tamara Bonzanto of New Jersey, a Navy veteran and registered nurse, to head the VA's Office of Accountability and Whistleblower Protection.

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1.8 - News & Observer (McClatchy): [Just-confirmed VA secretary is top North Carolinian in Trump administration](#) (23 July, Brian Murphy, 3.9M uvm; Raleigh, NC)

Robert Wilkie, who grew up in Fayetteville the son of an injured Vietnam combat veteran, was confirmed Monday as secretary of the Department of Veterans Affairs, becoming the leader of the embattled agency that provides health care for military veterans. The Senate confirmed the 55-year-old Wilkie by a vote of 86-9.

[Hyperlink to Above](#)

1.9 - Military Times: [Here are the biggest issues facing the new Veterans Affairs secretary](#) (23 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Now that the Senate has confirmed Robert Wilkie as the next secretary of Veterans Affairs, he takes over a department that has produced some of the most noteworthy accomplishments for the Trump administration but also some of the biggest headaches. Wilkie, who will be sworn in later this week, served as acting secretary for two months following the firing of former VA Secretary David Shulkin.

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1.10 - Tennessean: [Robert Wilkie confirmed as VA secretary. Here's his stance on privatizing veteran health care](#) (23 July, Yihyun Jeong, 2.1M uvm; Nashville, TN)

The Senate voted to confirm the Pentagon official Monday and though Wilkie won an easy confirmation, he is the first VA secretary ever to receive "no" votes on the Senate floor. As the new head of the government's second-largest agency, Wilkie inherits a host problems, including the task of completing President Donald Trump's promise to give veterans the option of using

the benefits they earned through military service to see private doctors rather than going to VA hospitals.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - Becker's Hospital Review: Colorado VA hospital to open \$1B over budget after 5-year delay (23 July, Alia Paavola, 441k uvm; Chicago, IL)

Although it's five-years behind schedule and \$1 billion over budget the Rocky Mountain Regional VA Medical Center finally will open to outpatients July 27 and inpatients Aug. 4, the Denver Post reports. The \$1.7 billion, 1.2 million-square-foot medical facility based in Aurora, Colo., will replace an aging VA hospital on a 31-acre campus. It will have 182 inpatient beds, ambulatory care clinics...

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3.2 - Healthcare Informatics: A Leading CHIO Discusses the VA's Progress on Health IT Innovation (23 July, Heather Landi, 158k uvm; New York, NY)

The Veterans Health Administration (VHA) is the largest integrated health care system in the U.S., providing care at 1,240 health care facilities, including 170 medical centers and 1,061 outpatient sites of care, serving 9 million enrolled veterans every year. The VHA is advancing forward in a number of areas to leverage health IT to change the way patients experience medical care and to improve health outcomes. The VA was one of the earliest pioneers of electronic health records (EHRs), as the agency began its shift from a paper-based to a computer-based records system in the 1980s...

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3.3 - Calvert Recorder: Contract awarded for long-awaited Charlotte Hall veterans outpatient clinic (23 July, Taylor Deville and Paul Lagasse, 64k uvm; Waldorf, MD)

After roughly 14 years of trudging through bureaucratic process, a contract has been awarded for the construction of the Charlotte Hall Veterans Affairs Community-Based Outpatient Clinic, and a public hearing for the concept site plan has been scheduled for Aug. 13. Located off Route 5 just north of Route 6, the one-story building will span 17,741 square feet, and the site, including 120 parking spaces, will cover 6.6 acres, according to the concept site plan.

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3.4 - Chronicle-Telegram: VA clinic poised to make a comeback in Lorain (23 July, Katie Nix, 55k uvm; Elyria, OH)

The Department of Veterans Affairs Community-Based Outpatient Clinic could be returning to Lorain as soon as the end of next year. At a public hearing Monday night, it was revealed Warrensville Heights real estate developer Mike Downing is planning to make 3120 Kolbe Road the new home for a 34,000-square-foot facility to house the VA clinic, which moved from its former home in the St. Joseph Community Center to a temporary location on Abbe Road in Sheffield at the end of 2015.

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4. Focus Resources More Efficiently

4.1 - The Hill: [Accounting for bad management: The VA Accountability Act turns one](#) (23 July, J. David Cox Sr., 11.9M uvm; Washington, DC)

When a system is struggling because of a lack of funding, lack of personnel, and an exponentially larger task at hand, you're left with a few options to course correct. You can either invest and build out the system, or you can attack the employees as an excuse to tear it down for something new. And as we have now reached the one-year anniversary of the Accountability Act's passing, I think it's important to see how partisan insiders have inched closer to the latter...

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4.2 - The Hill: [Veterans Affairs' inability to manage its workforce suggests benefits of managed care](#) (23 July, Rory E. Riley-Topping, 11.9M uvm; Washington, DC)

This week, the U.S. House of Representatives Committee on Veterans' Affairs celebrated the one-year anniversary of the VA Accountability and Whistleblower Protection Act, with a hearing on implementation of the law since its enactment. Unfortunately, like the law itself, the hearing was a missed opportunity in terms of meaningful VA reform.

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4.3 - American Thinker: [A new day is dawning at the Department of Veterans Affairs](#) (23 July, Ed Timperlake, 4.8M uvm; El Cerrito, CA)

Trump Derangement Syndrome (TDS) is a mental condition in which a person has been driven effectively insane due to their [sic] dislike of Donald Trump, to the point at which they [sic] will abandon all logic and reason. The challenge is to not let TDS infect the federal government and especially the Department of Veterans Affairs (Special Agent Peter Strzok, et al., have shown that the infection was active at the FBI and DOJ).

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4.4 - Spectrum News (Video): [Veterans gather for annual mental health summit in Durham](#) (23 July, Chris Williams, 209k uvm; Raleigh, NC)

Organizers say the goal is for the VA system to partner more with mental health providers to help veterans suffering from PTSD as well as symptoms including depression and suicidal thoughts. "We're learning everyday about new and better treatments," said Jonathan Leinbach with the Durham VA Health Care System.

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4.5 - Worcester Business Journal: [New U.S. veteran policy expands access to ReWalk systems](#) (23 July, 49k uvm; Worcester, MA)

Thanks to a revision of a U.S. Department of Veterans Affairs policy, injured veterans now have expanded access to exoskeleton systems from Marlborough medical device maker ReWalk Robotics. The revision to the department's standard operating policy last month included

guidance on the evaluation process and expanded access to training programs among the VA's network and private rehabilitation centers.

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4.6 - West Plains Daily Quill: [VA to host town hall meeting in West Plains](#) (23 July, 8.9k uvm; West Plains, MO)

The John J. Pershing Department of Veterans Affairs (VA) Medical Center will hold a town hall public meeting at 5:30 p.m. Aug. 16 at the West Plains Civic Center, 110 St. Louis St. in West Plains. The event will open at 5 p.m. with social time, cookies and refreshments before the meeting, which is expected to last about an hour.

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4.7 - Louisiana Record: [Federal appeals court sides with VA in Lafayette doctor's racial discrimination case](#) (23 July, Karen Kidd, 8.7k uvm; Edwardsville, IL)

A federal appeals court upheld a lower court's decision dismissing a Veterans Administration physician's racial discrimination lawsuit. In a July 17 ruling, the U.S. Court of Appeals for the Fifth District found John Stroy of Lafayette did not sufficiently show the VA discriminated against him when handing down a negative peer review in 2011.

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5. [Improve Timeliness of Service](#)

5.1 - Star Tribune: [Commentary - Counterpoint: In defense of the Minneapolis VA eye clinic, A whole division of caring, passionate providers was condemned based on a single complaint. I must respond to the baseless claims.](#) (23 July, Emmett F. Capel, 10.8M uvm; Minneapolis, MN)

I am chief of the Division of Ophthalmology at the Minneapolis VA Health Care System. I prefer to fly under the radar, focusing on taking the best care of my patients and serving my profession. However, the destructive July 13 commentary "Vet's frustrating experience with eye clinic: Unacceptable" was so beyond the pale, with baseless claims, that I must publicly respond.

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5.2 - Stars and Stripes: [Mental disorders most frequent medical diagnosis among servicemembers just before separation, Pentagon study says](#) (23 July, Nancy Montgomery, 1.5M uvm; Washington, DC)

They got colds in boot camp. In midcareer they were beset by muscle strains, tears and back problems. But at the end, just before separating from the armed forces, servicemembers' most common medical diagnosis was mental health disorders, a new Pentagon study has found. Mental disorders — almost never diagnosed at the beginning of military service — became the top diagnostic category at the end, according to the study by the Defense Health Agency...

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5.3 - thirdAGE: [Veterans to Get Easier Access to Clinical Trials](#) (23 July, Jane Farrell, 942k uvm; San Francisco, CA)

Veterans with cancer who receive treatment from the Department of Veterans Affairs (VA) will now have easier access to clinical trials of novel cancer treatments, thanks to an agreement between VA and the National Cancer Institute (NCI), part of the National Institutes of Health (NIH).

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5.4 - Arkansas Democrat-Gazette: [Arkansas congressman's staff helps man break VA gridlock on disability claim](#) (23 July, Frank E. Lockwood, 871k uvm; Little Rock, AR)

When you're trying to get help from the federal government and you're hitting a brick wall, Shannon Teague says, it helps to have a congressman in your corner. The Searcy resident discovered the difference a Capitol Hill ally can make after the U.S. Department of Veterans Affairs lost track of his application for disability benefits. Teague was injured while on duty. Eventually, he lost his civilian job because of his disability.

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5.5 - Midland Daily News: [Aleda E. Lutz VA welcomes veterans to yoga and Tai Chi classes](#) (23 July, 192k uvm; Midland, MI)

The Aleda E. Lutz VAMC in Saginaw has been heavily engaged in promoting integrative therapies, as part of the Whole Health Approach, to help veterans deal with pain, anxiety, depression, flexibility and other chronic health conditions. Just recently, they have developed classes for veterans who are enrolled in VA health care in Tai Chi and yoga. Veterans can stop in on Thursdays for yoga which begins at 8:30 a.m. or Tai Chi which begins at 10 a.m.

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5.6 - Independent Mail (Video): [Lawsuits and settlements put South Carolina veterans' nursing home care in the spotlight](#) (23 July, Nikie Mayo and Kirk Brown, 188k uvm; Anderson, SC)

Anne Harrell's husband, James, is a former Air Force master sergeant with Alzheimer's disease. He lives at Veterans' Victory House, a nursing home in Walterboro whose sign says it is the "home of the greatest generations." Since arriving there in September 2015, James Harrell has had repeated infections, several hospitalizations and unexplained bumps and bruises, his family contends... Her complaint was routed to a hotline for veterans' issues. Three weeks ago, the U.S. Department of Veterans Affairs contacted her to gather more information.

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6. [Suicide Prevention](#)

6.1 - Daily Press: [Veteran suicides dropping in state, but still exceed the national rate](#) (23 July, Hugh Lessig, 863k uvm; Newport News, VA)

A concerned Navy mom recently called the veterans crisis hotline and ended up talking to Lillie Mells, the suicide prevention coordinator at the Hampton VA Medical Center. The woman feared her daughter, who was depressed, might be suicidal. She had reportedly mentioned doing away with herself. Mells, a licensed clinical social worker, called the commander of the aircraft carrier straight away.

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6.2 - KSAZ (FOX-10, Video): [Calls for new state law to keep better track of veteran suicide statistics](#) (23 July, Nicole Garcia, 590k uvm; Phoenix, AZ)

According to the latest statistics, on average, 20 U.S. veterans commit suicide every day. In Arizona, the veteran suicide rate is significantly higher. According to the VA, the overall veteran suicide rate in Arizona is significantly higher than the national rate, at 40%. Meanwhile, according to an ASU study, veterans in Arizona are nearly four times more likely to take their own lives, when compared to non-veterans.

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6.3 - Herald-Sun (Video): [20 veterans kill themselves every day. Suicide prevention is now VA's No. 1 priority.](#) (23 July, Matt Goad, 188k uvm; Durham, NC)

When Rick Brown came back to Chapel Hill from the Vietnam War, he hid his service as an Army helicopter pilot. There was a lot of hostility toward the armed forces at the time, he said. Indeed Brown felt guilty about his Army service for much of his life, he said Monday at a summit on mental health held by the Durham VA Health Care System and the Durham County Public Health Department.

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6.4 - KJZZ (NPR-91.5): [As Senate Confirms New VA Secretary, Arizonans Talk About Veteran Suicide](#) (23 July, Bret Jaspers, 168k uvm; Tempe, AZ)

The U.S. Senate confirmed a new Secretary of Veterans Affairs on Monday — Robert Wilkie. Wilkie takes over an agency reeling from a purge of high level staff, according to a report last week in the Washington Post. Some Arizona lawmakers and advocates, meanwhile, took the opportunity of a change in leadership to push for better statistics of suicide among vets. They want the state to require counties to collect veteran information upon death.

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6.5 - KMA (W1-960): [V-A aims at reducing veterans' suicides](#) (23 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Local Veterans Administration officials say they're making strides in addressing a grim subject--veterans' suicides. Those efforts were outlined during the recent V-A town hall meeting at the Shenandoah Elks Lodge. Doctor Marvin Bittner is deputy chief of staff for the V-A's Nebraska-Western Iowa Health Care System based in Omaha. Bittner says suicide touches many veterans and their families.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - Washington Post (Video): [Senate confirms Pentagon official Robert Wilkie to lead VA](#) (23 July, Lisa Rein, 43.9M uvm; Washington, DC)

The Senate easily confirmed Robert Wilkie on Monday as the 10th secretary of the Department of Veterans Affairs, elevating the top Pentagon official and Washington insider to lead an

agency that serves a key constituency for President Trump but has floundered amid political infighting. The 86-to-9 bipartisan vote, with Democrats casting nearly all of the no votes, was without the drama of other Cabinet confirmations during the Trump administration. Wilkie convinced many Democrats that he would not privatize the agency...

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8.2 - TIME: [Robert Wilkie Confirmed by Senate to Be Secretary of Veteran Affairs](#) (23 July, 43.8M uvm; New York, NY)

The Senate on Monday confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs, charged with delivering on President Donald Trump's campaign promises to fire bad VA employees and steer more patients to the private sector. Wilkie won approval on a bipartisan vote of 86-9, securing the backing of many Democrats after insisting at his confirmation hearing that he will not privatize the government's second-largest department.

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8.3 - Wall Street Journal: [Senate Confirms Robert Wilkie as Secretary of Veterans Affairs, The new secretary has worked both in government and at private-sector defense contractors](#) (23 July, Ben Kesling, 43.6M uvm; New York, NY)

The Senate voted overwhelmingly Monday to confirm Robert Wilkie as the new secretary of the Department of Veterans Affairs. Mr. Wilkie, a Washington insider and longtime Defense Department official, was confirmed with a vote of 86-9. The new secretary, who has worked both in government and at private-sector defense contractors, takes over a department facing large-scale changes and that still has vacancies in key leadership positions.

[Hyperlink to Above](#)

8.4 - USA Today: [Senate confirms Robert Wilkie to be the next VA secretary](#) (23 July, Donovan Slack, 36.8M uvm; McLean, VA)

The Senate on Monday confirmed Robert Wilkie to be the next secretary of the Department of Veterans Affairs. Wilkie, previously an undersecretary at the Pentagon, is the fourth VA secretary in five years and has a lot of work ahead of him to modernize the agency and deliver on President Donald Trump's campaign promises to provide better, more timely care and services to veterans.

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8.5 - FOX News (Video): [Senate confirms Robert Wilkie as VA secretary, capping contentious selection process](#) (23 July, Gregg Re, 32.5M uvm; New York, NY)

Robert Wilkie, acting secretary of the Department of Veterans Affairs, was confirmed by the Senate to lead the VA on Monday, capping a contentious selection process that saw President Trump's previous nominee fall amid sweeping, unproven misconduct allegations. Wilkie will lead the government's second-largest department, with 360,000 employees serving 9 million veterans. The department has been paralyzed by infighting over the role of private care for veterans.

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8.6 - New York Times: [Senate Confirms Robert Wilkie as Veterans Affairs Secretary](#) (23 July, Sarah Mervosh, 30M uvm; New York, NY)

The United States Senate on Monday overwhelmingly voted to approve President Trump's latest pick to lead the Department of Veterans Affairs, confirming Robert Wilkie as the next secretary 86 to 9. Mr. Wilkie, 55, will lead the second-largest department in the federal government, overseeing about 360,000 employees and the vast veterans health care system.

[Hyperlink to Above](#)

8.7 - CNN (Video): [Senate confirms Robert Wilkie to serve as secretary of veterans affairs](#) (23 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Robert Wilkie, a Pentagon under secretary, was confirmed Monday by the Senate as secretary of the Department of Veterans Affairs, giving the sprawling agency its first permanent leader in months. The vote, which was 86-9, came the day before the President will address the Veterans of Foreign Wars national convention in Kansas City. While Wilkie was confirmed overwhelmingly...

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8.8 - ABC News (AP): [Senate confirms Robert Wilkie for Veterans Affairs secretary](#) (23 July, Hope Yen, 24.2M uvm; New York, NY)

The Senate on Monday confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs, charged with delivering on President Donald Trump's campaign promises to fire bad VA employees and steer more patients to the private sector. Wilkie won approval on a bipartisan vote of 86-9, securing the backing of many Democrats after insisting at his confirmation hearing that he will not privatize the government's second-largest department.

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8.9 - ABC News: [Senate confirms Robert Wilkie as VA Secretary](#) (23 July, Ali Rogan, 24.2M uvm; New York, NY)

The Senate confirmed Robert Wilkie to be Secretary of Veterans Affairs with an 86-9 vote, ending an almost four-month period in which Peter O'Rourke served in an acting capacity following the departure of Dave Shulkin. Wilkie is the third nominee for the post in eighteen months. O'Rourke served as the acting secretary as Adm. Ronny Jackson, the president's personal physician, was nominated to the position and subsequently withdrew.

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8.10 - ABC News (AP): [The Latest: Wilkie confirmed as Veterans Affairs secretary](#) (23 July, 24.2M uvm; Washington, DC)

The Senate has confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs. The vote Monday was 86-9. He'll lead the government's second-largest department, with 360,000 employees serving 9 million veterans. The department has been paralyzed by infighting over the role of private care for veterans.

[Hyperlink to Above](#)

8.11 - NPR (All Things Considered, Audio): [Senate Confirms Pentagon Official To Head Veterans Affairs Department](#) (23 July, Quil Lawrence, 22M uvm; Washington, DC)

President Trump's second VA secretary, Robert Wilkie, was confirmed 86-9 by the Senate on Monday. He takes the helm of the second largest department in the U.S. government, with more than 350,000 employees, a nearly \$200 billion budget and almost 20 million American veterans

depending on it for care and benefits. That may sound like a herculean task. Now add that the department has been in turmoil since Trump sacked his first VA secretary...

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8.12 - The Hill: [Senate confirms Trump's VA pick despite opposition from some Dems](#) (23 July, Jordain Carney, 11.9M uvm; Washington, DC)

The Senate easily cleared President Trump's nominee to lead the Department of Veterans Affairs (VA) on Monday. Senators voted 86-9 on Robert Wilkie's nomination to be the VA secretary. Democratic Sens. Cory Booker (N.J.), Dianne Feinstein (Calif.), Kirsten Gillibrand (N.Y.), Kamala Harris (Calif.), Ed Markey (Mass.), Jeff Merkley (Ore.), Elizabeth Warren (Mass.), Ron Wyden (Ore.) and independent Sen. Bernie Sanders (Vt.) voted against the nomination.

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8.13 - Washington Times: [Robert L. Wilkie wins confirmation as VA secretary, becomes first not to clear Senate unanimously](#) (23 July, Stephen Dinan, 10.8M uvm; Washington, DC)

Robert L. Wilkie won confirmation Monday to be the new secretary for the Department of Veterans Affairs — but also became the first department secretary in history not to clear the Senate unanimously. He was cleared on an 86-9 vote, with all the opposition coming from the Democratic Caucus, and particularly those building up their anti-Trump credentials with an eye toward a 2020 presidential bid.

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8.14 - Military.com: [Senate Confirms Wilkie as New VA Secretary](#) (23 July, Richard Sisk, 9M uvm; San Francisco, CA)

The Senate by a vote of 86-9 confirmed Robert Wilkie on Monday as the next secretary of the Department of Veterans Affairs in a move to bring stability to a department Republicans and Democrats suggested has been in turmoil over political infighting and low morale. The vote for Wilkie, 55, of North Carolina, an Air Force Reserve colonel with long experience at the Pentagon and on Capitol Hill...

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8.15 - Washington Examiner (Video): [Senate confirms Robert Wilkie, Trump's pick to lead the VA](#) (23 July, Kimberly Leonard, 4.8M uvm; Washington, DC)

Robert Wilkie has been confirmed as the next secretary to lead the Department of Veterans Affairs, becoming the first nominee for the job to face any opposing votes in the Senate. Wilkie was confirmed by an 86-9 vote. Sen. Bernie Sanders, I-Vt., voted against Wilkie, saying that he believed the Trump administration would seek to "privatize" the VA, a move he and Democrats oppose.

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8.16 - News & Observer (McClatchy): [Just-confirmed VA secretary is top North Carolinian in Trump administration](#) (23 July, Brian Murphy, 3.9M uvm; Raleigh, NC)

Robert Wilkie, who grew up in Fayetteville the son of an injured Vietnam combat veteran, was confirmed Monday as secretary of the Department of Veterans Affairs, becoming the leader of

the embattled agency that provides health care for military veterans. The Senate confirmed the 55-year-old Wilkie by a vote of 86-9.

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8.17 - Military Times: [Senate confirms Robert Wilkie as next VA secretary, but with opposition](#) (23 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Senators overwhelmingly approved Robert Wilkie as the next Veterans Affairs Secretary on Monday, but the move came with political dissent for the first time in the department's 30-year history. The final vote of 86-9 wasn't enough to seriously jeopardize Wilkie's chances of taking over as the 10th VA secretary. But it did mark the first time since the agency became a Cabinet-level department...

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8.18 - Stars and Stripes: [Senate confirms Wilkie as new VA secretary after months of turmoil and controversy](#) (23 July, Claudia Grisales, 1.2M uvm; Washington, DC)

The Senate on Monday night confirmed Robert Wilkie to lead the Department of Veterans Affairs, marking the latest chapter for the federal government's second-largest agency, which is embroiled in controversy, volatility and lingering vacancies. Wilkie, 55, has served as the Defense Department undersecretary of personnel and readiness and was considered a safe choice for the job after President Donald Trump dismissed previous VA secretary David Shulkin...

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8.19 - Government Executive: [Senate Confirms Robert Wilkie to Serve as Trump's Second VA Secretary](#) (23 July, Eric Katz, 870k uvm; Washington, DC)

The Senate on Monday voted overwhelmingly to approve Robert Wilkie to serve as secretary of the Veterans Affairs Department, the second confirmed to the position under President Trump. Wilkie, who served as acting VA secretary after President Trump fired David Shulkin earlier this year (until Wilkie was nominated to fill the position permanently), will enter his new role at a precarious time for the department. It is in the midst of implementing several key reforms...

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8.20 - WTVF (CBS-5, Newsy, Video): [Senate Confirms Robert Wilkie As The New VA Secretary](#) (23 July, Katie Cammarata and Cristina Mutchler, 854k uvm; Nashville, TN)

A full Senate floor vote has confirmed Robert Wilkie as the new Department of Veterans Affairs secretary. Monday's vote was 86-9. President Donald Trump tapped Wilkie for the job in May. The former VA secretary, David Shulkin, was fired in March after an inspector general report criticized him for wasteful spending and unethical actions during a department trip last summer.

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8.21 - Modern Healthcare: [Senate officially confirms Wilkie as VA secretary](#) (23 July, Susannah Luthi, 460k uvm; Chicago, IL)

The Senate officially confirmed Robert Wilkie as the new Veterans Affairs secretary as the department rolls out both the massive VA Choice overhaul and new electronic health records system. Wilkie was easily confirmed 86-9 Monday evening less than a month after his confirmation hearing where he promised to roll out the VA Mission Act carefully.

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8.22 - Roll Call (Video): [Who is Robert Wilkie? The Senate Confirms Longtime D.C. Insider to Top VA Post](#) (23 July, D.A. Banks, 430k uvm; Washington, DC)

President Donald Trump vowed on the 2016 campaign trail to streamline the vast Veterans Administration bureaucracy and cut wait times. Robert Wilkie, a Washington insider with decades of policy experience with the military, was confirmed Monday to lead the employees of the second-largest federal agency.

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1. [Top Stories](#)

1.7 - [Military.com: Former Navy Corpsman Nominated as Head of VA Accountability Office](#) (23 July, Richard Sisk, 9M uvm; San Francisco, CA)

Two things happened Friday that will greatly affect hiring, firing and the monitoring of union activities at the Department of Veterans Affairs.

President Donald Trump announced his intent to nominate Tamara Bonzanto of New Jersey, a Navy veteran and registered nurse, to head the VA's Office of Accountability and Whistleblower Protection.

The VA also announced it is putting into effect Trump's executive order aimed at cracking down on union activities while on the clock in the federal workforce.

The nomination of Bonzanto, now a health care investigator for the House Veterans Affairs Subcommittee on Oversight, came more than a year after Trump signed the Accountability and Whistleblower Protection Act on June 23, 2017, which he said would weed out poor performers at the VA.

Congress wrote into the bill that the head of the accountability office must be nominated by the president and confirmed by the Senate. But the office has been run by interim managers in the ongoing shuffle of VA leadership, raising bipartisan concerns in the House and Senate.

The White House announcement of Trump's intent to nominate Bonzanto said she served in the Navy from 2001 to 2006 as a hospital corpsman. She earned bachelor's and master's degrees in nursing from Thomas Jefferson University in Philadelphia and then served as a nurse case manager for the Army Reserves from 2012 to 2015, the White House said.

Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, said Bonzanto's nomination should bring needed improvements to the accountability office.

In a statement, he said Bonzanto's experience in the House and as a "health care coordinator between the U.S. armed forces and the VA give her the unique experience to navigate the challenging role of ensuring our veterans are best served by the VA and its employees."

"Our committee is working to ensure the new Office of Accountability and Whistleblower Protection meets its responsibility to manage senior executive discipline and protect the rights of whistleblowers," Isakson said.

Current VA Acting Secretary Peter O'Rourke, an Air Force and Navy veteran and former Trump campaign worker, was the first executive director of the accountability office.

He later became chief of staff in February when Vivieca Wright Simpson retired from that post amid the scandal over the travel expenses of then-VA Secretary Dr. David Shulkin, who was ousted by Trump in March.

The current executive director is Kirk Nicholas, a retired Marine colonel who previously worked in the Army's Office of Business Transformation.

Nicholas and O'Rourke testified last week before the House Veterans Affairs Committee on the implementation of the accountability act more than a year after Trump signed it into law.

At the signing ceremony, Trump said, "Outdated laws kept the government from holding those who failed our veterans accountable. Today, we are finally changing those laws -- wasn't easy, but we did have some fantastic help -- to make sure that the scandal of what we suffered so recently never, ever happens again, and that our veterans can get the care they so richly deserve."

He referred to the 2014 wait-times scandal at the Phoenix VA, in which managers were accused of keeping secret lists to hide poor performance.

At the hearing, Rep. Mark Takano, D-California, cited VA accountability office data in charging that in the first five months of 2018 only 15 managers were among the 1,506 VA employees removed.

The VA's data also showed a marked increase in firings since Trump took office. The VA said that a total of 2,537 people from a workforce of more than 360,000 were fired in 2017, including 1,443 removals and another 1,094 probationary removals during training periods.

That was an increase of 536 firings over the previous year. In 2016, the VA fired 2,001 people, including 983 removals and 1,018 probationary removals, according to VA data.

The House hearing included several testy exchanges between Republicans on the committee and J. David Cox, president of the American Federation of Government Employees, the civil service union representing about 240,000 workers at the VA.

Reps. Jodey Arrington, R-Texas, and Neal Dunn, R-Florida, renewed charges that veterans were badly served by union members at the VA spending 100 percent of their time on union activities.

Cox charged that the accountability act is creating a "climate of fear" at the VA that minor transgressions or disagreements with management could lead to firing.

"The accountability act has proven to be one of the most misguided and counterproductive VA laws ever enacted," Cox said.

Following O'Rourke's testimony, Isakson called on Senate leadership to move immediately on a full Senate vote to confirm Robert Wilkie, the former undersecretary for personnel and readiness at the Defense Department, as the next VA secretary.

In a statement, Isakson made no reference to O'Rourke but said, "It is of utmost importance that any policy changes that impact the future of the department be made by a confirmed VA secretary who can be held accountable by Congress and the American people."

On Friday, the VA announced that it had begun implementing Executive Order 13837, "Ensuring Transparency, Accountability, And Efficiency in Taxpayer Funded Union Time Use."

The order, signed by Trump on May 25 and now the target of lawsuits by civil service unions, is aimed at ensuring that "taxpayer-funded union time is used efficiently and authorized in amounts that are reasonable, necessary, and in the public interest," the VA said.

The executive order would limit union activities by VA workers to 25 percent of their official time.

In a statement, O'Rourke said, "This executive order ensures the proper stewardship of taxpayer dollars. The order offers reasonable standards for union representatives and makes clear that they should spend the majority of their duty hours on federal government work."

The VA said the executive order would "affect about 1,700 VA employees using taxpayer-funded union time."

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1.9 - Military Times: [Here are the biggest issues facing the new Veterans Affairs secretary](#) (23 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Now that the Senate has confirmed Robert Wilkie as the next secretary of Veterans Affairs, he takes over a department that has produced some of the most noteworthy accomplishments for the Trump administration but also some of the biggest headaches.

Wilkie, who will be sworn in later this week, served as acting secretary for two months following the firing of former VA Secretary David Shulkin.

During that time, he helped push for legislation expanding outside health care options for veterans and signed off on an ambitious, multi-year plan to overhaul the department's electronic medical records system. Both issues were part of a series of highly-touted moves by the White House to help reform and modernize the massive veterans bureaucracy.

But Wilkie also witnessed first-hand the displeasure from Congress and distrust from veterans groups over the state of VA, which has seen its top leader dismissed twice in the last five years and still is without multiple top-level administrators. Just last week, House Democrats asked for an investigation into whether acting VA Secretary Peter O'Rourke has been firing and assigning senior executives for political reasons.

Here's a look at the top issues Wilkie will have to address in coming weeks as the 10th permanent VA secretary:

The budget fight

Administration officials and lawmakers are currently sparring over a \$1.6 billion funding gap in VA's proposed fiscal 2019 budget, a fight that has largely stalled the entire federal appropriations process on Capitol Hill.

Democrats (and some Republicans) have been pushing to add the money to spending plans next year without offsets, arguing that shortfalls in community care programs should not victimize other veterans programs.

But the White House has insisted the money come from other federal spending trims, even within VA. They say the federal budget cannot continue to grow unchecked, even for priorities as important as veterans' care.

Wilkie will be dropped into the middle of that debate immediately. As a former Hill staffer, he'll be tasked with building a bridge between the lawmakers and administration on the issue, with the goal of moving the appropriations deal ahead before the start of the new fiscal year on Oct. 1.

The community care overhaul

The funding fight is related to legislation passed earlier this summer called the VA Mission Act, which calls for a restructuring of the department's outside medical care programs over the next year.

The work is expected to be the center of fights surrounding "privatization" of VA missions, an accusation that administration officials — and Wilkie — have strongly rejected.

In his confirmation hearing, Wilkie said he will "oppose efforts to privatize VA" but also suggested that he expanding veterans' medical options outside the traditional department system doesn't amount to draining resources from the department.

Without a permanent under secretary for Health (the White House has been unable to fill that role for the last 18 months), Wilkie will be the key figure in that health care fight, one that's likely to be closely scrutinized by lawmakers for the next year.

The staff question

After he was pushed out of the secretary job, Shulkin accused political operatives within the White House and VA of sabotaging his tenure and working to privatize aspects of department health care.

The privatization fight will play out in the community care overhaul work, but Wilkie will also have to deal with questions of what senior staffers he can trust as he takes over a Washington office with many of the same personnel that Shulkin distrusted.

At Wilkie's confirmation hearing last month, Senate Veterans' Affairs Committee ranking member Sen. Jon Tester, D-Mont., warned Wilkie that "sooner or later, you're going to come to a crossroads with these folks. That's what happened to David Shulkin ... and that's happened to countless other folks who are no longer with the department."

Wilkie will likely set the tone for those fights — or signal that stability and comity has arrived at the department — in the next few weeks, as he brings new personnel into VA headquarters to make up his staff.

The medical records modernization

In May, while working as acting secretary, Wilkie finalized a contract with the Missouri-based Cerner Corp. to bring veterans' electronic medical records in line with Defense Department systems over the next decade.

The complex project is expected to cost upwards of \$10 billion and has been hailed by health officials as a major information systems breakthrough not only for veterans and troops, but potentially for the entire American medical community.

Earlier this month, House Veterans' Affairs Committee officials established a new subcommittee specifically to monitor the progress on that work. Chairman Rep. Phil Roe, R-Tenn., has said he worries about the potential effects on veterans as the work progresses, and has promised to help with tangled issues of information sharing and personal data.

Wilkie has listed the medical records work as one of his top four priorities for the department in the months ahead, along with the community care overhaul, reducing disability claims backlogs, and reforming the department's human resources systems.

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1.10 - Tennessean: [Robert Wilkie confirmed as VA secretary. Here's his stance on privatizing veteran health care](#) (23 July, Yihyun Jeong, 2.1M uvm; Nashville, TN)

After months of shakeup, the Department of Veterans Affairs finally has a new leader at its helm: Robert Wilkie.

The Senate voted to confirm the Pentagon official Monday and though Wilkie won an easy confirmation, he is the first VA secretary ever to receive "no" votes on the Senate floor.

As the new head of the government's second-largest agency, Wilkie inherits a host problems, including the task of completing President Donald Trump's promise to give veterans the option of using the benefits they earned through military service to see private doctors rather than going to VA hospitals.

Critics have said the administration is pushing too aggressively to send federal money to private-sector doctors for veteran care — hollowing out the VA health system. The move, which almost every major veteran group has outspokenly said would be disastrous, could potentially bleed a network of 1,700 hospitals and 360,000 employees.

Advocacy groups maintain VA medical centers are best suited to service veterans' specialized needs such as treatment for post-traumatic stress.

What to watch: 6 big things the new Veterans Affairs chief will have to address

Trump suggested that former VA Secretary David Shulkin was dismissed because he was not aggressive enough in promoting the private-care option.

The existing Choice Program, which ate up billions of dollars and had to be re-funded, promises to be even more expensive if expanded. And those costs already have included tens of millions of dollars in improper payments to contractors.

Before the vote Monday, Sen. Jon Tester, D-Montana expressed his support to Wilkie, calling him "the right fit for the job."

"I believe we've lost sight of the VA mission," Tester said. "It will be up to Mr. Wilkie to right that ship."

The increasingly contentious debate leaves veterans and stakeholders left wondering what's next on the issue.

Here's what Wilkie has said on the topic.

Robert Wilkie 'will oppose efforts to privatize the VA'

Trump's third pick for the job in 18 months, Wilkie said he will "shake up complacency" at the VA, which has struggled with long waits in providing medical treatment to millions of veterans.

During his opening statement at his hearing last month, Wilkie said there was no excuse for failing to address the VA's slew of problems with the nearly \$200 billion in funding from Congress and the recent passing of the VA Mission Act to overhaul and consolidate the VA Choice Program on private health care options for patients.

Wilkie defended the idea, saying the law still leaves VA officials in charge of planning for patient health care.

He said while he favors taxpayer-funded private and community care when the VA can't meet the needs of a veteran, he insisted he opposes privatization and would keep the Veterans Health Administration fully funded.

Senators at the hearing questioned how much interference from the White House Wilkie will face as he works to restore the department. Wilkie said he was confident that he will have the ability to choose his staff and advocate for policies that help veterans, even if they may run counter to the administration.

When pressed by Sen. Bernie Sanders, I-Vermont, if he would be willing to disagree with Trump or other efforts to privatize the VA, Wilkie responded, "My commitment to you is that I will oppose efforts to privatize the VA."

"It is clear that the veterans population is changing faster than we realize," he said. "For the first time in 40 years, half of our veterans are under the age of 65. Of America's 20 million veterans, 10 percent are now women. The new generation is computer savvy and demands 21st-century service — service that is quick, diverse and close to home."

If confirmed, Wilkie said his goal would be to make the agency more "agile and adaptive" to meet the needs of an evolving veterans population.

VA debunks 'privatization myth'

The VA recently issued a statement hoping to quell heightened concerns that the Trump administration is looking to move forward with proposals to further privatize VA health care.

The agency called the suggestion "completely false" and a "red herring designed to distract and avoid honest debate" on the real issues surrounding veterans' health care.

Community care providers, the VA highlighted, have been in place since the World War II era and have nothing to do with privatization.

MEMPHIS VA: VA stands by firing top Memphis VA doctor despite recommendations to reverse action

"VA is working with Congress to merge all of VA's community care efforts into a single, streamlined program that's easy for veterans and VA employees to use so the department can work with veterans to coordinate their care with private providers when VA can't provide the care in a timely way or when it's in veterans' best medical interest," the release states.

"The fact is that demand for veterans' health care is outpacing VA's ability to supply it wholly in-house. And with America facing a looming doctor shortage, VA has to be able to share health care resources with the private sector through an effective community care program," the release states.

The VA says it has increased from a \$93.5 billion budget to the \$198 billion Trump asked for this year. It also has increased staff from 250,000 to nearly 360,000 in less than 10 years.

"If we're trying to privatize, we're not doing a very good job," House Committee on Veterans Affairs Chairman Phil Roe, R-Johnson City, said in a statement.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Becker's Hospital Review: [Colorado VA hospital to open \\$1B over budget after 5-year delay](#) (23 July, Alia Paavola, 441k uvm; Chicago, IL)

Although it's five-years behind schedule and \$1 billion over budget the Rocky Mountain Regional VA Medical Center finally will open to outpatients July 27 and inpatients Aug. 4, the Denver Post reports.

The \$1.7 billion, 1.2 million-square-foot medical facility based in Aurora, Colo., will replace an aging VA hospital on a 31-acre campus. It will have 182 inpatient beds, ambulatory care clinics, research laboratories, critical care units, traumatic brain injury units and offer mental health treatment. One of the facility's most publicized features is a 30-bed spinal cord injury clinic.

Although the opening of the modernized campus was celebrated at a ceremonial ribbon cutting July 21, politicians, VA officials and area residents all acknowledged the problems that plagued the facility.

While praising the hospital for providing state-of-the-art care for veterans, U.S. Rep. Mike Coffman, R-Colo., said, "This also represents the largest construction failure in VA history."

Initially, the replacement hospital was to be part of the University of Colorado hospital system, but veterans wanted their own facility. After receiving approval, the VA hired a design team. In 2008, the agency estimated the hospital would be completed in 2013 and cost \$537 million to build.

In 2015, the hospital project drew national outrage when the agency admitted it was \$1 billion over budget and still had a giant to-do list. Federal investigators blamed the delays and budget overruns on the weak oversight of VA executives, who opted for a lavish design tied to a complicated contract they didn't understand. They also failed to get designers to agree on plans and costs.

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3.2 - Healthcare Informatics: [A Leading CHIO Discusses the VA's Progress on Health IT Innovation](#) (23 July, Heather Landi, 158k uvm; New York, NY)

The Veterans Health Administration (VHA) is the largest integrated health care system in the U.S., providing care at 1,240 health care facilities, including 170 medical centers and 1,061 outpatient sites of care, serving 9 million enrolled veterans every year.

The VHA is advancing forward in a number of areas to leverage health IT to change the way patients experience medical care and to improve health outcomes. The VA was one of the earliest pioneers of electronic health records (EHRs), as the agency began its shift from a paper-based to a computer-based records system in the 1980s, although research into an electronic system began a decade earlier. Also in the early 1980s, the VA made its software available without restriction in the public domain to other government and private sector organizations, which offers the use of VistA as the standard-bearer for EHR implementation around the world.

Francine Sandrow, M.D., chief health information officer (CHIO) at the Corporal Michael J. Crescenz Veteran's Affairs Medical Center in Philadelphia, is involved in a number of VHA clinical informatics initiatives. Sandrow is a board-certified emergency medicine physician, and she also is boarded in clinical informatics. In her CHIO role, she works to help facilities realize their potential to help patient populations through the application of technology. Sandrow will be speaking on a panel about digitizing patient engagement at the upcoming Florida Health IT Summit, being held at the Hilton St. Petersburg Bayfront July 24-25.

Currently, Sandrow is involved with the VA's work to standardize instances of the VA's EHR, known as VistA, in preparation for the roll out of a new Cerner EHR platform, scheduled to be deployed at three sites in Washington state by 2020. The VA signed a contract with Cerner in May, and the entire deployment could take 10 years to complete. "We are working to standardize our tools and our workflows. When they deploy the Cerner EHR, if the workflows are similar across the VA, it will take less work for the deployment at each facility," she says.

While the Cerner EHR deployment grabs the headlines, the VA healthcare system is moving forward with many innovative IT initiatives, both at the national and local level. Just this past June, President Donald Trump signed the Veterans Affairs' Mission Act into law, which will provide more than \$50 billion in federal investments to the VA's healthcare system. Major provisions of that law included an expansion of telehealth services to veterans (passed by Congress as the Veterans in E-Health and Telemedicine Support Act of 2017, or VETS Act).

These provisions allow a licensed healthcare professional of the VA to practice his or her profession using telemedicine at any location in any state.

“This gives the VA an incredible opportunity, as it’s allowing a veteran to have telehealth visits with any VA provider, regardless of where the patient is or where the provider is,” Sandrow says, noting that state licensing laws and policies have been a major barrier to the practice of telehealth. “Congress basically obliterated that barrier for the VA and our Office of Connected Care has developed applications to allow telehealth to be provided pretty seamlessly. I think that the VA model is actually going to be one that’s going to be looked at by community providers. It’s amazing that we now we have a network throughout the country of all these providers who can see patients anywhere.”

Sandrow notes that there are significant advantages to working in the VA healthcare system to advance health IT initiatives.

“I think I’ve had opportunities here because of the size of the organization, opportunities that you just don’t get in your typical community hospital or even academic institution,” she says. “One of the things that I think people don’t realize is that the VA is the single-largest graduate medical education provider in the country. Most of our major VA centers have academic affiliates and we have agreements where research is done across the two institutions. In Philadelphia, our academic affiliate is the University of Pennsylvania. Our research department is fairly large, and we have a lot of grants that are coming in, and that leads to unique opportunities for us.”

Sandrow points to a project she was involved in that was a collaboration between the VA and IBM Watson Health. “For that project, I was able to work with our human factors engineering team, and that project focused on identifying patients who were at-risk for post-traumatic stress disorder, but who had not actually been diagnosed with it. Through this project, they were identifying patients at-risk by simply feeding their charts into the engine of Watson. I think working within the VA, whatever your interest is in, as long as its improving veteran care, you have opportunities to grow. It’s exciting.”

In a separate collaboration, this week, the VA announced it was extending its partnership with IBM Watson Health to apply artificial intelligence to help interpret cancer data in the treatment of veteran patients. First announced two years ago as part of the National Cancer Moonshot initiative, VA oncologists have now used IBM Watson for Genomics technology to support precision oncology care for more than 2,700 veterans with cancer, according to a press release.

A treats 3.5 percent of the nation's cancer patients—the largest group of cancer patients within any one healthcare group. VA established a central “hub” in Durham, North Carolina where a group of oncologists and pathologists receive tumor samples from patients nationwide and sequence the tumor DNA. They then use AI to help interpret the genomic data, identifying relevant mutations and potential therapeutic options that target those mutations. More than one-third of the patients who have benefited from VA's precision oncology program are veterans from rural areas where it has traditionally been difficult to deliver cutting-edge medical breakthroughs, according to the VA.

Driving Innovation on Many Fronts

Sandrow also notes that the sheer size of the VHA can be a barrier to clinicians and IT leaders sharing best practices. To address this issue, the VHA initiated a Shark Tank-style competition

to identify best practices to improve veterans' health care. According to the VHA website, this past January, 10 winning ideas were selected from among 19 finalists for the first Shark Tank competition. Champions for each of the 10 practices completed a six-month facilitated replication at one or more VA facilities, adapting and implementing their programs, leading to gold status practices being replicated at over 40 sites.

"Many of these projects are going on to be funded, developed and deployed throughout the country. I think we have a lot of ground-breaking processes that we're working on and that you're seeing being reflected in the community hospitals," Sandrow says.

Sandrow also points to the VHA's Life-Sustaining Treatment Decisions Initiative (LSTDI) as another industry-leading effort. LSTDI is a national VHA quality improvement project led by the National Center for Ethics in Health Care (NCEHC) with the aim of promoting personalized, patient-driven care for veterans with serious illness by eliciting, documenting, and honoring their values, goals, and preferences. The initiative involves a new national policy to standardize practices related to discussing and documenting goals of care and life-sustaining treatment decisions, and the tools, resources, education, and monitoring to support clinicians and facilities in making practice changes.

VA is the first health care system in the world to develop and implement practices and related tools across the health care system, setting a new standard for discussing and documenting treatment decisions with high-risk patients, according to the VA.

"When people reach the end of life, whether it's a natural end of life or they have developed a terminal condition, there are decisions that have to be made, and medicine, as a whole, does a very poor job of handling those discussions," Sandrow says. "The VHA has developed an entire program to not only document patients' preferences, but to provide patients, through our palliative care providers, support and assistance at that difficult time in the patient's life. When you are treating a patient, you're also treating their family, and the end of life is one of the hardest times for the family as well."

VA healthcare leaders are also focused on advancing population health management efforts, particularly to improve preventive care measures. Through a partnership with Walgreens, veterans can receive immunizations, such as flu vaccines, at any Walgreens location and the immunization records are electronically shared with the VA and then connected to the patient's VA medical record. Both Walgreens and VA are participants in the Sequoia Project's eHealth Exchange, a health data sharing network, which enables veterans' medical records to be integrated. According to Sandrow, this data sharing effort enables the immunization records from Walgreens to be reconciled with VA providers' clinical reminders, enabling them to more effectively provide patient-centered care.

"Another area that we're working on right now is that we are working to identify high-risk populations," Sandrow says. "We have a tool that identifies, via a CAN (care assessment need) score, that estimates the probability that a patient is going to have a significant hospitalization or death within the next 365 days. We can use that score to find people who are being underserved. If you have someone who has a really high CAN score, but has a low cost to the VA, then we may be missing opportunities."

She continues, "Because our EHR addresses all aspects of that patient's care—primary care, inpatient, mental health—we have an advantage, I think, over many of the community

organizations. What we're trying to do now is to bring together the data that we have and the risk factors that we can identify to improve care, across the board, to our patients."

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3.3 - Calvert Recorder: [Contract awarded for long-awaited Charlotte Hall veterans outpatient clinic](#) (23 July, Taylor Deville and Paul Lagasse, 64k uvm; Waldorf, MD)

After roughly 14 years of trudging through bureaucratic process, a contract has been awarded for the construction of the Charlotte Hall Veterans Affairs Community-Based Outpatient Clinic, and a public hearing for the concept site plan has been scheduled for Aug. 13.

Located off Route 5 just north of Route 6, the one-story building will span 17,741 square feet, and the site, including 120 parking spaces, will cover 6.6 acres, according to the concept site plan. The building will serve veterans from St. Mary's, Calvert, Charles, Anne Arundel and Prince George's counties.

The outpatient clinics make health care services more accessible to veterans who don't want to travel, often long distances, to larger medical facilities. The U.S. Department of Veterans Affairs currently operate around 800 such outpatient clinics nationwide, and are working to extend those services to more rural areas.

Like the existing outpatient clinic, the new clinic will operate under the purview of the Washington VA medical center. Gloria Hairston, public relations officer for the D.C. center, said the reason for the new building was "expansion." She did not know whether the current building would continue its services after the new facility's construction.

The clinic will offer mental health services, primary and multi-specialty care and ancillary services, Betsy Bossart, district director for Rep. Steny Hoyer's (D-Md, 5th) office said in an email Tuesday. VA signed a 20-year lease with contracting firm FD Stonewater.

Ken Crouse, project engineer with Soltesz Inc., an engineering firm, declined to comment on the project Wednesday, saying he had been directed by the Department of Homeland Security not to answer questions about the clinic "for security reasons," he said.

The proposed construction timeline would begin design and building construction in late winter 2019 or early spring 2020, Bossart said.

"While it is unacceptable that it has taken years to come to fruition, I am pleased that the new facility can finally begin construction," Hoyer said in a statement Wednesday. "I have worked for many years to secure funding for this project, and appreciate the efforts local stakeholders have put into advancing this project."

Hoyer announced \$6.2 million in funding for the project in 2012, when the clinic was expected to begin construction in 2013. A contract for a satellite outpatient clinic in Lexington Park was awarded in June, in an existing building, and is expected to be operational by October.

"I am thrilled to learn that contract was finally awarded after too many years of anticipation," said Calvert County Commissioners' President Evan Slaughenhaupt (R), who has been actively advocating for a community-based clinic for the Southern Maryland veterans at Charlotte Hall

through his role on the Tri-County Council for Southern Maryland's Veterans Regional Advisory Committee.

Slaughenhaupt had previously expressed that he was hopeful the construction contract for the regional clinic would be awarded before Christmas of 2017. In February, a bus route was made available to veterans from Prince Frederick to Charlotte Hall Veterans Home, located near the site of the future clinic. Charles County also offers an STS bus that runs to the veterans home.

"The veterans in this community deserve a modern, up-to-date facility and additional services the new CBOC will bring," Gloria Murphy, director of the Charlotte Hall Veterans Home, said in an email Thursday morning.

St. Mary's commission President Randy Guy (R), a veteran who serves on the Southern Maryland Veterans Regional Area Council, said the holdup on the clinic over the years was money. VA "is a tough one to deal with," he said.

"We're extremely pleased" with the new clinic's development, he said Wednesday.

Bill Buffington, founder and CEO of VConnections, a nonprofit that helps provide services to underserved veterans and their families who live in rural Southern Maryland, said that it's important that the services offered by the new clinic meet the particular needs of rural veterans.

"In 2015, the VA stated that veterans living in rural areas are some of the most underserved populations in our country," Buffington said. "There's a long list of reasons why, but they all revolve around infrastructure. The families that move out to rural areas lose access when they move away from urban areas."

Buffington, a long-time advocate for Southern Maryland veterans and the veterans' liaison to the College of Southern Maryland, explained that many veterans move to rural areas in an effort to recover from combat-related trauma in a peaceful and safe environment. That should not mean, however, that they should have a harder time getting necessary services.

The new clinic "has to be something that enhances that sustainable life for that veteran and their families," he said. "Is it addressing post-traumatic stress disorder? Is it educating people about prescription drug use? Is it offering suicide prevention services? It has to be much broader than just putting up a building and saying that it offers veterans services."

Buffington said he welcomes the outpatient clinic, but encouraged the people involved in developing its programs and services, as well as those constructing the facility, to partner with local veterans organizations like VConnections and the Three Oaks Center in Lexington Park to ensure that they are going to meet the particular needs of the over 40,000 veterans who live in rural Southern Maryland.

"They're asking, 'What does it mean for me?'" Buffington said of veterans who are inquiring about the clinic. "This is a conversation that needs to take place whenever you plan something that affects a whole population."

Buffington said that a particular pressing need is for more health and wellness services that are directed to retired servicewomen.

"Many of their needs are different from those of servicemen," Buffington said.

Francine Morgan, a retired Air Force veteran, agreed with Buffington.

"I've been to [the veterans' medical clinic in] Charlotte Hall several times," Morgan said. "I would like to see more female doctors there, for one. And I think they need a laboratory so they can take blood and urine samples. You have to go all the way [to Waldorf, Clinton or Washington] to get X-rays. And you can't get labs taken there, either."

Morgan said that there is also an acute need for mental health specialists in Southern Maryland too, as well as more extensive transportation services around the region to help veterans get to appointments.

"Being in a rural area, we need more awareness about the resources for getting to and from places," Morgan said.

Pete Williams, an Army veteran who served in Vietnam, agreed with Morgan's suggestion for improved transportation to and from clinics and services.

"Particularly for elderly veterans, it's difficult to travel the long distances to actually have someone look at their claims or look at their medical issues," Williams said. "It's not like living near a city, where buses run every 15 minutes or so."

Williams said that another major issue is that many clinics lack the people and resources to serve veterans in a timely fashion.

"It would be great, when a veteran goes in for services, if they had enough personnel at the facility so [veterans] won't be waiting half a day just to see someone," Williams said. "And it's important that [doctors] are able to take care of their problems right there without veterans having to fill out a bunch of paperwork just to hear that they have to go somewhere else for the service."

"If they address those needs, then it will be a good thing for rural veterans," Williams said.

The traffic impact study conducted by the Maryland State Highway Administration concluded that traffic in the area would continue to operate at an acceptable level of service, with the exception of the intersection at Route 5 and Golden Beach Road, which operates at an unfavorable level of service during the evening. SHA recommended an additional westbound left-turn lane to "mitigate all impacts associated with the proposed development," according to the study.

Staff writer Tamara Ward contributed to this report.

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3.4 - Chronicle-Telegram: [VA clinic poised to make a comeback in Lorain](#) (23 July, Katie Nix, 55k uvm; Elyria, OH)

The Department of Veterans Affairs Community-Based Outpatient Clinic could be returning to Lorain as soon as the end of next year.

At a public hearing Monday night, it was revealed Warrensville Heights real estate developer Mike Downing is planning to make 3120 Kolbe Road the new home for a 34,000-square-foot facility to house the VA clinic, which moved from its former home in the St. Joseph Community Center to a temporary location on Abbe Road in Sheffield at the end of 2015.

Initially, both members of Council and the public were skeptical about rezoning the six parcels, that actually sit along West Erie Avenue, from residential to business to allow for a medical facility because there wasn't much information being given about the project.

"It's a total lack of information, and I would have to vote no in the present condition this is in because we have nothing to go off of except it would be a medical office building," Councilman Greg Argenti, I-4th Ward, said, noting no one from the project attended the Planning Commission meeting where the zoning change was recommended.

Resident Jim Mackert, whose home sits next to the property, said he, too, needed more information on the project before agreeing with the rezoning.

"We weren't represented at the last meeting due to the fact we were sort of under sworn secrecy, so I apologize for not having any representation," Downing said. "We are representing the VA, who is currently in Sheffield Village. What we're presenting is a medical office campus anchored by the VA. It would serve the veterans of Lorain County and in some cases surrounding counties."

Downing, who recently helped build the VA clinic in Willoughby as well as the one in downtown Cleveland, is no stranger to Lorain having led the project for the social security office in downtown Lorain several years ago.

Downing said the facility would retain about 50 jobs, paying \$45,000 a year or higher, and creating a "significant payroll" for the city.

With the announcement the rezoning would be for a new clinic, which would see construction completed near the end of 2019, Argenti changed his tune.

"This is great information," he said. "It's good to know. With that information let's move it forward."

Mackert said he still had concerns and didn't feel like he had all of the necessary information, but not because it was going to be a VA clinic.

"Certainly, we're in favor of taking care of our veterans, and I wasn't even opposed to a medical facility," he said. "We were concerned with a buffer zone and how our property was going to be impacted, and we still don't know that."

Downing said there would definitely be some sort of buffer zone, but those plans hadn't been finalized yet.

In a news release Monday night, U.S. Rep. Marcy Kaptur, D-Toledo, said she "welcomed action by Lorain City Council" to rezone the 9.7 acres of land.

"This has been a years-long effort to secure this clinic to better serve the thousands of veterans in Lorain and the surrounding area," she said. "We anticipate the selection of this particular site

in Lorain to place the veterans' outpatient clinic at the nexus of the area's health care network. Adjacent to Mercy Health Center, Oak Hills Nursing and Rehabilitation, the community heliport, extended-care facilities and hospice, the proposed location sets up the VA to develop a truly full service, campus-like facility that meets the needs of our veterans into the future."

Downing said also the VA selected the site from several across Lorain County but decided this was the one that worked the best.

"They like the fact that it's across the street from Mercy Hospital," he said. "They thought it was an easy landmark for their vets who have probably all been to Mercy Hospital for one reason or another. They like the topographical features so far as it's all fairly flat. Some of the sites have low-lying parking or have parking on a hill, and vets in wheelchairs can't necessarily maneuver that."

Mayor Chase Ritenauer said the move is "good news" and the city is "ecstatic."

"I remember talking with the VA secretary at the time when the clinic left Lorain and telling them how important this was for the city of Lorain and the veterans community," he said. "I mean, that community in this town is second to none. This community time and time again takes care of its own, and it's so nice for this area that it's coming home, where the true need is. This is some of the better news we've gotten lately."

Downing concurred with the mayor, saying Lorain and the surrounding area was "built by veterans by their own backs and their own hands," and he's seen how moving a VA clinic can affect a community.

"I just finished a VA clinic in Willoughby that had moved out of Painesville, and Painesville was heartbroken, but they didn't have a site that worked for the VA," he said. "It just didn't work, and I think what you've seen in the last four or five years, the VA is realizing they're not taking as good of care of vets as they could be, and these buildings are antiquated and the services aren't as good so their putting the money where their mouth is in building new facilities."

Councilwoman Mary Springowski, D-at large, said she knows there were a lot of concerns when the clinic left Lorain but "it's very rare" that the city "can recapture a business that has left" so she hopes it's a trend.

Downing did say the project is contingent on the rezoning of the property.

"It's the old chicken or the egg," he said. "Which comes first? But I cannot present this to the VA in its current zoning state. I need to have the zoning confirmed and changed so they can check the box that they have the proper zoning, so right now it's not 100 percent certain that the VA's going to go here."

Ritenauer said the federal contracting process is not a simple one, though, and people should try to keep that in mind through this project.

"It's a cumbersome, arduous, long, long-term process, and I think he's telling us what he's able to tell us but the bottom line without this rezoning, this isn't even a consideration," he said. "I think they are following federal protocol with a project of this nature."

If Council does choose to rezone the land, Downing said there “is no guarantee” the federal government will choose it as the new site, but “the likelihood of them moving to the site is very high.”

Councilman Dennis Flores, D-2nd Ward, said he’s for the rezoning and wants to do so in order to “put the right cards” in Downing’s hands.

Janine Mackert, Jim’s wife, said she would like to see some sort of provisions in the rezoning that would revert the zoning back to residential should something fall through.

Downing said he would have no problem with special land-use provisions, and he doesn’t think it would deter the federal government “as long as it’s in black and white that they could build the clinic there.”

The VA clinic would be the first phase to the project with phase II being the addition of medical tenants, such as a medical supply company, and phase III including some sort of assisted living on the land, but that is only “casual conversation” and “nothing has been solidified.”

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4. Focus Resources More Efficiently

4.1 - The Hill: [Accounting for bad management: The VA Accountability Act turns one](#) (23 July, J. David Cox Sr., 11.9M uvm; Washington, DC)

When a system is struggling because of a lack of funding, lack of personnel, and an exponentially larger task at hand, you’re left with a few options to course correct. You can either invest and build out the system, or you can attack the employees as an excuse to tear it down for something new.

And as we have now reached the one-year anniversary of the Accountability Act’s passing, I think it’s important to see how partisan insiders have inched closer to the latter, putting them one step closer to dismantling the country’s largest and most important health care system so it can be auctioned off to the private sector.

Some on Capitol Hill, including House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.), laugh off accusations of privatization efforts, but the numbers they spew and the story they tell just doesn’t add up. First, and perhaps most important, is to set the record straight on the VA’s budget and staffing levels.

Roe has said in official VA statements, in the press, and again at a July 17 hearing that the VA’s budget has more than doubled since he came to Washington, and so has staffing. In repeating this misleading narrative, Roe is choosing to ignore: the enormous diversion of VA dollars to pay for the high cost, inferior “Choice” program, the cost of inflation, 6 million more veteran patients in the system, rising prescription drug costs, and 2 million more veterans with service connected disabilities.

Clearly, it's a smoke screen for the administration's agenda to starve and destroy government health care and it's providing cover to one of the biggest threats unfolding in front of our eyes, the Veterans Affairs Accountability and Whistleblower Protection Act of 2017.

The Accountability Act was billed as a way to remove bad managers and supervisors causing problems at the VA. But, it has actually had nearly the opposite effect. After implementation at the VA, the "accountability" law has allowed managers to run amok. They're using the legislation to fire disabled veterans, silence and retaliate against whistleblowers, and divert attention from their failure to hold supervisors – who are the root cause of problems at the VA – accountable.

Just last month, the department released its quarterly update on the Accountability Act, and the numbers were harrowing. So far, using the act, 2,558 workers at the VA have been fired. Not even 1 percent were supervisors.

Instead, we've seen hundreds of housekeeping aides, nursing assistants, food service workers, and medical support assistants – most all of whom earn less than \$40,000 a year – lose their job. Nearly 40 percent of VA employees are veterans, and many of those veterans have service-connected disabilities; which means President Trump is gleefully telling crowds he's responsible for more than 1,000 veterans being fired.

And while I wish that was the extent of how poorly this law is being implemented, we already know that's not the case.

One June 20, NPR ran a story about VA employees in Alabama who have faced retaliation and intimidation from management for attempting to blow the whistle on malfeasance. Whistleblowers are the ones who let us know about huge waitlists at the VA while managers recouped large bonuses. Whistleblowers are the ones who alerted us to Legionnaires outbreaks and shortages of doctors. Whistleblowers are supposed to be protected. But thanks to President Trump and his allies in Congress, managers now have freer rein to defraud veterans and taxpayers alike, all while silencing anyone who stands in their way.

Thankfully, help may be on the way.

One June 14, a bipartisan group of legislators led by Rep. Brian Fitzpatrick (D-Pa.) introduced H.R. 6101, the VA Personnel Equity Act of 2018 to repeal the misused Accountability Act and restore due process and collective bargaining rights to the 360,000 working people at the VA. Sharing the concerns of Fitzpatrick and other bill sponsors, Sens. Jon Tester (D-Mont.), Sherrod Brown (D-Ohio), Tammy Baldwin (D-Wis.), and Richard Blumenthal (D-Conn.), called for an investigation into the implementation of the Accountability Act. According to the senators, the VA is unable to "demonstrate in any way that implementation has been consistent, fair, and appropriate." which isn't news to the men and women who work at the VA but comes as a welcome addition to our fight.

At a time when the VA is having precious funding funneled to private, for-profit corporations and is facing more than 49,000 vacancies nationwide, a fight over protecting decades-old due process and collective bargaining rights at work should not be happening. We should be focusing on how to hire more people so we can keep providing the highest level of care we can to our veterans. Firing workers and spinning a story about staffing and budgetary figures does nothing to improve veterans' care or their access to it. I just hope Congress wises up and starts prioritizing our veterans' care before it's too late.

J. David Cox Sr. is nation president of American Federation of Government Employees (AFGE).

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4.2 - The Hill: [Veterans Affairs' inability to manage its workforce suggests benefits of managed care](#) (23 July, Rory E. Riley-Topping, 11.9M uvm; Washington, DC)

This week, the U.S. House of Representatives Committee on Veterans' Affairs celebrated the one-year anniversary of the VA Accountability and Whistleblower Protection Act, with a hearing on implementation of the law since its enactment.

Unfortunately, like the law itself, the hearing was a missed opportunity in terms of meaningful VA reform.

One of the statements that acting VA Secretary Peter O'Rourke made throughout the hearing was that it's impossible to fully gauge the success of the program after only one year; after all, the VA is a large bureaucracy and it is slow to change.

O'Rourke is right about this. Yet, time and time again, Congress holds hearings berating the VA for not improving performance and not moving faster.

This begs the question, why aren't members of Congress and the VA working together to provide more innovative solutions, rather than forcing unrealistic expectations on a struggling bureaucracy currently plagued by a revolving door of leadership.

One such innovative idea would be to discuss downsizing the VA. The idea is not popular in some circles, as noted in an analysis by the American Enterprise Institute, the attachment of some groups "to the existing VHA system appears to be caused by a desire to preserve a tangible, visible symbol of the importance of veterans rather than by careful consideration of what's best for the health of veterans."

This week's hearing was meant to focus on issues related to whistleblower retaliation, but it was clear throughout the testimony and questioning that VA simply lacks the ability to successfully manage its workforce, which consists of more than 366,000 people.

Since VA has not been able to improve internal morale or performance, even with tools such as the Accountability and Whistleblower Protection Act in hand, it is time to move on from the unrealistic expectation that VA is capable of managing itself at its current mass.

There are some things the VA does very well, and these things should be preserved. For example, VA's rehabilitation and prosthetic services are consistently highly rated. Similarly, VA's residency and fellowship programs play an important role in training those in the medical profession.

However, and as often dominates the news headlines, there are many other things that the VA does not do well. Veterans often slip through the cracks when they receive insufficient mental health care or cannot access a standard medical appointment. And, as was highlighted at the HVAC hearing this week, VA does not manage its workforce and the related issues of whistleblower retaliation well, either.

In addition, what is often less discussed is that there are already numerous functions that the VA contracts out. Despite the polarization over the use of non-VA care when necessary, VA has been contracting with private providers since 1945. In addition, VA also outsources compensation and pension medical examinations, the construction and maintenance of its facilities, and numerous IT functions.

The example of the Department of Defense's Tricare program provides an instructive example for the VA. Prior to the mid-1990s, DoD managed all aspects of the Tricare program, meaning that military personnel and retirees had to see military physicians at military medical facilities.

In the late 1980s, due to escalating costs and increased demands on the program, the DoD began exploring a reform initiative known as the CHAMPUS Reform Initiative (CRI). The program introduced the concept of civilian-managed care to military medicine, where a contractor provided both access to a healthcare network that included both military and non-military providers, as well as administrative services.

Due to the success of managed care in terms of providing adequate provider networks and controlling costs, DoD worked on expanding the program throughout the 1990s, and the program now known as Tricare For Life (TFL) was authorized by the 2001 National Defense Authorization Act. Although the Tricare program has had its hiccups through the years, despite some of these administrative complications, by downsizing military medicine, DoD surveys consistently indicate that its beneficiaries' were satisfied overall with access and in turn, quality of care.

Similarly, the VA would be wise to undergo the type of analysis of its services that DoD in the 1980s and early 1990s. By focusing its efforts and resources on the tasks they do well and welcoming the assistance of outside organizations for the things they do not do as well, VA could provide better overall care for veterans.

Turning back to the one-year anniversary of the VA accountability and Whistleblower Protection Act, as noted by Chairman Phil Roe (R-Tenn.) during his opening remarks, "the only way to bring true accountability to VA is to create a culture where employees want to come to work and serve veterans."

It will be easier for employees both to serve veterans and want to work at the VA if VA leadership can better manage its workload, thus subjecting the agency to less fraud, waste and abuse, by partnering with outside organizations to achieve VA's mission.

Rory E. Riley-Topping served as a litigation staff attorney for the National Veterans Legal Services Program (NVLSP), where she represented veterans and their survivors before the U.S. Court of Appeals for Veterans Claims. She also served as the staff director and counsel for the House Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs for former Chairman Jeff Miller (R-Fla.).

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4.3 - American Thinker: [A new day is dawning at the Department of Veterans Affairs](#) (23 July, Ed Timperlake, 4.8M uvm; El Cerrito, CA)

Well into his second year in office, President Trump is seen as a serious man living every day in the White House dedicated to initiating the changes he campaigned on.

Trump Nation sees a fighter on its behalf in the Churchill mode: "Never give in, never give in, never, never, never, never – in nothing, great or small, large or petty – never give in except to convictions of honor and good sense."

Ironically, that is also why his demonstrated over-the-top critics in the MSM are so outraged: because he has been effective so far.

TDS, Trump Derangement Syndrome, is real:

Trump Derangement Syndrome (TDS) is a mental condition in which a person has been driven effectively insane due to their [sic] dislike of Donald Trump, to the point at which they [sic] will abandon all logic and reason.

The challenge is to not let TDS infect the federal government and especially the Department of Veterans Affairs (Special Agent Peter Strzok, et al., have shown that the infection was active at the FBI and DOJ).

Consequently, in an area in which I have had lifelong experience as a proud veteran and being honored to help my fellow veterans for Presidents Reagan and Bush (41) and the on the House Committee on Rules, it was a good day when the Congress and president joined forces to create a better Department of Veterans Affairs (V.A.).

On June 6, 2018, in a signing ceremony replacing the Choice Program with "The VA Mission Act of 2018," the president forcefully stated, putting a marker down, to all V.A. employees:

When malfeasance was uncovered at VA, "They couldn't do anything about it," Trump said at the signing ceremony. "Good people that worked there, they couldn't take care of the bad people. Meaning, you're fired; get the hell out of here."

As is the case with most everything good or bad in the federal government, as the president pointed out, it most always comes down to the people. The V.A. had a long run suffering the undue influence of government unions, in partnership with the Obama administration, in interfering with honorable, fair, and legal accountability.

Now, with a new secretary coming on board, it is time to reach out to the veterans and their families who read the American Thinker to help all understand just a few of the laws and procedures on their side when they engage with the Department of Veterans Affairs, under Title 38 legislation in this age of President Trump.

First, prior to empowering the veteran, a V.A. national service officer once told me, "They have ways to get you," so knowledge is power.

The benefit of the doubt should go to the veteran when competing medical findings are presented in asking for service-connected benefits.

Even if one had a pre-existing condition prior to service, if something aggravates that condition, especially in combat, it is service connected to disability compensation.

In reviewing one's claim process, keep in mind a nasty way that government bureaucrats can "get you." It is called "spoliation of evidence."

Spoliation of evidence is a term often used during the process of discovery. Spoliation of evidence happens when a document or information that is required for discovery is destroyed or altered significantly. If a person negligently or intentionally withholds or destroys relevant information that will be required in an action is liable for spoliation of evidence.

Spoliation of evidence is an act that is prohibited by American Bar Association's Model Rules of Professional Conduct, Rule 37 of Federal Rules of Civil Procedure, and Title 18 United States Code. Sanctions for spoliation are preventative, punitive and remedial in nature. Separate tort actions are also permitted.

Finally, here is a way the V.A. "bad people" weaponized the misuse of privileged medical information in an illegally and malicious way: they violate HIPAA, the Health Insurance Privacy Protection Act, to hurt someone.

Misuse of privileged information is a nasty issue that has come up in recent years at the V.A., in three different organizations: the Hospital System, Benefit System, and Board of Veterans Appeals.

Just one of many, many reported cases of HIPAA violations:

Another VA Headache: Privacy Violations Rising at Veterans' Medical Facilities

Deceased vets' data has been sent to the wrong widows. Employees have snooped on the records of patients who've committed suicide. And whistleblowers say their own medical privacy has been violated. In response, the VA says patient privacy is a priority.

With respect to HIPAA violations, my fellow veterans can report what occurred to the Office for Civil Rights at HHS.

Therefore, going forward, let us all hope a few of the rules mentioned above and many others in Title 38 increase veterans' knowledge and that they and their families will have more power in dealing with the V.A.

Humans are fallible and may make innocent mistakes; those in that category just need better training. The focus on accountability should be on those who should know better and on "ways to get you" being identified. As appropriate when a V.A. employee intentionally crosses a line violating his sacred mission, as President Trump said to those bad people, "you're fired!"

Ed Timperlake was the first assistant secretary of the V.A. for congressional and public affairs and subsequently public and intergovernmental affairs, when the Veterans Administration was elevated to Cabinet status.

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4.4 - Spectrum News (Video): [Veterans gather for annual mental health summit in Durham](#)
(23 July, Chris Williams, 209k uvm; Raleigh, NC)

Durham County hosted its annual mental health summit Monday at the Durham Human Services building.

- The goal is for the VA system to partner more with mental health providers to help veterans suffering from PTSD, depression and suicidal thoughts
- The focus on the summit dealt with treatments such as yoga, tai chi, and pet therapy
- The USVA says the percentage of veterans suffering from PTSD ranges between 11 and 20 percent

Organizers say the goal is for the VA system to partner more with mental health providers to help veterans suffering from PTSD as well as symptoms including depression and suicidal thoughts.

“We’re learning everyday about new and better treatments,” said Jonathan Leinbach with the Durham VA Health Care System.

The focus on the summit dealt with treatments such as yoga, tai chi, and pet therapy.

“And it’s about the veteran and all the different aspects to create wholeness and prevent suicide,” said organizer Cindy Woods.

Vietnam War veteran John Brown shared his story at the summit. He says his PTSD caused him to be violent.

“One day I found myself lifting up a chair and I was going to stab my mother to death with the chair rungs,” he admitted.

He says raising public awareness is key.

“I think there’s assumption on the mass that veterans know they have a mental issue...but often that’s not the case.”

The USVA says the percentage of veterans suffering from PTSD ranges between 11 and 20 percent. Much of it depends on when they served in the military.

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4.5 - Worcester Business Journal: [New U.S. veteran policy expands access to ReWalk systems](#) (23 July, 49k uvm; Worcester, MA)

Thanks to a revision of a U.S. Department of Veterans Affairs policy, injured veterans now have expanded access to exoskeleton systems from Marlborough medical device maker ReWalk Robotics.

The revision to the department's standard operating policy last month included guidance on the evaluation process and expanded access to training programs among the VA's network and private rehabilitation centers.

The updated evaluation process has veterans flowing through one of 24 designated spinal cord injury VA centers. Once a veteran is qualified for training and procurement of an exoskeleton

system, they can begin training at either a spinal cord injury center, a qualified VA hospital or through a private rehabilitation center through a VA program.

In a statement, ReWalk CEO Larry Jasinski said the revised policy expands access to a ReWalk exoskeleton system to veterans previously without a designated spinal cord injury center in their area.

As a result of the new policy, there are now 142 centers in the U.S. where ReWalk can provide exoskeleton systems to veterans.

The company has been working with the VA since 2015 and has advocated since then for use of the Veterans Choice Program for veterans not close to a designated center.

"We are pleased to see the VA build upon the [standard operating policy], taking into account the department's own extensive research and its ongoing national trial," Jasinski said.

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4.6 - West Plains Daily Quill: [VA to host town hall meeting in West Plains](#) (23 July, 8.9k uvm; West Plains, MO)

The John J. Pershing Department of Veterans Affairs (VA) Medical Center will hold a town hall public meeting at 5:30 p.m. Aug. 16 at the West Plains Civic Center, 110 St. Louis St. in West Plains.

The event will open at 5 p.m. with social time, cookies and refreshments before the meeting, which is expected to last about an hour.

The dual purposes of the event are to provide information about VA services and benefits, and enable medical center leadership to gather feedback from patients, family members and the community, said VA officials.

"At the John J. Pershing VA Medical Center, our goal is to provide Veterans with high-quality health care and excellent customer service," said Medical Center Director Dr. Patricia Hall. "As part of that strategy, we want to work with our veterans and community partners to periodically gather input about how things are going. Town hall meetings give us an opportunity to hear directly from those we serve."

"The Veterans Benefits Administration will join us to answer veterans' questions about service-connected claims," Hall added. "Also, for our patient attendees, we will be offering free pneumonia vaccinations at the town hall meeting." She said county recorders from Howell, Oregon and Ozark counties will be on hand to record veterans' DD-214 military discharge papers at no charge.

John J. Pershing VA Medical Center staff will be available to provide information and answer questions about VA programs such as caregiver support, housing assistance benefits, billing and suicide prevention. In addition, veterans not currently receiving VA health care will be able to enroll for VA health care services.

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4.7 - Louisiana Record: [Federal appeals court sides with VA in Lafayette doctor's racial discrimination case](#) (23 July, Karen Kidd, 8.7k uvm; Edwardsville, IL)

A federal appeals court upheld a lower court's decision dismissing a Veterans Administration physician's racial discrimination lawsuit.

In a July 17 ruling, the U.S. Court of Appeals for the Fifth District found John Stroy of Lafayette did not sufficiently show the VA discriminated against him when handing down a negative peer review in 2011.

"The VA's peer review process is not an 'adverse employment action' under Title VII," Judge Jennifer Walker Elrod wrote. "Adverse employment actions are ultimate employment decisions, such as hiring, firing, demoting, promoting, granting leave and compensating."

Judges James Ho and Gregg Costa joined in the decision.

"Stroy offered no evidence that he suffered a reduction in privileges, job responsibilities, or pay as a result of the peer review process," Elrod wrote in the opinion.

She added that the peer review committee eventually revised its decision and found Stroy did not deviate from norms in his care of a patient later diagnosed with renal failure. Stroy, who is African-American, still filed a discrimination complaint with the state in 2011. He later filed a lawsuit alleging racial discrimination and retaliation under Civil Rights Act.

The judges also said Stroy prematurely filed a federal lawsuit when there were still administrative options to address his grievances.

Stroy works as a primary care physician at the VA's Lafayette Community Based Outpatient Clinic.

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5. [Improve Timeliness of Service](#)

5.1 - Star Tribune: [Commentary - Counterpoint: In defense of the Minneapolis VA eye clinic, A whole division of caring, passionate providers was condemned based on a single complaint. I must respond to the baseless claims.](#) (23 July, Emmett F. Capel, 10.8M uvm; Minneapolis, MN)

I am chief of the Division of Ophthalmology at the Minneapolis VA Health Care System. I prefer to fly under the radar, focusing on taking the best care of my patients and serving my profession.

However, the destructive July 13 commentary "Vet's frustrating experience with eye clinic: Unacceptable" was so beyond the pale, with baseless claims, that I must publicly respond.

HIPAA and legal reasons preclude refuting point by point. I respond not for me or the veterans, who already know how great the care now is in our eye clinic, but for the families of those veterans, the public, and for the amazing group of superb young ophthalmologists, optometrists and technicians whom my immediate predecessor and I have assembled over the last four years (since the end of "the contract" for clinical services with the University of Minnesota that was referenced in the July 13 commentary).

These folks are extremely intelligent, accomplished, kind, caring and passionately committed to taking care of our vets. Two of them are the only non-full-time University of Minnesota associated faculty to have won the U's Teacher of the Year Award, and one of our group was the only ophthalmologist serving in Afghanistan for six months. We have unique subspecialists. It is indeed an excellent and diverse group providing primary, secondary and tertiary care. We also retain a strong academic focus, training residents from both the University of Minnesota and the Mayo Clinic.

The premise of the July 13 commentary was a single public complaint from a veteran who struggled making an eye clinic appointment ("My dealings with the VA: In a word ... frustrating," July 5). This veteran's experience was unfortunate, and I am sorry. We are not perfect; we strive daily to improve, and we do have an enviable record of excellence and success.

There were more than 60,000 visits to our eye clinic last year, so we must be doing something right medically, must be scheduling reasonably and must be able to get patients in the door.

I am dismayed that a whole division of caring providers was condemned based on a single complaint.

The mission of the Minneapolis VA is clear: 1) take the best care of the veterans and 2) help train the next generation of doctors. There is great simplicity, purity and nobility in it. All who serve in our eye division live that mission every day.

My father was a World War II veteran and a family physician for almost five decades. His words of advice to me were simple: "Work hard, do the right thing and take good care of patients." I am also a veteran and am still in the trenches seeing patients. I have spent every day of my career honoring my father's service and words and the profession. I have interviewed every provider in the eye division, and to a person, the No. 1 reason why our staff members enjoy working at the VA is that they want to help veterans.

From a patient perspective, a patient should be able to trust that her/his doctor is good, works to get better and cares. I speak without reservation that those who currently work at the Minneapolis VA Eye Division do that, and as well as any I know.

If a patient were to ask me would I have a family member seen in the eye clinic, my response would be: "In a heartbeat"!

Dr. Emmett F. Carpel was one of the founding members of the Phillips Eye Institute, and he served as its chief of staff and medical director for almost a decade. He was one of the founders of the Eye Department at HealthPartners. He is an adjunct professor at the University of Minnesota.

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5.2 - Stars and Stripes: [Mental disorders most frequent medical diagnosis among servicemembers just before separation, Pentagon study says](#) (23 July, Nancy Montgomery, 1.5M uvm; Washington, DC)

They got colds in boot camp. In midcareer they were beset by muscle strains, tears and back problems. But at the end, just before separating from the armed forces, servicemembers' most common medical diagnosis was mental health disorders, a new Pentagon study has found.

Mental disorders — almost never diagnosed at the beginning of military service — became the top diagnostic category at the end, according to the study by the Defense Health Agency, which surveyed 45,000 troops who served 4-15 years beginning in 2000 and separated in 2014 and 2015.

The study, published in the June edition of the Monthly Surveillance Military Report, speculated that the increase in mental health diagnoses over time could be attributable partly to the military's "many unique stressors," including combat deployments, frequent moves, long hours and time away from family. The fact that the diagnoses of mental disorders surged around the time of separation might also be due to the negative impact such diagnosis is likely to have on a servicemember's career.

So is serving in the military detrimental to mental health?

"That's one possible conclusion but probably not the best one," said Dr. Harold Kudler, a psychiatrist and Duke University professor who recently retired as chief consultant for the Department of Veteran Affairs' mental health services.

"I think the best conclusion is that we're selecting healthy young people and then we're exposing them to significant stressors over time, to the normal wear and tear of being human beings facing the real challenges of military service."

Kudler told Stars and Stripes that the data reflected a number of phenomena, including a growing acceptance in recent years that mental health ailments are common and that reporting and seeking care for them is no disgrace.

"If you go back not that long ago there was a strong sense that (post-traumatic stress disorder) was something that happened to weak people. That really has changed over the years, from being viewed with strong social stigma to something closer to an occupational hazard, which may affect a sizable proportion of service members," said Kudler, who was not involved in the study.

Another likely factor is timing and motivation. Troops in early or midcareer face "disincentives for reporting medical conditions or seeking care," said study authors Capt. Colby Uptegraft, an Air Force physician, and Shauna Stahlman, an epidemiologist at Johns Hopkins Bloomberg School of Public Health. Those included the possibility of adverse personnel actions such as medical evaluation boards and subsequent medical separation, duty location or deployment limitations, and career field denial or termination, particularly in occupations such as aviation and special forces.

Just before separating from the armed forces, servicemembers' most common medical diagnosis was mental health disorders, a new study has found. Mental disorders, almost never diagnosed at the beginning of military service, became the top diagnostic category at the end.

But when servicemembers are about to separate, getting medical diagnoses on their records, including for mental health problems, makes them eligible for VA and disability benefits.

"I think one thing we're looking at is an abrupt change in a motivation for talking about these things as one nears separation from the military," Kudler said.

The study aimed to track illnesses over time in separating troops — the 83 percent of troops who leave the service before retirement at 20 years or more.

It looked for trends in what went up, down or stayed about the same by examining electronic health records at three career intervals: the first six months of service, the middle six and the final six months before separation.

The majority of the troops in the study — 72 percent — had served four to eight years; 22 percent had served eight to 12 years and 6 percent had served up to 15 years.

Most were male, white troops 25-34 years old. A third were Marines, and more than half were junior enlisted and had never deployed.

At the beginning, the majority of diagnoses were for respiratory infections, which declined afterward. Mental health disorders accounted for 1.3 percent of diagnoses.

In the middle six months of service, musculoskeletal problems accounted for nearly a quarter of all medical diagnoses, and mental health diagnoses had surged to 17 percent.

In the last six months of service, mental health diagnoses were the most frequent of any, accounting for almost 36 percent in men.

The study appears to be one of the first to analyze medical diagnoses over time of people who separated from the services before retirement.

Studies of retirees published in 2010 found a significant increase in the incidence rates of illness and injury-related diagnoses within six months of retirement; 72 percent of retirees were diagnosed with a new medical condition within six months of retirement. But few of them were for mental health conditions, according to the current study.

The potential reasons for this "striking difference" between the two groups could be because troops reaching retirement "are likely among the healthiest overall service members across time," the study authors wrote. In addition, their study did not distinguish between voluntarily separating service members and those being medically separated. "Many mental health conditions, especially those lasting longer than a year, requiring treatment, and/or impacting duty, do not meet retention standards, and mental health disorders have been found to be the leading category of discharge diagnoses in men and the second leading category in women."

The current study found that musculoskeletal disorders peaked at 24.3 percent of diagnoses in the middle surveillance period for men but peaked at 23.4 percent in the first six months of service for women.

Kudler said the study reflected “an evolving understanding that mental health problems are very widespread across the general population,” particularly among people under stress.

“Depression and anxiety — these are part of normal human life,” he said. “They’re not always illnesses. If you’re in a room with a tiger and you’re anxious — there’s nothing wrong with that.”

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5.3 - thirdAGE: [Veterans to Get Easier Access to Clinical Trials](#) (23 July, Jane Farrell, 942k uvm; San Francisco, CA)

Veterans with cancer who receive treatment from the Department of Veterans Affairs (VA) will now have easier access to clinical trials of novel cancer treatments, thanks to an agreement between VA and the National Cancer Institute (NCI), part of the National Institutes of Health (NIH).

The NCI and VA Interagency Group to Accelerate Trials Enrollment, or NAVIGATE, which is launching at 12 VA facilities across the country, will make it easier for veterans to participate in trials carried out through NCI’s National Clinical Trials Network (NCTN) and the NCI Community Oncology Research Program (NCORP). As part of the agreement, NCI will provide infrastructure funding support needed for the VA facilities to participate in NCI-sponsored trials, enhancing the ability of veterans with cancer to receive promising treatments locally. In turn, VA will manage organizational and operational activities within its national healthcare system to establish a network to focus on NCI trial goals.

“NAVIGATE is an opportunity for VA and NCI to partner at the national level to make clinical trials more accessible to veterans,” said James H. Doroshow, M.D., deputy director for Clinical and Translational Research, NCI. “This agreement will not only provide veterans greater access to NCI clinical trials...[it will result] in more timely completion of these studies. This interagency collaboration will also work to help veterans overcome barriers they’ve faced trying to access clinical trials as part of their cancer care.”

VA has a clinical research program that includes clinical trials in cancer and other diseases at approximately 100 sites nationwide. However, VA facilities often face challenges initiating and completing externally funded trials because of the need for partners to navigate the system. This program aims to overcome these challenges with dedicated staffing and a sustainable infrastructure, and to address existing barriers to trial enrollment that veterans, including minority patients, often experience. In addition, NAVIGATE will increase the participation of VA investigators in clinical cancer research, and provide opportunities for these researchers to identify studies that may be of particular importance to veterans with cancer.

After an application process, the 12 VA sites picked to participate in NAVIGATE are: Atlanta VA Health Care System; James J. Peters VA Medical Center in New York City; Ralph H. Johnson VA Medical Center in Charleston, South Carolina; VA Eastern Colorado Health Care System in Denver; Durham VA Medical Center in North Carolina; Edward Hines Jr. VA Hospital in Hines, Illinois; Tibor Rubin VA Medical Center in Long Beach, California; Minneapolis VA Health Care System; VA Palo Alto Health Care System in California; Portland VA Medical Center in Portland, Oregon; Audie L. Murphy VA Hospital/South Texas Veterans Health Care System in San Antonio; and VA Connecticut Healthcare System in West Haven.

The program will be managed by VA and NCI for up to three years. According to a news release from NCI, it's expected that, during this time, the participating VA sites will establish long-term capabilities to continue participation in NCI trials after the NAVIGATE program ends. The NAVIGATE program sites will also establish best practices and share insights to help VA sites nationwide to initiate new studies and enroll more veterans in cancer clinical trials.

"By increasing enrollment in cancer clinical trials, VA and veterans will be contributing to important oncology research," said VA Chief Research and Development Officer Rachel Ramoni, D.M.D., Sc.D. "This will not only help our veterans, but also advance cancer care for all Americans, and people around the world."

Reprinted courtesy of the National Cancer Institute. NCI and VA Collaborate to Boost Veterans' Access to Cancer Clinical Trials was originally published by the National Cancer Institute.

About the National Cancer Institute (NCI): NCI leads the National Cancer Program and NIH's efforts to dramatically reduce the prevalence of cancer and improve the lives of cancer patients and their families, through research into prevention and cancer biology, the development of new interventions, and the training and mentoring of new researchers. For more information about cancer, please visit the NCI website at www.cancer.gov or call 1-800-4-CANCER (1-800-422-6237).

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5.4 - Arkansas Democrat-Gazette: [Arkansas congressman's staff helps man break VA gridlock on disability claim](#) (23 July, Frank E. Lockwood, 871k uvm; Little Rock, AR)

When you're trying to get help from the federal government and you're hitting a brick wall, Shannon Teague says, it helps to have a congressman in your corner.

The Searcy resident discovered the difference a Capitol Hill ally can make after the U.S. Department of Veterans Affairs lost track of his application for disability benefits.

Teague was injured while on duty. Eventually, he lost his civilian job because of his disability.

He turned to the VA for help and started the paperwork process.

"It took us several months to get everything together. We had gotten over 4,000 pages of documentation from every doctor he'd been to, every diagnosis," Teague's wife, Shelly Teague, recalled.

He submitted his claim in August.

In December, after months of waiting, the VA ruled on one of Teague's five claims but didn't address the other four.

The Teagues called the VA seeking answers, but they said they came up empty.

Eventually, they learned that the paperwork had been misplaced. They said they were told to resubmit it.

"Every time we called the 1-800 number, it was a different story," Shelly Teague said. "They kept saying they would hurry the process, hurry the process. Well, nothing ever got done and it just sat on the back burner."

"We were actually on the verge of losing our home and our car and getting our water and gas shut off," the veteran recalled.

"The bank was fixing to come and repossess my car," Shelly Teague said. "It was such a horrible struggle."

On April 19, they posted a request for help on U.S. Rep. French Hill's website.

Fifteen minutes later, they'd received a response from David Carnahan, a disabled veteran who serves on the Little Rock Republican's staff.

After Carnahan got involved, Teague said, his claim quickly moved to the front burner.

On April 25, the VA classified Teague as 60 percent disabled.

On May 8, after Carnahan called the VA again, Teague was finally told he would be receiving a check for \$8,607.85 in back pay, plus disability payments moving forward.

"It was a quick turnaround," Shelly Teague said.

He's now receiving \$1,300 each month.

In a written statement, VA spokesman Jessica Jacobsen said the agency had been at fault.

"VA strives to provide Veterans with the benefits they have earned in the most timely fashion possible. When that doesn't happen, we accept responsibility and fix the problem as soon as we can, which is precisely what happened here," she said.

Carnahan said he was glad to help resolve the problem.

"This is what we do. Every day. Day in and day out," he said.

Hill said he was pleased to be of service.

"We are proud to do it and honored to do it," he said. "I believe our veterans are the best citizens that we have. ... They're due prompt and careful and expeditious attention to their requests."

Carnahan, who served four years in the U.S. Marine Corps and 14 years in the U.S. Army, is one of three vets on Hill's staff who work on constituent services.

"Richard [Maxwell] and Tom [McNabb] are both combat-wounded veterans. Tom was a combat medic. Richard's got a Purple Heart," he said.

"We've all had our fair share of times fighting the VA, and it gives us a unique perspective on what other veterans are going through and how they have to struggle ... to get what they deserve," he said.

Working for Hill, he said, "puts us in a position to hold them accountable and make them do their job."

Shannon Teague recently was back at the VA center in Searcy, getting help. He's collecting more documentation.

And he's appealing for the disability rating to be raised, arguing that his injuries are greater than the VA has acknowledged.

"It's just a long battle," he said. "We're going to fight and fight and fight until we get where we deserve."

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5.5 - Midland Daily News: [Aleda E. Lutz VA welcomes veterans to yoga and Tai Chi classes](#) (23 July, 192k uvm; Midland, MI)

The Aleda E. Lutz VAMC in Saginaw has been heavily engaged in promoting integrative therapies, as part of the Whole Health Approach, to help veterans deal with pain, anxiety, depression, flexibility and other chronic health conditions.

Just recently, they have developed classes for veterans who are enrolled in VA health care in Tai Chi and yoga. Veterans can stop in on Thursdays for yoga which begins at 8:30 a.m. or Tai Chi which begins at 10 a.m. All classes are held at the VA Medical Center, 1500 Weiss St. in Saginaw, at the activities pavilion, located near the north parking lot.

"These types of exercise have helped many veterans achieve their health goals, reduce or manage pain, provide a sense of calm, and much more. We are fortunate to have the opportunity to offer these classes to veterans," said Dr. Barbara Bates, acting medical center director.

Veterans who would like to learn more about Whole Health and Integrative Therapies are encouraged to talk with their VA health care provider and team.

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5.6 - Independent Mail (Video): [Lawsuits and settlements put South Carolina veterans' nursing home care in the spotlight](#) (23 July, Nikie Mayo and Kirk Brown, 188k uvm; Anderson, SC)

A veteran's wife is seeking an investigation into a nursing home run by an Anderson-based company that cares for her husband and 2,000 other aging servicemen and women in South Carolina and three other states.

Anne Harrell's husband, James, is a former Air Force master sergeant with Alzheimer's disease. He lives at Veterans' Victory House, a nursing home in Walterboro whose sign says it is the "home of the greatest generations." Since arriving there in September 2015, James Harrell has had repeated infections, several hospitalizations and unexplained bumps and bruises, his family contends.

Anne Harrell, who is 86, said she has spoken repeatedly with the staff but believes her concerns are largely disregarded because of her age.

"They treat me like I'm crazy," she said.

She became so frustrated that she called the White House, she said.

Her complaint was routed to a hotline for veterans' issues. Three weeks ago, the U.S. Department of Veterans Affairs contacted her to gather more information.

An executive with HMR Veterans Services Inc., headquartered near Liberty Highway in Anderson, said he was unaware of the complaint. Heyward Hilliard, the company's vice president of operations, said there are other avenues for resolving issues, such as quarterly care meetings where staff members meet with residents' relatives.

"If a family has a concern, if a veteran has a concern, if a staff member has a concern, there are opportunities to meet those folks' needs," Hilliard said.

HMR receives nearly \$36.5 million annually from the state to operate Victory House and the Richard M. Campbell Veterans Nursing Home in Anderson County, two veterans' nursing homes that belong to the South Carolina Department of Mental Health. The company also manages seven other homes for veterans in Texas, Alabama and Maryland.

Victory House has an overall five-star rating, which equates to much above average, according to the Centers for Medicare and Medicaid Services. The Campbell home has a four-star rating, which means above average.

The ratings are based on health and safety inspections, staffing levels and quality measures. Hilliard said the high marks illustrate HMR's commitment to providing the best care.

"We want to make the veterans' homes as nice a place as they can be," he said. "We serve a special group and we serve it in a special way. ... They served us, now we serve them. We are serious about it."

Despite the high ratings, there have been some troubling incidents at the company's facilities.

In May, a judge approved a \$425,000 settlement involving the death of an Air Force veteran at the Anderson home. According to a lawsuit, a latex glove was found lodged in his airway on Christmas Eve 2015. He died five days later.

According to another pending suit, a combat veteran of the Korean War died of injuries suffered when his roommate beat him with a shoe at an HMR-managed veterans' home in Alabama. The veteran, William Bankston, lived at the Floyd E. "Tut" Fann State Veterans Home in Huntsville almost two years before he was attacked.

"Health care is a very litigious environment," Hilliard said. "A settlement does not constitute an admission of liability."

The frequency of liability claims against nursing homes and the costs associated with those claims are rising nationally. According to a report last year commissioned by the American Health Care Association, the frequency of nursing home claims increased 54 percent from 2007 to 2017. The annual costs to providers from those claims nearly doubled during the same period, going from \$1,170 per occupied nursing home bed in 2007 to \$2,300 in 2017.

The veterans' nursing home HMR manages in Maryland was fined \$360,875 on Dec. 2, 2016. Federal records show the fine was imposed after a resident choked to death on a peanut butter sandwich. The facility also was faulted for its care of another resident's bed sores and for allowing dehydration to contribute to a third resident's loss of 16 pounds in 11 days.

Hilliard said the problems were immediately corrected. Pressed for further details, he said, "I don't remember all of the specifics of that."

Three days after the fine was imposed, the Charlotte Hall Veterans Home submitted corrective action plans, federal records show. The plans outlined steps to increase the supervision of residents while they are eating and drinking on secured units, improve the treatment of bed sores and ensure residents are properly hydrated.

Relative calls Veterans' Victory House a 'no-tell motel'

An episode of "Gunsmoke" played softly on the TV in Keith Thompson's room at Victory House on a July morning before Independence Day. His daughter, Pam Copeland, gently swabbed his mouth and asked him how he was doing.

He did not speak.

His room is covered with cheerful reminders of the life he lived before this chapter. There's a Navy pennant and another one for the Atlanta Braves. His "WWII veteran" hat hangs nearby.

A blanket on the wall showcases family photos, some taken during his last Christmas at his home near Charleston. In December 2016, Thompson's eyes were still bright and he was able to embrace his family.

But the ravages of Alzheimer's disease were already taking a toll on the man who was once a magistrate and the chairman of the Charleston County School District's Board of Trustees.

In January 2017, Thompson moved to Victory House.

His disease was discovered in 2007, though he didn't tell his children at first. Once his family knew what was going on, they cared for him at home until they couldn't.

"There was a point we knew we weren't able to help him anymore," Copeland said. "We were pushing, pulling on him to lift him, doing what we could to stabilize him. But there is a time when you realize you can't."

The first few months in the Victory House were good ones, Copeland said.

"The facility itself is a beautiful facility," she said. "It's not a nursing home that you walk into and immediately smell urine. I mean, it is the nicest nursing home. We looked at eight or 10 nursing homes, and this was, by far, the nicest."

But things took a turn in early December, Copeland said. She said the doctor who oversees the residents' care at the nursing home took her father off the two drugs to manage his Alzheimer's.

When Copeland brought him baked goods shortly after the medicine was halted, she was surprised by what she found.

"He couldn't even hold a cookie," she said. "I had to tell him to bite down on it."

Her family sought a second opinion about the medicine from her father's longtime physician outside the facility, Copeland said.

By the time Thompson's medication was restored on Dec. 22, he was unable to swallow, she said. He now has a feeding tube and is unable to speak.

Unlike most veterans at the Victory House, Thompson is now seen by a physician that is not the nursing home's doctor.

"I told them we were in fear for my father's life," Copeland said.

Her eyes soften when she talks about the man she once knew: strapping, 6-foot-2 and 200 pounds.

"This is the absolute worst possible thing that could have happened to my father," she said.

More: Sexual assaults, beatings, missing residents: A history of trouble at Anderson assisted living home

Hilliard said he can't discuss the specifics of patient care. But he was quick to defend the doctors in the homes run by HMR. The company has one physician at Victory House and a doctor and a nurse practitioner at Campbell in Anderson. Each home has beds for 220 veterans, all of whom have been honorably discharged from military service.

"We are fortunate and blessed to have good physicians," Hilliard said. "I believe we have excellent physician support in the facilities. We have great doctors. They are very experienced in geriatrics. They take good care of the veterans."

The Centers for Medicare and Medicaid Services do not have any regulations related to doctor-to-patient ratios in nursing homes.

Chuck Spencer, a 73-year-old Navy veteran, has been at Victory House for a year.

An avid tennis player, he was found to have Parkinson's disease in 2002. In 2017, he developed psychosis, a symptom of the disease that causes hallucinations and paranoia.

His wife, Dee, drives about 90 minutes each way from their home in Mount Pleasant to visit him. She goes every other day.

Dee Spencer of Mount Pleasant talks about her husband

Dee Spencer of Mount Pleasant talks about her husband Chuck Spencer, a Navy veteran who lives at Veterans' Victory House, a nursing home in Walterboro. (Photo: Ken Ruinard/ Staff)

In the year her husband has been at Victory House, she has never been able to have a conversation with the doctor who oversees his care, she said.

She said she found bruises on one of her husband's sides, caused by the way he was leaning in his wheelchair, and brought it to the attention of a nurse, who blamed a certified nursing assistant.

"The CNAs work so hard," Spencer said. "They do everything. Except that the nurses give pills. But the CNAs seem to do almost everything else. They are so busy and there's not enough of them. They aren't able to spend a minute just to talk to the people who live there."

Staffing levels at Victory House and Campbell are considered above average, according to the latest data available from the Centers for Medicare and Medicaid Services. But the data also show that the amount of time licensed nurses at both homes spend with the residents each day is below state and national averages. The amount of time that nurses' aides spend with residents exceeds state and national averages.

HMR Regional Vice President Jay Bloomer said comparing care in a nursing home for veterans to the care in a traditional nursing home doesn't give an accurate picture of the differences in residents. Bloomer said traditional nursing homes are more likely to have residents who are there for skilled, rehabilitative care, and who aren't as infirm as the veterans in his company's care.

"There is much more community help to keep someone home these days," Bloomer said. "So when they do come to us, they are not well. They are very limited in what they can do."

Spencer said she is grateful for the veterans' nursing home because she would not be able to afford private nursing care for her husband. She said the home is clean and most of the staff is friendly.

But she said she believes the facility needs more workers.

"My husband is OK because I'm there all the time," she said. "I'm concerned about the people who don't have someone like myself going all the time."

Hilliard said staffing at Victory House and Campbell surpasses the state's minimum standards.

"We never take our eye off the ball with respect to staffing," he said.

Anne Harrell, who lodged the complaint about her husband's care that drew federal attention, said she can document multiple times her husband got urinary tract infections because he was allowed to roam around with his catheter dragging on the floor.

"Nobody was watching him," she said.

The device was removed last year.

Denise Barlow, the Harrells' daughter, said James Harrell has suffered several injuries, including a knot on his head and bruising on his arm, that have not been explained to her family.

"I call it the no-tell motel because they don't tell you what's going on," she said. "Nobody seems to know."

James Harrell has been in a unit for residents who have Alzheimer's disease, but his wife said Wednesday she was notified this week the staff was moving him to a different part of the home. She doesn't know why.

Both Anne Harrell and Copeland have said they would like to see a change in leadership at Victory House.

Sandra Ferguson, the executive director of the Victory House, has some professional roots in the Upstate.

She was the administrator of Majesty Health & Rehab of Easley when temperatures in some of the nursing home's rooms exceeded 90 degrees during a record-breaking heatwave in June 2012.

A police officer found one of the home's resident's, 84-year-old Elouise Arnold, gasping in her bed, according to his report. Minutes later, she had no pulse. She was rushed to a hospital, but died that night.

An autopsy determined an elevated body temperature, heart disease, high blood pressure and a chronic urinary tract infection all contributed to Arnold's death. No charges were filed because of the "mixed cause of death," according to the police report. Arnold's sister filed a wrongful death suit in January 2015, and reached a settlement with the Easley home for \$525,000.

An Independent Mail reporter attempted to speak to Ferguson at the home in Walterboro. A receptionist called for Ferguson, who did not come out of her office.

Hilliard described Ferguson as a "very capable administrator."

Company that oversees homes agrees to costly lawsuit settlements

After serving as a chopper mechanic in the Air Force, Harvey Paris spent 35 years at the Greenville County Sheriff's Office, becoming captain of the detective division, according to his obituary. He was the first detective in South Carolina qualified to testify in court using fingerprints as criminal evidence. Later, he worked 16 years as the head of security for Greenville Shriners Hospital.

He moved to the Campbell nursing home in Anderson in December 2012. He was deemed at risk for falls and required admission to the facility's locked unit for his safety, according to a sworn statement from Luanne Trahan, a nurse practitioner who reviewed his medical records.

About 8:30 p.m. on Dec. 24, 2015, Paris was found in his bed, gray and not breathing, according to a lawsuit. He resumed breathing after a nurse removed a latex glove from his airway. Shortly before midnight, Paris, 80, was taken to the hospital, where he was diagnosed with hypoxic respiratory failure and a urinary tract infection, court records show.

He died on Dec. 29, 2015, at Hospice of the Upstate. The hospice house notified the Anderson County Coroner's Office that the cause of his death should be classified as "natural." No autopsy was performed.

After learning more about Paris' death this week, Anderson County Coroner Greg Shore said he intends to review the case.

More: A question of care at Upstate nursing homes

In her sworn statement, Trahant said the nursing home's employees "failed to create a safe environment for Mr. Paris by leaving medical supplies at his bedside that he could obtain and ingest.

"In my opinion, more probably than not, proper care and treatment would have prevented the injuries suffered by Mr. Paris," she said.

On May 17, HMR and other defendants in the lawsuit stemming from Paris' death agreed to settle the case for \$425,000 while denying any wrongdoing, according to court records.

Court records show that in the past four years, settlements totaling \$900,000 have been reached in three other cases involving the deaths of residents at Victory House in Walterboro, a sleepy town about 50 miles west of Charleston where the movie "Radio" was filmed.

The largest lawsuit settlement, \$525,000, came in August 2014. It involved allegations that William P. Chrisanthis fell 18 times at Victory House between Nov. 18, 2008, and July 4, 2010, when he suffered a fractured left hip. He died two weeks later.

Two other suits — one involving the death of a resident at Victory House and another involving the death of a resident at the Campbell nursing home — were settled for undisclosed amounts during the past two years, according to court records.

Hilliard said he could not answer questions about the lawsuits. He explained that HMR considers a variety of factors when deciding to settle a case.

"You kind of weigh the cost of litigation, the cost of running your staff through trials and depositions," Hilliard said. "You are faced with a decision on what's the best move."

Mark Binkley, deputy director of the state Department of Mental Health, would not comment on any specific lawsuits against HMR. But Binkley pointed out that the department directly operates two nursing homes at one facility in Columbia.

"Agency leadership therefore understands that even in well-run facilities, adverse events can and do happen when caring for very frail and ill nursing home residents, some of whom have challenging behaviors resulting from their cognitive impairments," he wrote in an email. "Additionally, even when management follows proper hiring practices and provides good training and supervision to its staff, an individual staff person may deviate from their training or may fail to properly perform their duties."

State Department of Mental Health 'satisfied' with HMR

HMR has managed Campbell nursing home for 20 years and has run Victory House since the home opened in 2006.

"Obviously, long-term care is probably the most regulated industry right now," Hilliard said. "Nuclear power, long-term care — kind of right there side by side."

The company has about 500 workers in South Carolina.

The state Department of Mental Health is "satisfied" with HMR's management of the Campbell home and Victory House, Binkley said.

"Both facilities generally provide good care," he said.

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6. Suicide Prevention

6.1 - Daily Press: [Veteran suicides dropping in state, but still exceed the national rate](#) (23 July, Hugh Lessig, 863k uvm; Newport News, VA)

A concerned Navy mom recently called the veterans crisis hotline and ended up talking to Lillie Mells, the suicide prevention coordinator at the Hampton VA Medical Center.

The woman feared her daughter, who was depressed, might be suicidal. She had reportedly mentioned doing away with herself. Mells, a licensed clinical social worker, called the commander of the aircraft carrier straight away.

"I need you to lay eyes on her," Mells told the skipper. "She has all the red flags. She needs help."

A thankful Navy mom later called Mells to say that her daughter had done a 180-degree turn. "She could hear the relief in her daughter's voice," Mells said. "It was more like she wanted help, but didn't ask for it."

That crisis was averted, but suicide remains a top concern for the Department of Veterans Affairs.

Last month, the agency published new data on suicide that includes deaths of veterans, as well as active duty personnel, such as that Norfolk sailor. Due to a lag in compiling data, it covers calendar year 2015.

The numbers in the 48-page report give cause for both hope and concern in Virginia.

The state in 2015 recorded 172 suicide deaths among its veteran population. That works out to about 23.5 suicides per 100,000 veterans, well below the national veteran suicide rate of 29.7, the study states.

Another hopeful finding: The state recorded 227 veteran suicide deaths the previous year, so dropping to 172 is a step in the right direction.

Nationwide, the study shows the suicide rate among veterans was significantly higher than the nonveteran population, 2.1 times higher in 2015.

The report shows a total of 20.6 suicides per day. That breaks down as 16.8 veterans and 3.8 active duty troops, National Guard members and/or the Reserves.

This marks the first time VA has disclosed that its average per-day number of “veteran” suicides also included deaths of active duty service members, guardsmen and reservists, according to Stars and Stripes, which published a report shortly after the data was released last month.

The distinction is important, the story notes, because the VA has for years reported an average of 20 veteran suicides per day. Separating that number into different groups allows experts to better focus resources, one expert told the publication.

It also reflects the reality on the ground, as seen by the recent phone call to Mells at the Hampton VA Medical Center regarding a sailor on active duty.

Reaching out

The report says suicide prevention is “the VA’s highest clinical priority.” It is a complex issue with no single cause, so prevention can take many forms.

In Hampton Roads, with its large veteran population, Mells isn’t lacking for places to go.

“We go out to the community to various kinds of events,” she said, “events that people would say, ‘why are you here?’ We go to MMA (mixed martial arts) fights because that’s where the veterans are. That’s where we’re going to find those young guys. That’s the new hottest thing.”

Mells and her team are invited to air shows, health fairs, colleges, churches, hospitals and “any community event we can find.” They advertise the veterans crisis hotline and hand out free swag, everything from key chains to bandannas.

“We have to focus on the ones who are not coming in the door,” she said.

The Hampton VA has a walk-in mental health clinic for those who need immediate help. That’s a key upgrade and has been operating for about a year, Mells said.

The Hampton VA is among the busiest veteran medical centers in the nation. During one stretch between 2011 and 2014, patient visits grew more than three times the national average. The center’s top priority is the proposed construction of a new health care center in South Hampton Roads to ease the burden at the Hampton campus.

This month, the American Legion issued a 24-page position paper on veteran suicide. It credits the VA with expanding its crisis line, hiring additional suicide prevention coordinators and recruiting veterans to lead support groups, counsel their fellow veterans and help them navigate the health care bureaucracy.

However, the study says the VA can streamline its hiring practices. It can take months between applying for jobs and walking in the door.

"While waiting to hear back from VA, many potential candidates seek employment elsewhere," the study states.

Pointing to high turnover in the VA, the American Legion also recommended Congress fund a nationwide study to determine the work climate of mental health professionals.

Dealing with suicide on the front lines is stressful and doesn't come with accolades, said Mells, whose team includes three others.

When they experience a suicide, they process it and talk through it. When they need a break, she makes sure they get it.

An Air Force veteran herself, Mells works out three to four times a week to help burn off the stress, but she said the job is ultimately rewarding.

"You do it," she said, "because you want to do it."

The Virginia numbers

The most recent veteran suicide statistics from the Department of Veterans Affairs include state-level data

In 2015, veteran suicide deaths in Virginia numbered 172, down from 227 the year before. The suicide rate in 2015 was 23.5 per 100,000. That was lower than the nationwide veteran suicide rate of 29.7, but still higher than the overall national rate of 17.3.

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6.2 - KSAZ (FOX-10, Video): [Calls for new state law to keep better track of veteran suicide statistics](#) (23 July, Nicole Garcia, 590k uvm; Phoenix, AZ)

According to the latest statistics, on average, 20 U.S. veterans commit suicide every day.

In Arizona, the veteran suicide rate is significantly higher.

According to the VA, the overall veteran suicide rate in Arizona is significantly higher than the national rate, at 40%. Meanwhile, according to an ASU study, veterans in Arizona are nearly four times more likely to take their own lives, when compared to non-veterans.

Now, the family of an Army Ranger who took his own life three years ago is pushing for a new state law that would make his death, and the suicides of other vets in our state, count.

"You could look into those brown eyes of his, and it was like nothing was behind his head," said Margaret Smith, describing his son-in-law, U.S. Army Ranger Antoine Castaneda, in the days before he took his own life on his 32nd birthday, exactly three years ago.

"He sought help constantly through the Phoenix VA, and sometimes it took him 60 days," Smith said. "They sent him home with lots of pills."

Castaneda's family and friends support State Representative Jay Lawrence in taking the first step to better track and better treat suicidal veterans. State Rep. Lawrence is developing a bill that would require death certificates to specify whether a person was ever in the U.S. Armed Forces.

"They did not really know how many veterans were taking their own lives," said Smith. "It's a very sad situation because I do believe Antoine would've been saved had the VA listened to him. He was begging, asking to be put in a hospital."

VA staff members say it does keep track of veteran suicides, but declined to share its numbers. The VA says it's combining primary and mental health care, to remove the stigma of mental illness.

"Speaking with the veteran about getting care, letting know they'll be supported, 'you served us, let us help you', 'it is brave to ask for things', using language to help the person understand I didn't do anything wrong, I just need help," said Debbie Dominick, Chief of Social Work at Phoenix VA Hospital.

The Phoenix VA says it remains neutral on the proposed law.

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6.3 - Herald-Sun (Video): [20 veterans kill themselves every day. Suicide prevention is now VA's No. 1 priority.](#) (23 July, Matt Goad, 188k uvm; Durham, NC)

When Rick Brown came back to Chapel Hill from the Vietnam War, he hid his service as an Army helicopter pilot. There was a lot of hostility toward the armed forces at the time, he said.

Indeed Brown felt guilty about his Army service for much of his life, he said Monday at a summit on mental health held by the Durham VA Health Care System and the Durham County Public Health Department.

Brown was 56 before he first set foot in the VA hospital, but he found understanding there in a peer support group.

"I was for a long time resigned to a life of pain and confusion and isolation," Brown said. "The VA opened the doors to a better future. I changed negativity to gratitude. I am thankful for my time in the military because it has given me such a variety of life experiences that I could have experienced nowhere else."

Suicide prevention is now the VA's highest priority among the nation's 20 million veterans, 2 million of them women, according to a VA National Suicide Data Report released last month.

An estimated 20.6 veterans, including 3.8 active-duty service members, killed themselves each day in 2015.

Male veterans were 1.3 times more likely than non-veteran adult men to commit suicide, the report said. Female veterans were twice as likely as non-veteran adult women to kill themselves.

Sharing stories

John Brown, an Army veteran, said that at one time he felt shame at having graduated from West Point.

"I did not believe in getting help," he said.

But with his wife's support, he eventually sought help at an ashram, or secluded retreat in the tradition of Indian religions.

"It changed my life," he said. "I was able to share my story. I was able to talk about my past openly." He hopes to set up a similar ashram locally to help others, including non-veterans.

Wayne Swan, who served in the Marines during the Vietnam War, also said his wife played a vital role after years of isolation and drug and alcohol abuse that eventually landed him in jail in 2010.

In 2012, she said she would leave him if he didn't get help.

"We didn't know what PTSD (post-traumatic stress disorder) was then," he said of the 1970s, when he returned early in his deployment from Vietnam after seeing his sergeant's head explode when he was shot, one of many scenes of violence that would haunt him years later.

He had hoped to make a career out of the Marines, but wartime injury nixed that plan. Swan also began abusing drugs, especially opium, in Vietnam, and that habit would follow him home.

He credits the VA with turning his life around, treating his PTSD and helping him get sober. He still suffers from nightmares from the war, though.

"I thought about suicide before," he said. "I was losing my family. Didn't have a job. Didn't have money coming in." But he said his attitude has turned around: "Life's tough, but you got to keep going on."

'Ambitious goal'

Durham VA Health Care System Director Paul Crews opened the summit expressing his hope that the VA can work with the community to eradicate veteran suicide.

"Our vision is to reduce veteran suicide to zero," he said. "And I think it is an ambitious goal, but it's a necessary one because one life lost is one life too many."

Gary Cunha, who is the suicide prevention coordinator for the Durham VA, echoed Crews' goal. "I hear these statistics, whether it's 20 a day, 22 a day," he said. "If you've lost someone you love to suicide, one is too many."

Cunha said that when he got out of the Marines and enrolled in college, he had his own struggles. An older fellow Marine veteran noticed that Cunha was having a hard time and helped him get back on track.

"When you get out, there's no reverse boot camp," Cunha said.

Other topics that speakers covered Monday included holistic medicine, the use of acupuncture to treat mental illness, and animal therapy.

Call or text for help

Veterans who are in crisis or having thoughts of suicide, and those who know a Veteran in crisis, should call the Veterans Crisis Line for confidential support 24 hours a day, at 800-273-8255 and press 1, chat online at VeteransCrisisLine.net/Chat, or send a text message to 838255.

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6.4 - KJZZ (NPR-91.5): [As Senate Confirms New VA Secretary, Arizonans Talk About Veteran Suicide](#) (23 July, Bret Jaspers, 168k uvm; Tempe, AZ)

The U.S. Senate confirmed a new Secretary of Veterans Affairs on Monday — Robert Wilkie. Wilkie takes over an agency reeling from a purge of high level staff, according to a report last week in the Washington Post.

Some Arizona lawmakers and advocates, meanwhile, took the opportunity of a change in leadership to push for better statistics of suicide among vets. They want the state to require counties to collect veteran information upon death.

A Sad Anniversary

Antouine Castaneda's mother-in-law believes he would still be alive if the Phoenix VA hospital had admitted him three years ago.

"He was begging, asking to be put into the hospital, and it was just, you know, 'come back and see us and try these pills,'" Margaret Smith said at a press conference Monday at the state Capitol. "He couldn't handle it anymore and the demons took over and he ended his life."

Now, Smith and other advocates are pushing for a new law.

It would require people who sign death certificates in Arizona to identify when the deceased person is a veteran. The proposal would also make the state compile an annual count of veteran suicides and give it to the Department of Veterans Affairs, starting January 1, 2020.

Referring to the proposal, state Rep. Jay Lawrence (R-LD23) said, "I guarantee you it will be voted for, or I will beat some heads. It will happen in our committee."

Lawrence is the chairman of the House Military, Veterans and Regulatory Affairs Committee.

Defining The Problem

Supporters say providing reliable statistics to policymakers is a first step toward getting more mental health services for veterans.

A study from Arizona State University looking at veteran suicide in 2016 showed a much higher rate of suicide among veterans than non-veterans in the state.

In an interview, Phoenix VA hospital officials said they do track and record suicides that are reported to them. But because some veterans are not patients at the VA, the hospital's own tally is not the most reliable representation of veteran suicides. Reports from the Centers for Disease Control and Prevention can take two years or longer to come out.

Debbie Dominick at the Phoenix VA couldn't speak to Castaneda's specific case, but said the most important thing is for vets or their families to call, text or walk-in.

"We're trying to reach out to veterans and say, hey, we're here for you. Come on in and get care," she said.

In addition to walking into the Phoenix VA hospital, vets can text a message to 838255 or call 1-800-273-8255 and when prompted press "1" for veterans. They can also go to the website suicidepreventionlifeline.org.

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6.5 - KMA (W1-960): [V-A aims at reducing veterans' suicides](#) (23 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Local Veterans Administration officials say they're making strides in addressing a grim subject--veterans' suicides.

Those efforts were outlined during the recent V-A town hall meeting at the Shenandoah Elks Lodge. Doctor Marvin Bittner is deputy chief of staff for the V-A's Nebraska-Western Iowa Health Care System based in Omaha. Bittner says suicide touches many veterans and their families.

"I know the data for this country the last 15-to-20 years," said Bittner. "I know that suicide has been on the rise. And, it's especially been on the rise among veterans. But, it's especially a concern for us in the V-A."

However, recent data suggests the V-A is making progress in reducing the number of veteran-related suicides--including female veterans.

"The encouraging data looks at veterans who are in care with the V-A, versus veterans who are not getting care from the V-A," he said. "It turns out that this rise in suicides we've seen across the county, and among veterans, just isn't as great from as veterans who are getting care from the V-A."

Bittner says the V-A's suicide prevent efforts continue on many fronts. One effort entails the Veterans Crisis Line--a 24-hour help line for veterans who are having issues forcing them to consider suicide. Bittner says the V-A's efforts are focusing on two specific areas.

"One of the areas is seeing that our mental health professionals are right there and available when someone comes in to see their primary care clinic," said Bittner. "And, we've been making great progress there."

The second area emphasizes firearm safety. Bittner says the V-A's Nebraska-Western Iowa Health Care System set a goal of distributing 3,000 gun locks by September 30th. He says the actual number distributed reached 4,500 as of last week. Bittner says he hopes the public understands the V-A's suicide efforts are making a difference.

"When you think about suicide, it's so easy to be discouraged," he said. "When somebody dies by suicide, in many cases, it's a reflection of someone that is very discouraged. And, you can look at statistics and get very discouraged. But, I want you to look at the other side of it, to look at the progress we're making with what we're doing."

The Veterans Crisis Line number is 1-800-273-8255. The V-A also has a confidential crisis chat at its website, VeteransCrisisLine.net.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

8. Mr. Wilkie nomination for VA Secretary

8.1 - Washington Post (Video): [Senate confirms Pentagon official Robert Wilkie to lead VA](#) (23 July, Lisa Rein, 43.9M uvm; Washington, DC)

The Senate easily confirmed Robert Wilkie on Monday as the 10th secretary of the Department of Veterans Affairs, elevating the top Pentagon official and Washington insider to lead an agency that serves a key constituency for President Trump but has floundered amid political infighting.

The 86-to-9 bipartisan vote, with Democrats casting nearly all of the no votes, was without the drama of other Cabinet confirmations during the Trump administration. Wilkie convinced many Democrats that he would not privatize the agency, but he is the first VA secretary to fail to receive unanimous Senate confirmation, a reflection of the political tensions in what has long been a bipartisan corner of the federal government.

Several of the no votes, including Sens. Bernie Sanders (I-Vt.), Cory Booker (D-N.J.), Kamala D. Harris (D-Calif.) and Kirsten Gillibrand (D-N.Y.), are potential candidates for president in 2020 who have opposed other Trump Cabinet nominees.

The president, in a statement issued by the White House, said Wilkie has "dedicated his life to serving his country with honor and pride. He has displayed great patriotism and a commitment to supporting and empowering America's armed forces and veterans. Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our Nation with distinction."

Wilkie's confirmation had been all but assured since his May nomination to succeed David Shulkin, a hospital executive and holdover from the Obama administration who clashed with the White House and the team of political appointees at VA. Trump had initially chosen White

House physician Ronny L. Jackson for the job, but that candidacy imploded in a torrent of misconduct allegations.

Wilkie, 55, now head of military personnel at the Defense Department, was welcomed on Capitol Hill as an experienced official who could address the agency's many challenges.

"Robert Wilkie is the real deal," Sen. Johnny Isakson (R-Ga.), chairman of the Senate Veterans' Affairs Committee, said on the Senate floor before the vote. "I told him, 'You have no excuses.' We're here to make sure VA has no excuses, only results."

Isakson had told Wilkie at his confirmation hearing this month that poor morale was the biggest challenge he would face leading the government's second-largest agency, with 360,000 employees.

Senate Majority Leader Mitch McConnell (R-Ky.) moved quickly to get Wilkie in place after a report in The Washington Post last week on a politically motivated purge of employees by VA's interim leadership. After revelations that acting secretary Peter O'Rourke has taken aggressive steps to sideline or reassign employees who are perceived to be disloyal, Isakson called for a confirmation vote "without delay."

"Today, like never before, we've got political forces at work inside VA," Sen. Jon Tester (Mont.), the committee's top Democrat, said before the vote, describing an agency he said has lost sight of its mission to serve veterans.

"Good employees are being forced out not because of the job they're doing but because of their views," Tester said. "Veterans need a leader who will build bridges, not tear down the department to meet a political agenda."

Wilkie, an Air Force reservist and the son of an Army artillery commander who was severely wounded in Vietnam, is now in charge of military personnel policy for the Trump administration. He has spent three decades working in Washington on military and national security issues, developing deep connections on Capitol Hill and in the White House. He has worked for some of the most polarizing political figures in Washington, including the late senator Jesse Helms (R-N.C.), but his past embrace of some divisive cultural views did not deter his path to confirmation.

Sen. Dianne Feinstein (D-Calif.), who is in a tough reelection fight, said in a statement that she could not support Wilkie's nomination because his long career defending "many controversial policies and elected officials" — including his defense of the Confederate flag — precluded him from serving all veterans.

Wilkie spent eight weeks as -acting VA secretary, then returned to the Pentagon to await confirmation.

The White House has advocated for an expansion of -private-sector options for veterans, a policy the administration came to think Shulkin was not pushing hard enough. Wilkie has said he would carry out a similar mandate of newly passed legislation — but said private care would not replace VA, a long-standing fear among Democrats and some veterans' service organizations.

VA has been without a permanent leader for four months just as it began implementing multiple new laws and projects. A contract for a multibillion-dollar electronic health records system to

replace one built in-house decades ago was just signed. So was the massive “Mission Act,” which expands veteran access to private doctors at taxpayer expense, a victory for the president that helps cement one of his biggest campaign promises.

Other challenges include suicide prevention, cutting the backlog of benefits claims, changing the post-9/11 GI Bill and filling thousands of vacancies for medical professionals.

The agenda comes amid a string of departures of senior leaders over the past six months as an interim leadership team of political appointees consolidated power and helped oust Shulkin.

Wilkie will face heightened tensions between these appointees and civil servants throughout the agency’s Washington headquarters..

A law Congress passed a year ago to make it easier for the agency to fire employees for poor performance has unleashed widespread concern that whistleblowers are being targeted.

According to data compiled by the nonpartisan Partnership for Public Service, more than 26,000 full-time employees left VA last year, with most quitting and retiring.

“The first thing VA needs right now is employee confidence in their senior leadership,” said Joe Davis, communications director for the Veterans of Foreign Wars, whose annual convention in Kansas City, Mo., Trump is scheduled to address Tuesday.

“There’s a morale problem,” Davis said. “There’s nobody captaining the ship. VA is often a headline away from a nationwide crisis.”

Supporters of the team in place, however, argue that the high staff turnover is benefiting the agency because employees who did not support Trump’s policies for veterans are gone.

“I don’t think many of [those who’ve left] were aligned with the president’s vision for VA,” said Dan Caldwell, executive director of Concerned Veterans for America, a group backed by conservative billionaire industrialists Charles and David Koch that is allied with the Trump administration.

“The administration has approached fixing the VA much differently than the Obama administration,” Caldwell said. “Robert Wilkie is going to have to focus a lot on change management.”

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8.2 - TIME: [Robert Wilkie Confirmed by Senate to Be Secretary of Veteran Affairs](#) (23 July, 43.8M uvm; New York, NY)

The Senate on Monday confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs, charged with delivering on President Donald Trump’s campaign promises to fire bad VA employees and steer more patients to the private sector.

Wilkie won approval on a bipartisan vote of 86-9, securing the backing of many Democrats after insisting at his confirmation hearing that he will not privatize the government’s second-largest

department. It was a moment of respite from the sharp political divisions engulfing Trump's other nominees in the final months before congressional midterm elections.

Wilkie is Trump's third pick for the job in 18 months. The longtime public official says he will "shake up complacency" at VA, which has struggled with long waits in providing medical treatment to millions of veterans.

In a statement released by the White House, Trump applauded the confirmation vote and said he looked forward to Wilkie's leadership. "I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our nation with distinction," he said.

Trump selected Wilkie for the post in May after firing his first VA secretary, David Shulkin, amid ethics charges and internal rebellion at the department over the role of private care for veterans. Trump's initial replacement choice, White House doctor Ronny Jackson, withdrew after allegations of workplace misconduct surfaced.

Wilkie, a former assistant secretary of defense under President George W. Bush, has received mostly positive reviews from veterans' groups for his management experience, but the extent of his willingness to expand private care as an alternative to government-run VA care remains largely unknown.

Trump last year pledged he would triple the number of veterans "seeing the doctor of their choice." Currently more than 30 percent of VA appointments are made in the private sector.

Under repeated questioning at his hearing, the Air Force and Navy veteran said he opposed privatizing the agency of 360,000 employees and would make sure VA health care is "fully funded." When pressed by Sen. Jon Tester, the top Democrat on the panel, if he would be willing to disagree with Trump, Wilkie responded "yes."

"I have been privileged to work for some of the most high-powered people in this town," said Wilkie, currently a Pentagon undersecretary for Defense Secretary Jim Mattis. "They pay me for their opinions, and I give those to them."

Wilkie's main task in the coming months will be carrying out a newly signed law to ease access to private health providers. That law gives the VA secretary wide authority to decide when veterans can bypass the VA, based on whether they receive "quality" care, but the program could face escalating costs.

Some Democrats have warned the VA won't be able to handle a growing price tag, putting it at risk of budget shortfalls next year. Major veterans' groups want full funding for core VA medical centers, which they see as best-suited to veterans' specialized needs such as treatment for post-traumatic stress.

As VA secretary, Wilkie also will have more power under a new accountability law to fire VA employees. Lawmakers from both parties have recently raised questions about the law's implementation, including how whistleblower complaints are handled and whether the law is being disproportionately used against rank-and-file employees rather than senior managers who set policy.

“The tone has been set by President Trump on the direction of VA reforms,” said Dan Caldwell, executive director of the conservative Concerned Veterans for America. “There have been a tremendous number of bills passed in the last year and half, and all will require a lot of work to make sure they are properly implemented.”

Republican Sen. Johnny Isakson of Georgia, chairman of the Senate Veterans Affairs Committee, praised Wilkie as “eminently qualified,” saying he will “bring stability and leadership” to VA.

Wilkie served as acting VA secretary after Shulkin’s firing in March, before returning to his role as Pentagon undersecretary.

He will replace current acting VA secretary Peter O’Rourke, who clashed with the VA inspector general after refusing to release documents relating to VA whistleblower complaints and casting the independent watchdog as an underling who must “act accordingly.” Under pressure from Congress, the VA agreed last week to provide documents to the IG.

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8.3 - Wall Street Journal: [Senate Confirms Robert Wilkie as Secretary of Veterans Affairs. The new secretary has worked both in government and at private-sector defense contractors](#) (23 July, Ben Kesling, 43.6M uvm; New York, NY)

The Senate voted overwhelmingly Monday to confirm Robert Wilkie as the new secretary of the Department of Veterans Affairs.

Mr. Wilkie, a Washington insider and longtime Defense Department official, was confirmed with a vote of 86-9.

The new secretary, who has worked both in government and at private-sector defense contractors, takes over a department facing large-scale changes and that still has vacancies in key leadership positions.

As the VA chief, Mr. Wilkie will lead a department with more than 350,000 employees and a nearly \$200 billion budget.

Mr. Wilkie first served as acting secretary after the ouster of Mr. Trump’s first VA secretary, David Shulkin, in March over a travel expenses scandal. Upon being nominated to the top VA post in May, Mr. Wilkie vacated the acting position for his job as an undersecretary at the Defense Department pending a confirmation hearing, leaving the department in the hands of acting secretary Peter O’Rourke. Mr. O’Rourke will likely remain at the VA, but the VA didn’t respond to a request for information on his new role.

The VA referred request for comment on the confirmation to the White House, which didn’t respond to questions.

Like his most recent predecessors at the VA, Mr. Wilkie enjoyed bipartisan support during the confirmation process with a cordial confirmation hearing weeks ago. Mr. Wilkie faced few difficult questions during the hearing, and those were mostly centered on ensuring he pledge

not to privatize the VA also his past involvement in racially divisive North Carolina politics during the 1990s.

Mr. Wilkie has worked for decades at the Pentagon and in the defense industry, becoming known for his organizational acumen and ability to work within complex bureaucracies, according to those who know him.

He takes over the VA as it is implementing a sweeping new law that changes the way the department outsources care in the private sector. The VA is also replacing its elaborate and outdated electronic health-records system.

The VA still has gaps in top positions important to implement these changes, and is currently without a permanent leader of the department's health care arm and a chief information officer. But Mr. O'Rourke said recently that the process is under way to find a head for health care and that a CIO has been identified and is currently being vetted by the White House.

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8.4 - USA Today: [Senate confirms Robert Wilkie to be the next VA secretary](#) (23 July, Donovan Slack, 36.8M uvm; McLean, VA)

The Senate on Monday confirmed Robert Wilkie to be the next secretary of the Department of Veterans Affairs.

Wilkie, previously an undersecretary at the Pentagon, is the fourth VA secretary in five years and has a lot of work ahead of him to modernize the agency and deliver on President Donald Trump's campaign promises to provide better, more timely care and services to veterans.

The VA, the second largest federal agency behind the Department of Defense, continues to grapple with staffing shortages and bureaucratic obstacles to improvement.

Last month, the VA inspector general concluded the agency has more than 2,300 clinical vacancies. As of July 1, nearly 700,000 veterans were waiting longer than a month for appointments. Some 76,000 of those were waiting longer than six months.

And the agency has yet to implement a comprehensive reorganization plan to provide greater accountability following an inspector general report this spring that found VA officials at local, regional and national levels knew for years about dangerous conditions at the VA hospital in Washington, D.C. but did not fix them.

The breakdowns were not unique to Washington. Problems with care festered for years at VA hospitals in Manchester, New Hampshire; Roseburg, Oregon; and Phoenix. In Washington, the inspector general found "a culture of complacency and a sense of futility pervaded offices at multiple levels."

Last month, USA TODAY and The Boston Globe revealed secret internal VA ratings that showed care at the agency's 133 nursing homes falls below private sector nursing homes on a majority of quality indicators, including rates of pain and residents' deterioration.

Agency officials argued that veteran residents typically are sicker than their counterparts in the private sector but said improvements are underway. The House VA committee has launched an investigation.

Wilkie also faces an uphill political battle over the future of VA-funded care in the private sector. He will be responsible for creating regulations dictating when veterans can access private care under a law signed by Trump in June.

Future funding for the program is stuck in a congressional committee with Republicans urging that money for private care be prioritized and Democrats accusing them of draining critical resources from the VA to do it.

At his confirmation hearing last month, Wilkie said he believes the most significant challenges facing the VA are "administrative and bureaucratic."

He said he will rely on his experience as undersecretary of defense for personnel and readiness to improve morale and make the VA more nimble.

"For the VA to thrive as an integrated health care network, it must be agile and adaptive," he said.

Trump released a statement Monday evening saying, "Mr. Wilkie has dedicated his life to serving his country with honor and pride. He has displayed great patriotism and a commitment to supporting and empowering America's armed forces and veterans. Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our Nation with distinction."

Wilkie's confirmation also was applauded by veterans' groups, including the American Legion.

"We look forward to working closely with Secretary Wilkie and his staff to ensure America's veterans receive the healthcare, education, and other benefits they have earned through their selfless service to our great nation," Denise Rohan, the Legion's national commander, said in a statement.

Wilkie replaces David Shulkin, whom Trump fired March 28.

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8.5 - FOX News (Video): [Senate confirms Robert Wilkie as VA secretary, capping contentious selection process](#) (23 July, Gregg Re, 32.5M uvm; New York, NY)

Robert Wilkie, acting secretary of the Department of Veterans Affairs, was confirmed by the Senate to lead the VA on Monday, capping a contentious selection process that saw President Trump's previous nominee fall amid sweeping, unproven misconduct allegations.

Wilkie will lead the government's second-largest department, with 360,000 employees serving 9 million veterans. The department has been paralyzed by infighting over the role of private care for veterans.

Trump selected Wilkie, who was confirmed 86-9, for the post in May after firing David Shulkin amid investigations into alleged spending abuses and reports of internal dissension at the VA.

In February, the VA's internal watchdog found that Shulkin had improperly accepted Wimbledon tennis tickets and his then-chief of staff had doctored emails to justify his wife traveling to Europe with him at taxpayer expense. Shulkin agreed to reimburse the government more than \$4,000 in that case.

Trump's initial replacement choice, White House doctor Ronny Jackson, had long served as White House doctor and a Navy admiral. He withdrew his nomination to lead the VA earlier this year.

Jackson had been besieged by unproven allegations compiled by Montana Democratic Sen. Jon Tester's office concerning his prescription-drug practices and use of alcohol. Tester is the top Democrat on the Republican-controlled Senate Veteran Affairs Committee.

Among the most prominent charges: that Jackson had drunkenly banged on a female colleague's door in the middle of the night during a presidential trip, and that he had "wrecked" a vehicle after attending a boozy Secret Service party.

President Trump uses event to highlight his support for prison reform to make surprise announcement; chief White House correspondent John Roberts reports. But officials who checked Jackson's driving record found no evidence he crashed a government car, and the Secret Service could not confirm the nighttime episode that supposedly came close to waking a sleeping President Barack Obama.

Trump had come to Jackson's defense, and has since campaigned against Tester in Montana.

On Monday, Tester was one of the 86 senators who voted to confirm Wilkie.

All of the "no" votes came from Democrats, including some reported to have 2020 presidential ambitions, such as Cory Booker, Kirsten Gillibrand, Kamala Harris, Bernie Sanders, and Elizabeth Warren. There were five absent senators, including Arizona Sen. John McCain, who is battling brain cancer.

Wilkie takes on the task of fulfilling President Donald Trump's promises to fire bad VA employees and steer more patients to the private sector. While pledging to "shake up complacency" at VA, the Air Force and Navy veteran has also assured Democrats he will not privatize the department and will keep VA health care "fully funded."

Fox News' Chad Pergram and The Associated Press contributed to this report.

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8.6 - New York Times: [Senate Confirms Robert Wilkie as Veterans Affairs Secretary](#) (23 July, Sarah Mervosh, 30M uvm; New York, NY)

The United States Senate on Monday overwhelmingly voted to approve President Trump's latest pick to lead the Department of Veterans Affairs, confirming Robert Wilkie as the next secretary 86 to 9.

Mr. Wilkie, 55, will lead the second-largest department in the federal government, overseeing about 360,000 employees and the vast veterans health care system.

He is taking over a department in turmoil. Veterans Affairs, which has struggled for years to provide timely and efficient care, has been without permanent leadership since the previous secretary, David J. Shulkin, was fired in March. The department is also dealing with thousands of job vacancies and staff turnover at the highest levels.

Mr. Wilkie will be responsible for stabilizing the department and revamping the veterans health care system to make it easier for veterans to take their benefits to private doctors.

Mr. Wilkie is a career Washington insider who has worked for Senators Jesse Helms, Trent Lott and Thom Tillis, and was an assistant defense secretary under George W. Bush.

He has served as acting secretary of Veterans Affairs, and as under secretary of defense for personnel and readiness, where he handled the health and welfare of all military personnel.

The son of a highly decorated artillery officer, Mr. Wilkie grew up on Army bases and has joked that he was born in khaki diapers. After law school, he served in the Navy and Air Force Reserves.

He was nominated to become secretary after Mr. Trump's first choice fell through. The president originally nominated the White House physician, Dr. Ronny L. Jackson, who withdrew from consideration in April after disparaging reports about him circulated before his scheduled confirmation hearing.

Mr. Trump announced his intention to nominate Mr. Wilkie in May, surprising even Mr. Wilkie himself, who had not been told of the decision before the president slipped the news into remarks he made ahead of a meeting on prison reform.

Mr. Wilkie, who was sitting in the front row at the event, stood up and shook Mr. Trump's hand after hearing the news.

He was a largely uncontested choice, receiving backing from both parties.

In a statement on Monday, Mr. Trump praised Mr. Wilkie for his patriotism and commitment to serving veterans.

"Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our Nation with distinction," he said.

Senator Johnny Isakson, a Georgia Republican who is the chairman of the Senate Committee on Veterans' Affairs, said in a statement on Monday: "The Department of Veterans Affairs needs a leader who will help move the V.A., away from problems of the past and toward solutions of the future."

Senator Jon Tester, Democrat of Montana who also serves on the committee, said that confirming Mr. Wilkie was the right choice for veterans.

But, in a statement, he said: “Our job doesn’t stop today. The Senate must always hold Mr. Wilkie accountable to the millions of American veterans he serves.”

Thomas Kaplan, Eileen Sullivan and Dave Philipps contributed reporting.

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8.7 - CNN (Video): [Senate confirms Robert Wilkie to serve as secretary of veterans affairs](#)
(23 July, Juana Summers, 29.8M uvm; Atlanta, GA)

Robert Wilkie, a Pentagon under secretary, was confirmed Monday by the Senate as secretary of the Department of Veterans Affairs, giving the sprawling agency its first permanent leader in months.

The vote, which was 86-9, came the day before the President will address the Veterans of Foreign Wars national convention in Kansas City. While Wilkie was confirmed overwhelmingly, it was the first time since the VA secretary became a Cabinet position that any senators voted against confirmation.

Earlier this month, a Senate committee easily advanced his nomination, with just one dissenting vote. Independent Vermont Sen. Bernie Sanders did not support Wilkie's nomination, saying that he was concerned that the Trump administration would privatize VA's health care.

Wilkie's confirmation to lead the federal government's second largest department comes after the agency remained without a Senate-confirmed leader for months, after President Donald Trump ousted then-Secretary David Shulkin in March and sought to replace him with Rear Adm. Ronny Jackson, a White House physician. Jackson ultimately withdrew from consideration after allegations of misconduct during his time at the White House Medical Unit, and Trump named Wilkie as the agency's acting secretary.

When Trump announced Wilkie's nomination to take the reins permanently in May, he left the agency and acting Secretary Peter O'Rourke led the agency and oversaw its workforce of more than 360,000.

During his confirmation hearing, Wilkie, who served as an assistant defense secretary in the George W. Bush administration, pledged not to privatize health care for the nation's veterans, and indicated that if confirmed he would not shy away from disagreeing with the President.

Veterans' groups and some lawmakers have said they worry that the Trump administration wants to widely expand the private care that veterans receive, a move that they believe would dismantle VA's health care system.

Wilkie inherits an agency beset with challenges, including high-level turnover. The Washington Post reported last week that a number of longtime career employees have left the agency, and some critics have raised concerns that politics may have played a role in the departures.

Agency officials have denied that politics were involved, saying unequivocally that staffers have not been pushed out for political reasons.

"This has understandably shaken up VA's Washington bureaucracy," VA spokesman Curt Cashour said last week. "And in many cases, employees who were wedded to the status quo and not on board with this administration's policies have departed VA -- some willingly, some against their will as they were about to be fired."

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8.8 - ABC News (AP): [Senate confirms Robert Wilkie for Veterans Affairs secretary](#) (23 July, Hope Yen, 24.2M uvm; New York, NY)

The Senate on Monday confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs, charged with delivering on President Donald Trump's campaign promises to fire bad VA employees and steer more patients to the private sector.

Wilkie won approval on a bipartisan vote of 86-9, securing the backing of many Democrats after insisting at his confirmation hearing that he will not privatize the government's second-largest department. It was a moment of respite from the sharp political divisions engulfing Trump's other nominees in the final months before congressional midterm elections.

Wilkie is Trump's third pick for the job in 18 months. The longtime public official says he will "shake up complacency" at VA, which has struggled with long waits in providing medical treatment to millions of veterans.

In a statement released by the White House, Trump applauded the confirmation vote and said he looked forward to Wilkie's leadership. "I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our nation with distinction," he said.

Trump selected Wilkie for the post in May after firing his first VA secretary, David Shulkin, amid ethics charges and internal rebellion at the department over the role of private care for veterans. Trump's initial replacement choice, White House doctor Ronny Jackson, withdrew after allegations of workplace misconduct surfaced.

Wilkie, a former assistant secretary of defense under President George W. Bush, has received mostly positive reviews from veterans' groups for his management experience, but the extent of his willingness to expand private care as an alternative to government-run VA care remains largely unknown.

Trump last year pledged he would triple the number of veterans "seeing the doctor of their choice." Currently more than 30 percent of VA appointments are made in the private sector.

Under repeated questioning at his hearing, the Air Force and Navy veteran said he opposed privatizing the agency of 360,000 employees and would make sure VA health care is "fully funded." When pressed by Sen. Jon Tester, the top Democrat on the panel, if he would be willing to disagree with Trump, Wilkie responded "yes."

"I have been privileged to work for some of the most high-powered people in this town," said Wilkie, currently a Pentagon undersecretary for Defense Secretary Jim Mattis. "They pay me for their opinions, and I give those to them."

Wilkie's main task in the coming months will be carrying out a newly signed law to ease access to private health providers. That law gives the VA secretary wide authority to decide when veterans can bypass the VA, based on whether they receive "quality" care, but the program could face escalating costs.

Some Democrats have warned the VA won't be able to handle a growing price tag, putting it at risk of budget shortfalls next year. Major veterans' groups want full funding for core VA medical centers, which they see as best-suited to veterans' specialized needs such as treatment for post-traumatic stress.

As VA secretary, Wilkie also will have more power under a new accountability law to fire VA employees. Lawmakers from both parties have recently raised questions about the law's implementation, including how whistleblower complaints are handled and whether the law is being disproportionately used against rank-and-file employees rather than senior managers who set policy.

"The tone has been set by President Trump on the direction of VA reforms," said Dan Caldwell, executive director of the conservative Concerned Veterans for America. "There have been a tremendous number of bills passed in the last year and half, and all will require a lot of work to make sure they are properly implemented."

Republican Sen. Johnny Isakson of Georgia, chairman of the Senate Veterans Affairs Committee, praised Wilkie as "eminently qualified," saying he will "bring stability and leadership" to VA.

Wilkie served as acting VA secretary after Shulkin's firing in March, before returning to his role as Pentagon undersecretary.

He will replace current acting VA secretary Peter O'Rourke, who clashed with the VA inspector general after refusing to release documents relating to VA whistleblower complaints and casting the independent watchdog as an underling who must "act accordingly." Under pressure from Congress, the VA agreed last week to provide documents to the IG.

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8.9 - ABC News: [Senate confirms Robert Wilkie as VA Secretary](#) (23 July, Ali Rogan, 24.2M uvm; New York, NY)

The Senate confirmed Robert Wilkie to be Secretary of Veterans Affairs with an 86-9 vote, ending an almost four-month period in which Peter O'Rourke served in an acting capacity following the departure of Dave Shulkin.

Wilkie is the third nominee for the post in eighteen months. O'Rourke served as the acting secretary as Adm. Ronny Jackson, the president's personal physician, was nominated to the position and subsequently withdrew. Shulkin left the post at the end of March.

Wilkie previously served as the Under Secretary of Defense for Personnel and Readiness.

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8.10 - ABC News (AP): [The Latest: Wilkie confirmed as Veterans Affairs secretary](#) (23 July, 24.2M uvm; Washington, DC)

The Latest on the Senate confirmation vote of Robert Wilkie, President Donald Trump's nominee to be Veterans Affairs secretary (all times local):

5:09 p.m.

The Senate has confirmed Pentagon official Robert Wilkie to be secretary of Veterans Affairs.

The vote Monday was 86-9.

He'll lead the government's second-largest department, with 360,000 employees serving 9 million veterans. The department has been paralyzed by infighting over the role of private care for veterans.

Wilkie takes on the task of fulfilling President Donald Trump's promises to fire bad VA employees and steer more patients to the private sector. While pledging to "shake up complacency" at VA, the Air Force and Navy veteran has also assured Democrats he will not privatize the department and will keep VA health care "fully funded."

Trump selected Wilkie for the post in May after firing David Shulkin. Trump's initial replacement choice, White House doctor Ronny Jackson, withdrew after allegations of workplace misconduct surfaced.

2:45 a.m.

After months of tumult, Pentagon official Robert Wilkie is expected to become Veterans Affairs secretary when the Senate votes Monday to confirm him. He'll be tasked with fulfilling President Donald Trump's promise to steer more patients to the private sector.

Wilkie is Trump's third pick for the job. The long-time public official says he will "shake up complacency" at VA, which has struggled with long waits in providing medical care to veterans.

He is expected to easily win confirmation after a Senate panel approved his nomination earlier this month. Only Sen. Bernie Sanders of Vermont voted "no," citing concerns the Trump administration would "privatize" VA.

If confirmed, Wilkie was expected to be sworn into office quickly, possibly joining Trump at the Veterans of Foreign Wars convention Tuesday in Kansas City.

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8.11 - NPR (All Things Considered, Audio): [Senate Confirms Pentagon Official To Head Veterans Affairs Department](#) (23 July, Quil Lawrence, 22M uvm; Washington, DC)

President Trump's second VA secretary, Robert Wilkie, was confirmed 86-9 by the Senate on Monday. He takes the helm of the second largest department in the U.S. government, with more than 350,000 employees, a nearly \$200 billion budget and almost 20 million American veterans depending on it for care and benefits.

That may sound like a herculean task. Now add that the department has been in turmoil since Trump sacked his first VA secretary, David Shulkin, with dozens of senior staff, subject matter experts and career officials quitting or being pushed out.

Wilkie was seen as a safe pick, and VA secretaries have traditionally gotten unanimous approval in the Senate as a sign of bipartisan cooperation on veterans issues.

For the first time though, eight Democrats and one Independent — Bernie Sanders — voted no. Sanders said he wasn't opposed to Wilkie in particular, but is against what he says are Trump administration moves to turn VA healthcare over to the private sector.

Wilkie is a Navy vet, a current member of the Air Force reserves, and the son of a severely wounded Vietnam combat veteran. He has decades of experience in Washington working for conservative congressmen and in the Pentagon. Wilkie served briefly as acting VA secretary when Shulkin was fired.

The Senate Veterans Affairs Committee gave Wilkie a fairly smooth hearing, though several democratic senators extracted what has become a standard promise: that Wilkie vowed to oppose efforts to privatize VA health care. The VA leans on the private sector already — former Secretary Shulkin increased that so about one-third of medical appointments done in the private sector are reimbursed by VA. That apparently wasn't enough though, according to Shulkin, who says he was pushed out by White House political appointees who thought he was dragging his feet.

With Shulkin's firing began a stream of high profile departures and what some Democrats in Congress feared was a political purge of the department. At a recent House hearing, Acting Secretary Peter O'Rourke testified that many officials were leaving because they were not in line with the Trump administration's "historic, transformative changes" that "are going to change the status quo."

O'Rourke previously led the administration's Office of Accountability and Whistleblower Protection, which was set up to help clean house, with mixed results so far.

Besides the intra-office intrigue, Wilkie inherits a VA that is undertaking ambitious changes in the next year — including a major revamp of the way private care is paid for, a realignment of the VA's aging infrastructure, and an expansion of a caregiver program for disabled vets — all part of the recently passed VA Mission act, which Congress is now fighting about how to fund.

No less consequential, the department is also taking on new electronic medical record. All while facing a staffing shortage and unprecedented demand from aging Vietnam vets as well as recent veterans of the wars in Iraq and Afghanistan. His work is cut out for him.

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8.12 - The Hill: [Senate confirms Trump's VA pick despite opposition from some Dems](#) (23 July, Jordain Carney, 11.9M uvm; Washington, DC)

The Senate easily cleared President Trump's nominee to lead the Department of Veterans Affairs (VA) on Monday.

Senators voted 86-9 on Robert Wilkie's nomination to be the VA secretary.

Democratic Sens. Cory Booker (N.J.), Dianne Feinstein (Calif.), Kirsten Gillibrand (N.Y.), Kamala Harris (Calif.), Ed Markey (Mass.), Jeff Merkley (Ore.), Elizabeth Warren (Mass.), Ron Wyden (Ore.) and independent Sen. Bernie Sanders (Vt.) voted against the nomination.

The nine "no" votes make Wilkie the first VA secretary to have senators vote against their nomination since the post was elevated to a Cabinet-level position in 1989.

Wilkie's confirmation gives the VA its first Senate-confirmed secretary since Trump fired David Shulkin in March amid months of controversy over allegations of misusing taxpayer funds.

"I am confident that Robert Wilkie is the right leader because he has the expertise, the judgement and the character to take on the challenges that lie ahead and will bring stability and leadership to the VA. I look forward to working with him to help transform the VA into a department worthy of our veterans," Sen. Johnny Isakson (R-Ga.) said after the vote.

Trump announced Shulkin's firing in a tweet on March 28 and tapped White House physician Ronny Jackson to be his successor.

But Jackson withdrew his nomination in April amid a firestorm of accusations of professional misconduct that publicly surfaced days before his confirmation hearing, including allegations that he provided a "large supply" of opioid painkillers to a White House military staffer. Jackson called the allegations "false and fabricated."

By comparison, Wilkie's nomination was relatively drama-free.

Questions were temporarily raised about his nomination when The Washington Post reported that Wilkie has worked throughout his career for polarizing lawmakers and officials, whose controversial views he has defended.

But Sen. Jon Tester (Mont.), the top Democrat on the Senate Veterans' Affairs panel, defended Wilkie, saying at the time that the nominee is qualified and a "good guy."

Wilkie was subsequently approved by the Veterans' Affairs Committee in a near-unanimous vote.

Wilkie previously ran military personnel policy at the Pentagon for the Trump administration before serving as acting VA secretary. He stepped down as acting VA secretary after being nominated for secretary.

The VA has been under the congressional microscope since a 2014 scandal that found department clinics across the country were manipulating data to downplay how long a veteran had been waiting for a health-care appointment.

The scandal toppled then-Secretary Eric Shinseki, who stepped down amid widespread criticism in May 2014.

As Trump's new VA secretary, Wilkie will find himself at the center of a fight over privatization that spun out of the 2014 scandal.

Wilkie told the Veterans' Affairs Committee during his hearing that he would push back on privatization even if it ran counter to the White House's stance.

"My commitment to you is I will oppose efforts to privatize," Wilkie said, adding that while the VA should be "central" to veterans' health care there was room for balance with private providers.

Shulkin's ouster in March reignited speculation that the White House wanted to expand veterans' access to private-sector health-care providers. Shulkin also blamed his firing on forces within the administration who he said are pushing hard for greater privatization.

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8.13 - Washington Times: [Robert L. Wilkie wins confirmation as VA secretary, becomes first not to clear Senate unanimously](#) (23 July, Stephen Dinan, 10.8M uvm; Washington, DC)

Robert L. Wilkie won confirmation Monday to be the new secretary for the Department of Veterans Affairs — but also became the first department secretary in history not to clear the Senate unanimously.

He was cleared on an 86-9 vote, with all the opposition coming from the Democratic Caucus, and particularly those building up their anti-Trump credentials with an eye toward a 2020 presidential bid.

Mr. Wilkie, though officially the under secretary for personnel and readiness at the Pentagon, has been acting chief of the VA since late March and most lawmakers said he was the obvious choice.

"I think Robert Wilkie is the right man for the job," said Sen. Jon Tester, ranking Democrat on the Veterans Affairs Committee.

He takes control of a department still reeling in the aftermath of Obama-era reports of mismanagement, including secret wait lists that saw veterans die while stuck waiting for care.

In the wake of the scandal Congress has pushed the VA to be more open to allowing veterans to use non-VA clinics for care — though Republicans are pushing for faster action on that front, while Democrats are resisting what they see as a drift toward privatization of the \$200 billion, 366,000-employee department.

Mr. Wilkie replaces David Shulkin, who had been the No. 2 official at the VA under President Obama, and who got a promotion to the top job under President Trump.

He enjoyed praise from Mr. Trump early in his tenure but was ousted earlier in March after he faced accusations of ethics lapses such as using his security detail for personal tasks.

Mr. Shulkin also had been under fire from conservatives who felt he wasn't a strong enough supporter of the Choice Act, which established the private care alternative in the wake of the wait-list scandal.

Mr. Trump had initially tapped his personal doctor at the White House, Adm. Ronnie Jackson, to be the VA secretary, but Dr. Jackson's nomination faltered amid opposition from Democrats, some Republicans and veterans groups who said he lacked management experience.

Those groups were more enamored of Mr. Wilkie, who is the son of an Army veteran and who still serves in the Air Force Reserve, along with extensive experience spanning the Pentagon, Congress and the National Security Council.

"Since being named acting secretary in March, Robert Wilkie has reached out to veteran service organizations and worked closely with the White House to learn and address the challenging issues faced by the VA," said AMVETS Executive Director Joe Chenelly. "His Senate confirmation today means that the nation's 20 million veterans can regain a VA that has the consistency of leadership and vision that taking proper care of our nation's veterans requires."

Mr. Trump thanked senators for the vote, calling Mr. Wilkie a lifelong public servant.

Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our nation with distinction," the president said in a statement.

Opponents of Mr. Wilkie said he had a controversial background that included defending his one-time boss, the late Republican Sen. Jesse Helms.

"The VA needs a leader who will fight for all veterans and push back against attempts to privatize care. I don't think Robert Wilkie is that leader, and I cannot support his nomination," said Sen. Dianne Feinstein, one of the Democrats who voted against him.

Other opponents were Sens. Cory Booker, Kirsten Gillibrand, Kamala Harris, Ed Markey, Jeff Merkley, Bernard Sanders, Elizabeth Warren and Ron Wyden.

Mr. Wilkie's backers in the Senate said they expect him to continue clearing out problem employees, to work on stemming veteran suicides and to keep

"I told Robert, you have no excuses," said Sen. Johnny Isakson, chairman of the Veterans Affairs Committee.

Mr. Isakson, though, also said it's time for the press to update the storyline on the VA, complaining that reporters are still rehashing years-old audits that found problems at the massive department.

He said the VA has come a long way since then, and most veterans' needs are being met better and faster than ever.

"We've got to report the good news as well as the tough news," he said.

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8.14 - Military.com: [Senate Confirms Wilkie as New VA Secretary](#) (23 July, Richard Sisk, 9M uvm; San Francisco, CA)

The Senate by a vote of 86-9 confirmed Robert Wilkie on Monday as the next secretary of the Department of Veterans Affairs in a move to bring stability to a department Republicans and Democrats suggested has been in turmoil over political infighting and low morale.

The vote for Wilkie, 55, of North Carolina, an Air Force Reserve colonel with long experience at the Pentagon and on Capitol Hill, capped a tumultuous four months at the VA marked by ongoing leadership shuffles since President Donald Trump fired former VA Secretary Dr. David Shulkin in March.

In a sign of continuing questions about the direction of the VA, the Senate's action in confirming the new secretary -- normally a bipartisan event -- featured opposition votes.

The vote to confirm Shulkin last year was 100-0 to head a department serving nine million veterans annually with a budget of more than \$190 billion and a workforce of more than 350,000.

The "no" votes came from eight Democrats, including Sens. Dianne Feinstein of California and Elizabeth Warren of Massachusetts, and one independent, Sen. Bernie Sanders of Vermont.

Sanders earlier this month cast the first opposition ballot in memory for a VA secretary nominee in the Senate Veterans Affairs Committee vote that sent the nomination to the floor.

Sanders at the time said he was voting more in protest of Trump than he was to Wilkie's qualifications, saying he feared that Trump and political appointees within the VA would use the recently passed VA Mission Act as a vehicle to press for the "privatization" of VA health care.

In the floor debate leading up to the vote, Sen. John Boozman, R-Arkansas, said he is confident Wilkie can "re-establish the non-partisan approach to serving our veterans" at the VA, a possible reference to political infighting at the department.

Sen. Jon Tester, D-Montana, who voted for Wilkie, was more direct. "We've got political forces at play inside the VA. That's very unfortunate," said the committee's ranking member. "When Mr. Wilkie becomes secretary, he has to see that this stops."

In his stormy departure from the VA, Shulkin said he was the victim of "subversion" by Trump political appointees within the VA and at the White House.

Sen. Johnny Isakson, R-Georgia, chairman of the committee, said, "We know Robert Wilkie is the real deal," and he will now have the opportunity "to fix the problems that we have" at the VA.

"This is the opportunity to do the changes of a lifetime," Isakson said but repeated a warning he gave Wilkie at his confirmation hearing: "You will have no excuses."

Shulkin's firing initially led Trump to nominate Rear. Adm. Ronny Jackson, his personal physician and head of the White House medical unit, to head the VA.

In an embarrassment to the administration, Jackson withdrew his name over allegations -- never proven -- that he mishandled prescriptions at the White House medical unit and may have been drunk on duty.

Following Jackson's withdrawal, Wilkie was moved over from the Pentagon to become acting secretary at the VA. In his time as acting secretary, Wilkie noted the political turmoil and low morale at the department. He said he wanted the staff "talking to each other, not at each other."

When Trump surprised him by nominating him to the full-time position, Wilkie had to step down as acting secretary to avoid violating a provision of the U.S. Code barring acting secretaries from nomination to cabinet positions.

Peter O'Rourke, a former Trump campaign worker who had been chief of staff at the VA, was moved up to the acting secretary's position. O'Rourke has since clashed with VA Inspector General Michael Missal over access to whistleblower complaint data.

The major veterans service organizations (VSOs) supported Wilkie's nomination despite initial reservations that expansion of community health care options for veterans could lead to privatization.

In a statement after the vote, Denise Rohan, national commander of the two-million-member American Legion, said in a statement, "I congratulate Mr. Robert Wilkie on his Senate confirmation to be the 10th secretary of the Department of Veterans Affairs."

"We look forward to working closely with Secretary Wilkie and his staff to ensure America's veterans receive the health care, education, and other benefits they have earned through their selfless service to our great nation," she added.

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8.15 - Washington Examiner (Video): [Senate confirms Robert Wilkie, Trump's pick to lead the VA](#) (23 July, Kimberly Leonard, 4.8M uvm; Washington, DC)

Robert Wilkie has been confirmed as the next secretary to lead the Department of Veterans Affairs, becoming the first nominee for the job to face any opposing votes in the Senate.

Wilkie was confirmed by an 86-9 vote. Sen. Bernie Sanders, I-Vt., voted against Wilkie, saying that he believed the Trump administration would seek to "privatize" the VA, a move he and Democrats oppose.

Sanders was joined in his opposition by eight Democratic senators, including Sens. Kirsten Gillibrand and Cory Booker of New York, Sens. Kamala Harris and Diane Feinstein of California, Elizabeth Warren and Ed Markey of Massachusetts, and Jeff Merkley and Ron Wyden of Oregon. This is the first time in the 30-year history of the post that senators have voted against a president's nominee.

Wilkie, 55, has vowed to "shake up complacency" at the government's second-largest agency, whose veterans have faced long wait times for medical care.

He was assistant secretary of defense under the administration of former President George W. Bush and has been Pentagon undersecretary of defense for personnel and readiness. Sen. Johnny Isakson, R-Ga., chairman of the Veterans Affairs Committee, has called Wilkie "eminently qualified for the position."

Wilkie was nominated to replace the former secretary, David Shulkin, who was fired by Trump following infighting at the agency and ethics questions.

Trump's initial pick to lead the VA was White House physician Dr. Ronny Jackson, who withdrew his nomination following anonymous allegations that he was drinking on the job and too liberally dispensed medications to the president's staff.

Trump in June signed into law the VA Mission Act, which allows more veterans to see doctors in the private sector when VA medical centers cannot provide appointments within a month, when veterans have to drive more than 40 minutes to access care, or when care is determined inadequate by VA leaders.

Wilkie will be responsible for overseeing the law's rollout and carrying out the Trump administration's intent to fire poorly performing federal employees.

Sen. Jon Tester, the top Democrat on the Veterans Affairs Committee, said on the Senate floor ahead of the vote that he was afraid employees of the agency were being fired not because of their performance but because of their views.

Montana's Tester, charged Wilkie with "making sure this stops," calling him "the right person for the job" to carry out the Mission Act and to make sure that the agency is adequately staffed.

Wilkie said during his confirmation hearing that he would not seek to privatize the VA, a result Democrats fear because it would divert resources to the private sector. He also said he would be willing to disagree with Trump.

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8.16 - News & Observer: [Just-confirmed VA secretary is top North Carolinian in Trump administration](#) (23 July, Brian Murphy, 3.9M uvm; Raleigh, NC)

Robert Wilkie, who grew up in Fayetteville the son of an injured Vietnam combat veteran, was confirmed Monday as secretary of the Department of Veterans Affairs, becoming the leader of the embattled agency that provides health care for military veterans.

The Senate confirmed the 55-year-old Wilkie by a vote of 86-9.

"Robert Wilkie is the right man for the job," said Sen. Jon Tester, D-Montana, the ranking member of the Senate Veterans Affairs Committee.

Wilkie, who worked as an aide to several Republican senators and at the Department of Defense under two GOP presidents, becomes the most prominent North Carolinian in President Donald Trump's administration. Wilkie attended high school in Fayetteville and college at Wake Forest in Winston-Salem before working for Sen. Jesse Helms, the North Carolina Republican Party and, recently, Sen. Thom Tillis.

Linda McMahon, who heads the Small Business Administration, grew up in New Bern and attended East Carolina. But she ran for Senate in Connecticut, which is home to the wrestling entertainment company WWE, headed by her husband. Several top Trump administration officials have deep South Carolina ties, including U.N. Ambassador Nikki Haley, the state's former governor, and Office of Management and Budget Director Mick Mulvaney, a former House member from South Carolina.

"Mr. Wilkie, I believe, has the experience, the compassion and the drive to make sure our Department of Veterans Affairs can efficiently and effectively serve those who have served in uniform, to whom we owe a moral duty," said Sen. John Cornyn, R-Texas.

Wilkie is a reserve officer in the Air Force and previously served in the Navy reserve. His father, Robert Leon Wilkie Sr., served two tours in Vietnam and retired from the Army as a lieutenant colonel. He was badly injured in his second tour in Vietnam, and his 7-year-old son watched the "agonizing recovery," Wilkie told the Senate Veterans Affairs Committee.

"That experience was on my mind when I was asked to come to the VA," Wilkie told the committee.

Wilkie was confirmed by the Senate on a voice vote to his position as undersecretary for personnel and readiness at the Department of Defense, a department where he previously worked under George W. Bush. Wilkie worked for Tillis as a military affairs adviser after his 2014 election to the Senate until Trump tapped him.

Tillis said he always knew Wilkie was "destined to serve the nation at a higher level."

"With a strong secretary like Robert Wilkie in Veterans Affairs, we're finally going to start making progress and repaying the debt that we can never fully repay to men and women who have served in uniform," Tillis said on the Senate floor Monday.

Wilkie replaces David Shulkin, who was fired in late March. Ronny L. Jackson, Trump's first choice to replace Shulkin, withdrew from consideration in late April after allegations of professional misconduct surfaced. Wilkie, who had been appointed as interim director, was then picked for the permanent post in May in a surprise announcement.

Wilkie's nomination faced little opposition, although a Washington Post article highlighted his work on controversial topics for conservative lawmakers, like Helms of North Carolina and Trent Lott of Mississippi. Wilkie addressed some of it — like attending memorial events for Confederate soldiers and defending hostility to women and minorities by his bosses — during a Senate committee confirmation hearing.

"He supported Senator Helms' discriminatory campaign tactics, defended the Confederate flag and backed the military's transgender ban. His history offers no assurances that he would stand up to a president who holds dangerous and uninformed views about minorities, women and the LGBT community," said Sen. Dianne Feinstein, D-California, who voted no.

Lawmakers mainly focused in the hearing on the daunting problems facing the department, as it tries to deliver medical services to veterans of several generations with many different needs, including traumatic brain injuries and post-traumatic stress for younger veterans of long-running

wars in Afghanistan and Iraq. And they made it clear that, having approved additional funding and passed legislation to solve the issues, Wilkie is expected to make progress.

The department has a \$180 billion budget, making it the second largest behind the Department of Defense. Trump signed the VA Mission Act in June, which allows more access to health care outside of the VA system.

Wilkie advanced on a voice vote, with only Sen. Bernie Sanders, I-Vermont, voting no. Sanders and Feinstein were joined by seven other Democrats in voting no on final confirmation.

Veterans Affairs became a Cabinet-level position under President George H.W. Bush in 1989, and Wilkie is the 10th person to hold the secretary position.

"I'm confident that Mr. Wilkie is focused on putting veterans first, changing the VA culture and ridding it of any complacency," Sen. Jerry Moran, R-Kansas, said before Monday's vote. "Of course, Mr. Wilkie has a huge, monumental task ahead of him."

The department has been beset by problems for years, including long wait times, high suicide rates among veterans and opioid addiction. It faces the issue of providing service to more female veterans and keeping pay competitive with the private sector. In the days ahead of Wilkie's confirmation, some employees have been "purged" employees who are not loyal to Trump, according to The Washington Post.

Wilkie came out against privatization during his confirmation hearing, but questions about whether or not Trump wants to privatize the VA have lingered since his inauguration. Shulkin said he was fired because he was opposed to privatization efforts.

"His Senate confirmation today means that the nation's 20 million veterans can regain a VA that has the consistency of leadership and vision that taking proper care of our nation's veterans requires," said Joe Chenelly, the executive director of American Veterans, a group founded in 1944 by World War II vets.

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8.17 - Military Times: [Senate confirms Robert Wilkie as next VA secretary, but with opposition](#) (23 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Senators overwhelmingly approved Robert Wilkie as the next Veterans Affairs Secretary on Monday, but the move came with political dissent for the first time in the department's 30-year history.

The final vote of 86-9 wasn't enough to seriously jeopardize Wilkie's chances of taking over as the 10th VA secretary. But it did mark the first time since the agency became a Cabinet-level department that any senator has voted against a nominee for the top VA job — a post that usually rises above partisan congressional fights.

All of the opposition came from Democrats and Sen. Bernie Sanders, I-Vt. Earlier this month, Sanders said he would not support Wilkie's nomination because of his distrust of President Donald Trump's policies towards veterans medical care.

“Trump has been very clear about his desire to move to the privatization of the VA,” Sander said, “and I suspect any of his appointees will try and move the agency in that direction.”

The threat of outsourcing VA medical responsibilities — and funding — has dominated much of the discussion over department policy since Trump took office. One of Wilkie’s biggest responsibilities in the next year will be crafting new community care rules allowing veterans more access to private-sector doctors, a process that is expected to spur even more heated debate.

Wilkie’s past work for former Sens. Jesse Helms and Trent Lott also drew questions at his confirmation hearing, particularly his involvement with controversial issues surrounding the Confederate flag, equality issues, and Trump’s military transgender policies. Wilkie defended much of the work as routine business, but that answer failed to reassure a number of Democratic opponents.

Senate Veterans’ Affairs Committee ranking member Jon Tester, D-Mont., has also expressed concerns about Trump’s intentions with VA, but took to the Senate floor before the vote to back Wilkie as a responsible nominee to guide the department into the future.

“Right now the VA does not have a confirmed secretary who is focused on the larger mission of serving veterans, implementing the reforms, and improving VA care and benefits,” he said. “Instead, we’ve had temporary political appointees in charge. They’re more interested in picking political fights with people who are not their enemy.

“I believe we’ve lost sight of the VA mission. It will be up to Mr. Wilkie to right that ship.”

Republicans in the Senate were even freer with their praise. Committee chairman Sen. Johnny Isakson, R-Ga., called the nominee “the real deal” and an exemplary pick by the president.

“Robert Wilkie understands the needs of our veteran rural areas,” he said before the vote. “He understands the needs in large urban cities. He understands the threat of suicide and our need to get mental health accessible and available to our veterans at all times. He also knows that we’ve given him a quiver of arrows that he can use to root out the bad players and lift the good players.”

Wilkie’s confirmation ends four months of leadership turmoil at VA, a department that boasts a budget of nearly \$200 billion and more than 350,000 employees.

In March, President Donald Trump fired then-Secretary David Shulkin amid infighting at the department, and allegations by Shulkin that political operatives were working to undermine VA health care programs.

Trump’s first pick to replace Shulkin, former White House physician Rear Adm. Ronny Jackson, withdrew his name from consideration in April after allegations emerged about unprofessional behavior and medication mismanagement in his role as the administration’s top doctor.

Wilkie, 55, has been serving since last fall as the Defense Department’s under secretary for personnel and readiness. He also served as acting VA secretary for two months following the firing of Shulkin from the lead department job in March.

He has received generally positive reviews from veterans groups in recent months as a stabilizing force for a department that has seen significant turmoil since the start of 2018.

In a statement, American Legion National Commander Denise Rohan praised the move and said her staff is focused on working with the new secretary “to ensure America’s veterans receive the healthcare, education, and other benefits they have earned.”

Wilkie, 55, is an Air Force Reserve colonel who previously spent time in the Navy Reserve. He is the son of an Army artillery commander wounded in the Vietnam War, and has spoken frequently about growing up in a military family dealing with those serious injuries.

He served in the Pentagon under Defense Secretaries Robert Gates and Donald Rumsfeld as an assistant secretary, and previously was special assistant to President George W. Bush for national security affairs. Wilkie is also well known on Capitol Hill, most recently serving as a senior adviser to Sen. Thom Tillis, R-N.C., prior to his recent Pentagon appointment.

The new secretary also outlined his top department priorities in that Senate event, promising to offer “world-class customer service” at VA, expanding veterans access to medical care outside the VA system, reducing disability claims backlogs and reforming human resources systems.

Wilkie is expected to be officially sworn into his new role later this week.

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8.18 - Stars and Stripes: [Senate confirms Wilkie as new VA secretary after months of turmoil and controversy](#) (23 July, Claudia Grisales, 1.2M uvm; Washington, DC)

The Senate on Monday night confirmed Robert Wilkie to lead the Department of Veterans Affairs, marking the latest chapter for the federal government's second-largest agency, which is embroiled in controversy, volatility and lingering vacancies.

Wilkie, 55, has served as the Defense Department undersecretary of personnel and readiness and was considered a safe choice for the job after President Donald Trump dismissed previous VA secretary David Shulkin earlier this year and tried to replace him with Rear Adm. Ronny Jackson, a White House doctor who quickly became caught up in controversy and flamed out as a candidate for the job.

As a result, the massive agency has been without a secretary since March 28, when Trump fired Shulkin barely a year after a nearly unanimous Senate confirmed him for the job.

"We have the chance to fix the problems that we've had and make [the VA] better," Sen. Johnny Isakson, R-Ga., chairman the Senate Committee on Veterans' Affairs, said ahead of Monday night's vote. "We owe it to our veterans no less than the best secretary...Robert Wilkie."

The Senate confirmed Wilkie's nomination with a 86 to 9 vote, with only Democrats opposing him. Sen. Bernie Sanders, I-Vt., was the only senator to vote against Wilkie when he easily won nearly unanimous approval July 10 from the Senate Veterans' Affairs Committee.

Since the VA became a Cabinet-level department in 1989, there have been nine secretaries. All of them were unanimously approved by the Senate. That changed Monday after Sanders along

with Sens. Kirsten Gillibrand, D-N.Y., Kamala Harris, D-Calif., Ron Wyden, D-Ore., Dianne Feinstein, D-Calif., Cory Booker, D-N.J., Elizabeth Warren, D-Mass., Ed Markey, D-Mass., and Jeff Merkley, D-Ore., voted against Wilkie.

During Wilkie's confirmation hearing, Sanders expressed concerns that Trump was attempting to slowly erode VA resources and send more money into the private sector.

In response, Wilkie said he believed the VA should be central to veterans' health care.

Wilkie has decades of military policymaking experience on Capitol Hill, the Pentagon and White House, but the new VA secretary must lead an agency in the midst of turbulent times marked by turnover and instability while guiding health care for the U.S. veteran population. The agency is comprised of more than 375,000 workers and has an annual budget of nearly \$200 billion.

"We still have much work ahead of us as we strive to ensure our nation's veterans receive the benefits and care they deserve, and I know we will work together to continue to deliver on the promises this country has made to the men and women who served," said Rep. Phil Roe, R-Tenn., chairman of the House Committee on Veterans' Affairs.

Congress recently passed the VA Mission Act, a \$52 billion package of reforms that need to be carried out during the next year. The agency is also implementing changes to veterans' education benefits and working on a multibillion-dollar project to overhaul its electronic health record.

Since Shulkin was fired, Deputy Secretary Tom Bowman retired and several health officials left the VA, as did the agency's chief information officer. No one has been nominated yet to lead the VA's vast health care system.

Despite reports of controversial travel and other concerns by Shulkin, several veterans groups stood by the former VA secretary for a number of efforts, including his opposition to privatizing the agency. On Monday, Wilkie's confirmation vote was a relief for at least one of those groups.

"On behalf of the two million members of the American Legion, I congratulate Mr. Robert Wilkie on his Senate confirmation to be the tenth secretary of the Department of Veterans Affairs," said Denise Rohan, national commander for the American Legion, a nearly 100-year-old organization. "We look forward to working closely with Secretary Wilkie and his staff to ensure America's veterans receive the health care, education, and other benefits they have earned through their selfless service to our great nation."

Only months after Shulkin's February 2017 Senate confirmation, he began to face questions about expenditures on a July trip to Europe in which the VA secretary took in a Wimbledon tennis match and other sightseeing with his wife Merle Bari. By February 2018, Shulkin — a physician who was the first person to run the VA without military experience -- faced reports from the VA inspector general of his "misuse of VA resources" during the trip, infighting among his staff and turnover at the highest levels of the agency.

In March, Trump announced plans to nominate Jackson as the new VA secretary.

"I am pleased to announce that I intend to nominate highly respected Admiral Ronny L. Jackson, MD, as the new Secretary of Veterans Affairs," Trump tweeted March 28. "In the

interim, Hon. Robert Wilkie of DOD will serve as Acting Secretary. I am thankful for Dr. David Shulkin's service to our country and to our GREAT VETERANS!"

Jackson, however, met his own rash of controversy, as reports alleged he issued unnecessary prescriptions and drank alcohol during travel. Jackson denied the reports, though he was pressured to withdraw from his nomination to lead the VA. Jackson now faces an investigation by the Defense Department Office of Inspector General.

Wilkie led the VA as acting secretary for two months until he was officially nominated for the position on a full-time basis. Since May, Peter O'Rourke served as acting secretary for the agency, which has been without a permanent leader for nearly four months.

Previously, the White House, through Press Secretary Sarah Huckabee Sanders, said Wilkie had "stellar qualifications" for the job and had asked the Senate to confirm him quickly. On Monday, the White House issued a statement from the president lauding the vote.

"I applaud the United States Senate for confirming Robert Wilkie as the Secretary of Veterans Affairs. Mr. Wilkie has dedicated his life to serving his country with honor and pride. He has displayed great patriotism and a commitment to supporting and empowering America's armed forces and veterans," Trump said in a prepared statement. "Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our nation with distinction."

After a confirmation hearing June 27, most senators on the VA committee seemed willing to approve his nomination despite a Washington Post report that criticized him for embracing and defending divisive cultural issues.

Isakson, the VA committee chairman, and Sen. Jon Tester, D-Mont., the ranking Democrat on the committee, issued their official support for Wilkie on June 28.

"We know Robert Wilkie is the real deal," Isakson said Monday. "We know the things we have gone through with some of the previous appointees and some of the problems at the VA now have a chance to be overridden and solved and we step forward on a new day for the VA. We no longer want somebody who will make excuses for the VA, we want somebody who is going to be make a difference."

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8.19 - Government Executive: [Senate Confirms Robert Wilkie to Serve as Trump's Second VA Secretary](#) (23 July, Eric Katz, 870k uvm; Washington, DC)

The Senate on Monday voted overwhelmingly to approve Robert Wilkie to serve as secretary of the Veterans Affairs Department, the second confirmed to the position under President Trump.

Wilkie, who served as acting VA secretary after President Trump fired David Shulkin earlier this year (until Wilkie was nominated to fill the position permanently), will enter his new role at a precarious time for the department. It is in the midst of implementing several key reforms, including an overhaul of how the department provides care to veterans. The changes have led to a fight over the extent to which VA patients should have access to private health care, though Wilkie has swept aside any accusations that he will seek to privatize the department.

Still, that fight as well as other issues raised against Wilkie, led the nominee to be the first VA secretary in the history of the department, in its current form, to receive any oppositional votes on the Senate floor.

VA is also facing allegations of political bias in the treatment of top career civil servants and misplaced interpretation of a new law to ease the disciplinary process for malfeasant and underperforming employees, potential mass closures of department facilities, internal disputes, changes to disability claims processing and lingering fallout from an array of recent scandals.

In his confirmation hearing, Wilkie said he has no interest in privatizing the department and he promised to fill vacancies throughout VA. He also knocked down reports questioning his commitment to diversity and antidiscrimination efforts.

Wilkie was nominated to the position after Trump's initial replacement for Shulkin, Ronny Jackson, was forced to withdraw when questions surfaced about his management experience and his record as a White House physician. Trump nominated and the Senate confirmed Wilkie last year to serve as the Defense Department's undersecretary for personnel and readiness.

Wilkie said his top priorities as secretary will be to improve access to health care by implementing a recently signed law to ease veterans' access to private care on the government's dime, reduce the claims backlog, reform business systems and improve the culture of VA to offer "world-class customer service." Despite the recent passage of the MISSION Act, Wilkie said he has no interest in broader efforts to eliminate the government's role in providing care and services to veterans.

Wilkie acknowledged the law was a "radical change," and promised to move quickly to find private sector partners to create a "community network" to supplement the department's 1,200 VA medical facilities. Still, he pledged to keep VA central to any care veterans receive.

The secretary-designate also promised to boost pay rates for low-ranking VA employees to address turnover.

Lawmakers have warned Wilkie they will hold him accountable for implementing the changes he promised.

"Enjoy the honeymoon," Sen. Thom Tillis, R-N.C., said at Wilkie's confirmation hearing, "because the floggings will begin soon."

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8.20 - WTVF (CBS-5, Newsy, Video): [Senate Confirms Robert Wilkie As The New VA Secretary](#) (23 July, Katie Cammarata and Cristina Mutchler, 854k uvm; Nashville, TN)

A full Senate floor vote has confirmed Robert Wilkie as the new Department of Veterans Affairs secretary.

Monday's vote was 86-9.

President Donald Trump tapped Wilkie for the job in May.

The former VA secretary, David Shulkin, was fired in March after an inspector general report criticized him for wasteful spending and unethical actions during a department trip last summer.

Trump had previously thrown Rear Adm. Ronny Jackson's name out for the VA secretary position, but Jackson withdrew his nomination in April after facing multiple allegations of improper conduct.

Wilkie is a reserve officer in the U.S. Air Force. He has over two decades of experience, including serving as assistant secretary of defense for four years during the George W. Bush administration.

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8.21 - Modern Healthcare: [Senate officially confirms Wilkie as VA secretary](#) (23 July, Susannah Luthi, 460k uvm; Chicago, IL)

The Senate officially confirmed Robert Wilkie as the new Veterans Affairs secretary as the department rolls out both the massive VA Choice overhaul and new electronic health records system.

Wilkie was easily confirmed 86-9 Monday evening less than a month after his confirmation hearing where he promised to roll out the VA Mission Act carefully. President Donald Trump signed the Mission Act into law last month, consolidating all the community care programs of the VA under VA Choice.

He will take his post with widespread support from lawmakers and veterans service organizations, who also are also eying how he will manage the expansion of VA Choice.

Joe Chenelly, executive director of AMVETS, in his statement of support noted the complexity and urgency of the Mission Act's implementation. It needs to be done "in a smart and responsible way to help curb the still alarming rate of veterans suicide and ensuring all veterans have fast and reliable access to the benefits and quality healthcare they've earned," Chenelly said.

Hospitals and health systems who are set to expand their role in the VA health system under Mission Act are also watching how Wilkie manages the mammoth task.

In a statement, Rick Pollack of the American Hospital Association praised Wilkie for demonstrating "strong management of extensive and complex organizations."

"We are confident he will be able to successfully navigate the changes the VA will make as it implements the VA Mission Act to ensure our veterans receive the high-quality care they deserve," Pollack said.

The Mission Act was passed in May but as Wilkie steps in as VA chief it is already the center of a spending feud in Congress because of a potential \$1.6 billion funding gap projected for the Choice program next year. Legislators had approved a \$5.2 billion extension to cover VA patients while the department establishes the new system, but that money is expected to run

out in May of next year. To safeguard against this gap, Democrats and some Senate Republicans want to lift the department's caps.

But the White House and House Republicans are staunchly opposed to lifting the caps, particularly in the wake of the \$1.3 trillion spending deal Congress reached in March. They want to make up the funding elsewhere.

This has put a kink in appropriations talks, and Sen. Jerry Moran (R-Kan.) one of the key lawmakers behind the VA Mission Act, said the pressure is on Congress to make sure the money is there to make sure the new program succeeds.

"When Choice was implemented it was implemented in such a way that many veterans lost faith in the program," Moran said. "We have to make sure that when Mission comes into existence, when it's implemented, we don't have any periods in which it is poorly implemented, and clearly money is a component. It needs to be funded at an appropriate time, and I'm supportive of doing that. I want it to work and if we get out on the wrong foot, many veterans are going to think that it doesn't work for them."

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8.22 - Roll Call (Video): [Who is Robert Wilkie? The Senate Confirms Longtime D.C. Insider to Top VA Post](#) (23 July, D.A. Banks, 430k uvm; Washington, DC)

President Donald Trump vowed on the 2016 campaign trail to streamline the vast Veterans Administration bureaucracy and cut wait times. Robert Wilkie, a Washington insider with decades of policy experience with the military, was confirmed Monday to lead the employees of the second-largest federal agency.

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9. [Other](#)



Veterans Affairs Media Summary and News Clips

25 July 2018

1. [Top Stories](#)

1.1 - Wall Street Journal: [Congress Passed VA Bill but Now Debates How to Pay for It, Fight related to spending caps stalls next round of government-funding talks](#) (24 July,

Kristina Peterson and Ben Kesling, 43.6M uvm; New York, NY)

A dispute has broken out among lawmakers and the White House over how to pay for a newly expanded Department of Veterans Affairs health-care program, stalling negotiations over the first big chunk of the next fiscal year's government funding. The fight centers on whether Congress should go around a two-year budget deal to pay for the overhaul of veterans' health-care programs...

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1.2 - USA Today (Video): [5 things to know about incoming VA secretary Robert Wilkie](#) (24 July, Donovan Slack, 36.8M uvm; McLean, VA)

Who is Robert Wilkie? He's a Pentagon official who's about to be the next secretary of the Department of Veterans Affairs, after winning confirmation by the Senate Monday. "He's going to be fantastic," Trump said Tuesday at a Veterans of Foreign Wars event in Kansas City, Missouri. The president said "there's been nothing more important to me" than fulfilling his campaign pledges to fix the VA for veterans.

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1.3 - FOX News (Video): [Who is Robert Wilkie? 4 things to know about Trump's Veterans Affairs secretary](#) (24 July, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Robert Wilkie has served as acting secretary of the Department of Veterans Affairs since March — and now his position is permanent. On July 23, the Senate confirmed Wilkie to lead the VA, the government's second-largest department, with 360,000 employees serving 9 million veterans. Wilkie, 55, has led the department since Trump announced his decision to replace David Shulkin.

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1.4 - New York Times: [Trump's Confusing Claim About the Veterans Choice Program, President Trump gave a garbled account of reforms made to veterans' health care, confusing recently enacted legislation with a program passed in 2014 and exaggerating what the new program will do.](#) (24 July, Linda Qiu, 30M uvm; New York, NY)

Mr. Trump is confusing an existing program for veterans' health care with recently enacted reforms, and exaggerating the impact of the changes. The Veterans Choice Program was created in 2014 — not under Mr. Trump — after the scandal of hidden waiting lists at Department of Veterans Affairs hospitals. Under the program, veterans who do not live within 40 miles of a department hospital or face wait times of more than 30 days for care could seek private health care funded by the government.

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1.5 - CNN: [Trump taps Leinenkugel to lead new VA mental health commission](#) (24 July, Juana Summers, 29.8M uvm; Atlanta, GA)

The VA announced on Tuesday that Jake Leinenkugel would lead the Creating Options for Veterans' Expedited Recovery Commission, which it said would examine the VA's "evidence-based therapy model for treating mental health conditions," as well as "integrated mental health approaches." The commission held its first meeting on Tuesday.

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1.6 - ABC News (AP): [AP FACT CHECK: Trump overstates progress on veterans care](#) (24 July, Hope Yen, 24.2M uvm; New York, NY)

President Donald Trump is exaggerating the progress he's made on his campaign promise to provide veterans with quick medical treatment from private doctors if they're dissatisfied with Department of Veterans Affairs care. Speaking at a Veterans of Foreign Wars convention Tuesday, Trump prematurely described VA benefits that have yet to be implemented as immediately available and a "big success."

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1.7 - Military.com: [Trump: Senators Who Voted Against New VA Secretary Plan to Run in 2020](#) (24 July, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump said Tuesday that the nine opposition votes against Robert Wilkie, the newly confirmed secretary of the Department of Veterans Affairs, were cast by left-wing senators seeking to run against him in 2020. "The only ones, actually, that voted against [Wilkie] were all of the people -- super-lefts -- that are running against me in two-and-a-half years," he said in an address to the Veterans of Foreign Wars national convention in Kansas City.

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1.8 - KDVR (FOX-31, Video): [VA whistleblowers say Denver office did no work for a year](#) (24 July, Rob Lowe, 662k uvm; Denver, CO)

Imagine making close to \$100,000 a year and having nothing to do at the office. It's what Denver whistleblowers say was reality for employees at the local Office of the Inspector General for Veterans Affairs. That's the very division in charge of wiping out waste, fraud and abuse for the medical system that serves the nation's veterans.

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2. [Greater Choice for Veterans](#)

2.1 - WMAZ (CBS-13, Video): ['I just think they don't care' | Adult center claims the VA owes them \\$10K for services, Daily Haven said the government owes them \\$10,000 for services that they're refusing to pay.](#) (24 July, Kaitlyn Ross, 446k uvm; Macon, GA)

They served our country, but now, disabled military veterans are being neglected by the Department of Veterans Affairs, according to a center paid to take care of them. Daily Haven Adult Day Healthcare said the government owes them \$10,000 for services that they're refusing to pay. Navy Veteran Alfred Jones Junior go to the center every chance he gets.

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3. [Modernize Our System](#)

3.1 - The Oklahoman: [Dr. Oz: Learning about telemedicine](#) (24 July, Michael Roizen and Mehmet Oz, 3.8M uvm; Oklahoma City, OK)

When my daughter came down with pink eye, I downloaded a local hospital's app and wow! We got to see a doctor online; he diagnosed her problem and called in a prescription to our pharmacy. So who else is doing this, and what other conditions can I use this for?

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3.2 - Healthcare IT News: [Senate confirms Robert Wilkie to head VA, will prioritize EHR project, After months without a permanent leader, Wilkie will be tasked with 'righting the ship' and is set to focus on the Cerner EHR project, already underway.](#) (24 July, Jessica Davis, 438k uvm; Portland, ME)

Robert Wilkie, a Department of Defense under secretary was confirmed as Department of Veterans of Affairs Secretary on Monday, giving the troubled agency a permanent leader for the first time since March. The vote of 86-9 makes Wilkie the first VA Secretary to not be unanimously confirmed. Nine Democrats and Bernie Sanders, I-Vermont, dissented. Sanders expressed concern that Wilkie would align with the Trump administration to privatize VA healthcare.

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3.3 - Morning Journal: [VA clinic could move back to Lorain, developer says](#) (23 July, Richard Payerchin, 159k uvm; Lorain, OH)

The U.S. Department of Veterans Affairs clinic that left Lorain in 2016 could return to the city with a new building on the Lake Erie shore. A developer is making a pitch for the VA to build a new clinic on 9.7 acres at 3120 Kolbe Road, a location on the north side of West Erie Avenue across from the Mercy Health Medical Center.

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3.4 - WTWO (NBC-2, Audio): [VA Clinic Move and Expansion](#) (24 July, Lily Pesavento, 56k uvm; Farmersburg, IN)

Terre Haute's VA Clinic is expanding in an effort to treat more veterans. The primary care clinic which is currently located at 110 West Honey Creek Parkway will be moving to the old Conservatory of Music building on 380 West Honey Creek Drive. More doctors and staff will also be hired at the new facility in order to better take care of patients.

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4. Focus Resources More Efficiently

4.1 - CNN: [Top Trump-appointee at Veterans Affairs spread conspiracy theories, made anti-Muslim comments](#) (24 July, Andrew Kaczynski, 29.8M uvm; Atlanta, GA)

A senior Trump administration appointee at the Department of Veterans Affairs spread birther conspiracy theories about then-President Barack Obama and made anti-Muslim comments on social media while working for the Trump campaign in Arizona. Thayer Verschoor, the VA's executive director of intergovernmental affairs, is a former Arizona state Senate majority leader and longtime ally of former Maricopa County Sheriff Joe Arpaio, a well-known birther who is currently running in the Republican primary for US Senate in Arizona.

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4.2 - The Hill: [Trump VA appointee shared 'birther' theories on social media: report](#) (24 July, Jacqueline Thomsen, 11.9M uvm; Washington, DC)

A senior Trump appointee at the Department of Veterans Affairs spread “birther” conspiracy theories about former President Obama and made comments that appeared discriminatory against Muslims on social media, CNN reported on Tuesday. The network reported that Thayer Verschoor, the executive director of intergovernmental affairs for the VA, made or shared most of the controversial comments on his Facebook page while working for the Trump campaign in Arizona.

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4.3 - Plain Dealer: [House passes bill by Rep. Marcy Kaptur to boost trainees at VA hospitals](#) (24 July, Sabrina Eaton, 11.5M uvm; Cleveland, OH)

The U.S. House of Representatives on Tuesday adopted a measure by Toledo Democratic Rep. Marcy Kaptur that encourages medical students to obtain their needed clinical observation hours at Veterans Administration hospitals. The bill adopted in a non-controversial voice vote would create shadowing and training opportunities through a pilot program for individuals entering the medical profession, including doctors, nurses, and physical therapists, who provide health care services for veterans.

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4.4 - Albuquerque Journal: [Santa Fe man finally receives his Bronze Star](#) (20 July, T.S. Last, 461k uvm; Albuquerque, NM)

It was a long time coming, but retired Staff Sgt. Dennis Ferk of the 164th infantry division of the North Dakota Army National Guard finally received the Bronze Star he earned during World War II. “I didn’t realize I had it coming,” the 97-year-old Ferk said after the medal – as well as three others – were pinned to the lapel of his uniform during a ceremony at the Santa Fe Vet Center Friday afternoon.

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4.5 - San Diego Union-Tribune: [Amid shake-up, Trump taps beer magnate to lead Veterans Affairs mental health commission](#) (24 July, Andrew Dyer, 438k uvm; San Diego, CA)

President Trump has selected the former president of a large brewing company to lead a commission on veterans’ mental health care, the Department of Veterans Affairs announced Tuesday. Thomas “Jake” Leinenkugel will lead the Creating Options for Veterans’ Expedited Recovery Commission to examine the VA’s “evidenced-based therapy model,” the VA said in a news release.

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4.6 - Leader-Telegram: [Leinenkugel selected to lead VA commission](#) (24 July, Chris Vetter, 191k uvm; Eau Claire, WI)

When Jake Leinenkugel, former senior advisor to the White House for the Department of Veteran Affairs, spoke at the Chippewa Valley VA Clinic earlier this month, he talked passionately about the need to meet the mental health needs of veterans, and explore ways to

reduce suicides, as well as discussing ideas to make them healthier. Now, Leinenkugel has been tapped by President Donald Trump to lead a VA commission focused on veterans' mental health treatment.

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4.7 - Chippewa Herald: [Jake Leinenkugel to lead VA mental health commission](#) (24 July, 199k uvm; Chippewa Falls, WI)

Jake Leinenkugel, former senior White House adviser to the Department of Veterans Affairs, will lead a VA commission focused on mental health. President Donald J. Trump chose the Chippewa Falls native to lead the group, the VA announced Tuesday in a press release. The Creating Options for Veterans' Expedited Recovery Commission, or COVER, "will examine VA's evidence-based therapy model for treating mental health conditions."

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4.8 - WWAY (ABC-3, Video): [Wilmington VA Clinic And American Red Cross Team Up For Blood Drive](#) (24 July, Marissa Yoder, 189k uvm; Wilmington, NC)

Wilmington VA Health Care Center is teaming up with the American Red Cross to host a blood drive tomorrow. Right now, the American Red Cross has issued an emergency appeal for blood donations because of exponentially low levels. From 9 a.m. to 2 p.m., you can stop by the VA clinic's 1705 Gardner Road location near Wilmington International Airport.

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4.9 - Radio Iowa: [Senator Grassley says new Veterans Administration secretary supports whistleblowers](#) (24 July, 37k uvm; Des Moines, IA)

After years of trying to fix critical problems in many of the nation's Veterans Affairs hospitals, Iowa Senator Chuck Grassley says confirming Robert Wilkie on Monday as the new VA Secretary is a big plus. Grassley, a Republican, says Wilkie has proven himself as being a supporter of whistleblowers and he doesn't retaliate against those who speak out when there's trouble. "Respect for whistleblowers."

[Hyperlink to Above](#)

4.10 - MeriTalk: [Wilkie to Take Reins at VA Following Senate Confirmation](#) (24 July, 35k uvm; Alexandria, VA)

The Senate voted on Monday to confirm Robert Wilkie as Department of Veterans Affairs Secretary by a vote of 86-9, solidifying top leadership at VA in the midst of ongoing change and uncertainty at the second-largest Federal agency. Wilkie had been serving as VA Secretary in an acting role before President Trump surprised many when he announced that Wilkie would be his new choice to permanently lead the department.

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5. [Improve Timeliness of Service](#)

5.1 - Columbus Dispatch: [Editorial: Veterans deserve care every day to save their lives](#) (24 July, Editorial Board, 2.1M uvm; Columbus, OH)

Memorial Day and the Fourth of July are over; Veterans' Day is more than three months away. Pausing to thank a veteran for his or her military service on those days is good, but many need the support of others throughout the year to help fight the post-traumatic distress and depression that lead too many veterans on a march to suicide.

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5.2 - KRGV (ABC-5, Video): [Call Center for Veterans Opens in Harlingen](#) (23 July, 275k uvm; Weslaco, TX)

A new call center for veterans opened in Harlingen on Monday. The Texas Valley Coastal Bend Health Care System will provide customer service for Rio Grande Valley veterans. Scheduling services will be provided and will include primary, specialty care and direct scheduling. The new call center's hours of operation are 7:30 a.m. to 4:30 p.m., Monday through Friday. The center will be closed on weekends and U.S. federal holidays.

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5.3 - KJZZ (NPR-91.5, Audio): [New Study On 'Moral Injury' Conducted By San Diego VA](#) (24 July, Steve Goldstein, 168k uvm; Tempe, AZ)

Post-traumatic stress disorder (PTSD) has become widely known in recent years and is often associated with soldiers. But a condition called "moral injury" is now being studied as well by the U.S. Department of Veterans Affairs in San Diego and the National Center for PTSD. Though there is some overlap between the two, potential treatments could be dramatically different.

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5.4 - Payson Roundup: [VA invades Payson to help veterans](#) (24 July, Teresa McQuerrey, 52k uvm; Payson, AZ)

High-level representatives from the VA and the VA Phoenix Hospital invaded Payson last week on a mission to help area veterans. D. Christopher Norton, director of the Phoenix VA Regional Office and Rima Nelson, director of the Phoenix VA Hospital, led a squad including the PVAH chief of staff Dr. Maureen McCarthy. Representatives from the offices of U.S. Representatives Paul Gosar and Kyrsten Sinema also attended.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Lowell Sun: [Women vets fair a success](#) (24 July, 320k uvm; Lowell, MA)

In conjunction with the recent Women Veterans Day, Edith Nourse Rogers Memorial Veterans Hospital (aka Bedford VA) hosted a health fair dedicated to serving women veterans. More than 80 women veterans attended, and many brought family, children and friends. Women veterans learned about benefits and whole health services at the VA and within the wider community.

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7.2 - KAIT (ABC-8): [VA opening women's health clinic](#) (24 July, 197k ovml Jonesboro, AR)

Women veterans in southeast Missouri and northeast Arkansas will soon have a new place to get medical treatment. The John J. Pershing VA Medical Center in Poplar Bluff will host a ribbon-cutting ceremony on Tuesday, July 31, at 3 p.m. of its new Women's Health Clinic, 1500 N. Westwood.

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7.3 - KJZZ (NPR-91.5): [As Senate Confirms New VA Secretary, Arizonans Talk About Veteran Suicide](#) (24 July, Bret Jaspers, 168k uvm; Tempe, AZ)

The U.S. Senate confirmed a new Secretary of Veterans Affairs on Monday — Robert Wilkie. Wilkie takes over an agency reeling from a purge of high level staff, according to a report last week in the Washington Post. Some Arizona lawmakers and advocates, meanwhile, took the opportunity of a change in leadership to push for better statistics of suicide among vets. They want the state to require counties to collect veteran information upon death.

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - USA Today (Video): [5 things to know about incoming VA secretary Robert Wilkie](#) (24 July, Donovan Slack, 36.8M uvm; McLean, VA)

Who is Robert Wilkie? He's a Pentagon official who's about to be the next secretary of the Department of Veterans Affairs, after winning confirmation by the Senate Monday. "He's going to be fantastic," Trump said Tuesday at a Veterans of Foreign Wars event in Kansas City, Missouri. The president said "there's been nothing more important to me" than fulfilling his campaign pledges to fix the VA for veterans.

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8.2 - FOX News (Video): [Who is Robert Wilkie? 4 things to know about Trump's Veterans Affairs secretary](#) (24 July, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Robert Wilkie has served as acting secretary of the Department of Veterans Affairs since March — and now his position is permanent. On July 23, the Senate confirmed Wilkie to lead the VA, the government's second-largest department, with 360,000 employees serving 9 million veterans. Wilkie, 55, has led the department since Trump announced his decision to replace David Shulkin.

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8.3 - Politico: [Wilkie overwhelmingly confirmed as VA Secretary](#) (24 June, Mohana Ravindranath, 23.9M uvm; New York, NY)

The Senate voted Monday evening to confirm Robert Wilkie as VA secretary in an 86-9 vote, filling the vacancy left when David Shulkin was fired in March after a struggle with political appointees whom he accused of plotting to privatize the VA's health system. Wilkie's confirmation drew criticism from elsewhere on the Hill. House Committee on Veterans' Affairs Ranking Member Tim Walz...

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8.4 - Washington Times: [Trump says vote against Wilkie for VA secretary was roll call of Democratic candidates for 2020](#) (24 July, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump said Tuesday the only senators who voted against new Veterans Affairs Secretary Robert Wilkie were Democrats who plan to run against Mr. Trump in 2020. "The only ones who actually voted against him were all the people, super-lefts, who are running against me in two years. If you want to know who's running, just take a look at Wilkie's score," Mr. Trump told the annual Veterans of Foreign Wars convention in Kansas City, Missouri.

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8.5 - Military.com: [Trump: Senators Who Voted Against New VA Secretary Plan to Run in 2020](#) (24 July, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump said Tuesday that the nine opposition votes against Robert Wilkie, the newly confirmed secretary of the Department of Veterans Affairs, were cast by left-wing senators seeking to run against him in 2020. "The only ones, actually, that voted against [Wilkie] were all of the people -- super-lefts -- that are running against me in two-and-a-half years," he said in an address to the Veterans of Foreign Wars national convention in Kansas City.

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8.6 - UPI: [Robert Wilkie confirmed as new VA Secretary](#) (23 July, Ray Downs, 4.8M uvm; Washington, DC)

The Senate on Monday overwhelmingly confirmed Robert Wilkie to head the Department of Veteran Affairs. With a vote of 86-9, Wilkie, 55, will officially replace former VA Secretary David Shulkin, who was fired by President Donald Trump in April. Shulkin was accused of using taxpayer funds to pay for a personal trip to Europe and misleading ethics officials to cover it up.

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8.7 - Roll Call: [For New Veterans Affairs Chief, That Was the Easy Part, Robert Wilkie may have made it through the Senate, but the second-largest federal agency still has vacancies, other woes](#) (24 July, Lauren Clason, 430k uvm; Washington, DC)

His confirmation Monday drew scrutiny and nine dissenters. Now Veterans Affairs Secretary Robert Wilkie must face the real challenge: repairing the sprawling agency that serves the nation's veterans, including 9 million who receive health care benefits through the department. The second-largest federal agency is embarking on two major initiatives — a reorganization of its private medical care options and a \$15.8 billion electronic health records project...

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8.8 - KOKH (FOX-25): [Inhofe, Lankford applaud confirmation of Veterans Secretary](#) (24 July, Dan Snyder, 165k uvm; Oklahoma City, OK)

President Donald Trump officially has a new man running the Veterans Affairs Department. On Monday, the Senate overwhelmingly (86-9) confirmed Robert Wilkie as Secretary of Veterans Affairs, the second largest department in the federal government. Wilkie, who is Trump's third nominee to run the embattled department in just 18 months, had strong support on both sides of the aisle. That includes from both Oklahoma senators.

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8.9 - EHR Intelligence: [Senate Confirms Robert Wilkie as New VA Secretary, President Trump's second VA secretary nominee Robert Wilkie has been confirmed to lead the federal department.](#) (24 July, Kate Monica, 50k uvm; Danvers, MA)

In an 86 to 9 vote on Monday night, the Senate confirmed former Department of Defense (DoD) Undersecretary Robert Wilkie as the new VA secretary, according to CNN. "I applaud the United States Senate for confirming Robert Wilkie as the Secretary of Veterans Affairs," said President Trump in a public statement.

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8.10 - HealthExec: [Wilkie confirmed by senate as next VA Secretary](#) (24 July, Nicholas Leider, 20k uvm; New York, NY)

Robert Wilkie received Senate confirmation as the new Secretary of the Department of Veterans Affairs on Monday, July 23, by an 86-9 vote. Wilkie had been acting secretary since David Shulkin, MD, was fired by President Donald Trump in March. Trump then nominated White House physician Ronny Jackson, MD, for the position, but he withdrew from consideration after allegations of inappropriately prescribing medications and drinking on the job.

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8.11 - Up & Coming Weekly: [Robert Wilkie will have a full plate](#) (24 July, Jeff Thompson, 16k uvm; Fayetteville, NC)

If confirmed by the Senate as secretary of Veterans Affairs, Robert Wilkie will have to deal with VA hiring practices and the over-prescribing of anxiety drugs. A new report from the nation's leading veterans group said these issues may be undermining efforts to combat suicide among veterans.

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9. [Other](#)

9.1 - NPR: [Trump Faces Friendly Crowd At VFW Convention](#) (24 July, Quil Lawrence, 22M uvm; Washington, DC)

President Trump delivered a speech to the Veterans of Foreign Wars annual convention in Kansas City, Mo., offering many of his regular talking points about everything from tariffs to immigration to the new American Embassy in Jerusalem. Trump was interrupted repeatedly by applause and shouts of support - notably when he mentioned his hopes that the remains of Korean War veterans would soon be repatriated, as agreed in his June 12 summit with North Korean leader Kim Jong Un.

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9.2 - The Hill: [Trump tells veterans he will 'stand up for America'](#) (24 July, Jordian Fabian, 11.8M uvm; Washington, DC)

President Trump on Tuesday pledged he would "stand up for America" as he faces criticism for appearing too deferential to Russian President Vladimir Putin. "We don't apologize for America anymore. We stand up for America. We stand up for the patriots who defend America," Trump said at the Veterans of Foreign Wars national convention.

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9.3 - Washington Times: [Trump reaffirms commitment to veterans at Veterans of Foreign Wars convention](#) (24 July, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump told one of the nation's largest veterans group Tuesday that the U.S. doesn't "seek conflict" overseas despite his robust military buildup, a day after he warned Iran's leader against provoking America. Speaking at the annual Veterans of Foreign Wars national convention in Kansas City, Missouri, Mr. Trump said his two-year, \$1.4 trillion Defense budget "is committed to ensuring that our war fighters have the tools..."

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9.4 - St. Louis Post-Dispatch: [At VFW event, Trump stumps for Hawley](#) (24 July, Kurt Erickson, 8.9M uvm; Saint Louis, MO)

President Donald Trump waded back into Missouri's pivotal U.S. Senate race Tuesday, speaking at the national convention of the Veterans of Foreign Wars and then headlining a fundraiser for Attorney General Josh Hawley. "We need him so badly. We need Josh now," Trump said of Hawley. "This guy is a special man. What a great young man."

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9.5 - KXLY (ABC-4, Video): [VA Medical Center employee arrested on Montana sexual assault charges](#) (24 July, Melissa Luck and Aaron Luna, 193k uvm; Spokane, WA)

A man employed in the surgical department of Spokane's Mann-Grandstaff VA Medical Center was arrested last week on a warrant from Montana, accusing him of sexually assaulting a child there. According to court records from Lake County, Montana, Frank D. Paulsen is charged with two counts of felony sexual assault.

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9.6 - WMBB (ABC-13): [VA Bomb Threat Investigated](#) (24 July, David Huffman, 49k uvm; Panama City, FL)

The Jackson County Sheriff's Office responded to the Marianna VA clinic after a bomb threat was called into the VA crisis hotline. The caller advised that he had plans to bomb a VA clinic, but didn't specify which VA clinic. Deputies checked the inside and outside of the building and didn't find any items of suspicion. once the clinic was cleared the staff resumed back to work.

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1. [Top Stories](#)

1.1 - Wall Street Journal: [Congress Passed VA Bill but Now Debates How to Pay for It, Fight related to spending caps stalls next round of government-funding talks](#) (24 July, Kristina Peterson and Ben Kesling, 43.6M uvm; New York, NY)

A dispute has broken out among lawmakers and the White House over how to pay for a newly expanded Department of Veterans Affairs health-care program, stalling negotiations over the first big chunk of the next fiscal year's government funding.

The fight centers on whether Congress should go around a two-year budget deal to pay for the overhaul of veterans' health-care programs signed into law last month or cut money elsewhere to stay within budget limits lawmakers agreed to in February.

The new program, which allows veterans to get health care in the private sector, will cause a funding shortfall of \$1.6 billion for fiscal year 2019, according to the Office of Management and Budget's estimate.

The bill passed last month with bipartisan support in Congress. After President Donald Trump signed the bill into law, the Trump administration and many Republicans said lawmakers need to trim money from other programs to fund veterans' care in order to stay within the agreed-to spending caps, while Democrats argued that Congress should spend extra money.

"We can accommodate that within the budget deal," Rep. Mike Simpson (R., Idaho), a member of the House Appropriations Committee, said late last week.

Not all Republicans have been quite so definitive. Senate Appropriations Committee Chairman Richard Shelby (R., Ala.) hasn't committed to staying within those limits.

"If we stay under the spending caps we're better off, but a lot of us are concerned about funding the VA program now," he told reporters Monday night. "We all supported it," he said of the veterans' care program. "We got to now support funding it."

In February, Congress and Mr. Trump reached a two-year budget deal that increased federal spending for both the military and domestic programs by almost \$300 billion over two years. In the coming fiscal year, the agreement would boost military spending by \$85 billion and domestic spending by \$68 billion.

Last month, Mr. Trump signed into law legislation to restructure the way the VA provides health care from private doctors and hospitals. That included a boost in funding to a program created in the wake of the 2014 appointment wait-time scandal. The VA now outsources more than one-third of appointments into the private sector.

When the bill was passed, many involved in the legislation assumed the White House supported funding it outside of the budget deal, Republican and Democratic aides said.

But last week, White House budget director Mick Mulvaney and Peter O'Rourke, then the acting secretary of the Veterans Affairs Department before the confirmation of Robert Wilkie on Monday, urged congressional leaders to stay within those budget limits.

"Congressional Democrats want to use this opportunity as another way to yet again increase the caps," OMB spokeswoman Meghan Burris said in an email.

Democrats argue that Republicans and Mr. Trump shouldn't have agreed to pass the veterans' care overhaul without figuring out a way to pay for it. The Congressional Budget Office has estimated that lawmakers will have to authorize \$49.1 billion to pay for the program through 2023, in addition to \$5.2 billion that the law already directed to veterans' care.

"We do our veterans no favors when we make promises to them that we cannot keep," said Sen. Patrick Leahy of Vermont, the top Democrat on the Senate Appropriations Committee.

The dispute has hindered negotiations that were set to begin earlier this month between the House and Senate over a package of three spending bills for fiscal year 2019, including the military construction and the veterans' affairs spending bill. Each chamber passed a different version of the package, known as the "minibus."

Lawmakers from the House and Senate trying to agree on final wording for the spending package were supposed to meet earlier this month, but their discussions were delayed in large part because of the veterans-funding issue, aides said.

Congressional leaders are hoping to pass several spending bills before the government's current funding expires on Oct. 1. Lawmakers will likely pass a short-term spending patch keeping the rest of the government funded until after the midterm elections in November. But one wild card is whether Mr. Trump will balk if the spending bills don't include enough money for his Mexico border wall.

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1.4 - New York Times: [Trump's Confusing Claim About the Veterans Choice Program, President Trump gave a garbled account of reforms made to veterans' health care, confusing recently enacted legislation with a program passed in 2014 and exaggerating what the new program will do.](#) (24 July, Linda Qiu, 30M uvm; New York, NY)

WHAT WAS SAID

"We passed Veterans Choice, the biggest thing ever, the biggest thing. That's got to be the biggest improvement you can have. So now, if you can't get treatment that you need in a timely manner — people used to wait two weeks, three weeks, eight weeks, they couldn't get to a doctor — you will have the right to see a private doctor immediately and we will pay for it."

— President Trump, speaking to the Veterans of Foreign Wars national convention on Tuesday

THE FACTS

This requires context.

Mr. Trump is confusing an existing program for veterans' health care with recently enacted reforms, and exaggerating the impact of the changes.

The Veterans Choice Program was created in 2014 — not under Mr. Trump — after the scandal of hidden waiting lists at Department of Veterans Affairs hospitals. Under the program, veterans who do not live within 40 miles of a department hospital or face wait times of more than 30 days for care could seek private health care funded by the government.

In June, Mr. Trump signed a law that reformed and consolidated Veterans Choice and other existing programs into a single Veterans Community Care Program.

The law also revamped and expanded the eligibility requirements for private care based on a combination of factors that include wait times, distance to a department hospital, quality of care or if "a veteran and the veteran's referring clinician agree that furnishing care or services in the community would be in the best medical interest of the veteran," according to congressional summary of the law.

But it will take approximately one year to put the changes into effect, the Veterans Affairs Department and the White House have both estimated. The law provided \$5.2 billion in funding to continue the choice program until the new program is operational.

It's also not entirely true that veterans can see a private doctor "immediately" and the government will "pay for it."

The Government Accountability Office reported in June that veterans waited 51 days on average to receive care through the Choice Program. (It is not yet possible to estimate wait times for the new program because, again, it will not be operational until 2019.)

Veterans who make department co-payments because of income limits still pay them under the Choice Program, and would continue to do so under the Community Care Program.

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1.5 - CNN: [Trump taps Leinenkugel to lead new VA mental health commission](#) (24 July, Juana Summers, 29.8M uvm; Atlanta, GA)

President Donald Trump has named an official who had clashed with former Veterans Affairs Secretary David Shulkin and reportedly pushed for his ouster to lead a new commission focused on mental health at the department.

The VA announced on Tuesday that Jake Leinenkugel would lead the Creating Options for Veterans' Expedited Recovery Commission, which it said would examine the VA's "evidence-based therapy model for treating mental health conditions," as well as "integrated mental health approaches." The commission held its first meeting on Tuesday.

"Jake has been an ambassador for change at VA, working to implement President Trump's policies throughout the department over the past year and a half," acting VA Secretary Peter O'Rourke said in a statement. "As leader of this important new commission, Jake will continue to advocate for better care and services for his fellow Veterans."

The announcement came a day after the Senate voted to confirm Robert Wilkie, a Defense Department under secretary, as the VA secretary, giving the sprawling agency its first permanent leader in months.

Leinenkugel is a former White House senior adviser on veterans affairs, who before Shulkin's firing had expressed his frustrations with the then-secretary's leadership.

The New York Times and The Washington Post previously reported that in December, Leinenkugel wrote an email to another senior VA official, Camilo Sandoval, recommending that Shulkin be put "on notice to exit after major legislation and key POTUS VA initiatives in place."

Leinenkugel is a descendant of the founder of Jacob Leinenkugel Brewing Co., where he served as president for decades before retiring in 2014. A former captain in the Marine Corps, he joined the Trump administration in early 2017.

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1.6 - ABC News (AP): [AP FACT CHECK: Trump overstates progress on veterans care](#) (24 July, Hope Yen, 24.2M uvm; New York, NY)

President Donald Trump is exaggerating the progress he's made on his campaign promise to provide veterans with quick medical treatment from private doctors if they're dissatisfied with Department of Veterans Affairs care.

Speaking at a Veterans of Foreign Wars convention Tuesday, Trump prematurely described VA benefits that have yet to be implemented as immediately available and a "big success."

His newly signed law seeking to expand the private-sector Veterans Choice program will take at least a year to be implemented. The program has also struggled to meet a standard of providing timely medical appointments within 30 days, a problem that even his new VA secretary, Robert Wilkie, has acknowledged might not be fixed soon.

A look at the claims and the reality behind them:

TRUMP: "We passed Veterans Choice, the biggest thing ever. ... It has got to be the biggest improvement you can have. So now if you can't get the treatment you need in a timely manner, people used to wait two weeks, three weeks, eight weeks, they couldn't get to a doctor. You will have the right to see a private doctor immediately, and we will pay for it."

THE FACTS: The care provided under the Choice program is not as immediate as Trump suggests, nor is it likely to be the "biggest thing" ever. Currently only veterans who endure waits of at least 30 days for an appointment at a VA facility are eligible to receive care immediately from private doctors at government expense, a standard that the VA is frequently unable to meet.

Under a newly expanded Choice program that will take at least a year to implement, veterans will still have to meet certain criteria before they can see a private physician.

A recent Government Accountability Report found that despite the Choice program's guarantee of providing an appointment within 30 days, veterans waited an average of 51 to 64 days.

Pressed at his confirmation hearing last month, Wilkie declined to commit the VA to meeting the 30-day standard, pledging instead to push interim fixes and better training for VA schedulers to help speed appointments.

It's also unclear whether the expanded Choice program will prove to be the "biggest thing ever." The new law gives the VA secretary wide authority to decide when veterans can bypass the VA, based on whether they receive "quality" care, but the program could be restricted by escalating costs.

TRUMP: "We're greatly expanding telehealth and walk-in clinics so our veterans can get anywhere, at any time, they can get what they need, they can learn about the problem and they don't necessarily have to drive long distances and wait. It's been a very big success."

THE FACTS: It's not a success at all because it hasn't started.

A new benefit giving veterans access to walk-in clinics such as MinuteClinics won't begin for another year, and the care won't always be freely provided "anywhere, at any time." Only enrolled veterans who have used VA health care services in the previous two years would be able to get care at private walk-in clinics. After two visits, veterans could be subject to higher co-payments charged by the VA.

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1.8 - KDVR (FOX-31, Video): [VA whistleblowers say Denver office did no work for a year](#)
(24 July, Rob Lowe, 662k uvm; Denver, CO)

Imagine making close to \$100,000 a year and having nothing to do at the office. It's what Denver whistleblowers say was reality for employees at the local Office of the Inspector General for Veterans Affairs.

That's the very division in charge of wiping out waste, fraud and abuse for the medical system that serves the nation's veterans.

"These are your tax dollars that are paying the salaries of these individuals to sit in an office and do absolutely nothing all day," said one anonymous whistleblower to the Problem Solvers.

"After a while it became a joke," is how a second whistleblower described it to FOX31 Investigative Reporter Rob Low, before adding, "Come into work and pretty much staring at the wall all day kind of just hanging out every day pretty much with nothing to do."

Both whistleblowers filed complaints with the Office of Special Counsel in Washington D.C. stating an office of 11 employees basically did no work from April of 2017 to April of 2018.

The combined salaries of those employees during that time frame totaled more than \$1.2 million.

"Long lunches, I mean watching movies, reading books. I mean I was doing school work. I'm not going to lie I did not have any work assigned. I spent the majority of my time doing school

work," said whistleblower number one, who happened to be a paid intern making \$47,214 a year to help conduct information technology audits.

The Problem Solvers obtained copies of the complaints filed with the Office of Special Counsel and the one from whistleblower number 2 states, "I would have filed this sooner but this office has already had 2 investigations into management and nothing has happened. The office has actually gotten worse and now you throw in no work.

In mid-June the Office of Special Counsel released a letter to the whistleblowers admitting the Denver OIG office "did not have sufficient work to keep all employees fully engaged on active projects," though it only acknowledges this for a 9-month period from July of 2017 to April of 2018, instead of the one-year time frame alleged by the whistleblowers.

"It really gives you no confidence in the system," said U.S. Representative Mike Coffman (R) who represents Colorado's 6th Congressional District.

Congressman Coffman told the Problem Solvers he wants the Veterans Affairs Oversight Committee to investigate how it's possible an office doing almost no work would then hire three more auditors in May of 2018, each making \$95,000 dollars a year.

"It's a big deal to the tax payer of United States. It's a big deal to the veterans that aren't getting the resources that they should be getting because they're being wasted in these other areas," said Congressman Coffman

In its letter of findings the Office of Special Counsel wrote, "Several factors contributed to the lack of assigned work, including the untimely selection and approval of audit topics and the fact that some staff were unfamiliar with the development of quality audit proposals."

Investigators determined the office would operate better in the future because another manager had recently been hired (in addition to the Office Director and two existing managers) to help oversee an office as of May 2018, that now has 10 auditors instead of seven.

When asked if someone should be fired, whistleblower number 2 told FOX31, "Honestly, yes," adding it's "like a slap in face" that no one was held accountable.

In a statement to the Problem Solvers, the Office of Special Counsel wrote, "When a whistleblower disclosed mismanagement related to insufficient workload for some employees, OSC took the allegations seriously and utilized an expedited process to quickly achieve corrective action."

But the OSC admits that "corrective action" doesn't include any discipline because "OSC does not have authority to direct an agency to impose discipline."

Discipline would be up the Office of the Inspector General and in a statement to FOX31 it said, "There is no excuse for employees not to be engaged on meaningful OIG work and low-performing employees have received counseling and corrective action."

But again the OIG admits to the Problem Solvers "corrective action" did not mean discipline or punishment for any Denver employees.

After our interview with Congressman Coffman, he met with Michael Missal, the Inspector General of the Department of Veterans Affairs. Missal downplayed the concerns of whistleblowers and in a letter obtained by FOX31 insisted "the facts are not consistent with their claims" even adding the inquiry "did not confirm" that employees did not have sufficient work despite the Office of Special Counsel letter saying almost exactly that.

Congressman Mike Coffman told FOX31 some managers should be held accountable, "Oh absolutely, people up and down this chain."

Whistleblower number one said, "I look at the bigger picture and I see the amount of money that has been wasted and I see the amount of VA programs that that money could have been filtered into suicide prevention, opioid programs, things that our veterans struggle with daily and need access to, that's where this millions of dollars of waste could have gone to."

We should mention there is one position the Denver Office of the Inspector General agreed to eliminate, the paid internship. That intern was told the program was supposed to lead to a full-time position and the office did in fact hire three more auditors in May.

But the Denver OIG informed the intern she would no longer be needed as of July 10. She suspects it has everything to do with her whistleblower complaint.

On July 17, Congressman Mike Coffman raised the Denver whistleblower case with the then VA Acting Secretary Peter O'Rourke at a Veterans Affairs Committee titled "The VA Accountability and Whistleblower Protection Act: One Year Later."

According to a letter sent to Congressman Coffman, O'Rourke referred the matter to the Integrity Committee of the Council of the Inspectors General on Integrity and Efficiency for "whatever action that body deems appropriate."

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2. [Greater Choice for Veterans](#)

2.1 - WMAZ (CBS-13, Video): ['I just think they don't care' | Adult center claims the VA owes them \\$10K for services. Daily Haven said the government owes them \\$10,000 for services that they're refusing to pay.](#) (24 July, Kaitlyn Ross, 446k uvm; Macon, GA)

They served our country, but now, disabled military veterans are being neglected by the Department of Veterans Affairs, according to a center paid to take care of them.

Daily Haven Adult Day Healthcare said the government owes them \$10,000 for services that they're refusing to pay.

Navy Veteran Alfred Jones Junior goes to the center every chance he gets.

"It's extremely important, extremely important," Jones said. "I get to leave my problems behind for a little while."

He plays bingo, takes his meds, and hangs out with other disabled veterans who served. All of that is supposed to be paid for by his VA benefit but the Daily Haven financial officer said the VA is refusing to pay.

"I know this administration is very pro-veteran, but I don't think it trickles down to the people actually doing the work," Dan Maughon said.

The center keeps a full staff of nurses, dietitians, and exercise specialists. All of it is supposed to be covered by the VA benefits for their disabled veterans but Daily Haven told 11Alive all they're getting is red tape.

Maughon said the government denied dozens of claims for veterans telling the center they needed to submit a Form 1500 confirming their military service dates. But here's the kicker, the benefit denial was stamped on that very form.

Their financial officer said it makes no sense and they can't even get a call back from the VA.

"You're put on terminal hold. I was put on hold for hours. Not minutes. Hours," Maughon said.

He's called everyone from Washington D.C. to Atlanta and he can't get an answer.

"We take care of them anyway," he said. "We just can't continue to afford to take care of them and the government not paying what is due to the veterans."

Dan Maughon said they're at the VA's mercy. 11Alive reached out to the VA and they said they were "working to resolve the issue."

"I just think they don't care, is what I think," he said.

Maughon said they service private insurance and Medicare patients all the time with no issues. It's only the VA that's a problem.

"The veterans don't get it," he said. "They're last in line and it shouldn't be that way."

The new Secretary of the Department of Veteran Affairs was just appointed on Monday by President Donald Trump but will a new face for the department really make a difference?

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3. Modernize Our System

3.1 - The Oklahoman: [Dr. Oz: Learning about telemedicine](#) (24 July, Michael Roizen and Mehmet Oz, 3.8M uvm; Oklahoma City, OK)

Q: When my daughter came down with pink eye, I downloaded a local hospital's app and wow! We got to see a doctor online; he diagnosed her problem and called in a prescription to our pharmacy. So who else is doing this, and what other conditions can I use this for?

— Holly W., Warrensville Heights, Ohio

A: It's pretty great, isn't it? More and more people every day are getting comfortable with telemedicine. Now you can see a doctor in the privacy of your own home on your phone, tablet or laptop. Video consults run from \$0 to more than \$100, depending on your insurance. Both Dr. Mike's Cleveland Clinic and Dr. Oz's New York-Presbyterian Hospital have their own apps, and new programs and applications across the country pop up every day.

You can use telemedicine for non-life threatening illnesses that range from conjunctivitis (pink eye) and respiratory issues to minor cuts and burns or stomach upsets. In fact, Dr. Mike was one of the first to use telemedicine for smoking cessation, diet and exercise.

Another impressive development is happening in Washington state. Veteran suicides happen at a rate of 20 a day, and 14 of those are never seen by the Veteran's Affairs hospitals. The Cohen Veterans Network of clinics (there are seven around the country providing outpatient mental health care to veterans and military families) soon will offer low- or no-cost telehealth mental health services across Washington state and then in Florida and California — very needed and smart! Telemedicine is also a huge benefit for folks in rural communities who have a difficult time getting to a doctor or accessing a specialist. Folks can find a telemedicine service by contacting their insurance company (some have their own service) or local medical centers.

Dr. Mehmet Oz is host of "The Dr. Oz Show," and Dr. Mike Roizen is Chief Wellness Officer and Chair of Wellness Institute at Cleveland Clinic. Email your health and wellness questions to Dr. Oz and Dr. Roizen at youdocsdaily@sharecare.com.

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3.2 - Healthcare IT News: [Senate confirms Robert Wilkie to head VA, will prioritize EHR project, After months without a permanent leader, Wilkie will be tasked with 'righting the ship' and is set to focus on the Cerner EHR project, already underway.](#) (24 July, Jessica Davis, 438k uvm; Portland, ME)

Robert Wilkie, a Department of Defense under secretary was confirmed as Department of Veterans of Affairs Secretary on Monday, giving the troubled agency a permanent leader for the first time since March.

The vote of 86-9 makes Wilkie the first VA Secretary to not be unanimously confirmed. Nine Democrats and Bernie Sanders, I-Vermont, dissented. Sanders expressed concern that Wilkie would align with the Trump administration to privatize VA healthcare.

The agency has been operating without a permanent VA Secretary since March, when

President Donald Trump fired David Shulkin, MD. At the time, Shulkin was amidst contract negotiations with Cerner to replace the VA's legacy EHR. Wilkie stepped in as acting secretary and signed the contract in May.

After being nominated, Wilkie went back to the DoD to await his confirmation hearing. Peter O'Rourke has been overseeing the agency in the interim. Trump's original nominee for the role, White House physician Ronny Jackson, MD, withdrew amid claims of workplace misconduct.

Wilkie easily sailed through his Senate Veterans Affairs committee hearing, with only Sanders dissenting. And the hope, according to some of the senators at yesterday's hearing, is that Wilkie will alleviate some of the turmoil at the agency.

"We know the things that we've gone through with some of the previous appointees, and some of the problems at the VA now have a chance to be overridden and solved, and we'll step forward with a new day for the VA," Sen. Johnny Isakson, R-Georgia, said.

"We no longer want someone who's going to make excuses for the VA," he continued. "We want someone who is going to make a difference."

To Senate veterans committee ranking member Sen. Jon Tester, D-Montana, that difference will be the responsibility "to right that ship."

During his confirmation hearing, Wilkie said that prioritizing the EHR modernization project would be his top priority as secretary.

"[The new EHR system] modernizes our appointment system, it is also the template to get us started on the road to automate disability claims and our payment claims, particularly to our providers in rural America and those who administer emergency care," Wilkie said during the hearing.

It's been a year since Shulkin announced that the VA would overhaul its EHR and go with Cerner. In June, O'Rourke told Congress that the first install would be fully functional by 2020 and begin in the Pacific Northwest.

Just last week, O'Rourke named the Office of the National Coordinator Deputy Genevieve Morris to lead the new Office of Electronic Health Record Modernization.

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3.3 - Morning Journal: [VA clinic could move back to Lorain, developer says](#) (23 July, Richard Payerchin, 159k uvm; Lorain, OH)

The U.S. Department of Veterans Affairs clinic that left Lorain in 2016 could return to the city with a new building on the Lake Erie shore.

A developer is making a pitch for the VA to build a new clinic on 9.7 acres at 3120 Kolbe Road, a location on the north side of West Erie Avenue across from the Mercy Health Medical Center.

The site would become the new home of the community based outpatient clinic, or CBOC, that left the St. Joseph Community Center, 205 W. 20th St., Lorain, in 2016 for a temporary location in the building at 5255 N. Abbe Road in Sheffield Village.

"So what we're presenting is a medical office campus, if you will, anchored by the VA, which would be a 34,000-square-foot building," said Mike Downing, president of Michael Downing Realty of Warrensville Heights. "It would serve the veterans for Lorain County and surrounding counties."

The facility could have an estimated 50 jobs and draw in veterans from western Cuyahoga County and eastern Erie County, along with areas south, Downing said.

The new clinic is not guaranteed to move to Lorain, Downing said, and an exact decision date for the VA was not immediately available. But if the clinic moves, the project could be built in 2019 to begin operating in 2020, Downing said.

“Welcome. This is great news,” said Mayor Chase Ritenauer. He heard from the developer and had a good conversation that led to the Lorain City Planning Commission recommending the zoning change on June 6.

“We’re ecstatic,” the mayor said.

In 2014 and 2015, there was much public discussion about the location of the VA clinic moving from Lorain to Sheffield Village, Ritenauer said.

“This is certainly good news to our veterans,” said Councilwoman-at-Large Mary Springowski, who presided over the public hearing. She noted Lorain seldom recaptures businesses that leave and she hoped this could be the start of a positive trend.

The full board of Lorain City Council will consider the zoning change that would allow construction of potentially two buildings each 30,000 square feet in size. Downing is seeking a change from R-3 Residential to B-1A Office Business District.

After the public hearing on July 23, Ritenauer said he will consider a special call of Council on July 30 to recommend approval.

Downing acknowledged the zoning change application had few details about the intended use of the site. At the start of the hearing on July 23, Council and neighboring residents said they did not have enough information to make a decision about the zoning request.

They changed their minds once Downing stepped up to comment. He spoke with Dan Lariccia, vice president of real estate for Beachwood-based Luttner Passov Investment Group, working as a third-party broker for Downing and the VA.

As a real estate developer and general contractor, Downing said he has spent 10 years representing the federal General Services Administration. At the planning commission, Downing said plans were under a veil of secrecy at the time.

The campus would develop with the VA clinic building. A second phase could bring ancillary medical tenants, Downing said, such as kidney dialysis or medical supplies.

The north side of the property could develop as an assisted living facility, Downing said. He noted it is drawn in on plans but there is nothing solidified for assisted living yet.

The site has characteristics appealing to the VA, Downing said. It is across from Mercy Health, making it a good location for a health facility, and the hospital is an easy landmark to find in Lorain.

The topography of the land is fairly flat, making it easier for veterans to maneuver. It is visible and on a main road, Downing said.

The plans drew praise from Ritenauer, Springowski and Council members Greg Argenti, Dennis Flores, JoAnne Moon and Mitch Fallis.

“With that information, let’s move it forward,” said Argenti.

Neighbors Jim and Janine Mackert said they support taking care of veterans and are not opposed to a medical facility as such. However, they wanted more information about a buffer area between the potential property and their own.

Janine Mackert suggested a possible conditional approval of the zoning change, pending successful plans for the VA clinic, and Downing said he would not argue that.

Lorain developer Gary Davis, an Army veteran, said local veterans and their supporters should rally behind the proposal. Resident Chuck Becker, also a veteran, said anything that helps people who served the country should not be denied.

Resident Denver Casto said there were some hard feelings between Lorain and the VA when the clinic left the city.

“I believe that this may be a beginning of something new,” Casto said.

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3.4 - WTWO (NBC-2, Audio): [VA Clinic Move and Expansion](#) (24 July, Lily Pesavento, 56k uvm; Farmersburg, IN)

Terre Haute's VA Clinic is expanding in an effort to treat more veterans.

The primary care clinic which is currently located at 110 West Honey Creek Parkway will be moving to the old Conservatory of Music building on 380 West Honey Creek Drive.

More doctors and staff will also be hired at the new facility in order to better take care of patients.

The new clinic will open on September 4th.

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[4. Focus Resources More Efficiently](#)

4.1 - CNN: [Top Trump-appointee at Veterans Affairs spread conspiracy theories, made anti-Muslim comments](#) (24 July, Andrew Kaczynski, 29.8M uvm; Atlanta, GA)

A senior Trump administration appointee at the Department of Veterans Affairs spread birther conspiracy theories about then-President Barack Obama and made anti-Muslim comments on social media while working for the Trump campaign in Arizona.

Thayer Verschoor, the VA's executive director of intergovernmental affairs, is a former Arizona state Senate majority leader and longtime ally of former Maricopa County Sheriff Joe Arpaio, a well-known birther who is currently running in the Republican primary for US Senate in Arizona.

Shortly after joining the Trump campaign in 2016, Verschoor shared a Facebook post that praised then-candidate Trump for thinking "Obama's birth certificate is a fraud" and understanding there's a Muslim "problem" in the US.

Verschoor originally served as a special assistant at the Department of Agriculture but transferred to the VA in 2017, a change that brought a significant promotion and pay raise to a pay grade reserved for senior level appointees. The Office of Intergovernmental Affairs serves as the VA's "liaison in all intergovernmental affairs matters and is the primary point of contact with federal, state, local, American Indian, and Native Alaskan Government officials," according to their website.

Verschoor joined the Trump campaign in January 2016 as the deputy state director in Arizona, according to a copy of his resume obtained from nonprofit watchdog organization American Oversight. He is one of a number of Trump campaign officials who have spread conspiracy theories and landed senior jobs in the administration.

The comments come from Verschoor's partially closed Facebook account, which has a smattering of public posts dating back to 2015. His Twitter account was locked in 2017 after joining the Trump administration.

Neither Verschoor nor the VA returned requests for comment. Verschoor made his Facebook private after CNN reached out for comment.

In February of 2016, while working for the Trump campaign, Verschoor shared a post on his Facebook page titled "Why Vote For Donald Trump" listing 35 reasons to vote for Trump that contained conspiracy theories.

"He thinks Obama's birth certificate is a fraud [check out his SS#, no draft card/ old passport/ E-verification status, school records [remember his dad isn't American therefore he isn't qualified for the office he's in]," the post read.

"He's warning America of [Poisons vaccines] and the dangers," read another bullet point, referencing Trump's unfounded fearmongering about vaccines. Another point took aim at Muslims.

"He realizes we have a Muslin (SIC) problem in this nation," it said.

Verschoor went after Muslim people in numerous Facebook posts, offering support for Trump's call to temporarily ban Muslim immigration and blasting those opposed.

In another post from January 2016, Verschoor offered an example of four Saudi Arabian college students who were accused of sexual violence following a night of alleged drinking and drugs at a Rhode Island college as an example of "Islamic Gang Rapes" arriving in America. Charges against one of college students was dropped, and a grand jury declined to indict the other three.

Prior to joining the Trump campaign, Verschoor wrote in a November 2015 Facebook post that Syrian refugees were "invading our country." He added in another post it was time to "stop the #Syrianinvasion," while liking a response calling for sending refugees back.

Verschoor also pushed claims that Texas Sen. Ted Cruz was not eligible to be president. In February of 2016, following Cruz's victory in the Iowa Caucuses, Verschoor shared a post claiming Trump came in first "among natural-born American citizens."

Opponents of Cruz claimed he was ineligible to be president because only one of Cruz's parents was an American citizen at the time of his birth.

"Cruz is on shaky ground. Can't stand the eligibility test," he added in another comment.

Verschoor also appears to have attempted to legislate his views. As a state senator in 2009, he joined handful of colleagues who sponsored a bill, SB1158, requiring presidential candidates provide proof they are natural-born citizens. The bill was not passed into law

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4.2 - The Hill: [Trump VA appointee shared 'birther' theories on social media: report](#) (24 July, Jacqueline Thomsen, 11.9M uvm; Washington, DC)

A senior Trump appointee at the Department of Veterans Affairs spread "birther" conspiracy theories about former President Obama and made comments that appeared discriminatory against Muslims on social media, CNN reported on Tuesday.

The network reported that Thayer Verschoor, the executive director of intergovernmental affairs for the VA, made or shared most of the controversial comments on his Facebook page while working for the Trump campaign in Arizona.

Verschoor and the VA did not return CNN's requests for comment, and Verschoor made his Facebook private after CNN asked about the posts, according to the report.

CNN found that Verschoor shared a Facebook post titled "Why Vote For Donald Trump" that referenced the Obama "birther" conspiracy theory and negative theories about vaccines.

"He thinks Obama's birth certificate is a fraud [check out his SS#, no draft card/ old passport/ E-verification status, school records [remember his dad isn't American therefore he isn't qualified for the office he's in]," the post read, referring to Trump, who has questioned the authenticity of Obama's birth certificate.

The post also appeared to refer to a Muslim "problem" in the country.

"He realizes we have a Muslim problem in this nation," it said.

The official also shared posts calling for a ban on Muslim people entering the U.S., a policy then-candidate Trump also promoted.

"Donald Trump is right to temporarily ban Muslims till we know what the check is going on," he wrote in one post in January 2016.

Verschuur is the former Arizona state Senate majority leader. He previously worked as a special assistant the Department of Agriculture before moving to the VA last year.

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4.3 - Plain Dealer: [House passes bill by Rep. Marcy Kaptur to boost trainees at VA hospitals](#) (24 July, Sabrina Eaton, 11.5M uvm; Cleveland, OH)

The U.S. House of Representatives on Tuesday adopted a measure by Toledo Democratic Rep. Marcy Kaptur that encourages medical students to obtain their needed clinical observation hours at Veterans Administration hospitals.

The bill adopted in a non-controversial voice vote would create shadowing and training opportunities through a pilot program for individuals entering the medical profession, including doctors, nurses, and physical therapists, who provide health care services for veterans.

"Opportunities to shadow are limited and are based on where you go to school or who you know and students who attend schools outside major cities as well as those whose families lack connections to the medical community find it harder and harder to shadow and are thus disadvantaged in medical school admissions," Kaptur said on the House of Representatives floor.

She said her bill would expand the pool of health providers and make them more aware of veterans' specific health care needs, potentially making a dent in the shortage of health care professionals.

Now that the bill has passed the House, Kaptur's office said she will find a colleague in the U.S. Senate to introduce it.

"There's a lot of optimism that we can find a partner over there," said Kaptur spokesman Joshua Stewart.

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4.4 - Albuquerque Journal: [Santa Fe man finally receives his Bronze Star](#) (20 July, T.S. Last, 461k uvm; Albuquerque, NM)

It was a long time coming, but retired Staff Sgt. Dennis Ferk of the 164th infantry division of the North Dakota Army National Guard finally received the Bronze Star he earned during World War II.

"I didn't realize I had it coming," the 97-year-old Ferk said after the medal – as well as three others – were pinned to the lapel of his uniform during a ceremony at the Santa Fe Vet Center Friday afternoon.

"Yeah, you didn't get them all," said Maj. Gen. Kenneth Nava of the New Mexico National Guard told Ferk, a Santa Fe resident for 60 years who also wore a Purple Heart on his chest. "We're making it right – some 75 years later, but we're making it right."

Nava later said it's not unusual for World War II veterans to not receive all the medals they earned.

"If you think about it, millions of people were getting discharged after the war, so it's quite common that not everyone got the medals they were deserving of," he said.

Retired Staff Sgt. Dennis Ferk received four medals, including the Bronze Star, on Friday.

In addition to the Bronze Star, which is awarded to members of the U.S. military for heroic or meritorious achievements or service in a combat zone, Ferk also received the American Defense Service Medal, the American Campaign Medal, and the World War II Victory Medal.

Ferk enlisted in the North Dakota National Guard fresh out of high school in 1939. After the U.S. was drawn into the war by the Japanese bombing of Pearl Harbor in 1941, his unit was activated and deployed to guard the San Francisco Bay, and later the coast of Oregon, from enemy attack. His regiment was later sent to New Caledonia in the South Pacific for five months of combat training, then to Guadalcanal as an emergency reinforcement for the First Marine division.

"We were there to drive (the Japanese) out and off the island," said Ferk, who's still called "Sarge" by his friends.

The 164th was later shipped to the Fiji Islands where he earned his Purple Heart when a bomb exploded near him while he was guarding a supply depot, injuring his left eye.

When the war ended, Ferk returned to North Dakota, got married and was hired by the U.S. Department of Transportation. A job transfer brought he and his wife Dorothy to New Mexico in the late 1950s.

Ferk probably deserves a medal for what he went through a few years ago when he was the victim of scam artists. That case was concluded just this month when the couple that was serving as his caretakers were sentenced to five years probation and ordered to pay him more than \$120,000 in restitution.

Ferk now lives with his daughter, Denise, in Santa Fe.

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4.5 - San Diego Union-Tribune: [Amid shake-up, Trump taps beer magnate to lead Veterans Affairs mental health commission](#) (24 July, Andrew Dyer, 438k uvm; San Diego, CA)

President Trump has selected the former president of a large brewing company to lead a commission on veterans' mental health care, the Department of Veterans Affairs announced Tuesday.

Thomas "Jake" Leinenkugel will lead the Creating Options for Veterans' Expedited Recovery Commission to examine the VA's "evidenced-based therapy model," the VA said in a news release.

Leinenkugel was the president of Leinenkugel Brewing Company for 26 years and is a former Marine captain. In January 2017, Trump tapped him to be his VA white house senior adviser.

In that role, Leinenkugel clashed with former VA Secretary David Shulkin. His appointment Tuesday comes on the heels of Monday's senate confirmation of Robert Wilkie as VA secretary and reports of purges of VA employees disloyal to Trump.

These changes are part of a sweeping reorganization of the VA that critics — including its former secretary in a New York Times opinion story — have said is an attempt to further privatize the department.

At a speech Tuesday at the national annual convention of the Veterans of Foreign Wars, Trump talked up the changes he'd made to the VA.

"Last year, I signed a law — the VA Accountability Act — which nobody thought we'd get approved," Trump said. "Now, when a bad person, maybe a federal employee, abuses our great veterans in their time of need, we can look at them and say 'you're fired.'"

On Friday, the VA announced it had implemented Trump's May 25 executive order limiting how much paid time government employees could spend conducting union business.

The Executive Order has led to "chaos" at the VA, a union attorney told GovExec.com, an independent government news website.

Iraq and Afghanistan Veterans of America released a statement Monday responding to Wilkie's confirmation and the tumult at the VA.

"We finally have a Secretary after months of disruption, controversy and leadership changes," Paul Rieckhoff, founder and CEO of IAVA, said in the statement. "After decades of empty promises and failed results, our members are rightfully skeptical now about VA's ability to make the changes we need quickly — especially in such a divisive political environment."

The recovery commission is not wasting any time getting started — the VA said the first meetings will be held July 24 and 25.

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4.6 - Leader-Telegram: [Leinenkugel selected to lead VA commission](#) (24 July, Chris Vetter, 191k uvm; Eau Claire, WI)

When Jake Leinenkugel, former senior advisor to the White House for the Department of Veteran Affairs, spoke at the Chippewa Valley VA Clinic earlier this month, he talked passionately about the need to meet the mental health needs of veterans, and explore ways to reduce suicides, as well as discussing ideas to make them healthier.

Now, Leinenkugel has been tapped by President Donald Trump to lead a VA commission focused on veterans' mental health treatment.

The Creating Options for Veterans' Expedited Recovery (COVER) commission held its first hearing Tuesday in Washington DC and the group will meet again today.

"Jake has been an ambassador for change at VA, working to implement President Trump's policies throughout the department over the past year and a half," said acting VA secretary Peter O'Rourke in a press release Tuesday. "As leader of this important new commission, Jake will continue to advocate for better care and services for his fellow veterans."

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4.7 - Chippewa Herald: [Jake Leinenkugel to lead VA mental health commission](#) (24 July, 199k uvm; Chippewa Falls, WI)

Jake Leinenkugel, former senior White House adviser to the Department of Veterans Affairs, will lead a VA commission focused on mental health. President Donald J. Trump chose the Chippewa Falls native to lead the group, the VA announced Tuesday in a press release.

The Creating Options for Veterans' Expedited Recovery Commission, or COVER, "will examine VA's evidence-based therapy model for treating mental health conditions."

The group's first meetings were Tuesday and Wednesday in Washington, D.C., according to the press release.

In the press release, acting VA Secretary Peter O'Rourke called Leinenkugel an "ambassador for change at VA."

"As leader of this important new commission, Jake will continue to advocate for better care and services for his fellow veterans," O'Rourke said.

The announcement comes one day after the Senate voted 86-8 to confirm Pentagon official Robert Wilkie to be the new VA Secretary.

At the federal level, Leinenkugel has been involved in the VA's "ChooseVA" campaign and efforts to reduce veteran suicides, according to the press release.

Leinenkugel spoke in Chippewa Falls July 12, where he highlighted mental health and suicide awareness and praised Trump's "reframing" of the VA.

"The commitment of what this current president, whether you like him or not, is adamant ... that the VA and veterans get the best possible access to quality care when and where they need it, male or female. That's the transition we're going through right now," he said.

Leinenkugel is former president of Jacob Leinenkugel Brewing Co. He accepted a job in Washington, D.C., in January 2017.

In 2018, mental health is a top-of-mind problem for many Chippewa County residents, including veterans. A 2018 Chippewa County health assessment found mental health was the "top health priority" for the county.

Chippewa County averaged 133 hospitalizations per 100,000 people for self-inflicted wounds in 2017; the state average is 96 per 100,000 people.

Chippewa County rates above both the state and U.S. average in suicide death rates, according to the 2018 assessment.

Roughly 76 percent of people surveyed in the assessment said they couldn't afford mental health treatment.

Leinenkugel cited those numbers in Chippewa Falls July 12.

"That alarmed me, concerned me and probably (for) some of the clinicians and doctors, it doesn't surprise them at all. But we've heard about it, and it's a matter of doing something about it," he said.

Kevin Middlebrooks of Chippewa Falls praised the Chippewa Valley VA's mental-health services after Leinenkugel's speech.

"I've had a lot of mental-health treatment done here," he said. "Since I've been coming here, I've done a complete 180."

To contact the COVER commission, email COVERCommission@va.gov.

The Associated Press contributed to this report.

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4.8 - WWAY (ABC-3, Video): [Wilmington VA Clinic And American Red Cross Team Up For Blood Drive](#) (24 July, Marissa Yoder, 189k uvm; Wilmington, NC)

Wilmington VA Health Care Center is teaming up with the American Red Cross to host a blood drive tomorrow.

Right now, the American Red Cross has issued an emergency appeal for blood donations because of exponentially low levels.

From 9 a.m. to 2 p.m., you can stop by the VA clinic's 1705 Gardner Road location near Wilmington International Airport.

James Jarvis with the American Red Cross said one donation can help three people. The actual donation only takes 10-15 minutes; however, there are steps that come before and after donation that keep donors and the supply safe and healthy.

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4.9 - Radio Iowa: [Senator Grassley says new Veterans Administration secretary supports whistleblowers](#) (24 July, 37k uvm; Des Moines, IA)

After years of trying to fix critical problems in many of the nation's Veterans Affairs hospitals, Iowa Senator Chuck Grassley says confirming Robert Wilkie on Monday as the new VA Secretary is a big plus.

Grassley, a Republican, says Wilkie has proven himself as being a supporter of whistleblowers and he doesn't retaliate against those who speak out when there's trouble. "Respect for whistleblowers, because we wouldn't have known anything about everything that was happening that was so tragic down in Arizona four or five years ago if whistleblowers hadn't of come forward."

A report issued earlier this month found almost 700,000 veterans were waiting more than 30 days for appointments at VA facilities, while 76,000 veterans had waited more than six months. Only the Pentagon is larger than the VA, so in a bureaucracy of that size, Grassley says it can be a difficult process to identify and remove people who are part of the problem.

"When things are wrong, if heads don't roll, nothing changes," Grassley says. "It's going to be easier under existing law for the VA to fire people, so when something's wrong, you send a real strong signal if you fire people." In a news release, Grassley says, "Wilkie has dedicated his life to defending and serving his nation as a member of the armed forces and a distinguished public servant."

The Choice program that was set up in the VA in 2014 isn't working the way it should, according to Grassley, and he trusts Wilkie to make the needed corrections. "Getting that straightened out so people can have access to private medical care when the VA can't deliver it within 30 days for a non-emergency situation ought to be a top priority," he says.

Wilkie becomes the fourth VA secretary in five years. The inspector general's report found more than 23-hundred job openings in VA clinics nationwide. In recent years, some officials in VA hospitals were accused of falsifying wait times and at least 40 veterans died while waiting for care. A VA report released in June found the suicide rate among veterans in 2011 was 16 per day, while now, up to 20 veterans take their own lives each day.

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4.10 - MeriTalk: [Wilkie to Take Reins at VA Following Senate Confirmation](#) (24 July, 35k uvm; Alexandria, VA)

The Senate voted on Monday to confirm Robert Wilkie as Department of Veterans Affairs Secretary by a vote of 86-9, solidifying top leadership at VA in the midst of ongoing change and uncertainty at the second-largest Federal agency.

Wilkie had been serving as VA Secretary in an acting role before President Trump surprised many when he announced that Wilkie would be his new choice to permanently lead the department. Wilkie's selection for the post followed the failed nomination of White House physician Ronny Jackson.

The previous VA Secretary, David Shulkin, endured an extended period of job uncertainty, with many speculating about his fate before President Trump announced that Shulkin would be leaving the VA on March 28. With that saga unfolding, VA's \$10-billion Electronic Health Record (EHR) Modernization contract—which Shulkin first proposed—hung in the balance.

But Wilkie, serving as acting secretary, announced the signing of the long-awaited contract on May 17. During his Senate confirmation hearing, Wilkie declared the EHR modernization—and IT modernization more broadly—as among his top priorities. The House Veterans’ Affairs Committee established a new subcommittee on July 12 to provide oversight of the EHR rollout, citing costs that could reach \$16 billion over ten years.

Wilkie’s Senate confirmation hearing took place June 27. He was approved by the Senate Veterans’ Affairs Committee on July 10, sending the nomination to Monday’s full Senate vote.

Sen. Johnny Isakson, R-Ga., chairman of the Senate Veterans’ Affairs Committee, urged Wilkie’s confirmation in a statement on July 19. And prior to Monday’s vote on the Senate floor, Isakson referenced the bipartisan support Wilkie had garnered, and spoke of an opinion shared with the committee’s ranking member, Sen. Jon Tester, D-Mont.

“We’re excited because we know Robert Wilkie is the real deal,” Isakson said. “We no longer want somebody who’s going to make excuses for the VA, we want somebody who’s going to make a difference at the VA. Robert Wilkie will make a difference.”

Isakson lauded Wilkie as someone who understands the distinct needs of veterans, such as those in disconnected rural areas and those who struggle with mental health concerns. Isakson said that Wilkie knows the Senate has “given him a quiver of arrows, that he can use as he hunts through the VA, to root out the bad players, and lift the big players.”

“Mr. Wilkie has experience and a strong commitment to veterans and their families that should serve our men and women in Montana and across our nation,” said Tester in a statement following the confirmation. “By confirming Mr. Wilkie, we do right by the millions of veterans who look to the VA for the health care and benefits they earned in service to our nation.”

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5. [Improve Timeliness of Service](#)

5.1 - Columbus Dispatch: [Editorial: Veterans deserve care every day to save their lives](#)
(24 July, Editorial Board, 2.1M uvm; Columbus, OH)

Memorial Day and the Fourth of July are over; Veterans’ Day is more than three months away. Pausing to thank a veteran for his or her military service on those days is good, but many need the support of others throughout the year to help fight the post-traumatic distress and depression that lead too many veterans on a march to suicide.

While suicide deaths have climbed among all Americans, those involving military veterans comprise a significant subset. Overall, suicide in Ohio rose 36 percent from 1999 to 2016; with 1,706 total in 2016 and 210 by veterans in 2015, according to the most recent data available from multiple sources.

It is beyond enough that veterans willingly put their lives in jeopardy through their military service. They should not have to continue battling the aftereffects when they return to civilian life.

Thankfully, the issue is getting appropriate attention in central Ohio. The Chalmers P. Wylie VA Ambulatory Care Center and Ohio State University are both attacking the problem head on, and a new retreat program at The Wilds offers veterans a way to fight depression and post-combat stress.

The local VA clinic has gotten creative to boost suicide-prevention outreach to veterans. Suicide-prevention staff members have new text-enabled phones to contact younger veterans, knowing they are more likely to screen calls and be hard to reach for follow-up services. Outpatient urgent-care hours have been increased for evenings and weekends, with promises of immediate attention for behavioral-health care.

Meanwhile, OSU's Suicide Prevention Program works with the university's Office of Military and Veteran Services to target outreach and specialized services to veterans. One program asked veterans "RUOK?" and offered them the opportunity to initiate anonymous communications with counselors.

And thanks to a \$2 million gift from a World War II veteran from Zanesville, former service members who are fighting post-combat stress or depression can escape to The Wilds wildlife conservation center for week-long retreats offered by a California nonprofit.

The Wilds, a 10,000-acre Guernsey County refuge affiliated with the Columbus Zoo and Aquarium, offers new veterans' retreats with Mighty Oaks Warrior Programs based in Temecula, California. Using lakeside cabins built with the donation from oil executive Bill Straker, the faith-based programs provide a continuing support system that connects veterans with others facing similar challenges.

Also positive is a new Lancaster program, "Operation: Letters to Soldiers," launched in the spring to show appreciation and ward off despair for military members deployed overseas. Its creator, Carla Schorr, has collected more than 1,600 letters that the United Service Organizations of Central and Southern Ohio to distribute the letters to deployed service men and women.

As word of the letter campaign spread on social media, Schorr has started helping communities across the country set up similar programs.

Any effort that can be mounted to help someone in despair from being driven to the hopelessness of suicide is worth making. When the effort is directed toward those who have already put their lives on the line for the rest of us, it is doubly blessed.

Programs that work every day to prevent veteran suicides are worth celebrating as much as all our military-themed holidays combined.

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5.2 - KRGV (ABC-5, Video): [Call Center for Veterans Opens in Harlingen](#) (23 July, 275k uvm; Weslaco, TX)

A new call center for veterans opened in Harlingen on Monday.

The Texas Valley Coastal Bend Health Care System will provide customer service for Rio Grande Valley veterans.

Scheduling services will be provided and will include primary, specialty care and direct scheduling.

The new call center's hours of operation are 7:30 a.m. to 4:30 p.m., Monday through Friday. The center will be closed on weekends and U.S. federal holidays.

For more information, call 1-855-864-0516 or visit the website.

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5.3 - KAIT (ABC-8): [VA opening women's health clinic](#) (24 July, 197k ovml Jonesboro, AR)

Women veterans in southeast Missouri and northeast Arkansas will soon have a new place to get medical treatment.

The John J. Pershing VA Medical Center in Poplar Bluff will host a ribbon-cutting ceremony on Tuesday, July 31, at 3 p.m. of its new Women's Health Clinic, 1500 N. Westwood.

"As medical center director, and as a woman veteran, I am excited about this Women's Health Clinic for many reasons," said Dr. Patricia Hall. "We want our women veterans to know how very welcome they are in the medical center, and that we have special services just for them."

The ceremony will be followed by clinic tours and presentations on such topics as pet therapy, mindfulness, "paraffin hands," and osteoporosis.

The public is invited to attend.

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5.4 - KJZZ (NPR-91.5, Audio): [New Study On 'Moral Injury' Conducted By San Diego VA](#) (24 July, Steve Goldstein, 168k uvm; Tempe, AZ)

Post-traumatic stress disorder (PTSD) has become widely known in recent years and is often associated with soldiers.

But a condition called "moral injury" is now being studied as well by the U.S. Department of Veterans Affairs in San Diego and the National Center for PTSD. Though there is some overlap between the two, potential treatments could be dramatically different.

To explain more, Dr. Sonya Norman, director of the PTSD Consultation Program at the National Center for PTSD, came on The Show.

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5.5 - Payson Roundup: [VA invades Payson to help veterans](#) (24 July, Teresa McQuerrey, 52k uvm; Payson, AZ)

High-level representatives from the VA and the VA Phoenix Hospital invaded Payson last week on a mission to help area veterans.

D. Christopher Norton, director of the Phoenix VA Regional Office and Rima Nelson, director of the Phoenix VA Hospital, led a squad including the PVAH chief of staff Dr. Maureen McCarthy. Representatives from the offices of U.S. Representatives Paul Gosar and Kyrsten Sinema also attended.

Nelson told the large group of area veterans priorities have already been proposed by incoming Veterans Affairs secretary Robert Wilkie, who was expected to receive confirmation for the job by the U.S. Senate Monday. She said he wants the VA to continue to improve access and customer service for veterans and improve the “culture.”

She said the ongoing efforts to improve access have resulted in 300 new enrollees each week while modernizing communication.

Nelson also talked about the recently enacted VA Mission Act, which adds \$5.2 billion to the VA budget. The money will provide short-term funding for the VA Choice program. The original funding for VA Choice ended May 31, 2018.

She said it also would make more local care available and help expand funding for the VA caregiver program. In Gila County, 300 VA-authorized health care providers serve veterans, Nelson said.

The expansion of the VA Veteran Caregiver program allows expanded eligibility for veterans with service-connected medical issues. In the past, access to this program was more limited and emphasized post-9/11 military service.

The program allows VA compensation to family members providing home care for veterans.

Norton told the group his office provides a variety of services to Arizona veterans including disability compensation, pensions, life insurance, home loans, education, and vocational rehabilitation and employment benefits. He said his office is also one of several national VA call centers.

“We have made significant strides in our response times for service. Between 2013 and 2015 it was generally taking more than a year to get a decision on a claim. Now veterans are getting decisions on their claims in less than 100 days,” he said.

If a veteran appeals a decision, the process currently takes several years. Norton said his office is one of several regional VA centers in the pilot project for the new Rapid Appeals Modernization Program. It is a means to get faster resolution to appeals by allowing the veteran to choose two different paths: higher level review or supplemental claims. A higher level review provides an opportunity for the veteran to have an entirely new investigation of their claim by a more senior claims adjudicator. The supplemental choice gives the veteran more time to collect additional evidence to support their claim.

McCarthy talked about the continued emphasis of the VA Health Care Services on suicide prevention.

“Arizona has a high risk of veteran suicides among the young, but even more among the older, retired service members,” McCarthy said.

Nelson said every day 20 veterans take their lives and 14 of those don’t use VA services.

McCarthy said a very good program to help with suicide prevention is “Be Connected,” which is a help line — 1-800-4AZVETS (1-800-429-8387) — to connect people to more than 4,000 vetted connections.

“This is not a VA program, it was developed by many nonprofits and others,” McCarthy said.

The VA has a crisis line as well, 1-800-273-8255, press 1; it is also available online, for confidential chat, at VeteransCrisisLine.net; or text to 838255. This service is available to the families of veterans as well as the veterans.

“We’re here for you,” McCarthy said. “If VA failed you in the past, please come back.”

Nelson talked about a continuing concern of Payson area veterans — access to local emergency care.

“Since you are more than 40 miles away from a VA hospital, you don’t need prior authorization for emergency care. If you have an emergent medical issue, call 911, have the ambulance take you to the emergency department. The VA will work out the payments,” Nelson said.

She also told the group a new approach to veteran health care is developing, the whole health initiative.

“We are changing the discussion and giving veterans the option of deciding how they want to proceed with their health care. We want the veteran to be the driver of their own care. It’s better for you,” she said.

The July 18 VA Town Hall was organized by the local Veterans Advocacy Committee with assistance from Rim Country Health and Phoenix VA Health Care Services. It was held at the Payson United Methodist Church.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Lowell Sun: [Women vets fair a success](#) (24 July, 320k uvm; Lowell, MA)

In conjunction with the recent Women Veterans Day, Edith Nourse Rogers Memorial Veterans Hospital (aka Bedford VA) hosted a health fair dedicated to serving women veterans.

More than 80 women veterans attended, and many brought family, children and friends.

Women veterans learned about benefits and whole health services at the VA and within the wider community. Representatives from local companies, colleges and universities, as well as veterans service organizations were available to meet with those in attendance, and it was a great chance to meet and talk with other women veterans from all eras.

Breakout sessions included guided meditation, tai chi, Reiki, cooking demos, and health and beauty tips provided by local professionals.

Veterans also had an opportunity to see old friends, as well as meet new ones. The staff who volunteered that day to support women veterans were excited about the event, helping to provide a wealth of information for women veterans.

For women who are interested in learning more about the women's health services at the Bedford VAMC, they can call 800-838-6331, or contact Stephanie Coppolino, women veterans program manager at 781-687-3426.

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7.2 - KJZZ (NPR-91.5): [As Senate Confirms New VA Secretary, Arizonans Talk About Veteran Suicide](#) (24 July, Bret Jaspers, 168k uvm; Tempe, AZ)

The U.S. Senate confirmed a new Secretary of Veterans Affairs on Monday — Robert Wilkie. Wilkie takes over an agency reeling from a purge of high level staff, according to a report last week in the Washington Post.

Some Arizona lawmakers and advocates, meanwhile, took the opportunity of a change in leadership to push for better statistics of suicide among vets. They want the state to require counties to collect veteran information upon death.

A Sad Anniversary

Antouine Castaneda's mother-in-law believes he would still be alive if the Phoenix VA hospital had admitted him three years ago.

"He was begging, asking to be put into the hospital, and it was just, you know, 'come back and see us and try these pills,'" Margaret Smith said at a press conference Monday at the state Capitol. "He couldn't handle it anymore and the demons took over and he ended his life."

Now, Smith and other advocates are pushing for a new law.

It would require people who sign death certificates in Arizona to identify when the deceased person is a veteran. The proposal would also make the state compile an annual count of veteran suicides and give it to the Department of Veterans Affairs, starting January 1, 2020.

Referring to the proposal, state Rep. Jay Lawrence (R-LD23) said, “I guarantee you it will be voted for, or I will beat some heads. It will happen in our committee.”

Lawrence is the chairman of the House Military, Veterans and Regulatory Affairs Committee.

Defining The Problem

Supporters say providing reliable statistics to policymakers is a first step toward getting more mental health services for veterans.

A study from Arizona State University looking at veteran suicide in 2016 showed a much higher rate of suicide among veterans than non-veterans in the state.

In an interview, Phoenix VA hospital officials said they do track and record suicides that are reported to them. But because some veterans are not patients at the VA, the hospital's own tally is not the most reliable representation of veteran suicides. Reports from the Centers for Disease Control and Prevention can take two years or longer to come out.

Debbie Dominick at the Phoenix VA couldn't speak to Castaneda's specific case, but said the most important thing is for vets or their families to call, text or walk-in.

“We're trying to reach out to veterans and say, hey, we're here for you. Come on in and get care,” she said.

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8. [Mr. Wilkie nomination for VA Secretary](#)

8.1 - USA Today (Video): [5 things to know about incoming VA secretary Robert Wilkie](#) (24 July, Donovan Slack, 36.8M uvm; McLean, VA)

Who is Robert Wilkie?

He's a Pentagon official who's about to be the next secretary of the Department of Veterans Affairs, after winning confirmation by the Senate Monday.

“He's going to be fantastic,” Trump said Tuesday at a Veterans of Foreign Wars event in Kansas City, Missouri.

The president said “there's been nothing more important to me” than fulfilling his campaign pledges to fix the VA for veterans. “It was a very important commitment that I made to you during the campaign, and we're fulfilling that commitment.”

Still, Wilkie faces a daunting task in taking over an agency that has been rife with personnel infighting at headquarters for months and problems for veterans seeking medical care across the country for years.

He will quickly be under pressure to implement efforts to address the VA's seemingly intractable shortfalls. Here are five things to know about Wilkie and what he brings to the job:

He has military discipline

Wilkie, who is undersecretary of Defense for personnel and readiness, is also an intelligence officer in the Air Force Reserves, and he previously served in the Navy Reserves. He grew up an "Army brat" on Fort Bragg and in Fayetteville, North Carolina. His father was gravely injured in the Vietnam War and his great-grandfather served in World War I.

After graduating from Wake Forest University, Wilkie earned a law degree from Loyola University New Orleans, a masters in international and comparative law from Georgetown University and a masters in strategic studies from the U.S. Army War College.

He was an assistant secretary of Defense during the administration of George W. Bush from 2005 to 2009 and worked at the National Security Council under Condoleezza Rice. In his current post, which he has held since November 2017, Wilkie oversees "health affairs; training; and personnel requirements and management, including equal opportunity, morale, welfare, recreation, and the quality of life for military families," according to his biography

No health care experience

Wilkie does not have the health care experience his predecessor had. David Shulkin, whom Trump fired in a tweet in March, is a doctor and longtime hospital executive. But Wilkie said he believes the greatest problems facing the agency are "administrative and bureaucratic," rather than medical.

He has the benefit of serving as acting secretary of the VA after Shulkin was fired until Trump nominated him to take the job.

"Many of the issues I encountered as acting secretary were not with the quality of medical care but with getting our veterans through the door to reach that care," Wilkie said during his confirmation hearing last month.

"Those problems are both administrative and bureaucratic. Alexander Hamilton said that the true test of a good government is its aptitude and tendency to produce a good administration. That is where VA must go."

He's politically savvy

Wilkie has extensive experience on Capitol Hill, where he was an aide to former North Carolina senator Jesse Helms and a senior adviser to Sen. Thom Tillis, R-N.C.

In the 1990s, he was counsel and international security adviser to former Senate majority leader Trent Lott, R-Miss.

During the Trump administration, he helped facilitate the Senate confirmation process of Defense Secretary James Mattis, and he previously did the same with Robert Gates and retired admiral Mike Mullen.

During his confirmation hearing, Sen Jon Tester, D-Mont., highlighted Wilkie's adeptness at interacting with Congress, which will be key to the success of VA overhaul efforts.

"You've gotten pretty good at this," Tester said. "I don't know how many times you've been in front of a committee to be confirmed, but you ain't a rookie. You not only answer questions, but you anticipated questions as good as anybody I've ever seen in front of a Senate committee... It's going to be really important that we have a strong leader. You've got a lot of challenges in front of you. And I would just say that I think you've got the tools to do the job."

There's been some controversy

Wilkie's confirmation process was not without bumps. Just before his hearing in June, The Washington Post published a story detailing controversial positions he has taken.

In 1993, he defended Helms' effort to renew a patent on a logo featuring the Confederate flag, saying "What we are seeing is an attempt in the name of political correctness to erase entire blocks of our history." Around the same time, Wilkie attended ceremonies honoring Confederate soldiers.

During a stint as chair of the North Carolina Republican Party in 1996, Wilkie attacked a Democrat for having "openly courted money from the homosexual community," the Post reported.

At his confirmation hearing, Wilkie said, "I welcome a scrutiny of my entire record.

"The Washington Post seemed to stop at my record about 25 years ago. If I had been what the Washington Post implied, I don't believe I would have been able to work for Condoleezza Rice or Bob Gates or Jim Mattis," he said. "So I'm very — I will stand on my record."

He appreciates the cost of war

Wilkie, 55, and his wife, Julie, have known each other since childhood in Fayetteville, where they walked to high school together past a veterans' hospital.

"Every day on our way to and from high school, we would see a sign outside the veterans' hospital that says that 'the price of freedom is visible here,'" he said.

Wilkie said that his great-grandfather impressed upon him "the cost paid by ordinary Americans caught up in the incommunicable experience of war."

"My own life changed when my father returned from his second combat tour in Vietnam," he said. "When he came home after almost a year in Army hospitals, he weighed less than half of what he did when he left. I watched the agonizing recovery, and that experience was on my mind when I was asked to come to VA."

At the VA, which serves some 9 million veterans at more than 1,200 medical facilities, Wilkie said his top priorities will be improving the culture and providing top-notch "customer service" — in health care and benefit claims.

"When an American veteran comes to VA, it is not up to him to employ a team of lawyers to get VA to say yes," he said. "It is up to VA to get the veteran to yes, and that is customer service."

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8.2 - FOX News (Video): [Who is Robert Wilkie? 4 things to know about Trump's Veterans Affairs secretary](#) (24 July, Kaitlyn Schallhorn, 32.5M uvm; New York, NY)

Robert Wilkie has served as acting secretary of the Department of Veterans Affairs since March — and now his position is permanent.

On July 23, the Senate confirmed Wilkie to lead the VA, the government's second-largest department, with 360,000 employees serving 9 million veterans.

Wilkie, 55, has led the department since Trump announced his decision to replace David Shulkin. Then, Trump said he intended to nominate presidential physician, Rear Adm. Ronny Jackson, to lead Veterans Affairs, but Jackson eventually withdrew his name from consideration following controversy.

He served in the Air Force and Navy

Wilkie served in the United States Naval Reserve, according to his Defense Department biography.

He would later join the Air Force as a reserve officer and was assigned to the Office of the Chief of Staff, his biography said.

He holds a masters in strategic studies from the United States Army War College. Wilkie is also a graduate of Wake Forest University, Georgetown University and Loyola University in New Orleans.

He is also the Under Secretary of Defense for Personnel and Readiness

Wilkie took over as Under Secretary of Defense for Personnel and Readiness in November 2017. According to his Defense Department biography, he advises the Secretary of Defense for Total Force Management on the National Guard, training, health issues and personnel requirements.

In 2005, Wilkie was tapped to serve as assistant secretary of the Defense Department. He was the youngest senior leader in the department at the time, his biography states.

He worked for a massive engineering firm

Wilkie was vice president for strategic programs for CH2M HILL, a global engineering company, from 2010 to 2015, according to the Raleigh News & Observer.

Some of his assignments included reforming the United Kingdom Ministry of Defense Supply and Logistics System, his biography explains.

Wilkie also worked on the Hill

Wilkie worked for Sen. Trent Lott, then the Majority Leader, from 1997 to 2003, according to the News & Observer. He also served as an aide to former Sen. Jesse Helms and former Rep. David Funderburk.

Additionally, Wilkie was executive director of the North Carolina GOP, the newspaper reported.

In 1996, Wilkie unsuccessfully sought the Republican nomination for Congress, the News & Observer reported.

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8.3 - Politico: [Wilkie overwhelmingly confirmed as VA Secretary](#) (24 June, Mohana Ravindranath, 23.9M uvm; New York, NY)

With help from Arthur Allen (@arthurallen202) and Darius Tahir (@dariustahir)

WILKIE OVERWHELMINGLY CONFIRMED AS VA SECRETARY: The Senate voted Monday evening to confirm Robert Wilkie as VA secretary in an 86-9 vote, filling the vacancy left when David Shulkin was fired in March after a struggle with political appointees whom he accused of plotting to privatize the VA's health system.

Wilkie's confirmation drew criticism from elsewhere on the Hill. House Committee on Veterans' Affairs Ranking Member Tim Walz said in a release that he was "deeply skeptical of Robert Wilkie's leadership experience and ability to lead VA successfully."

Walz called Wilkie the "chief architect of President Trump's ban on transgender individuals serving in the military," demonstrating "that he was capable of carrying out controversial and partisan policy directives. It is fair to say VA privatization is next on his list."

During his confirmation hearing, Wilkie promised not to privatize VA health services, but many former officials worry about a "death spiral" as the agency, which has thousands of vacancies in its medical staff, puts a growing share of resources into private care, Pro eHealth's Arthur Allen reports.

"It will be important to see how the money flows," said Kayla Williams, who led the VA Center for Women Veterans until leaving recently to join the Center for a New American Security, a think tank. "The more you starve the public sector, the more it becomes an excuse for going further in the direction of using community care." Pros can read the rest of Arthur's story here.

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8.4 - Washington Times: [Trump says vote against Wilkie for VA secretary was roll call of Democratic candidates for 2020](#) (24 July, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump said Tuesday the only senators who voted against new Veterans Affairs Secretary Robert Wilkie were Democrats who plan to run against Mr. Trump in 2020.

"The only ones who actually voted against him were all the people, super-lefts, who are running against me in two years. If you want to know who's running, just take a look at Wilkie's score," Mr. Trump told the annual Veterans of Foreign Wars convention in Kansas City, Missouri.

The Senate confirmed Mr. Wilkie Monday night by a vote of 86-9, with five senators not voting. The "no" votes were from Democratic Sens. Cory Booker of New Jersey; Kamala D. Harris and Dianne Feinstein of California; Kirsten Gillibrand of New York; Elizabeth Warren and Edward J. Markey of Massachusetts; Ron Wyden and Jeff Merkley of Oregon; and Bernie Sanders of Vermont.

Mr. Booker, Ms. Harris, Ms. Gillibrand, Ms. Warren and Mr. Sanders are often mentioned as potential Democratic candidates in 2020.

Mr. Trump said of his new VA secretary, who accompanied him to Missouri, "He's going to be fantastic."

The president also blasted Democrats for calling for the abolishment of the Immigration and Customs Enforcement agency, saying that about one-third of ICE officers are veterans.

He said the issue will be a strong one for Republicans in the mid-term election and in 2020.

"Democratic politicians want to abolish ICE," Mr. Trump said. "They want to see open borders. The crime would be unbelievable. And they want to get rid of the crime-fighter, on top of everything else. We're going to have a lot of fun in four months [in the mid-term] and we're going to have a lot of fun in 2020 running against them."

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8.5 - Military.com: [Trump: Senators Who Voted Against New VA Secretary Plan to Run in 2020](#) (24 July, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump said Tuesday that the nine opposition votes against Robert Wilkie, the newly confirmed secretary of the Department of Veterans Affairs, were cast by left-wing senators seeking to run against him in 2020.

"The only ones, actually, that voted against [Wilkie] were all of the people -- super-lefts -- that are running against me in two-and-a-half years," he said in an address to the Veterans of Foreign Wars national convention in Kansas City.

Wilkie, 55, of North Carolina, was confirmed by the Senate on Monday to become the next VA secretary, succeeding the fired Dr. David Shulkin, by a vote of 86-9.

Usually, VA nominees have unanimous bipartisan support, but the vote Monday was the first time there was opposition to the nominee to head the VA since the post became a cabinet position in 1989. Eight Democrats and one Independent voted against Wilkie.

They were Democratic Sens. Cory Booker of New Jersey, Dianne Feinstein of California, Kirsten Gillibrand of New York, Kamala Harris of California, Ed Markey of Massachusetts, Jeff Merkley of Oregon, Elizabeth Warren of Massachusetts, and Ron Wyden of Oregon. Independent Sen. Bernie Sanders of Vermont also opposed the nomination.

Several could be considered 2020 candidates, but Feinstein, Markey, Merkley and Wyden would be unlikely possibilities.

Wilkie, a Republican who served in staff positions on Capitol Hill and at the White House, was aboard Air Force One with Trump for the trip to Kansas City.

"He's going to do a fantastic job," Trump said of Wilkie, an Air Force Reserve colonel who moved over to the VA from his post as undersecretary of defense for personnel and readiness.

"There's nothing more important to me" than reforming the VA, Trump told the audience.

He also strongly suggested that Acting VA Secretary Peter O'Rourke, who has been charged by Democrats with pushing out those at the VA considered "disloyal" to Trump, would be staying on at the department.

"I also want to thank our Acting VA Secretary Peter O'Rourke for doing such a fantastic job in the meantime, holding down the fort until Wilkie got approved," Trump said. "And Peter is going to be joining the whole team, and they are doing numbers and they are doing a job with Choice and with all of the other things that we've gotten approved."

He referred to the Veterans Choice Program, which allows veterans the option of seeking private health care. The Choice Program has been extended for one year while the VA implements the VA Mission Act to consolidate and overhaul Choice programs.

Several Democrats who voted for Wilkie urged him to consider sacking O'Rourke and other political appointees who they charged favored the "privatization" of VA health care.

"I hope Mr. Wilkie can turn the page on this chapter of uncertainty and dysfunction caused by inexperienced Trump political appointees, and I urge him to bring in an entirely new leadership team to complement existing dedicated career civil servants," Sen. Tammy Duckworth, D-Illinois, said in a statement.

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8.6 - UPI: [Robert Wilkie confirmed as new VA Secretary](#) (23 July, Ray Downs, 4.8M uvm; Washington, DC)

The Senate on Monday overwhelmingly confirmed Robert Wilkie to head the Department of Veteran Affairs.

With a vote of 86-9, Wilkie, 55, will officially replace former VA Secretary David Shulkin, who was fired by President Donald Trump in April. Shulkin was accused of using taxpayer funds to pay for a personal trip to Europe and misleading ethics officials to cover it up.

"I applaud the United States Senate for confirming Robert Wilkie as the Secretary of Veterans Affairs," Trump said in a statement. "Mr. Wilkie has dedicated his life to serving his country with honor and pride. He has displayed great patriotism and a commitment to supporting and empowering America's armed forces and veterans. Under his leadership, I have no doubt that

the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our Nation with distinction."

A handful of Democrats opposed Wilkie's appointment, including Sen. Kamala Harris, D-Calif., who cited his past attendance at Sons of Confederate Soldiers events, as well as his criticism of transgender troops in the military.

"From his history of celebrating those who fought for an America that kept human beings enslaved, to his efforts to justify Trump's ban on transgender troops, Robert Wilkie is a far cry from the best person we can find to put in charge of our veterans' care. We owe them better," Harris said on Twitter.

During his nomination hearing last month, Wilkie said he stopped attending pro-Confederacy events "at a time when that issue became divisive."

Wilkie also drew criticism for his past role as an aide to late Sen. Jesse Helms, R-N.C., in 1990, when Helms ran racially charged campaign ads against his opponent, Harvey Gantt, a leader in the state's black community.

Wilkie, whose career has mostly been spent in the Pentagon and defense industry, will now lead one of the largest federal agencies with nearly 350,000 employees and a \$200 billion budget.

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8.7 - Roll Call: [For New Veterans Affairs Chief, That Was the Easy Part, Robert Wilkie may have made it through the Senate, but the second-largest federal agency still has vacancies, other woes](#) (24 July, Lauren Clason, 430k uvm; Washington, DC)

His confirmation Monday drew scrutiny and nine dissenters. Now Veterans Affairs Secretary Robert Wilkie must face the real challenge: repairing the sprawling agency that serves the nation's veterans, including 9 million who receive health care benefits through the department.

The second-largest federal agency is embarking on two major initiatives — a reorganization of its private medical care options and a \$15.8 billion electronic health records project — at the same time that it seeks to fill key positions overseeing them.

The Senate may have confirmed Wilkie, 86-9, but the \$187 billion agency still lacks permanent officials in three other leading roles — deputy secretary, undersecretary for health and chief information officer. Many believe the vacancies could hinder the department's efforts to right itself as it works to improve lengthy wait times and address concerns about its quality of care.

The VA has been a revolving door for senior officials for years as it struggles to solve systemic problems plaguing its more than 1,200 medical care facilities.

Watch: Who Is Robert Wilkie?

"I just think that no one can do it alone, and Robert Wilkie is going to have to make sure he has a strong staff to help support him," said Lou Celli, executive director of government and veterans affairs for the American Legion.

The workload would be a heavy lift for any department, but the VA's history of problems and the sensitive nature of veteran care has lawmakers on edge. Montana Democratic Sen. Jon Tester told Wilkie at his June 27 Senate confirmation hearing that he would be taking the helm during "unprecedented times" at the VA.

But department officials have defended the VA's ability to meet expectations, saying that lower-level employees carrying out the agency's mission remain dedicated and on track to meet quickly approaching deadlines.

This spring, the VA launched the two massive projects in a bid to remake its core operations controlling veteran health care. One is a \$21.4 billion reorganization combining the department's seven disparate community care programs that allow veterans to see private providers outside of VA facilities.

The overhaul was the central focus of the so-called VA Mission Act, which President Donald Trump signed in June. One of the most important tasks facing the department is mapping out eligibility standards for veterans who previously received care across the different programs, Celli said.

Budgeting will also be key, he said, since shortfalls helped lead to a 2014 scandal at the Phoenix VA hospital, where a number of veterans died while waiting for appointments on the facility's secret wait list. That scandal led Congress to expand private medical care several times, culminating with the overhaul that Trump just signed.

Celli says he hopes the agency does not have to prioritize based on budget versus need.

The new law also includes a \$6.7 billion expansion of a program aiding family caregivers, as well as a wholesale review of all of the department's facilities that could further remake the VA in future years. The assessment will be conducted by the VA and a new commission to recommend whether hospitals or other facilities should be closed, expanded or altered.

The second major project is the \$15.8 billion, 10-year endeavor to replace the VA's electronic health record system with one that is interoperable with that of the Department of Defense as well as private doctors and hospitals across the country. Wilkie, who was acting VA secretary at the time, inked the deal with health IT company Cerner in May.

Additionally, the VA is dealing with myriad other controversies. The department suffers from a shortage of frontline medical personnel, a problem that the private sector also faces but one that complicates efforts to improve outcomes at VA's heavily scrutinized facilities. Nursing home ratings released in June showed that nearly half earned the lowest possible quality score, although nearly all received the highest score on staffing levels.

Expansion of the private care program has reinvigorated fears that more funds will be shifted away from VA facilities.

"It's extremely important that we sustain a strong and healthy infrastructure at the Department of Veterans Affairs," Celli said.

Challenges at the top

Wilkie's work on the electronic health records project will be closely evaluated.

The department is set to adopt the Defense Department's platform, MHS Genesis, with significant modifications in order to interact with private providers, but the DOD's rollout has been rocky. The project director halted the platform's testing at a fourth site in April, citing "significant problems" at the first three pilot sites. The VA is set to debut its version of the software at initial testing sites by March 2020.

"Leadership will make or break this project," House Veterans' Affairs ranking Democrat Tim Walz of Minnesota said last month at the committee's first oversight hearing on the project.

The onus will fall to Wilkie, but he has some controversies of his own.

A recent profile in The Washington Post detailed Wilkie's defense of the Confederate flag, and his history of serving on the staff of divisive politicians like former North Carolina GOP Sen. Jesse Helms. A former member of the Sons of Confederate Veterans, Wilkie said he stopped participating in Confederate events once it became politically divisive.

The allegations weren't serious enough to derail him during his Senate Veterans' Affairs nomination hearing in June nor bar him from earning the committee's approval in July.

A lawyer and an intelligence officer in the Air Force Reserve, Wilkie grew up on Fort Bragg as the son of a Vietnam veteran who was seriously wounded in combat. He also previously served in the Navy Reserves.

In the George W. Bush administration, Wilkie worked on the National Security Council under Condoleezza Rice, as well as for former Defense secretaries Donald Rumsfeld and Robert Gates.

This marked Wilkie's third tour of the Senate confirmation process. At his hearing, Wilkie specifically cited his Defense Department work to reduce wait times within its Defense Health Agency, assuring South Dakota Republican Mike Rounds, a vocal skeptic of the recently enacted VA private care overhaul, that he was capable of reducing wait times for veterans.

Wilkie also pledged to "walk the post" as secretary by visiting different branches of the department in person. During the two months he spent as acting secretary, Wilkie visited five separate facilities.

"I mentioned in the first statement that I gave at VA that it has to be a bottom-up organization — that anyone who sits in the secretary's chair and claims he has the answers should not be there," Wilkie said.

Months of turmoil

Some of the vacancies themselves are embroiled in controversy.

The VA had lacked a confirmed leader since March, when Trump ousted Obama-era holdover David Shulkin from the role amid questions about taxpayer-funded travel with his wife and revelations that he improperly accepted Wimbledon tickets. (Shulkin repaid the agency for his wife's travel and pledged to pay for the tickets.)

Shulkin also accused Trump political appointees of organizing a revolt against him, alleging he was fired and contradicting the White House's claim that he had resigned. In response to a Freedom of Information Act request, the VA said it had no resignation letter. If Shulkin was fired, it raises questions about whether Trump was legally allowed to bypass Shulkin's deputy in favor of Wilkie as acting secretary. That consequently casts doubt on the legality of the Cerner contract that Wilkie signed.

After Trump nominated White House physician Ronny Jackson to replace Shulkin, Jackson's candidacy sank under allegations of drinking on the job and improper prescribing practices. Jackson has denied the accusations.

Shulkin's abrupt departure triggered a turnover in senior officials who otherwise would have left at the beginning of the Trump administration, say advocacy groups. The result is a lack of permanent leadership, including the chief information officer who would oversee the electronic health records implementation.

The acting CIO, Camilo Sandoval, stands accused by a former female colleague, Jessica Denson, of harassment and discrimination during their time on the Trump campaign. The House Veterans' Affairs Committee declined to invite Sandoval to testify at the first hearing on the records project on June 26.

Acting Secretary Peter O'Rourke assured the committee that he remains confident in Sandoval's ability to perform his duties, and VA spokesman Curt Cashour said a permanent CIO candidate is being vetted by the White House.

Also missing is an undersecretary for health, a post temporarily filled by former Agency for Healthcare Research and Quality Director Carolyn Clancy, who previously served in the position. O'Rourke replaced Clancy with Richard Stone, who is also serving in an acting capacity.

Questions remain over who will fill the positions and when they will assume the roles. The department will be making announcements on several senior positions in the coming weeks, a senior VA official said.

O'Rourke indicated to the House committee that he was unaware of the status of the positions, saying that the department has sent multiple candidates to the White House for approval.

Dan Caldwell, executive director for the Koch network-backed group Concerned Veterans for America, said the White House has made multiple job offers, but they have fallen through.

Wilkie, for his part, told the Senate VA Committee that he did not have a list of people in mind for the empty positions.

Mixed reviews

Watchdogs have consistently cited lack of leadership as the VA's main problem, and it's hard to see how extended vacancies won't exacerbate the department's entrenched issues.

But initial reports from department officials indicate the agency is so far on track for at least the health-records overhaul.

Officials outlined details of governance structure and planning to the House VA Committee in the June hearing, and said interagency meetings were happening regularly. Cashour said the VA was “absolutely” capable of handling the project.

“VA’s electronic health record modernization efforts are being led by virtually the same team that successfully finalized the contract with Cerner — an unprecedented achievement in VA history,” he said.

Cashour similarly disputed the notion that the VA is ill-equipped to handle obligations under the recent private care law. Lawmakers — particularly Democrats — have questioned whether the VA has the resources to handle the overhaul of the community care programs, in addition to an influx of veterans under the caregiver expansion.

“The concerns about the Mission Act are unfounded, as the regulations governing the implementation of the Mission Act won’t be completed until long after a permanent secretary is in place,” Cashour said, adding that the Trump administration has been quicker to fill positions than the Obama administration.

Veterans’ groups believe Wilkie has the credentials necessary to lead the agency.

His background is far more reassuring to lawmakers and advocacy groups than Jackson’s, who had never managed anything on par with the VA. His brief stint as acting secretary also allowed him to lay some groundwork for the two projects.

“I don’t think he would go into this job with a very steep learning curve as a result,” Caldwell said.

Wilkie has also made himself available to veterans groups, promising to tackle administrative problems that led to vacancies in the department’s lower ranks as well.

As the VA opens the door further on private care, ensuring the continued success of the department’s internal operations will become more important to advocacy groups.

But the concerns extend beyond where a veteran receives care. Paul Rieckhoff, executive director of the Iraq and Afghanistan Veterans of America, said traditional veterans service organizations under Trump are increasingly sidelined in favor of more political groups seeking to increase privatization.

“Our biggest concern is that the very soul of the VA is being attacked,” he said. “The very essence of what VA does and its very mission is being eroded.”

The shortfalls within the VA have been well documented. Now it’s up to the department, and likely Wilkie, to act on them.

“Mr. Wilkie, there are no excuses anymore,” Senate Veterans’ Affairs Chairman Johnny Isakson, a Georgia Republican, said at his confirmation hearing. “Failure is not an option.”

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8.8 - KOKH (FOX-25): [Inhofe, Lankford applaud confirmation of Veterans Secretary](#) (24 July, Dan Snyder, 165k uvm; Oklahoma City, OK)

President Donald Trump officially has a new man running the Veterans Affairs Department.

On Monday, the Senate overwhelmingly (86-9) confirmed Robert Wilkie as Secretary of Veterans Affairs, the second largest department in the federal government.

Wilkie, who is Trump's third nominee to run the embattled department in just 18 months, had strong support on both sides of the aisle. That includes from both Oklahoma senators.

"I am confident Robert Wilkie will do an excellent job as he has exemplified these characteristics for his entire career," said Sen. Jim Inhofe, who serves as interim chair of the Senate Armed Services Committee. "He will be an excellent leader at the VA and I look forward to working with him to ensure Oklahoma veterans receive the care and benefits they have earned."

Wilkie, a Navy veteran, takes over the department in flux since Trump fired David Shulkin from the post earlier this year after several scandals. The president's first choice to replace Shulkin, White House physician Ronny Jackson, withdrew after allegations of misconduct, leaving an already challenging department without a leader for months.

"There are important issues facing our veterans, especially with health care and medical facilities," said Sen. James Lankford. "Tremendous progress has been made in the past several years for veterans, but there are still many major issues to resolve. Our veterans have served this nation and maintained our freedom; they deserve to have a Department of Veterans Affairs that provides the same level of service and commitment."

Wilkie's confirmation comes a day before President Trump travels to Kansas City to attend the Veterans of Foreign Wars national convention.

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8.9 - EHR Intelligence: [Senate Confirms Robert Wilkie as New VA Secretary, President Trump's second VA secretary nominee Robert Wilkie has been confirmed to lead the federal department.](#) (24 July, Kate Monica, 50k uvm; Danvers, MA)

In an 86 to 9 vote on Monday night, the Senate confirmed former Department of Defense (DoD) Undersecretary Robert Wilkie as the new VA secretary, according to CNN.

"I applaud the United States Senate for confirming Robert Wilkie as the Secretary of Veterans Affairs," said President Trump in a public statement.

"Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our Nation with distinction," he continued.

Wilkie is the second official nominee chosen by President Trump to fill the vacancy left by former VA Secretary David Shulkin. Shulkin was fired in March following accusations from the federal agency's Inspector General that Shulkin improperly accepted tickets to the Wimbledon tennis tournament.

Trump's first nominee to fill the position in Shulkin's absence was Navy Rear Admiral Ronny Jackson, MD. Jackson withdrew as nominee after allegations surfaced about his professional conduct and managerial abilities.

Wilkie had been serving as the VA Acting Secretary since Shulkin left his post.

In the past, VA secretaries have received unanimous approval by senators across party lines. Last night's confirmation hearing marks the first time any senators voted against the confirmation in the history since the VA secretary position became a part of the Cabinet.

Eight Democrats and one Independent — Senator Bernie Sanders — voted against Wilkie's confirmation.

As acting VA Secretary, Wilkie played a significant role in finalizing the \$10 billion Cerner EHR implementation contract. Wilkie officially signed the Cerner contract in mid-May 2018 after months of delay.

"I am pleased to announce we have signed a contract with Cerner today that will modernize the VA's health care IT system and help provide seamless care to Veterans as they transition from military service to Veteran status, and when they choose to use community care," said Wilkie in a public statement.

While the contract was rumored to surpass \$16 billion, the federal department announced the contract would have a \$10 billion ceiling over ten years.

"With a contract of that size, you can understand why former Secretary Shulkin and I took some extra time to do our due diligence and make sure the contract does what the President wanted," said Wilkie.

Care sites within the VA Cerner EHR implementation initial operating capability (IOC) in the Pacific Northwest should be live and fully-functional by March 2020, according to testimony from VA officials at a June House Committee on Veterans' Affairs hearing.

Wilkie and other VA officials will need to send Congress regular quarterly updates on the Cerner EHR implementation as it progress.

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8.10 - HealthExec: [Wilkie confirmed by senate as next VA Secretary](#) (24 July, Nicholas Leider, 20k uvm; New York, NY)

Robert Wilkie received Senate confirmation as the new Secretary of the Department of Veterans Affairs on Monday, July 23, by an 86-9 vote.

Wilkie had been acting secretary since David Shulkin, MD, was fired by President Donald Trump in March. Trump then nominated White House physician Ronny Jackson, MD, for the position, but he withdrew from consideration after allegations of inappropriately prescribing medications and drinking on the job.

The White House welcomed the news, with President Donald Trump congratulating the newest member of his cabinet.

"Mr. Wilkie has dedicated his life to serving his country with honor and pride," Trump said in a White House statement. "He has displayed great patriotism and a commitment to supporting and empowering America's armed forces and veterans. Under his leadership, I have no doubt that the Department of Veterans Affairs will continue to make strides in honoring and protecting the heroic men and women who have served our [n]ation with distinction."

Wilkie had already received Senate confirmation for his previous role as undersecretary of defense for personnel and readiness at the Department of Defense. But the nine votes against his confirmation marked the first time any senators have opposed a VA nominee.

Bernie Sanders, I-Vermont, was one of those who opposed Wilkie. The 2016 presidential candidate, when voting against the nomination in committee, expressed fears Wilkie would move to privatize the VA healthcare system—something strongly opposed by those on the left.

During his confirmation hearing, Wilkie responded directly to Sanders, promising such a move would be a non-starter.

"My commitment to you is that I will oppose efforts to privatize the VA," he said.

Wilkie will oversee the government's second largest department, with a workforce of more than 360,000 covering healthcare for more than nine million enrolled veterans.

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8.11 - Up & Coming Weekly: [Robert Wilkie will have a full plate](#) (24 July, Jeff Thompson, 16k uvm; Fayetteville, NC)

If confirmed by the Senate as secretary of Veterans Affairs, Robert Wilkie will have to deal with VA hiring practices and the over-prescribing of anxiety drugs. A new report from the nation's leading veterans group said these issues may be undermining efforts to combat suicide among veterans.

The American Legion just released a 20-page report soon after the VA came out with its own report showing little change in the veterans suicide rate in recent years.

"VA has implemented numerous successful initiatives and programs," the Legion report stated. "However, as an average of 20 veterans a day continue to take their own lives ... much more must be done."

"The prime directive is customer service," Wilkie said. He told a Senate committee the VA should be an industry leader in opioid intervention and suicide prevention. Wilkie grew up in Fayetteville and has held several top positions in government. He has repeatedly stated his opposition to privatization of the VA, whose budget has quadrupled in the last 20 years and stands at more than \$188 billion. That makes it the second-largest agency in the federal government behind only the Department of Defense.

Of concern to Legion officials are significant staffing gaps at VA medical facilities across the country. Department officials have acknowledged more than 30,000 full-time vacancies, particularly problematic shortages in specialties such as mental health care.

American Legion leaders blame those shortfalls in large part on “the tedious hiring process” in the federal bureaucracy and urged more outreach and research into ways to improve the recruiting and retention process.

About 74,000 veterans live in the 19-county area of Southeastern North Carolina served by the Fayetteville VA.

“The shortage of employees can lead to overworked staff, poor patient experiences and lower quality of care,” the report stated. Keeping veterans in the VA care network has resulted in a significant decline in suicide, the report added.

Legion officials also sounded alarms over VA physicians’ use of benzodiazepines, a class of antianxiety drugs that includes Xanax and Valium.

“Over 25 percent of veterans newly diagnosed with PTSD are still being prescribed harmful and potentially deadly amounts of medications,” the report stated.

The report also recommended further outreach by the VA to veterans with other-than-honorable discharges. Last year, VA officials offered emergency mental health intervention to those veterans for the first time. It also suggested more exploration of alternative mental health therapies such as “acupuncture, yoga, meditation and martial arts” for struggling veterans.

Wilkie said that if confirmed, he would carry out the mandate of newly passed legislation that calls for expanding private health care for veterans. But, he said, private care would not replace VA, a longstanding fear among Democrats.

At his confirmation hearing, Wilkie cited a raft of “administrative and bureaucratic” issues he said he has seen firsthand during the weeks he served as acting VA secretary. He said he would fix them by modernizing the agency’s cumbersome medical appointment system. Wilkie was appointed to the interim post in March.

To contact the Veteran Crisis Line, dial 1-800-273-8255 and select option 1 for a VA staffer. Veterans, soldiers or their families can also text 838255 or visit VeteransCrisisLine.net for assistance.

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9. [Other](#)

9.1 - NPR: [Trump Faces Friendly Crowd At VFW Convention](#) (24 July, Quil Lawrence, 22M uvm; Washington, DC)

President Trump delivered a speech to the Veterans of Foreign Wars annual convention in Kansas City, Mo., offering many of his regular talking points about everything from tariffs to immigration to the new American Embassy in Jerusalem.

Trump was interrupted repeatedly by applause and shouts of support - notably when he mentioned his hopes that the remains of Korean War veterans would soon be repatriated, as agreed in his June 12 summit with North Korean leader Kim Jong Un.

"We're also working to bring back the remains of your brothers-in-arms who gave their lives to Korea," Trump said to cheers. "And I hope that very soon these fallen warriors will begin coming home to lay at rest in American soil."

Trump also touted achievements on reforms at the Department of Veterans Affairs, and praised the newly confirmed VA secretary Robert Wilkie, who accompanied the president to Kansas City.

Trump said the VA had been empowered to more easily fire poor performing employees, and promised that a revamped version of the Veterans Choice Program would clear the way for vets to see more private doctors. The White House is currently in a dispute with some members of Congress about how to fund the program.

A scheduled speech by the acting VA secretary was apparently cancelled, and Trump didn't invite Wilkie to address the crowd.

Frank Morris of member station KCUR reports from the convention floor that the enthusiastic crowd was predominantly white, male and older. The reaction of 89-year-old Anthony Maroney was typical.

"He gave a darn good speech, I'll tell you that," said the Army Airborne veteran. "He was for everybody, not for himself, but everybody, all the vets who were here."

But some expressed concern about how the federal government would pay for the veterans programs the president pledged to support. And last week's summit with Russian president Vladimir Putin worried others.

"With Russia, I think he's making a huge mistake," said Timothy Juliatt, another Airborne veteran. "They have been an enemy of ours for eons."

In a break from tradition, Trump used the non-partisan organization's backdrop to invite a Republican candidate for Senate up to the stage, yielding the mic to Missouri Attorney General Josh Hawley, who is running to unseat Democrat Claire McCaskill. Trump criticized McCaskill and several other Democrats by name.

VFW spokesman Joe Davis told NPR, "The VFW is a nonpartisan organization but we routinely host elected officials and candidates, such as candidates Trump and Clinton in Charlotte [N.C.] in 2016."

Frank Morris of member station KCUR contributed reporting from Kansas City, Mo.

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9.2 - The Hill: [Trump tells veterans he will 'stand up for America'](#) (24 July, Jordian Fabian, 11.8M uvm; Washington, DC)

President Trump on Tuesday pledged he would "stand up for America" as he faces criticism for appearing too deferential to Russian President Vladimir Putin.

"We don't apologize for America anymore. We stand up for America. We stand up for the patriots who defend America," Trump said at the Veterans of Foreign Wars national convention.

"And we stand up for our national anthem," the president added, garnering a thundering ovation from a crowd of military veterans inside a roughly half-full Municipal Auditorium in downtown Kansas City.

Trump spoke for nearly an hour in remarks that began with a focus on the military and veterans, but occasionally hewed closer to his more heated rhetoric at campaign rallies. As the event progressed, the president touted his protectionist trade policies, hit Democrats for their criticism of U.S. Immigration and Customs Enforcement (ICE) and took a jab at the press in attendance.

After running through a list of military equipment upgrades covered in the latest spending bills, Trump ratcheted up his rhetoric against the Islamic State in Iraq and Syria, labeling the terrorist organization a group of "blood-thirsty killers."

"We're calling the threat by its real name, the name that wasn't mentioned for a long time," Trump said. "It's called radical Islamic terrorism."

He briefly acknowledged his decision to withdraw the U.S. from the Iran nuclear deal, but did not address his all-caps tweet on Sunday in which he warned that the country could face extreme consequences for threatening the U.S.

Trump during his speech also made no mention of his efforts to make peace with Moscow. Upon landing in Kansas City, the president had sent a tweet saying he's "concerned" that Russia may interfere in this year's midterms in an effort to help Democrats.

Trump has spent the past week enduring criticism for his meeting with Putin, in which the U.S. president cast doubt on the intelligence community's conclusion that Russia interfered in the 2016 election.

He has since attempted to clarify those remarks and express confidence in his intelligence officials, but undermined those efforts when he said others could have meddled as well, and labeled Russian interference "a big hoax."

During his address Tuesday, Trump touted other initiatives including reforms of the scandal-plagued Department of Veterans Affairs (VA). He praised newly minted VA Secretary Robert Wilkie, who was in attendance one day after being confirmed by the Senate.

Trump said a new VA whistleblower law allows the government to more easily get rid of employees accused of misconduct.

"We can look them in the eye and say you're fired. Get out!" the president said to a round of applause.

Trump also touted his efforts to strike a nuclear agreement with North Korea, saying footage has emerged showing that Pyongyang has dismantled a key missile site.

The president added that remains of U.S. service members, another key point of negotiations with the country, would be coming home "very soon." Trump has in the past suggested that process had already begun.

Though the event Tuesday was billed as an official, not a political, appearance, Trump also gave a boost to Missouri Republican Senate candidate Josh Hawley, who is running to unseat Sen. Claire McCaskill (D-Mo.) in November.

Trump invited the Missouri attorney general on stage, where he gave a glowing review of the president's first 18 months in office.

Trump later veered into more traditional campaign rally territory, telling the veterans in attendance that Democrats are unsupportive of law enforcement and renewing his feud with Rep. Maxine Waters (D-Calif.), a vocal critic who has called for his impeachment.

"Instead of supporting our ICE officers, many of these Democrat politicians — who are really disciples of a very low IQ person, Maxine Waters, and perhaps even worse, Nancy Pelosi — they've launched vicious smears on the brave men and women who defend our community," Trump said, referencing a small group of liberal Democrats who have called for ICE to be abolished.

The president also rejected criticisms of his decision to implement steep tariffs on Canada, Mexico, the European Union and China, even as those countries have slapped retaliatory tariffs on U.S. goods that are detrimental to American workers.

While Trump's protectionist trade policies have earned overwhelming condemnation from Republicans and Democrats alike, the president assured his supporters that the decision would pay off in the end.

"The farmers will be the biggest beneficiary. Watch. We're opening up markets. You watch what's going to happen," he said

"Just stick with us. Don't believe the crap you see from these people, the fake news," he said, pointing at the press in attendance.

Moments after Trump concluded his speech and departed for a fundraiser, the Department of Agriculture announced it would provide \$12 billion to farmers negatively affected by the trade war spurred by Trump's tariffs.

— *Brett Samuels contributed*

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9.3 - Washington Times: [Trump reaffirms commitment to veterans at Veterans of Foreign Wars convention](#) (24 July, Dave Boyer, 10.8M uvm; Washington, DC)

President Trump told one of the nation's largest veterans group Tuesday that the U.S. doesn't "seek conflict" overseas despite his robust military buildup, a day after he warned Iran's leader against provoking America.

Speaking at the annual Veterans of Foreign Wars national convention in Kansas City, Missouri, Mr. Trump said his two-year, \$1.4 trillion Defense budget “is committed to ensuring that our war fighters have the tools, the resources, the firepower that they need to defeat our enemies with overwhelming force.”

“Hopefully we will never have to use the kind of power that I’m building and helping to build for you,” the president said. “Hopefully people will look at us and they’ll say ‘let’s pass, let’s pass.’”

Iranian President Hassan Rouhani has warned the U.S. not to engage in the “mother of all wars” with Tehran, prompting Mr. Trump to fire back on social media this week that Iran would “suffer consequences” of historic proportions if it ever threatened the U.S. again.

Democrats accused Mr. Trump of threatening war with Iran to divert attention from his controversial meeting last week with Russian President Vladimir Putin. But Mr. Trump told the VFW that “America is a peace-loving nation.”

“We do not seek conflict, but if conflict is forced upon us, we will defend ourselves and if we must, we will fight and we will do nothing but win,” the president said to applause.

Mr. Trump didn’t mention his war of words with the Iranian leader, but he did discuss his decision to withdraw the U.S. “from the horrible one-sided Iran nuclear deal” signed by former President Barack Obama.

“And Iran is not the same country any more,” the president said. “We’ll see what happens, but we’re ready to make a real deal, not the deal that was done by the previous administration, which was a disaster.”

As he arrived in Missouri, Mr. Trump also pushed back sarcastically against criticism in both parties that he hasn’t been tough enough on Russia for interfering in the presidential election in 2016.

“I’m very concerned that Russia will be fighting very hard to have an impact on the upcoming Election,” Mr. Trump tweeted. “Based on the fact that no President has been tougher on Russia than me, they will be pushing very hard for the Democrats. They definitely don’t want Trump!”

The president was accompanied to the VFW convention by new Veterans Affairs Secretary Robert L. Wilkie, who was confirmed by the Senate on Monday night on a vote of 86-9. Mr. Trump said the only senators who voted against new Mr. Wilkie were Democrats who plan on running against Mr. Trump in 2020.

“The only ones who actually voted against him were all the people, super-lefts, who are running against me in two years. If you want to know who’s running, just take a look at Wilkie’s score,” Mr. Trump told the annual Veterans of Foreign Wars convention in Kansas City, Missouri.

The “no” votes were from Democratic Sens. Cory Booker of New Jersey; Kamala D. Harris and Dianne Feinstein of California; Kirsten Gillibrand of New York; Elizabeth Warren and Edward J. Markey of Massachusetts; Ron Wyden and Jeff Merkley of Oregon; and Bernard Sanders of Vermont.

Mr. Booker, Ms. Harris, Ms. Gillibrand, Ms. Warren and Mr. Sanders in particular are often mentioned as potential Democratic candidates in 2020.

Mr. Trump said of his new VA secretary, who accompanied him to Missouri, “He’s going to be fantastic.”

He is the second person in two years to head the VA, after Mr. Trump fired David Shulkin in March. Mr. Wilkie previously served as undersecretary of Defense for personnel and readiness. An intelligence officer in the U. S. Naval Reserve, he also served in the Department of Defense under President George W. Bush and worked in the White House as a national security aide.

Mr. Wilkie has a massive job ahead of him as he takes over the government’s second-largest agency. The VA is still experiencing problems with delays in patient wait times to see a doctor, according to a new report from the Government Accountability Office last month.

Mr. Trump touted the Veterans’ Choice program for helping to ease delays by allowing veterans to see private doctors. But researchers say reforms to VA’s community care programs won’t fix the lengthy waits the agency improves its data collection and monitors the outside appointments more effectively. GAO said Choice participants can face waits of up to 70 days to receive care due to red tape.

Mr. Trump also signed into law a \$52 billion VA Mission Act, which includes consolidating and overhauling separate outside care programs. But it’s expected to take another year to combine the programs.

House Veterans Affairs Committee Chairman Phil Roe, Tennessee Republican, said at a hearing Tuesday that the VA also has an “unacceptable” backlog of nearly 430,000 pending appeals on veterans claims for benefits, with many veterans waiting six years or longer for a final decision.

Mr. Roe said one proposed solution from the VA, a “rapid appeals” program, isn’t working well because only 13 percent of eligible veterans are transferring to it.

He also noted that the VA has a “leadership vacuum,” without a permanent deputy secretary or chief information officer.

Further, Mr. Roe said, the VA won’t meet its promise from January to install 75 percent of certain information technology services by August. He said the VA told his staff last week that only 35 percent of those “core functions” will be completed by next month.

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9.4 - St. Louis Post-Dispatch: [At VFW event, Trump stumps for Hawley](#) (24 July, Kurt Erickson, 8.9M uvm; Saint Louis, MO)

President Donald Trump waded back into Missouri’s pivotal U.S. Senate race Tuesday, speaking at the national convention of the Veterans of Foreign Wars and then headlining a fundraiser for Attorney General Josh Hawley.

"We need him so badly. We need Josh now," Trump said of Hawley. "This guy is a special man. What a great young man."

Trump's comments came as 10,000 VFW members gathered for the organization's 119th national convention. An estimated 3,000 attended the speech at Municipal Auditorium.

Hawley and Democratic incumbent U.S. Sen. Claire McCaskill face primaries in their respective parties on Aug. 7. But, with McCaskill considered one of the most endangered Democrats seeking reelection, the White House and national Republicans have gone all-in for Hawley over 10 of his GOP opponents.

Last week, Vice President Mike Pence was in St. Louis to raise money for Hawley, who has lagged behind McCaskill in fundraising.

During his 50-minute speech, Trump called Hawley on stage where Hawley, in turn, praised the president.

"How about the leadership of Donald Trump? When I think about President Trump there is one word that comes to mind: Courage," Hawley said. "I think he needs reinforcements in Washington, D.C."

Trump drew boos from the audience when he mentioned McCaskill, criticizing her for voting against last year's GOP-sponsored tax cuts.

Trump's visit came a day after the Senate confirmed Robert Wilkie as the new secretary of the U.S. Department of Veterans Affairs on an 86-9 vote. Among the biggest issues the VFW deals with is health care, especially through the VA hospital system. Trump fired the VA secretary in March and then the president's first nominee for his replacement withdrew.

Wilke was on hand for the speech, traveling on Air Force One with the president.

"He's going to be fantastic," Trump said.

The president told the veterans he is working to overhaul the VA hospital system, including revamping civil service laws to make it easier to fire employees at the troubled agency.

"We've gotten rid of a lot of people over the last year. We had some bad apples and they are gone," Trump said.

Trump spent five minutes defending the trade war with China, Canada and European nations, but did not mention a reported plan to bail out farmers affected by tariffs.

Rather, he called for patience.

"These countries have been ripping us off for decades," Trump said.

"We're now in the midst of a great economic revival," Trump said. "We have to do it."

"The farmers will be the biggest beneficiaries," Trump said.

Although Trump won Missouri by 19 points in 2016, his national poll numbers show more voters disapprove of his performance than approve. An NBC/Wall Street Journal poll of 900 registered voters conducted last week found that 53 percent of respondents disapproved.

The same poll found Democrats leading a generic poll over Republicans by 49-43.

Thus far, McCaskill has vastly outspent Hawley, pouring \$3.6 million into her bid for a third term in the most recent fundraising quarter. Hawley has spent just under \$1 million.

Federal Election Commission reports show McCaskill with nearly \$12.3 million on hand as of June 30, compared to Hawley's \$3 million.

Outside money also is rolling into the race.

The Club for Growth Action is spending over \$2 million over the next two weeks to target McCaskill. Americans for Prosperity political action committee is spending \$1.8 million on a TV, cable and digital campaign against the Democrat.

Hawley is being targeted in an ad paid for by the Senate Majority PAC, a Democratic super PAC led by Senate Minority Leader Chuck Schumer, D-N.Y.

The fundraiser at the Marriott Hotel in downtown Kansas City was a \$1,000 per person event aimed at generating more cash for the Hawley Victory Fund.

Hawley is among 11 Republican U.S. Senate candidates on the Aug. 7 primary ballot. The others are: Brian G. Hagg, Bradley Krembs, Tony Monetti, Kristi Nichols, Ken Patterson, Austin Petersen, Peter Pfeifer, Fred Ryman, Christina Smith and Courtland Sykes.

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9.5 - KXLY (ABC-4, Video): [VA Medical Center employee arrested on Montana sexual assault charges](#) (24 July, Melissa Luck and Aaron Luna, 193k uvm; Spokane, WA)

A man employed in the surgical department of Spokane's Mann-Grandstaff VA Medical Center was arrested last week on a warrant from Montana, accusing him of sexually assaulting a child there.

According to court records from Lake County, Montana, Frank D. Paulsen is charged with two counts of felony sexual assault.

Court documents say an adult came forward earlier this year, saying Paulsen sexually assaulted him or her beginning in 2002 when the child was six years old.

The allegations stem from kissing and touching to other sexually explicit behavior and occurred when Paulsen was living in Montana.

Investigators found probable cause to arrest Paulsen on the charges earlier this week. He was booked into the Spokane County Jail, then released.

A spokesperson for the VA Medical Center confirmed Paulsen was employed there, but would not comment on his current status. The spokesperson would not specifically disclose Paulsen's position, but in a 2016 interview with KXLY4 News, Paulsen identified himself as the Operations Manager for Surgery/Anesthesia Services.

Under the conditions of his release, Paulsen was ordered not to have any contact with the alleged victim in the case. He's scheduled to appear in court in Montana next month.

If convicted, Paulsen faces between four years in prison and a life sentence on each count.

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9.6 - WMBB (ABC-13): [VA Bomb Threat Investigated](#) (24 July, David Huffman, 49k uvm; Panama City, FL)

The Jackson County Sheriff's Office responded to the Marianna VA clinic after a bomb threat was called into the VA crisis hotline. The caller advised that he had plans to bomb a VA clinic, but didn't specify which VA clinic.

Deputies checked the inside and outside of the building and didn't find any items of suspicion. once the clinic was cleared the staff resumed back to work. All surrounding VA Clinics have been notified of the alleged bomb threat.

The caller of the threat has located in Holmes County, and is currently being interviewed by the Sheriff's Office and Florida Department of Law Enforcement.

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Veterans Affairs Media Summary and News Clips

26 July 2018

1. [Top Stories](#)

1.1 - USA Today: [Civil rights group: Fire Trump VA staffer for anti-Muslim, birther conspiracy posts](#) (25 July, Donovan Slack and Yvonne Wingett Sanchez, 36.8M uvm; McLean, VA)

A Muslim civil rights advocacy group is calling for the firing of a Trump political appointee at the Department of Veterans Affairs after revelations he posted conspiracy theories online about Barack Obama and anti-Muslim remarks while working for Trump's campaign. CNN reported Tuesday that Thayer Verschoor, who now works at the VA as executive director of intergovernmental affairs, shared a February 2016 Facebook post titled "Why Vote for Donald Trump."

[Hyperlink to Above](#)

1.2 - New York Times: [V.A. Shuns Medical Marijuana, Leaving Vets to Improvise](#) (25 July, Dave Philipps, 30M uvm; New York, NY)

Some of the local growers along the coast here see it as an act of medical compassion: Donating part of their crop of high-potency medical marijuana to ailing veterans, who line up by the dozens each month in the echoing auditorium of the city's old veterans' hall to get a ticket they can exchange for a free bag. One Vietnam veteran in the line said he was using marijuana-infused oil to treat pancreatic cancer.

[Hyperlink to Above](#)

1.3 - Military Times: [House approves plans to create new VA economic opportunity administration](#) (25 July, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers on Monday advanced plans to create a new branch of Veterans Affairs operations focused on economic opportunity, a move that advocates say could better highlight employment and education programs at the department. Veterans advocates have pushed for the new economic opportunity administration in recent months amid concerns that the benefits administration is too overwhelmed with disability compensation...

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1.4 - Stars and Stripes: [Veterans, VA employees rally against Trump's workforce orders](#) (25 July, Nikki Wentling, 1.5M uvm; Washington, DC)

Hundreds of federal employees, including some workers from the Department of Veterans Affairs, rallied Wednesday at about the same time a court case began to fight anti-union executive orders signed by President Donald Trump in May. The executive orders, which went into effect this month, limit union employees' ability to use official time, shorten collective bargaining negotiations and encourage agencies to fire employees, instead of merely disciplining them.

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1.5 - KDVR (FOX-31, Video): [Handicap doors missing, broken at new VA hospital](#) (25 July, Chris Halsne, 661k uvm; Denver, CO)

The new Veterans Affairs hospital in Aurora will end up costing nearly \$2 billion. You would think the federal government would be able to provide handicap accessible doors somewhere in

that budget. FOX31 Problem Solvers spent time over the summer documenting entry and exit points, wondering if the VA would create ADA compliant doorways.

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2. Greater Choice for Veterans

2.1 - Reason (Hit & Run Blog): The V.A. Has a New Boss, But Will He Fix the Agency's Problems? (25 July, Nikhil Sridhar, 3.2M uvm; Los Angeles, CA)

The Senate confirmed Robert Wilkie as the nation's new secretary of veterans affairs on Monday. He now faces the task of implementing the VA Mission Act, a half-baked quasi-market reform aimed at transforming an infamously inefficient government bureaucracy. The Department of Veterans Affairs is still recovering from a major scandal that broke in 2014, when the world learned that the VA had been keeping secret wait lists to avoid cuts to hospital bonuses.

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3. Modernize Our System

3.1 - Chronicle-Telegram: LOCAL NEWS Mayor seeks to keep VA clinic in Sheffield (26 July, Katie Nix, 55k uvm; Elyria, OH)

Sheffield Mayor John Hunter isn't going down without a fight when it comes to the Department of Veterans Affairs Community-Based Outpatient Clinic possibly leaving his community. At a Monday night Lorain City Council public hearing, Warrensville Heights real estate developer Mike Downing announced plans for the clinic to move from the village back to Lorain.

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3.2 - The Island Now: Schumer supports North Hempstead VA clinic (25 July, Luke Torrance, 30k uvm; Williston Park, NY)

U.S. Sen. Chuck Schumer (D-N.Y.) added his voice to the chorus of officials calling for a Veterans Affairs clinic in North Hempstead. The Democrat announced that he would be making a push at the federal level for a local facility. "Establishing a vets' community-based outpatient clinic on Long Island is just what the doctor ordered for the north shore of Nassau County," Schumer said.

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4. Focus Resources More Efficiently

4.1 - Washington Post (Video): Trump says he removed the 'bad apples' from the VA (24 July, 43.9M uvm; Washington, DC)

President Trump on July 24 talked about his administration's work at the Department of Veterans Affairs, and said, "We had some bad apples, and they're gone."

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4.2 - RealClear Politics: [Citing VA Reforms, Trump Cements His Bond With Veterans](#) (25 July, Sally Persons, 11.8M uvm; Chicago, IL)

President Trump touted reforms at the Department of Veterans Affairs in a speech Tuesday at the Veterans of Foreign Wars' annual convention in Kansas City. He pointed to a new hotline for veterans at the White House, expanded private medical options and, most especially, increased accountability within the department. "We've enacted some of the largest VA reforms in the history of the VA," Trump said to the veterans group.

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4.3 - Townhall: [Here's What You Should Know About Robert Wilkie, The New VA Secretary](#) (25 July, Katie Zehnder, 8.9M uvm; Arlington, VA)

On Monday, the Senate confirmed Robert Wilkie as Secretary of the Department for Veterans Affairs. Wilkie has served as the acting secretary since President Trump announced he would replace David Shulkin. Trump originally intended to nominate Adm. Ronny Jackson as secretary, but Jackson withdrew his name from consideration.

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4.4 - Military Times: [VA official should resign over anti-Muslim comments, advocates say](#) (24 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Officials from the Council on American-Islamic Relations on Wednesday called for the removal of a senior Veterans Affairs official for his past anti-Muslim comments on social media. "Someone who promotes conspiracy theories and anti-Muslim bigotry should not be in a policy-making position in our government," the group's government affairs director, Robert McCaw, said in a statement.

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4.5 - Spokesman-Review: [Spokane VA begins firing process for employee accused of sexually assaulting child](#) (25 July, 874k uvm; Spokane, WA)

The Mann-Grandstaff VA Medical Center has begun the termination process for an employee charged with the sexual assault of a child in Montana. Frank D. Paulsen, an employee in the surgical department who identified himself as a hospital administrator in a 2016 Spokesman-Review article, was arrested last week and had his first appearance Friday in Spokane. KXLY reported Tuesday that court records show Paulsen is charged with two counts of felony sexual assault.

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4.6 - Daily Press: [Hampton VA rally blasts Trump union policies](#) (25 July, Hugh Lessig, 863k uvm; Newport News, VA)

About a dozen people kicked off a rally outside the Hampton VA Medical Center on Wednesday, adding their voices to a larger protest over President Donald Trump's stance toward unionized federal workers. Leading the chants was Stacy Shorter, a social worker. She used to spend part of every Thursday on union-related work as a steward for the American Federation of Government Employees (AFGE) Local 2328.

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4.7 - WCNC (NBC-36, Video): [The Defenders: VA doctor drank before work, NC medical board suspends his license - In an effort to keep you and veterans safe, the North Carolina Medical Board took steps this month to indefinitely suspend a former Salisbury VA Medical Center neurologist's license to practice medicine.](#) (25 July, Nate Morabito, 863k uvm; Charlotte, NC)

In an effort to keep you and veterans safe, the North Carolina Medical Board took steps this month to indefinitely suspend a former Salisbury VA Medical Center neurologist's license to practice medicine. In an order signed by the board president, Dr. Gregory Earl Scott "admitted to the Board that he had consumed alcohol prior to reporting to work on December 13, 2017."

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4.8 - WFED (AM-1500): [Enter Bob Wilkie at VA](#) (25 July, Tom Temin, 854k uvm; Washington, DC)

Bob Wilkie may fall into that "be careful what you wish for" category, but the new Veterans Affairs secretary comes into the office with a few important assets. He enjoys bipartisan support, given his 89-6 vote. Being a serial appointee, presumably Wilkie has the sense enough to avoid ethical misses of other recent appointees. Reared in the Pentagon with White House stints, I'm confident he understands how long the knives in Washington reach. Plus he seems like a decent guy.

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4.9 - WJW (FOX-8, CNN Wire, Video): [Girl raises more than \\$2K for veterans with lemonade stand](#) (25 July, 659k uvm; Cleveland, OH)

A Michigan girl is helping veterans one cup of lemonade at a time, WNEM reports. Sammie Striker is making lemonade for a good cause. She started the tradition four years ago when she was just 8 years old. The first couple of years she sold the lemonade from her driveway in Saginaw Township. The last two years she was in front of American Legion Post 439.

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4.10 - WLOS (ABC-13, Video): [Federal workers protest President Trump executive orders](#) (25 July, Kristy Steward, 480k uvm; Asheville, NC)

Across the country, federal workers are protesting recent executive orders by President Trump. In Asheville, the local members of the American Federation of Government Employees, the nation's largest federal union, set up to stage a #RedforFeds rally at the Charles George VA Medical Center to protest President Trump's union-busting executive orders.

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4.11 - KHQ (NBC-6, Video): [Spokane VA begins process of firing employee charged with sex crimes in Montana](#) (25 July, Luke Thoburn, 319k uvm; Spokane, WA)

Spokane's Mann-Grandstaff VA Medical Center has begun the process of firing an employee who was arrested and charged with sexual assault in Montana. According to the Clerk of Court at Lake County, MT, Frank D. Paulsen is charged with two counts of felony sexual assault. In 2016, Paulsen talked to KHQ and identified himself as an Operations Manager for the Spokane VA's surgery department.

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4.12 - Leader-Herald: [Trump should support Wilkie](#) (25 July, Editorial Board, 60k uvm; Gloversville, NY)

Ho-hum. Another day, another secretary of the U.S. Department of Veterans Affairs. So, what else is new? Precious little, and that is the problem. On Monday, the U.S. Senate voted to confirm Robert Wilkie as VA secretary. He becomes the second person in the position in just 18 months.

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4.13 - WBFO (NPR-88.7, Audio): [Local veterans group leader says change is good, as new VA Secretary steps in](#) (25 July, Michael Mroziak, 37k uvm; Buffalo, NY)

Robert Wilkie, who was confirmed overwhelmingly by the U.S. Senate as the new Secretary of Veterans Affairs, takes over a department that President Donald Trump has vowed to shake up by firing "bad" employees and steering more veterans toward private health care. The head of a veteran support agency in Buffalo says change is good, though no one's talking about replacing or fully privatizing the VA.

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4.14 - ConnectingVets: [American Indian veterans get VAs ear](#) (25 July, Matt Saintsing, 24k uvm; New York, NY)

American Indians who served in the military are finally getting a seat at the table. Three senators are introducing a bill to create an American Indian advisory board to the VA, addressing the unique struggles they endure. American Indians have higher rates of being uninsured, and are significantly more likely to delay health care due to untimely VA appointments.

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5. [Improve Timeliness of Service](#)

5.1 - Houston Chronicle: [VA must not neglect catastrophically disabled veterans \[Opinion\]](#) (25 July, Bob Carey, 1.2M uvm; Houston, TX)

Imagine losing both your legs while serving your country only to be told the Department of Veterans Affairs can't provide you the wheelchair you need. The VA's not sure when one will become available. So they tell you just to stay in bed. This is the outrageous situation that many severely injured veterans find themselves in today. Amazingly, it's what the VA's own rules direct the agency to do.

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5.2 - WFLA (NBC-8, Video): [Veterans want action, not redundant research, on burn pit exposure](#) (25 July, Steve Andrews, 692k uvm; Tampa, FL)

Iraqi War veteran Christina Thundathil, 39, of Orlando, sometimes lays away at night wondering. "The worst thing that ever happened to me was I had a broken leg from playing 'chicken' on a bicycle, and now I'm sitting here wondering if I'm going to be able to watch my kids grow up," Thundathil lamented.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

8.1 - FOX News: [Army pilot's lofty retirement plan: She's out to end veteran homelessness](#) (25 July, Paulina Dedaj, 32.5M uvm; New York, NY)

After proudly serving her country for 22 years as an Army pilot, Lt. Col. (Ret.) Deborah Snyder continued her service as a civilian by founding an organization to help end homelessness among veterans and their families. Deborah started Operation Renewed Hope Foundation (ORHF) in December 2011 after seeing the homeless veteran population explode -- by that point it had reached an estimated 68,000.

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8.2 - WCTV (CBS-6): [Man calls in bomb threat to VA crisis hotline](#) (25 July, Aubrey Brown, 1.4M uvm; Tallahassee, FL)

A man called the Veterans Crisis Line on Tuesday, saying he planned to bomb a VA clinic. According to the Jackson County Sheriff's Office, the man did not specify which clinic he intended to bomb. Deputies responded to the VA Marianna Clinic on US Highway 90 and did not find any suspicious items. JCISO says once the clinic was cleared, staff and patients were able to resume normal activities.

[Hyperlink to Above](#)

8.3 - Washington County News: [Holmes County man calls-in bomb threat to VA clinics](#) (25 July, 17k uvm; Chipley, FL)

A Holmes County man was taken to a mental health facility for evaluation after calling-in a bomb threat to a Veterans Affairs Clinic. The man, who has not been named, called the toll-free Veterans Crisis Hotline on Tuesday, advising he planned to "bomb a VA clinic," a news release from Jackson County Sheriff's Office stated. The man did not specify which VA clinic he planned to bomb.

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1. [Top Stories](#)

1.1 - USA Today: [Civil rights group: Fire Trump VA staffer for anti-Muslim, birther conspiracy posts](#) (25 July, Donovan Slack and Yvonne Wingett Sanchez, 36.8M uvm; McLean, VA)

A Muslim civil rights advocacy group is calling for the firing of a Trump political appointee at the Department of Veterans Affairs after revelations he posted conspiracy theories online about Barack Obama and anti-Muslim remarks while working for Trump's campaign.

CNN reported Tuesday that Thayer Verschoor, who now works at the VA as executive director of intergovernmental affairs, shared a February 2016 Facebook post titled "Why Vote for Donald Trump."

The post detailed 35 reasons, including his business experience, his "pro Christmas" stance and warnings to Americans of the "dangers" of vaccines.

"He thinks Obama's birth certificate is a fraud [check out his SS#, no draft card/ old passport/ E-verification status, school records [remember his dad isn't American therefore he isn't qualified for the office he's in], the post read.

It went on to say that Trump "realizes we have a" Muslim "problem."

"Someone who promotes conspiracy theories and anti-Muslim bigotry should not be in a policy-making position in our government," said Robert McCaw, government affairs director for the Council on American-Islamic Relations. "We urge Mr. Verschoor to resign, or failing that, to be fired."

The VA did not immediately return a message seeking comment Wednesday. Verschoor did not return a call for comment from The Arizona Republic.

Verschoor is a former Arizona state Senate majority leader and former chief of staff for the Arizona Republican Party. He was deputy state director for the Trump campaign.

Until joining Trump's presidential administration, Verschoor was frequently seen at conservative-leaning Republican events and is well-known among activists and candidates in the state for helping turn out crowds, energizing base voters and organizing campaign work.

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1.2 - New York Times: [V.A. Shuns Medical Marijuana, Leaving Vets to Improvise](#) (25 July, Dave Philipps, 30M uvm; New York, NY)

Some of the local growers along the coast here see it as an act of medical compassion: Donating part of their crop of high-potency medical marijuana to ailing veterans, who line up by the dozens each month in the echoing auditorium of the city's old veterans' hall to get a ticket they can exchange for a free bag.

One Vietnam veteran in the line said he was using marijuana-infused oil to treat pancreatic cancer. Another said that smoking cannabis eased the pain from a recent hip replacement better than prescription pills did. Several said that a few puffs temper the anxiety and nightmares of post-traumatic stress disorder.

“I never touched the stuff in Vietnam,” said William Horne, 76, a retired firefighter. “It was only a few years ago I realized how useful it could be.”

The monthly giveaway bags often contain marijuana lotions, pills, candies and hemp oils, as well as potent strains of smokable flower with names like Combat Cookies and Kosher Kush. But the veterans do not get any medical guidance on which product might help with which ailment, how much to use, or how marijuana might interact with other medications.

Ordinarily, their first stop for advice like that would be the Department of Veterans Affairs health system, with its thousands of doctors and hundreds of hospitals and clinics across the country dedicated to caring for veterans.

But the department has largely said no to medical marijuana, citing federal law. It won’t recommend cannabis products for patients, and for the most part it has declined even to study their potential benefits. That puts the department out of step with most of the country, where at least 30 states now have laws that allow the use of medical marijuana in some form.

A department survey suggests that nearly a million veterans may be using medical marijuana anyway. But doctors in the veterans’ health system say the department’s lack of research has left them without much good advice to give veterans.

“We have a disconnect in care,” said Marcel Bonn-Miller, a psychologist who worked for years at the veterans’ hospital in Palo Alto, Calif., and now teaches at the University of Pennsylvania medical school. “The V.A. has funded lots of marijuana studies, but not of therapeutic potential. All the work has been related to problems of use.”

Mr. Bonn-Miller said that in 2016, he wanted to study the health outcomes of the veterans who were getting cannabis from the Santa Cruz Veterans Alliance, but he did not seek funding from Veterans Affairs because of the department’s lack of interest in therapeutic use.

Congress is now considering changing that. A bipartisan bill introduced in the House of Representatives this spring would order the department to study the safety and efficacy of marijuana for treating chronic pain and PTSD. If the bill passes, the department could not only develop expertise about a drug that many veterans have turned to on their own — it may also start down the road toward eventually allowing its doctors and clinics to prescribe cannabis.

“I talk to so many vets who claim they get benefits, but we need research,” said Representative Tim Walz, Democrat of Minnesota, who introduced the bill along with Phil Roe, Republican of Tennessee, who is a physician.

“You may be a big advocate of medical marijuana, you may feel it has no value,” Mr. Walz said. “Either way, you should want the evidence to prove it, and there is no better system to do that research than the V.A.”

After a monthly meeting, veterans in Santa Cruz receive tickets that they can exchange for a free bag of cannabis products at a local dispensary. Credit: Jim Wilson/The New York Times

A spokesman for the Department of Veterans Affairs said Congress would need to do more than pass the current House bill. The spokesman, Curt Cashour, said that because cannabis is classified as a Schedule 1 drug under federal law, researchers would need to secure approval from five separate agencies to conduct studies.

“The opportunities for V.A. to conduct marijuana research are limited because of the restrictions imposed by federal law,” Mr. Cashour said. “If Congress wants to facilitate more federal research into Schedule 1 controlled substances such as marijuana, it can always choose to eliminate these restrictions.”

The department does have two small studies in their early stages. One, in San Diego, looks at whether cannabidiol, a nonintoxicating component of cannabis, can help patients during PTSD therapy; it is scheduled to continue through 2023. The other, planned for South Carolina, would examine the palliative effects of cannabis in hospice patients.

“In a system as big as ours, that’s not much, certainly not enough,” said Dr. David J. Shulkin, who was President Trump’s first secretary of veterans affairs before being fired in March.

During his tenure as secretary, Dr. Shulkin eased some rules, allowing the department’s doctors to start talking to veterans about medical marijuana. But many veterans faulted him for not going further.

Dr. Shulkin said that the tangle of red tape surrounding Schedule 1 drug studies should no longer be an excuse not to conduct them. “We have an opioid crisis, a mental health crisis, and we have limited options with how to address them, so we should be looking at everything possible,” he said.

The push for more research and for access to medical marijuana in the veterans’ health system is not coming just from liberal areas of California. The generally conservative American Legion and Veterans of Foreign Wars both favor expanded research. And some of the most vocal advocates are products of the nation’s strict military academies.

“Cannabis is the safe, responsible choice,” said Nick Etten, an Annapolis graduate and former Navy SEAL who runs an advocacy group called the Veterans Cannabis Project. “It helps with the Big Three we struggle with after combat — pain, sleep and anxiety — and it is safer than many medications.”

Veterans are not waiting for a green light from Washington. A department survey in 2017 found that nearly 9 percent of veterans reported using cannabis in the last year, and almost half of those were using it for medical purposes.

The growing use of medical marijuana among veterans is not without risks, though. Cannabis can interact with some prescription medications. Frequent use can lead to dependency and abuse. New forms of concentrated cannabis that are inhaled as vapor can compound both of those problems. And cannabis’s therapeutic value in treating chronic pain, PTSD and other ailments is far from clear.

Veterans who look for information about medical marijuana online find a proliferation of marketing claims and testimonials, many of them dubious. Several companies sell non-

psychoactive hemp oil for as much as \$150 an ounce that they say is rich in cannabidiol, also known as CBD; the Food and Drug Administration has gone after marketers whose claims for cannabidiol as a treatment for PTSD violate its rules.

A 2017 report by the National Institutes of Health found evidence of a number of therapeutic benefits of cannabis and its various components but said there had been little research relating specifically to post-traumatic stress.

Aaron Newsom, a Marine veteran, inspected some of the thousands of plants that he and his colleagues grow in a 17,000-square-foot warehouse. Credit: Jim Wilson/The New York Times
“CBD may be of huge benefit, THC may be of huge benefit, but there are also risks of abuse and bad outcomes,” said Mr. Bonn-Miller, who is conducting several cannabis studies now without financial backing from the department. “We’d like to know more, so we can figure out what works and what doesn’t.”

The Santa Cruz Veterans Alliance, the growers who conduct the monthly giveaway, said they felt compelled to step in where Veterans Affairs had not. They are veterans themselves who found that marijuana helped them after combat.

Aaron Newsom, who deployed to Afghanistan as a Marine, said he was part of some “bloody scenarios” in his time there. “When I came home, I couldn’t turn things off,” he said. “I was losing friends, losing jobs. Nothing really mattered after being confronted with life and death.”

He and Jason Sweatt, an Army veteran, now grow thousands of marijuana plants in a 17,000-square-foot warehouse south of Santa Cruz and sell most of their crop in the state’s dispensaries.

One of the alliance’s workers, Jake Scallan, was sent to Iraq with Air Force security forces and came back with a traumatic brain injury and post-traumatic stress disorder. He said Veterans Affairs doctors put him on five different drugs for anxiety, depression, pain and sleeplessness.

“Honestly, there was no healing,” said Mr. Scallan, 30. “I was in such a fog I couldn’t deal with anything.”

After a suicide attempt and hospital stay in 2013, Mr. Scallan was persuaded by a friend to try marijuana for his anxiety and depression. “It was like I could suddenly breathe again,” he said.

He now uses a highly potent concentrate that he said has helped him put his life back together, hold down a job and get married, which he did in July. “I was really lost, and now I can function,” he said.

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1.3 - Military Times: [House approves plans to create new VA economic opportunity administration](#) (25 July, Leo Shane III, 2.1M uvm; Springfield, VA)

House lawmakers on Monday advanced plans to create a new branch of Veterans Affairs operations focused on economic opportunity, a move that advocates say could better highlight employment and education programs at the department.

Veterans advocates have pushed for the new economic opportunity administration in recent months amid concerns that the benefits administration is too overwhelmed with disability compensation and pension claims to focus on education programs, post-military jobs efforts and a host of other resources.

The new agency would be stood up beside the department's three existing administrations — the Veterans Health Administration, the Veterans Benefits Administration and the National Cemetery Administration — and lead by an under secretary “charged with administering the many benefits available to veterans beyond disability claims and pensions.”

“The fourth administration is not more bureaucracy, but a focus on the education benefits and transition as veterans,” House Veterans’ Affairs Committee Chairman Phil Roe, R-Tenn., said before Monday’s vote. “I think it’s one of the most critical things we do.

“A seamless transition from active duty to an active job will help reduce veteran depression, suicide, dependence, among other things.”

The proposal — attached to new rules on veterans medical foster homes — passed through the House on a voice vote, without opposition.

The legislation caps the total number of full-time employees for the new administration at current VBA staffing levels, with the goal of pulling those existing roles within that agency into a different management structure to highlight their work.

To pay for costs of the new administration stand up, the legislation authorizes a temporary fee on refinancing VA home loans.

Along with the fourth administration legislation, the House this week sent eight other veterans and military measures to the Senate for consideration. They include:

- Legislation allowing troops to cancel their television and Internet access contracts while deployed;
- Legislation to ease rules regarding recruiting of veterans into VA jobs, and to establish new training programs for those employees;
- Legislation removing the 12-year time limit for veterans with service-connected disabilities to participate in vocational rehabilitation programs;
- Legislation creating a three-year pilot program at five VA medical centers to provide undergraduate students with new clinical experience.

No timetable has been set for when any of the measures may be considered in the Senate. House lawmakers are wrapping up their summer session this week, but Senate officials are expected to work through most of August, mainly on confirmation of White House agency nominees.

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1.4 - Stars and Stripes: [Veterans, VA employees rally against Trump’s workforce orders](#)
(25 July, Nikki Wentling, 1.5M uvm; Washington, DC)

Hundreds of federal employees, including some workers from the Department of Veterans Affairs, rallied Wednesday at about the same time a court case began to fight anti-union executive orders signed by President Donald Trump in May.

The executive orders, which went into effect this month, limit union employees' ability to use official time, shorten collective bargaining negotiations and encourage agencies to fire employees, instead of merely disciplining them. The American Federation of Government Employees and other federal unions argue the orders are unconstitutional.

"What they're trying to do is just going to devastate us," said Don Hale, a Marine Corps veteran, Defense Department employee and chairman of AFGE's Defense Conference. "We won't stop fighting until these executive orders are gone."

A case challenging Trump's authority to restrict union representation started Wednesday in the U.S. District Court for the District of Columbia.

In the park next to the courthouse, hundreds of federal employees wore red and held signs reading, "Proud Public Employee," "Public Service Deserves Public Respect," and "EO's? Hell to the No," among others. In addition to AFGE, others rallying were part of the National Treasury Employees Union, Communications Workers of America and the Association of Flight Attendants.

Some people in attendance held signs from National Nurses United that read "Union Nurses are Best for Vets." National Nurses United represents nurses from 23 VA hospitals.

Lester Orellana, a 34-year-old Army veteran who served in Iraq, traveled to Washington from Philadelphia, where he works at a VA regional benefits office. He said he attended Wednesday to support his union, the American Federation of Government Employees.

"You know you have that extra protection there," Orellana said of union representation. "You know that somebody's going to have your back. Nobody is really going to take advantage of you without having somebody to fight for you first."

Sens. Chuck Schumer, D-N.Y., and Bernie Sanders, I-Vt., as well as Rep. Nancy Pelosi, D-Calif., and other lawmakers took the stage at the park to condemn the executive orders.

AFGE President J. David Cox called Trump's administration a group of "union-busting thugs" who were "trying to destroy veterans' health care and the Department of Veterans Affairs."

Trump used changes at the VA last June as a blueprint for two of the executive orders that he signed in May. The VA Accountability and Whistleblower Protection Act of 2017 created more repercussions and a quicker firing process for poor-performing VA employees. Advocates saw the new law as a way to root out a perceived culture of corruption at the VA, though some lawmakers are now concerned it's being used to target low-level employees and retaliate against whistleblowers.

The VA announced Friday that it had started implementing one of Trump's executive orders that goes further than the new law. It cuts down on official time — time used by union leaders to file grievances and talk about the work place. The order affects about 1,700 VA employees, the agency said.

“This executive order ensures the proper stewardship of taxpayer dollars,” acting VA Secretary Peter O’Rourke said in a prepared statement. “The order offers reasonable standards for union representatives and makes clear that they should spend the majority of their duty hours on federal government work.”

The Government Accountability Office reported 346 VA workers spent 100 percent of their work time as union representatives in 2015. A White House fact sheet from May stated it had grown to 470 employees.

“Can you hold those employees accountable for a job they’re hired to do if they’re spending 100 percent of their time on union activity and not the taxpayer-funded job they were hired to do? The answer is no. It’s no,” Rep. Jodey Arrington, R-Texas, said last week at a hearing of the House Committee on Veterans’ Affairs.

In 2017, Arrington introduced legislation to prohibit VA employees from spending more than 50 percent of their official time on union work. O’Rourke said, under the new executive order, employees would be limited to using 25 percent.

Rep. Ruben Gallego, D-Ariz., a Marine Corps veteran, attended the union rally Wednesday. He expressed concerns that whistleblowers won’t feel protected enough with limited union representation to disclose wrongdoing within the VA.

“The way we’ve found out about VA problems has been through VA line employees coming forward,” Gallego said. “If they feel they can’t come forward without reprisal because their unions won’t be able to protect them, the abuses are going to continue and basically be pushed underground.”

According to a document filed last week, Trump’s administration planned to argue in court Wednesday that the unions’ case is outside the authority of district courts and that challenges to the executive orders should fall to the Federal Labor Relations Authority and the courts of appeals.

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1.5 - KDVR (FOX-31, Video): [Handicap doors missing, broken at new VA hospital](#) (25 July, Chris Halsne, 661k uvm; Denver, CO)

The new Veterans Affairs hospital in Aurora will end up costing nearly \$2 billion.

You would think the federal government would be able to provide handicap accessible doors somewhere in that budget.

FOX31 Problem Solvers spent time over the summer documenting entry and exit points, wondering if the VA would create ADA compliant doorways.

We found at least two outside access doors without electronic push buttons which automatically open the entry way.

Inside, FOX31 located additional doors, at some point which had automatic mechanisms installed, but the devices didn’t work.

The most problematic, persistence barrier leads to the VA's Psychosocial Rehabilitation and Recovery Center of "Life Skills" program. That program has been open to veterans during construction for nearly three years, according to vet Tim Tuttle.

"I'm disabled and have a hard time opening the door and me and my veteran friends have to open the door all the time for people in wheelchairs," Tuttle told FOX31.

Tuttle is part of a leadership team for Life Skills Center. He loves what the program can do for vets and their families. However, the lack of an easy access door has soured some of the participants.

"They'd rather have that handicap access button, so they can do it on their own. That's self-sufficiency. When other people have to help them, number one, it's embarrassing. Two, they feel they're not self-sufficient. That's what VA is all about and the Life Skills is about -- to promote confidence."

Tuttle told FOX31, "When you can't access basic services and if there is no one to open the door for you, I've seen people turn away and not get the help they need."

At this week's ribbon cutting, FOX31 had the chance to ask Sallie Houser-Hanfelder, Director of the Rocky Mountain Regional VA Medical Center about this problem.

FOX31: "Are you aware not all the doors in this facility are handicap accessible?"

Houser-Hanfelder: "Yes. We are."

FOX31: "And what is being done to address that?"

Houser-Hanfelder: "We're working on the issue of what are and aren't. there are some that aren't accessible to patients. We're working on that. There's some push plates we need to put in. The life skills center is in the old building. We're working on that to get that outer door handicap accessible."

However, FOX31 Problem Solvers' hidden cameras found another big problem with access in another area as well: on the ground floor garage next to the spinal injury and trauma center.

We found new working handicap access doors to get inside from handicap parking spots, but only into a short hallway. The next set of heavy doors, which leads to the care area, are not accessible to anyone in a wheelchair or with other mobility issues.

A few days after that ribbon cutting, and that promise to fix the doors, FOX31 went back to check on the progress. We not only found more broken, non-compliant ADA doors, we also ran into some resistance to our persistence.

While our camera crew was standing on a sidewalk outside the Life Skills Center getting video of that door, an unidentified VA staff person and Public Affairs Officer, Brandy Morrison approached.

Morrison said. "I'm sorry sir. Are you still filming? Can you please stop? You are not authorized to film on campus."

FOX31 immediately left the property and finished our recording across the street.

On Wednesday, VA Public Affairs sent FOX31 a new statement, addressing the access point near the Life Skills Center.

"Building A's exterior door was never meant to be a permanent entrance, and beginning July 30, all Veterans will use the building's primary entry point, which is through the Parking Visitor South entrance, concourse and breezeway. This entrance is ADA compliant. We apologize for any inconvenience our Veterans have experienced during this time of transition."

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2. Greater Choice for Veterans

2.1 - Reason (Hit & Run Blog): [The V.A. Has a New Boss, But Will He Fix the Agency's Problems?](#) (25 July, Nikhil Sridhar, 3.2M uvm; Los Angeles, CA)

The Senate confirmed Robert Wilkie as the nation's new secretary of veterans affairs on Monday. He now faces the task of implementing the VA Mission Act, a half-baked quasi-market reform aimed at transforming an infamously inefficient government bureaucracy.

The Department of Veterans Affairs is still recovering from a major scandal that broke in 2014, when the world learned that the VA had been keeping secret wait lists to avoid cuts to hospital bonuses. The operation may have killed more than 1,000 veterans, but only eight employees were reprimanded for their roles in the mess.

"The VA is so astonishingly bad it makes the DMV look competent," says Adrian Moore, vice president of policy at the Reason Foundation (which publishes this blog) and a veteran himself.

The VA has had constant problems managing transactions with private health care providers. Private care already exists in abundance, but the VA is unable, most of the time, to connect the provider with the veteran and to execute the necessary transactions. Moore says the agency should focus on "improving the operation of the interface between the veteran, the VA, and the health care provider."

That's the aim of the Mission Act, a bill passed this year to expand veterans' access to private care providers. Among other things, the law authorizes the VA to enter into contracts with some community health care providers. That will help more veterans gain access to the health care they need, and it will also help cut costs.

The Mission Act is a wobbly step in the right direction, but more serious structural reform is necessary if the VA is "to care for him who shall have borne the battle and for his widow, and his orphan," the agency's motto since its inception. "There has to be high pressure, top-down, well thought-out reform to the management structure of the VA," says Moore. At the very least, that means more transparency, more willingness to fire incompetent bureaucrats, and more willingness to transfer services to the private sector.

That last item will be the toughest one. While the White House says that David Shulkin, Wilkie's predecessor, resigned, he maintains that he was fired for his opposition to privatization. Yet Wilkie has pledged not to privatize the agency either. Whether he'll privatize parts of it remains to be seen.

In his capacity at the VA, Wilkie has the ability to affect serious reform, independent of Congress. But his track record shows little willingness to do much more than toe the party line. He's not likely to go much further than the mandate extended to him by the Mission Act.

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3. Modernize Our System

3.1 - Chronicle-Telegram: [LOCAL NEWS Mayor seeks to keep VA clinic in Sheffield](#) (26 July, Katie Nix, 55k uvm; Elyria, OH)

Sheffield Mayor John Hunter isn't going down without a fight when it comes to the Department of Veterans Affairs Community-Based Outpatient Clinic possibly leaving his community.

At a Monday night Lorain City Council public hearing, Warrensville Heights real estate developer Mike Downing announced plans for the clinic to move from the village back to Lorain.

"I just want to do what's best for the veterans of this county," Hunter said. "If they want to move then that's what they want to do, but I really think Sheffield Village is the better location."

The clinic has been in Sheffield since the end of 2015 when it was announced the agency was leaving the St. Joseph Community Center in Lorain. New plans indicate the clinic could be heading to the intersection of Kolbe Road and West Erie Avenue in Lorain.

At the public hearing Monday, Downing said the clinic moving back to Lorain is very much contingent on whether or not the six parcels of land being considered are rezoned from residential to business, allowing for a medical facility.

Lorain Mayor Chase Ritenauer said the potential move is "good news" and the city is "ecstatic."

"I remember talking with the VA secretary at the time when the clinic left Lorain and telling them how important this was for the city of Lorain and the veterans community," he said. "I mean, that community in this town is second to none. This community time and time again takes care of its own, and it's so nice for this area that it's coming home, where the true need is. This is some of the better news we've gotten lately."

Ritenauer has said the federal contracting process is not a simple one, though, and people should try to keep that in mind through this project.

"It's a cumbersome, arduous, long, long-term process, and I think he's telling us what he's able to tell us, but the bottom line without this rezoning, this isn't even a consideration," he said. "I think they are following federal protocol with a project of this nature."

City Council is expected to vote on the rezoning at its next meeting.

Hunter said the Sheffield location, on Abbe Road near Hoag Drive, is more centrally located for veterans in the county.

"It's close to the Turnpike, it's close to the county administration building, it's close to (Lorain County Community College)," he said. "More people are even closer to this site, and the proposed one is four and a half miles further west than the previous one."

According to 2016 data from the U.S. Census Bureau, Grafton has the highest percentage of veterans in the county, with 13.5 percent of residents over the age of 18 having served in the military.

In Sheffield Lake, 10.5 percent of residents are veterans, followed by 10 percent in Sheffield.

Nine percent of Lorain's 47,645 residents served in the military, and Elyria and North Ridgeville have a veteran population over 9 percent — 9.4 and 9.8, respectively.

The 845 veterans who live in Amherst would be closer to the Kolbe Road location and the 2,333 veterans who live in Avon and Avon Lake would be closer to the Sheffield location.

Hunter said when he spoke with officials from the Department of Veterans Affairs he was told the agency hadn't even put out bids for the new site.

"The fact of the matter that this is the best place for the highest number of people," he said.

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3.2 - The Island Now: [Schumer supports North Hempstead VA clinic](#) (25 July, Luke Torrance, 30k uvm; Williston Park, NY)

U.S. Sen. Chuck Schumer (D-N.Y.) added his voice to the chorus of officials calling for a Veterans Affairs clinic in North Hempstead. The Democrat announced that he would be making a push at the federal level for a local facility.

"Establishing a vets' community-based outpatient clinic on Long Island is just what the doctor ordered for the north shore of Nassau County," Schumer said. "My message today to the VA when it comes to this effort by North Hempstead, the answer is simple: give 'em what they want."

He added that until a community-based outpatient clinic could be permanently established, a mobile unit would provide local service in the meantime.

The closest VA hospital is in Northport, more than an hour's drive for North Shore veterans. Currently, Nassau County has two outpatient clinics in East Meadow and Valley Stream. Neighboring Suffolk County has three.

Schumer said that a clinic would save money in the long term because local veterans would be more willing to make the drive for checkups, allowing doctors to catch a condition or disease earlier on.

He said that he is pushing for such a clinic to be put into the annual VA budget.

In a letter to acting VA Secretary Peter O'Rourke (who has since been replaced by Robert Wilkie, who was confirmed by the Senate earlier this week), he requested a mobile unit be set up immediately to handle overflow cases in North Hempstead and assist with transportation.

Schumer said that it would be up to North Hempstead officials as to where the mobile unit would be located.

The senator joins a number of local officials who have expressed support for a North Hempstead clinic, including Reps. Tom Suozzi (D-Glen Cove) and Kathleen Rice (D-Garden City).

"No veteran should ever go without the care they need simply because of where they live," Rice said in a statement. "Right now, veterans in North Hempstead are over an hour away from the closest VA facility. For elderly veterans, veterans with families and jobs or veterans without access to a car, this trip can be nearly impossible to make on a regular basis."

Officials in North Hempstead thanked Schumer for his advocacy, including Town Supervisor Judi Bosworth.

"The town is an ideal place for a [clinic] because of our large veteran population," she said. "The clinic would also be complemented by the services provided by our Project Independence, we have a social worker devoted to veteran's issues and we are able to provide taxis at a very reduced fare for medical visits... I am appreciative of Sen. Schumer's advocacy on this important issue. He is always here for us."

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4. Focus Resources More Efficiently

4.1 - Washington Post (Video): [Trump says he removed the 'bad apples' from the VA](#) (24 July, 43.9M uvm; Washington, DC)

President Trump on July 24 talked about his administration's work at the Department of Veterans Affairs, and said, "We had some bad apples, and they're gone."

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4.2 - RealClear [Politics: Citing VA Reforms, Trump Cements His Bond With Veterans](#) (25 July, Sally Persons, 11.8M uvm; Chicago, IL)

President Trump touted reforms at the Department of Veterans Affairs in a speech Tuesday at the Veterans of Foreign Wars' annual convention in Kansas City. He pointed to a new hotline for veterans at the White House, expanded private medical options and, most especially, increased accountability within the department.

“We’ve enacted some of the largest VA reforms in the history of the VA,” Trump said to the veterans group.

Reforming the agency -- which has been beset by scandals and inefficiencies -- was among the president’s top priorities when he took office. He vowed to tackle the problem in two ways: by providing more private health care options for veterans and addressing bureaucratic issues within the department.

The administration first took on the task of holding VA employees accountable through the VA Accountability and Whistleblower Act, which aims to increase transparency at the agency and weed out employees who underperform.

“Now, when a bad person -- maybe a federal employee in this case, but somebody bad -- mistreats, or neglects, or abuses our great veterans in their time of need, we can turn to them, look at them in the eye and say, ‘You’re fired. Get out,’” said Trump. “We’ve gotten rid of a lot of people over the past year — only the bad ones. The good ones we cherish.”

An agency spokesman said the change has helped the department become more productive. “During this administration, VA has had its most productive year-and-a-half in decades. We have made groundbreaking progress, particularly in the areas of accountability, transparency and efficiency across the department,” said Curt Cashour.

The press secretary provided numbers showing that 2,537 people were fired last year compared to 2,001 people in 2016. The VA is also the first federal agency to publicly post information on employee disciplinary actions.

“These personnel moves are what’s required to ensure VA is performing at its best. Under President Trump, VA won’t wait to take necessary action when it comes to improving the department and its service to Veterans,” Cashour said in a statement.

The issue of inefficiencies and problematic personnel first came to light in 2014 with press reports that veterans were dying while waiting to get medical care at Veterans Health Administration hospitals. Several investigations showed widespread failures in the medical system and falsified wait times for patients to receive care.

The VA says that under Trump’s leadership, wait times have improved and are comparable to those in the private sector, based on a 2017 Merritt Hawkins survey of large and mid-size markets. But despite recent reforms, problems remain in the department. A Government Accountability Office report in June found that the Veterans Choice Program — instituted under former President Obama to expand private health care options and reduce wait times — was not meeting its requirements. Under the program — part of the Veterans Access, Choice and Accountability Act -- veterans are supposed to wait no more than 30 days for care. The GAO found some are waiting up to 70 days.

“Without designing appointment scheduling processes that are consistent with this requirement, VA lacks assurance that veterans will receive Choice Program care in a timely manner,” concluded the report.

In May, Congress passed legislation to do just that. The VA MISSION Act, which stands for Maintaining Internal Systems and Strengthening Integrated Outside Networks, was a bipartisan

measure drafted by Sens. Jon Tester, D-Mont., and Johnny Isakson, R-Ga. Trump enthusiastically signed the bill into law last month.

“You fulfilled your duty to our nation with tremendous loyalty and courage. And with the signing of this veterans choice legislation, we take one more crucial step in fulfilling our duty to you,” he said at the signing ceremony.

Leaders from major veterans organizations, including the American Legion and the VFW, had put their support behind the bill, saying it was necessary to streamline the process for veterans seeking medical care. The law provides \$5.2 billion in mandatory funding for the VA Choice Program until the new system is ready next year. It also outlines a system for consolidating community care into one entity, and providing more modernized care to reach those in “underserved” areas. Now the fight turns to funding as Congress gears up for another budget battle in the fall. The White House wants the funds to come within existing budget allocations, while many lawmakers want to increase spending caps each year to pay for the bill.

An official at one veterans group sees tangible, necessary changes coming from the Trump administration in a way not seen under Obama. He said that the president is on the same page as Congress and the leadership at the VA when it comes to creating a culture of accountability.

“I don’t think the Obama administration was interested in substantially reshaping the VA. I think they wanted to make changes on the margin and blow them up into bigger reforms than they actually were,” said Dan Caldwell, executive director of Concerned Veterans for America.

Amid all these new changes comes a change in leadership as well. Newly confirmed VA Secretary Robert Wilkie officially takes the helm this week after months serving as acting secretary. He will not only oversee the implementation of the new MISSION Act but also begin the \$15.8 billion project of replacing the VA’s electronic health care records so it can work with the system at the Department of Defense, as well as those at private facilities. Wilkie spearheaded the deal made with an IT health company in May.

“We really do need the new secretary to hit the ground running,” Sen. Jerry Moran, R-Kan., told Fox News after the president’s speech Tuesday. He said the Choice program has left veterans feeling discouraged about health care, and changes are needed soon. Moran sits on the Senate Veterans Affairs Committee.

One veterans group said it would like to see the agency begin to fill some vacant positions within the department, especially amid these massive changes.

Joseph Plenzler, a spokesman for the American Legion, expressed concern about the more than 33,000 job vacancies at the Veterans Health Administration, which he said represents a staffing deficit of almost 10 percent of the workforce. “This is having a negative effect on VA’s capacity to deliver healthcare to veterans and forcing more vets out of the VA system to seek community care at greater expense to the American taxpayer,” he said in an email.

Sally Persons is RealClearPolitics’ White House correspondent.

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4.3 - Townhall: [Here's What You Should Know About Robert Wilkie, The New VA Secretary](#) (25 July, Katie Zehnder, 8.9M uvm; Arlington, VA)

On Monday, the Senate confirmed Robert Wilkie as Secretary of the Department for Veterans Affairs.

Wilkie has served as the acting secretary since President Trump announced he would replace David Shulkin. Trump originally intended to nominate Adm. Ronny Jackson as secretary, but Jackson withdrew his name from consideration.

Wilkie is a graduate of Wake Forest University, Georgetown University and Loyola University. He also holds a masters in strategic studies from the United States Army War College. Wilkie served in the United States Naval Reserve and later joined the Air Force as a reserve officer and was assigned to the Office of the Chief of Staff.

Wilkie formally served as the Undersecretary of Defense for Personnel and Readiness at the Pentagon.

The VA is the second largest governmental department with 360,000 employees who serve 9 million veterans.

Wilkie served as the principal advisor to the Secretary and Deputy Secretary of Defense for Total Force Management as it relates to readiness according to the Department of Defense (DOD).

"He advises the Secretary of Defense for Total Force Management on the National Guard, training, health issues and personnel requirements," reported Fox News.

He grew up as a military brat whose father was an artillery commander and he spent ten years at Fort Bragg. During the Bush administration, Wilkie served under both Robert Gates and Donald Rumsfeld as Secretary of Defense from 2005-2009. Wilkie was the youngest senior leader in the department.

Prior to working at the Pentagon, he was the Special Assistant to President Bush for National Security Affairs. Wilkie also served under Dr. Condoleezza Rice as senior director of the National Security Council.

Wilkie has previously served as a Senior Advisor to Sen. Thom Tillis as well as serving the Majority Leader Trent Lott as Counsel and Advisor on International Security Affairs.

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4.4 - Military Times: [VA official should resign over anti-Muslim comments, advocates say](#) (24 July, Leo Shane III, 2.1M uvm; Springfield, VA)

Officials from the Council on American-Islamic Relations on Wednesday called for the removal of a senior Veterans Affairs official for his past anti-Muslim comments on social media.

“Someone who promotes conspiracy theories and anti-Muslim bigotry should not be in a policy-making position in our government,” the group’s government affairs director, Robert McCaw, said in a statement.

At issue are a series of Facebook posts by VA Executive Director of Intergovernmental Affairs Thayer Verschoor that were first made public by CNN on Tuesday. Verschoor is an Arizona state senator with close ties to Joe Arpaio, the state’s controversial conservative former county sheriff known for anti-immigrant policies.

The CNN report lists multiple instances of anti-Muslim and anti-immigrant comments, including a 2016 post supporting President Donald Trump’s candidacy which states that “(Trump) realizes we have a Muslin (sic) problem in this nation.”

Verschoor also offered public support for Trump’s proposed “Muslim ban” on immigrants and in other posts warned that Syrian refugees were “invading our country.” And he promoted Trump’s past assertions that former President Barack Obama’s birth certificate was forged, and he was not an American citizen.

The posts have now been deleted or made private. McCaw called for Verschoor to resign “or failing that, to be fired” from his VA post.

He also called Verschoor’s employment part of a broader concern over “Islamophobic, white supremacist and racist” moves by the administration.

VA officials failed to respond to requests for comment.

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4.5 - Spokesman-Review: [Spokane VA begins firing process for employee accused of sexually assaulting child](#) (25 July, 874k uvm; Spokane, WA)

The Mann-Grandstaff VA Medical Center has begun the termination process for an employee charged with the sexual assault of a child in Montana.

Frank D. Paulsen, an employee in the surgical department who identified himself as a hospital administrator in a 2016 Spokesman-Review article, was arrested last week and had his first appearance Friday in Spokane. KXLY reported Tuesday that court records show Paulsen is charged with two counts of felony sexual assault.

Spokane VA spokesman Bret Bowers confirmed Tuesday that Paulsen was charged in a Montana criminal case, and said Wednesday that his behavior did not align with the organization’s values.

“The VA has made clear that it will hold employees accountable when they fail to live up to the high standards taxpayers expect from us,” Bowers said.

According to the court documents, an adult reported being sexually assaulted by Paulsen in 2002 in Montana, when the alleged victim was 6 years old. He is accused of kissing and touching a child, as well as other sexually explicit behavior, according to reports by KXLY.

KXLY reported that Paulsen was ordered to not contact the alleged victim and is scheduled to appear in a Montana court next week.

In February 2016, another Spokane VA employee, former emergency room doctor Craig Morgenstern, was convicted of 35 counts of sexual abuse and child porn charges. He was sentenced to 12 life terms in prison.

Reporters Thomas Clouse and Rebecca White contributed to this report.

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4.6 - Daily Press: [Hampton VA rally blasts Trump union policies](#) (25 July, Hugh Lessig, 863k uvm; Newport News, VA)

About a dozen people kicked off a rally outside the Hampton VA Medical Center on Wednesday, adding their voices to a larger protest over President Donald Trump's stance toward unionized federal workers.

Leading the chants was Stacy Shorter, a social worker. She used to spend part of every Thursday on union-related work as a steward for the American Federation of Government Employees (AFGE) Local 2328.

That was before Trump's executive order that restricted the time federal employees can spend on union duties during work hours. Now Shorter meets with employees over lunch or after work.

Registered nurse Robin Jarvis, chief steward for the union, said the new restrictions on what's called "official time" amounts to union-busting.

Stewards have traditionally set aside time to answer questions from employees, investigate claims of sexual harassment or discrimination and attend meetings to stay current on construction projects and safety issues.

"If we don't have enough official time, then we don't have the time to help employees," she said. "So that is union-busting."

The debate is now before the court.

Oral arguments began Wednesday in U.S. District Court for the District of Columbia over the merits of a lawsuit brought by AFGE in protest of Trump's order, which was signed in May and recently implemented.

The idea that unionized workers can spend part of their work week on union duties goes back years.

It was allowed in exchange for limits imposed on federal worker unions, such as giving up the right to strike. Trump's executive order limits this time to 25 percent — 10 hours in a 40-hour work week, for example — which the administration says is a reasonable limit on union activities taking place at taxpayers' expense.

Statistics from the White House's Office of Personnel Management, cited in a recent Washington Examiner story, said official time cost taxpayers \$175 million in 2016, up from \$162 million in 2014, the last time the practice was surveyed.

Jarvis said the issue isn't that simple. The official time is accumulated in a "bank" shared by union representatives. That 10 hours per 40-hour week isn't for everyone.

"By the time they divide by all the stewards, you may not have 10 hours a week," she said.

The rally at the Hampton VA mirrored gatherings around the country meant to call attention to the start of legal arguments.

The issue goes beyond VA medical centers, where Local 2328 represents between 800 and 900 professional employees, such as doctors, nurses, psychologists and social workers.

Unionized defense workers rallied in Detroit, Nashville, Tenn., and Watertown, N.Y., according to news reports. Another rally took place at a VA medical center in Asheville, N.C.

Besides restricting official time, Trump's order forbids lobbying while on federal time; forbids the free use of federal property for official time; and forbids the use of official time to file grievances.

Shorter dismisses the argument that stewards like herself are wasting taxpayers' money by spending part of her work week on union activities.

"We're not renting jets and flying around," she said. "We're trying to prevent sexual harassment. We're trying to prevent discrimination."

Trump signed two other executive orders that have spurred protests from AFGE, although those are not the focus of the current lawsuit.

One deals with collective bargaining. Another focuses on performance improvement periods, the time when problem workers cannot be fired as they try to improve. Those periods lasted 60 to 120 days, according to reports. Trump shortened them to 30 days.

Jarvis said the union has had good relations with management at the Hampton VA. Their dispute is not with them, but with what they see as a larger effort from Washington to chip away at public-sector unions.

"What's happening right now, this is the long game," Shorter said. "That's what this is all about."

Jarvis said the union would not be deterred. Gathered under muggy skies near the I-64 overpass, they chanted slogans as a few motorists beeped their horns in support.

"We're going to come back stronger than ever," Jarvis said. "It's going to make it a little harder, but we're gonna do what we gotta do."

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4.7 - WCNC (NBC-36, Video): [The Defenders: VA doctor drank before work, NC medical board suspends his license - In an effort to keep you and veterans safe, the North](#)

[Carolina Medical Board took steps this month to indefinitely suspend a former Salisbury VA Medical Center neurologist's license to practice medicine.](#) (25 July, Nate Morabito, 863k uvm; Charlotte, NC)

In an effort to keep you and veterans safe, the North Carolina Medical Board took steps this month to indefinitely suspend a former Salisbury VA Medical Center neurologist's license to practice medicine.

In an order signed by the board president, Dr. Gregory Earl Scott "admitted to the Board that he had consumed alcohol prior to reporting to work on December 13, 2017."

VA Public Affairs Officer Marlous Black said as soon as VAMC leadership learned the physician showed up to work "under the influence of alcohol" that morning, management immediately placed him on leave and suspended his privileges the next day.

According to Black, that's also when the VA started pursuing disciplinary action.

"VA proposed the physician for removal, and the physician retired from VA effective December 30, 2017," Black said. "Additionally, VA reported this incident to the appropriate state medical licensing board."

Within a week of retiring, medical board records show Dr. Scott voluntarily surrendered his license at the board's request after being diagnosed with an alcohol use disorder. He then agreed to enter inpatient treatment, according to the order.

According to the VA, neurologists at the Salisbury VA treated roughly 550 patients a month in the last six months of 2017. Those veterans were diagnosed with disorders impacting the brain, spinal cord and nerves.

Frederick Smith is a Vietnam veteran who is treated at the same VA hospital, although not by Dr. Scott. Smith said what bothers him is the fact the doctor's years of service and age allowed him to retire before the VA could formally fire him.

"That eats me up. Retired with all his benefits? No," he said. "With him coming to work intoxicated shows that he's not concerned about our well-being."

The VA reports the 60-year-old doctor worked at Salisbury VAMC from October 1996 until December 30, 2017. The 21-year VA employee made almost \$140,000 last year, which is considered among the highest paid 10% of employees in the Veterans Health Administration, according to FederalPay.org.

VA police cited Dr. Scott in federal court with two violations related to alcohol on VA property, but a U.S. Department of Justice spokesperson said those citations were dismissed last week.

Call's to Dr. Scott and his attorney went unreturned.

The medical board's order said, "Dr. Scott acknowledges that when abusing alcohol, he is unable to practice medicine with reasonable skill and safety to patients..." The decision to suspend his license indefinitely is the result of the doctor's desire "to resolve this matter without the need for more formal proceedings," according to the order. As part of the licensing action, Dr. Scott is required to provide samples for potential testing.

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4.8 - WFED (AM-1500): [Enter Bob Wilkie at VA](#) (25 July, Tom Temin, 854k uvm; Washington, DC)

Bob Wilkie may fall into that “be careful what you wish for” category, but the new Veterans Affairs secretary comes into the office with a few important assets.

He enjoys bipartisan support, given his 89-6 vote. Being a serial appointee, presumably Wilkie has the sense enough to avoid ethical misses of other recent appointees. Reared in the Pentagon with White House stints, I’m confident he understands how long the knives in Washington reach. Plus he seems like a decent guy.

Wilkie inherits a yin-yang organization. Report after monumental report shows VA medical care of veterans is pretty darn good. When things get dicey, as they did at the notorious Washington, D.C. medical center, it was because of flawed leadership, logistics and oversight. Not because of bad doctors and nurses.

VA’s principal problems lie in the administrative realm. Below are my takes on what Wilkie will have to concentrate on.

Employee performance management

No matter how many bills Congress passes, VA has big problems counting, tracking, and dealing evenly with employee performance or behavioral problems. The most recent GAO look-see found at least six separate information systems used to track miscreants.

Worse, VA’s tortured practices have senior managers investigate themselves for misconduct. Still worse, whistleblowers have a 10 times greater chance of being drummed out within a year of raising issues.

VA will be a better place — including for the veterans — if Wilkie pays no attention to medical delivery and just fixes the personnel handling systems.

Electronic health record replacement

This is potentially the blob that could swallow the VA.

Why do Veterans Affairs and the Defense Department have separate program offices for their new electronic health records? As Jared Serbu reported, VA is already adding features the DoD didn’t think of.

That’s driving up future maintenance costs for DoD, which has to have the same features too. If they’re both using Leidos and Cerner to develop and deploy, what sense does it make to have a river running between the departments’ respective project offices? They’re installing the same thing.

VA Choice Program

An early morning line has it that departed Secretary David Shulkin was torn between political lines of thought on Choice. Some see Choice the wedge to privatize VA. Veteran uptake of Choice options is on the rise. Eventually it could provide real competition to VA services. People vote with their feet. But that's not the same as privatizing VA.

Wilkie's challenge will be to carry out the letter and intent of Congress with the Choice program while being realistic about its effects on VA's own medical centers.

Construction and information technology both continue to challenge VA. It has too many old hospitals in the wrong places. At a certain point, hospital buildings become impossible to modernize in any economic fashion. A rational approach would apply geographic and demographic data to map a whole new set of medical center locations. But since each VA medical center represents a pin in a Congressional district map, rationality will never prevail. VA has old computer applications and too much of its own infrastructure, but it's making progress on that front.

With 350,000-odd employees, VA is the biggest civilian employer. It's been said an all volunteer military is expensive. Therefore so is VA. Between its benefits and health care components, VA spends about as much as the Army each year.

VA morale, judging from the Best Places to Work Rankings and the Federal Employee Viewpoint Survey numbers, is horrible, to borrow a favorite adjective of President Trump. Fix the causes of that condition and there's hope for renewing the department.

Wilkie has a tough job but also a great opportunity.

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4.9 - WJW (FOX-8, CNN Wire, Video): [Girl raises more than \\$2K for veterans with lemonade stand](#) (25 July, 659k uvm; Cleveland, OH)

A Michigan girl is helping veterans one cup of lemonade at a time, WNEM reports.

Sammie Striker is making lemonade for a good cause. She started the tradition four years ago when she was just 8 years old.

The first couple of years she sold the lemonade from her driveway in Saginaw Township. The last two years she was in front of American Legion Post 439.

Last year, the 12-year-old sold more than 65 gallons of lemonade – raising about \$1,500 for the VA hospital in Saginaw.

This year, she set the bar even higher.

"I wanna raise \$2,000," Sammie said in June.

One month later, the natural born entrepreneur presented a check for \$2,111.53 to the VA hospital.

Sammie asked for \$1 for each cup of lemonade, but what she received might surprise you.

"A lot of people give me like \$20s and \$10s for just one cup of lemonade," she said.

Sammie said there's no greater joy than turning those sour lemons into sweet lemonade and watching the community pitch in to support those who put their lives on the line for their country.

"It means a lot because it means they really care about people and they want to help too," she said.

Sammie said she gets a lot of encouragement from her customers.

"They said that we need more people like you in the community because we can take all the help we can get for the hospitals and because there's a lot of people that need help," she said.

The VA folks were floored that such a young entrepreneur could raise so much cold, hard cash for the vets they serve.

"It's a great message to other students and other young people to be as generous and as hard working as she is," said Jeffrey Wendt, with the Aleda E. Lutz VA Medical Center.

Sammie plans on raising \$5,000 for the VA next summer over a five-day period.

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4.10 - WLOS (ABC-13, Video): [Federal workers protest President Trump executive orders](#) (25 July, Kristy Steward, 480k uvm; Asheville, NC)

Across the country, federal workers are protesting recent executive orders by President Trump. In Asheville, the local members of the American Federation of Government Employees, the nation's largest federal union, set up to stage a #RedforFeds rally at the Charles George VA Medical Center to protest President Trump's union-busting executive orders.

"A little under two months ago, President Trump tried to sneak through three executive orders that undermine our democracy," said American Federation of Government Employees National President J. David Cox Sr. "These orders are a direct assault on our apolitical civil service system and are nothing but thinly veiled attempts at busting unions and rolling back workplace rights across the country," he added.

"When you union bust, it's easier to get rid of the federal employee. When you get rid of a federal employee, it's easier to tell the public 'oh there's no one to take care of the veterans so let's just go ahead and push that care to the outside,'" says Brandee Morris.

Morris says not all of the employees at the rally work at the VA in Asheville, there are several representing the Blue Ridge Parkway, NOAA and two job corps.

Opening arguments in the case AFGE vs. Trump are scheduled for today, Wednesday.

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4.11 - KHQ (NBC-6, Video): [Spokane VA begins process of firing employee charged with sex crimes in Montana](#) (25 July, Luke Thoburn, 319k uvm; Spokane, WA)

Spokane's Mann-Grandstaff VA Medical Center has begun the process of firing an employee who was arrested and charged with sexual assault in Montana.

According to the Clerk of Court at Lake County, MT, Frank D. Paulsen is charged with two counts of felony sexual assault. In 2016, Paulsen talked to KHQ and identified himself as an Operations Manager for the Spokane VA's surgery department.

KHQ reached out to Spokane VA spokesman Bret Bowers, who confirmed that they are aware that a Spokane employee is charged in the Montana criminal case. Bowers then sent a statement on behalf of the Department of Veterans Affairs:

"This behavior is not in line with the norms and values of the department, and as a result VA has initiated the process for termination of this employee. VA has made clear that it will hold employees accountable when they fail to live up to the high standards taxpayers expect from us, and that's exactly what we're doing in this case."

Paulsen was arrested this week, booked into jail and then released. He's expected to face a judge in Montana for the first time next week.

Paulsen is the second Mann-Grandstaff employee who has faced sex crime charges. Craig Morgenstern, an emergency room doctor at the VA, was convicted of nearly three dozen counts of sex abuse and child porn charges. Morgenstern was sentenced to life in prison in 2016.

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4.12 - Leader-Herald: [Trump should support Wilkie](#) (25 July, Editorial Board, 60k uvm; Gloversville, NY)

Ho-hum. Another day, another secretary of the U.S. Department of Veterans Affairs. So, what else is new?

Precious little, and that is the problem.

On Monday, the U.S. Senate voted to confirm Robert Wilkie as VA secretary. He becomes the second person in the position in just 18 months.

Trump fired his first VA secretary, David Shulkin, apparently for two reasons. First, there were accusations Shulkin had committed ethics violations. And second, there was what The Associated Press calls "rebellion at the department" over Shulkin's ideas about expanding availability of private health care for veterans not satisfied with VA treatment.

Wilkie's position on that seems a mystery, though one might have expected senators to ask him about it.

To an extent, Wilkie's options are limited. A new law requires the VA to expand access to private care as an option for some veterans. As we have pointed out, however, too much authority over that remains in the hands of VA bureaucrats.

Many rank-and-file employees of the VA dedicate their careers to helping veterans. It is unfortunate — and unacceptable — that a few bad apples have tarnished that reputation.

The sooner Wilkie can implement a necessary shakeup to get those bad actors out of the VA, the better. Trump should support him, regardless of “rebellion” by the very people in the agency who have the most culpability.

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4.13 - WBFO (NPR-88.7, Audio): [Local veterans group leader says change is good, as new VA Secretary steps in](#) (25 July, Michael Mroziak, 37k uvm; Buffalo, NY)

Robert Wilkie, who was confirmed overwhelmingly by the U.S. Senate as the new Secretary of Veterans Affairs, takes over a department that President Donald Trump has vowed to shake up by firing “bad” employees and steering more veterans toward private health care. The head of a veteran support agency in Buffalo says change is good, though no one's talking about replacing or fully privatizing the VA.

Wilkie brings a mix of government and private experience into his new position, leading the federal government's second-largest department. The Department of Veterans Affairs runs on an estimated \$200 billion budget and employs about 360,000 people who serve an estimated nine million veterans.

President Trump wants to encourage more private health care involvement and boasted expansion of a program called Veterans Choice while speaking to the Veterans of Foreign Wars convention Tuesday. Under the program, veterans who wait 30 or more days for an appointment at a Veterans Administration health care facility are eligible to seek care by a private doctor, at the government's expense.

Veterans One-Stop Center of Western New York president and CEO Chuck Marra says examining and pursuing needed change in any organization, including the VA, is good. But he was also quick to defend the level of service provided by the VA Hospital in Buffalo, which receives numerous referrals by Marra's organization.

“The Veterans Administration here in Buffalo, whether it is services, benefits or medical care, has really done a great job serving our referrals, our veterans that we send over to them,” he said.

Wilkie, prior to his confirmation, assured Senate Democrats he has no intention of privatizing the VA and vowed to keep its health care funded. Marra says the VA cannot and should not be replaced.

“I don't think replacement is even a thought,” he told WBFO. “Certainly, maybe to tweak services, to make them better is always a good thing. Any organization, I don't care what type of organization it is, that introspective look many times is a good thing. Always asking the question how can we take care of the customer better is always a good thing.”

Some of Trump's claims of “big success” Tuesday, meanwhile, are exaggerated or simply not true. According to an Associated Press fact check, “under a newly expanded Choice program

that will take at least a year to implement, veterans will still have to meet certain criteria before they can see a private physician."

Wilkie was selected to head the VA in May after Trump fired David Shulkin. The president's first choice for the position, White House doctor Ronny Jackson, withdrew from consideration after accusations of workplace misconduct came to light.

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4.14 - ConnectingVets: [American Indian veterans get VAs ear](#) (25 July, Matt Saintsing, 24k uvm; New York, NY)

American Indians who served in the military are finally getting a seat at the table.

Three senators are introducing a bill to create an American Indian advisory board to the VA, addressing the unique struggles they endure. American Indians have higher rates of being uninsured, and are significantly more likely to delay health care due to untimely VA appointments.

And yet Native American Indians serve at a much higher rate per capita than any other ethnic group in the U.S. In fact, 27 have been awarded the Medal of Honor, our nation's highest military medal.

The bipartisan VA Tribal Advisory Committee Act would create a 15 member advisory committee—representing each of the 12 regions of the Bureau of Indian Affairs— on Tribal and American Indian issues. It would include at least four veterans.

"Veterans hold a place of honor in Native communities," said Jefferson Keel, President of the National Congress of American Indians. "Too often our Native veterans do not benefit from the programs and resources they earned through their service to this country."

"Native Americans have signed up to serve our country at a historically high rate and the VA must do more to make sure they have access to the health care and benefits they earned," said Sen. Jon Tester (D-Mont.), ranking member of the Senate Veterans' Affairs Committee. "Our bipartisan bill will make sure that Native American veterans have a seat at the table as the VA comes up with important solutions to connect Indian Country with VA services."

The committee would serve as a communication line between VA and tribal entities, and would include face-to-face meetings with the VA secretary to provide much-needed leadership on affairs impacting American Indian communities.

"Alaska has more veterans per capita than any state in the country, and Alaska Native veterans serve at higher rates in the U.S. military than any other ethnic group," added Sen. Dan Sullivan (R-Alaska). "This special kind of patriotism is unique, as are the health care and access challenges impacting these veterans across Alaska and the United States."

Probably the best known American Indians who have served in the military are the Native American Code Talkers who were instrumental in sending critical information on and off the battlefield during World War II, but they've been serving in American uniforms since the Revolutionary War.

Congress would receive recommendations on how to improve VA access and care to American Indian veterans, in an effort to expand VA outreach and benefits, if this bill becomes law.

“Too many of these courageous men and women aren’t able to access the services they have earned,” added Sen. Tom Udall (D-N.M.), vice chairman of the Senate Indian Affairs Committee,” also adding that the advisory committee, “will improve the department’s government-government relationship with tribes.”

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5. [Improve Timeliness of Service](#)

5.1 - Houston Chronicle: [VA must not neglect catastrophically disabled veterans](#) [\[Opinion\]](#) (25 July, Bob Carey, 1.2M uvm; Houston, TX)

Imagine losing both your legs while serving your country only to be told the Department of Veterans Affairs can't provide you the wheelchair you need. The VA's not sure when one will become available. So they tell you just to stay in bed.

This is the outrageous situation that many severely injured veterans find themselves in today. Amazingly, it's what the VA's own rules direct the agency to do.

These rules governing how the VA treats its patients are called standards of care. And they're woefully inadequate for meeting the needs of veterans with catastrophic service-related disabilities.

The VA must overhaul the way it cares for these veterans by injecting some common sense into its standards of care — and ensuring disabled vets get the high-quality care they need, whether within the VA or outside it.

The VA's standards of care, drug formularies, and rules for gaining access to medical equipment are designed for the average disabled veteran — say, a fully mobile 60-year-old man with a bad back.

Unfortunately, there are thousands of veterans who have very different needs. Many are young people returning home with missing limbs or traumatic brain injuries. They may have small children for whom they need to help care -- or may be unmarried and living with older parents.

Up to 4,000 veterans of the wars in Afghanistan and Iraq are classified as “catastrophically disabled.” That means that they've suffered at least one injury severe enough to “permanently compromises their ability to carry out the activities of daily living,” per the VA's official guidelines.

The VA's healthcare timelines and formularies don't take the acute medical needs of these catastrophically disabled veterans into account. For example, an octogenarian triple-amputee undergoing physical therapy seems to face about the same wait times and treatment options as a vet with a bad knee. There's zero flexibility for the catastrophically disabled.

This rigidity imposes a huge human cost.

Consider the case of one veteran who, after being shot in the neck by a sniper, lost motor function in his arms, legs, and hands. He now requires a catheter to urinate. Plus, because of the severity of his wounds, he suffers from numerous false alarms to urinate.

The official standard of care provides patients with two catheters a day -- each of which can only be used once. That may be sufficient for someone with a minor injury. But for a person who can't use his hands and who has numerous false alarms to urinate? It's obscene and humiliating.

Lack of access to adequate to urgent care is particularly galling.

One vet who lost an arm, a leg, and his ear drums at the hands of an improvised explosive device battles chronic infections because he still has IED debris in his body. Without ear drums, water easily gets into his inner ear. That fluid can incubate an infection, which can quickly become life-threatening. But the standard of care and medical appointment triage system directed he wait two weeks before getting treatment, even though his injuries and chances of infection grew worse by the second.

His family successfully lobbied for a shorter wait. But he still had to idle for four days, during which his condition significantly deteriorated.

Catastrophically disabled veterans similarly struggle to obtain the right drugs. VA administrators can, and often do, reject drug coverage without even explaining why. That could have severe consequences. According to Vietnam Veterans of America's Executive Policy Director Rick Weidman, "Lack of proper medication at the proper time because it wasn't on the formulary can lead to all kinds of health impacts that can cost [more]."

Brave men and women who have sacrificed their bodies for their country are being repaid with indifference. These inflexible standards of care and formulary protocols inflict needless suffering.

Fortunately, Congress and the president are beginning to address these systemic problems. A few weeks ago, President Trump signed the VA MISSION Act, which dramatically expands veterans' medical choices.

But more remains to be done. Separate standards of care need to be customized by the VA for the catastrophically disabled so they can receive expedited and specific treatment. The agency must also revise its formularies so vets with catastrophic disabilities can gain access to the specialty drugs, devices, and medical equipment they need. Finally, catastrophically disabled veterans need separate access standards for getting non-VA healthcare, so they can go to the doctor of their choosing rather than travelling great distances to see an "approved" provider.

Veterans with catastrophic disabilities have made sacrifices in the service of our nation that most of us can't imagine. Giving them anything but optimal care is not just disrespectful -- it's inhumane.

Bob Carey is a retired U.S. Navy Captain and chief advocacy officer at The Independence Fund.

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5.2 - WFLA (NBC-8, Video): [Veterans want action, not redundant research, on burn pit exposure](#) (25 July, Steve Andrews, 692k uvm; Tampa, FL)

Iraqi War veteran Christina Thundathil, 39, of Orlando, sometimes lays away at night wondering.

"The worst thing that ever happened to me was I had a broken leg from playing 'chicken' on a bicycle, and now I'm sitting here wondering if I'm going to be able to watch my kids grow up," Thundathil lamented.

Thundathil was 24-years-old when a U.S. led coalition launched into Iraq in 2003 to topple Saddam Hussein. She was in the Army.

"I had no problem going to war," she said. "My problem came in when my government lied to me, they said, 'oh this is harmless.'"

Thundathil has since learned the smoke and fumes from burn pits in Iraq were not so harmless.

Pits into which the military dumped any and all waste, doused it with jet fuel and burned it.

"My lungs are damaged because of the carcinogens that I inhaled," she said.

One of her jobs was to burn large barrels of human waste, everyday for 300 days.

"No face masks were given," Thundathil remembered.

"You put the jet fuel in and you stir it and you light it. You have to sit there, you have to watch it burn. When the fire goes down when it's even with the drum, then you have to go back and you have to stir it and you add more jet fuel. It's pretty nasty."

By the time she left the Army in 2004, Thundathil had experienced coughing, fevers, nausea, dizziness.

"In 2016, that's when I started throwing up blood," said Thundathil.

She went to the VA in Orlando.

"The doctor said well, 'you're fat, that's why your PFT's [pulmonary function tests] are wrong,'" Thundathil recalled.

The Orlando VA said it is barred from commenting on a patient unless that patient signs a release.

The Mayo Clinic in Jacksonville later diagnosed Thundathil with Chronic Obstructive Pulmonary Disease, a result of exposure to toxic substances including exposure to burn pits.

COPD is a chronic inflammatory lung disease that causes obstructed airflow from the lungs.

At a round table discussion in Washington D.C. last week, Iraqi War veteran Lauren Price, who developed a chronic bronchial disease after returning from Iraq, urged action.

Congress and the VA said more research is necessary to determine if smoke and fumes from burn pits affects the health of service members.

Price claims the research has been done repeatedly with the same findings.

"Burning trash and all forms of trash is detrimental and can be fatal to humans," Price stated.

More than 141,000 veterans signed on to the VA's Burn Pit registry. The VA has only approved 2,000 burn pit exposure claims.

Thundathil is waiting on her disability claim, which she says includes hearing loss, traumatic brain injury, Gulf War illness, autoimmune condition, migraine headaches secondary to PTSD and tinnitus.

She also filed an 1151 claim which in her case, would be a claim for negligence.

For people like Thundathil and Price, time is running out.

If you have something that you think should be investigated call our 8 On Your Side helpline at 1-800-338-0808.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

8. [Other](#)

8.1 - FOX News: [Army pilot's lofty retirement plan: She's out to end veteran homelessness](#) (25 July, Paulina Dedaj, 32.5M uvm; New York, NY)

After proudly serving her country for 22 years as an Army pilot, Lt. Col. (Ret.) Deborah Snyder continued her service as a civilian by founding an organization to help end homelessness among veterans and their families.

Deborah started Operation Renewed Hope Foundation (ORHF) in December 2011 after seeing the homeless veteran population explode -- by that point it had reached an estimated 68,000.

Deborah said that the call to help was something that came naturally to her after two decades of flying Huey and Black Hawk helicopters.

"When you're in the Army, you're used to taking care of soldiers, and this is just an extension of that," she said.

Deborah has helped veterans as young as 21 and as old as 92, but she says the average veteran she assists is between 53 and 57.

Since 2011, ORHF has helped more than 700 veterans in the D.C. metro area.

Deborah says that what sets her foundation apart from the hundreds of others that are working toward the same goal is that ORHF provides veterans with more than just a home.

Case managers visit veterans who contact Deborah. "We try to be efficient as possible," she said. "Our case managers go to the veterans. ... We think that us going to them makes it easier and more efficient."

ORHF looks for housing first and then looks to set the vets up for long-term success. It provides a security deposit and potentially several months' rent for those in need of it.

Other supportive services include resume building, medical services (some pro bono) and links to better employment opportunities for those currently working lower-wage jobs.

ORHF has a 92 percent success rate -- measuring veterans who remained housed a year later - and, on average, most veterans are housed within 45 days.

Deborah said that on average, five in six veterans who reach out to her are teetering on the brink of homelessness. She said that some of them are working two or three jobs, and that all it takes is one unanticipated setback to put them on the streets.

In 2014, Deborah was named a L'Oréal Paris Women of Worth Honoree for her work with veterans. (Nilaya Sabnis)

ORHF's biggest support comes from special grants from the Department of Veterans Affairs. Deborah says that it's through the work of groups like hers, and the support of the VA, that the homeless population in the U.S. has dropped to 40,000.

But that's still not good enough, she said.

Deborah says that coming close to zero is a "doable goal," and she thinks what's being done to combat homelessness among veterans is something that can be replicated for the homeless problem nationwide.

In 2014, Deborah was named a L'Oréal Paris Women of Worth Honoree for her work and was awarded \$10,000 to continue her commitment toward ending homelessness among veterans.

Deborah said that ORHF is hoping to soon receive home or land donations and is working on a \$6 million-\$10 million project to acquire a housing unit for veterans.

"In five years I would like to see that 40,000 cut in half, and that's me being realistic," she said.

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8.2 - WCTV (CBS-6): [Man calls in bomb threat to VA crisis hotline](#) (25 July, Aubrey Brown, 1.4M uvm; Tallahassee, FL)

A man called the Veterans Crisis Line on Tuesday, saying he planned to bomb a VA clinic.

According to the Jackson County Sheriff's Office, the man did not specify which clinic he intended to bomb.

Deputies responded to the VA Marianna Clinic on US Highway 90 and did not find any suspicious items. JCSO says once the clinic was cleared, staff and patients were able to resume normal activities.

Surrounding VA clinics were notified of the bomb threat and also determined their facilities were safe.

Authorities later located the man in Holmes County. The Holmes County Sheriff's Office and the Florida Department of Law Enforcement are interviewing the man and an investigation into the incident has been launched.

Law enforcement has not yet identified the man.

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8.3 - Washington County News: [Holmes County man calls-in bomb threat to VA clinics](#) (25 July, 17k uvm; Chipley, FL)

HOLMES COUNTY – A Holmes County man was taken to a mental health facility for evaluation after calling-in a bomb threat to a Veterans Affairs Clinic.

The man, who has not been named, called the toll-free Veterans Crisis Hotline on Tuesday, advising he planned to “bomb a VA clinic,” a news release from Jackson County Sheriff's Office stated. The man did not specify which VA clinic he planned to bomb.

However, since the call was routed to the VA Clinic located at 4970 U.S. 90 in Marianna, JCSO deputies searched the perimeter and cleared the clinic after grounds were declared safe, allowing workers to go back to work.

JCSO notified Holmes County Sheriff's Office after it was found the man lives in Holmes County. In response, HCSO notified the local VA Clinics of the threat; also, interviews the man with investigators from Florida Department of Law Enforcement.

The man was since sent for mental health evaluation, a HCSO news release stated.

The investigation is ongoing and charges are pending.

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Veterans Affairs Media Summary and News Clips

27 July 2018

1. [Top Stories](#)

1.1 - NPR (All Things Considered, Audio): [Heavy Weapons Training May Cause Brain Injuries, But The VA Doesn't Cover It](#) (26 July, Jon Hamilton, 22M uvm; Washington, DC)

Daniel, a Marine Corps veteran, used to fire a rocket launcher called the shoulder-launched multipurpose assault weapon. Two decades later, he still experiences dizzy spells and disorientation. But the Department of Veterans Affairs doesn't have a category for vets like him, who may have sustained traumatic brain injuries from training rather than combat.

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1.2 - Deseret News: [VA putting new focus on needs of minority veterans](#) (26 July, Jasen Lee, 9.4M uvm; Salt Lake City, UT)

With the number of minority military veterans expected to rise significantly in the next couple of decades, local administrators are working to ensure stories like Lanier's are not repeated.

"(Minority) veterans have many of the same issues facing the overall population, but some of their challenges are deeper," said Shella Stovall, medical center director of the VA Salt Lake City Healthcare System. "For us to know how to serve them better, that's what going to be meaningful for us."

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1.3 - Dallas Morning News: [Medical-legal partnerships a worthy priority for Veterans Affairs under new chief](#) (26 July, Editorial Board, 9.4M uvm; Dallas, TX)

Texas takes pride in its veterans. With over 1.68 million former service members, our veteran population is second only to California. Nearly 100,000 live in Dallas County alone. But with numbers comes an even greater responsibility to our veterans' care. As Robert Wilkie takes the helm at the U.S. Department of Veterans Affairs, we hope national leadership will support new ways to address veterans' complex medical and legal needs.

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1.4 - Military.com: [Trump Names Controversial Adviser to Head VA Mental Health Commission](#) (26 July, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump has picked a controversial White House adviser and former beer company executive to head a mental health commission at the Department of Veterans Affairs. The VA announced Tuesday that Trump had named Jake Leinenkugel, a White House political appointee and adviser on veterans issues, to head the VA's "Creating Options for Veterans' Expedited Recovery Commission," or COVER.

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1.5 - Stars and Stripes: [Democrats call on Sessions to investigate acting VA secretary for perjury](#) (26 July, Nikki Wentling, 1.5M uvm; Washington, DC)

Three Democrats on Thursday called on the Justice Department to investigate whether the acting secretary of the Department of Veterans Affairs lied during testimony to a congressional committee. Reps. Tim Walz, D-Minn., Mark Takano, D-Calif., and Kathleen Rice, D-N.Y., suspect acting VA Secretary Peter O'Rourke lied about providing documents to the VA inspector general. In a letter to Attorney General Jeff Sessions on Thursday...

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1.6 - Houston Chronicle: [Veterans exposed to battlefield burn pits press VA for care and compensation](#) (25 July, Bill Lambrecht, 1.2M uvm; Houston, TX)

As an Air Force lab technician at Camp Tallil in southern Iraq, Wesley Archuleta had the task of burning medical waste — body parts, surgical remains and blood bags that would “go off like grenades” in the flames. As an Air Force lab technician at Camp Tallil in southern Iraq, Wesley Archuleta had the task of burning medical waste — body parts, surgical remains and blood bags that would “go off like grenades” in the flames.

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2. [Greater Choice for Veterans](#)

2.1 - Newsday (Tribune News Service): [Opinion/Commentary - Veterans Affairs to the forefront, Expect to hear the word “privatization” a lot over the next two election cycles.](#)

(26 July, Robert Graboyes, 3.2M uvm; Melville, NY)

July 23 marked a rare event in the politically and ideologically lacerated chambers of Congress. President Donald Trump’s nominee for veterans affairs secretary, Robert Wilkie, won Senate confirmation by a strikingly bipartisan vote of 86 to 9. Wilkie’s task ahead is daunting.

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3. [Modernize Our System](#)

3.1 - Woodlands Online: [Conroe VA Clinic expansion underway; expected to open October](#) (24 July, Press Release, 482k uvm; The Woodlands, TX)

Congressman Kevin Brady (TX-08) announced that the Veterans Clinic in Conroe is nearing the end of construction for a much-needed expansion. The fourth floor of the building will soon host a 3,850 square foot dental facility that will include eight chairs, a lab and x-ray capabilities. This is in addition to the other lab services and radiology offered on the fourth floor, as well as occupational and physical therapy.

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3.2 - KMA (W1-960): [Young: heat is on V-A for Shen CBOC](#) (26 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Iowa Congressman David Young says the Veterans Administration’s feet must be held to the fire on establishing a new veterans health clinic in Shenandoah. Close to 200 KMAland veterans attended a town hall meeting at Shenandoah’s Elks Lodge last week, in which V-A officials laid out a timeline for construction of a new Community Based Outpatient Clinic...

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3.3 - KXMB (CBS-12): [New VA Clinic opens its doors to Dickinson](#) (26 July, 16k uvm; Bismarck, ND)

The Stark County Veterans Service office offers its assistance to about 2,500 veterans in the area, and they recently received some good news. Earlier this month Dickinson opened up its

new VA Community Based Outpatient Clinic ; It is located at 766 Elks Drive. The primary care facility is about 7,000 square feet with five patient rooms and three telehealth rooms.

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3.4 - The Courier of Montgomery County: [Construction on Conroe VA Clinic's dental facility near completion](#) (24 July, Jennifer Summer, 15k uvm; Conroe, TX)

In an effort to bring more health services to veterans in the Montgomery County area, the Veterans Clinic in Conroe will soon complete construction on a dental health facility. The newest health offering for veterans will be located on the fourth floor of the facility will include eight chairs, a lab and x-ray capabilities. The construction on the 3,850 square-foot dental facility is expected to end mid-August for an opening in October.

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3.5 - TexasGOPVote: [Conroe VA Clinic Dental Expansion Construction Nearing Completion; Expected to Open in October](#) (25 July, Kevin Brady, 1.9k uvd)

I recently announced that the Veterans Clinic in Conroe is nearing the end of construction for a much-needed expansion. The fourth floor of the building will soon host a 3,850 square foot dental facility that will include eight chairs, a lab and x-ray capabilities. This is in addition to the other lab services and radiology offered on the fourth floor, as well as occupational and physical therapy.

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4. [Focus Resources More Efficiently](#)

4.1 - KREM (CBS-2): [Spokane VA Medical Center begins firing process of employee charged with sex crimes, According to district court documents from Lake County, Montana, Frank Paulsen "knowingly subjected another person to any sexual contact without consent" on or between May 1, 2002 and February 28, 2003.](#) (26 July, 1M uvm; Spokane, WA)

The Mann-Grandstaff Veterans Affairs Medical Center is beginning the firing process of an employee charged with two counts of felony sexual assault in Montana. The medical center is located in Spokane. According to district court documents out of Lake County, Montana, Frank Paulsen "knowingly subjected another person to any sexual contact without consent" on or between a number of dates in the years 2002 through 2004.

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4.2 - WFED (AM-1500, Audio): [Bill to streamline HR hiring at Veterans Affairs passes House](#) (26 July, Eric White, 854k uvm; Washington, DC)

A newly passed House bill would reform the way the Veterans Affairs Department hires human resources personnel. The HELP Act, which stands for Hospitals Establishing Leadership Performance, passed unanimously in the lower chamber. It essentially forces VA management to establish written qualifications for each HR position in the Veterans Health Administration...

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4.3 - WJMN (CBS-3): [Seventh Annual Adopt-a-Garden Contest takes over VAMC grounds](#) (26 July, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center recently completed its seventh annual Adopt-a-Garden Contest, where departments and individual employees adopted, planted and tended a garden area at the medical center. "We started this Adopt-a-Garden Contest seven years ago to give our employees ownership and pride in our facility's grounds and to showcase their gardening talent," said Jim Rice, Medical Center Director.

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5. [Improve Timeliness of Service](#)

5.1 - TheFix.com: [Vets Turn To Medical Pot, Despite The VA's Policy](#) (26 July, Kelly Burch, 695k uvm; Brooklyn, NY)

The VA remains focused on studying the drug's "problems of use" instead of its "therapeutic potential." Once a month, the veterans' hall in Santa Cruz, California, is home to an unlikely meeting, where dozens of former service members line up to receive a voucher for free cannabis products from local distributors.

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5.2 - KARK (NBC-4, Video): [Veteran Says Bill Aiming to Help Those Exposed to Agent Orange Doesn't Cover Him](#) (26 July, 312k uvm; Little Rock, AR)

A Vietnam War Veteran living in Arkansas says he's still not able to get the medical help he needs, even with new legislation in the works. During the war, many American servicemen were exposed to Agent Orange, a toxic herbicide used to clear out vegetation. Thousands were exposed outside Vietnam, in Thailand and the Korean Demilitarized Zone, and as a result, those affected aren't eligible for full VA benefits.

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5.3 - Bowling Green Daily News: [Agent Orange meeting should help veterans](#) (26 July, Editorial Board, 160k uvm; Bowling Green, KY)

During the Vietnam War, using the chemical defoliant Agent Orange might have seemed like a good idea, but knowing what we know about it now proves it was anything but. Agent Orange, an herbicidal chemical the military used to clear foliage to make the enemy easier to see, is infamous for its apparent role in causing long-range health issues for people exposed to it. The full range of the substance's negative effects, however, remains largely unknown.

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5.4 - Valley Morning Star: [VA opens call center for Valley vets](#) (26 July, Alana Hernandez, 62k uvm; Harlingen, TX)

The opening of a new call center in Harlingen is showing positive impacts in the customer service the VA clinic is providing to Valley veterans. The call center provides multiple services to veterans, including scheduling, message relay and preliminary customer service for the health care clinics in Harlingen, Corpus Christi, McAllen and Laredo.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Reboot Camp, AP): [Vets could be hurt by proposed \\$13 billion cut to student loan relief](#) (26 July, Collin Binkley, 2.1M uvm; Springfield, VA)

Veterans and other students defrauded by their schools would have a harder time getting their federal loans erased under new rules proposed by the Trump administration Wednesday. The proposal, which aims to replace a set of Obama-era rules that were never implemented, drew applause from the for-profit industry but sharp criticism from advocacy groups that represent student borrowers, including veterans.

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7.2 - KBAK (CBS-29, Video): [Housing Authority and Department of Veteran Affairs work to help homeless veterans](#) (26 July, Lexi Wilson, 58k uvm; Bakersfield, CA)

Kern County homeless veterans aren't getting the help they need. Housing vouchers for veterans are going to waste, not because veterans don't want them but because the V.A. doesn't have enough employees to hand them out. Right now, there are 95 known homeless veterans in Kern County, 39 are living on the street. "We know every homeless veteran in our community by name, we discuss them on a weekly basis to make sure they have a housing plan," said Assistance Executive Director, Heather Kimmel.

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8. [Other](#)

8.1 - Washington Post: [Both parties want veterans to take sides over Trump. That's a terrible idea.](#) (26 July, Jim Golby, 43.9M uvm; Washington, DC)

President Trump on Tuesday addressed the Veterans of Foreign Wars National Convention in Kansas City, Mo. At one point he tried to fire up the crowd by taking a jab at the media, pointing to press row and saying, "Don't believe the crap you see from these people, the fake news." Some in the crowd jeered at the reporters.

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8.2 - FOX News (Video): [National Hire A Veteran Day - Veteran Job Fair](#) (26 July, 32.5M uvm; New York, NY)

In honor of National Hire A Veteran Day, FOX & Friends hosted six companies to find out what they do and how they're helping veterans.

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8.3 - U.S. News & World Report (AP): [Louisiana Woman Admits Stealing Dead Mom's Benefits](#) (27 July, 24M uvm; Washington, DC)

A Louisiana woman has pleaded guilty to stealing more than \$114,000 in disability benefits meant for her deceased mother. U.S. Attorney David C. Joseph, in a news release Thursday, said 44-year-old Elizabeth Poole, of Pollock, pleaded guilty to one count of theft of money belonging to the Department of Veteran's Affairs.

[Hyperlink to Above](#)

8.4 - Military Times (Reboot Camp): [Study: Companies still don't understand veterans](#) (26 July, Natalie Gross, 2.1M uvm; Springfield, VA)

More than half of veterans struggle to find work in their desired fields after leaving the military because civilian employers want experienced and educated candidates — and often don't realize veterans qualify, a new survey finds. Only 17 percent of employers say veterans are viewed as strategic assets in the workplace, according to the survey, released this week by the marketing firm Edelman.

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8.5 - Military Times: [Here's why more veterans, caregivers may get commissary, exchange privileges by 2020](#) (26 July, Karen Jowers, 2.1M uvm; Springfield, VA)

Former prisoners of war, Purple Heart recipients, certain disabled veterans and caregivers for veterans are a step closer to being allowed to shop at commissaries and exchanges, and other retail facilities on military bases, such as military lodging. House lawmakers voted Thursday to agree to the conference report for the fiscal 2019 defense authorization bill.

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8.6 - KNTV (NBC-11): [Police Give 'All Clear' After Reports of Active Shooter at Palo Alto VA Facility](#) (26 July, 2.1M uvm; San Jose, CA)

Law enforcement officials gave an all clear Thursday afternoon after investigating reports of an active shooter at the Veterans Affairs healthcare facility in Palo Alto. Employees at the VA facility reported receiving a text alert around 10:30 a.m. alerting them about an active shooter situation. The message told them: "this is not a drill," and asked to shelter in place.

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8.7 - KATC (ABC-3): [Louisiana woman pleads guilty to stealing deceased mother's veterans benefits](#) (26 July, 810k uvm; Lafayette, LA)

A woman from Pollock pleaded guilty Tuesday to stealing more than \$114,000 in Veterans Affairs (VA) disability benefits. Elizabeth Marion Poole, 44, pleaded guilty before U.S. District Judge Dee. D. Drell to one count of theft of money belonging to the Department of Veterans Affairs.

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8.8 - Town Talk: [Pollock woman pleads guilty to stealing more than \\$114K of her deceased mother's veterans benefits](#) (26 July, 185k uvm; Alexandria, LA)

A Pollock woman pleaded guilty Tuesday to stealing more than \$114,000 in Veteran's Affairs (VA) disability benefits over a six year period after her mother, who was entitled to the benefits as the surviving spouse of a veteran, passed away. Elizabeth Marion Poole, 44, pleaded guilty before U.S. District Judge Dee. D. Drell to one count of theft of money belonging to the Department of Veteran's Affairs.

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8.9 - KALB (NBC-5): [Pollock woman pleads guilty to stealing over \\$110,000 of deceased mother's veterans benefits](#) (26 July, 67k uvm; Alexandria, LA)

United States Attorney David C. Joseph announced that a Pollock woman pleaded guilty Tuesday to stealing more than \$114,000 in Veteran's Affairs (VA) disability benefits. Elizabeth Marion Poole, 44, of Pollock, Louisiana, pleaded guilty before U.S. District Judge Dee. D. Drell to one count of theft of money belonging to the Department of Veteran's Affairs. An agent from the VA, Office of Inspector General, provided summary testimony during the guilty plea hearing as the factual basis for the guilty plea.

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1. [Top Stories](#)

1.1 - NPR (All Things Considered, Audio): [Heavy Weapons Training May Cause Brain Injuries, But The VA Doesn't Cover It](#) (26 July, Jon Hamilton, 22M uvm; Washington, DC)

Daniel, a Marine Corps veteran, used to fire a rocket launcher called the shoulder-launched multipurpose assault weapon. Two decades later, he still experiences dizzy spells and disorientation. But the Department of Veterans Affairs doesn't have a category for vets like him, who may have sustained traumatic brain injuries from training rather than combat.

Marines Who Fired Rocket Launchers Now Worry About Their Brains

Chris Ferrari was just 18 the first time he balanced a rocket launcher on his right shoulder and aimed it at a practice target.

"Your adrenaline's going and you're trying to focus on getting that round to hit, and then you go to squeeze that trigger and, you know."

Boom!

The report is loud enough to burst the eardrums of anyone not wearing military-grade hearing protection. And the blast wave from the weapon is so powerful it feels like a whole-body punch.

"It's exhilarating," says Chris's buddy Daniel, a former gunner in the Marine Corps who asked that we not use his last name to protect his privacy. "When you feel a concussive wave, it's an awesome thing. It fills you with awe."

It also may do bad things to your brain.

Studies show that troops who repeatedly fire powerful, shoulder-launched weapons can experience short-term problems with memory and thinking. They may also feel nauseated, fatigued and dizzy. In short, they have symptoms like those of a concussion.

It's still not clear whether firing these weapons can lead to long-term brain damage. But Chris and Daniel suspect that, for them, it may have.

While in the Marines, Daniel and Chris spent two years in the late 1990s firing a rocket launcher called the shoulder-launched multipurpose assault weapon, or SMAW.

They were a team. Chris loaded the rockets. Daniel pulled the trigger. Then they would switch places.

And together, they fired hundreds of rounds in training exercises around the world.

"That's me and Daniel at the base of Mount Fuji, posing for a picture with our SMAW," Chris says as he leafs through an album of photographs Daniel put together.

The SMAW is one of several modern weapons light enough for one person to carry but powerful enough to blow up a tank.

Daniel and Chris say they felt like their brains had been rattled every time they fired the SMAW. And they fired it a lot.

"Chris and I were incredibly good shots," Daniel says.

"We never missed," Chris adds. "We were always selected by our sergeant and our leaders to do the firing because they wanted to see the explosion, you know, they wanted to see the target get hit."

But as the two men fired the SMAW again and again, some of the thrill began to fade.

Every shot "felt like the world was caving in on you," Chris says.

The U.S. military limits the number of times troops can fire heavy weapons like the SMAW in a single day. But the limits are based on concern about hearing loss, not brain damage.

And 20 years ago, safety wasn't taken very seriously, Daniel says.

"I remember they were saying you're only allowed to shoot three of these things a day because it's, like, really bad for you," he says. "And then I would shoot three and then you [Chris] would shoot three. And then the guys 10 feet from us would shoot six and then the other team would shoot six."

Chris had a lot of headaches, and sometimes couldn't think straight after a day on the range. "You feel odd and you feel out of place and you feel exhausted and tired," he says. "But, you know, you're a Marine and you learn to put it away."

Until you can't.

In a training exercise, Marines with the 2nd Combat Engineer Battalion fired the shoulder-launched multipurpose assault weapon at Camp Lejeune, N.C., in 2016.

For Daniel, that happened during a joint training exercise in Malaysia. Their platoon was still setting up, Chris says, "and all of sudden out of nowhere: Boom!"

Malaysian troops just a few feet away had fired an antitank weapon called the AT4. The blast wave hit Daniel hard.

"I was, like, absolutely dizzy," Daniel says. "I was absolutely disjointed. I felt nauseous, like I really felt like I needed to throw up."

So Daniel told his sergeant. "And it was just: 'Shut your face. Are you complaining? Why is everyone else OK and you're not?' "

Blast injuries overlooked

Back then, in the 1990s, the military pretty much assumed a fighter's brain was fine unless there was some external sign of injury.

That was because, at the time, no one really understood how an invisible blast wave could damage the brain without leaving a mark, says Tracie Lattimore, who directs the Army's traumatic brain injury program.

"The science wasn't up to speed," she says. "It just didn't exist."

But since 2007, Lattimore says, the Department of Defense has spent about a billion dollars studying traumatic brain injuries, including those caused by blast exposure.

At first, the research focused on bomb blasts, especially those from the improvised explosive devices that had become common in Iraq and Afghanistan.

But over time, Lattimore says, the military's research has expanded beyond IEDs to include the effects of blasts from weapons like the one Chris and Daniel shot.

"If you talk to us in a year from now, I think we're going to have exponential growth in our knowledge coming out of these current studies and our future studies," Lattimore says.

Eventually, that could help the hundreds of thousands of veterans who have fired these weapons in the past couple of decades.

But right now, people like Daniel and Chris have no way to know whether firing heavy weapons could have affected their brains.

Chris wonders whether all those blasts might be the reason he once landed in a military hospital for two weeks.

It happened after a weeklong training exercise in the California desert near Twentynine Palms. Thousands of troops took part and Daniel and Chris fired lots and lots of rockets. They also set off lots of explosives.

Several days after the exercise ended, Daniel noticed that Chris was awake in the middle of the night.

"He just got up and started walking out of the room in his stinking underwear," Daniel says. "And I was like, 'Hey Chris, what's going on?' And he was just kind of like looking through me."

"I don't remember it," Chris says. "But I know that they put me in the hospital and thought I had spinal meningitis or something."

He didn't. And the doctors never pinpointed another cause. They clearly thought something was wrong with his brain. But at the time, no one would have thought to ask whether the problem was caused by the weapons Chris had fired.

Chris's military career ended one morning when his platoon left on a bus and he didn't get on it. Ultimately, he got a bad conduct discharge.

It's been nearly two decades since Chris and Daniel fired the SMAW.

They've both settled in Northern California, which is where they grew up. And they both have symptoms that could be from a brain injury — or something else.

Chris has lots of questions.

"Why does this hurt on my body? Why do I feel lost? Why can't I concentrate on stuff as long [as I used to]?"

Chris also has trouble controlling his emotions, something he says wasn't a problem before his military service.

For Daniel, it's his memory that's the problem.

"I used to be photographic. Now I'm forgetful," he says. "I'm 40, that's ... I don't know, man. Maybe I'm getting old."

Both Chris and Daniel have problems with balance and orientation. For Daniel it can happen when he turns his head quickly or stumbles.

"I lose my spatial orientation," he says. "I don't know where I am. Vision gets blurrier. Even sound is kind of muffled."

These are common symptoms of damage to the brain's vestibular system, something that affects many people who have experienced a traumatic brain injury from a bomb blast or blow to the head.

Uncertain coverage for care

But Daniel and Chris were never in combat and never were injured in any obvious way during training. That means it's not clear whether they are entitled to care from doctors and hospitals run by the Department of Veterans Affairs.

Chris has never tried to get care from the VA. But Daniel has. And he learned that the VA doesn't have an obvious category for people like him.

Daniel had never connected his symptoms with his time as a Marine until he heard a radio story on NPR suggesting that certain military weapons might be powerful enough to give the shooter a traumatic brain injury.

"I went back to the VA and I said I want to be tested for TBI," he says. "And they said great."

They handed him a questionnaire. The first question asked where he had been in combat. But he hadn't been.

The second question asked: "Were you hit by an IED?" Daniel says it went on: "Was it a grenade explosion? Was a bomb dropped too close to you?" So I couldn't actually answer the questionnaire."

All he'd done was fire a rocket launcher in training exercises, over and over and over.

VA doctors see quite a few veterans like Daniel, says Dr. Joel Scholten, who's in charge of physical medicine and rehabilitation for the VA. He says the conversation usually goes like this:

"While I was training we fired a certain type of weapon. I felt dizzy or had some ringing in my ears after that."

Then Scholten asks if the veteran was ever near a bomb blast or took a blow to the head. Many say yes. And for them, VA guidelines call for a full examination for traumatic brain injury.

But for veterans like Daniel, coverage is uncertain. That's because there still isn't clear evidence that training with heavy weapons can cause long-term problems with things like memory, thinking and balance.

"These symptoms are what we call nonspecific," Scholten says. "So they're not unique to traumatic brain injury, and in fact there is no symptom that happens only with traumatic brain injury or concussion."

From a medical perspective, the lack of a box to tick is not a big deal. Treatments usually focus on improving a patient's symptoms, regardless of the cause.

"For instance, someone with cognitive or concentration impairments, we would focus our therapy on how to improve concentration," Scholten says.

But paying for therapy is another matter. The VA gives priority to veterans whose medical problems can be linked to their service.

And since military scientists still aren't sure whether firing a powerful weapon can have long-term effects, Daniel says the VA is sending him the bill. He's being asked to pay out of pocket for high-tech brain scans and other tests.

"I love the VA," Daniel says. "I have nothing bad to say about the VA. The individuals there get it. They really do. But their hands are typically tied by their process."

Studies now underway should help clear up whether people like Daniel could have been harmed by the weapons they fired, Scholten says. And the results of those studies will be used to update the VA's guidelines on who gets checked out for a traumatic brain injury.

"In the next iteration, will we or should we expand to include training exposures?" Scholten says. "Possibly so."

If they do, it could mean evaluating the brains of tens of thousands of veterans who trained with weapons like the one Daniel shot.

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1.2 - Deseret News: [VA putting new focus on needs of minority veterans](#) (26 July, Jasen Lee, 9.4M uvm; Salt Lake City, UT)

When Derrel Lanier left the U.S. Army after nine years in uniform, he found himself struggling with some unaddressed mental health issues that affected him for decades after he left the service.

"I went for over 30-plus years before I found out that I had (post-traumatic stress disorder)," he said. Lanier, 59, was stationed at the border between what was then East Germany and West Germany along with serving a stint during one of the early Middle East conflicts, he explained.

With the number of minority military veterans expected to rise significantly in the next couple of decades, local administrators are working to ensure stories like Lanier's are not repeated.

"(Minority) veterans have many of the same issues facing the overall population, but some of their challenges are deeper," said Shella Stovall, medical center director of the VA Salt Lake City Healthcare System. "For us to know how to serve them better, that's what going to be meaningful for us."

Lanier, who is African-American, was among the veterans on hand Thursday at the Salt Lake City Public Library for a town hall specifically targeting minority veterans. The Veterans Administration estimates that the number of minority veterans is expected to increase from its current level of 23 percent to more than 35 percent in 2040.

Lanier said the stress of combat-related anxiety led him to depression and alcoholism. Following therapy, he realized that PTSD was in part responsible for some anti-social behavior and personal upheaval that resulted in failed relationships and moving from job to job.

"After everything was diagnosed, the (Veterans Administration) helped me get myself back together and got into programs that (I needed)," he said. "I've reunited with my family, got myself back on my feet and life is great. I wish I'd have done it 30 years ago, but things happen in time."

Participants at Thursday's event heard stories from local minority veterans, visited resource booths from the Utah State Department of Veterans and Military Affairs, and met with community organizations. Following the presentations, Stovall answered questions from the audience in an effort to learn where the VA needs to focus its attention to better serve the minority veteran population.

"This population is the fastest growing population that we serve," she said, adding that their numbers are only expected to grow.

With that in mind, officials want to take a proactive approach to address the issues of minority veterans, Stovall said.

"We know they deal with discrimination," she said. "We certainly don't tolerate it at the VA when we hear it. We address it and take appropriate action."

Stovall said the agency is working to monitor issues with people of color, women and LGBTQ veterans to ensure they are treated fairly and respectfully.

"As we learn more about (minority veteran) issues, we target populations that might need our attention in different ways," she said. "This (event) is the initial effort in trying to find out what those issues are."

Lili Teeters was a combat medic during her four years in the in the U.S. Army. She said she sometimes experienced discrimination in the military and hopes that the VA will work to see that kind of bias is eliminated.

"The VA has done a great job in helping to build a support system for female veterans," she said. (The agency) is already moving in the right direction. Now it's a matter of educating the general (veteran) population."

Bill Johnson — a 28-year Army vet — said minorities sometimes are less informed about the outreach and services the VA provides to former service members. Using himself as an example, he considers himself well-educated regarding the VA and its program, but he acknowledged he missed out on valuable resources for the first 12 years he was out of the service because he wasn't as informed as he could have been.

He urged minority veterans particularly to learn about all the benefits and resources that are available to them, rather than losing out on opportunities for help.

"Not only are their benefits available at the federal level, but the state of Utah offers benefits," he said. "Get enrolled in (the VA) and apply for those benefits. Find out about them and take advantage of them."

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1.3 - Dallas Morning News: [Medical-legal partnerships a worthy priority for Veterans Affairs under new chief](#) (26 July, Editorial Board, 9.4M uvm; Dallas, TX)

Texas takes pride in its veterans. With over 1.68 million former service members, our veteran population is second only to California. Nearly 100,000 live in Dallas County alone.

But with numbers comes an even greater responsibility to our veterans' care. As Robert Wilkie takes the helm at the U.S. Department of Veterans Affairs, we hope national leadership will support new ways to address veterans' complex medical and legal needs.

Social determinants of health are as important to our well-being as biology, especially for veterans. Service-related traumas can create a domino effect of challenges, including difficulty keeping a job and eviction: Veterans are almost twice as likely as civilians to experience homelessness and poverty. Considering a state study showed that 6 percent of the city of Dallas' veterans and 1 percent of Plano's have been affected by homelessness, that plight is also a pressing local issue.

But when legal professionals and health care providers collaborate, physicians can truly "treat" the whole patient. Victims of sexual violence or residents of mold-filled apartments need more help than a doctor alone can provide. With a medical-legal partnership, veterans are referred to legal services just down the hall. Lawyers can then help head off common issues like an impending eviction. An average of just 5.4 hours in legal services can be the difference between a veteran keeping a job or home. No wonder legal problems account for five of the top 10 unmet needs of homeless veterans.

And pilot programs show the benefits. One study found that veterans who obtained legal services experienced decreased homelessness, increased income and improved mental health. Knowing that veterans are more than twice as likely as civilians to die by suicide, we need these gains.

Medical-legal partnerships are cost-effective, too. Although experts are still grappling with how to best measure the social value of prevented legal problems, the money recovered for veterans far outstrips the budget of maintaining a legal team. One California VA-based medical-legal partnership recovered nearly \$950,000 in veterans benefits at an expense of only \$115,000 — results on par with other pilot programs.

However, medical-legal partnerships face barriers to widespread adoption. As the nation's largest health care system, the VA has less say over which community services (including legal) may be funded than Health and Human Services, which has the leeway to incorporate medical-legal partnerships more nimbly into its services. This helps explain why only 17 of the country's more than 300 partnerships involve the VA, and none are listed in Texas VA hospitals.

As the VA moves forward under its new secretary, Congress can take steps to make it easier for the agency to adopt medical-legal partnerships. The Senate's Homeless Veterans Prevention Act of 2017 would authorize the VA to enter into more medical-legal partnerships, and lawmakers can consider innovative ways to maintain patient privacy while enabling wraparound services. States, too, can help with the transition from grant and philanthropic funding to a more sustainable solution.

When it comes to improving veterans' care, we are all on the same team. As the VA considers its future, we hope lawmakers will help the agency improve our veterans' lives.

North Texas veterans

Census data on the number of veterans living in North Texas counties:

Collin: 42,390
Dallas: 97,559
Denton: 40,384
Ellis: 10,134
Kaufman: 6,569
Rockwall: 5,279
Tarrant: 110,560

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1.4 - Military.com: [Trump Names Controversial Adviser to Head VA Mental Health Commission](#) (26 July, Richard Sisk, 9M uvm; San Francisco, CA)

President Donald Trump has picked a controversial White House adviser and former beer company executive to head a mental health commission at the Department of Veterans Affairs.

The VA announced Tuesday that Trump had named Jake Leinenkugel, a White House political appointee and adviser on veterans issues, to head the VA's "Creating Options for Veterans' Expedited Recovery Commission," or COVER.

The announcement was made by Acting VA Secretary Peter O'Rourke, himself a lightning rod for criticism from the VA's Inspector General and House and Senate Democrats over allegations of political infighting at the VA.

Robert Wilkie, the former under secretary for personnel and readiness at the Pentagon, was confirmed by the Senate on Monday to become the next VA secretary but has yet to be sworn in.

In a statement, O'Rourke said Leinenkugel "has been an ambassador for change at VA, working to implement President Trump's policies throughout the department over the past year and a half. As leader of this important new commission, Jake will continue to advocate for better care and services for his fellow veterans."

The VA said COVER was set up to review the "evidence-based therapy treatment model" used by the VA and also to examine other methods used outside the department.

Leinenkugel, who served six years in the Marine Corps and left with the rank of captain, formerly ran the family's "Leinenkugels" beer company in Wisconsin.

He came under fire from veterans service organizations (VSOs) in February over leaks of his December email exchanges with Trump administration political appointee Camilo Sandoval, a former Trump campaign worker who was then at the Veterans Health Administration.

The emails were first reported by The Washington Post and later obtained by Military.com.

In the email exchanges, Leinenkugel and Sandoval appeared to be plotting the ouster of then-VA Secretary Dr. David Shulkin, who eventually was fired by Trump in March.

Leinenkugel said in a list of "solutions" for the VA's problems that Shulkin should be "put on notice to exit" once other legislative priorities were passed.

Leinenkugel also targeted then-VA Deputy Secretary Thomas Bowman, the No. 2 official at the agency, saying that Bowman "doesn't trust the current slate of political staff" at the VA.

In a statement at the time, Sen. Johnny Isakson, R-Georgia, chairman of the Senate Veterans Affairs Committee, defended Bowman, a former majority staff director for the committee and 30-year Marine Corps veteran.

"Tom Bowman is a veteran and a patriot, a public servant and a good man. If this is true, it will be a mistake, and I am deeply disappointed in the president," Isakson said. "Veterans will suffer because of this decision if it's true."

Bowman retired in May. Sandoval, the former data operations officer for the Trump campaign, is now the acting chief information officer, the top technology post at the VA.

In the floor debate before the Senate confirmed Wilkie by a vote of 86-9, Sen. Jon Tester, D-Montana, the ranking member of the Senate Veterans Affairs Committee, warned that Wilkie would have to face the ongoing political turmoil at the VA.

Tester, who voted in favor of Wilkie, said, "We've got political forces at play inside the VA. That's very unfortunate. When Mr. Wilkie becomes secretary, he has to see that this stops."

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1.5 - Stars and Stripes: [Democrats call on Sessions to investigate acting VA secretary for perjury](#) (26 July, Nikki Wentling, 1.5M uvm; Washington, DC)

Three Democrats on Thursday called on the Justice Department to investigate whether the acting secretary of the Department of Veterans Affairs lied during testimony to a congressional committee.

Reps. Tim Walz, D-Minn., Mark Takano, D-Calif., and Kathleen Rice, D-N.Y., suspect acting VA Secretary Peter O'Rourke lied about providing documents to the VA inspector general. In a letter to Attorney General Jeff Sessions on Thursday, the lawmakers wrote the comments were made during two hearings of the House Committee on Veterans' Affairs, one on June 26 and the other on July 17.

"[W]e request that you open an investigation to determine whether Mr. O'Rourke made unlawful statements (perjury or otherwise) in providing false testimony in the two subject hearings," the Democrats wrote. "If you determine that Mr. O'Rourke did in fact make an unlawful statement, or that others conspired with, instructed, or encouraged him to do the same, we request that you pursue immediate prosecution."

The VA declined to comment Thursday.

The issue stems from a fight last month between O'Rourke and VA Inspector General Michael Missal.

Missal said the VA refused to release hundreds of employee complaints submitted to the VA Office of Accountability and Whistleblower Protection, a VA office created last year to carry out disciplinary actions and handle whistleblower concerns.

Missal said he has been attempting to obtain the information since November in order to ensure his staff isn't duplicating an investigation the VA is already conducting. He also wants to make certain his office is forwarded all complaints involving criminal activity. Federal statutes mandate the VA refer any cases involving felony crimes to the inspector general.

O'Rourke and Missal recently engaged in a power struggle in a series of letters that ended with O'Rourke challenging Missal's role as an independent watchdog and accusing him of being unprofessional, biased and reckless.

During questioning June 26 to the House committee, O'Rourke insisted the VA was not restricting Missal's access to information.

"It's not like they've been refused things," he said. "We provide disclosures to them on a daily basis as soon as they come in."

On July 17, O'Rourke said Missal's access to the Office of Accountability and Whistleblower Protection "has been unfettered since day one."

In their letter to the Justice Department, Walz, Takano and Rice wrote they later spoke to Missal, who told them that he still hasn't received the information he's sought.

Since the accountability office was created last June, it's received between 119 and 224 employee complaints each month, according to publicly posted data on the VA website. They range from complaints about abuses of authority and wasted funds to whistleblower retaliation and risks to safety. Missal told the Democratic lawmakers that fewer than 20 complaints have been shared with his staff.

Congressional testimonies are covered by federal law that stipulates anyone who "willfully and contrary to such oath states or subscribes any material matter which he does not believe to be true" is guilty of perjury.

O'Rourke, previously the VA chief of staff, has served as acting VA secretary since May 30. He first came to the VA to lead the new Office of Accountability and Whistleblower Protection.

This week, the Senate confirmed Robert Wilkie, a Pentagon official, to be the next permanent VA secretary. It was uncertain Thursday when he would be sworn into the job.

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1.6 - Houston Chronicle: [Veterans exposed to battlefield burn pits press VA for care and compensation](#) (25 July, Bill Lambrecht, 1.2M uvm; Houston, TX

As an Air Force lab technician at Camp Tallil in southern Iraq, Wesley Archuleta had the task of burning medical waste — body parts, surgical remains and blood bags that would "go off like grenades" in the flames.

As an Air Force lab technician at Camp Tallil in southern Iraq, Wesley Archuleta had the task of burning medical waste — body parts, surgical remains and blood bags that would "go off like grenades" in the flames.

Diaz's worsening health problems led to his separation from the military for asthma. Diaz, 44, who could run six miles a decade ago, now takes three asthma medications and suffers from headaches and a sinus condition that landed him in emergency rooms this spring.

Like thousands of others who served in Iraq and Afghanistan, the Texans are pressing the Department of Veterans Affairs to acknowledge that their health problems stemmed from haphazard burning and grant them the care and the benefits that accompany service-connected injury.

As of mid-July, nearly 150,000 service members and retirees had signed up for the VA's Airborne Hazards and Open Burn Pit Registry, according to the VA. Texas had 15,224 of the enrollees, nearly double the number from the next closest state, California.

Yet the sheer volume of problems being reported thus far has been insufficient to prompt the veterans' agency to devise specialized care for burn pits victims and grant more compensation.

According to figures made public this month, the VA has granted burn pits compensation for just 2,097 burn pits victims in 11 years. The tax-free disability awards are calculated according to

severity of the condition and can range from \$100 monthly up to \$2,000, money that sick veterans say can make a big difference in their lives.

Many veterans of recent wars, among them Reservists and National Guard, have lung ailments and other afflictions that they say make it difficult to hold a job. There's also the matter of compensation to survivors. As it stands, relatively few surviving spouses and dependent children of victims would qualify for death benefits awarded for other injuries and diseases.

Amber Powell, of San Antonio, was an Army medic with the 101st Airborne in Afghanistan who lived and worked close to the burn pits. She suffers now from an array of neurological and gastrointestinal ailments so severe that she is 100 percent disabled and receives home health care visits from a VA medical team.

Yet the VA has been unsympathetic to her burn pits claims which, she says, prevents the linkage that would help provide for her children if she were not around.

"I'm 34 years old, I've lost two careers, and I have two children, ages 6 and 8, to raise. If I die from burn pits exposure, they would get no compensation," said Powell, a massage therapist until becoming too ill to work.

Congress is pushing VA, too

Pressured by veterans, Congress is taking a new look at the toxic wounds of war as the costs, both in money and human health, become clearer. Last month, the House passed legislation forcing the VA to extend benefits to 90,000 "Blue Water Navy" veterans from the Vietnam War, many of whom suffer cancers and other ailments from exposure to Agent Orange herbicide while serving off-shore.

On July 18, in a contentious meeting on Capitol Hill that was closed to the media, a dozen House members from both parties grilled VA officials about how they will respond to the needs of burn pits victims. The approval rate for burn pits compensation is roughly one-third that for most other injuries, the representatives noted.

The lawmakers were especially irked at the Pentagon, which declined to send a representative or provide records on some 260 burn pits that Congress says are needed to tackle the problem.

"If they don't come because they want to, they should come because they have to," fumed Louisiana Republican Clay Higgins, who pressed for subpoenas, according to a transcript obtained by Hearst Newspapers.

Officials at the Pentagon did not respond to requests for comment.

Rosie Torres, co-founder of Burn Pits 360, a Texas-based national advocacy group invited to the gathering, told the VA that 6,000 people have signed up for a registry the group maintains separately from the VA. Over 100 of them are death entries from families, she said.

After a VA official declared that more research is needed, Torres, who worked at the VA for 23 years, asked: "How do we take care of veterans who are sick and dying right now?"

The VA's Dr. Ralph Erickson, the agency's chief consultant for post-deployment health, acknowledged the challenges.

"This is a big issue. This is a very important issue and VA does own it," he said. "Right now, we're playing catch-up."

A burn pit at Bagram Airfield in Afghanistan.

Wesley Archuleta wants answers, too. He signed up for the VA registry two years ago but never heard back from the government. His frustration matches that of many veterans who enrolled in the congressionally ordered registry, which was the subject of a withering report last year by the National Academy of Sciences' Institute of Medicine.

The Institute concluded that the VA asks confusing and repetitive questions, seeks useless information and fails to seek answers "that could yield information related to relevant exposures."

A VA spokeswoman said by email that some of the questions are being "refined."

Archuleta stands to gain nothing more in compensation beyond what he already receives for his Post Traumatic Stress Disorder and other ailments. His hope, he says, is that he and others avoid the fate of his Vietnam veteran father, who suffered for decades until long after the war, when the VA finally acknowledged illnesses related to Agent Orange after being ordered to do so by Congress in 1991.

"I have the feeling that we'll keep going down the same road with burn pits until the VA is forced not to ignore us," he said.

Warnings of burn pit hazards were ignored

Reports from the battlefield warned of the threat. In 2006, a memo from an environmental officer in Iraq, Lt. Col. Darrin Curtis, referred to the fires at Balad Air Base in central Iraq as "an acute health hazard" which could produce chronic health problems. He listed more than a dozen possible carcinogens from the smoke.

"Burn pits may have been an acceptable practice in the past, however today's solid waste contains materials that were not present in the past that can create hazardous compounds," he wrote.

Yet open-air burning at Balad persisted for three more years until incinerators were installed, according to Pentagon documents.

In Iraq and later in Afghanistan, retired Lt. Col. Daniel Brewer had the task of monitoring burn pits for the United States military. He was alarmed at what he saw. A decade later, he may be experiencing the consequences he warned about.

Brewer described his disbelief at being ignored when complaining to higher-ups about indiscriminate burning. During two years in Iraq and later in back-to-back tours in Afghanistan, he spent days at a time on the road inspecting burn pits and assessing other environmental dangers.

"There's a lot of ways a soldier can die from war, and a bullet's not the only one," he said.

Brewer provided photographs, a video and an incident report he submitted in 2009 from Bagram Airfield in Afghanistan after tracking down the source of a massive column of black smoke and flames visible from a mile away. A contractor at the site told him that “sensitive” items were burned every night.

“Whether it was a little camp of 50 people or a base camp of thousands, the solution was to dig a hole and start burning. A burn pit would be established on one side of a base. Then, as the base grew, there would be housing surrounding it with people breathing all those fumes at night,” he said.

“Everything got thrown in — tires, plastics, weapons, even unused ammunition that would start going off. I’m amazed somebody didn’t get killed.”

Brewer, 66, of Leesburg, Ga., an environmental engineer with a Ph.D., pressed for adoption of incinerators that slowly came into use.

In 2009, he found himself in Tampa in a meeting with Gen. David Petraeus, then commander of U.S. Central Command. After the meeting, Petraeus authorized adoption of new environmental regulations for Pentagon contingency operations that Brewer had authored. The new rules governed a range of matters, from disposing hazardous materials to cultural preservation.

In a routine physical exam last year, Brewer, never a smoker, got the worrisome news that a nodule had formed on a lung. He must return for more testing to learn whether it’s cancerous.

“You have all these people who served with illnesses now, with pulmonary issues and cancers. And I’m one of them,” he said.

Network of Texas victims appeals to Trump

The government’s halting progress in taking responsibility is felt especially hard in south Texas, where Burn Pits 360, located in Robstown, has evolved into a small but dynamic operation lobbying in Washington, counseling veterans across the country and pressing Texas officials to begin a state registry of victims.

Burn Pits 360 grew out of the hardship of Le Roy Torres, an Iraq veteran and former Texas state trooper who has serious health issues.

Torres, 44, a retired Army captain who deployed at Balad, was diagnosed in 2010 with a debilitating lung condition, constrictive bronchiolitis. In May, after having trouble with his memory and concentration, Torres underwent a brain scan in Colorado.

A copy of the scan provided by his family referred to changes in his brain tissue consistent with toxic neurological disorders and referred to Torres’ clinical history “of burn pit exposure.”

In a letter to President Donald Trump last month, Torres asked the president to use his bully pulpit to educate Americans “about what has so shamefully become this generation’s Agent Orange.”

Rosie Torres said she worries about her husband’s health, which has deteriorated to the point where he was unable to accompany her to Washington this month to meet with members of Congress.

“There’s no reason our men and women should be returning from war begging the nation for specialized health care. This is hard for me to wrap my head around,” she said.

San Antonio Democrat Joaquin Castro is among those championing the victims’ cause, writing a bill that would expand care and enable compensation.

Castro introduced another bill last month to fill in one of the VA registry’s gaps by allowing a family member to enroll on behalf of a service member who has died. Family participation - prohibited by the VA — would allow families to document the fate of victims, Castro said.

“These are things that they shouldn’t have to be dealing with at a young age,” he said of Texans who told him their stories.

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2. Greater Choice for Veterans

2.1 - Newsday (Tribune News Service): [Opinion/Commentary - Veterans Affairs to the forefront. Expect to hear the word “privatization” a lot over the next two election cycles.](#)
(26 July, Robert Graboyes, 3.2M uvm; Melville, NY)

July 23 marked a rare event in the politically and ideologically lacerated chambers of Congress. President Donald Trump’s nominee for veterans affairs secretary, Robert Wilkie, won Senate confirmation by a strikingly bipartisan vote of 86 to 9.

Wilkie’s task ahead is daunting.

The VA borrows its mission statement from the penultimate phrase of one of the American history’s loftiest documents, Abraham Lincoln’s Second Inaugural Address: “To care for him who shall have borne the battle, and for his widow, and his orphan.” In so many ways, the VA has fallen short on that mission.

Over the years, my graduate students have included numerous doctors, nurses, and administrators from VA hospitals, and they always struck me as people I would easily entrust with my life, health and safety. But as an institution, the VA fails to live up to the brilliance and devotion of its employees. The whole, it seems, is considerably less than the sum of its parts. (There are exceptions to this rule, of course. For example, the VA has been rather innovative and successful in enabling patients to access telemedicine.)

The VA can be mind-numbingly bureaucratic, with months-long waiting lines, shocking mismanagement, regiments dying in the queues while waiting for help, and pricy electronic health records that can’t adequately track patients’ progress. The Veterans Choice Program, designed to ease overflow demand by giving veterans access to out-of-network providers, has long waits and heavy cost overruns. This year, Congress passed, and Trump signed, the VA Mission Act - aimed at meeting Lincoln’s plea by, among other things, bolstering funding, reorganizing institutional structures, streamlining access to non-VA care, and establishing walk-in clinics.

Wilkie's predecessor as secretary, David Shulkin, reportedly left office in a dispute over "privatizing" the VA. Appointed by both Presidents Barack Obama and Trump, Shulkin steadfastly opposed privatization, though no one seems to agree on exactly what that term means with respect to the VA. In his confirmation hearing, Wilkie said he did not aim to "privatize" the VA, though the foggiest of the term leaves the substance of that promise rather vague.

Clearly, the Choice Program and the Mission Act both contained elements of privatization - at least as release valves. News accounts regularly described the Mission Act as a partial privatization. For what it's worth, support for the bill was overwhelming among both parties in both houses of Congress - perhaps, again, because privatization is in the eye of the beholder.

Wilkie's successes and failures will be closely watched. (Whether purposefully or by coincidence, a majority of the nine senators voting against his confirmation are potential 2020 presidential candidates.) What happens at the VA especially matters because single-payer health care - whatever that means - has become one of the two or three hottest hot-button issues for the 2018 and 2020 election campaigns.

The VA will likely be, and ought to be, a topic of discussion in that context, as it is the closest thing America has to a full-blown, government-run, centrally planned health care system. The VA's pathologies closely resemble those of full-blown single-payer systems, such as Britain's National Health Service or Canada's Medicare.

Can the right manager fine-tune the organization to deliver quality care at a reasonable price? Or is the government-funded, government-operated system the intrinsic problem?

For what it's worth, among the system's patient base, the VA remains quite popular. But then, patients in other countries are often devoted to government-run health systems. I would interpret this as a devil-you-know versus devil-you-don't-know situation, but that's just me.

Whatever the explanation, Wilkie has likely signed on for the bright lights over the next few years. Expect to hear the word "privatization" a lot over the next two election cycles.

Robert Graboyes is a senior research fellow with the Mercatus Center at George Mason University, where he focuses on technological innovation in health care.

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3. Modernize Our System

3.1 - Woodlands Online: [Conroe VA Clinic expansion underway; expected to open October](#) (24 July, Press Release, 482k uvm; The Woodlands, TX)

Congressman Kevin Brady (TX-08) announced that the Veterans Clinic in Conroe is nearing the end of construction for a much-needed expansion. The fourth floor of the building will soon host a 3,850 square foot dental facility that will include eight chairs, a lab and x-ray capabilities. This is in addition to the other lab services and radiology offered on the fourth floor, as well as occupational and physical therapy.

"This is exciting news for our area veterans," said Brady, who was instrumental in appropriating funds for expansion. "For those eligible veterans, receiving quality dental care will be more convenient. These heroes have sacrificed so much for us, and I'm proud to work hard to ensure they get the care they have earned."

"We are thrilled to be able to bring dental services out to our Veterans in the Conroe area," said Francisco Vazquez, Director of the Michael E. DeBakey VA Medical Center in Houston, which manages the Conroe VA Clinic. "Since our new clinic in Conroe opened just a few years ago, we have seen a big increase in the number of Veterans we serve. We are honored by the opportunity to serve our Veterans and are committed to providing world-class health care at our convenient Conroe location."

Construction is anticipated to be completed in mid-August and the new dental expansion should be open for business in October.

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3.2 - KMA (W1-960): [Young: heat is on V-A for Shen CBOC](#) (26 July, Mike Peterson, 138k uvm; Shenandoah, IA)

Iowa Congressman David Young says the Veterans Administration's feet must be held to the fire on establishing a new veterans health clinic in Shenandoah.

Close to 200 KMAland veterans attended a town hall meeting at Shenandoah's Elks Lodge last week, in which V-A officials laid out a timeline for construction of a new Community Based Outpatient Clinic--or CBOC in the community. At that meeting, Julie Rickert, associate director of operations for the V-A's Omaha office, said the project's contracting officer is still planning the bidding process.

"We haven't awarded it," said Rickert. "So, we're doing the piece as far as validating that there's partners out in the community who can help us with it. We're doing the market research, we're putting together the package. We'll be going out and soliciting, which means we'll put the package out electronically to people that are interested in it. We'll put that up. We're with a contracting officer, with the intention that we will do an award in January."

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Once a construction contract is awarded, Rickert indicated it would be 18 months before the new CBOC is activated. Speaking on KMA's "Morning Line" program earlier this week, Young says V-A officials have heard from members of Congress--and local residents--on the need for a new clinic.

"Last year, I secured some language in an appropriations bill," said Young, "making sure the V-A prioritizes rural CBOCs--those outpatient clinics. Other members have had conversations with the administration about rural Community Based Outpatient Clinics. We've got the timeline, and we've got to hold their feet the fire. I know that the folks here in home in Shenandoah, and in southwest Iowa are doing that."

The Van Meter Republican says he's talked to V-A officials about building a new facility in Shenandoah.

"I've had conversations with Mr. (Don) Burman at the V-A," he said, "not just through email, or over the phone, but I've also gone to visit him in his office, as well. Because, this is so very, very important to make sure that our veterans, wherever they are, make sure our veterans get the help that they deserve, and there's just so much overwhelming support in southwest Iowa to get this done. And, I think the V-A is finally hearing that."

Young says the existing CBOC--located at the Orchard Corners Shopping Center--is too small for the clinic's staff and clients.

"That why we need to make sure that this stays on a timeline," said the congressman, "so that more space is given. And, with more space given, that means more services are given, as well. That's very important, because maybe some veterans don't have to go to Des Moines, or have to go to Omaha. They can get those services right here at home."

You can hear the full interview with Congressman David Young on our "Morning Line" page at kmaland.com.

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3.3 - KXMB (CBS-12): [New VA Clinic opens its doors to Dickinson](#) (26 July, 16k uvm; Bismarck, ND)

The Stark County Veterans Service office offers its assistance to about 2,500 veterans in the area, and they recently received some good news.

Earlier this month Dickinson opened up its new VA Community Based Outpatient Clinic ; It is located at 766 Elks Drive.

The primary care facility is about 7,000 square feet with five patient rooms and three telehealth rooms.

Patients can also visit the clinic to get lab results taken and processed.

Jessi Polk, the VA Clinic manager, said the new clinic is a considerable upgrade from the old facility in Dickinson..

"With this big facility we don't have the reason to be on top of each other, when we are trying to see our veterans. We will always have more than enough room to see our veterans and to be seen by there primary care provider or their telehealth provider".

A Ribbon Cutting Ceremony will be held for the new VA Clinic in Dickinson on August 22.

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3.4 - The Courier of Montgomery County: [Construction on Conroe VA Clinic's dental facility near completion](#) (24 July, Jennifer Summer, 15k uvm; Conroe, TX)

In an effort to bring more health services to veterans in the Montgomery County area, the Veterans Clinic in Conroe will soon complete construction on a dental health facility.

The newest health offering for veterans will be located on the fourth floor of the facility will include eight chairs, a lab and x-ray capabilities. The construction on the 3,850 square-foot dental facility is expected to end mid-August for an opening in October.

“This newest portion of our Veterans Center in Conroe is so important because we have a lot of veterans that live in the Montgomery County area and we’re bringing care closer to them,” Maureen Dyman, communications director for the Michael E. DeBakey VA Medical Center in Houston, which manages the Conroe VA Clinic, said. “We want to make it easier for veterans to get the medical care they need and quicker access to that care right in Montgomery County. We’re excited for the opportunities and for veterans to receive the medical care they need.”

This is in addition to the other lab services and radiology offered on the fourth floor, as well as occupational and physical therapy.

The Conroe VA Clinic opened in their newer location in 2015 to meet the needs and demands of the growing veteran population in Montgomery County.

The 30,000-square foot facility was a step up from the previous 7,000-square foot clinic, officials said in a previous Courier article, especially with a slew of new resources for area veterans.

“This is exciting news for our area veterans,” U.S. Rep. Kevin Brady, R-The Woodlands, said. “For those eligible veterans, receiving quality dental care will be more convenient. These heroes have sacrificed so much for us, and I’m proud to work hard to ensure they get the care they have earned.”

Brady also helped to appropriate the funds for expansion.

“Since our new clinic in Conroe opened just a few years ago, we have seen a big increase in the number of Veterans we serve,” Francisco Vazquez, director of the Michael E. DeBakey VA Medical Center in Houston, said. “We are honored by the opportunity to serve our Veterans and are committed to providing world-class health care at our convenient Conroe location.”

The Conroe VA Clinic is located at 690 South Loop 336 in Conroe.

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3.5 - TexasGOPVote: [Conroe VA Clinic Dental Expansion Construction Nearing Completion; Expected to Open in October](#) (25 July, Kevin Brady, 1.9k uvd)

I recently announced that the Veterans Clinic in Conroe is nearing the end of construction for a much-needed expansion. The fourth floor of the building will soon host a 3,850 square foot dental facility that will include eight chairs, a lab and x-ray capabilities. This is in addition to the other lab services and radiology offered on the fourth floor, as well as occupational and physical therapy.

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“We are thrilled to be able to bring dental services out to our Veterans in the Conroe area,” said Francisco Vazquez, Director of the Michael E. DeBakey VA Medical Center in Houston, which manages the Conroe VA Clinic. “Since our new clinic in Conroe opened just a few years ago, we have seen a big increase in the number of Veterans we serve. We are honored by the opportunity to serve our Veterans and are committed to providing world-class health care at our convenient Conroe location.”

Construction is anticipated to be completed in mid-August and the new dental expansion should be open for business in October.

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4. Focus Resources More Efficiently

4.1 - KREM (CBS-2): Spokane VA Medical Center begins firing process of employee charged with sex crimes. According to district court documents from Lake County, Montana, Frank Paulsen "knowingly subjected another person to any sexual contact without consent" on or between May 1, 2002 and February 28, 2003. (26 July, 1M uvm; Spokane, WA)

The Mann-Grandstaff Veterans Affairs Medical Center is beginning the firing process of an employee charged with two counts of felony sexual assault in Montana.

The medical center is located in Spokane.

According to district court documents out of Lake County, Montana, Frank Paulsen “knowingly subjected another person to any sexual contact without consent” on or between a number of dates in the years 2002 through 2004.

VA Spokesman Bret Bowers confirmed that the VA Medical Center is aware of the charges and is beginning the termination process. He said Paulsen worked as an administrator in the surgery unit.

Bowers provided this statement on behalf of the VA Medical Center:

“This behavior is not in line with the norms and values of the department, and as a result VA has initiated the process for termination of this employee. VA has made clear that it will hold employees accountable when they fail to live up to the high standards taxpayers expect from us, and that’s exactly what we’re doing in this case.”

Paulsen is not the first VA Medical Center employee charged with sex crimes.

Craig Morgenstern, a former doctor with the Spokane VA, was found guilty of sexual abuse of a child and other child porn production charges in 2016. The Ninth Circuit Court of Appeals upheld these convictions and his sentence of 12 life terms of imprisonment for his crimes in March 2018.

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4.2 - WFED (AM-1500, Audio): [Bill to streamline HR hiring at Veterans Affairs passes House](#) (26 July, Eric White, 854k uvm; Washington, DC)

A newly passed House bill would reform the way the Veterans Affairs Department hires human resources personnel. The HELP Act, which stands for Hospitals Establishing Leadership Performance, passed unanimously in the lower chamber. It essentially forces VA management to establish written qualifications for each HR position in the Veterans Health Administration, as well as performance metrics that correlate to those of health care human resources in the private sector. Rep. Mike Bost (R-IL) sponsored the legislation. (Rep. Mike Bost)

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4.3 - WJMN (CBS-3): [Seventh Annual Adopt-a-Garden Contest takes over VAMC grounds](#) (26 July, 38k uvm; Escanaba, MI)

The Oscar G. Johnson VA Medical Center recently completed its seventh annual Adopt-a-Garden Contest, where departments and individual employees adopted, planted and tended a garden area at the medical center.

“We started this Adopt-a-Garden Contest seven years ago to give our employees ownership and pride in our facility’s grounds and to showcase their gardening talent,” said Jim Rice, Medical Center Director.

Mary Jo Reed, Sally Jacobs, and Lois Wall are members of the Northwoods Garden Club and judged this year’s eleven beautiful and creative garden entries. Mary Jo and Sally have judged the VA gardens the past few years. This is the sixth year that the Northwoods Garden Club has participated as judges.

“These gardens are very clever and stimulating,” said Wall, who is judging the VA gardens for the first time.

“You can see they are giving back to their patients,” she added.

The first-place garden was from the Supply Chain Management Service. Second place was awarded to the Human Resources department, and third place to Mental Health Service.

“We really appreciate the partnership we have developed with the Northwoods Garden Club and the expertise they bring in judging our gardens,” Rice added.

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5. [Improve Timeliness of Service](#)

5.1 - TheFix.com: [Vets Turn To Medical Pot, Despite The VA's Policy](#) (26 July, Kelly Burch, 695k uvm; Brooklyn, NY)

The VA remains focused on studying the drug's "problems of use" instead of its "therapeutic potential."

Once a month, the veterans' hall in Santa Cruz, California, is home to an unlikely meeting, where dozens of former service members line up to receive a voucher for free cannabis products from local distributors.

"I never touched the stuff in Vietnam," William Horne, 76, a retired firefighter, told The New York Times. "It was only a few years ago I realized how useful it could be."

The VA medical system does not allow providers to discuss or prescribe medical marijuana, since the drug remained banned under federal law, which governs the VA.

However, up to a million veterans who get healthcare through the system have taken matters into their own hands, using marijuana to relieve symptoms of PTSD, pain and other medical condition associated with combat.

"We have a disconnect in care," said Marcel Bonn-Miller, a psychologist who worked for years at the veterans hospital in Palo Alto, California, and now teaches at the University of Pennsylvania medical school. "The VA has funded lots of marijuana studies, but not of therapeutic potential. All the work has been related to problems of use."

This means that veterans like those in Santa Cruz can end up self-medicating with cannabis without any medical oversight.

A bill proposed this spring would mandate that the VA study cannabis for treating PTSD and chronic pain.

"I talk to so many vets who claim they get benefits, but we need research," said Representative Tim Walz, a Democrat from Minnesota, who introduced the bill along with Phil Roe, a doctor and Republican from Tennessee. "You may be a big advocate of medical marijuana, you may feel it has no value. Either way, you should want the evidence to prove it, and there is no better system to do that research than the VA."

Still, VA spokesperson Curt Cashour said the bill is not enough to change the department's policies.

"The opportunities for VA to conduct marijuana research are limited because of the restrictions imposed by federal law," he said. "If Congress wants to facilitate more federal research into Schedule 1 controlled substances such as marijuana, it can always choose to eliminate these restrictions."

Former Secretary of Veteran's Affairs David J. Shulkin said that it's time the system looked into the potential benefits of cannabis.

"We have an opioid crisis, a mental health crisis, and we have limited options with how to address them, so we should be looking at everything possible," he said. Although two small studies are currently being done at the VA, Shulkin would like to see more.

"In a system as big as ours, that's not much, certainly not enough," he said.

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5.2 - KARK (NBC-4, Video): [Veteran Says Bill Aiming to Help Those Exposed to Agent Orange Doesn't Cover Him](#) (26 July, 312k uvm; Little Rock, AR)

A Vietnam War Veteran living in Arkansas says he's still not able to get the medical help he needs, even with new legislation in the works.

During the war, many American servicemen were exposed to Agent Orange, a toxic herbicide used to clear out vegetation.

Thousands were exposed outside Vietnam, in Thailand and the Korean Demilitarized Zone, and as a result, those affected aren't eligible for full VA benefits.

The Blue Water Navy Act, which passed the U.S. House of Representatives, aims to change that.

One Arkansan with a rare and aggressive form of skin cancer says the current version of the bill still doesn't cover people who were stationed on certain air bases.

"They have denied my Agent Orange exposure and I'm appealing it because they say they didn't have it there, but I know for a fact that we did," says Mike Rhodes, who retired from the U.S. Air Force.

The U.S. Senate's Veterans Affairs committee is set to take up the Blue Water Navy Act next week.

It's estimated that nearly 90,000 veterans who worked near Agent Orange during the Vietnam War, could be compensated.

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5.3 - Bowling Green Daily News: [Agent Orange meeting should help veterans](#) (26 July, Editorial Board, 160k uvm; Bowling Green, KY)

During the Vietnam War, using the chemical defoliant Agent Orange might have seemed like a good idea, but knowing what we know about it now proves it was anything but.

Agent Orange, an herbicidal chemical the military used to clear foliage to make the enemy easier to see, is infamous for its apparent role in causing long-range health issues for people exposed to it. The full range of the substance's negative effects, however, remains largely unknown.

A U.S. Department of Veterans Affairs website said all ground troops stationed in Vietnam between Jan. 9, 1962, and May 7, 1975, when the chemicals were used, are presumed to have been exposed to Agent Orange or related herbicides. Additionally, the VA recognizes more than a dozen "presumptive diseases" including Hodgkin lymphoma, Non-Hodgkin lymphoma, multiple myeloma and Parkinson's disease. Meanwhile, another VA list names 18 birth defects, including

hip dysplasia and congenital heart disease, associated with the children of female Vietnam veterans.

This is really scary, considering the soldiers who served so admirably in Vietnam had no idea at the time what the defoliant's effects could actually be down the line. We now know people exposed to Agent Orange have a higher risk of developing cancer and systemic heart disease, among other conditions. Children of Vietnam veterans exposed to Agent Orange have had a greater chance of having birth defects and developing various diseases.

Those familiar with the topic say children and grandchildren of Vietnam veterans are getting abnormal diseases that are not something the child should be experiencing. There have been reports of some bowel problems and cancers in these children of Vietnam veterans.

These abnormal diseases are certainly evidence that Agent Orange is causing long-range health problems that need to seriously be addressed. These brave men went and fought in the jungles and rice paddies of Vietnam and by no means did they deserve to come home and fight another war against Agent Orange.

It is quite clear that more information is needed on the subject. On Friday, there will be a meeting to address that need at 6 p.m., hosted by the Vietnam Veterans of America Chapter 1051 at the National Guard Armory in Glasgow to bring veterans and their relatives up to date on what is known about Agent Orange and its potential effects on their health.

Though the town hall will be focused mainly on Agent Orange, anyone concerned that they might have health complications stemming from possible exposure to toxic smoke from burn pits used to dispose of batteries and other refuse in Iraq and Afghanistan are also welcome.

This town hall really has the potential to inform Vietnam veterans of the issues they might be facing and where to turn for help. Our Vietnam veterans deserve the best. Again, they didn't deserve to be exposed to this, but perhaps through towns halls like these, they can sit with their brothers in arms and understand it better and learn options to deal with it better, as well.

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5.4 - Valley Morning Star: [VA opens call center for Valley vets](#) (26 July, Alana Hernandez, 62k uvm; Harlingen, TX)

The opening of a new call center in Harlingen is showing positive impacts in the customer service the VA clinic is providing to Valley veterans.

The call center provides multiple services to veterans, including scheduling, message relay and preliminary customer service for the health care clinics in Harlingen, Corpus Christi, McAllen and Laredo.

Public affairs officer Reynaldo Leal said a lot of the time, veterans' first interaction with the health care system is made via telephone, so they "want to make sure that their experience is a positive one."

"It's been just three days that we've had this call center up and running and we've already started to see improvements in how quickly we're answering our phones and in the duration of the phone calls," Leal said in a phone interview yesterday.

Within a month, the clinic receives anywhere from 15,000 to 20,000 calls.

A few months ago, the health care system streamlined its telephone tree. The tree is all of the options people hear when they call this health care system. Callers can respond by pressing phone keys or speaking words or short phrases.

Its telephone tree list has gone down from 40 options to less than a dozen.

"A lot of (these improvements) were made after listening to veterans and what they really needed when they called and what we could have our representatives transfer them to," Leal said.

After the health care system streamlined the phone tree, they continued to find ways to make their services better for veterans and their employees.

"That resulted in us doing something where, if all the clerks at the Harlingen outpatient clinic were busy or on the line or had a veteran in front of them, the calls would then roll over to the next available clerk," Leal said.

"That clerk might be at another clinic, but we wanted to make sure that people were answering," Leal added.

Leal said the new call center is not only helping Harlingen. It's also helping its other clinics from Laredo to Corpus Christi to McAllen.

"It's a big step for us and the VA is in a constant improvement cycle. We're always wanting to hear from our veterans and always wanting to know what we can do," Leal said.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times (Reboot Camp, AP): [Vets could be hurt by proposed \\$13 billion cut to student loan relief](#) (26 July, Collin Binkley, 2.1M uvm; Springfield, VA)

Veterans and other students defrauded by their schools would have a harder time getting their federal loans erased under new rules proposed by the Trump administration Wednesday.

The proposal, which aims to replace a set of Obama-era rules that were never implemented, drew applause from the for-profit industry but sharp criticism from advocacy groups that represent student borrowers, including veterans.

Education Secretary Betsy DeVos said the proposal lays out clear rules schools must follow to avoid trouble, while also protecting students harmed by deception.

"Our commitment and our focus has been and remains on protecting students from fraud," DeVos said.

College Factual: 10 veteran-friendly aerospace and aeronautical engineering schools
Under the proposal, students would be eligible for loan relief if they can prove their schools knowingly misled them with statements or actions that directly led them to take out loans or enroll at the school.

That would be a higher bar than the borrower defense rules finalized under Obama in 2016 after the collapse of two for-profit schools, Corinthian Colleges and ITT Technical Institute. Those rules allowed relief in a wider range of cases dealing with breach of contract.

When Corinthian and ITT abruptly shut down in 2015 and 2016, respectively, thousands of student veterans were among those left in limbo — in many cases, with student debt and credits that didn't transfer to other institutions.

Education Department documents supporting DeVos' proposal argue that, while students should be protected from fraud, they also have an obligation to do their research before picking schools.

"Postsecondary students are adults who can be reasonably expected to make informed decisions if they have access to relevant and reliable data about program outcomes," the department said.

The new proposal is estimated to save nearly \$13 billion over the next decade compared with spending estimates under the Obama rules, primarily by reducing the amount of loan relief awarded to students.

Department officials say they have received more than 100,000 fraud claims since 2015, and most are still under review. But the new rules would apply only to loans taken out after July 1, 2019, officials said.

Schools would gain an opportunity to respond to claims of fraud under the new proposal, which says schools deserve to defend themselves against accusations that could damage their reputations and revenue.

It also would allow schools to force students into arbitration agreements barring them from suing the school, a practice used by some for-profit colleges that would have been banned under Obama's rules.

Opponents blasted the proposal, saying it places schools ahead of students and discourages victims from pursuing financial relief.

Bob Shireman, a senior fellow at the Century Foundation and a former education official under Obama, said the proposal "is perhaps the most damaging action Betsy DeVos has taken since assuming office."

"These changes would effectively strip students of their right to recourse if they believe that a college or university has misled them, making it next to impossible for defrauded students to get the relief they are entitled to," he said.

Veterans Education Success, a nonprofit that provides free legal and counseling services to veterans and family members defrauded by schools, released a statement opposing DeVos' proposal. It says that while the proposed rule claims to better balance the interest of students, taxpayers and schools, it seems that the Education Department now sees borrowers and not predatory schools "as the most likely threat to taxpayers' investment in the federal student loan program."

VES was one of 36 mostly-military oriented organizations that wrote a letter to the department last fall in support of the Obama-era borrower defense rule, asking officials to strengthen rules that guard against school fraud — not roll them back.

"On issue after issue, the DeVos proposed rule takes the side of predatory schools, eviscerating the protections that the previous administration accorded to defrauded students," said the organization's research director, Walter Ochinko. "It would be unconscionable for the Department to incentivize default by limiting eligibility to file a claim to those students who have stopped paying off their federal student loans and are in collections."

But the changes were hailed as an improvement by the for-profit college industry and some Republicans.

Steve Gunderson, president and CEO of the trade group Career Education Colleges and Universities, said previous versions of the rules allowed for "carte blanche approval" of fraud claims, to the detriment of schools and their students.

"The department has undertaken a thoughtful and deliberate approach to this rule, and we applaud their hard work on this important matter," Gunderson said.

Sen. Lamar Alexander, a Republican from Tennessee and chairman of the Senate education committee, said DeVos' proposal will prevent taxpayers from footing the bill for "unreasonable or unsubstantiated claims of fraud."

"The Obama administration went too far in rewriting this provision by setting overly broad and vague standards and as a result, put taxpayers on the hook for too many loans," he said.

Obama's education officials created new rules to clarify the debt relief process after thousands of students said they were defrauded by for-profit colleges. Before that, the process was rarely used and relied on a patchwork of state laws to determine if students deserved loan forgiveness.

The updated rules were scheduled to take effect in July 2017, but DeVos delayed them after a California group representing for-profit schools sued to block the regulations. DeVos began the process to replace them soon after.

Meanwhile, the department has only recently begun to process a backlog of fraud claims, announcing in December that it will provide only partial relief to borrowers based on their incomes. Under the Obama administration, students were granted full relief for their loans.

On Wednesday, the department said it will be gathering public input on the proposed for the next 30 days. Along with opinions on the rules, officials are also asking if borrowers still making payments on their loans should be able to apply for forgiveness at all, or if it should be reserved for those who default.

Military Times reporter Natalie Gross contributed to this story.

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7.2 - KBAK (CBS-29, Video): [Housing Authority and Department of Veteran Affairs work to help homeless veterans](#) (26 July, Lexi Wilson, 58k uvm; Bakersfield, CA)

Kern County homeless veterans aren't getting the help they need.

Housing vouchers for veterans are going to waste, not because veterans don't want them but because the V.A. doesn't have enough employees to hand them out.

Right now, there are 95 known homeless veterans in Kern County, 39 are living on the street.

"We know every homeless veteran in our community by name, we discuss them on a weekly basis to make sure they have a housing plan," said Assistance Executive Director, Heather Kimmel.

Kimmel says housing homeless vets takes a lot of work and a lot of people.

"It's so critical to have case management, social work staff in place to keep these veterans housed, to walk them through that process," said Kimmel.

To help homeless vets into permanent house, the Kern County Housing Authority says they were given 162 HUD housing vouchers, only 108 of those are being used. Kimmel says the others are going to waste because the V.A. is facing a staffing shortage.

"There's just a general sense of frustration because everyone wants to use these vouchers, everyone wants to use what's allocated," said Kimmel. "It's not that they don't want to use them or that they've been neglecting to use them, it's simply because they don't have the staff in place to use them."

Last week, Congressmen David Valadao and Kevin McCarthy sent a letter of the U.S. Department of Veterans Affairs about the un-used vouchers.

Since then, The Housing Authority and V.A. have been working to solve the staffing shortage.

In fact, Kimmel says 5 new positions have been approved.

"We should be giving 2-4 vouchers a week," said Kimmel.

Kimmel says no veteran should ever be on the streets, and they're working to make that happen.

"It's not just a number, it's not just another person, another face, it's a name, it's our neighbor, it's our community," said Kimmel.

Kimmel says it will still take 3 to 4 months to get the department fully staffed, and all vouchers won't be used till January 2019.

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8. [Other](#)

8.1 - Washington Post: [Both parties want veterans to take sides over Trump. That's a terrible idea.](#) (26 July, Jim Golby, 43.9M uvm; Washington, DC)

President Trump on Tuesday addressed the Veterans of Foreign Wars National Convention in Kansas City, Mo. At one point he tried to fire up the crowd by taking a jab at the media, pointing to press row and saying, "Don't believe the crap you see from these people, the fake news." Some in the crowd jeered at the reporters. But later the VFW responded — via Twitter, the president's preferred mode of communication — to express that the organization was "disappointed" by the rudeness and to emphasize the organization's nonpartisan stance.

In the wake of all this, there's been some suggestion by service members and veterans that now's the time for those who've served to mobilize against the president's message, to show an alternative response to those who cheered his speech on. But the VFW was right to emphasize its nonpartisanship.

Regardless of their own personal political leanings, members of the military and veterans organizations should resist calls to let an incident like this divide them into different camps of "our veterans" and "their veterans." In our already polarized society, with its increasingly isolated echo chambers, this approach can exacerbate growing divisions and diminish Americans' regard for the military.

This tension isn't new: In 1775, in a letter to Gen. George Washington, Peter Van Brugh Livingston, president of the New York Provincial Congress — fearing that Washington's army might not lay down its arms at the end of the Revolutionary War — expressed his hope that Washington would "readily lay down his power when the general weal requires it."

Washington answered: "When we assumed the Soldier, we did not lay aside the citizen."

His reply is often cited to argue that one's duties as a citizen — voting, free speech and other forms of political participation — override one's duties as a member of the military. But this interpretation twists Washington's intended meaning.

The general, who, of course, became our first president, wasn't elevating his role as a citizen over his role as a soldier or asserting a soldier's claim on individual liberty. He was describing the soldier's duty to remain a citizen among equals even, and perhaps especially, when wielding superior military power. He was telling Livingston that the army would not abuse its power to pursue parochial or personal interests, and emphasizing that the military exists to serve the citizens of the republic.

Washington's statement became one of the first representations of the tradition of civilian control by military officers in America. And upon the conclusion of the Revolutionary War, having resigned his commission and control of the army, Washington, like Cincinnatus, returned home.

This week's outcry over Trump's remarks is certainly less momentous than the end of the American Revolution, but the principles involved are the same. Some veterans say the right response to Tuesday's events is to use "experience and status to sound the alarm" or "defeat power by building counterbalancing power to deter it and negate it." Although I'm sympathetic to these arguments, going down that road isn't the way to follow Washington's example.

There are excellent and important reasons to stand up for freedom of speech and to value and defend the work of journalists in this country. Veterans certainly have a right to respond in defense of the news media, and that response would be in keeping with James Madison's view, stated in the Federalist No. 51, that political "ambition must be made to counteract ambition."

But there's danger in any attempt at "counterbalancing" one side's politicization of veterans as a group, or of the military, because it's a slippery slope that can cause the body politic's faith in democratic institutions, including civilian control of the military, to slowly erode.

As Peter Feaver, Kyle Dropp and I argued in a 2012 report for the Center for a New American Security, "In the extreme case, a military institution that is overly involved in the domestic politics of war is an institution that threatens civilian prerogatives to decide such matters and challenges the bedrock principle of civilian control," and the best course is to draw the brightest possible line between the sphere of partisan politics that picks the commander in chief and the military professionals who must serve unreservedly regardless of what the other sphere produces.

Appeals for one side to counterbalance another ultimately have the effect, not of providing balance, but undermining trust in the military and corrupting the perception of nonpartisan competence that the American armed forces currently enjoy and that leads to the military's high approval in the first place.

Washington and Madison both understood that the republic would flourish if political disputes were settled through political means without relying on military power, be it force or prestige, to arbitrate disputes. This insight, of course, does not mean that veterans or service members are no longer citizens. It does mean that their citizenship requires greater vigilance and less enjoyment of liberty than is required of the citizen who has never worn the uniform.

Even those who have taken off the uniform for the last time still bear a responsibility not to use the public's admiration for the military for their own political aims. Veterans may think they are drawing fine distinctions between the formal institution of active-duty military and their own views as private citizens, but the broader American public may not make these distinctions as clearly.

That's why we shouldn't simply ask what veterans and service members can do in terms of political activity, but what vets and service members should do.

The esteem with which Americans hold service in our armed forces makes all things related to veterans and the military a seductive political target. In his book, "Our Army: Soldiers, Politics, and American Civil-Military Relations," Jason Dempsey discusses what he calls the paradox of

prestige. By being perceived as above politics, the military wields political power, and political leaders face more temptation to use the military for political ends.

Episodes like the one this week at the VFW, and incautious responses to it, risk eroding that prestige and undermining trust in our military.

In a crisis, political maneuvering, even if it's intended to provide balance, can backfire and undermine the very foundations of our liberal, democratic society. Political allegiances can shift very quickly, as we've recently seen with falling levels of Republican approval of the FBI.

Service members, veterans, political leaders and all voters, then, should think very hard about how we use the traditions and status of military service to advance this or that political agenda, even when we think the ends may justify the means.

Now seems an appropriate moment for us — both in and out of uniform — to reflect on Washington's example of restraint. Our republic may depend on it: A small-L liberal, democratic society in which the military is aligned with one party against the others, or in which opposing factions confront each other across a polarized chasm, won't stay that way for long.

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8.2 - FOX News (Video): [National Hire A Veteran Day - Veteran Job Fair](#) (26 July, 32.5M uvm; New York, NY)

In honor of National Hire A Veteran Day, FOX & Friends hosted six companies to find out what they do and how they're helping veterans. Find out more by visiting their websites below.

Verizon

Apprenti

JDog Junk Removal

Salute American Vodka

Bottle Breacher

Street Shares

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8.3 - U.S. News & World Report (AP): [Louisiana Woman Admits Stealing Dead Mom's Benefits](#) (27 July, 24M uvm; Washington, DC)

A Louisiana woman has pleaded guilty to stealing more than \$114,000 in disability benefits meant for her deceased mother.

U.S. Attorney David C. Joseph, in a news release Thursday, said 44-year-old Elizabeth Poole, of Pollock, pleaded guilty to one count of theft of money belonging to the Department of Veteran's Affairs.

Authorities testified that Poole's mother died in September 2007, while receiving VA benefits as the surviving widow of a U.S. Navy veteran. Poole did not tell the agency of her mother's death and the VA continued to send monthly payments into an account she held jointly with her mother.

U.S. District Judge Dee D. Drell set sentencing for Nov. 19. Poole faces up to 10 years in prison, a \$250,000 fine and restitution.

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8.4 - Military Times (Reboot Camp): [Study: Companies still don't understand veterans](#) (26 July, Natalie Gross, 2.1M uvm; Springfield, VA)

More than half of veterans struggle to find work in their desired fields after leaving the military because civilian employers want experienced and educated candidates — and often don't realize veterans qualify, a new survey finds.

Only 17 percent of employers say veterans are viewed as strategic assets in the workplace, according to the survey, released this week by the marketing firm Edelman. And despite the large majority of veteran respondents saying they have education beyond a high school diploma, 46 percent of employers believe veterans do not pursue a college degree or vocational training.

"I think, 'You need more education' is code for: 'We don't understand you,'" said Eric Eversole, president of the U.S. Chamber of Commerce Foundation's Hiring Our Heroes initiative. Eversole led a panel discussion on the survey's findings in Washington, D.C., Wednesday.

He told Military Times that many companies have started to prioritize veteran recruitment, but there are still challenges at the hiring-manager level. It can be easier for employers to say, "You're not quite the right fit," rather than to try to understand how time and tasks done in service measure up to the job requirements.

House approves plans to create new VA economic opportunity administration
Edelman researchers surveyed close to 5,000 service members, military spouses, veterans, nonveterans, educators and employers for the study, the group's third annual assessment of veterans' well-being.

Compared to last year, veterans offered better self-assessments about their employment, and employers' perceptions of veterans' overall well-being also improved.

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"People make decisions based on perceptions all the time," said James Schmeling, executive vice president of Student Veterans of America. "What we find out is: What they think is not very often based on fact."

For example, 53 percent of employers surveyed said veterans do not have successful careers after the military. Yet federal employment figures show veterans reached a record-low unemployment rate in 2017 — 3.7 percent, compared to 4.2 percent for nonveterans — and other statistics show veterans have higher salaries and advance more quickly in their jobs, Schmeling pointed out.

That wouldn't happen if they were bad at what they do, he said.

Schmeling said that if a company insists on candidates having a certain type of background or education, they should make that clearer to veteran applicants. Let them know what major and GPA is required, as well as which schools the companies recruit from, so that the veteran better understands what it takes to get that type of job.

Military spouses also encountered challenges and wished the government would do more to advocate for them, according to the study. Sixty-eight percent of employers said they did not offer options for flexible schedules or remote work that military spouses could benefit from, and many admitted their companies do not understand the value that military spouses have to offer in the workforce.

The study found one way to bridge the civilian-military divide in the workforce could be through internship and apprenticeship programs, particularly in the information technology and trades fields. Both employers and veterans see this as an opportunity for vets to gain the technical and soft skills that employers want.

These types of opportunities also give veterans a chance to get their foot in the door and show the employer what they can do, while simultaneously testing out whether the company is a good fit.

But ultimately, it takes work to chip away at the stigmas.

Elizabeth Lynch, director of external programs in the office of military and veterans affairs at JP Morgan Chase & Co., told the panel, “We know that if we’re going to be successful as a firm at retaining the veteran talent we’re bringing in, we have to spend as much energy educating our nonveterans at the firm as we do in supporting veterans at the firm.”

In the survey, many employers said veterans are perceived as heroes and not necessarily as assets to the company — a part of the study that jumped out to Lynch. She said veteran experiences are sometimes idealized and put on a pedestal. That makes it hard for veterans to be perceived normally.

“We do a disservice if we continue to sort of generalize this labor market of veteran talent,” she said. “They’re not all heroes. They’re not all great leaders.”

Schmeling said while many places call themselves “military friendly,” that doesn’t mean as much as being “veteran inclusive.” Student Veterans of America recently launched a new Business and Industry Roundtable that encourages employers to mentor student veterans — but not just by having one veterans group meet with another. Some of the organization’s partners have invited student veterans to mingle with their young employee groups, women’s networks or other minority groups.

Strategies like this can help change perceptions that veterans all fit into one box, Schmeling said. And instead of being perceived as hero candidates who deserve an opportunity because of their military service, they're valued as people who can actually help the company's bottom line.

"Interacting with veterans gives you a completely different picture of veterans," he said.

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8.5 - Military Times: [Here's why more veterans, caregivers may get commissary, exchange privileges by 2020](#) (26 July, Karen Jowers, 2.1M uvm; Springfield, VA)

Former prisoners of war, Purple Heart recipients, certain disabled veterans and caregivers for veterans are a step closer to being allowed to shop at commissaries and exchanges, and other retail facilities on military bases, such as military lodging.

House lawmakers voted Thursday to agree to the conference report for the fiscal 2019 defense authorization bill. A provision in that bill would give shopping and some other privileges to veterans who have been awarded the Purple Heart, those who are former prisoners of war and those with service-connected disabilities, as well as to caregivers of veterans. They would be allowed to use these facilities on the same basis as a service member entitled to retired or retainer pay.

It also authorizes access for Medal of Honor recipients, although they have long been authorized to use commissaries, exchanges and MWR facilities.

If it becomes law, the new privileges would be in effect on Jan. 1, 2020.

Under the proposal, Defense Department officials will set a user fee for this population, to offset any increase in expenses at commissaries that would be paid by the Treasury Department associated with the use of credit or debit cards. That user fee would be in addition to the current surcharge of 5 percent of the commissary purchase, added at the cash register. Because Medal of Honor recipients already have commissary shopping privileges, the fee would presumably not apply to them.

The Senate will vote at a later date on the conference agreement, and then the bill will go to President Trump to be signed into law. If it becomes law, DoD is required to submit a plan to the House and Senate armed services committees by Oct. 1, 2019, on its plan to implement the provision by Jan. 1, 2020.

While the House plan would have required the privileges to take effect 90 days after the bill becomes law, the Senate bill moves that date back to the beginning of 2020, reportedly to give defense officials more time to determine the user fee, and the credentials that would be accepted.

For years, advocates have asked that shopping privileges be extended to more disabled veterans. Veterans who are 100 percent disabled already are allowed to shop in exchanges and commissaries, as well as at morale, welfare and recreation facilities.

The provision refers to commissaries and “MWR facilities.” As defined by law, an MWR facility means exchange stores and other facilities that generate revenue, operated as a nonappropriated fund activity for MWR.

“All of these people who fall into these categories are heroes, have given so much for our country above and beyond even what other service members have given. It’s important to recognize that,” said Rep. Daniel Lipinski, D-Ill., who spoke at a recent forum of the American Logistics Association. He and Rep. Walter Jones, R-N.C., introduced the proposal.

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8.6 - KNTV (NBC-11): [Police Give 'All Clear' After Reports of Active Shooter at Palo Alto VA Facility](#) (26 July, 2.1M uvm; San Jose, CA)

Law enforcement officials gave an all clear Thursday afternoon after investigating reports of an active shooter at the Veterans Affairs healthcare facility in Palo Alto.

Employees at the VA facility reported receiving a text alert around 10:30 a.m. alerting them about an active shooter situation. The message told them: “this is not a drill,” and asked to shelter in place.

A VA spokesperson confirmed the shelter in place at the facility at 3801 Miranda Avenue which was lifted after about an hour. Palo Alto Police said on twitter that the reports of an active shooter were not true.

“Regarding reports of a supposed active shooter at the @VAPaloAlto in #PaloAlto: there is no active shooter and the V.A. Police Department has cancelled our response. Please contact them for any additional details they may have available for release,” the department tweeted.

“Employees at the VA Palo Alto have been ordered to shelter in place due to a report of an active shooter. I’m locked in the office and safe,” an employee who goes by the Twitter handle said on Twitter.

He then tweeted: “TIL shelter in place alerts and PTSD don’t go together well.”

His last update said employees had been given the all clear: “I think everyone here at VA Palo Alto is ok. Not sure what was behind the shelter in place order, but we are told it wasn’t a drill. I hope everyone’s ok. Back to taking care of Veterans!”

The Veterans Affairs Department is investigating the incident which momentarily spared panic among employees locked inside the center as well as their families.

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8.7 - KATC (ABC-3): [Louisiana woman pleads guilty to stealing deceased mother's veterans benefits](#) (26 July, 810k uvm; Lafayette, LA)

A woman from Pollock pleaded guilty Tuesday to stealing more than \$114,000 in Veterans Affairs (VA) disability benefits.

Elizabeth Marion Poole, 44, pleaded guilty before U.S. District Judge Dee. D. Drell to one count of theft of money belonging to the Department of Veterans Affairs.

An agent from the VA, Office of Inspector General, provided summary testimony during the guilty plea hearing as the factual basis for the guilty plea. The agent testified that Poole's mother died in September of 2007 while receiving VA benefits as the surviving widow of a U.S. Navy veteran, who had retired with a 100 percent service-related disability.

Poole did not notify the VA of her mother's death, and the VA continued to send monthly benefit payments to Poole's mother by direct deposits into a joint account that Poole shared with her mother. Poole received and spent the monthly VA payments after her mother died in 2007 until June of 2013. She received approximately \$114,210 in VA benefit payments to which she was not entitled.

Poole faces up to 10 years in prison, three years of supervised release, a \$250,000 fine, and restitution. The court set the sentencing date for November 19, 2018.

The Veterans Affairs, Office of Inspector General, conducted the investigation. Assistant U.S. Attorney Joseph T. Mickel is prosecuting the case.

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8.8 - Town Talk: [Pollock woman pleads guilty to stealing more than \\$114K of her deceased mother's veterans benefits](#) (26 July, 185k uvm; Alexandria, LA)

A Pollock woman pleaded guilty Tuesday to stealing more than \$114,000 in Veteran's Affairs (VA) disability benefits over a six year period after her mother, who was entitled to the benefits as the surviving spouse of a veteran, passed away.

Elizabeth Marion Poole, 44, pleaded guilty before U.S. District Judge Dee. D. Drell to one count of theft of money belonging to the Department of Veteran's Affairs. An agent from the VA, Office of Inspector General testified that Poole's mother died in September of 2007, while receiving VA benefits as the surviving widow of a U.S. Navy veteran who had retired with a 100 percent service-related disability.

Poole did not notify the VA of her mother's death, and the VA continued to send monthly benefit payments to Poole's mother by direct deposits into a joint account that Poole held with her mother. Poole received and spent the monthly VA payments after her mother died in 2007 until June of 2013. She received approximately \$114,210 in VA benefit payments that she was not entitled to.

Poole faces up to 10 years in prison, three years of supervised release, a \$250,000 fine, and restitution. The court set the sentencing date for November 19.

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8.9 - KALB (NBC-5): [Pollock woman pleads guilty to stealing over \\$110,000 of deceased mother's veterans benefits](#) (26 July, 67k uvm; Alexandria, LA)

United States Attorney David C. Joseph announced that a Pollock woman pleaded guilty Tuesday to stealing more than \$114,000 in Veteran's Affairs (VA) disability benefits.

Elizabeth Marion Poole, 44, of Pollock, Louisiana, pleaded guilty before U.S. District Judge Dee. D. Drell to one count of theft of money belonging to the Department of Veteran's Affairs. An agent from the VA, Office of Inspector General, provided summary testimony during the guilty plea hearing as the factual basis for the guilty plea.

The agent testified that Poole's mother died in September of 2007, while receiving VA benefits as the surviving widow of a U.S. Navy veteran who had retired with a 100 percent service-related disability. Poole did not notify the VA of her mother's death, and the VA continued to send monthly benefit payments to Poole's mother by direct deposits into a joint account that Poole held with her mother. Poole received and spent the monthly VA payments after her mother died in 2007 until June of 2013. She received approximately \$114,210 in VA benefit payments that she was not entitled to.

Poole faces up to 10 years in prison, three years of supervised release, a \$250,000 fine, and restitution. The court set the sentencing date for November 19, 2018.

The Veterans Affairs, Office of Inspector General, conducted the investigation. Assistant U.S. Attorney Joseph T. Mickel is prosecuting the case.

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Veterans Affairs Media Summary and News Clips

1 August 2018

1. [Top Stories](#)

1.1 - FOX News (Video): [New VA chief will reportedly reassign Trump loyalists](#) (31 July, 32.5M uvm; New York, NY)

This three-minute video asks, "Should advocates for reforming the agency concerned by Robert Wilkie's agenda?"

[Hyperlink to Above](#)

1.2 - U.S. News & World Report: [Collaborating to Care for Veterans](#) (31 July, Donna Bryson, 23.9M uvm; Washington, DC)

IF A University of Colorado student studying dentistry is wary of a service dog encountered while working at the campus clinic for military veterans, instructor and hygienist Heidi Tyrrell can fill her in on research at the nursing school that has shed light on how animals help people in distress.

[Hyperlink to Above](#)

1.3 - Military.com: [New VA Secretary Wilkie Gives Pep Talk to Much-Criticized Workforce](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

New Department of Veterans Affairs Secretary Robert Wilkie used his first day on the job Tuesday to remind the much-criticized workforce of more than 360,000 of their "noble calling" and pledged to work with them rather than over them in improving services to nine million veterans annually.

[Hyperlink to Above](#)

1.4 - Military.com: [Lawmakers Ask Pentagon to Reverse New GI Bill Transfer Restrictions](#) (31 July, Amy Bushatz, 9M uvm; San Francisco, CA)

More than 80 House lawmakers want the Pentagon to reconsider a new policy that blocks troops with 16 or more years of service from transferring their post-9/11 GI Bill. Currently, troops with at least six years of service can transfer their post-9/11 GI Bill to a dependent as long as they agree to serve an additional four years. There is no cap on time in service for those who want to transfer.

[Hyperlink to Above](#)

1.5 - Military.com: [New VA Secretary Faces 400,000-Case Appeals Backlog, IT Delay](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

Among the many challenges facing new Department of Veterans Affairs Secretary Robert Wilkie is the long-standing backlog in disability claims appeals, which currently totals more than 400,000 cases. As acting secretary at the VA in May, Wilkie said, "VA is committed to transforming the appeals process" through the Rapid Appeals Modernization Plan (RAMP).

[Hyperlink to Above](#)

1.6 - WRC (NBC-4): [Washington DC VA Medical Center Performance Deteriorating: Memo](#) (31 July, Scott MacFarlane, 4.8M uvm; Washington, DC)

The performance of the troubled Washington DC VA Medical Center has further “deteriorated” in recent weeks, drawing additional scrutiny from agency leaders, according to a July 17 memo obtained by the News4 I-Team. The VA memo said agency leaders have the “greatest concern” about mishaps, employee dissatisfaction and mental health programs at the medical center.

[Hyperlink to Above](#)

1.7 - KMGH (ABC-7, Video): [Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day](#) (31 July, Nicole Brady, 2.1M uvm; Denver, CO)
Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Tampa Bay Business Journal: [Tampa VA hospital to expand with more clinics, projects](#) (31 July, Veronica Brezina-Smith, 2.7M uvm; Tampa, FL)
James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works.

[Hyperlink to Above](#)

3.2 - Bay News 9: [Huge Tampa VA hospital expansion welcomed by vets](#) (31 July, Fallon Silcox, 1.5M uvm; Saint Petersburg, FL)
A major project is underway at the VA Hospital in Tampa. The huge project, totaling about \$149 million, is set to add about 250,000 square feet of additional space to the James A. Haley Veterans' Hospital adjacent to the University of South Florida campus. A groundbreaking took place Tuesday morning.

[Hyperlink to Above](#)

3.3 - Nextgov: [VA is Rethinking Its Entire Online Presence](#) (31 July, Jack Corrigan, 193k uvm; Washington, DC)
The Veterans Affairs Department is looking for a team of developers to consolidate its far-flung agency websites into a single, user-friendly online portal. The vendor would lead a complete redesign of the agency's primary website, VA.gov, which would include building a new content management system within the VA Enterprise Cloud and migrating content from existing sites to the new platform, according to the request for information.

[Hyperlink to Above](#)

3.4 - The Chronicle-Telegram: [Lorain Council votes unanimously to approve rezoning to lure VA back](#) (31 July, Katie Nix, 55k uvm; Elyria, OH)

City Council voted unanimously to approve the rezoning for six parcels of land Monday night to make way for a new Department of Veterans Affairs Community-Based Outpatient Clinic. At the last meeting before the body takes its annual recess during August, the nine members in attendance voted to rezone the properties sitting along West Erie Avenue near the intersection with Kolbe Road from residential to business, allowing for the construction of a medical building.

[Hyperlink to Above](#)

3.5 - The Morning Journal: [Lorain Council votes to rezone potential VA clinic location](#) (31 July, Kevin Martin, 33k uvm; Lorain, OH)

Lorain is one step closer to welcoming back a U.S. Department of Veteran's Affairs Clinic that left the city in 2016. In a special call of Council on July 30, Lorain City Council voted unanimously to rezone parcels from R-1 residential to B-1A Office Business District totaling 9.7 acres at 3120 Kolbe Road that could be the home of a new permanent VA clinic location.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Oklahoman: [Oklahoma City VA yoga participants look to help others](#) (31 July, Meg Wingerter, 3.8M uvm; Oklahoma City, OK)

Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back. Now, he hopes to use what he's learned to help others.

[Hyperlink to Above](#)

4.2 - Knoxville News Sentinel (Video): [Ex-VA employee convicted of defrauding Knoxville disabled vet of \\$680K](#) (31 July, Yihyun Jeong, 2.1M uvm; Knoxville, TN)

Kenneth Richard Devore used his position with the U.S. Department of Veterans Affairs to meet and gain the trust of a disabled Knoxville veteran. With that trust, Devore convinced the veteran he needed a will, and proceeded to help the veteran write that document. He named himself the sole beneficiary.

[Hyperlink to Above](#)

4.3 - Government Executive: [Former Fed Convicted of Defrauding Disabled Vet, Then Lying to Get Background Check Job](#) (31 July, Eric Katz, 870k uvm; Washington, DC)

The Justice Department has successfully won a guilty conviction against a former federal employee who illegally schemed against the government during stints at two different agencies. Kenneth Richard Devore was convicted in a U.S. District Court in Tennessee of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in connection to jobs he held at the Veterans Affairs Department and Office of Personnel Management.

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4.4 - KOLR (CBS-27, Missouri.net): [Hartzler Proposes Enhancements to VA Doctor Recruitment](#) (31 July, Alisa Nelson, 274k uvm; Springfield, MO)

A U.S. House committee is considering whether to let VA hospitals recruit and hire future doctors up to two years prior to completion of required training. Congresswoman Vicky Hartzler, R-Missouri, is proposing the bill that she says would include a competitive hiring timeline. Hartzler tells Missouri net doctor offices and hospitals recruit future doctors while they are completing their residency.

[Hyperlink to Above](#)

4.5 - The Berkshire Eagle: [Letter: VA healthcare problems are well-documented](#) (31 July, Bruce Deloye, 191k uvm; Pittsfield, MA)

I write in response to a July 23 letter from a fellow veteran, Robert Haywood of Lee, about my experience with the dental clinic at the Central Western Massachusetts HealthCare System in Northampton. I am saddened by Mr. Haywood's letter because he is trying to dispel what is common knowledge to most people, that the VA healthcare system is in serious trouble.

[Hyperlink to Above](#)

4.6 - Highland County Press: [A new direction at the VA](#) (31 July, Sen. Mike Rounds (R-S.D.), 31k uvm; Hillsboro, OH)

We are fortunate to live in the United States, where our men and women in uniform sacrifice so much to defend our liberty. We owe our service members and veterans a debt of gratitude that we can never fully repay.

[Hyperlink to Above](#)

5. [Improve Timeliness of Service](#)

5.1 - KNSD (NBC-7, Video): [VA Supports Study Testing Efficacy of CBD's Use in PTSD Treatment](#) (1 August, Bridget Naso, 2.1M uvm; San Diego, CA)

Marine veteran Kayla Carnivale says she's been looking for peace since she left the military with Post Traumatic Stress Disorder. And she's found a natural way to get it. She began using marijuana and Cannabidiol two years ago to help treat her PTSD and a traumatic brain injury instead of pills prescribed by the VA.

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5.2 - WGNS (CMN-1450, Audio): [Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own](#) (31 July, Scott Walker, 47k uvm; Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up. The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

[Hyperlink to Above](#)

5.3 - Salem News: [Congressman Smith Capitol Report: Fighting for warfighters](#) (31 July, Jason Smith, 17k uvm; Salem, MO)

Our grateful nation owes a massive debt of gratitude to the veterans who have fought to protect our country and its freedoms. As I accompanied President Trump this week on Air Force One for his fourth trip to Missouri since becoming president, I saw how devoted he is to fight on their behalf so every veteran receives the best possible treatment upon returning home.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

6.1 - The Huffington Post: [The Government's Solution To The Opioid Crisis Feels Like A War To Pain Patients](#) (31 July, Art Levine, 22.9M uvm; New York, NY)

Jay Lawrence, an energetic truck driver in his late 30s, was driving a semitrailer across a bridge when the brakes failed. To avoid plowing into the car in front of him, he swerved sideways and slammed the truck into a wall, fracturing his back. For more than 25 years, he struggled with the resulting pain. But for most of that time, he managed to avoid opioid painkillers.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Miami Herald: [Miami's homeless veterans need legal assistance. You can help them get it.](#) (31 July, Brittney Horton, 8.9M uvm; Miami, FL)

The U.S. Department of Veterans Affairs (VA) recently released the results of a survey of homeless veterans, including those here in South Florida, asking what types of services and support they need to get back on track. Some answers were predictable, such as housing or mental health treatment. But their most common request might surprise you: civil legal aid.

[Hyperlink to Above](#)

7.2 - The Fayetteville Observer: [Sandhills State Veterans Cemetery to receive nearly \\$6M VA grant](#) (31 July, Drew Brooks, 439k uvm; Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries. The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs.

[Hyperlink to Above](#)

7.3 - The Daily Journal: [Addressing homelessness](#) (31 July, Jonathan Madison, 160k uvm; San Mateo, CA)

My first legislative assignment on Capitol Hill came within months after I was hired to the House Financial Services Committee's Subcommittee on Housing and Insurance. The subcommittee was tasked with drafting a bill that would effectively reduce the homeless population among at-risk youth: H.R. 32 — The Homeless Children and Youth Act.

[Hyperlink to Above](#)

7.4 - Temple Daily Telegram: [Job fair focuses on veterans](#) (27 July, Janice Gibbs, 157k uvm; Temple, TX)

Plenty of veterans showed up for a job fair Friday at the Olin E. Teague Veterans' Medical Center. Held quarterly, the job fairs, sponsored by the Therapeutic and Supported Employment Services, have been steadily growing. Robert Lopez, vocational rehabilitation specialist, said about 40 vendors attended. Veterans and their immediate family members were invited.

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7.5 - Chillicothe Gazette: [Fresh off WrestleMania appearance, microwrestler Eric Smalls vows veterans at local show](#) (31 July, David Wysong, 154k uvm; Chillicothe, OH)

Veterans at the Chillicothe VA Medical Center were given a large show by a micro-performer over the weekend. A group of eight professional wrestlers performed for the veterans Saturday afternoon, with Eric Smalls — who was in the WWE's WrestleMania 34 and stands at four-feet-six-inches-tall — being one of the headliners.

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7.6 - KPAC (NPR-90.1, Audio): [Their Last Fight: Filipino Veterans Make A Final Push For Recognition](#) (1 August, Dorian Merina, 77k uvm; San Antonio, TX)

During World War II, more than a quarter million Filipinos fought alongside American soldiers. Many are still awaiting the recognition promised to them. Maximo Purisima Young was just 19 years old when he heard President Franklin D. Roosevelt call upon Filipinos to join American forces fighting in the Southeast Asian islands during World War II.

[Hyperlink to Above](#)

7.7 - KBSU (NPR-90.3, Audio): [Finding A Solution For Idaho's Homeless Veterans](#) (31 July, Samantha Wright, 70k uvm; Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets.

[Hyperlink to Above](#)

7.8 - The Reporter: [Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard](#) (31 July, Kimberly K. Fu, 67k uvm; Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501.

[Hyperlink to Above](#)

7.9 - Muskogee Phoenix: [VA provides free care for Military Sexual Trauma](#) (1 August, Patricia Byrd, 63k uvm; Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care.

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7.10 - Finger Lakes Times: [Canandaigua VA hosts retreat](#) (31 July, 53k uvm; Geneva, NY)

The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter. Attended by 10 women, the event focused on self-care and strengthening the community of women veterans. Activities included journaling, mindfulness activities, Reiki meditations and horsemanship.

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8. [Other](#)

8.1 - The Daily Caller (Video): [The Bible Trump's New Va Secretary Chose To Be Sworn In On Tells You Everything You Need To Know](#) (31 July, Benny Johnson, 12M uvm; Washington, DC)

President Trump swore Robert Wilkie in as Veterans Affairs secretary Monday at the White House. Fixing the broken VA health system is a campaign promise Trump made in 2016 during the election. Trump has signed legislation allowing greater flexibility for veterans seeking health. During the swearing-in ceremony, Trump said of Wilkie...

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8.2 - NBC News: [Trump silent on Mueller at Tampa rally](#) (1 August, Jonathan Allen, 9.6M uvm; New York, NY)

In some cases, his condemnations were false. For example, he accused Democrats of opposing legislation he signed that makes it easier for officials at the Department of Veterans Affairs to be fired. "If somebody treated our veterans badly ... you couldn't say 'You're fired,' he said. "Now you can say you're fired."

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8.3 - PolitiFact: [Fact-checking Donald Trump's rally in Tampa with Ron DeSantis](#) (31 July, Katie Akin, John Kruzel, and Amy Sherman, 3.2M uvm; Saint Petersburg, FL)

At a campaign-style rally in Tampa, President Donald Trump threw his support behind Republican Congressman Ron DeSantis' bid to take the Florida governor's mansion. DeSantis faces Agriculture Commissioner Adam Putnam in the Aug. 28 Republican primary.

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8.4 - Patch.com (Hillsborough): [Somerset Doctor Gets 20 Months For Defrauding Veterans Affairs](#) (31 July, Alexis Tarrazi, 1.2M uvd; New York, NY)

A cardiologist from Somerset was sentenced Tuesday to 20 months in prison for defrauding the Veterans Affairs program more than 350 times by billing for services he never performed, U.S. Attorney Craig Carpenito announced. Apostolos Voudouris, 44, previously pleaded guilty in August 2017 before U.S. District Judge William H. Walls in Newark federal court to an information charging him with health care fraud.

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8.5 - The American Conservative: [Veterans Hit a Breaking Point With Trump](#) (31 July, Mark Perry, Washington, DC)

There are hundreds of local, state, and national organizations representing veterans, but there are only four that really matter: the American Legion, Disabled American Veterans, the Veterans

of Foreign Wars (VFW), and the newest, the Iraq and Afghanistan Veterans of America (IAVA). These organizations are the 400-pound gorillas of the veterans movement: they have the numbers, power, and money, and they know how to throw their weight around.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - FOX News (Video): [New VA chief will reportedly reassign Trump loyalists](#) (31 July, 32.5M uvm; New York, NY)

This three-minute video asks, "Should advocates for reforming the agency concerned by Robert Wilkie's agenda?"

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1.2 - U.S. News & World Report: [Collaborating to Care for Veterans](#) (31 July, Donna Bryson, 23.9M uvm; Washington, DC)

AURORA, COLO. — IF A University of Colorado student studying dentistry is wary of a service dog encountered while working at the campus clinic for military veterans, instructor and hygienist Heidi Tyrrell can fill her in on research at the nursing school that has shed light on how animals help people in distress.

Or maybe a vet getting a free dental checkup at the CU Heroes Clinic shows signs of a traumatic brain injury. Tyrrell, the clinic's assistant director, can point across the University of Colorado Anschutz Medical Campus here to a new program run by a neurologist who once treated wounded warriors at Walter Reed National Military Medical Center, just outside the nation's capital.

Or perhaps a patient settled into a chair mentions she's having trouble sleeping. Tyrrell might tell her about a mental health clinic for veterans and their families that CU Anschutz recently helped open.

To serve vets well, a "sense of collaboration is critical," says Tyrrell, whose father earned a Purple Heart in Korea.

That collaboration is a hallmark of CU Anschutz's numerous medical and academic offerings geared toward caring for veterans. The Heroes Clinic, where bouquets of American flags pop against an otherwise neutral color scheme, serves veterans who are students at Anschutz and the three other University of Colorado campuses, as well as at other schools in the Denver area.

Many student veterans don't get coverage for dental care, making the clinic "the resource that people are most excited about when they hear about it," says Evan Lubinski, an Army veteran, CU biology student and grateful clinic patient.

Heroes also serves non-students, like a patient who once insisted on taking Tyrrell on a tour of Building 500, a World War II-era art deco building that was the heart of the now-closed Fitzsimons Army Medical Center and today serves as the CU Anschutz administration center. Tyrrell says Building 500 staff glanced at her companion's cap identifying him as a World War II vet and hurried to open doors.

CU Anschutz's focus on veterans honors a legacy, says Chancellor Don Elliman. His campus is dotted with memorials to soldiers like 1st Lt. Sharon Ann Lane, who served at Fitzsimons before being sent to Vietnam. Lane, who died in a 1969 rocket attack on an evacuation hospital, was the only American military nurse to be killed by hostile fire in Vietnam.

Some 4,000 students – among them about 200 who are veterans, on active duty, or in a Reserve or National Guard branch – are training to be dentists, nurses, doctors and other health professionals at CU Anschutz. Those doing the training are often veterans themselves, committed to helping their students solve problems through passion, expertise, determination and innovation.

"Having (veterans) programs like this that allow us to attract talent is – absolutely – enlightened self-interest," Elliman says.

Cheryl Krause-Parello, whose Rutgers University dissertation was on pets mitigating loneliness among older adults, was inspired not by the Anschutz campus' past, but by personal history. As a New York City police officer, her Marine veteran husband responded to the 9/11 attacks.

He would come home from searching through the Twin Towers debris, find their dachshund Sam and "pet the stress away," Krause-Parello says.

Soon after Krause-Parello took a research and teaching position at CU Anschutz in Aurora, she raised an idea she'd been considering for years: researching how service animals can help struggling veterans.

Her College of Nursing dean said, "Go ahead, try it, see what you can do with it," Krause-Parello recalls.

The result was the Canines Providing Assistance to Wounded Warriors research project, which Krause-Parello established at the nursing school in 2013. This year, Krause-Parello is moving the project to Florida Atlantic University in Boca Raton.

The move, Krause-Parello says, is an opportunity "for me to grow" the project. It also means an idea realized at CU Anschutz will spread, and research partnerships between Florida and Colorado are likely.

Mona Pearl Treyball, a nurse and retired Air Force colonel, had worked with Krause-Parello on research before following her to CU Anschutz. Once on campus, Pearl Treyball developed a master's program in veteran and military health care.

Since 2015, the program has offered online classes on such topics as medical conditions associated with certain wars – think Agent Orange and Vietnam – post-traumatic stress disorder, military sexual trauma, and the intricacies of applying for federal benefits from the Department of Veterans Affairs.

"What they do at Anschutz that's so spectacular is the holistic approach," says Bill Bester, a nurse and retired Army brigadier general who is a senior adviser for a nursing and veterans program run by Jonas Philanthropies. The national nonprofit supports veterans by ensuring nurses who care for them get advanced training.

Nursing students from Hawaii to New York have pursued the veterans care master's degree at CU Anschutz. Jennifer Smith, a VA nurse in Minnesota, says Pearl Treyball gave her confidence to lead and "elevated my nursing practice."

The future is likely to include closer cooperation with the VA, which opened a new hospital on the edge of the CU Anschutz campus in July. Another of Pearl Treyball's students, Sonya

Barnes, is a former Army medic who works at the VA facility. As her master's project, Barnes wrote a curriculum to help her nursing colleagues inside and outside the VA understand military culture.

According to Veterans Affairs statistics, about half of veterans used at least one VA benefit or service – often health care – in fiscal year 2015. Though the subject of a funding battle, Congress this year also passed a measure, signed by President Donald Trump, that aims to expand the ability of veterans to receive private health care outside the problem-plagued VA health system.

The U.S. is home to about 20 million veterans, with about 400,000 in Colorado.

"The program at Anschutz is so important because it's educating people who will go out into communities all over the country," says Bester, who has no association with CU Anschutz. "We've got a significant national challenge. Even though the wars have slowed down ... the effects on those individuals (who fought) will go on for some of them for years to come."

Elliman says society as a whole in recent years has begun to pay more attention to the challenges faced by veterans, especially those of the post-9/11 era. That growing awareness has prompted crucial support: Nonprofit insurance company Delta Dental of Colorado, for example, has spent \$2 million since 2014 to make free care possible at the Heroes Clinic.

Such support requires careful planning to yield viability. Before the Marcus Institute for Brain Health opened at Anschutz last year, Elliman says his team spent a year developing a plan that would ensure financial sustainability, in part by relying on faculty and resources already in place.

"The worst thing you could do would be to start one of these programs and then have to shut it down," Elliman says.

A \$38 million gift from The Home Depot co-founder Bernie Marcus' foundation kicked off the center, which is led by neurologist James Kelly, who was the founding director of the National Intrepid Center of Excellence at Walter Reed in Maryland, after which the Marcus center is in some ways modeled. The center brings together conventional and alternative approaches, like yoga and horse therapy, to help those who have suffered traumatic brain injuries.

Psychologist Gillian Kaag, director of the new Anschutz-affiliated Steven A. Cohen Military Family Clinic, looks forward to Marcus experts briefing her team on PTSD, and reciprocating with workshops on depression.

Kaag came from the University of Denver to take the Cohen post, which opened soon after the death of her grandfather, a Navy veteran with whom she was close.

The move "was a way to honor his memory," she says.

Those who can't pay for services at Kaag's clinic still may receive care without charge at the off-campus outpatient facility, which treats only post-9/11 warriors and is operated by the Cohen Veterans Network, a nonprofit founded by East Coast investor Steven A. Cohen. The network was operating in multiple states, including New York, North Carolina, Pennsylvania and Texas, when it forged the Anschutz partnership and came in May to Colorado.

Kaag, who is also a CU Anschutz instructor, looks to a variety of organizations for transportation, child care, housing and other support for her patients. Case managers also connect vets who aren't eligible for treatment at the Cohen facility to clinics where they can get help. Vets may be steered to Cohen by Matt Wetenkamp, a Marine combat veteran who is Kaag's outreach manager. Wetenkamp is open about seeking therapy himself in hopes of helping others see that stigma about mental illness should not be a barrier to getting help.

Everyone working for veterans can be partners, not rivals, says Katy Barrs, who oversees a veterans therapy project founded in 2016 at another institution: the University of Denver. Barrs' Sturm Center, where mental health services are provided by graduate psychology students focused on military care, has participated alongside Cohen in events aimed at spreading the word about support for veterans.

The Sturm Center serves veterans of all eras, and – like the Cohen clinic – members of veterans' families. "We really are working alongside Cohen to improve access to care," says Barrs, who is a clinical psychologist.

Collaboration, she says, is "clearly a value that many different veterans organizations have."

Corrected on July 31, 2018: The amount spent by Delta Dental of Colorado to support care at the CU Heroes Clinic has been updated.

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1.3 - Military.com: [New VA Secretary Wilkie Gives Pep Talk to Much-Criticized Workforce](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

New Department of Veterans Affairs Secretary Robert Wilkie used his first day on the job Tuesday to remind the much-criticized workforce of more than 360,000 of their "noble calling" and pledged to work with them rather than over them in improving services to nine million veterans annually.

"I'm Robert Wilkie, and it is an overwhelming honor to serve alongside you," he said in a video message to staff nationwide.

He did not point fingers at the political infighting among top managers who preceded him, but said he would bring a new leadership style to facing challenges in expanding private health care options, speeding up the appeals claims process, putting in place new electronic records systems, and cutting wait times for appointments.

Wilkie said he is not a top-down, crack-the-whip-style manager. Repeating a theme he stressed at his Senate confirmation hearing, he said, "We must have a bottom-up organization. The energy must flow from you who are closest to those we are sworn to serve."

His first priority is customer service, Wilkie said, and that must start with all VA employees "not talking at each other but with each other across all office barriers and across all compartments."

"If we don't listen to each other, we won't be able to listen to our veterans and their families," he said, and "we won't be able to provide the world-class customer service they deserve."

The main message to the workforce on his first day, Wilkie said, was one of thanks, "whether you are at a health care facility, on the benefits team, serving at our cemeteries, or here as part of our staff at the headquarters."

"You may not hear enough, but I want you to hear it from me. Thank you for your tireless work and devotion to our veterans," he said.

Wilkie, 55, of North Carolina, came to the VA from the Pentagon, where he served as undersecretary for personnel and readiness.

He was sworn in Monday by Vice President Mike Pence as the fifth VA secretary in the last five years, succeeding Dr. David Shulkin, who was fired in March by President Donald Trump.

The Washington Post has reported that Wilkie is intent on weeding out Trump administration political appointees who allegedly were cracking down on staffers seen as "disloyal" to Trump, but a VA spokesman said Monday there are no personnel changes anticipated "at this time."

"I'm deeply grateful to President Trump for the opportunity to serve for him and for America's veterans," Wilkie said in his message.

The major veterans service organizations have been supportive of Wilkie, while remaining wary of private health care options being expanded too rapidly and possibly threatening the "privatization" of VA health care.

"We congratulate him on becoming secretary, and we look forward to him bringing stable leadership to the department and strong advocacy for America's veterans," Veterans of Foreign Wars National Commander B.J. Lawrence said in a statement.

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1.4 - Military.com: [Lawmakers Ask Pentagon to Reverse New GI Bill Transfer Restrictions](#) (31 July, Amy Bushatz, 9M uvm; San Francisco, CA)

More than 80 House lawmakers want the Pentagon to reconsider a new policy that blocks troops with 16 or more years of service from transferring their post-9/11 GI Bill.

Currently, troops with at least six years of service can transfer their post-9/11 GI Bill to a dependent as long as they agree to serve an additional four years. There is no cap on time in service for those who want to transfer.

But a new policy, announced early this month, would block anyone with 16 or more years of service from beginning the transfer process starting next July. A separate change that starts immediately blocks those who cannot complete the required additional service, such as troops going through the medical retirement process, from starting the transfer process.

The letter, sent July 26 from a bipartisan group of representatives, says blocking those with 16 years or more from making the transfer breaks a commitment.

"On behalf of a grateful nation, it is our collective duty and responsibility to uphold the hard-earned benefits of our nation's active-duty service members and veterans, and to remain faithful

stewards of the GI Bill's educational assistance program," the letter states. "Revoking transferability benefits breaks this commitment with our most dedicated and seasoned service members."

Unlike many military benefits, which are required entitlements set forth in law, the ability to transfer the benefit was put in place by lawmakers as a retention tool the Pentagon can choose to use or discard completely. In a policy announcement explaining the changes, Pentagon officials said their goal is to bring the transfer option in line with that design.

"The secretary concerned may permit an individual ... who is entitled to educational assistance ... to elect to transfer," the law states. "The purpose of the authority ... is to promote recruitment and retention in the uniformed services."

But in their new letter, lawmakers instead call transferability an "education benefit."

"Educational benefits should be maintained after proving oneself through years of devoted and continuing military service -- not removed after the 16-year mark," the letter states. "Eliminating the ability to transfer Post-9/11 GI Bill benefits to family members after honorably completing 16 years of service sends exactly the wrong message to those who have chosen the military as their long-term career, and sets a dangerous precedent for the removal of other critical benefits as members approach military retirement."

The letter asks the Pentagon to reverse course.

"This change in policy is unacceptable, and we call upon you to swiftly reverse this decision," it states.

No legislation mandating that reversal or changing the law to make transferability an entitlement has been introduced. House lawmakers left Washington on July 26 for their annual August summer recess.

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1.5 - Military.com: [New VA Secretary Faces 400,000-Case Appeals Backlog, IT Delay](#) (31 July, Richard Sisk, 9M uvm; San Francisco, CA)

Among the many challenges facing new Department of Veterans Affairs Secretary Robert Wilkie is the long-standing backlog in disability claims appeals, which currently totals more than 400,000 cases.

As acting secretary at the VA in May, Wilkie said, "VA is committed to transforming the appeals process" through the Rapid Appeals Modernization Plan (RAMP).

However, Congress was told last week that the technology improvements needed to make the new system work are behind schedule.

RAMP is a pilot program under the Veterans Appeals Improvement and Modernization Act signed by President Donald Trump last summer, which has a deadline for being in place of February 2019.

However, Rep. Phil Roe, R-Tennessee, chairman of the House Veterans Affairs Committee, said, "The VA has been fairly famous for not delivering on time."

At a committee hearing last week, VA officials testified that the original plan was to have about 75 percent of the information technology (IT) updates in place by August; instead, only about 35 percent of the improvements will be ready.

Despite the IT delay, Paul Lawrence, the VA's new undersecretary for benefits, said the agency is on track to meet the February deadline for reforming the extremely complex appeals process.

He said the IT systems should be ready to go, but should there be more delays, the Veterans Benefits Administration is prepared to implement the new process manually.

"We are very confident in our delivery schedule right now," said Lloyd Thrower, deputy chief information officer and benefits account manager for the VA's Office of Information and Technology. He said the 35 percent figure for August involves the "heavy-lift pieces" of the new system and the process should go more quickly in the fall.

"It will be challenging" for the VA to meet the February deadline, Elizabeth Curda, director of education, workforce and income security at the Government Accountability Office, told the committee. "As it stands now, I'm a little concerned about the lack of detail."

When asked by Rep. Amata Coleman Radewagen, the Republican delegate from American Samoa, to grade the progress on implementing RAMP, Lawrence said he would give the VA an "A-minus."

Curda said she would give it a "C."

Roe said, "Realistically, VA is running out of time to address these issues if the department hopes to implement the new system by February 2019. We all agree that the success of this reform is critical because the current appeals process is failing veterans miserably."

Noting the backlog of more than 400,000 appeals, he said, "Many veterans will end up waiting at least six years just for the decision on their appeal. Veterans and their families deserve better."

Under the RAMP program, veterans can choose to withdraw their existing claim and transfer to two new "lanes" for a quicker decision.

According to the VA, the "Supplemental Claim Lane" is for veterans with additional evidence to present on their initial claim. The "Higher Level Review Lane" is for veterans with no additional evidence to present, but who feel there was a mistake in the initial claims decision.

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1.6 - WRC (NBC-4): [Washington DC VA Medical Center Performance Deteriorating: Memo](#)
(31 July, Scott MacFarlane, 4.8M uvm; Washington, DC)

The performance of the troubled Washington DC VA Medical Center has further “deteriorated” in recent weeks, drawing additional scrutiny from agency leaders, according to a July 17 memo obtained by the News4 I-Team.

The VA memo said agency leaders have the “greatest concern” about mishaps, employee dissatisfaction and mental health programs at the medical center.

The memo said VA leaders also are concerned about “large deterioration” in the length of stays by patients who use the medical center.

The VA memo is the latest in a series of rebukes against the DC VA Medical Center.

In February, the agency publicly announced the medical center was among the lowest-performing VA facilities in the nation.

Weeks later, the VA Office of Inspector General released a scathing report detailing mismanagement, squandered taxpayer money and unsafe conditions inside the medical center. The inspector general also found shortages of supplies and unsanitary conditions in storage areas.

The July 17 memo said medical center leaders must attend “monthly executive briefings” with senior agency leadership. If improvements are not made, the memo said the medical center’s status will be further “escalated.”

VA provides internal scores for its medical centers. The memo indicates the DC VA Medical Center is at risk of falling to a lower score, the lowest of which would result in “receivership,” a takeover of the facility by agency administrators. The agency did not respond to questions from the I-Team about the formal score and the risk of receivership.

In a statement, the U.S. Department of Veterans Affairs said, “Earlier this week a team of experts from VA’s Strategic Analytics for Improvement and Learning Office were on-site at the DC VAMC.

“They worked with our clinical and administrative leaders to identify opportunities to improve our services in a range of areas, including access, mental health and employee satisfaction. We believe the DC VAMC is on track to improve its performance in the areas identified by the (team). We will continue to partner with regional and national VA leaders as we work to provide Veterans with the safest, highest-quality health care possible.”

The time period discussed in the agency memo includes the first six months of 2018, when the medical center was largely under the direction of former acting director Larry Connell. Connell was reassigned in April.

Internal agency records obtained by the News4 I-Team in 2017 showed a longstanding problem of delayed surgical procedures at the DC VA Medical Center. Some were delayed because of supply shortages, including a hip surgery and a urological procedure.

Recent News4 I-Team reports revealed a string of other problems and incidents, including the postponement of at least nine surgeries in November 2017 because of concerns about the safety of some surgical equipment.

A report by the I-Team also revealed the agency hired a contractor to fix potentially unsafe floor cracks in the facility's surgery department in March 2017. VA officials also ordered repairs of holes in the walls of the facility's "center core areas." The facility suffered a cockroach infestation and a lack of sanitary conditions in its food service areas in 2015, according to reporting by the I-Team in 2017.

The agency fired the medical center's former longtime director in 2017. The VA has since hired three interim directors to lead the facility. The most recent, Dr. Adam Robinson, was appointed for a four-month term, which is scheduled to end in mid-August.

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1.7 - KMGH (ABC-7, Video): [Long-awaited VA hospital finally opens in Aurora: 600 patient appointments scheduled for first day](#) (31 July, Nicole Brady, 2.1M uvm; Denver, CO)

Nine years since ground was broken on the Rocky Mountain Regional VA Medical Center, the hospital in Aurora finally welcomed its first patients Tuesday morning. There are 600 appointments scheduled for opening day. Bob Kipp was among the first.

"I'm glad there's people around to show me where to go, because I was lost," he said. Navigating the new 1.2 million square foot facility is no doubt overwhelming. Even the director admits the staff is still learning.

"I think with anything new, with any change there's always going to be that period of uncertainly confusion," said Sallie Houser-Hanfelder.

Other veterans say they wish the VA had provided more information on services and locations at the new facility. Doug Carney showed up Tuesday to get a new ID card. He said he had to call the Denver Rescue Mission to get pointed in the right direction.

"I've checked the right places, but all the info isn't out there yet. It's still a work in progress," he said.

Contact7 spoke to a veteran who said she has struggled to get information from the VA on the new hospital and her next appointment. The website tells veterans to refer to their letters for the location for their next appointment. But some of those letters still have the old Denver VA location. Few services are being handled at the old location after Tuesday. Mental Health and inpatient services will be the next to move from the Denver location to the new Aurora hospital.

A map of the new hospital and clinic locations can be found on the website. Red coat ambassadors are on staff to help veterans find their way around.

Those with questions can call 303-399-8020 and select option 2 for help.

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2. [Greater Choice for Veterans](#)

3. Modernize Our System

3.1 - Tampa Bay Business Journal: [Tampa VA hospital to expand with more clinics, projects](#) (31 July, Veronica Brezina-Smith, 2.7M uvm; Tampa, FL)

James A. Haley Veterans' Hospital executives and officials turned dirt for the latest project at the hospital's main campus, but they soon may be grabbing the silver shovels once again as the hospital has more projects in the works.

"We have a new clinic under construction in south Hillsborough County that's about an 80,000-square-foot clinic that will have primary care, mental health, diagnostics, lab and other ancillary services," Joe Battle, director of James A. Haley Veterans' Hospital and clinics, told the Tampa Bay Business Journal, stating the project would take place in the Big Bend Road area.

"It should be finished by the end of year so by April that clinic will be open. That clinic is made to serve up to 10,000 veterans," he said Tuesday, as he stepped away from the pile of ceremonial dirt that was turned to celebrate construction. The new tower will be a four-story building that will add 245,000 square feet of space and another 5,000 square feet of renovated space to the hospital. It will include 96 medical-surgical single patient rooms and 40 intensive care unit beds.

The \$148 million bed tower, dubbed Mission Modernize, will be completed in 2021.

"This is the first design-build the U.S. Army Corps of Engineers is managing with the VA administration. We're on the cutting edge. This is just the beginning," said Theodore Brown, regional business director for the U.S. Army Corps of Engineers' Southeast Atlantic Division.

The VA works in partnership with the U.S. Army Corps of Engineers, which is working to bring 15 new hospitals online, costing over \$18 billion, that will serve as examples for modern VA hospitals, Brown said.

Battle also told TBBJ about other clinics and projects coming online.

"We are also getting ready in the next two months or so to award a new outpatient clinic in New Port Richey. That will be a 150,000-square-foot clinic, that's the largest. It's almost a hospital without beds. We'll have just about everything and that's to serve 20,000 veterans," Battle said.

He added that the hospital plans to quadruple the size of its existing clinics in Brooksville and Zephyrhills and double the size of the Lakeland clinic, and all these expansions are currently in the procurement planning stages.

On the main campus, the hospital is under construction for its second Fisher House that will be finished at the end of the year.

"It's where people will get to stay while their loved ones stay in the hospital. Some people stay a year or 18 months, it's very common," Battle said.

The most common injuries the hospital sees include traumatic brain injury, active duty military injuries that usually come from training accidents, and from retired veterans in motorcycle accidents, Battle said.

"We run in the 90s [for occupancy rate] most of the time. On weekends probably in the 80s, but during the week, in the 90s," Battle said, explaining the demand for more services and to extend the hospital's footprint.

He also discussed new technologies the hospital has and will utilize. "This year, we recently opened up a new linear accelerator for cancer treatment, just started back in March our new CyberKnife; we're one of the few hospitals in the state to have a CyberKnife," he said.

The CyberKnife is a fully robotic radiation delivery system that delivers radiation treatments to specific areas in the body.

"We're getting ready in the next few days to buy our second da Vinci surgical system. We have one now and we are doing more of a workload with that one more than any other VA hospital in the country," Battle said.

Da Vinci robots cost roughly \$2 million and give the surgeon a better view and understanding when operating by using high-definition 3D cameras and allowing surgeons to remotely move the system's robotic arms.

[...]

The hospital broke ground for its \$148 million project, but there are several other projects it's working on.

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3.2 - Bay News 9: [Huge Tampa VA hospital expansion welcomed by vets](#) (31 July, Fallon Silcox, 1.5M uvm; Saint Petersburg, FL)

TAMPA, Fla. -- A major project is underway at the VA Hospital in Tampa.

- Groundbreaking on new VA Hospital expansion in Tampa
- James A. Haley Veterans' Hospital adding 250,000 square feet of space
- Project to add private rooms, new cafeteria, outdoor dining

The huge project, totaling about \$149 million, is set to add about 250,000 square feet of additional space to the James A. Haley Veterans' Hospital adjacent to the University of South Florida campus.

A groundbreaking took place Tuesday morning.

Construction will take about three years to fully complete the project and will add additional hospital bed space, a new cafeteria and an outdoor dining area.

The four-story addition also will include about 5,000 square feet of renovated space in the hospital.

Some veterans who use the facility said the addition of private rooms at the hospital will be the most beneficial and will ultimately mean they'll have to spend less time in the hospital.

"Right now, we have crowded quarters into the patients," said veteran Mary Ann Keckler. "What we see today with the two beds versus the single bed, we have very few private rooms here and it makes a major difference for those recuperating from an illness to be able to get themselves up out of bed and get themselves going."

The bed tower expansion is expected to be completed in 2021.

The new bed tower at the hospital is the first major construction project managed by the the US Army Corp of Engineers for the VA under recently approved federal legislation.

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3.3 - Nextgov: [VA is Rethinking Its Entire Online Presence](#) (31 July, Jack Corrigan, 193k uvm; Washington, DC)

The Veterans Affairs Department is looking for a team of developers to consolidate its far-flung agency websites into a single, user-friendly online portal.

The vendor would lead a complete redesign of the agency's primary website, VA.gov, which would include building a new content management system within the VA Enterprise Cloud and migrating content from existing sites to the new platform, according to the request for information. The group would also be responsible for mapping the site's new structure, optimizing its search functions and working with agency officials to make regular improvements.

The overhaul comes as part of the VA Digital Modernization Strategy, an agencywide effort to streamline online services and make it easier for veterans to navigate the benefits process. The initial contract would run for 12 months, with an option to extend an additional 12 months.

"VA is committed to dramatically upgrading its user-facing digital tools, becoming the first federal agency to deliver a digital experience on par with the private sector," officials wrote in the RFI.

Today, VA's online presence is organized in a similar way to the VA itself—veterans need to seek out different websites for benefits, health care, cemetery services and other products. In effect, that means vets need to understand the agency's bureaucratic structure to access its services.

In recent years, the agency has attempted to make this digital maze easier to navigate. Led by executive director Marcy Jacobs, the Digital Service at VA has revamped online applications, connected portals to vast troves of patient data and given a thorough makeover to vets.gov, a site where veterans can apply for benefits and track claims.

"What we hear consistently from veterans is 'I'm confused and I don't understand why the VA doesn't act like one organization,'" Jacobs told Nextgov in a June conversation. "[We're] really trying to change the conversation with the veteran and make it easier for them to interact with the VA."

Now through the broader VA.gov redesign, VA intends to bring all its veteran-facing sites—vets.gov, myhealth.va.gov, ebenefits.va.gov and explore.va.gov—under the umbrella of the main site. Once completed, the site would act as a one-stop shop for all veteran services.

The new content management system must also support a variety of application program interfaces, or APIs, which will allow third parties to build applications that run on VA data and services. Last week, the agency began soliciting separate vendors to build an API management platform.

The agency plans to launch the first version of the revamped VA.gov on Veterans' Day, according to the RFI. The vendor is expected to update the site every two to three weeks.

Responses are due Aug. 3.

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3.4 - The Chronicle-Telegram: [Lorain Council votes unanimously to approve rezoning to lure VA back](#) (31 July, Katie Nix, 55k uvm; Elyria, OH)

LORAIN — City Council voted unanimously to approve the rezoning for six parcels of land Monday night to make way for a new Department of Veterans Affairs Community-Based Outpatient Clinic.

At the last meeting before the body takes its annual recess during August, the nine members in attendance voted to rezone the properties sitting along West Erie Avenue near the intersection with Kolbe Road from residential to business, allowing for the construction of a medical building.

By rezoning the land, City Council is making it so the VA can give the site its stamp of approval for a new clinic, which would bring the agency back to Lorain after it left its home in the St. Joseph Community Center at the end of 2015 for Sheffield.

Councilman Joe Koziura, D-at large, said he'll be pleased with the project if it comes to fruition.

"I was the mayor when they were originally going to put the veterans center in Elyria and I called the director in Cleveland and we were both Vietnam veterans," he said. "The plans changed, and we got it at St. Joe's. Hopefully we'll be successful."

Councilman Mitch Fallis, D-at large, and Councilwoman Mary Springowski, D-at large, both said they supported the rezoning but only if Council can revert the zoning back to residential if the project doesn't happen.

Council clerk Nancy Greer said it would have to go back to the Planning Commission first.

Council also unanimously approved new legislation in which the city will charge residents for when police officers are called to their homes for false security alarms.

"We're moving ourselves out of drug areas, away from investigations to respond to fantasy calls," said Lorain police Capt. Roger Watkins. "We're not out here to make money. We're giving people two freebies, so we can explain to them what's going on and they can get their alarm system fixed."

Police Sgt. Ray Colon, a crime analyst for the department, said about 34 percent of the places where police are called to because of false alarms are responsible for 63 percent of the total false alarm calls.

“Alarms are 7 percent of our calls coming from the public,” he said. “Last year, we responded to 2,439 alarms and 81 percent of those were false. False alarms are at least a two-officer call, and we’re flying a Code 2, which is lights and sirens, disobeying laws of traffic to get there as fast as possible. Eight times out of 10 it’s a false alarm.”

Colon said the percentage of times the call is actually a false alarm as opposed to a real one is probably closer to 90 percent because if an officer adds additional information when he clears the call through dispatch it might not necessarily be classified as a false alarm.

According to the legislation, sending officers to that many false alarms costs \$40,000 a year.

The legislation states residents will be charged \$35 per call if officers are called to their homes three, four or five times in a calendar year. They are charged \$75 for calls six and seven and \$100 per call after that in addition to being labeled a nuisance property.

The law also applies to businesses in the city.

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3.5 - The Morning Journal: [Lorain Council votes to rezone potential VA clinic location](#) (31 July, Kevin Martin, 33k uvm; Lorain, OH)

Lorain is one step closer to welcoming back a U.S. Department of Veteran’s Affairs Clinic that left the city in 2016.

In a special call of Council on July 30, Lorain City Council voted unanimously to rezone parcels from R-1 residential to B-1A Office Business District totaling 9.7 acres at 3120 Kolbe Road that could be the home of a new permanent VA clinic location.

The vote clears another hurdle for the project which would be located across from the Mercy Health Medical Center.

“Right now we wait. This was a key part of the application as the developer stated last meeting (July 23) and we wanted to get it done as soon as possible,” Mayor Chase Ritenauer said. “So at this point I think we’ve provided everything they’ve asked from us.

“If there is another ask perhaps we will be back here sometime in August instead of recess. But for right now that is what they needed and we were able to accomplish that tonight,” the mayor added.

The Lorain County Community Based Outpatient Clinic, presently located at 5255 N. Abbe Road in Sheffield Village, is in the third year of a five-year lease as a temporary location with the VA and is intending to stay there until the end of term, according to Danielle Krakora, communications officer for the Louis Stokes Cleveland VA Medical Center in a July 25 letter.

The VA has yet to announce its plans for the next permanent site and is working to identify the location within the area of delineation established through research identified as Lake Erie, east to Case Road, south to U.S. Route 20 and state Route 10 and west to state Route 58, established through research, the letter said.

Warrensville Heights-based developer Michael Downing presented the proposal at a July 23 public hearing. The proposed 34,000-square foot location would return the VA to Lorain which left the St. Joseph Community Center at 205 W. 20th St. in 2016.

If the VA was to return, construction could begin in 2019 and it could be operating by 2020, bringing an estimated 50 jobs along with it. A second phase of the project could feature ancillary medical tenants, including kidney dialysis or medical supplies.

In a phone interview, Sheffield Village Mayor John Hunter reiterated that he would do everything in his power to keep the clinic in the Village, citing the VA indicated the Sheffield Village location has increased veteran enrollment by 1,060 since relocating to its present location.

"I just want to do what's best for the veterans," Hunter said.

Hunter noted the proposed location falls outside of the area of delineation established by the VA and questioned how a move to an area west of state Route 58 would work.

"They've got the right to get the site, and that's all they'll be able to do. The VA will say it's outside their boundaries," Hunter said.

Since news of the proposal broke, Hunter noted he has received more than 50 calls from concerned citizens about the potential move.

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4. Focus Resources More Efficiently

4.1 - The Oklahoman: [Oklahoma City VA yoga participants look to help others](#) (31 July, Meg Wingerter, 3.8M uvm; Oklahoma City, OK)

Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back.

Now, he hopes to use what he's learned to help others.

Adams, who joined the Army in 1975 but was discharged because of foot and knee problems, said he injured his back when doing squats years ago, and yoga helped him stop taking pain pills. The breathing exercises not only helped with physical healing but made it easier to clear his mind, think positively and work on priorities like saving money and eating right, he said.

"I'm in my 60s, and I have to do something," he said. "An hour of this, and I feel so much better."

Adams is one of two veterans currently in a yoga class at the VA Medical Center who hope to become instructors themselves. He and most of the other participating veterans received a “prescription” for 12 weeks of classes as a supplement to treatment for pain or mental health conditions, but many continue to participate after their three months are over.

Don Bamborough, who also is considering taking the 23 weeks of classes needed to become a yoga teacher, said he came to the class to help manage the pain and stress that came from four back fractures and surgery to implant a “bionic ankle.” He served in the Air Force from 1963 to 1967, followed by years of heavy labor.

“It’s really good for me,” he said. “If you’re a veteran and you’ve been in construction, you’re going to be in pain.”

Several of the participants in class on a steamy afternoon in early July said they were skeptical about yoga but came around to it.

John Johnson, a retired Marine who served from 1972 to 1992, said the pace of the class took some getting used to, but eventually, he found it calming. He said he moves better since he’s started taking the class, even though he still has pain from arthritis.

“I had no idea what yoga was about. I remember back in the ‘60s, the flower kids,” he said. “The first few classes, I hated, because you have to do everything so slow.”

To an outside observer, it might not look like much is happening. The group starts by sitting quietly, palms on their thighs, and breathing deeply. Instructor Sara Alavi leads them through a guided meditation, asking them to think with gratitude about their bodies and to notice what they smell, hear, taste and feel.

“Let go of everything that doesn’t belong here,” she said.

At Alavi’s direction, the men then lightly slapped their legs to focus on what they wanted to release. They then tapped their heads, face, chests and wrists and repeated after Alavi.

“I have held onto this for too long.”

“I don’t have to hold onto it anymore.”

“I am no longer a victim of what happened to me in the past.”

“I am learning for the first time to love and accept myself as I am.”

The tapping is intended to help release emotions and encourage relaxation, Alavi said. At the end, the participants laid on the floor, their heads on blocks and their feet on the seats of chairs, with bands over their eyes, for a few minutes of quiet meditation.

Stanley Stephens, who served in the Air Force from 1965 to 1985, said he had his doubts about yoga, but he likes the messages about moving forward in life. His wife — whom he’d met when both were in the Air Force, died of ovarian cancer in September — and he was struggling emotionally when his doctor made the referral.

“We were so close. I like to say it was a love story and an adventure at the same time,” he said.

The class also was a chance to work on his physical flexibility and balance, Stephens said.

“When I finish yoga, I don't need the cane,” he said. “It's a subtle influence. If you stay with it, it grows on you.”

While the benefits of meditation might not be as obvious as those of physical exercise, Bamborough said they're just as important.

“If you're kind to yourself, you'll be kind to others,” he said.

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4.2 - Knoxville News Sentinel (Video): [Ex-VA employee convicted of defrauding Knoxville disabled vet of \\$680K](#) (31 July, Yihyun Jeong, 2.1M uvm; Knoxville, TN)

Kenneth Richard Devore used his position with the U.S. Department of Veterans Affairs to meet and gain the trust of a disabled Knoxville veteran.

With that trust, Devore convinced the veteran he needed a will, and proceeded to help the veteran write that document.

He named himself the sole beneficiary.

A federal jury convicted the 44-year-old former VA employee of defrauding the veteran of more than \$680,000 on July 25.

Devore was convicted of six counts of wire fraud, one count of theft of public money over \$1,000, one count of willful mail fraud, one count of conflict of interest of a federal employee, two counts of making or using a false writing and one count of making a false statement.

Court documents show that Devore, appointed as a field examiner in the VA's Fiduciary Program in 2013 in Jonesborough, drove the veteran to the post office to notarize the documents he helped the veteran prepare.

He then forged the victim's initials before sending notice to the veteran's bank, which was his legal guardian.

The veteran — only identified as "D.N." — was discharged from the military around 1986, according to court documents. He was declared incompetent the following year, and in 2004, was appointed a bank as his guardian and fiduciary.

Prosecutors say that as a VA field examiner, Devore was assigned to ensure that the veteran was receiving the benefits he was entitled to, and taking steps to protect his assets.

Instead, he schemed to make himself the sole beneficiary of the veteran's finances.

Records show Devore was forced to resign from the VA, but that he got a job at the National Background Investigations Bureau just a year later.

Lies continued

The VA said Devore was forced to resign after the forged documents were discovered in 2015.

The next year, he applied for a job as an investigator for NBIB, an agency within the U.S. Office of Personnel Management that conducts investigations for positions of public trust and security clearances, according to Doug Overbey, the U.S. attorney for the Eastern District of Tennessee.

Devore lied about his employment history and intentionally withheld that he had been forced to resign from the VA for misconduct. He also falsely claimed he received a college degree from a made-up "Canterbury University."

"By his misrepresentations and omissions, Devore was hired for the job and worked through 2017," Overbey said in a statement.

Officials also discovered that he had lied about his own purported disabilities in order to obtain a 100 percent "total and permanent" disability rating by the VA, receiving disability compensation from 2009 to 2017.

After Devore was indicted in April 2017, he remained free on a \$20,000 unsecured bond. That bond was revoked July 10 after a judge heard evidence he lied on a U.S. Postal Service application by saying he was not under any criminal charge

His sentencing hearing is set for Nov. 5.

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4.3 - Government Executive: [Former Fed Convicted of Defrauding Disabled Vet, Then Lying to Get Background Check Job](#) (31 July, Eric Katz, 870k uvm; Washington, DC)

The Justice Department has successfully won a guilty conviction against a former federal employee who illegally schemed against the government during stints at two different agencies.

Kenneth Richard Devore was convicted in a U.S. District Court in Tennessee of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in connection to jobs he held at the Veterans Affairs Department and Office of Personnel Management.

Devore's first offense came while at VA in 2015, where he worked as a field examiner to help veterans unable to care for themselves protect their financial assets. While assisting a "disabled and incompetent veteran" in Knoxville, Tennessee, Devore "used his position to convince that veteran that he needed a Last Will and Testament," according to the Justice Department. He made himself the sole beneficiary of that will, leaving all of the veteran's \$680,000 in assets to himself. Devore forged the veteran's initials onto the document and sent it to the individual's bank.

The indictment against Devore found that he used his federal position to gain the veteran's trust and learn about that individual's assets. Those included the veteran's guardianship checking, personal checking, savings, money market, government securities and other accounts.

VA became wise to Devore's activity and forced him to resign. He quickly applied for a job at OPM's National Background Investigations Bureau, which assesses individuals applying for security clearances with the federal government. Devore withheld that he was forced to resign from VA and said he had received a degree from "Canterbury University," an institution he made up. OPM failed to recognize the deceptions and hired Devore. He continued to work at the agency into 2017.

All the while, Devore claimed to be a disabled veteran unable to work due to his injuries and received compensatory benefits from VA.

OPM and VA's inspectors general investigated the case, leading to the Justice Department's prosecution. The government dropped two charges of "frauds and swindles" and one count of "act affecting personal financial interest."

Devore—who was represented by a public defender—was released on \$20,000 bond last year, but will face sentencing in November. The cumulative maximum penalties of his various crimes could amount to 55 years in prison and fines of \$1 million.

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4.4 - KOLR (CBS-27, MissouriNet): [Hartzler Proposes Enhancements to VA Doctor Recruitment](#) (31 July, Alisa Nelson, 274k uvm; Springfield, MO)

A U.S. House committee is considering whether to let VA hospitals recruit and hire future doctors up to two years prior to completion of required training. Congresswoman Vicky Hartzler, R-Missouri, is proposing the bill that she says would include a competitive hiring timeline. Hartzler tells MissouriNet doctor offices and hospitals recruit future doctors while they are completing their residency.

"They (VA hospitals) currently do not do that until the very end and I think that puts us at a disadvantage," she says.

Hartzler, whose district includes Columbia's Truman VA Hospital, says her bill would help veterans receive better care.

"The veterans hospitals in our area, including Truman VA there in Columbia, will be able to have a level playing field when recruiting the best physicians possible to serve our veterans," she says.

Hartzler goes on to say she thinks failing to recruit doctors during the residency period has contributed to a shortage of VA doctors nationwide. The bill comes at a time when the VA reports more than 30,000 vacant positions.

The American Legion has voiced their support for the bill by saying, "The VA Hiring Enhancement Act will help address the shortcomings in recruitment and retention of highly qualified physicians. The bill, addressing health care within the VA system, is especially welcomed by some at a time when Veterans Service Organizations (VSOs) like American Legion have expressed growing concern about the privatization of veterans' health care."

The bill would release physicians from non-compete agreements to serve in Veterans Affairs. It would also update the minimum standard for VA physicians to include the completion of a postgraduate medical residency.

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4.5 - The Berkshire Eagle: [Letter: VA healthcare problems are well-documented](#) (31 July, Bruce Deloye, 191k uvm; Pittsfield, MA)

To the editor:

I write in response to a July 23 letter from a fellow veteran, Robert Haywood of Lee, about my experience with the dental clinic at the Central Western Massachusetts HealthCare System in Northampton.

I am saddened by Mr. Haywood's letter because he is trying to dispel what is common knowledge to most people, that the VA healthcare system is in serious trouble.

I suggest that he read an article published in The Eagle April 21 about a former doctor's concerns about the quality of care the facility delivers, which triggered a case now being reviewed by the Veterans Affairs' Office of Accountability and Whistleblower Protection. The case came to light just days before Dr. Sarah Kemble's death due to cancer.

I do agree with Mr. Haywood on one thing, that the dental section is well-run and I am going back there for services.

But again, there is more to what happened to me after the incident I experienced while receiving dental care that could not be told in the July 19 article in The Eagle that prompted Mr. Haywood to write.

Before he jumps to any other conclusions, I suggest that he and others investigate the situation more deeply, as I and The Eagle reporter did.

Bruce Deloye,

Lenox

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4.6 - Highland County Press: [A new direction at the VA](#) (31 July, Sen. Mike Rounds (R-S.D.), 31k uvm; Hillsboro, OH)

We are fortunate to live in the United States, where our men and women in uniform sacrifice so much to defend our liberty. We owe our service members and veterans a debt of gratitude that we can never fully repay.

However, one thing we can do is uphold the promises our nation has made to them over the last several generations, and we can do that by making improvements and changes within the Department of Veterans Affairs (VA).

The Senate recently confirmed Robert Wilkie to be the VA Secretary. Prior to his confirmation, Mr. Wilkie served as Acting Secretary of Veterans Affairs and Under Secretary of Defense for Personnel and Readiness. He has also served in the U.S. Air Force Reserve and in the U.S. Navy Reserve.

Mr. Wilkie has had firsthand experience dealing with the VA, as his father was wounded three times while serving in Vietnam.

As a member of the Senate Veterans' Affairs Committee, I had the opportunity to meet with him prior to his confirmation and ask important questions during his hearing before the committee. It is clear that he is well-qualified to lead the VA, especially at a time when the agency is attempting to improve its mission of serving our nation's veterans.

With 360,000 employees, the VA is the second-largest federal agency. It is also, unfortunately, one of the most scandal-ridden and mismanaged agencies. We remember in 2014 when the VA admitted that veterans were waiting on average 115 days just to see a doctor.

More recently, we've heard about the new VA hospital in Colorado that is more than \$1 billion over budget because the contractor failed to account for the size of medical equipment during construction and the rooms were too small to fit everything. Not to mention the project was years behind schedule.

Mr. Wilkie has a tough job ahead of him as he seeks to clean up the VA and improve care for veterans. In the past, the agency has shown protectionism for bad employees instead of taking care of veterans.

Under Wilkie's leadership, we hope to see that change. He understands how critical it is that we provide healthcare and other services to veterans across the country, and he understands the challenges he is facing. I believe he is the right person at this time to lead the VA and make certain that care of veterans is priority number one for all VA employees.

When I had the opportunity to question Mr. Wilkie at his confirmation hearing, I shared with him my concerns regarding the recently-enacted VA MISSION Act, including the 40-mile rule change that could hurt rural veterans, the "gatekeeper" provision that requires a veteran to get approval from a VA employee to seek care outside of the VA, and a "VA BRAC," which could jeopardize the future of the Hot Springs VA facility. I told him that I am ready to work hand-in-hand with the VA to address these issues as they implement the VA MISSION Act.

The men and women who have sacrificed so much in service to our nation deserve to know that the VA will support them and make good on our country's promises to them. The care of veterans is my number one priority. I believe that it is Mr. Wilkie's main concern as well, and I look forward to working with him as he takes on the challenges of managing the VA.

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5. Improve Timeliness of Service

5.1 - KNSD (NBC-7, Video): [VA Supports Study Testing Efficacy of CBD's Use in PTSD Treatment](#) (1 August, Bridget Naso, 2.1M uvm; San Diego, CA)

Marine veteran Kayla Carnivale says she's been looking for peace since she left the military with Post Traumatic Stress Disorder.

And she's found a natural way to get it.

She began using marijuana and Cannabidiol two years ago to help treat her PTSD and a traumatic brain injury instead of pills prescribed by the VA.

"I went from about eight medications a day and now I'm down to two," Carnivale said.

She says it helps her with multiple symptoms, like "nightmares and loss of sleep," as well as pain and stress.

It's always recommended that any use of a substance be discussed with healthcare professionals and Carnivale said she's been open with her doctor at the San Diego VA.

While marijuana is legal in California the drug is considered illegal by the federal government. But there is a bill making its way through Congress would allow the VA to study its use.

NBC 7 has learned the VA San Diego Healthcare System is in the process of putting together a study using one of the chemicals found in the drug.

"VA is supporting a study to test the efficacy of Cannabidiol (CBD) as a potential adjunctive therapy for PTSD. Unlike tetrahydrocannabinol (THC), CBD is non-intoxicating and has no known abuse liability. The CBD to be used in this study will be produced commercially," the VA San Diego Healthcare System told NBC7 in a statement.

"Federal law requires approvals from a number of federal agencies in order to conduct such a study. VA is working to obtain those approvals, but the process is not yet complete," the statement read.

Carnivale says she understands the hurdles and that some people might object to the drug's use, "But until you're in our shoes and you have our pain, and you have the type of nightmares and lack of sleep and all that that comes with being a disabled war veteran, then you really can't say anything to us."

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5.2 - WGNS (CMN-1450, Audio): [Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own](#) (31 July, Scott Walker, 47k uvm; Murfreesboro, TN)

Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up.

The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

Due to the MRSA (Mer-sa), doctors had to amputate his leg. After the surgery, he was wheelchair bound and fell into depression that lasted for years. Several years later it was an accident of falling down a flight of stairs that brought him out of that depression.

After undergoing a surgery on his other leg, receiving a prosthetic left knee and later a prosthetic right leg, his life started to change.

Jimmy was sent to the VA Medical Center in Murfreesboro to undergo rehabilitation. WGNS' Scott Walker was at the VA on Tuesday (7/31/18) when Jimmy walked out of the hospital on his own. Keep in mind, he was previously wheelchair bound since 2010...

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5.3 - Salem News: [Congressman Smith Capitol Report: Fighting for warfighters](#) (31 July, Jason Smith, 17k uvm; Salem, MO)

Our grateful nation owes a massive debt of gratitude to the veterans who have fought to protect our country and its freedoms. As I accompanied President Trump this week on Air Force One for his fourth trip to Missouri since becoming president, I saw how devoted he is to fight on their behalf so every veteran receives the best possible treatment upon returning home. I spent some quality time with the president and saw his deep love for both the state of Missouri and the men and women who have served in uniform.

The scene inside the Veterans of Foreign Wars National Convention in Kansas City was electric. The VFW is the oldest major veterans organization in the country and thousands of men and women who served our country packed into the arena to hear the Commander in Chief speak. The president laid out the progress his administration is making domestically to better prepare our military and take care of our veterans and stated the incredible progress our military has made on the world stage eradicating ISIS. You could feel the raw emotion in the room as the president announced that as a direct result of his negotiations with North Korea, the United States has begun to recover the remains of soldiers who lost their lives in the Korean War. The families and brothers-in-arms of our fallen heroes have waited too long for this day, but they will finally be able to lay their loved ones to rest on American soil.

When our veterans were called to serve, they fought and won our wars. There were no empty promises, just responsibility to duty and love for country. Now it is our duty to answer their call to fix the VA and provide them what they need to adjust back into civilian life. President Trump and I aren't interested in empty words, we're committed to producing concrete results to increase veterans' quality of life.

I was part of the team that sent a bill to President Trump's desk which gives the Veterans Affairs Secretary the ability to fire the bad actors who mistreat or neglect our veterans. Together we overhauled the VA Choice program, scrapping the 30-day and 40-mile distance requirements holding veterans back from receiving timely care outside of the VA. We expanded GI benefits, so veterans can seek higher education when it's the right time for them. Our troops put many

aspects of their lives on hold for us when they serve; they don't need an arbitrary government time limit to receive an education.

Veterans, especially rural veterans, deserve access to quality care no matter where they live. Recently I worked on behalf of rural Missouri veterans to increase accessibility at the Salem VA clinic. I presented the VA medical director with petitions from 5,700 people who felt they were being underserved by the VA clinic only providing services two days a month. Today the clinic has expanded their staff and the services they offer to veterans.

My flight to Kansas City with the president was our fourth trip to Missouri together since he was sworn in. One year ago, the president and I were in Springfield so I could show him how rural America would benefit from a simplified tax code. We stood together in St. Charles in November before Congress passed the Tax Cuts and Jobs Act, the result of months of negotiations to cut taxes provide relief to working families and small businesses. In March we traveled to St. Louis, in the spirit of the Show Me State, to hear from businesses finding new life under an updated tax code. I was proud to be with the president in Kansas City at the VFW National Convention and see his respect for the brave men and women who defend our country and its flag, and I'll be with him as we honor our commitments to the veterans who have served this country.

The veterans of the United States are the reason our freedom is possible. They answered the call to serve when our nation needed them. President Trump and I are devoted to answering their call for better care from the government they risked everything to defend and protect.

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6. Suicide Prevention

6.1 - The Huffington Post: [The Government's Solution To The Opioid Crisis Feels Like A War To Pain Patients](#) (31 July, Art Levine, 22.9M uvm; New York, NY)

Jay Lawrence, an energetic truck driver in his late 30s, was driving a semitrailer across a bridge when the brakes failed. To avoid plowing into the car in front of him, he swerved sideways and slammed the truck into a wall, fracturing his back. For more than 25 years, he struggled with the resulting pain. But for most of that time, he managed to avoid opioid painkillers.

In 2006, his legs suddenly collapsed beneath him, due to a complex web of neurological factors related to his spinal cord injury. He underwent multiple surgeries and tried many medications to alleviate his pain.

The next year, he began to experience some semblance of relief when his doctor prescribed morphine, one of a class of opioid drugs. By 2012, he was taking 120 milligrams per day.

But this isn't a story about opioid addiction. Lawrence managed a relatively productive, happy life on the medication for the better part of 10 years.

"This isn't the life I thought I'd have," he told his wife, Meredith Lawrence, in December 2016. "But I'm all right."

Living on disability payments, he could still walk around their two-bedroom trailer home using his cane, take a shower on his own and, on his good days, even help his wife make breakfast.

Then, in early 2017, the pain clinic where he was a patient adopted a strict new policy, part of a wide-ranging national effort to respond to the increase in opioid overdose deaths.

Citing 2016 guidelines from the U.S. Centers for Disease Control and Prevention, her husband's doctor abruptly cut his daily dose by roughly 25 percent to 90 mg, Meredith Lawrence said. That was the maximum dose the CDC recommends, though does not mandate, for first-time opioid patients.

The doctor also told Jay Lawrence that the plan was to lower his dose to 45 mg over the next two months, a cutback of more than 60 percent from what he had been taking.

At the end of that traumatic visit, his wife said, Jay Lawrence's doctor dismissed their concerns and shared his own fear about losing his license if he continued to prescribe high doses of opioids. (When HuffPost followed up, the doctor declined to comment on the case, citing patient privacy.)

For a month, Lawrence suffered on the 90 mg dose. At times, his pain was so bad that he needed help to get out of the recliner, and when his wife looked over, she sometimes saw tears streaming down his face. He dreaded his next appointment when his dose would be slashed to 60 mg. In the weeks before that scheduled visit on March 2, 2017, Lawrence came up with a plan.

On the day of his appointment, on the same bench in the Hendersonville, Tennessee, park where the Lawrences had recently renewed their wedding vows, the 58-year-old man gripped his wife's hand and killed himself with a gun.

There are at least nine million chronic pain patients in the United States who take opioid painkillers on a long-term basis. As law enforcement and medical regulatory bodies try to curb the explosion in opioid deaths and the rise in illegal opioid use, they have focused on reducing the overall opioid supply, whether or not the drugs are provided by prescription.

There's mounting evidence this won't work — that curbing patient access to legal prescription opioids does not stem the rate of overdoses caused primarily by illegal drugs — and that patients are being denied desperately needed relief. There are also troubling indicators that cutting back on opioids increases the risk of suicide among those with chronic pain.

Some chronic pain patients and advocates have even begun compiling lists of individuals they know who have died by suicide after they were no longer able to treat their pain with opioid medication.

"There is no doubt in my mind that forcibly stopping opioids can destabilize some of the most vulnerable people in America," said Dr. Stefan Kertesz, a professor of medicine and an addiction researcher at the University of Alabama at Birmingham. "And the outcomes for those folks include suicide, overdose and falling apart medically."

For a decade or so, government officials in the U.S. have sought to drive down the opioid supply through a range of tactics — from increased seizures of diverted opioid medications to state crackdowns on "pill mills." The Trump administration has embraced the hard-line approach.

In late January, Attorney General Jeff Sessions announced a “surge” in Drug Enforcement Administration activity targeting pharmacies and physicians that, in the agency’s view, oversupply opioids. In February, the Justice Department doubled down with the announcement of a new task force that would focus on manufacturers and distributors of opioids. In March, President Donald Trump unveiled a plan to lower opioid prescriptions by a third within three years. And in late June, the federal government arrested 600 people, including 165 medical professionals, for allegedly participating in \$2 billion worth of fraud schemes involving opioids.

The Trump administration’s efforts are dramatic even within the context of the CDC’s opioid dose guidelines. The guidelines were originally intended to advise primary care physicians treating chronic pain patients and other pain sufferers. They were urged to exercise caution in prescribing opioids, to use alternatives whenever possible and to prescribe daily doses of no more than 90 morphine milligram equivalents (MME) for new opioid users.

For pain patients like Jay Lawrence who had already been on opioids for years, however, the guidelines simply recommended regularly assessing the harms and benefits of the dosage. They didn’t advise either mandatory cutoffs or any set limits. (The Tennessee Department of Health’s guidelines would also have allowed Lawrence to stay at 120 mg of morphine when prescribed by a pain specialist.)

But “the CDC guidelines have been weaponized,” said Kertesz. The ramped-up enforcement by the DEA and state regulators has led some doctors to choose caution and to overcorrect in their prescribing, lest they lose their ability to practice medicine at all. Kertesz decried these policies as “simplistic” in a definitive new article published last week in the journal *Addiction*.

In February, Sessions struck a particularly harsh tone by suggesting that the fate of chronic pain patients was not high on his list of concerns. “I am operating on the assumption that this country prescribes too many opioids,” the attorney general said. “I mean, people need to take some aspirin sometimes and tough it out a little.”

Attitudes like that are based on a series of mistaken assumptions about pain, according to Dr. Thomas Kline, a North Carolina-based family practitioner and former Harvard Medical School program administrator. Kline regularly updates a list of pain patients, published on Medium, who’ve killed themselves in the wake of draconian restrictions on pain medication.

“I ask people to imagine the very worst pain they’ve ever experienced in their lives,” Kline said. “And then that they’re denied relief by a doctor with the one medicine proven effective for pain control for 50 centuries.” (Historical records show that people in ancient Mesopotamia cultivated the poppy plant for medical use.)

The government’s aggressive focus on doctors and patients is unlikely to address the very real menace of opioid-use disorders and sharply escalating overdose deaths. Fraud — driven by pharmaceutical company policies — and diversion — the phenomenon of prescription medications being sold as street drugs — initially spurred a wave of opioid abuse in the late 1990s, as some doctors turned their practices into pill mills. But new reports by the CDC and a drug data firm, the IQVIA Institute for Human Data Science, suggest that prescription drugs play a much smaller role in today’s crisis.

The reports show that total opioid prescriptions dropped 10 percent in 2017 — the sharpest annual decline in such prescribing in 25 years. While opioid prescriptions peaked back in 2010,

the studies found that growth rates in opioid-linked deaths, overwhelmingly due to illegal fentanyl and heroin, have skyrocketed in the last seven years.

Indeed, although two-thirds of the 64,000 overall drug overdose fatalities were linked to opioids in 2016 — the most recent year for which there is data — more than 80 percent of those opioid drug deaths came from illegal street drugs such as heroin and fentanyl. Prescription opioid drug deaths alone — excluding methadone — amounted to less than 15 percent of all drug overdose deaths, or about 9,500 fatalities.

Still, the CDC's guidelines have triggered restrictive laws in at least 23 states that mandate ceilings on opioid dosage. (Oregon, in fact, is moving to taper dosages down to zero for all Medicaid chronic patients over a year.) That makes relief less attainable for pain patients and threatens the practices of doctors who treat them. These laws have been augmented by the growth of state prescription monitoring programs that use the software NarxCare, which is designed to flag addiction but can also rope in pain patients based on their prescription history and use of multiple doctors.

And in June, the House of Representatives passed over 50 bills that would establish dramatic new restrictions on opioid prescribing, eliciting alarm among patients and some disability rights groups.

The side effects of the current enforcement efforts are disturbing enough, from patients denied relief to drug shortages to suicides.

No health agency has kept track of all pain-related suicides that may be linked to doctors cutting back on prescriptions. But some preliminary findings from Department of Veterans Affairs researchers indicate that VA pain patients deprived of opioids were two to four times more likely to die by suicide in the first three months after they were cut off, compared to those who remained on their pain medications.

That study isn't without flaws. Veterans die by suicide at higher rates than average — currently accounting for 20 suicide deaths a day — so they are not a nationally representative sample. And the VA study, which was released at a national opioid summit in early April, has not yet been submitted for peer review.

But another study, published last year in the peer-reviewed journal *General Hospital Psychiatry*, looked at nearly 600 veterans who in 2012 were cut off from dosages after long-term opioid use and found similar results. Twelve percent of the vets showed suicidal ideation or took violent action to harm themselves — a rate nearly 300 percent higher than the overall veterans community.

"To protect people, you have to take care of the patient, not the pill count," said Kertesz, who worked on the VA's April 2017 study but spoke to HuffPost only as an independent researcher. "The findings suggest that the discontinuation of opioids doesn't necessarily assure a safer patient."

Even terminally ill cancer patients are increasingly getting less relief, and there are growing shortages of injectable opioids at local hospitals and hospices, spurred in part by DEA-ordered reductions in opioid manufacturing quotas.

Leah Ilten, a 53-year-old physical therapist who lives in Kennewick, Washington, told HuffPost that as her 86-year-old father lay dying of pancreatic cancer in a hospice, the medical staff ignored her pleas to provide appropriate opioid pain relief, even cutting his dosage in half on the last day of his life. A few days earlier, when he was in the hospital, one nurse explained to her that opioids could lead to an overdose or could potentially cause the man, who lay moaning in pain, to “get addicted.”

“I was horrified,” Ilten said.

In mid-April, the DEA responded to the injectable opioid shortage by lifting production quotas. An agency spokesman told HuffPost that it was “a manufacturers’ problem, not the quotas,” while asserting that progress is being made.

There have been production issues, including Pfizer’s foul-ups with a plant in Kansas. But the DEA’s delay in taking action — shortfalls were flagged in February in a letter from the American Society of Anesthesiologists and other health groups — definitely contributed to the shortage, according to Dr. James Grant, president of the ASA. He told HuffPost that quotas were among the factors creating the crisis.

Faced with the hardline national crackdown on opioid prescriptions, people with chronic pain are trying to raise awareness of the suffering caused by the loss of medications. Some are gathering the names of those patients who ended up taking their own lives, both as a memorial to those who died and as a protest against the health establishment that has seemingly abandoned them. Others are seeking comfort from each other on social media.

Lelena Peacock, who declined to name her southeastern city of residence for fear of retaliation from doctors, is struggling with how to treat the pain associated with fibromyalgia. The 45-year-old found that her social media posts drew other pain patients who turned to her for help.

By her own count, Peacock has thus far convinced more than 70 chronic pain patients to call 911 or suicide prevention hotlines instead of killing themselves.

For Anne Fuqua, a 37-year-old former nurse from Birmingham, Alabama, the motivation for compiling a list of chronic pain-related suicides is to track the damage done by what she sees as policies that have left people like her behind.

“There’s so many people who have died,” she said. “We have to remember them.”

Fuqua has an incurable neurological illness known as primary generalized dystonia that causes Parkinson’s-like involuntary movements and painful muscle spasms. She started taking about 60 mg of Oxycontin a day in 2000. Her doctor began to limit her access to high doses of opioids in 2014, the same year she started chronicling those friends who had killed themselves or otherwise died after being denied pain medications. Her informal list is now up to roughly 150 people, augmented by lists that other pain patient advocates have compiled.

On July 9, Fuqua joined other chronic pain patients at a meeting at the Food and Drug Administration campus in Maryland to express their fears and outrage at the cutbacks. Sitting in the front row in her wheelchair, she told FDA officials about that list and declared, “I’m not willing to go back to the state I was in before I started treatment.”

Fuqua's own difficulties are compounded by the fact that her body does not respond to even large doses of opioids the way others do — she suffers from severe malabsorption that hampers her ability to benefit from everything from opioids to vitamin D. Since 2012, she has relied on a strikingly high daily regimen of 1,000 MME of opioids, including fentanyl patches, to manage her pain.

But her physician, Dr. Forrest Tennant, was driven to retire this year after a DEA raid and investigation. The Los Angeles-area physician mailed her a final series of prescriptions, which will run out at the end of July.

"It's terrifying," she said looking at her future. "If these were people who had asthma or diabetes and weren't stigmatized because of opioids, this wouldn't be allowed to happen."

Another doctor has quietly stepped forward to continue treatment for Tennant's remaining patients, Fuqua said, although there's no assurance that this physician won't also be investigated in the future.

The raid on Tennant's home and office last November illustrates the hard-line regulatory and enforcement approach that critics say doesn't distinguish between pill-mill doctors who deserve to be shut down and legitimate pain doctors who use high-dosage opioids. The wide-ranging search warrant served to Tennant essentially accused him of drug trafficking even though he'd earned a national reputation for deft treatment of — and research about — pain patients.

"He's highly respected and prominent in pain management," said Jeffrey Fudin, a clinical pharmacy specialist who heads the pain pharmacy program at the Albany Stratton VA Medical Center in Albany, New York, and serves as an associate professor at the Albany College of Pharmacy and Health Sciences. "Most of his patients had no other options, and they came from around the country to see him."

Tennant was known for taking on difficult-to-treat patients, including those suffering from pain as a result of botched surgeries and other forms of malpractice. His research included innovations in the use of hormones to alleviate pain and lower opioid use up to 40 percent, as well as work on genetic testing for enzyme system defects that lead to opioid malabsorption.

"The DEA can trigger an investigation every time they misapply the CDC guidelines without paying attention to the population the physician treats or issues of medical necessity," said Terri Lewis, a patient advocate and a Ph.D. clinical rehabilitation specialist with Southern Illinois University who trains clinicians on how to manage seriously ill patients with incurable pain.

Special Agent Timothy Massino, a spokesperson for the DEA's Los Angeles division, declined to comment on the agency's approach to Tennant. "It's an ongoing investigation," he noted.

Tennant's isn't alone. Physicians must now balance their prescribing obligations to their patients with legitimate fear for their livelihoods.

DEA enforcement actions against doctors have risen some 500 percent in recent years — from 88 in 2011 to 449 last year, according to an analysis of the comprehensive National Practitioners Data Bank by Tony Yang, a professor of health policy at George Washington University. Even though that's a relatively small number of arrests compared to the roughly one million physicians in the country, such arrests can have an outsized impact.

“They make big news, and they serve as a deterrent for physicians whose specialties require them to use a lot of pain medications,” Yang said. “It makes them think twice before prescribing opioids.”

Dr. Mark Ibsen of Helena, Montana, found himself in a five-year battle against the state licensing board that’s still not over — even though a judge last month reversed the board’s decision to suspend his license because of due process violations. The court has remanded the case back to the licensing board for potential further investigation of his opioid prescriptions, but Ibsen has decided he won’t resume his medical practice.

That’s bad news for Montana, which has the highest rate of suicide in the country, according to the CDC. What’s more, chronic pain-related illnesses account for 35 percent of all the state’s suicides, as a recent state health department study found.

In the course of his fight with the medical board, the 63-year-old doctor said three of his former chronic pain patients have killed themselves after he and other doctors stopped prescribing opioids. The first of those patients died shortly after attending a hearing to show his support for Ibsen.

The deaths of pain patients haunt those who treated them and loved them. Meredith Lawrence, who sat with her husband to the very end, said, “It was as horrifying as anything you can imagine.”

“But I had the choice to help him or find him dead someday when I came home,” she added.

Lawrence was arrested and sentenced to a year’s probation for assisting a suicide. Now her goal is to fight restrictions on opioid prescriptions.

“If we don’t stand up, more people will die like my husband.”

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Miami Herald: [Miami’s homeless veterans need legal assistance. You can help them get it.](#) (31 July, Brittney Horton, 8.9M uvm; Miami, FL)

The U.S. Department of Veterans Affairs (VA) recently released the results of a survey of homeless veterans, including those here in South Florida, asking what types of services and support they need to get back on track. Some answers were predictable, such as housing or mental health treatment. But their most common request might surprise you: civil legal aid. As an attorney with the Veteran’s Legal Advocacy Project at Legal Services of Greater Miami, I can tell you why that is — and how you can help.

The CHALENG survey, short for Community Homelessness Assessment, Local Education and Networking Groups, asks homeless veterans every year about their needs and wants. Four of the top 10 requests from male veterans this year were legal help for child support, restoring a driver’s license, resolving outstanding warrants and fines and preventing evictions. Another

recent study found that 88 percent of low-income veterans (and 86 percent of all low-income Americans) received no help at all or inadequate help for civil legal problems like these.

This means that even for veterans who risked their lives to defend the principle of justice for all, justice may be out of reach in civil courts.

Most of us know that if you are accused of a crime in America you have the right to a lawyer if you cannot afford one. However, many people do not know that if you are having civil legal troubles and you cannot pay for an attorney, you are usually on your own. This includes issues that can have serious consequences like landlord-tenant disputes, divorce and child support, consumer debt and more.

When these issues go unresolved, they can quickly spiral out of control. People can lose their homes, their livelihoods and even their children, simply because they cannot afford the legal help to enforce their rights. Fortunately, last year we helped almost 300 veterans avoid these terrible outcomes through the Veteran's Legal Advocacy Project.

For example, we recently helped a Vietnam-era veteran obtain Supplemental Security Income (SSI). Even though he had severe physical impairments and was hospitalized at the VA, the Social Security Administration claimed he was not disabled and denied him the assistance. Without the SSI benefits, the veteran could not afford housing. We represented the veteran at a hearing before the Social Security Administration; we won: He got his benefits plus back pay of \$14,152. These funds helped him obtain housing, leave the hospital and avoid homelessness.

Organizations like Legal Services of Greater Miami offer civil legal aid to those who cannot afford attorneys on their own. This includes critical legal work like defending evictions and foreclosures, and appealing denials of VA, Medicaid and disability benefits. The 50,000 veterans in Miami-Dade are an important part of the population we serve.

Unfortunately, too many veterans still go without the help they need. How can you help? If you know a veteran in Miami-Dade or Monroe County with a civil legal problem, refer them to the Veteran's Legal Advocacy Project. If you are a lawyer, volunteer to take a case. Or, support civil legal aid programs, like Legal Services of Greater Miami, which prevent veteran homelessness and ensure that veterans have access to the justice they fought to protect.

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7.2 - The Fayetteville Observer: [Sandhills State Veterans Cemetery to receive nearly \\$6M VA grant](#) (31 July, Drew Brooks, 439k uvm; Fayetteville, NC)

North Carolina has received nearly \$9 million in grants to help make improvements at two veterans cemeteries.

The Sandhills State Veterans Cemetery in Spring Lake and the Western Carolina State Veterans Cemetery in Black Mountain will benefit from the grants, according to officials with the N.C. Department of Military and Veterans Affairs.

The Sandhills State Veterans Cemetery, nestled between Spring Lake and Fort Bragg off N.C. 210, will receive the bulk of the funds, which are being provided by the U.S. Department of Veterans Affairs.

Officials said they will receive nearly \$6 million to fund an expansion of the cemetery, improve landscaping and build supporting infrastructure such as roadways.

The grants will not add more land to the cemeteries, said Angella Dunston, a spokeswoman for the N.C. Department of Military and Veterans Affairs. Instead, the money will help improve the cemeteries and develop further parts of the properties.

Without the grant money, Dunston said, the Sandhills State Veterans Cemetery was nearing capacity and could have run out of room within the next two years.

A nearby cemetery on Fort Bragg, the Main Post Cemetery, filled its capacity several years ago. There are 3,000 veterans and family members buried at the Fort Bragg cemetery.

The Sandhills State Veterans Cemetery, which was created from 50 acres gifted to the state from Fort Bragg in the late 1980s, has more than 6,000 graves, according to officials.

The nearly \$6 million grant for Sandhills State Veterans Cemetery will fund 2,240 pre-placed crypts, 362 in-ground cremated remains sites and 880 columbarium niches, in addition to roadways, landscaping and other infrastructure.

The project will serve the approximately 175,000 veterans and family members who are potentially eligible to be buried at the cemetery, Dunston said.

Larry Hall, the state secretary of Military and Veterans Affairs, said the grants to expand two of the state's four veterans cemeteries were a reflection of North Carolina's reputation for stewardship.

"We look forward to working with the General Assembly to ensure that the state is able to continue maintaining and improving these facilities in the future so that our deceased veterans and their families can be honored and given the respect they earned and so rightly deserve," Hall said.

The Western Carolina State Veterans Cemetery will receive about \$3 million for a smaller expansion, officials said. The grant would provide 1,300 pre-placed crypts, 564 in-ground cremated remain sites and 1,360 columbarium niches, officials said. Approximately 124,000 North Carolina veterans and their family members are eligible for burial in the cemetery.

Other state veterans cemeteries are in Jacksonville and Goldsboro.

"North Carolina is proud to be the most military and veteran friendly state in the nation and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina's congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones," Hall said.

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7.3 - The Daily Journal: [Addressing homelessness](#) (31 July, Jonathan Madison, 160k uvm; San Mateo, CA)

My first legislative assignment on Capitol Hill came within months after I was hired to the House Financial Services Committee's Subcommittee on Housing and Insurance. The subcommittee was tasked with drafting a bill that would effectively reduce the homeless population among at-risk youth: H.R. 32 — The Homeless Children and Youth Act.

Before we drafted the bill, we were asked to partner with the Department of Housing and Urban Development to participate in a survey of homeless persons. For three hours on a brisk night in November, we marched the streets of Washington, D.C., identifying and asking homeless individuals whether they attempted to find shelter at a HUD homeless facility. Our findings were astonishing. Most of these individuals did not know shelters were available, or were turned away altogether. Among the most memorable individuals, I can recall a veteran of World War II having lost everything after losing an ongoing battle with post-traumatic stress disorder. I recall a drug addict who had given up on rehab. Most vividly, I recall a woman suffering from severe depression following a divorce and losing custody of her two children. These individuals had simply lost their way, but were not out of reach.

After several months of working tirelessly on nights and weekends, we managed to draft and garner bipartisan support for the bill before it was brought before the committee for a vote. Awaiting the vote with a hopeful grin, I proudly stood behind the members of Congress with talking points in hand as they debated the fine points of the bill. To my surprise, rather than collaboratively working to fine-tune the bill, many of the members focused on political differences rather than finding consensus on policy for the greater good.

Discouraged by the bill's defeat, I solemnly returned to my desk, trashed my talking points and loosened the stiff knot on my suit tie. I learned a difficult lesson to grasp that day. Addressing homelessness is among the least of favorable issues for many legislators. Quite frankly, that is because it is always an issue for which leaders in politics will be criticized. Moreover, it is not a profit-driven issue, and thus is not strongly supported by special interest groups. The end result is a cohort of federal agencies tasked in part with overlapping and duplicative goals of addressing homelessness that ineffectively address the problem.

Consider the Department of Veterans Affairs, an agency that administers homeless assistance and services for our wounded heroes. The agency continues to face its own battles in trying to provide quick and effective shelter and treatment for veterans who need it most. Last year, the 15-member commission tasked by Congress to reform the U.S. Department of Veterans Affairs reported several deficiencies that, despite a significant increase in funding over the past two years, continue to plague the agency. Some of these deficiencies include "flawed governance," "insufficient staffing" and "inadequate facilities."

Some suggest that merely increasing state and federal funding is the cure-all to our homeless population. I would direct them the alarming discrepancy in the skyrocketing homeless population in the Bay Area and the money our state expended on addressing homelessness in the past fiscal year. In fact, the city of San Francisco funneled more than \$275 million on homelessness and supportive housing in the last fiscal year. Nevertheless, the homeless population continues to increase.

Consider the irony: One of the single most profitable places in our nation — the Bay Area — is also home to one of the single largest homeless populations. The problem is not merely a shortage in funding. The problem is in large part attributed to the lack of affordable housing here in the Bay Area. Don't take my word for it. The State Legislative Analyst's Office tells us that we need to build more than 100,000 new rental units per year to make room for the state's growing

population. The more housing units we build, the more residents will have affordable housing alternatives from which to choose. More affordable housing options would enable many undergoing financial hardship or facing a mental illness to outlast the battle and avoid falling into homelessness. Moreover, we must ensure that every tax dollar targeted to addressing the homeless population is efficiently used and accounted for.

I do not suggest that affordable housing is the solution for all homeless persons as many are in need of supportive housing, transitional and mental health facilities. Nonetheless, for those who are able-bodied, affordable housing would provide such persons with an opportunity for a fresh start. The bottom line is that, to address the homeless population, we must concurrently address the affordable housing shortage in our state. To that end, we must begin to implement the means of market-based solutions, rather than legislating or funding our way through the problem.

A native of Pacifica, Jonathan Madison worked as professional policy staff for the U.S. House of Representatives, Committee on Financial Services, from 2011-2013. [...]

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7.4 - Temple Daily Telegram: [Job fair focuses on veterans](#) (27 July, Janice Gibbs, 157k uvm; Temple, TX)

Plenty of veterans showed up for a job fair Friday at the Olin E. Teague Veterans' Medical Center.

Held quarterly, the job fairs, sponsored by the Therapeutic and Supported Employment Services, have been steadily growing.

Robert Lopez, vocational rehabilitation specialist, said about 40 vendors attended.

Veterans and their immediate family members were invited.

Temple Police Department, McLane Co. Warriors to Wheels, Trident Education, Texas Department of Public Safety, and Troops to Teachers, Verizon Wireless, and Caliber Collision and more companies, schools and organizations were represented at the fair.

The vendors know that their audience is going to be veterans, Lopez said.

"With the veterans you get honesty, flexibility and reliability," he said.

Christine Vela Nemetsky, project coordinator for Troops to Teachers, was at the fair.

"We offer veterans another opportunity to serve again," Nemetsky said. Veterans who decide to participate in the program fill out the application and are walked through the certification process, she said.

"We aren't the certification program, but we work with them, offering guidance counseling, and incentives that help pay for the certification," Nemetsky said.

It's a national program and once a veteran puts in the application for the Proud to Serve Again website they can choose the state they want to teach in.

Nemetsky participated in the Troops to Teachers program 28 years ago.

"I taught in Austin, then I went to Georgetown and then I was a principal in Round Rock," she said.

Larry McBride was representing Heavy Equipment College of America at the job fair.

"We're looking for a local recruiter," McBride said.

The college is looking at getting soldiers and others trained up for a five-year certification to drive heavy equipment, he said.

"This is our first time at this event; we were on Fort Hood yesterday," McBride said.

The jobs require hard work and McBride was looking for anyone who was willing to take the jobs on.

"It's not so much hard physical work, it's sitting on a seat for a long period of time and paying attention," he said. "Attention to detail is important. You can be a great worker or you can lose a \$1 million worth of stuff."

Cody Morris, a veteran in the therapeutic and supportive employment service, talked to McLane's Warriors to Wheels representative.

Morris' marriage took a turn for the worst in 2016 and he was furloughed twice while working as a government contractor, in 2013 and 2016, during the government sequestrations.

"My panic disorder sent me to the hospital and I spiraled all the way down to rock bottom," he said.

Morris said he came to the VA and put his life back together.

"I'm moving onward and upward," he said.

Morris is working as an electrician assistant in the supportive work services program.

"I get paid minimum wage, but it's therapy not employment," he said. "I'm putting together a life again. It's a whole different world from when I started and it's a vastly different world from where I was."

The next job fair will be Oct. 22.

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7.5 - Chillicothe Gazette: [Fresh off WrestleMania appearance, microwrestler Eric Smalls vows veterans at local show](#) (31 July, David Wysong, 154k uvm; Chillicothe, OH)

Veterans at the Chillicothe VA Medical Center were given a large show by a micro-performer over the weekend.

A group of eight professional wrestlers performed for the veterans Saturday afternoon, with Eric Smalls — who was in the WWE's WrestleMania 34 and stands at four-feet-six-inches-tall — being one of the headliners.

"It was like being a kid again," said Marine veteran Chuck Bowers. "My little brother and I used to watch, on the black and white TV, the old-time wrestling, and we used to holler and scream ... I got into hollering and screaming with these guys."

Smalls is no stranger to wrestling in Ohio as the former Whitehall Ram used to freestyle for them on the mat. Professional wrestling like the WWE and other similar programs have always been a big interest for Smalls, though, as he watched it growing up with his dad, and then eventually became a manager and going to professional wrestling shows at 14.

"My dad got me into wrestling when I was a child," Smalls said. "That was something that stuck with me, and when he passed away when I was six, back in 1993, I just kept watching it, watching it, and watching it. I would always go outside on the trampoline and wrestle. Wrestling was life."

Smalls then began wrestling at shows around the age of 20 and has been on the come up ever since. The culmination of all his work came in April, though, when the WWE asked him to be a part of WrestleMania 34.

"It was surreal [at WrestleMania]," Smalls said. "Seeing all the bright lights, seeing all the people that was going to be there. It was like a dream come true. To me, it was like I finally did it."

During Saturday's show in Chillicothe, Smalls was the good guy — also known in wrestling as the face — and he fought the villain, Little Bam Bam — referred to as the heel.

"[Smalls] had a good personality," said 34-year Navy and Army veteran Lowell Sparks. "He didn't really care what Bam Bam said or did, he was going to win no matter what — and he had the personality to go with it. I really liked that."

Wrestling for charity

Smalls has done various charitable shows in the past, so he was excited to perform for the veterans.

"They served our country, and they protected us and made us safe," Smalls said. "I [thought] it would be awesome to do a wrestling show for them and entertain them."

In return, the veterans immensely appreciated Smalls and the other wrestlers coming out.

"We appreciated that a lot," Bowers said. "It took a lot of us back, maybe to our childhoods or to a better time in our life."

The Columbus Chapter of the Knights of Columbus sponsored the event and sponsor various other activities for the veterans throughout the year.

"[Through] the collaboration with our community partners, like the Knights of the Columbus and the other organizations in the area, we're able to facilitate these types of activities and events for our nation's heroes," said Chillicothe VA Medical Center Voluntary Service Chief Gerardo Navarro.

The Knights of Columbus plan to sponsor the wrestling event again next year.

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7.6 - KPAC (NPR-90.1, Audio): [Their Last Fight: Filipino Veterans Make A Final Push For Recognition](#) (1 August, Dorian Merina, 77k uvm; San Antonio, TX)

During World War II, more than a quarter million Filipinos fought alongside American soldiers. Many are still awaiting the recognition promised to them.

Maximo Purisima Young was just 19 years old when he heard President Franklin D. Roosevelt call upon Filipinos to join American forces fighting in the Southeast Asian islands during World War II.

In a clandestine radio broadcast which aired throughout the Philippines, Roosevelt asked Filipinos to "stand firm" along with the U.S. and pledged to "keep that promise" of independence for the U.S. Commonwealth.

"When we heard that, all of us shouted," recalled Young, now 97. At the time of broadcast, he was camped alongside American troops - part of a remote force driven back by the well-armed Japanese army.

"All of us, Americans and Filipinos, were happy; we were shouting," Young said.

Young, a Filipino, spent part of the war on a boat, shipping critical supplies and troops through the treacherous waters around Manila. At one point, he was captured by the Japanese and later escaped. He went on to lead guerilla fighters on the island of Negros, working closely with U.S. forces as they planned their return. His service earned him a Silver Star from the Philippine government.

But when he applied to be recognized by the U.S. government after the war, he was denied.

"When you write for compensation, they tell you that our records are closed," said Purisima Young. "Really, it's frustrating. Very, very frustrating."

A Broken Promise

At least 250,000 Filipinos fought with American forces in World War II. After the notorious Bataan Death march in April 1942 and the withdrawal of most U.S. forces, the fight against the Japanese was left mostly to locals. Ordinary Filipinos hidden in the jungles and mountains led the resistance.

The toll was high: more than a million Filipinos died.

Roosevelt signed a presidential order in 1941 bringing all military forces in the Philippines under U.S. control. But after the war, in 1946, the U.S. Congress passed legislation that stripped recognition from Filipino soldiers. It was called the Rescission Act, and it explicitly barred "rights, privileges, or benefits" from most Filipinos who fought. That same year, the Philippines became an independent nation.

U.S. records, declassified in 1988, show that the military's attempt to document the service of Filipino troops was inadequate and incomplete. It became even more difficult after a 1973 fire destroyed millions of military records, including those of many Filipinos. Tens of thousands of Filipino fighters were shut out.

It's a dark legacy that, for many, continues today.

"They are almost at the end of their lives, and yet they are not receiving anything," said Perla Teves, the daughter of a Filipino veteran and an advocate in Manila with the Filipino War Veterans Foundation.

Out of the quarter-million Filipinos who fought in the war, only about 6,000 are still living in the Philippines, according to the Philippine Veterans Affairs Office, which estimates hundreds could be dying every month.

"All of them are sick, they are living in their twilight years," said Teves. "If the U.S. government still plans to give remuneration to these unrecognized World War II veterans, they better make it fast because time is running out."

A piecemeal approach to reform

Over the decades, the U.S. government has made a few efforts to address the issue. In 1990, President George H.W. Bush signed a law offering citizenship to some Filipinos. In 2009, the Obama Administration provided one-time payments to others: \$15,000 for U.S. citizens and \$9,000 for Filipino citizens. By the end of 2017, \$226 million had been awarded to more than 22,000 people. (Purísima Young was one of them.) But Department of Veterans Affairs records also show that more than half of the applicants who tried to qualify were denied.

The VA notes that some Filipinos do qualify for certain benefits, such as pensions and one-time compensation. And last year, Congress awarded Filipino veterans the Congressional Gold Medal, though the award, usually reserved for civilians, was mostly symbolic.

Critics say this reveals a problem in how the U.S. has addressed the issue: by avoiding a comprehensive approach.

"I think the opposition is primarily fiscal," said Democratic Senator Brian Schatz of Hawaii. He's sponsoring a bill that would recognize the last remaining Filipino veterans. The measure, co-sponsored by Republican Lisa Murkowski of Alaska, would extend recognition to all Filipinos who fought. It would also make it easier for them to prove their service.

Schatz does not yet have a cost estimate, but a more limited bill introduced in 2015 would have cost \$53 million in the first year, according to a Congressional Budget Office estimate.

"These soldiers fought under the American flag because they believed in our shared ideals," said Schatz. "They bled for us and for our ideals and they also fought with us with the understanding that they would be treated like American veterans."

Widows, children carry on the fight

Helen Balani, 87, can remember the heavy bombing near her home in Bukidnon, Mindanao, a southern island in the Philippines.

"We were always scared," she said, saying her parents would scramble to find the kids as planes roared overhead. "My mother shouted, 'Run!'"

At the time, her future husband, Ireneo Balani, joined other young Filipinos and fought as a guerilla in the mountains. He was later recognized by the Philippines government as a Scout, a division of local forces that helped guide U.S. troops through the dense mountainsides. He died in 2004.

Today, Helen Balani lives in Los Angeles in a cramped three-bedroom house she shares with five people, including her daughter and two other World War II widows.

"Our husbands fought with the American army side by side, shed blood together with the Americans during that time, and thousands of our people died together with the American people," said Balani.

As a widow, she receives 5,000 pesos a month from the Philippine government, or about \$100. But so far, she has been denied benefits from the U.S. Lately, Balani has had trouble making rent and fought an eviction notice.

"We are not trying to steal the money of America," she said. "We just want what is due to us."

Balani is not alone. In her neighborhood, known as historic Filipinotown, about a quarter of the Filipino families have a direct tie to a World War II veteran, according to Art Garcia, a community organizer and the national coordinator for Justice for Filipino American Veterans.

"That's the irony of it," said Garcia. "Imagine you fought for a war side by side with Americans and yet you're denied being an American veteran."

Garcia has been working to expand recognition for Filipinos for more than two decades. He said he sees the current legislation in the Senate as the final piece.

"If it is completed, America has paid its dues to the Filipinos," he said.

But he's worked long enough to know that passage is far from certain. The bill currently awaits action in the Senate's Veterans Affairs committee, and though it has garnered bipartisan support, the upcoming election season may make it tough for advocates to keep lawmakers' attention on the issue.

"We will continue fighting for benefits and for recognition," said Garcia. "We will not let up."

How much longer will they fight?

"As long as it takes," he said.

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7.7 - KBSU (NPR-90.3, Audio): [Finding A Solution For Idaho's Homeless Veterans](#) (31 July, Samantha Wright, 70k uvm; Boise, ID)

Many of our veterans come home from active military service to find a lack of resources to help them get settled back into civilian life. As rental prices soar, many veterans are on the verge of homelessness. We take a look at a new initiative that the City of Boise is putting together to find permanent housing for vets.

Further resources:

- Veteran's Homeless Hotline: 1-877-4AID-VET (1-877-424-3838)
- Veteran's Crisis Line: 1-800-273-8255 (Press 1)
- Boise VA Health Care for Homeless Veterans' Program: (208) 422-1000 Ext. 1039 or john.randall.va.gov

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7.8 - The Reporter: [Donation from Vacaville firefighters benefits Sacramento Valley National Cemetery Honor Guard](#) (31 July, Kimberly K. Fu, 67k uvm; Vacaville, CA)

Suited up in full uniform Tuesday, the Sacramento Valley National Cemetery Honor Guard gratefully cemented a partnership with members of another local outfit dedicated to service — Vacaville Firefighters Association Local 3501.

Thanks to a May fundraiser selling specially-designed camouflage shirts, Firehouse Subs in Vacaville donating a percentage of their proceeds and the Vacaville City Firefighters Charity Fund matching contributions, \$2,440 was presented to the honor guard.

"We thank you very much. This is going to go a very long way toward keeping us doing what we do," said Lu Pietrowski with the Honor Guard. "We appreciate everything you do and what you do is amazing."

The money will go toward uniforms, Pietrowski said. Volunteers are provided with a complete uniform, which is expensive. The outfit depends on donations.

Luke Iott, a firefighter/paramedic, came up with the idea to help the Honor Guard.

For the past several Memorial Days, firefighters have held fundraising efforts and donated the proceeds to various causes, advised Firefighter Dave Wonnell.

"We thought, what could we do not just for veterans, but for those who are still serving?" Iott remembered.

Then came the idea of the Honor Guard, who are all volunteers.

“They’re still serving our veterans and their families every day,” he said.

So in May, the union paid for the shirts, which were sold at Firehouse Subs, and the Charity Fund matched the donations.

Firefighter/Paramedic Randy Titus reminded fellow firefighters that Firehouse Subs also pitched in 15 percent of their food and drink proceeds, adding to the day’s take.

Wonnell added that the shirts were so popular they sold out twice.

Another fundraiser, complete with new shirts, is slated for October. The firefighters will be touting breast cancer awareness.

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7.9 - Muskogee Phoenix: [VA provides free care for Military Sexual Trauma](#) (1 August, Patricia Byrd, 63k uvm; Muskogee, OK)

Department of Veterans Affairs (VA) data reveals that about 1 in 4 women and 1 in 100 men veterans experienced Military Sexual Trauma, or MST, during their military service. This includes only veterans enrolled for VA health care.

MST is the term used by VA to refer to experiences of sexual assault or repeated, threatening sexual harassment. This includes any sexual activity where a servicemember is involved against his or her will, unable to consent to sexual activities or physically forced into sexual activities.

Research has shown that sexual trauma is more likely to cause Post-Traumatic Stress Disorder (PTSD) than any other type of trauma, including combat.

Servicemembers are more likely to experience PTSD symptoms due to MST than civilians. This can be the result of survivors being deployed far from family and social support and continued exposure to the offender if not reported. The servicemember may also experience a feeling of betrayal if the offender is a fellow servicemember.

Other common mental health issues include depression, anxiety, problems with drugs and alcohol, insomnia, nightmares, intense emotions, eating disorders, and feelings of detachment from others. This is not a complete list of symptoms and every individual responds differently.

Health problems related to MST can also include sexual difficulties, chronic pain, weight or eating problems, and/or stomach problems.

Fortunately, MST-related services are available at every VA medical center. Nationwide, there are more than 24 VA residential/inpatient programs that range from four to eight weeks.

Locally, the Eastern Oklahoma VA Health Care System has a specialty team and treatment program that provides services to those who experienced MST. Services include assessment, individual and group therapy, peer support and medication management.

All treatment for physical and mental health conditions related to experiences of MST is free. Veterans do not need to be service-connected. Veterans may be able to receive this benefit even if they are not eligible for other VA care.

If you have any questions about MST, please call Patricia Byrd, Ph.D., MST Coordinator, at (918) 577-3443.

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7.10 - Finger Lakes Times: [Canandaigua VA hosts retreat](#) (31 July, 53k uvm; Geneva, NY)

CANANDAIGUA – The Department of Veterans Affairs Medical Center, 400 Fort Hill Ave., recently hosted a women veterans retreat at the Equicenter.

Attended by 10 women, the event focused on self-care and strengthening the community of women veterans.

Activities included journaling, mindfulness activities, Reiki meditations and horsemanship.

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8. [Other](#)

8.1 - The Daily Caller (Video): [The Bible Trump's New Va Secretary Chose To Be Sworn In On Tells You Everything You Need To Know](#) (31 July, Benny Johnson, 12M uvm; Washington, DC)

President Trump swore Robert Wilkie in as Veterans Affairs secretary Monday at the White House.

Fixing the broken VA health system is a campaign promise Trump made in 2016 during the election. Trump has signed legislation allowing greater flexibility for veterans seeking health.

During the swearing-in ceremony, Trump said of Wilkie:

Robert Wilkie is the proud son of an Army veteran, an artillery officer raised on the base at Fort Bragg, North Carolina. That's a great place. On his daily walk to high school with the woman who is now his wife, he passed by the Fayetteville VA hospital, which bore the inscription: "The Price of Freedom is Visible Here." It made a big impact. It was a price Robert saw firsthand through his own father, who was gravely injured in combat during the Vietnam War.

Robert went on to serve as an officer in both the Air Force and the Navy, then as Assistant Secretary of Defense for Legislative Affairs, and as Under Secretary of Defense for Personnel and Readiness. Robert also serves with distinction as Acting Secretary of Veterans Affairs.

During the swearing-in ceremony, Wilkie produced a worn-looking Bible. The Bible had an incredible story to it, which Wilkie shared with his audience.

"The Bible that I will take my oath on reminds me of the 100th anniversary of the end of the war to end all wars," Wilkie said, referring to WW1, "It was a Bible taken into battle by my wife's grandfather who had probably never ventured beyond three or four counties in North and South Carolina. But by the time he was 18, he was marching up the Champs-Élysées into the cauldron of the Meuse-Argonne."

Wilkie continued, telling the story of ordinary Americans who fought gallantly in the war:

On another part of that battlefield was a young captain of field artillery — my great-grandfather — who left a small-town law practice in Cleveland, Mississippi, to join up with the All American Division, which, by the way, had a reluctant soldier, a scratch farmer from Pall Mall, Tennessee by way of Buncombe County, North Carolina, who would not only earn the Medal of Honor but go on to be the greatest hero of that war. Private Onslow Bullard, Captain A.D. Somerville, and Sergeant Alvin York — ordinary Americans called upon to do extraordinary things. It is their ... descendants whom we are honored to serve. Millions of ordinary Americans who have answered a special call for us.

Mr. President, I am humbled by your confidence. I am humbled by the prospect of serving those who have borne the battle, those American men and women who have sacrificed so much.

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8.2 - NBC News: [Trump silent on Mueller at Tampa rally](#) (1 August, Jonathan Allen, 9.6M uvm; New York, NY)

A key member of President Donald Trump's gallery of personal villains was missing when he campaigned here Tuesday night: special counsel Robert Mueller.

The federal prosecutor investigating the Trump operation's ties to Russia and possible obstruction of justice was noticeably absent from the president's stump speech on the day former Trump campaign chief Paul Manafort went on trial in Virginia.

Often, Trump invokes the probe — which he calls a "witch hunt" — to rally crowds at his political events. He also tweets frequently about the investigation, and about Mueller personally, and peppers official remarks with broadsides against both.

The heat of the Mueller probe has been turned up this week, both because of the start of the Manafort trial and because Trump has begun moving the goalposts on what might be considered criminal activity. While he used to say that "there was no collusion" between his team and Russia during the 2016 election, he switched this week to arguing that "collusion is not a crime."

And in previous legal battles — most notably, over his original travel ban policy — Trump has found his public statements can be used against him in court.

On Tuesday, as he campaigned in Florida for his own re-election and for Republican candidates, including current Gov. Rick Scott, who is challenging Democratic Sen. Bill Nelson, and Ron DeSantis, who is seeking the GOP's gubernatorial nod, he added nothing to the litany of complaints he has lodged against Mueller and the special counsel's legal team.

Trump played most of the rest of his greatest hits against perceived enemies: He called out House Minority Leader Nancy Pelosi, Rep. Maxine Waters, D-Calif., Sen. John McCain, R-Ariz., the "fake news" and people who don't like Christmas.

In some cases, his condemnations were false.

For example, he accused Democrats of opposing legislation he signed that makes it easier for officials at the Department of Veterans Affairs to be fired.

"If somebody treated our veterans badly ... you couldn't say 'You're fired,' he said. "Now you can say you're fired."

"We had no help — very little — from Democrats," he said. "Not because it's not right, but because they don't want to give Trump any victory."

The Senate passed the bill unanimously, and it was co-sponsored by Nelson, whom Trump campaigned against Tuesday night. In the House, it passed with 137 Democrats voting in favor and 54 voting against.

The issue is particularly poignant in Florida, which is home to more than 1.5 million veterans, and for Nelson, who served on active duty during the Vietnam War.

But the crowd here — as boisterous as any at a recent Trump rally — didn't seem to notice or care much about the details. Hours before Trump arrived, they chanted "C-N-N sucks." Later, they rewarded the president with rounds of "build the wall" and "lock her up" when he mentioned his push for a border barrier and his 2016 opponent, Hillary Clinton, respectively.

The only addition to the standard stump speech he's delivered across the country in recent weeks was the number 4.1 percent. That's the Commerce Department's tabulation of second-quarter GDP growth for the country, a four-year high. The number was rolled into Trump's standard rhetoric about the economy under his watch, including a robust stock market and low unemployment.

Those lines will become familiar to Americans over the course of the next few months, as Trump has promised to campaign for GOP candidates six or seven days a week between Labor Day and the midterm elections in November.

His next stop is Thursday in Wilkes-Barre, Pennsylvania — a state that, like Florida, he won narrowly in 2016.

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8.3 - PolitiFact: [Fact-checking Donald Trump's rally in Tampa with Ron DeSantis](#) (31 July, Katie Akin, John Kruzell, and Amy Sherman, 3.2M uvm; Saint Petersburg, FL)

At a campaign-style rally in Tampa, President Donald Trump threw his support behind Republican Congressman Ron DeSantis' bid to take the Florida governor's mansion.

DeSantis faces Agriculture Commissioner Adam Putnam in the Aug. 28 Republican primary. Multiple Democrats are also competing in a primary to succeed term-limited Republican Gov. Rick Scott, who is challenging Florida's only statewide elected Democrat, U.S. Sen. Bill Nelson.

Trump offered kind words for DeSantis and Scott, while he knocked Nelson for supporting the Affordable Care Act and for, in Trump's view, putting "criminal aliens over American citizens."

During the rally, Trump made several statements — many misleading or flat-out wrong — about Republican tax cuts, his popularity, progress on the U.S. border wall with Mexico, and trade. Here's our rundown (with a bit about what he got right at the end).

"They just came out with a poll, did you hear? The most popular person (in) the history of the Republican party is Trump! ... So I said, does that include Honest Abe Lincoln?"

To his credit, Trump is very popular among Republicans: His approval rating within his own party has ranged from 84 percent to 90 percent since mid April 2018. The latest Gallup data shows Trump currently enjoys an 87 percent approval rating from Republicans.

However, his claim is misleading on two grounds.

First, scientific opinion polls were first designed and deployed in 1935. That's 70 years after Honest Abe's assassination, so Trump's name-check of Lincoln is spurious.

Second, as we noted in a previous fact-check, Trump's approval rating at this point in his presidency ranks roughly in the middle of the post-World War II Republican presidents. Using alternative measurements — including his highest rating during his entire tenure — his support among Republicans was actually worse than every post-war Republican president except for Gerald Ford.

"In some states, Democrats are even trying to give illegal immigrants the right to vote."

Giving undocumented immigrants the right to vote has been limited to some municipal elections. The right does not extend to federal office, by law.

Currently no states allow non-citizens to vote in state elections. There are a handful of localities that allow it for local elections or even more specifically school board elections, including San Francisco, Chicago (school board), and a handful of Maryland cities, said University of Kentucky law professor Joshua A. Douglas.

A few cities in Massachusetts have passed or are debating local laws to allow non-citizens to vote in local or school board elections. But Massachusetts law requires the state Legislature to approve these local expansions of the right to vote.

Starting in the 2018 November elections, non-citizens in San Francisco will be allowed to vote for board of education members. Takoma Park, Md., in 1992 adopted a measure permitting non-citizens to vote in city elections. Some other Maryland cities including College Park also allow non-citizens to vote in city elections. But non-citizens in those cities cannot vote in other elections.

The Illegal Immigration Reform and Immigrant Responsibility Act of 1996 states it's unlawful for noncitizens to vote for candidates seeking federal offices, such as the presidency or a seat in

Congress. But it's not illegal for noncitizens to vote for local offices if it's allowed by a state constitution, statute or local ordinance.

"By the way, outside, if you want to go, we set up for the first time a tremendous movie screen, because we have thousands and thousands of people outside that couldn't get in."

Trump's claim is not true, per a reporter stationed outside the venue.

According to the Tampa Bay Times, "There were no massive TV screens and no JumboTrons outside of the Trump rally in Tampa on Tuesday, like President Donald Trump said there was."

The president's claim that there were "thousands and thousands of people outside that couldn't get in" also appears to exaggerate things. The Times placed the figure in the hundreds. It also noted the presence of some "150 protesters and counter protesters."

"We've taken the toughest ever actions in response to China's abusive trade practices. ... This has been too many years of abuse. \$500 billion a year, \$500 billion."

Trump overstated the United States' trade deficit with China — by no small sum.

A country's trade balance is the difference between the value of its imports and exports. When imports outstrip exports, a trade deficit results.

In 2017, the value of Chinese goods imported to the United States exceeded American goods exports to China by roughly \$375 billion. Over that same period, the United States actually ran a \$38.5 billion surplus on services trade with China.

Overall, in terms of both goods and services, the United States trade deficit with China in 2017 was around \$336 billion. So Trump is off by roughly \$164 billion.

"We've already started the wall. We've got \$1.6 billion and we've started large portions of the wall."

It is misleading to state that the work has already started on the type of wall he promised during the campaign.

Trump has secured \$1.57 billion for barriers along the southwest border — advancing his promise to secure the border but falling significantly short of his desired \$25 billion for a promised border wall.

The \$1.6 billion authorized by Congress allows for the replacement of the old fencing, but not for the construction of any sort of concrete wall prototype as Trump requested.

The projects underway include arrays of steel posts, between 18 and 30 feet high, that allow border patrol agents to see through. The planning for at least some of these projects, which will replace shorter scrap metal fencing, started long before Trump ran for office. Congress agreed to pay for them under Trump's administration.

"Every day, the brave men and women of ICE are liberating communities and towns from savage gangs, like MS-13, that are occupying our country like another nation would."

Trump's far-reaching assertion lacks evidence.

The use of "liberating" suggests that communities had been under the rule or full control of the MS-13 gang. But neither the White House or ICE have named such towns. Experts on sociology and gang research have told PolitiFact they were unaware of U.S. towns that have been wholly controlled by the gang. They said Trump's wording sounded like politically charged hyperbole.

MS-13 targets immigrant communities and has a large presence in New York, Virginia, and the Washington, D.C., metropolitan area. ICE investigators have arrested hundreds of MS-13 gang members.

Trump said that prior to a June 2017 law, "if somebody treated our veterans badly ... we couldn't do anything about it. ... Now you can say you're fired."

Trump's claim greatly exaggerates the impact of the Veterans Affairs Accountability and Whistleblower Protection Act, a bipartisan bill he signed into law in June 2017.

The measure is designed to make it easier to fire underperforming workers at the Department of Veterans Affairs. It created new protections to shield whistleblowers from retaliation, and quickens the process for removing problem employees.

But the notion that it was impossible to fire VA workers prior to the legislation is simply wrong.

An analysis of federal government employment data by our friends at FactCheck.org found a 27 percent increase in the number of firings after the law's passage. However, that analysis also showed that the VA fired an average of 2,300 employees annually prior to Trump taking office.

"We passed the biggest tax cuts and reform in American history. Biggest cuts in history."

There's no question that the tax bill Trump signed is a significant piece of legislation. But even by estimates most favorable to the president, we found the Trump tax cut is exceeded in size by other historical examples.

In inflation-adjusted dollars, the recent tax bill is the fourth-largest since 1940. And as a percentage of GDP, it ranks seventh.

Some of Trump's talking points were accurate:

Gross domestic product grew by 4.1 percent last quarter.

Roughly 3.7 million jobs have been added since Trump's election in November 2016.

Hispanic unemployment rates are at an historic low.

African-American and Asian unemployment rates reached their lowest levels in May 2018, though both rates have gone back up slightly since then.

The United States is a net exporter of natural gas for the first time in 50 years.

More than 100 utilities cut their rates after the tax bill passed.

The United States is in the longest positive job growth streak in history. (The streak that started under President Barack Obama's watch.)

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8.4 - Patch.com (Hillsborough): [Somerset Doctor Gets 20 Months For Defrauding Veterans Affairs](#) (31 July, Alexis Tarrazi, 1.2M uvd; New York, NY)

SOMERSET, NJ — A cardiologist from Somerset was sentenced Tuesday to 20 months in prison for defrauding the Veterans Affairs program more than 350 times by billing for services he never performed, U.S. Attorney Craig Carpenito announced.

Apostolos Voudouris, 44, previously pleaded guilty in August 2017 before U.S. District Judge William H. Walls in Newark federal court to an information charging him with health care fraud.

Voudouris also entered into a civil settlement agreement with the government, under which he will pay \$476,460 to resolve the government's claims under the False Claims Act.

Voudouris, a physician specializing in cardiology and electrophysiology, began providing services to eligible veterans at the Veterans Affairs Medical Center in East Orange, pursuant to his contract with the Department of Veterans Affairs (VA) in 2006.

On more than 350 occasions between 2011 and 2015, Voudouris claimed he performed procedures he had not actually performed. By doing so, Voudouris fraudulently received \$238,230 from the VA, he admitted.

In addition to the prison term, Walls sentenced Voudouris to two years of supervised release and fined him \$7,500. As part of his plea agreement, Voudouris must pay restitution of \$238,230 to the VA in addition to the \$476,460 civil settlement, for a total of \$714,690.

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8.5 - The American Conservative: [Veterans Hit a Breaking Point With Trump](#) (31 July, Mark Perry, Washington, DC)

There are hundreds of local, state, and national organizations representing veterans, but there are only four that really matter: the American Legion, Disabled American Veterans, the Veterans of Foreign Wars (VFW), and the newest, the Iraq and Afghanistan Veterans of America (IAVA). These organizations are the 400-pound gorillas of the veterans movement: they have the numbers, power, and money, and they know how to throw their weight around. So it is that candidates scramble for the veterans' vote by targeting this quartet, meeting with their local chapters, state conferences, and national conventions—like the VFW's recent confab in Kansas City where last Tuesday Donald Trump appeared to what he thought would be a raucous welcome.

It wasn't.

While the cameras focused on a crowd that seemed composed of over-the-top Trumpinistas, a number of those attending the speech say there was a more tepid response to his message

than the cameras captured—and a much more uneven reception to his patented call-out of the assembled media. Trump’s press attack came in the midst of a defense of his trade policies, which had recently been blamed for costing jobs and dampening farm profits. Trump is nothing if not a counter-puncher, so halfway into his speech he turned to the subject of international trade.

“Oh, folks,” he intoned, “stick with us, stick with us,” and then pointed to the back of the room and the members of the media. “And don’t believe the crap that these people, the fake news...” and he left it at that. There were boos in the room, and some in attendance turned to the cameras. This was red meat for Trump: “I mean, I saw a piece on NBC today. NBC—not just CNN,” he said, continuing: “CNN is the worst...but I saw a piece on NBC—it was heart-throbbing. They were interviewing people—they probably go through 20, and then they pick the one that sounds like the worst. But they went through a group of people. In fact, I wanted to say, ‘I got to do something about this Trump,’” the president joked. The crowd laughed and the boos persisted.

It was a moment the VFW would like to forget, for even as Trump moved on, worries about the incident were rippling through the VFW’s leadership. “It wasn’t courteous and it’s not the way our organization treats our guests,” Joe Davis, the VFW’s director of public affairs, said in a telephone interview. Davis also soft-pedaled the crisis that it caused in the VFW leadership, explaining that this wasn’t the first time that a presidential appearance had generated controversy. But there is, of course, another side to the story. “The fact is that not everyone in the room booed,” a veteran who watched the Trump speech told me. “There were people there who just sat on their hands. That’s the truth. You should print that.”

Davis didn’t disagree, but he steered clear of the topic: “It was an unfortunate incident,” he said, “but I wouldn’t want to guess who booed and who didn’t. I’ll just repeat: the media were there as our guests and it’s our job to be good hosts.” Davis then pointed out that VFW spokeswoman Randi Law had issued an apology on behalf of the organization almost immediately after Trump finished his remarks. “We were disappointed to hear some of our members boo the press,” Law said. “We rely on the media to help spread the VFW message, and CNN, NBC, ABC, FOX, CBS, and others on site today were our invited guests. We were happy to have them there.”

In fact, as any number of veterans’ advocates point out, the VFW leadership was particularly sensitive to the boos because they know it was the press that made the treatment of veterans an issue in the 2016 campaign, which Trump used to fuel his populist message. In February 2007, The Washington Post published an expose by Dana Priest and Anne Hull of the shoddy treatment of combat veterans at Walter Reed Army Medical Center. When I mentioned the Priest-Hull story to Davis, he leapt on it: “And that’s not the only one like that,” he said. “Don’t forget the Arizona Republic’s series on the wait times at the VA Medical Center in Phoenix”—a front-page scandal that roiled the Obama administration, spurred calls for widespread reforms of the Veterans Administration, and cost VA Secretary Eric Shinseki his job.

Which is why the booing in Kansas City was a hot topic in Washington and the subject of a high-profile Martha Raddatz piece in The Washington Post on the day following Trump’s Kansas City appearance. Raddatz, a highly respected defense reporter, called out the VFW. “Have those veterans who booed and taunted the media in response to Trump’s cue forgotten that some members of the press corps are combat veterans?” she asked. “Have they forgotten that there are members of the press who continue to cover the military after suffering life-altering injuries while at the side of our courageous service members? Have they forgotten that since the wars

in Afghanistan and Iraq began, hundreds of journalists have given their lives for their work, many times while reporting from U.S. war zones?”

Meanwhile, at least part of the reason that a large number of VFW members decided not to boo the press in Kansas City is because they know that during the Iraq war Donald Trump was nowhere to be seen. Then, too, many VFW members—“I would say about half of them,” Joe Davis told me—are veterans of the Vietnam conflict in which Trump did not serve. More bluntly, while many in the audience in Kansas City had been slogging through Vietnam’s jungles, Donald Trump was sitting at home with bone spurs.

In one sense it’s not a surprise that some VFW members would support baiting the media. After all, two out of every three veteran votes in the 2016 election went to Trump. The VFW also has a reputation for being the nation’s most conservative veterans’ organization. Back in 2016, the VFW pointedly took on Trump nemesis Barack Obama who, in a speech in Elkhart, Indiana, suggested that conservatives were seeding conspiracy theories and political falsehoods “on cable news stations, on right-wing radio,” as he phrased it. “It’s pumped into cars and bars and VFW halls all across America, and right here in Elkhart.” The VFW responded with an angry statement. “I don’t know how many VFW Posts the president has ever visited,” the organization’s national commander said, “but our near 1.7 million members are a direct reflection of America, which means we represent every generation, race, religion, gender, and political and ideological viewpoint.”

But what was true for 2016 is true still: veterans don’t like being lectured to by Trump or anyone else—and particularly when it comes to the VA’s medical services, what Vietnam combat medic Wayne Smith calls “the third rail of veterans’ politics.” “There’s real worry among veterans’ groups that Trump wants to privatize the VA,” he says. “That would be betrayal number one. It’s the one issue that could bring the veterans’ community together, that would unite it.”

Smith, a life-long veterans’ advocate, is a member of the board of directors of Iraq and Afghanistan Veterans of America (IAVA), which is non-partisan but leans more progressive. Smith noted that even after the VFW shifted the venue of the president’s speech from the convention center to a smaller auditorium, the president was still greeted by plenty of empty seats. “I think that veterans are starting to see who this man really is,” he told me by telephone, “and they’re beginning to worry. For a lot of veterans, this is about the oath we took—to preserve, protect, and defend the constitution. We’ve reached a limit. A lot of veterans take the president’s rhetoric at face value, but a lot less so now than before. And not on Russia, not on the VA—and not on the press.”

There is little question that Trump views his VFW appearance as a triumph, confirming that his support among America’s veterans is solid. But that is clearly not the case: for all those who booed the press at Trump’s urging, there were others who decided to be elsewhere, or to remain silent. When future political historians determine when Trump’s base “reached its limit,” they are likely to cite last Tuesday as that moment. In which case, history will confirm what is now becoming obvious: Kansas City wasn’t a triumph, it was a mistake.

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Veterans Affairs Media Summary and News Clips

2 August 2018

1. [Top Stories](#)

1.1 - People: [Legendary 'Black Hawk Down' Warfighter Campaigns to Defeat Opioid Addiction Among Veterans](#) (1 August, Susan Keating, 43.5M uvm; New York, NY)

A legendary warfighter who was made famous in the 2002 film, *Black Hawk Down*, is now engaged in a campaign to defeat an insidious national enemy: opioid addiction. Former Delta Force operator Norman Hooten, who fought in the brutal 1993 Battle of Mogadishu, is using his freshly earned doctorate of pharmacy to help patients at the Veterans Administration.

[Hyperlink to Above](#)

1.2 - Military.com: [VA: Science Doesn't Support Agent Orange Claims from 'Blue Water' Vets](#) (1 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs opposed a bill Wednesday that has overwhelming bipartisan support in the House and Senate to extend Agent Orange health care and disability benefits to "blue water" sailors who served offshore during the Vietnam War. "The science is not there" to show that the freshwater systems of Navy ships were contaminated by dioxin from Agent Orange defoliants widely used in Vietnam, said Paul Lawrence, the undersecretary for benefits at the VA's Veterans Benefits Administration.

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1.3 - Military Times: [VA officials push back on Congress' blue water Navy benefits fix](#) (1 August, Leo Shane III, 2.1M uvm; Springfield, VA)

Veterans Affairs officials strongly opposed legislative plans to extend disability payouts to roughly 90,000 veterans who claim exposure to Agent Orange during the Vietnam War, saying the move could set a problematic precedent for future benefits awards. The science is not there, and what we do depends upon science," said Paul Lawrence, under secretary for benefits at the Department of Veterans Affairs.

[Hyperlink to Above](#)

1.4 - Stars and Stripes: [VA raises opposition to bill extending benefits for Blue Water Navy veterans](#) (1 August, Nikki Wentling, 1.5M uvm; Washington, DC)

Department of Veterans Affairs officials urged senators Wednesday to vote against legislation that would extend VA benefits to sailors who served off the coast during the Vietnam War and claim their illnesses were caused by exposure to Agent Orange. Paul Lawrence, the VA's new undersecretary of benefits, told the Senate Veterans' Affairs Committee insufficient evidence exists to link the veterans to Agent Orange exposure.

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1.5 - Stars and Stripes: [Memo: VA finds 'deteriorating' conditions at DC hospital](#) (1 August, Nikki Wentling, 1.5M uvm; Washington, DC)

After being deemed high risk in January, the flagship Department of Veterans Affairs hospital in Washington has continued to deteriorate in quality during the first six months of 2018. The hospital was designated "critical" and its performance is under administrative review, including possible changes of leadership, according to a memorandum sent to the D.C. hospital July 17 from Carolyn Clancy, then executive in charge of the Veterans Health Administration.

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1.6 - The Morning Call: [Veterans Affairs blew \\$10 million on needless medical exams](#) (1 August, Paul Muschick, 2.1M uvm; Allentown, PA)
don't know many people who like going to the doctor. Most of us go only when it's necessary. You probably wouldn't be happy if you were told you needed an exam and after you were questioned, poked and prodded, found out the visit wasn't necessary after all.

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1.7 - FedScoop: [VA takes first steps to modernize central VA.gov website](#) (1 August, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)
The Department of Veterans Affairs is working to become "the first federal agency to deliver a digital experience on par with the private sector" and needs contractor help with a piece of its broad VA Digital Modernization effort. Specifically, the agency wants to revamp VA.gov as a user-friendly and modern website where veterans can easily find the services they need in a "single customer-focused homepage."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - WJAX (CBS-47)/WFOX (FOX-30, Video): [New VA clinic 'great news' for Jacksonville area veterans](#) (1 August, Ryan Nelson, 443k uvm; Jacksonville, FL)
Rep. Ted Yoho announced on Wednesday a new VA clinic is in the works for Clay County. Yoho tells Action News Jax the county is home to about 29,000 veterans. Some Clay County veterans tell us they spend hours on the road to get to the doctor. Soon they may be able to get to the doctor in a matter of minutes.

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4. [Focus Resources More Efficiently](#)

4.1 - U.S. News & World Report (AP): [West Virginia Gets Grant to Train Veterans in Agriculture](#) (2 August, 23.9M uvm; Washington, DC)
West Virginia has been awarded a \$400,000 federal grant to provide agriculture training for military veterans. The state Department of Agriculture says in a news release the grant from the U.S. Department of Veterans Affairs aims to improve veterans' health.

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4.2 - WFED (AM-1500, Audio): [Former VA worker convicted of defrauding disabled veteran](#) (1 August, Eric White, 854k uvm; Washington, DC)
A former Veterans Affairs Department field examiner was convicted of defrauding a disabled veteran and attempting to steal nearly \$700,000. Prosecutors said that while working in

Tennessee, Kenneth Devore convinced the victim to draft a will and then inserted himself into it as his sole beneficiary.

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4.3 - WTVF (CBS-5, Video): [VA Sending Home 'Overdose Kits' With Veterans](#) (1 August, Kyle Horan, 854k uvm; Nashville, TN)

In an effort to prevent overdoses, the VA Tennessee Valley Healthcare System is sending home kits that include Naloxone and a guide how to use it. With no charge to the veteran, the VA sends two nasal sprays to stop an opioid overdose. Since 2014, the VA has prescribed 4,000 of these kits.

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4.4 - FedSmith: [Former VA and OPM Employee Convicted of Fraud](#) (1 August, Ian Smith, 276k uvm; Washington, DC)

The Justice Department recently announced that a former employee of both the Department of Veterans Affairs and the Office of Personnel Management has been convicted of fraud.

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4.5 - Bloomberg Government: [Wilkie Takes Over at Veterans Affairs After Shuffle at Top](#) (1 August, Megan Howard, 197k uvm; Washington, DC)

Robert Wilkie was sworn in as secretary of Veterans Affairs at the White House today, ending four months of temporary leadership at the second largest federal agency. “Hundreds of thousands of people counting on you,” President Donald Trump said to Wilkie at the swearing-in. “It’s a tough job but it’s a beautiful job.”

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4.6 - Troy Daily News: [V.A. doctor meets veterans](#) (1 August, Cody Willoughby, 29k uvm; Troy, OH)

The Miami Valley Veterans Museum hosted Dr. Thomas Hardy, chief of staff at the Dayton Veteran Affairs Medical Center, at their monthly veterans’ breakfast on Wednesday morning. In a presentation, Hardy discussed the early days of the V.A.’s establishment, including the V.A.’s founding in 1865, when President Abraham Lincoln took action with Congress to authorize the first-ever national asylum for discharged members of the Union Army and Navy forces.

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4.7 - Williamson Daily News: [Beckley VA to host Mental Health Summit](#) (1 August, 24k uvm; Williamson, WV)

The Beckley VA Medical Center will host a Mental Health Summit highlighting recent advances in improving veterans’ care. The summit will take place at the National Mine Health & Safety Academy from 8 a.m.-4:30 p.m. Thursday, Aug. 9.

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4.8 - Outer Banks Sentinel: [Veterans Post: VA links with national cancer institute](#) (1 August, Freddy Groves, 23k uvm; Nags Head, NC)

A recent move by the Department of Veterans Affairs will allow seriously ill veterans to access a wider range of cancer treatments. The VA has just hooked up with the National Cancer Institute. The program is called NAVIGATE, standing for NCI and VA Interagency Group to Accelerate Trials Enrollment. Those trials will be held at 12 VA sites across the country, with the facility in Boston serving as the coordinating center.

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5. [Improve Timeliness of Service](#)

5.1 - Military.com: [Redding, California VA Clinic Stays Open Despite Nearby Wildfires](#) (1 August, Richard Sisk, 9M uvm; San Francisco, CA)

A Northern California VA clinic has shut down a threatened headquarters annex and installed air purifiers at its main facility to guard against smoke from wildfires raging nearby. The staff at the administrative annex of the Redding, California, outpatient clinic was evacuated when the fires got too close, but the two main facilities, which serve about 800 veterans daily, remain open, VA Northern California Health Care System officials said Tuesday.

[Hyperlink to Above](#)

5.2 - WTSP (CBS-10, Video): [Legislation for burn pit veterans filed following 10News reports](#) (1 August, Liz Crawford, 1.5M uvm; Saint Petersburg, FL)

Congressman Gus Bilirakis has filed a bipartisan bill intended to help veterans suffering from burn pit exposure. The U.S. Department of Veterans Affairs currently does not recognize toxic burn pit exposure as a contributor to various respiratory illnesses vets face.

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5.3 - DVIDS: [Omaha staff ensures life quality continues through O&P Clinic](#) (1 August, Jennifer Scales, 1.3M uvm; Atlanta, GA)

Let's talk about the letters 'O and P'. Orthopedics and prosthetics, to be exact. For many Veterans, especially those seen in the Nebraska-Western Iowa Health Care System, those letters have allowed them to continue with their lives, whether they have lost their natural limbs in service to this country or suffer from a medically related condition which caused the loss.

[Hyperlink to Above](#)

5.4 - McClatchy: [Government officials raise questions about Blue Water Veterans benefits](#) (1 August, Christine Condon, 1.1M uvm; Washington, DC)

Department of Veterans Affairs officials said Wednesday "the science is not there" to provide Blue Water Navy Veterans with disability benefits. The House unanimously passed a bill last month establishing those long-sought benefits. The Senate has yet to act. But the legislation could set in motion the "uncontrolled demands" on the VA, said Paul Lawrence, the agency's undersecretary for benefits.

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5.5 - WFLA (NBC-8, Video): [Veterans hope burn pit bill will provide V.A. health care and disability benefits](#) (1 August, Steve Andrews, 692k uvm; Tampa, FL)

Veterans are praising new legislation that, if passed, will provide immediate VA health care and disability benefits to service members exposed to toxic fumes from burn pits. Following several reports by 8 On Your Side on the burn pit issue, Rep. Gus Bilirakis (R)-Florida announced he has introduced into Congress the "Protection for Veterans' Burn Pit Exposure Act of 2018."

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5.6 - KIRO (CBS-7, Video): [Homeless quadriplegic veteran living outside VA struggles to get healthcare](#) (1 August, Deedee Sun, 680 uvm; Seattle, WA)

A Navy Vet who is a quadriplegic has many health care needs. But he -- and the people trying to help him -- say the VA hospital in Seattle continues to reject him for care. Mike Mikesell is 49 years old. He's a Navy veteran who was honorably discharged, according to a document from the Department of Veterans Affairs office.

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5.7 - Waco Tribune-Herald: [Letters: Praise for veteran George Reamy's column and Murray Watson's educational legacy](#) (1 August, Dan Dayton, 193k uvm; Waco, TX)

Yep, ol' George Reamy got it right in his Sunday column regarding the U.S. Department of Veterans Affairs and other mysteries. There really is no figuring the VA.

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5.8 - The Grand Island Independent: [Veterans home move a hardship on family](#) (1 August, Cathy Howard, 191k uvm; Grand Island, NE)

Fred Northup, or the "Wizard of Ruby Street" as we know him at Grand Island Central Catholic, is in the last stages of dementia at the veterans home. Donna, his wife of 70 years, is the only person on earth he recognizes. Every day she comes to the vets home.

[Hyperlink to Above](#)

5.9 - State of Reform: [Collaborative addresses the unique mental health needs of fire survivors](#) (1 August, Marjie High, 40k uvm; Lynnwood, VA)

As the horrendous Carr and Ferguson fires continue to rage, an initiative in Sonoma County is looking to address the mental health needs of survivors with the newly founded Wildfire Mental Health Collaborative (WMHC).

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5.10 - Tillamook Headlight Herald: [New study targets Tillamook veterans](#) (1 August, Brad Mosher, 31k uvm; Tillamook, OR)

Tillamook has a rare opportunity to help shape the future of veterans' care, according to Bill Hatton, county veterans services officer. Researchers based in Portland's Veterans Affairs Medical Center will be looking for volunteers for a study on aging Aug. 3 in the third floor conference room of the Tillamook Regional Medical Center.

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6. [Suicide Prevention](#)

6.1 - KSL (NBC-5, Video): [Hatch, Stewart bill for national three-digit suicide prevention hotline awaits president's signature](#) (1 August, Dennis Romboy, 9.4M uvm; Salt Lake City, UT)

A bill two Utah Republicans pushed to create a three-digit telephone number — similar to 911 — for the national suicide prevention hotline is headed to the president's desk. Sen. Orrin Hatch and Rep. Chris Stewart were among lawmakers who introduced the legislation in May 2017. The Senate passed it last November before the House approved a slightly amended version last week. The Senate unanimously passed the amended bill Wednesday.

[Hyperlink to Above](#)

6.2 - Daily Press: [Renewing efforts to address mental health](#) (1 August, Editorial Board, 863k uvm; Newport News, VA)

Society is taking steps to better identify and treat mental health issues, although we are far from the finish line. Health includes more than just our obvious physical well-being. When we injure ourselves, it's evident in a bump, bruise or broken bone. But we all must consider and evaluate our mental health as well.

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6.3 - WBSM (AM-1420): [Smartphones Can Automatically Dial The Veterans Crisis Line](#) (1 August, Kristen Pacheco, 10k uvm; Fairhaven, MA)

The VA has just announced an important tool for helping to battle Veteran suicide - an immediate response from SIRI. In 2013, the VA released a study that said roughly 22 veterans die by suicide per day. The ongoing effort to help reduce the number of veteran suicide has finally lead to the use of smartphone technology.

[Hyperlink to Above](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - People: [This 94-Year-Old Vet Is Going for Gold in the Wheelchair Games: 'I'm Gonna Do My Doggone Best!'](#) (1 August, Jason Duaine Hahn, 43.5M uvm; New York, NY)

At 94 years old, Doris Merrill still remembers the first time she used her motorized wheelchair to outrace other seniors at the National Veterans Wheelchair Games, nearly two decades ago.

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7.2 - WJAR (NBC-10, Video): [Coins continue to disappear at Marine's grave, mother says](#) (2 August, Ashley Cullinane, 862k uvm; Cranston, RI)

Military tokens and coins at a young Marine's gravestone have been disappearing, his mother said. Becket Kiernan was just 18-years-old when he died in February from necrotizing fasciitis, an aggressive bacterial disease.

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7.3 - Daily Journal: [A veteran's search for home ends here](#) (1 August, Jacob Scott, 193k uvm; Park Hills, MO)

Teresa Curry joined the Air Force as a young woman, working initially with air-to-air and air-to-surface missiles. "I went into the service pretty much right after high school," Curry said. "I got

out after four years, got a halfway decent job in Tampa, then the plant I was working at closed. Then I went back into the service at my previous rank and stayed in for about six years.”

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7.4 - The Telegraph: [VA soon to limit burials at Alton National Cemetery to ‘second interments’](#) (1 August, Linda N. Weller, 160k uvm; Alton, IL)

The U.S. Department of Veterans Affairs will be halting “first interments” at Alton National Cemetery soon, the agency announced Wednesday. “The National Cemetery Administration (NCA) does not own land within adjoining Alton Cemetery, and the remaining available gravesites at the historic half-acre site (Alton National Cemetery) are expected to deplete before March 2019,” a VA press release says.

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7.5 - Tampa Bay Newspapers: [Pinellas Business News: Bay Pines VA to host veterans job fair](#) (1 August, 67k uvm; Seminole, FL)

The Bay Pines VA Healthcare System will host a job fair Thursday, Aug. 2, 5 to 8 p.m., in the J.C. Cobb room located in building 100 of the C.W. Bill Young VA Medical Center, 10000 Bay Pines Blvd., St. Petersburg.

[Hyperlink to Above](#)

8. [Other](#)

8.1 - NJ.com (The Jersey Journal): [Doctor sentenced to prison for scamming federal veterans program](#) (1 August, Gianluca D’Elia, 9.4M uvm; Newark, NJ)

A cardiologist who pleaded guilty to scamming the federal Department of Veterans Affairs was sentenced to 20 months in prison, the U.S. District Attorney’s office announced Tuesday. Apostolos Voudouris, a Somerset physician who specializes in cardiology...

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8.2 - Lane Report: [VA to rename Lexington campuses in honor of two Iwo Jima veterans](#) (1 August, 33k uvm; Lexington, KY)

Two Central Kentucky Marines who served at Iwo Jima will be honored next week as the Lexington VA Health Care System renames its campuses in their memory. The Leestown Division will be renamed in honor of Franklin R. Sousley of Flemingsburg, and the Cooper Division will be renamed in honor of Troy Bowling of Lexington. The ceremony will be at 9:30 a.m. on Thursday, Aug. 9 at the Leestown Road campus.

[Hyperlink to Above](#)

1. [Top Stories](#)

1.1 - People: [Legendary 'Black Hawk Down' Warfighter Campaigns to Defeat Opioid Addiction Among Veterans](#) (1 August, Susan Keating, 43.5M uvm; New York, NY)

A legendary warfighter who was made famous in the 2002 film, *Black Hawk Down*, is now engaged in a campaign to defeat an insidious national enemy: opioid addiction.

Former Delta Force operator Norman Hooten, who fought in the brutal 1993 Battle of Mogadishu, is using his freshly earned doctorate of pharmacy to help patients at the Veterans Administration.

“Norman Hooten’s dedication and commitment to serving his fellow veterans is what VA is all about,” says newly installed VA Secretary Robert Wilkie, in one of his first statements to the media after being sworn into office.

At age 57, retired Army Master Sergeant Hooten arrived at his new career the hard way, through personal loss. Two men who served with Hooten in Mogadishu survived the battle, only to later die from issues related to substance abuse.

“It really gutted me,” Hooten told PEOPLE. “I had deep love and respect for those guys. Losing them was hard for me to accept.”

The turmoil led Hooten to return to a pursuit he suspended years earlier.

In August 2001, Hooten retired from the Army, which he loved being a part of. His wife, Bonnie, suggested he try her own line of work as a pharmacist. The newly civilian Hooten began pharmacy school. A month later, in response to the September 11 attacks, he was recalled to active duty. He later converted to doing government security work.

“I felt like we all needed to do something,” Hooten said. “It was my way of putting my life on hold and helping.”

While working overseas, Hooten saw drug use among contractors — and his own battle buddies, who died.

Combat death is tragic, but understandable, Hooten says. Drug-related loss is not.

“When they come home and die of opioid overdose, I couldn’t wrap my head around it. I started to realize how bad the opioid epidemic was,” Hooten said. “I decided to do something about it.”

Hooten returned to the United States and, at age 52, resumed his pharmacy studies — this time, with passion.

After graduation, Hooten did his residency at the West Palm Beach VA Medical Center in Florida. There, he once again was surprised at the scope of opioid addiction.

“I knew it was a big problem but didn’t know how big it was until I got into the VA as an intern and saw how many people are effected by this,” Hooten says.

Hooten was impressed by the VA's efforts to fight the scourge. "They're committed to this," he says. "They're going to be the ones to find a solution."

Wanting to be part of that effort, Hooten took a job as a pharmacist at the Orlando VA Medical Center.

Fans of the Black Hawk Down film recognize Hooten as the over-the-top tough warfighter who memorably said his trigger finger is the safety switch on his rifle. Former comrades hold him in high esteem.

"Norm Hooten is one of the great soldiers of this war, and a true hero of our nation," says military historian and Army veteran James Lechner, who fought alongside Hooten in Mogadishu.

At the VA, though, patients usually don't realize they are dealing with a man who, among other operations, fought sustained ferocious combat in Mogadishu.

"My first patient said, 'you can't stand in my shoes, you've never been through combat,' " Hooten tells PEOPLE. When the pharmacist gently explained that he, too, was a combat vet, the patient started to listen. "It established a trust," Hooten says.

"Most of the time they come and go and never know I've been in combat," Hooten says. "The only time I share is if they say I couldn't possibly understand what they've been through. Most of the time I like to keep it that way."

He prefers to focus on fighting addiction. In light of the lengthy time the nation has been at war, he expects a sustained engagement.

"This is something that's going to take a long time," Hooten says. "It's a long fight, but one I think we can win."

The VA, for its part, would like to see others emulate Hooten's example.

"Other Veterans should consider following his lead — to Choose VA as a great place to work and give back to our nation's heroes," Wilkie says.

For Hooten, his new mission echoes the ethos from his "Why do you do it?" speech in Black Hawk Down. In the speech, a fresh-from-combat Hooten immediately returns to the fight, explaining to another soldier that the only reason he fights is for the warriors next to him.

"This is important stuff to me," Hooten tells PEOPLE. "I made a decision. I was pretty comfortable sitting on my couch. I'm committed to doing this."

"I'm excited about a new opportunity to serve. I can't run as fast as I used to or shoot as straight, but I can do other things."

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1.2 - Military.com: [VA: Science Doesn't Support Agent Orange Claims from 'Blue Water' Vets](#) (1 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs opposed a bill Wednesday that has overwhelming bipartisan support in the House and Senate to extend Agent Orange health care and disability benefits to "blue water" sailors who served offshore during the Vietnam War.

"The science is not there" to show that the freshwater systems of Navy ships were contaminated by dioxin from Agent Orange defoliants widely used in Vietnam, said Paul Lawrence, the undersecretary for benefits at the VA's Veterans Benefits Administration.

"It's difficult to hear from veterans who are ill" as they file claims, he said at a hearing of the Senate Veterans Affairs Committee, but "there is no conclusive science" from a report by the Institute of Medicine to show a service connection.

Several senators from both sides of the aisle and representatives of veterans service organizations (VSOs) disputed Lawrence on the evidence for a service connection and urged passage of the bill, something the committee chairman, Sen. Johnny Isakson, R-Georgia, has made a "top priority."

The House has already passed by a vote of 382-0 the bill, which would allow sailors who served offshore in Vietnam to claim care and benefits for so-called "presumptive" diseases from exposure to Agent Orange, including respiratory cancers, heart disease, Parkinson's and chloracne.

Those who served on the ground and on the rivers of Vietnam are already able to claim Agent Orange benefits, and "it doesn't make any sense" to exclude the blue water sailors, said Sen. Kirsten Gillibrand, D-New York.

"I think this is an injustice that we can and must rectify," she said.

The Congressional Budget Office has estimated that about 90,000 sailors could be covered by the bill, which would likely cost about \$1.1 billion over 10 years.

Lawrence and Dr. Ralph Erickson, the VA's chief consultant for post-deployment health at the Veterans Health Administration, also expressed concerns about Congress' proposal to "offset" the cost of the bill, H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018.

In the House version of the bill, the money would come from a small increase in payments from non-disabled veterans who use the VA's home loan program, about \$2 per month.

The dispute over whether there is a service connection for the blue water sailors centered on a study for the Australian Navy.

The study showed that water drawn by Australian ships close to shore could have been contaminated with dioxin from Agent Orange from the runoff to the sea from the rivers and streams of Vietnam.

Erickson said U.S. Navy ships drew water from at least 12 miles off shore, where any presence of dioxin would have been more diluted.

He said the later study by the Institute of Medicine, part of the National Academy of Sciences, was unable to correlate the Australian study with the operation of U.S. ships.

"The Australian format allowed them to draw water close to shore," Erickson said. "You cannot go from that experiment and make a conclusion about U.S. naval personnel."

The VSO representatives disputed Erickson on the findings of the Institute of Medicine and pointed to illnesses possibly related to Agent Orange now suffered by the blue water sailors.

"People are not science projects," said Thomas Snee, national executive director of the Fleet Reserve Association and a Vietnam veteran. "We are the consequences of an era gone by."

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1.3 - Military Times: [VA officials push back on Congress' blue water Navy benefits fix](#) (1 Augst, Leo Shane III, 2.1M uvm; Springfield, VA)

WASHINGTON — Veterans Affairs officials strongly opposed legislative plans to extend disability payouts to roughly 90,000 veterans who claim exposure to Agent Orange during the Vietnam War, saying the move could set a problematic precedent for future benefits awards.

"The science is not there, and what we do depends upon science," said Paul Lawrence, under secretary for benefits at the Department of Veterans Affairs.

But advocates for so-called "blue water Navy" veterans argued that VA officials are willfully ignoring an abundance of evidence showing veterans' exposure to toxic chemicals, and demanding evidence that could only have been collected more than four decades ago.

"These people were exposed, how much they were exposed doesn't make a difference," said Rick Weidman, executive director at the Vietnam Veterans of America. "And you can't put that all together 40 years later."

At issue is a change in VA policy 15 years ago that excluded veterans serving on ships off the coast of Vietnam — known as "blue water Navy veterans" — from being included in a class of former service members presumed to be exposed to Agent Orange.

For troops who served on the ground or in inland rivers, exposure to the chemical defoliant is assumed, which speeds up the medical and disability benefits process when those veterans later contract a host of illnesses related to chemical contamination.

But the blue water veterans still must prove they were directly exposed to Agent Orange for their illnesses to be labeled as service-connected. Legislation passed by the House last month would force VA to extend the presumptive benefits to veterans who served aboard those ships, and use a new VA home loan fee to pay for the estimated \$1 billion in costs it would incur.

Lawrence said forcing VA to go against their established "scientific" standards would set a dangerous precedent in future benefits disputes. He also said processing the new claims could add \$500 million in new costs over the next decade, and cast doubt over whether the new VA home loan fees would cover the costs.

VA officials also testified that they already have a "liberal" policy for Vietnam War veterans who may have been exposed to chemical defoliants. Cancers and severe illnesses found among the blue water veterans, they argued, may simply be the result of aging or unrelated health issues.

Several senators took exception to that idea.

“This bill wouldn’t be needed if these veterans were getting the care they needed after showing symptoms (of toxic exposure),” said Sen. Joe Manchin, D-W.Va. “We should have taken care of our veterans.”

Administration officials and veterans groups offered contrasting views on scientific studies regarding ship-based veterans’ exposure to the chemicals, and whether runoff from the coastline could have contaminated drinking water for miles out to sea.

Veterans also complained that VA summarily rejects claims even when evidence suggests those ships visited inland ports, an accusation that Lawrence said is an unfortunate exception if it happens at all.

Along with the blue water veterans, the House-passed bill extends presumptive exposure status to veterans who served in the Korean Peninsula demilitarized zone beginning in September 1967 and lasting until August 1971, the same end date for the Vietnam War.

Senate Veterans’ Affairs Committee Chairman Johnny Isakson, R-Ga., indicated he is hopeful a fix can be found for the issue, but also promised a thorough examination of the issue before the Senate moves ahead. Several lawmakers have pushed for quick passage of the House measure, but Isakson appears opposed to that idea.

That likely means several more months of waiting before any resolution on the legislation. The Senate is scheduled to go on recess next week before working on nominations issues for the rest of August. House lawmakers aren’t scheduled back in Washington until September, and both chambers will break again in October in advance of the November mid-term elections.

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1.4 - Stars and Stripes: [VA raises opposition to bill extending benefits for Blue Water Navy veterans](#) (1 August, Nikki Wentling, 1.5M uvm; Washington, DC)

Department of Veterans Affairs officials urged senators Wednesday to vote against legislation that would extend VA benefits to sailors who served off the coast during the Vietnam War and claim their illnesses were caused by exposure to Agent Orange.

Paul Lawrence, the VA’s new undersecretary of benefits, told the Senate Veterans’ Affairs Committee insufficient evidence exists to link the veterans to Agent Orange exposure.

“We oppose this bill because the science is not there, and we depend on science,” he said. “We care, so we keep looking.”

The bill would set a bad precedence for approving benefits for illnesses without proof that they were caused by military service, Lawrence argued. He worried the move would “erode confidence in the soundness and fairness of the veterans benefits system.”

The bill that the committee considered Wednesday would make disability compensation available to approximately 90,000 “Blue Water” Navy veterans — those sailors aboard aircraft

carriers, cruisers, destroyers and other ships who contend they were exposed to Agent Orange through the ships' water systems. The dioxin-laden herbicide has been found to cause respiratory cancers, Parkinson's disease and heart disease, as well as other conditions.

Former VA Secretary David Shulkin previously spoke out in support of the bill, saying "we have to do the right thing" even with lacking evidence.

"We were disappointed to see the reversal in the VA's position," said retired Navy officer John Wells, who's been advocating for the bill for years. Wells said he plans to talk with new VA Secretary Robert Wilkie about the issue.

"We're disappointed in the testimony of the undersecretary. We hope the Senate moves fast to pass this bill," Wells said.

The House unanimously approved the bill in June with a vote of 382-0. It's the furthest the measure has progressed in Congress after being introduced in 2011, 2013 and 2015.

Instead of taking the bill directly to the Senate floor, Sen. Johnny Isakson, R-Ga., scheduled the hearing Wednesday to hear from veterans service organizations and the VA. Veterans filled the committee room Wednesday afternoon, as more of them stood in line outside, waiting for a seat.

Besides the lack of funding, Lawrence argued the legislation would lead to an increased volume in veterans' claims for benefits, which would grow the claims backlog unless more employees were hired to work on them. He said the VA would need an estimated \$500 million during the next 10 years to boost their resources to handle the claims.

Then, there was the cost of the benefits themselves.

Extending the benefits for 10 years would cost \$1.1 billion, according to estimates from the Congressional Budget Office. To make up the cost, the legislation raises fees for servicemembers and veterans who use the VA's home loan program. The increase amounts to between \$2.14 and \$2.95 each month.

"Granting new benefits for some veterans at the expense of other veterans is counter to VA's mission," Lawrence said.

Despite the VA's concerns, the senators who spoke about the bill Wednesday were mostly supportive.

"This is an important piece of legislation that will allow many deserving veterans to receive care and benefits they've long sought," said Sen. John Boozman, R-Ark.

Sen. Joe Manchin, D-W.Va., said he thought the bill would get easy support if allowed on the Senate floor for a vote.

"We shouldn't even be here talking about this," Manchin said. "I don't think they're asking for much. If you're exposed, you're exposed."

It was uncertain Wednesday when the committee might vote on whether to advance the bill to the full Senate. Senators were expected to leave at the end of the week for a short August recess.

Other bills that the committee discussed Wednesday were:

- The VA Hiring Enhancement Act aims to fill vacancies and improve the recruitment and retention of VA physicians by allowing the agency to make job offers up to two years before doctors finish their residencies.
- S 3184 allows more nonveteran spouses to live in state-run veteran homes. Under current law, if more than 25 percent of a home's residents are not veterans, the home loses federal funding and certification. The bill would increase the amount to 40 percent.
- The Veterans Affairs Medical-Surgical Purchasing Stabilization Act requires the VA to use multiple vendors for its medical supplies. It would also mandate the employees who purchase supplies have medical expertise with them.
- The BRAVE Act of 2017 increases the amount the VA pays for burial and funeral expenses each year to match the percent increase in the Consumer Price Index.
- A bill to transfer management of the dilapidated Mare Island Naval Cemetery from the city of Vallejo, Calif., to the VA to be maintained as a national shrine.
- The Department of Veterans Affairs Financial Accountability Act increases oversight of VA finances by contracting with independent auditors.
- Legislation to increase the amount the VA will pay for dependency and indemnity compensation by about \$300 each month. The payments go to survivors of veterans whose deaths resulted from a service-connected injury or disease.
- A bill to extend the special pension for deceased Medal of Honor recipients to their surviving spouses.
- Legislation to create a three-year pilot program to expand eligibility for VA dental care.
- The No Hero Left Untreated Act establishes a one-year pilot program at the VA to provide magnetic resonance, a therapeutic technique, to veterans suffering from post-traumatic stress disorder, traumatic brain injury, military sexual trauma, chronic pain and opioid addiction. The therapy uses a low-level magnetic field to activate specific cells and tissue areas.
- A draft bill to improve counseling and other services for transitioning servicemembers starting one year before their date of separation.
- Legislation that would establish a VA grant program for people who provide suicide prevention services to veterans and their families.
- A bill to creating a one-year pilot program at the VA to provide devices veterans could use to share their medical histories with VA and community health care providers.

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1.5 - Stars and Stripes: [Memo: VA finds 'deteriorating' conditions at DC hospital](#) (1 August, Nikki Wentling, 1.5M uvm; Washington, DC)

After being deemed high risk in January, the flagship Department of Veterans Affairs hospital in Washington has continued to deteriorate in quality during the first six months of 2018.

The hospital was designated “critical” and its performance is under administrative review, including possible changes of leadership, according to a memorandum sent to the D.C. hospital July 17 from Carolyn Clancy, then executive in charge of the Veterans Health Administration. The memo was obtained Wednesday by Stars and Stripes.

“Unfortunately, we have not seen the amount of improvement desired over the past two quarters and now see benefit in utilizing additional measures to support the facility in stabilizing the hospital’s quality to the extent that it can be sustained,” Clancy wrote.

According to the memo, the hospital isn’t getting better, despite public assertions from VA officials over the past several months that problems there were being fixed.

In March, the VA Office of Inspector General released a scathing report detailing a “culture of complacency” at the hospital that allowed widespread failures to persist for years, putting veterans at risk and weakening core functions of the hospital.

Since then, inspection reports from the Food and Drug Administration and the VA’s National Program Office for Sterile Processing have revealed ongoing problems. The reports, obtained by Stars and Stripes this spring, detailed instances of dirty syringe bottles, unsanitary conditions, rooms in disarray and staff and supply shortages that led to canceled procedures.

The Washington facility is one of 15 VA hospitals that have a one-star rating – the lowest possible out of five – based on quality comparisons among 170 VA hospitals nationwide. The VA announced in February it would take a “new aggressive approach” to improve its low-performing hospitals, including quarterly reviews.

Clancy’s “critical” rating is based on the latest performance report from the second quarter of 2018.

The areas of greatest concern at the Washington hospital, Clancy wrote, are access, mental health, employee satisfaction and “avoidable adverse events.” Additionally, VA officials are concerned about the “large deterioration” in the past year in preventable hospitalizations and adjusting patients’ length of stay.

An administrative review by VA headquarters will be held in the “very near future,” Clancy wrote last month. Leaders of the Washington hospital would be required to attend and show quantifiable evidence of improvement.

“A discussion of changes in leadership needed for achieving the medical center’s quality objectives and sustaining them will be included in the review,” she warned.

Senior leaders now require monthly briefings on the hospital and will reassess the facility every one to three months, she said.

The VA said Wednesday that the Washington hospital had “demonstrated large improvements” in the past year on nurse turnover and specialty care.

“Despite this progress, VA notified facility leaders July 17 it has not seen the amount of improvement desired over the past two quarters and is taking additional measures to support the facility,” the VA wrote in a statement. Officials declined to answer any questions.

The Office of Inspector General first warned of problems at the Washington hospital in April 2017, prompting then-Secretary David Shulkin to fire the hospital director, Brian Hawkins. Army Col. Larry Connell took over for one year, until he was reassigned this spring amid an investigation into whether his appointment broke federal protocol.

The hospital's chief of staff, Charles Faselis, was in charge of the facility for two weeks until another temporary director was named. Adam Robinson is now leading the hospital but is expected to stay in the position only through next month.

Raymond Chung is filling in as the acting director of the regional network that oversees the Washington hospital. He was copied on the memo.

Since the memo was written, Clancy has taken a new position at the VA as an undersecretary for discovery and advancement. Richard Stone took over Clancy's position as executive in charge of the VA health care system.

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1.6 - The Morning Call: [Veterans Affairs blew \\$10 million on needless medical exams](#) (1 August, Paul Muschick, 2.1M uvm; Allentown, PA)

I don't know many people who like going to the doctor. Most of us go only when it's necessary. You probably wouldn't be happy if you were told you needed an exam and after you were questioned, poked and prodded, found out the visit wasn't necessary after all.

You'd especially be ticked off if you paid for it.

You did. We all did.

The federal government blew an estimated \$10 million over six months last year when nearly 20,000 veterans had unnecessary exams to determine if they remained qualified to receive disability benefits, according to a recent audit by the inspector general for the U.S. Department of Veterans Affairs.

Another \$100 million could be blown over the next five years if the department doesn't get its act together, the inspector general's office said.

I'm not surprised. I doubt we'll ever see Washington's bureaucracy treat our tax dollars seriously. This is just the latest example of waste. It's particularly egregious, though, because veterans were burdened in the process.

Money isn't all that is wasted when this happens. Veterans' time is wasted, too, as is the time of the VA staff. That could result in other veterans waiting longer for services they need.

Re-exams can be necessary to determine the continued existence or current severity of a disability. That can prevent the government from paying benefits that a veteran no longer qualifies for. So that process makes sense.

There are procedures to determine who needs a checkup, though, and many veterans are supposed to be excluded. Those procedures weren't followed, resulting in unnecessary trips to the doctor, according to the inspector general.

Veterans Benefits Administration employees failed to follow a policy that requires a rating specialist to review a veteran's file to determine whether a re-exam is necessary, and the system wasn't automated to remove excluded veterans. They include veterans who are at least 55; are permanently disabled and unlikely to improve; have a disability that hasn't substantially improved for five years; or have enough evidence in their files to verify continued eligibility without an exam.

From March to August of last year, 53,500 disabled veterans had exams to determine whether they remained eligible for their benefits. An estimated 19,800 of those exams were "unwarranted," according to the inspector general. Of the unwarranted exams, an estimated 15,500 lacked the required pre-exam review by a ratings specialist.

Even without that check, some exams could have been flagged as not required if the VA's system was automated to indicate which veterans were excluded from re-exams, the inspector general said. Late last year, the VA set up a program to block re-exams for veterans 55 and older, resulting in about 45,000 exams being eliminated.

The VA did not dispute the inspector general's findings and agreed with recommendations to set up procedures to prevent unwarranted exams in the future.

A new veterans affairs secretary, Robert Wilkie, was sworn in this week. At the ceremony, President Donald Trump told Wilkie he was taking "a very, very tough and important position."

He should remember his job is not only to serve veterans, but taxpayers, too.

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1.7 - FedScoop: [VA takes first steps to modernize central VA.gov website](#) (1 August, Tajha Chappellet-Lanier, 57k uvm; Washington, DC)

The Department of Veterans Affairs is working to become "the first federal agency to deliver a digital experience on par with the private sector" and needs contractor help with a piece of its broad VA Digital Modernization effort.

Specifically, the agency wants to revamp VA.gov as a user-friendly and modern website where veterans can easily find the services they need in a "single customer-focused homepage." The VA has created a Web Brand Consolidation Working Group to oversee this process, and the group has crafted a two-stage process — build a minimum viable product of the new VA.gov, then stand up a modern content management system (CMS) and migrate to that system. This second part is what the VA wants help with.

According to a recent request for information, the agency intends to use a Service Disabled Veteran Owned Small Business contractor for the job and is seeking information on the availability of such businesses that will be able to complete the task.

It's something that agency leadership has been talking about for a while. "I'm hopeful that by this time next year, visiting the VA homepage is going to look a lot more like visiting USAA's homepage or Bank of America's, where it's very customer-focused with clear calls to action that will hopefully expose all the different services that VA offers online," VA CTO Charles Worthington said in May.

Time is of the essence — according to the statement of objectives, the VA hopes to launch the new VA.gov on Veterans Day 2018. Similarly, the VA launched its user-focused Vets.gov website on Veterans Day 2015. According to the RFI, content from that page will be migrated to this new central website.

Interested companies have until Aug. 3 to respond to this RFI.

The new homepage will be the latest in a string of digital updates at the agency. Other recent accomplishments include redesigning the MyHealth eVet portal, which allows veterans to refill prescriptions and keep track of their appointments, and launching VEText, a text-message-based appointment reminder system that's helping cut down on missed appointments.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - WJAX (CBS-47)/WFOX (FOX-30, Video): [New VA clinic 'great news' for Jacksonville area veterans](#) (1 August, Ryan Nelson, 443k uvm; Jacksonville, FL)

Rep. Ted Yoho announced on Wednesday a new VA clinic is in the works for Clay County.

Yoho tells Action News Jax the county is home to about 29,000 veterans.

Some Clay County veterans tell us they spend hours on the road to get to the doctor.

Soon they may be able to get to the doctor in a matter of minutes.

William 'Mac' McLucas, a Clay County veteran, currently has to drive to Gainesville, Palatka or Jacksonville when he needs to visit a clinic.

He lives with the effects of agent orange after two tours in Vietnam.

"I have some neuropathy in my extremities and I had open heart surgery two years ago, and it was a result of agent orange," McLucas said.

The building for the clinic already stands at 400 College Drive in Middleburg.

The awarded lease contract is for 10 years.

Construction timelines and activation schedules will be released after the design phase.

Yoho said in a statement that reads in part:

"...We cannot do enough for our veterans and look forward to the increased care and service that will be provided out of this clinic..."

They predict thousands of veterans will come here for primary care, mental health services, lab draws and specialty care through telehealth.

McLucas said round trips won't be a problem now.

"I only have to drive around the corner. Takes me 30 minutes or an hour to complete my whole trip -- to get there and get treated, get back home," he said.

McLucas is in a number of local veterans groups. He tells me it saves time, and the government saves money when compensating veterans for travel expenses.

"That's great news, great news, and I can see that's going to save the government some money also doing it that way," he said.

He tells us the change can't come soon enough.

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4. Focus Resources More Efficiently

4.1 - U.S. News & World Report (AP): [West Virginia Gets Grant to Train Veterans in Agriculture](#) (2 August, 23.9M uvm; Washington, DC)

CHARLESTON, W.Va. (AP) — West Virginia has been awarded a \$400,000 federal grant to provide agriculture training for military veterans.

The state Department of Agriculture says in a news release the grant from the U.S. Department of Veterans Affairs aims to improve veterans' health.

The statement says the Hershel "Woody" Williams VA Medical Center in Huntington will train participants to pursue agricultural vocations while addressing their behavioral and mental health needs.

Department of Agriculture staff will provide production, business and market planning for the program.

West Virginia Veterans and Warriors to Agriculture program coordinator James McCormick says he wants the state to take the lead on agricultural initiatives for veterans.

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4.2 - WFED (AM-1500, Audio): [Former VA worker convicted of defrauding disabled veteran](#) (1 August, Eric White, 854k uvm; Washington, DC)

A former Veterans Affairs Department field examiner was convicted of defrauding a disabled veteran and attempting to steal nearly \$700,000. Prosecutors said that while working in Tennessee, Kenneth Devore convinced the victim to draft a will and then inserted himself into it as his sole beneficiary. Devore will be sentenced in November, facing more than 50 years in prison and massive fines. (Department of Justice)

[...]

New Veterans Affairs Secretary Robert Wilkie addressed the VA workforce with another video, reiterating a message he gave when he joined the agency as acting secretary. He said customer service will be his top priority for the VA. Wilkie also encouraged VA employees to listen to each other and encouraged agency leaders to cultivate a bottom-up organization. (YouTube)

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4.3 - WTVF (CBS-5, Video): [VA Sending Home 'Overdose Kits' With Veterans](#) (1 August, Kyle Horan, 854k uvm; Nashville, TN)

MURFREESBORO, Tenn. - In an effort to prevent overdoses, the VA Tennessee Valley Healthcare System is sending home kits that include Naloxone and a guide how to use it.

With no charge to the veteran, the VA sends two nasal sprays to stop an opioid overdose. Since 2014, the VA has prescribed 4,000 of these kits.

"An overdose happens when opioids shut down the breathing drive in the brain. This medication can reverse those effects and restore breathing," said Dr. Michelle Colvard, a Clinical Pharmacy Specialist at the VA. "Anyone who is struggling with opioid addiction is offered a Naloxone kit if they're receiving treatment here."

The VA in Murfreesboro has a variety of resources for veterans who need treatment for addiction or chronic pain. Colvard knows that often times patients can relapse from their treatment.

Dr. John Jackson, chief of staff of the VA's mental health division, said they've had a strong focus on combating overdoses and are on the forefront of treatment.

"We're on an assault, trying to eliminate narcotic overdose," said Dr. Jackson.

The kit comes with an easy to follow guide since much of the time, the people to prescribe the naloxone are family members or other people in recovery.

"If someone is prescribed an opioid, it would be someone that they live with or someone that they're close with realizing that they're overdosing, knowing what the Naloxone is and then using it to save their life before calling 911," said Colvard.

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4.4 - FedSmith: [Former VA and OPM Employee Convicted of Fraud](#) (1 August, Ian Smith, 276k uvm; Washington, DC)

The Justice Department recently announced that a former employee of both the Department of Veterans Affairs and the Office of Personnel Management has been convicted of fraud.

According to evidence presented at trial, Kenneth Richard Devore, 44, of Jonesborough, Tennessee, was convicted of wire fraud, mail fraud, financial conflict of interest, theft of public money, and making false statements in matters within the jurisdiction of the United States.

VA field examiners conduct on-site fact-finding examinations to ascertain a veteran's income and assets, mental condition, and living arrangement under the VA's Fiduciary Program. While acting in this role when assigned to a disabled veteran in Knoxville, Devore schemed to defraud a disabled and incompetent veteran of over \$680,000 by convincing the veteran that he needed a Last Will and Testament.

Devore then drafted the will but inserted his own name as the sole beneficiary of the assets which totaled over \$680,000. He also falsified the veteran's initials and mailed it to the legal guardian.

As a result of his conduct, Devore was forced to resign from the VA, but a short time later in early 2016, he applied for a position as an investigator for the National Background Investigations Bureau, an agency within the U.S. Office of Personnel Management (OPM) that conducts investigations for positions of public trust and security clearances.

In his application for the job and security clearance, he lied about his own educational and employment history, intentionally withholding that he had been forced to resign from the VA for misconduct and falsely claiming that he had received a college degree from the so-called "Canterbury University." By his misrepresentations and omissions, Devore was hired for the job and worked through 2017.

Additionally, in 2009 and 2010, Devore lied about his own purported disabilities in order to obtain a 100% "total and permanent" disability rating by the VA. While he claimed to be unemployed and unable to work because of service-connected ailments, he worked gainfully and almost continuously in various federal and private sector jobs from 2009 through 2017. During that period, he also received monthly disability compensation from the VA to which he was not entitled.

Wire fraud and mail fraud both carry a maximum penalty of 20 years in prison and a fine of up to \$250,000. Theft of public money carries a maximum penalty of 10 years in prison and a fine of up to \$250,000. Financial conflict of interest and false statements both carry a maximum penalty of 5 years in prison and a fine of up to \$250,000.

Sentencing is set for November 5, 2018.

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4.5 - Bloomberg Government: [Wilkie Takes Over at Veterans Affairs After Shuffle at Top](#) (1 August, Megan Howard, 197k uvm; Washington, DC)

Robert Wilkie was sworn in as secretary of Veterans Affairs at the White House today, ending four months of temporary leadership at the second largest federal agency.

“Hundreds of thousands of people counting on you,” President Donald Trump said to Wilkie at the swearing-in. “It’s a tough job but it’s a beautiful job.”

Wilkie endured a relatively uneventful confirmation process that culminated in a 86-9 vote on the Senate floor last week. He was nominated to be secretary after Trump’s first pick, White House physician Ronny Jackson, withdrew his name from consideration in April due to misconduct allegations.

The Veterans Affairs Department has lacked a Senate-confirmed leader since former Secretary David Shulkin was fired March 28. Shulkin blamed infighting and political squabbles by those seeking to privatize the VA’s integrated health-care system as the reason for his ouster. Wilkie has said he will oppose privatization efforts.

Veterans’ advocates largely praised Wilkie throughout the vetting process and hope he will build on recent overhauls at the agency.

“We look forward to him bringing stable leadership to the department and strong advocacy for America’s veterans,” Veterans of Foreign Wars National Commander B.J. Lawrence said in a statement.

Wilkie most recently served as undersecretary of defense for personnel and readiness and was acting secretary for two months following Shulkin’s departure.

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4.6 - Troy Daily News: [V.A. doctor meets veterans](#) (1 August, Cody Willoughby, 29k uvm; Troy, OH)

The Miami Valley Veterans Museum hosted Dr. Thomas Hardy, chief of staff at the Dayton Veteran Affairs Medical Center, at their monthly veterans’ breakfast on Wednesday morning.

In a presentation, Hardy discussed the early days of the V.A.’s establishment, including the V.A.’s founding in 1865, when President Abraham Lincoln took action with Congress to authorize the first-ever national asylum for discharged members of the Union Army and Navy forces.

“By early 1865, it became clear that the Union Army was going to prevail,” Hardy explained. “Lincoln and Congress, seeing all of those terribly disabled men out there, said, ‘We’ve got to do something.’ There was absolutely no hospital system. If there was a hospital, it was a place you went to die. Lincoln and Congress said, ‘For the sacrifice these men have given, we need to do

better.’ At his second inaugural address, Lincoln pledged to care for those who have borne the battle, and this remains the motto of the V.A. today.”

Following this action, three national homes for wounded and disabled veterans were opened, with locations in Augusta, Maine; Milwaukee, Wisconsin; and Dayton, Ohio, with patients first being accepted in 1867.

“As veterans, we would all have been comfortable there,” Hardy exclaimed. “They had a formation in the morning. They assigned work details. Everyone was accounted for. The men who came there after the Civil War weren’t looking for a handout. They wanted a roof over their heads, a chance to learn a trade, and they took care of each other.

“We are a national historic landmark, and part of the reason we have that distinction is due to Civil War veterans’ efforts.”

Hardy gave a slideshow presentation featuring past and present photos of the Dayton V.A. campus, including the national cemetery on the property, which currently houses the burial sites of approximately 50,000 veterans.

“We bury 1,000 veterans every year at the Dayton V.A.,” Hardy said. “We have a great tradition that no veteran will ever die alone. No veteran will die and not have a 21-gun salute over his gravesite. If a veteran dies in our hospice, he is carried out with full military honors and buried at the Dayton VA Medical Center.”

In a question-and-answer session, Hardy addressed concerns over the staff at the Dayton V.A. remaining adequately full and able to meet the needs of Miami Valley veterans.

“We are extremely well-staffed,” Hardy said. “In the last five years, Congress has been very generous with us in terms of budget, and I’ve been fortunate to recruit some of the best doctors in the Dayton area. We’ll always have some turnover — you usually have about 10 percent turnover every year. I think on the whole, we are very well-staffed from a physician standpoint.”

Hardy also confirmed that the Springfield area is soon to receive a new outpatient clinic, which will come in addition to existing outpatient clinics in the Lima, Middletown, and Richmond areas.

“Springfield is going to get a new clinic. We are now in the process of finishing the Lima clinic. It’s called a community-based outpatient clinic,” he said. “In Springfield, the bid is going out even as we speak. We’re excited about that, because when we get that, all of our outpatient clinics for veterans will be new and in great shape. I’m a family physician, and I’d be happy to practice at any one of them.”

Hardy assured those in attendance that despite benefits differing for each individual, the staff at the center would work their hardest to do right by veterans.

“I want to assure all of you that I’m here to take care of you,” Hardy said. “I’ve been at the Dayton V.A. for a little over five years, and I’ve been committed in those years to making sure that every veteran who comes there gets what he needs. I can’t increase your benefits, but if you’re sideways with somebody in the hospital, or you have to wait too long for an appointment, that’s the kind of stuff I can help you with. As a veteran myself, we are in this together.”

The Dayton Veterans Affairs Medical Center is a state-of-the-art facility with the mission to provide veterans a continuum of care that is accessible, value-added, cost-effective, and of the highest quality within an environment of outstanding education and research.

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4.7 - Williamson Daily News: [Beckley VA to host Mental Health Summit](#) (1 August, 24k uvm; Williamson, WV)

BECKLEY - The Beckley VA Medical Center will host a Mental Health Summit highlighting recent advances in improving veterans' care. The summit will take place at the National Mine Health & Safety Academy from 8 a.m.-4:30 p.m. Thursday, Aug. 9.

The summit will cover topics including access, suicide prevention, changing use of opioids in pain management, evidenced based psychotherapy, military sexual trauma and whole health.

The 2018 Mental Health Summit has been approved for eight West Virginia social work, counseling, and nursing continuing education units (CEUs).

The summit is open to medical professionals, veterans and their families at no cost. Speakers volunteer their time, and the Mining Academy has donated the location. Participants must have valid ID to enter the Mine Academy property.

To register, contact Meghan Brown at meghan.brown3@va.gov.

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4.8 - Outer Banks Sentinel: [Veterans Post: VA links with national cancer institute](#) (1 August, Freddy Groves, 23k uvm; Nags Head, NC)

A recent move by the Department of Veterans Affairs will allow seriously ill veterans to access a wider range of cancer treatments. The VA has just hooked up with the National Cancer Institute.

The program is called NAVIGATE, standing for NCI and VA Interagency Group to Accelerate Trials Enrollment. Those trials will be held at 12 VA sites across the country, with the facility in Boston serving as the coordinating center.

Veterans can benefit by taking advantage of clinical trials run by the cancer institute. These trials often use experimental treatments, such as immunotherapies and precision medicine, which are individualized to the patient. Treatments often are cutting-edge and not offered elsewhere.

While the VA already has other types of research running at over 100 sites, it's been difficult for it to start and complete trials, such as the ones run by NCI. With NAVIGATE at the helm, veterans with cancer will have much easier access as they work toward a cure.

One of the programs run by the VA's Office of Research and Development is the Million Veteran Program (MVP), which seeks to collect a blood sample and health info from a million veterans. The goal is to study how genes affect health, especially with cancer, diabetes and PTSD, and to

learn why some treatments work for certain veterans but not others. If you'd like to consider joining the program, read about it online at www.research.va.gov/MVP.

The VA Technology Transfer Program seeks to speed up access of VA technology and patents, by both veterans and the civilian population. Currently the VA has hundreds of patents ranging from a collapsible wheelchair and an ankle-foot prosthesis to a method to screen skin for tissue damage.

If you want to consider signing up for one of the cancer trials, talk to your VA physician.

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5. [Improve Timeliness of Service](#)

5.1 - Military.com: [Redding, California VA Clinic Stays Open Despite Nearby Wildfires](#) (1 August, Richard Sisk, 9M uvm; San Francisco, CA)

A Northern California VA clinic has shut down a threatened headquarters annex and installed air purifiers at its main facility to guard against smoke from wildfires raging nearby.

The staff at the administrative annex of the Redding, California, outpatient clinic was evacuated when the fires got too close, but the two main facilities, which serve about 800 veterans daily, remain open, VA Northern California Health Care System officials said Tuesday.

"Several of our staff have lost their homes and dozens more have been forced to evacuate," said Will Martin, spokesman for VA NorCal's Health Care System.

The clinic at Redding, on the Sacramento River about 120 miles from the Oregon border, "is the primary source of health care for thousands of veterans in the region," and Department of Veterans Affairs staff provided on-call services over the weekend to veterans unable to reach the facility, Martin said.

Eleven HEPA (High-Efficiency Particulate Air) filters have been installed at the Redding clinic to force the interior air through a fine mesh that collects harmful particles such as ash, smoke and pollen, preventing veterans and staff from breathing in the materials.

In addition, VA NorCal has deployed three heavy-duty vehicles, 10 boxes of N95 respirators, and additional medications to the Redding site.

VA NorCal has also sent Vet Center mobile units to evacuation shelters to provide on-site care to veterans.

The wildfire near Redding is one of 15 across the state that have burned more than 280,000 acres and engaged 12,300 firefighters battling the flames in triple-digit heat.

At least eight people have been killed, more than 30,000 have been evacuated, and hundreds of homes have been destroyed.

High winds have complicated the effort to fight the blaze near Redding, which was believed to have been started July 23 by a vehicle mechanical failure, according to the California Department of Forestry and Fire Protection (Cal Fire).

Cal Fire spokesman Jonathan Cox said the intensity of this summer's wildfires is historic.

"What we're seeing in California right now is more destructive, larger fires burning at rates that we have historically never seen," he said in a statement.

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5.2 - WTSP (CBS-10, Video): [Legislation for burn pit veterans filed following 10News reports](#) (1 August, Liz Crawford, 1.5M uvm; Saint Petersburg, FL)

TARPON SPRINGS, Fla. -- Congressman Gus Bilirakis has filed a bipartisan bill intended to help veterans suffering from burn pit exposure.

The U.S. Department of Veterans Affairs currently does not recognize toxic burn pit exposure as a contributor to various respiratory illnesses vets face.

The Protection for Veterans Burn Pit Exposure Act of 2018 will give presumptive status to veterans who were exposed to burn pits while serving in Iraq and Afghanistan, meaning vets will have immediate access to medical care and disability compensation benefits.

"It is a moral imperative that we learn from the mistakes and the way 'Agent Orange' was handled," Bilirakis said during a Wednesday news conference. "These veterans are suffering and they don't have time to wait any longer."

Several veterans spoke about the devastating effects of burn pit exposure.

"I've run a multitude of marathons, ultra-marathons, that's what I did," U.S. Army (Ret.) Col. D.J. Reyes said. "Today, I can't even get out on Bayshore Boulevard and run around the corner from my house without being lightheaded and out of breath."

Lauren Price, who served in Iraq in 2007, said she was exposed to burn pit toxins the moment she started her deployment.

She was recently diagnosed with a terminal lung condition.

"I had no idea that the thing that I'd come home to dealing with would be literally, I can't breathe," she said.

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5.3 - DVIDS: [Omaha staff ensures life quality continues through O&P Clinic](#) (1 August, Jennifer Scales, 1.3M uvm; Atlanta, GA)

Let's talk about the letters 'O and P'. Orthopedics and prosthetics, to be exact.

For many Veterans, especially those seen in the Nebraska-Western Iowa Health Care System, those letters have allowed them to continue with their lives, whether they have lost their natural limbs in service to this country or suffer from a medically related condition which caused the loss.

Orthopedic medicine references concern with joints, muscles, and ligaments, while prosthetics deals with the artificial device that replaces the missing body part.

Adam Jacobsen, Orthopedic and Prosthetic supervisor at the Omaha VA Medical Center, prides himself and his staff for having same day access and walk-in availability for the O & P Clinic.

“A Veteran can come in and get custom items made here on sight, instead of having them made off at another location,” Jacobsen said.

These custom items may range from limb impressions and molds of hands, feet, legs and arms.

But the visit, like most referrals in the medical center, must begin with their primary care clinic. Once they are determined to have the medical need, the O & P Clinic is likely their next stop.

According to Jacobsen, 50 percent of all Veterans nationally need some type of prosthetic device. “It doesn’t have to be a limb that is required either. We can also assist in their acquisition of beds, oxygen, ramps, some home projects or other auto-adaptive device due to the loss of a limb,” he said.

Clothing may even fall into that category. As explained, if a person has an artificial limb, they may need special clothing that fits over the device. Plus, there may be wear and tear on their regular attire, which would also constitute them needing the clothing allowance.

Within one of the areas of the O & P Clinic, one is likely to find fitter technicians, Mike Durbin and Mike Lines, surrounded by casts and models of limbs. Or they could be at their respective stations making a limb or adjusting one from a same day or walk-in Veteran patient.

Raymond Lines, certified orthotist at the Omaha VAMC, operates equipment which allows the patient to place their foot in a device, which then generates a computer image showing exact specifications of the person’s foot. From this, arch supports can be custom made and picked up within two to three days.

Veterans requiring foot orthotics can also save time by making a visit to the O & P Clinic. They may be able to get full closure shoes, which are available for both men and women.

Diabetic and orthopedic shoes are available or can be acquired for Veterans who use the clinic. Veterans who may be experiencing foot deformities will be able to get the help they need from the clinic.

“Though we still make metal braces for patients, each orthotic device is made to the specifications of the patient, no matter what it is,” Jacobsen said.

Making quality products for the comfort of the patient is one of the goal’s in the O & P Clinic at the Omaha VAMC. Nothing happens overnight, so sometimes they may need special materials for the patient, which would require just a short waiting time.

With well over a thousand patients coming through their clinic, and the majority being male, the NWHCS Orthopedic & Prosthetic Clinic is a growing service with the potential to see more.

“It’s all about improving the quality of life for our Veterans,” both Jacobsen and Lines agreed.

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5.4 - McClatchy: [Government officials raise questions about Blue Water Veterans benefits](#) (1 August, Christine Condon, 1.1M uvm; Washington, DC)

Department of Veterans Affairs officials said Wednesday “the science is not there” to provide Blue Water Navy Veterans with disability benefits.

The House unanimously passed a bill last month establishing those long-sought benefits. The Senate has yet to act.

But the legislation could set in motion the “uncontrolled demands” on the VA, said Paul Lawrence, the agency’s undersecretary for benefits.

“We are left with a situation where there are no limits, and therefore no claims can be denied. This in turn invites other sympathetic causes without valid science to petition Congress for compensation,” he told the Senate Veterans Affairs Committee Wednesday.

Blue Water Navy Veterans are those who served aboard Navy ships off the coast of Vietnam during the Vietnam War. Current VA procedure doesn’t allow them presumptive disability benefits if they didn’t serve in the country’s “inland waterways” or set foot on Vietnam’s shores.

An Australian study from 2002 found that the water distillation process used on American and Australian Navy ships could have enriched some harmful chemicals in Agent Orange, which is known to cause long-term health problems, including heart conditions and cancer.

But Lawrence pointed to a 2015 Institute of Medicine study which was “unable to state with certainty that [Blue Water Navy] personnel “were or were not” exposed to AO.” The institute, now called the National Academy of Medicine, is a private nonprofit group that advises the government on health issues.

The study said that “without information on concentrations in the marine feed water, it is impossible to determine whether BWN personnel were exposed to AO via ingestion, dermal contact, or inhalation of potable water.”

Sen. Joe Manchin, D-West Virginia, was concerned about the VA’s rejection of the bill.

“If you’re exposed, you’re exposed. I don’t care if [the water is] blue, brown, purple, green,” Manchin said.

The VA’s views won’t stop the bill, Manchin said.

“I assume this bill’s going to pass,” he said. “I don’t know anybody that would be opposed [to the bill] because we’ve all had constituents that have been rejected without a fair evaluation.”

Sen. Thom Tillis, R-North Carolina, who said his wife's uncle died due to Agent Orange exposure, said he supports the bill, but was concerned about how it's funded.

The bill will be paid for by a percentage increase in fees charged to non-disabled veterans who utilize the VA's home loan program, according to a Congressional Budget Office report.

"I'd rather err on the side of the veteran in every case, but one of the concerns that I have right now is the new 'pay-for'," he said. "I'm afraid that, one, it actually concentrates the cost on a smaller group of veterans so it becomes a higher cost."

The scene at the hearing was all too familiar for Blue Water advocates. The bill has sputtered on several occasions after legislators grappled with how to pay for the Navy veterans' benefits.

The last attempt at the bill failed after lawmakers proposed funding it by rounding down the cost-of-living adjustment on veterans' disability checks to the nearest dollar.

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5.5 - WFLA (NBC-8, Video): [Veterans hope burn pit bill will provide V.A. health care and disability benefits](#) (1 August, Steve Andrews, 692k uvm; Tampa, FL)

TARPON SPRINGS, Fla. - Veterans are praising new legislation that, if passed, will provide immediate VA health care and disability benefits to service members exposed to toxic fumes from burn pits.

Following several reports by 8 On Your Side on the burn pit issue, Rep. Gus Bilirakis (R)-Florida announced he has introduced into Congress the "Protection for Veterans' Burn Pit Exposure Act of 2018."

"This will enable the veterans battling illness to immediately access VA medical care and disability benefits," Rep. Bilirakis stated in a Tarpon Springs news conference.

Lauren Price, a navy veteran, worked on the legislation with Mr. Bilirakis.

"It's the most important fight of my life," she said.

When Lauren Price went to war in Iraq in 2008, burn pits operated 24/7.

The military dumped any and all waste into pits, doused it with jet fuel, then ignited it.

Price remembers smoke, carrying toxic fumes and particulates, was everywhere.

"No matter what you did you couldn't hide from it," stated Price.

Christina Thundathil's duties in Iraq included burning human waste with jet fuel every day for 300 days.

"My lungs are moderately damaged," explained Thundathil.

Price and Thundathil now suffer chronic incurable bronchial and lung diseases.

"It was irrelevant where you were, when you were, if you were in the shower, there's an air conditioner running in the shower room, you were always breathing it," Price added.

The department of Defense and VA reject any connection between service members contracting rare and inexplicable diseases and open air burn pits.

That means the VA doesn't cover health care for Price's and Thundathil's illnesses or disability benefits.

Price formed a group called Veteran Warriors Advocacy. She is working with Congressman Bilirakis to change that.

"Many of these veterans are now battling a wide range of diseases, some of which have proven fatal," stated Congressman Bilirakis.

Congressman Bilirakis contends it is no coincidence so many veterans who were exposed are suffering from the same diseases.

Both Mr. Bilirakis and Lauren Price see patterns emerging with Iraq and Afghanistan veterans that are similar to veterans exposed to Agent Orange during the Vietnam War era.

Agent Orange is a powerful and toxic herbicide that the United States used extensively in Vietnam to defoliate the jungle and deprive the enemy cover.

It is linked to several diseases including cancers and Parkinsons disease.

It took the government decades to admit that service members' health problems were tied to Agent Orange exposure. Many veterans died while the VA took decades to study the issue.

"Burn pit toxic exposure is the Agent Orange of this generation, unfortunately," Mr. Bilirakis said. "It is a moral imperative that we learn from the mistake in the way Agent Orange was handled."

If you have something that you think should be investigated, call our 8 On Your Side helpline at 1-800-338-0808.

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5.6 - KIRO (CBS-7, Video): [Homeless quadriplegic veteran living outside VA struggles to get healthcare](#) (1 August, Deedee Sun, 680 uvm; Seattle, WA)

A Navy Vet who is a quadriplegic has many health care needs. But he -- and the people trying to help him -- say the VA hospital in Seattle continues to reject him for care.

Mike Mikesell is 49 years old. He's a Navy veteran who was honorably discharged, according to a document from the Department of Veterans Affairs office.

He needs medical service so often he's stuck living in a tent just feet from the VA Puget Sound Health Care System. Mikesell said he had a good paying job, but then he got very sick -- and suddenly ended up homeless.

Mikesell said he worked at Boeing until he developed an infection while on a trip to Mexico in 2016.

"I went from that to this overnight," Mikesell said. The infection spread to his spine and left him a quadriplegic.

"I'm dead from the armpits down," he said.

Shortly after that, he lost his housing.

In October 2017, he started living in a tent just outside the VA Hospital in Seattle's Beacon Hill neighborhood.

"I can't leave the hospital because there's always some ailment happening. It wouldn't be this way if I could wash up in a bathroom," Mikesell said.

Since becoming homeless, his situation has continued to decline. His reclining electric wheelchair broke and now he struggles with a manual one that doesn't recline.

"I've been sleeping in this chair for a long time," Mikesell said.

"It's torturing me not to give me an electric wheelchair. I can barely move myself along the ground with this thing and it's really made things really difficult just trying to get into the hospital. I have that hill to go up," he said.

In June, Linda Soriano learned about Mikesell's story. Soriano lives in Lynwood and tries to help people who are homeless on her own time.

"It hurts me a lot," Soriano said after learning about Mikesell's story.

She and a friend, Pam Keeley, shared it on Facebook with Mikesell's consent.

They detailed what Mikesell is going through - how he needs a catheter, a colostomy bag, and deals with chronic infections.

"He suffers. He suffers!" Soriano said. "We're not asking to treat this man like royalty. But that they would pay more attention and have a little more empathy and compassion."

The Facebook post has been shared more than 11,000 times as of Wednesday evening. But Soriano points out despite all the shares, Mikesell is still in a tent, outside the VA.

"What does it take? Does this man have to die?" Soriano said.

She and Keeley reached out to Congresswoman Pramila Jayapal's (D-WA 7th District) office, and a staff member helped Mikesell secure a visit with a doctor, and got him a housing voucher.

But just hours later, Mike was back out on the street.

"He's a high needs individual and many of our services, including the veteran's hospital, are not set up to take up these high need individuals. He now is back on the streets and I think it is a

tragic situation,” Jayapal said. “Mike’s conditions -they make it challenging for him to get housing. So even though he has a housing voucher, we can’t get him in.”

She plans to work on legislation that would bring more federal money to high-needs veterans.

But Mikesell can't wait for legislation.

He’s worried he won’t survive another winter out here.

“Hopeless,” Mikesell said with tears in his eyes. “I don’t know how much longer I can do this.”

The VA said Mikesell needs to sign a consent form before they can say anything about his case. As Wednesday night, KIRO7’s Deedee Sun got Mikesell to sign the form and sent it to the hospital. The VA said it will provide more detailed commentary about why it is not able to provide the level of care Mikesell believes he qualifies for and deserves.

A spokesperson for the VA said the hospital will be reaching out to Mikesell directly to address his concerns.

In the meantime, it sent this statement:

“We care passionately about the health and well-being of our Veterans. We take pride in providing each of our patients with evidence-based medicine, and in our ability to help them understand the recommended courses of care as well as the programs and services available to them. Ultimately, it is the choice of each of our Veterans about the care they pursue. And we respect their rights and privacy about the choices they make. Veterans can find out more info about our services and programs by visit our website: www.pugetsound.va.gov.”

Jayapal said she is also working with Congressman Adam Smith (D-WA 9th District), who represents the district where Mikesell is living, to follow up with his case.

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5.7 - Waco Tribune-Herald: [Letters: Praise for veteran George Reamy’s column and Murray Watson’s educational legacy](#) (1 August, Dan Dayton, 193k uvm; Waco, TX)

Yep, ol’ George Reamy got it right in his Sunday column regarding the U.S. Department of Veterans Affairs and other mysteries. There really is no figuring the VA.

VA notified me it was time for an unpleasant, invasive procedure to be performed and booked the consult many weeks out. This ordeal was scheduled for the Temple VA medical center. Hmm, last time I underwent this torture, it was done by a clinic in Waco by a doctor approved by the VA. The Waco clinic was nearly 50 miles closer.

I requested and was granted permission to have the procedure in Waco. It was done within a week.

Fast forward a year and I get a letter from the VA denying charges for the procedure. Called the Waco clinic and found I had a zero balance; the charges had been paid by the VA for close to a

year. Contacted a patient rep at Doris Miller VA and this denial was investigated. Result? The right hand of the VA does not know what the left hand is doing!

Dan Dayton, West

EDITOR'S NOTE: The VA Mission Act signed by President Trump in June supposedly will streamline the process, allowing veterans to more promptly and readily secure subsidized medical care beyond the VA health-care network. Lawmakers have been arguing about how to pay for the program.

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5.8 - The Grand Island Independent: [Veterans home move a hardship on family](#) (1 August, Cathy Howard, 191k uvm; Grand Island, NE)

Fred Northup, or the "Wizard of Ruby Street" as we know him at Grand Island Central Catholic, is in the last stages of dementia at the veterans home.

Donna, his wife of 70 years, is the only person on earth he recognizes. Every day she comes to the vets home. She brings his chocolate malt. They go for walk if it's nice weather. Sometimes they sit in front of the big window. Fred likes to watch cars and look out over the grounds of the vets home. He and Donna always hold hands. Later, in his small room, Donna tenderly smooths lotion over the rosacea on Fred's cheeks. The intimate gesture calms Fred, and Donna loves to feel close to him.

Although he is frail, does not know his nine children, and is under hospice care, Fred will be forced to move to the new facility in Kearney this fall. Donna cannot speak of the impending move without dissolving into tears. At 90, she is not capable of driving to Kearney every day. Donna has been informed, however, that Fred cannot move to the Veterans Administration Hospital here. A room is available in Kearney, and he must go.

This fall, Donna will leave the home in which she and Fred raised their nine children to live in a small room next to her husband in the new Kearney facility. She will leave family, friends, her church and her beloved quilting club. To abandon Fred, however, is not an option. Donna would sooner die.

Fred and Donna Northup have given the last 60 years of their lives to the Grand Island community. Can the Veterans Administration not possibly see a way to allow Donna to minister to her dying husband in their own hometown hospital?

Surely it's not too much to ask.

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5.9 - State of Reform: [Collaborative addresses the unique mental health needs of fire survivors](#) (1 August, Marjie High, 40k uvm; Lynnwood, VA)

As the horrendous Carr and Ferguson fires continue to rage, an initiative in Sonoma County is looking to address the mental health needs of survivors with the newly founded Wildfire Mental

Health Collaborative (WMHC). The group is treating fire trauma on a number of fronts and could serve as a model for other hard hit counties in addressing the often overlooked social costs of the increasingly common natural disasters.

Fire disaster survivors have a unique set of mental health effects that can prove difficult to address long-term. Unanticipated triggers, like wind or sirens, may cause deep anxiety, difficulty sleeping, or panic attacks in adults, while children may have separation anxiety, throw tantrums, wet the bed, or complain of headaches or stomachaches. The strain and guilt may cause confusion, lack of focus, depression, or lead alcoholics or drug addicts to begin using again. And not every survivor experiences these potential reactions immediately. They may take weeks or months to manifest.

To address these unique needs, the Wildfire Mental Health Collaborative was developed by community groups with funding from the nonprofit Healthcare Foundation of Northern Sonoma County. It brings together Post-Traumatic Stress Disorder experts from the Department of Veterans Affairs, mental health associations, and nonprofit organizations to target its assistance efforts to address trauma-informed mental health services on several fronts. Collaborative initiatives include:

- Sponsoring free and low cost trainings for mental health professionals that focus on the unique needs and issues of fire survivors;
- Sending therapists to neighborhood meetings, school events, and other community gatherings;
- Offering drop-in group therapy sessions with specially trained mental health providers;
- Holding free trauma-informed yoga and meditation classes; and
- Providing self-help resources, self tests, and connections to additional resources in English and Spanish through the website mysonomastrong.com.

Involved community partners include county mental health staff, the Redwood Empire Chapter of the California Association of Marriage and Family Therapists, Redwood Psychological Association, Alliance Medical Center, St. Joseph Health and the local chapter of the National Alliance on Mental Illness. In its first year the Collaborative has raised over \$800,000.00, but it is focused on more. Debbie Mason, CEO of the Healthcare Foundation Northern Sonoma County told the Northbay Business Journal,

“We are committed to raising \$1.1 million this year, and more than \$600,000 next year to fund the mental health needs of our community post-wildfires.”

In addition to direct and indirect service to survivors, WMHC also is looking to collaborate for the long-term benefit of the wider group of fire event survivors by conducting a study on the long-term mental health effects of fires. The National Center for PTSD, part of the VA Palo Alto Health Care System, is in charge of the study and has stated that it will likely publish its findings making them free to the public.

As fires in the West become more frequent and more intense, mental health in affected communities will continue to grow as an overall health concern. The Wildfire Mental Health Collaborative is a innovative model that from which newly affected communities may draw ideas and support in addressing current and future fire-related trauma.

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5.10 - Tillamook Headlight Herald: [New study targets Tillamook veterans](#) (1 August, Brad Mosher, 31k uvm; Tillamook, OR)

Tillamook has a rare opportunity to help shape the future of veterans' care, according to Bill Hatton, county veterans services officer.

Researchers based in Portland's Veterans Affairs Medical Center will be looking for volunteers for a study on aging Aug. 3 in the third floor conference room of the Tillamook Regional Medical Center. There will be two sessions, one at 11 a.m. and the second will start at noon.

Tillamook County is one of just two rural areas in the Pacific Northwest which will take part in a study of aging and veterans health care, Hatton said.

"There are four places that they are setting up the study – Chicago, Miami, Portland, Ore. and two rural areas in the Northwest. Tillamook County was selected as one. There is another in in Southwestern Washington," Hatton said.

"It is a unique opportunity for us because they wanted to target a group of rural veterans and we fit that category," Hatton said. It is a great opportunity for us to be recognized as a place to conduct their research study."

The study will take a close look at the activities of aging veterans and monitoring whether or not the prescribed medications in a timely manner. In addition, there is a monthly stipend of \$100 for the veterans selected to participate.

The study will also try to correlate between activity level and reducing the impacts of aging.

"Through this study, hopefully they can find ways to keep people in their homes so that they can age in place, rather than have to move to an assisted living care facility or a veterans home.

"That is the intent... to enable to keep them in their home and healthier," Hatton added. "The study is funded for three years. It is a long term study."

The Collaborative Aging in place Research using Technology (CART) study will be for three years and use non-intrusive home activity monitors and sensors.

"Being able to understand how we can enable older adults to remain independent and avoid hospitalizations or transitions into care facilities is an important goal," said Dr. Lisa Silbert, Principal Investigator for the Veterans Affairs (VA) CART site. "Costs of long-term care services for people who can no longer live independently are rising. New approaches, like CART, are needed to address this challenge."

The CART study uses electronic pillboxes, wearables and digital scales to continuously track activity in real-time. These technologies measure activity, mobility, body composition, socialization and cognition. Over time, this system of devices can detect a loss of mobility, decline in cognitive functions or other behavioral changes, she added.

"We're testing if these technologies can identify meaningful changes in activity patterns, which could lead to a loss of independence or health issues that require medical attention," said Rachel Wall, a VA CART study coordinator. "Ultimately, we want to help veterans remain healthy and independent for longer, especially if they live in areas without easy access to medical care."

The CART study is funded by the National Institutes of Health and the Department of Veterans Affairs.

Researchers from the VA, OHSU, Rush University and the University of Miami will recruit 260 subjects across the U.S. during the first phase of the study. Participants will be veterans living in rural areas of the Pacific Northwest; low-income older adults living in section 202 housing in Portland, Ore.; African-American older adults from Chicago and African-American and Hispanic-American older adults from Miami.

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6. [Suicide Prevention](#)

6.1 - KSL (NBC-5, Video): [Hatch, Stewart bill for national three-digit suicide prevention hotline awaits president's signature](#) (1 August, Dennis Romboy, 9.4M uvm; Salt Lake City, UT)

A bill two Utah Republicans pushed to create a three-digit telephone number — similar to 911 — for the national suicide prevention hotline is headed to the president's desk.

Sen. Orrin Hatch and Rep. Chris Stewart were among lawmakers who introduced the legislation in May 2017. The Senate passed it last November before the House approved a slightly amended version last week. The Senate unanimously passed the amended bill Wednesday.

"This bipartisan proposal is a lifeline for those experiencing suicidal thought," Hatch said. "With this bill, we can prevent countless tragedies and help thousands of men and women get the help they so desperately need."

The bill aims to reform the suicide prevention lifeline system and Veterans Crisis Line by requiring the Federal Communications Commission — working with the Department of Health and Human Services, and Department of Veterans Affairs — to study the system and make recommendations to Congress on how to improve it.

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6.2 - Daily Press: [Renewing efforts to address mental health](#) (1 August, Editorial Board, 863k uvm; Newport News, VA)

Society is taking steps to better identify and treat mental health issues, although we are far from the finish line

Health includes more than just our obvious physical well-being. When we injure ourselves, it's evident in a bump, bruise or broken bone.

But we all must consider and evaluate our mental health as well.

Our thoughts, emotions, feelings as well as our ability to solve problems and overcome difficulties all affect how we interact with the world. We may need to call on professional help when those factors are incongruent with our normal behaviors.

So it is good news that two Hampton Roads medical facilities — one serving veterans and active duty military and the other children — are doing more to focus on the mental health of their patients.

The Hampton Veterans Affairs Medical Center is already among the busiest such facilities in the nation. For about a year, the Hampton campus has operated a walk-in mental health clinic for those who need immediate help.

Some veterans continue to internally battle with service-related trauma long after they return home. Evidence of that is the high rate of suicide among active and retired military personnel.

A 48-page report published in June by the Department of Veteran's Affairs gives cause for both hope and concern in Virginia.

While a single veteran's suicide is one too many, Virginia is showing progress toward lowering its rate of suicide deaths. The state in 2015 recorded 23.5 suicides per 100,000 veterans, well below the national rate of 29.7.

Still, the study shows the suicide rate among veterans nationwide was significantly higher than the general population.

Veterans have given their time and talents to protecting this country. We must show they just how treasured they are by keeping mental health services at the forefront of our consciousness.

We applaud the VA's efforts to reduce the rate of veterans suicides in Virginia. With such a veteran-rich population here, these issues affect communities, block by block, home by home.

Evaluating mental health and treating mental illness are not exclusively for adults; we should also consider their effect on children as well.

The Children's Hospital of The King's Daughters (CHKD) now has state approval to build a pediatric mental health facility in Norfolk.

The facility will allow CHKD to expand the hospital's mental health program to better treat children 2-18 years old. Those services will be deployed by close to 250 health care providers and support staff.

It includes 48 inpatient mental health beds for young patients, along with mental health day treatment programs and other services.

CHKD currently receives 15 to 20 mental health referrals each day from primary and specialty health care providers. Another three to five children arrive in the CHKD emergency department daily seeking crisis care for mental health disorders.

Twelve more beds will be added to the current hospital as part of the expansion.

These initiatives from the VA and CHKD are just two example of how our society must keep mental health centered in the nation's spotlight.

Mental illnesses are not both deeply personal to the individual who suffers from them but also the families and friends who work to help heal that individual.

Many mental health issues arise from a combination of factors, including brain chemistry, family history and life experiences. They can manifest themselves in the form of disruptive behavior, social isolation, mood swings and self-destructive actions.

Depression, post-traumatic stress and anxiety can lead to sleep difficulties, obesity, chronic pain or substance abuse.

Left unchecked, mental illness (and even poor mental health) can result in unemployment because of poor performance or an inability to simply show up for work on a regular basis.

It is extremely beneficial to identify and address mental and emotional issues as early as possible; the facility at CHKD will give innumerable children and families a head start on treatment.

One of the most crucial pieces of the mental health puzzle is to correct the stigma surrounding mental illness.

Visit sites such as nami.org (National Alliance on Mental Illness) to learn more about mental health, where to find help and to take a screening to test your level of mental health. And visit a doctor if you truly have concerns for yourself, a family member or friend.

Our nation's approach to mental health and treating mental illness must include prevention, early identification and intervention for those at risk.

Unlike physical ailments, we may never see the progress we make. But to those who suffer, the efforts our community make in this fight will feel like a well-deserved victory

Step by step, we are striving for success, although the finish line is still a significant distance away.

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6.3 - WBSM (AM-1420): [Smartphones Can Automatically Dial The Veterans Crisis Line](#) (1 August, Kristen Pacheco, 10k uvm; Fairhaven, MA)

The VA has just announced an important tool for helping to battle Veteran suicide - an immediate response from SIRI.

In 2013, the VA released a study that said roughly 22 veterans die by suicide per day. The ongoing effort to help reduce the number of veteran suicide has finally lead to the use of smartphone technology.

If you, a family member or a friend is a Veteran that is having trouble adjusting to life at home, this new SIRI and Google Assistant feature can let them access help simply by saying " Call the Veteran's Crisis Line".

With that single voice command, both Siri and Google Assistant will automatically dial the National Suicide Prevention Lifeline even if the number is not saved in the caller's phone. Veterans can dial 1 and get connected to the Veteran's Crisis Line from there.

"The ability to for Veterans to connect to the Veterans Crisis Line using just four simple words, and through a technology that so many people are familiar with already, is truly remarkable. While some suicidal crises last a long time, most last minutes to hours. The quicker we can get Veterans connected to care, the more likely they are to survive." Dr. Matt Miller, Director of the Veterans Crisis Line.

Read the full article from the US Department of Veteran's Affairs here.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - People: [This 94-Year-Old Vet Is Going for Gold in the Wheelchair Games: 'I'm Gonna Do My Doggone Best!'](#) (1 August, Jason Duaine Hahn, 43.5M uvm; New York, NY)

At 94 years old, Doris Merrill still remembers the first time she used her motorized wheelchair to outrace other seniors at the National Veterans Wheelchair Games, nearly two decades ago

"My heart was beating so loud the first time I was in an event, I thought, everyone can hear it," Merrill tells PEOPLE. "And I won the slalom, and I didn't know I won it. I was so glad. I tried it and I did it, I did it. I wish my mother and father and everybody was there to see I did it."

Merrill, who joined the Navy at 20 years old during World War II, is the oldest person competing in the 38th iteration of the games, which kicked off on Monday in Orlando, Florida.

She and more than 600 disabled athletes will be facing off in 20 events over six days, and Merrill will be going for the gold in four disciplines — bowling, motorized slalom, motorized rally and boccia, the last of which she has never played before.

"I'm gonna do my doggone best, if I don't, it's alright, I'm there," says Merrill, of Nanticoke, Pennsylvania. "I compete, I see my friends and the food is always good!"

In the slalom and rally, Merrill and others will maneuver their wheelchairs through a series of orange cones, racing to the finish line. For Merrill, who was diagnosed with cervical myelopathy in her neck after sustaining an injury in boot camp — and then, later, with multiple sclerosis — capturing the thrill of competition is something she is grateful to have while still being largely dependent on her wheelchair.

“You can’t believe what the wheelchair games mean to me and to everyone. I’m not alone,” she says. “I can do these things and everyone you talk to, they don’t think they can do it. But I always say, if it moves, move it. Just move it. Maybe it’s just your big toe, but move it.”

Before participating in her first games in 1999, Merrill had been feeling sad about her health. A recreational therapist recommended she join adaptive sports.

“I was in pretty bad straits,” she says. “But the men at the VA encouraged me to go, and I’m so glad that I went.”

There are about 4 million veterans who have a disability connected to their time in the service. According to the Department of Veteran Affairs, adaptive sports can be used as part of the healing process for injured or disabled veterans.

Being around other people with impairments — such as in the U.S. Paralympics or the Invictus Games — can build a sense of confidence and acceptance of their disability for veterans, the University of Pittsburgh adds. The Paralyzed Veterans of America help to put on the National Veterans Wheelchair Games in association with the VA.

“If you are feeling negative and you go to the games, you turn positive,” Merrill says. “You see 550 people in wheelchairs, they’re your comrades. The camaraderie is unbelievable, it’s an experience you can’t forget.”

Since her debut at the games, Merrill has taken home some 70 medals over the last two decades (and she says she gives away many of them to members of her nursing home who aren’t able to compete).

For disabled veterans and seniors who may be considering adaptive sports, but who remain on the fence, the ever-tenacious Merrill says to just get out there and make it happen.

“Talk to yourself. You have that inner voice. I had that inner voice but it was saying don’t go, or poor you, what if you get hurt? I don’t think of that now,” she says. “All I can say is never quit. You quit, your finished. You have to do what you have to do, but only you can do it.”

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7.2 - WJAR (NBC-10, Video): [Coins continue to disappear at Marine’s grave, mother says](#)
(2 August, Ashley Cullinane, 862k uvm; Cranston, RI)

BOURNE, Mass. — Military tokens and coins at a young Marine’s gravestone have been disappearing, his mother said.

Becket Kiernan was just 18-years-old when he died in February from necrotizing fasciitis, an aggressive bacterial disease.

“He was kind and thoughtful. He was a leader,” his mother, Lynda Kiernan, said. “When he was a little more than 10, he joined the young Marines.”

Kiernan has been visiting Becket's grave in Massachusetts National Cemetery almost daily. This summer, though, she noticed military challenge coins and quarters disappearing.

"Sometimes, all the dimes would go missing," she said.

The coins left on graves symbolize respect and brotherhood, which is a tradition for the military.

"It should be instinctual to leave that alone," Kiernan said. "It should be instinctual you don't take from any grave, let alone a military grave of an 18-year-old."

The cemetery's director said every three months, coins are collected and money goes to beautifying the cemetery. He suggested lawn mowers may also disturb the coins.

But Kiernan has a gut feeling there is something more to this.

"Usually, they'd go missing on a Friday or Saturday night when there's no mowing being done and there's no staff here," Kiernan said.

Massachusetts State Police have increased patrols, but Kiernan hopes her message is clear to the public.

"The thought of someone taking any sign of respect away from Becket I cannot handle," she said. "I won't stomach it. I won't stop."

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7.3 - Daily Journal: [A veteran's search for home ends here](#) (1 August, Jacob Scott, 193k uvm; Park Hills, MO)

Teresa Curry joined the Air Force as a young woman, working initially with air-to-air and air-to-surface missiles.

"I went into the service pretty much right after high school," Curry said. "I got out after four years, got a halfway decent job in Tampa, then the plant I was working at closed. Then I went back into the service at my previous rank and stayed in for about six years."

During her second stint in the Air Force, Curry worked in aircraft radio systems. Upon leaving and attempting to reenter the workforce, she said she began to wonder if her military experience counted for anything with potential employers, as she struggled to find a good job.

"I ended up without a place to stay," she said. "The VA had a program called CWT (Comprehensive Work Therapy). I didn't need a job because I had one, and the job didn't pay any more than what I had with CWT. But I went ahead and went over there and they found me an apartment that was livable."

Curry said when she first got involved with the program in Tampa it was expediently run by the VA, but after a period of time became outsourced to a private contractor and seemed to run less efficiently. After becoming frustrated by the process of providing what seemed like no end of paperwork to the private contractor in charge of the program with no results, Curry found herself in a more dire housing situation.

"I ended up homeless in Tampa," she said. "I was staying at a friend's place. I needed to get out of there and I kept trying to find a place, going through the rigmarole. And then I came to Missouri to be with my parents.

"I got ahold of the VA here, and they actually have a social worker that works with veterans," she said. "They sent me down to East Missouri Action Agency. I started the process in August and I got an apartment in November, something like that."

Curry said she was set up with an arrangement through Section 8, in which she provides a portion of her monthly rent. As her income increases, so does the percentage of rent she pays each month.

Curry is one of approximately 480,000 veterans living in Missouri, which is about 2.2 percent of all veterans living in the country according to the U.S. Census Bureau. Of those 480,000, approximately 650 are reported to be homeless. Homeless vets living in Missouri account for about 1.3 percent of all homeless veterans in the United States.

"You guys have a lot of veterans here," Curry observed of the area. "Missouri kind of suits up and runs — you guys jump into the fray when something goes on. You're very patriotic here."

After experiencing the differences between the housing programs offered while she lived in Tampa and here in Missouri, Curry said she has seen that the system can work well, provided it is made a priority.

"Civilian contracting is good to a point," she said. "But there are some things that need to be left to the VA. I guess the VA needs to be more in-tune with veterans' needs."

Considering specific improvements that could be made to the housing assistance system for veterans, Curry suggested the continued incentivizing for low-income housing and even the possibility of temporary housing opportunities.

"There should be a place, even if it's like a YMCA, for a person to go and stay a day or a week while they're looking for a place," she said. "There are other things that could be done, as well. I know there are tax credits available for low-income housing units, which is good as well."

While there are opportunities reserved for veterans, housing programs for those who haven't served are available as well, with many of the same arrangements.

Finding oneself in a position of a lack of permanent housing is not necessarily caused by a lack of integrity or willpower, as exemplified by Curry and the thousands of other veterans across the country who have found themselves in such a position. While the cause is unique for every individual, the importance of the resources made available to them can not be overlooked.

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7.4 - The Telegraph: [VA soon to limit burials at Alton National Cemetery to 'second interments'](#) (1 August, Linda N. Weller, 160k uvm; Alton, IL)

The U.S. Department of Veterans Affairs will be halting “first interments” at Alton National Cemetery soon, the agency announced Wednesday.

“The National Cemetery Administration (NCA) does not own land within adjoining Alton Cemetery, and the remaining available gravesites at the historic half-acre site (Alton National Cemetery) are expected to deplete before March 2019,” a VA press release says. The National Cemetery Administration is a VA agency.

“First interments are a veteran or a spouse,” said John Daniels, cemetery representative at Jefferson Barracks National Cemetery in South St. Louis County, which oversees and maintains Alton National Cemetery under auspices of the NCA.

Subsequent burials are for the second person who dies, whether it is the veteran, spouse or minor child.

Because the half-acre cemetery, 600 Pearl St. in Alton, was getting full, a number of years ago the VA restricted burials to cremated remains, called “cremains,” to conserve space.

Once first interments of “cremains” stop, the cemetery will continue to allow “subsequent burials.” It will remain open for visitation and commemoration purposes, including the Wreaths Across America ceremony every December. Volunteers place wreaths on 560 veterans’ graves as part of the program, which Altonian Margaret Hopkins organizes each fall.

The site will remain under the administration of Jefferson Barracks National Cemetery, under contract, and is open to visitors from dusk to dawn.

Eligible veterans and family members will continue to have access to burial options at Jefferson Barracks National Cemetery, located approximately 40 miles away. Additionally, VA provides memorial benefits to veterans who choose burial in a private cemetery.

According to the VA website (<https://www.cem.va.gov/cems/nchp/alton.asp>), Alton National Cemetery originally was a soldiers lot in the Alton Cemetery, also called Alton City Cemetery over the years.

Despite the existence of the lot as early as 1870, the government did not own the tract until July 1, 1940, when the Alton Cemetery Association donated the land, the website says. An estimated 163 Union soldiers and 12 unknowns initially were buried there, according to an inspection report of 1870.

The men died at the Alton hospital and onboard steamboats passing up the Mississippi River.

The VA website says the U.S. government paid cemetery administrators \$30 a year to care for the plot. After the Civil War, there were plans to move the 163 Alton soldiers to Springfield National Cemetery, but the community protested and exerted sufficient influence to prevent the removal.

In 1938, the Alton Cemetery Association made an initial offer to donate land for a national cemetery with a proviso that the government build a rostrum or permanent speaker’s stand for use on Memorial Day. Once the offer was accepted, Works Progress Administration laborers constructed a permanent rostrum, the website says.

Between 1941 and 1942, remains of 49 Union soldiers were removed from a nearby, but separate, section of Alton Cemetery, and were reinterred on the federal land.

The cemetery was listed on the National Register of Historic Places on May 5, 2011.

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7.5 - Tampa Bay Newspapers: [Pinellas Business News: Bay Pines VA to host veterans job fair](#) (1 August, 67k uvm; Seminole, FL)

ST. PETERSBURG – The Bay Pines VA Healthcare System will host a job fair Thursday, Aug. 2, 5 to 8 p.m., in the J.C. Cobb room located in building 100 of the C.W. Bill Young VA Medical Center, 10000 Bay Pines Blvd., St. Petersburg.

Parking will be made available in the parking lot located adjacent to the medical center building.

The job fair will have special emphasis on employment opportunities for veterans and veterans with disabilities. Similar job fairs have been conducted in the past and have been instrumental in making employment connections for veterans seeking employment in the federal government.

Qualified applicants will be interviewed on the spot, and tentative job offers may be made that day. Applicants interested in positions in nutrition and food service, housekeeping and engineering are encouraged to bring their resume, DD214 (Member 4 Copy with Character of Service), VA letter showing disability rating, and Schedule A letter if applicable.

"Our organization has a very special and inspiring mission – to honor America's veterans by providing exceptional health care that improves their health and well-being," said Suzanne M. Klinker, director, Bay Pines VAHCS. "We have been able to fulfill this mission because of our dedicated workforce and our ability to find the best and brightest professionals to join our team."

More than 1,500 Bay Pines VAHCS employees previously served in the military. This number equates to approximately 35 percent of the current workforce.

"We have an unwavering commitment to support veterans. A big part of our mission is offering veterans statutory hiring preference, and, in some cases, non-competitive placement in various technical and professional occupations," said Jeffrey Heinrichs, chief, human resources management service. "Bay Pines is a place where veterans can grow a career, while sharing life experiences in an environment that can help others heal," he said.

For more information about the upcoming job fair, call Brenda Sykes at 727-398-6661, ext. 10636.

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8. [Other](#)

8.1 - NJ.com (The Jersey Journal): [Doctor sentenced to prison for scamming federal veterans program](#) (1 August, Gianluca D'Elia, 9.4M uvm; Newark, NJ)

A cardiologist who pleaded guilty to scamming the federal Department of Veterans Affairs was sentenced to 20 months in prison, the U.S. District Attorney's office announced Tuesday.

Apostolos Voudouris, a Somerset physician who specializes in cardiology and electrophysiology, admitted that on more than 350 occasions between 2011 and 2015, he submitted documentation to Veterans Affairs, claiming he performed procedures that never actually happened, the attorney's office said.

He pleaded guilty in August 2017 to federal health care fraud.

As a result, Voudouris, 44, fraudulently received \$238,320, for which he now has to pay restitution to the federal program.

As part of his plea agreement, he also has to pay \$476,460 in a civil settlement with the government, for a total payback of \$714,690.

In addition to his prison term, Voudouris was sentenced to two years of supervised release and a \$7,500 fine.

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8.2 - Lane Report: [VA to rename Lexington campuses in honor of two Iwo Jima veterans](#) (1 August, 33k uvm; Lexington, KY)

Two Central Kentucky Marines who served at Iwo Jima will be honored next week as the Lexington VA Health Care System renames its campuses in their memory. The Leestown Division will be renamed in honor of Franklin R. Sousley of Flemingsburg, and the Cooper Division will be renamed in honor of Troy Bowling of Lexington. The ceremony will be at 9:30 a.m. on Thursday, Aug. 9 at the Leestown Road campus.

"We are honored to rename our campuses after two heroic Marines from our service area," said Emma Metcalf, Lexington VA Health Care System director. "These veterans didn't just inspire the people who knew them best, they inspired countless others who have come to know their stories."

The renaming is the result of work by Congressman Andy Barr, who's Sixth District Veterans Coalition in 2014 brought a suggestion to him to rename the Lexington campuses after local distinguished veterans. Following a thorough review and vetting process, Congressman Barr introduced H.R. 4533 in the House in December of 2017. The bill passed both the U.S. House and Senate in February and was signed into law by President Donald Trump on March 9, 2018.

"We can never repay Private First Class Franklin Sousley and Private Troy Bowling for their service to our nation, but renaming these VA campuses in their honor ensures their memory and sacrifices are never forgotten," said Congressman Barr. "These two deserving Veterans embody the best of America's ideals, values and commitment to others – never abandoning the Marine motto of Semper Fidelis, 'Always Faithful.'"

Private Troy Bowling served in the United States Marines during the campaign against Japan during World War II. His unit was among the first to land on Iwo Jima, a Pacific island on which more than 6,800 United States service members gave their lives to secure. After the war, Private Bowling devoted more than 78,000 hours of volunteer service at the Lexington, Kentucky VA Medical Center over more than 66 years. He was an active member of the Disabled Veterans of America, serving in multiple leadership positions including Kentucky State Commander. He received the Lifetime Service Achievement Award from the Department of Veterans Affairs, and is a member of the Kentucky Veterans Hall of Fame. Private Bowling passed away in 2017.

Private First Class Franklin Sousley of Fleming County, Kent. also fought in the Battle of Iwo Jima. Shortly after American forces secured Mount Suribachi, Pfc. Sousley along-side five other fellow services members, raised a large U.S. flag so it could be seen over the island. An iconic photograph taken while raising the U.S. flag, led to an immortalized symbol of the American bravery, perseverance, and sacrifice endured by members of the U.S. Armed Forces during the intense battles of World War II. Less than a month later, Pfc. Sousley was killed in combat by a Japanese sniper on March 21, 1945. His remains were laid to rest at the Elizaville Cemetery in Fleming County in 1947.

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Veterans Affairs Media Summary and News Clips

3 August 2018

1. [Top Stories](#)

1.1 - USA Today (Video): [VA staff plea: End 'incompetence' and fix worsening conditions at DC hospital](#) (2 August, Donovan Slack, 36.8M uvm; McLean, VA)

Employees at the Veterans Affairs hospital in Washington pleaded with the new VA secretary to take action as conditions at the facility have continued to deteriorate even after national leaders swept in more than a year ago, removed the hospital director and sent in patient-care experts to help. Infection rates went up instead of down in veterans' bloodstreams and in their urinary tracts. Patient satisfaction went down instead of up. Employee satisfaction tanked.

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1.2 - Business Insider: [The VA hospital in DC was reportedly using rusty surgical tools and water full of bacteria, and employees say the 'critical' situation is getting worse](#) (2 August, Ryan Pickrell, 36.8M uvm; New York, NY)

The persistence of serious problems endangering America's veterans at the Department of Veterans Affairs Medical Center in Washington, DC has employees begging Secretary of Veterans Affairs Robert Wilkie for assistance. "We ask you, our respected leaders, to stop this coverup and incompetence, to really care and live up to America's promise to its Heroes," the employees wrote to Wilkie and other senior Department of Veterans Affairs officials in correspondence obtained by USA Today.

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1.3 - Stars and Stripes: [VA rips 'blue water' Agent Orange bill, urges Senate to sink it](#) (2 August, Tom Philpott, 1.5M uvm; Washington, DC)

Department of Veterans Affairs officials say they strongly oppose passage of the Blue Water Navy Vietnam Veterans Act (HR 299), which would extend Agent Orange disability benefits and health care to between 70,000 and 90,000 veterans who served aboard ships in territorial waters off Vietnam during the war, and today suffer ailments associated with herbicides sprayed across its jungles for years. The Blue Water Navy bill passed the House unanimously in late June and seemed certain to fly through the Senate, given reports of close coordination on the bill between the chambers' Veterans' Affairs committees, and the House having negotiated a plan to pay for the benefits with major veteran service organizations.

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1.4 - Roll Call: [Senators Back Agent Orange Benefits. The VA Is Not Convinced](#) (2 August, Lauren Clason, 430k uvm; Washington, DC)

The Senate Veterans' Affairs Committee seems poised to advance a popular bipartisan bill extending disability benefits to Vietnam veterans who claim they were exposed to Agent Orange. But Department of Veterans Affairs officials said Wednesday the agency opposes the measure. Lawmakers on both sides of the aisle expressed strong support for the legislation at a hearing Wednesday, questioning whether the VA adequately considers applications from vets who served in ocean vessels claiming exposure.

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1.5 - Military.com: [VA Insists Science Doesn't Support Agent Orange Claims From 'Blue Water' Vets](#) (2 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs opposed a bill Wednesday that has overwhelming bipartisan support in the House and Senate to extend Agent Orange health care and disability benefits to "blue water" sailors who served offshore during the Vietnam War. "The science is not there" to show that the freshwater systems of Navy ships were contaminated by dioxin from Agent Orange defoliants widely used in Vietnam, said Paul Lawrence, the undersecretary for benefits at the VA's Veterans Benefits Administration.

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1.6 - Military.com: [Cardiologist Will Do 20 Months for Ripping off VA on Medical Procedures](#) (2 August, Hope Hodge Seck, 9M uvm; San Francisco, CA)

A New Jersey heart doctor who billed the Department of Veterans Affairs hundreds of thousands of dollars for procedures he never performed on veterans is finally facing the consequences of his actions. Apostolos Voudouris, 44, will serve 20 months in prison and pay a total of \$722,190 in restitution, a civil settlement and fines after billing the VA for more than 350 procedures he never did over a four-year period, according to the U.S. Attorney's Office for the District of New Jersey.

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1.7 - Beckers Hospital Review: [DC veterans hospital staff urges new secretary: 'Stop this cover-up and incompetence'](#) (2 August, Megan Knowles, 441k uvm; Chicago, IL)

Staff at the Veterans Affairs hospital in Washington, D.C., are pleading with newly appointed VA Secretary Robert Wilkie to act on deteriorating conditions at the facility, including increased infection rates and decreased patient satisfaction, USA Today reports. Conditions at the hospital reached a point where a senior VA health executive notified local and regional officials in July that the situation is being investigated and more "leadership changes" could happen, according to internal documents obtained by USA Today.

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2. [Greater Choice for Veterans](#)

2.1 - Char-Koosta News: [Senator Tester's VA Mission Act aimed at improving VA health care delivery system](#) (2 August, BL Azure, 6.5k uvm; Pablo, MT)

Representatives from the staff of Senator Jon Tester (D-Mont.) met with the Confederated Salish and Kootenai Tribes governing body and a dozen veterans Thursday. The reason was to introduce them to the new law: the VA MISSION Act, sponsored by Sen. Tester and Sen. Johnny Isakson (R-Georgia) aimed to improve the VA health care delivery system — it replaces the VA Choice program. Michael LaValley and Chad Campbell of Tester's office told those in the Tribal Council chambers that the Act would improve the VA health care delivery system.

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3. [Modernize Our System](#)

3.1 - Health Data Management: [VA opposes bill calling for pilot program to test patient data device](#) (2 August, Greg Slabodkin, 143k uvm; New York, NY)

The Department of Veterans Affairs is opposed to proposed legislation that would require the agency to conduct a pilot program providing patients with a new device—the size of a credit card—to access their personal health information and share it with providers inside and outside of the VA. The Modernization of Medical Records Access for Veterans Act, sponsored by Sen. Bill Cassidy (R-La.), would also require the VA to conduct a full and open acquisition and award a contract within 120 days of enactment of the legislation, as well as establish a one-year pilot in at least one Veterans Integrated Services Network.

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3.2 - GovernmentCIO Media (Video): [AI's Role in Improving VA's Service Delivery to Veterans](#) (2 August, Camille Tuutti)

Emerging technologies such as artificial intelligence have come to play a key role in how the Veterans Affairs Department is delivering services to veterans, according to one program executive. "All of these new technologies, although they represent a challenge for us to keep up with and looking for new applications for them, we envision they will, or in fact already are, improving services to veterans," says Dr. Paul Tibbits, program executive officer of VA's Financial Management Business Transformation Special Program Office.

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4. [Focus Resources More Efficiently](#)

4.1 - Orlando Sentinel (Opinion): [VA should rethink decision to kill support group at Tavares clinic for vets suffering from PTSD](#) (2 August, Lauren Ritchie, 4.8M uvm; Orlando, FL)

Dave Bristol slept just fine until he retired. The 22-year Air Force veteran who rode reconnaissance aircraft picking up and decoding enemy messages — sometimes warning the crew to hightail it out of there before being shot down — was busy with his life like everyone else. But when Bristol, 80, stopped working a second career 13 years after he left the service, he started having nightmares about being blown out of the sky, as such electronically snoopier aircraft sometimes are. "I called it 'flying and dying.' The dreams were so vivid and frightening that I didn't go back to sleep," he said.

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4.2 - El Paso Times: [El Paso veterans medical system adding community clinics; one for mental health services](#) (2 August, Vic Kolenc, 534k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care System is expanding its footprint well beyond its main VA Medical Center clinic in North Central El Paso with plans for two community clinics to be built by the end of 2019. The VA plans to move most of its mental health services from its main Medical Center, located next to William Beaumont Army Medical Center, to a new building on the Medical Center of the Americas campus in South-Central El Paso and open a West Side clinic in a new building in the Northwest Corporate Center industrial park by the end of next year, said retired Army Col. Michael Amaral, director of the El Paso VA Health Care System.

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4.3 - WWTV-TV (Video): [Groundbreaking Ceremony For Northern Michigan's Largest VA Clinic](#) (2 August, Whitney Amann, Jeremy Erickson, 442k uvm; Cadillac, MI)

"Something we have been waiting for, for almost 10 years," said John Lefler, president of the Grand Traverse County Area Veterans Coalition. A center to provide well-earned services to veterans is now one step closer to reality. The Colonel Demas T. Craw VA Clinic in Grand Traverse County celebrated their groundbreaking. Located just north of Chums Corner, the more than 22,000 square foot clinic will provide veterans with services like outpatient care, mental health services, physical therapy, telehealth and home based primary care.

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4.4 - Lake County News: [Clearlake VA Clinic closed through Aug. 3 due to fires](#) (2 August, 159k uvm; Lakeport, CA)

Due to hazardous air quality and to ensure the safety of veterans and staff, the Clearlake VA Community-Based Outpatient Clinic will be closed through Friday, Aug. 3. Clinic officials said they will continue to assess the situation at the clinic throughout the weekend and will make a final decision about its operating status for Monday, Aug. 6 by 4 p.m. on Sunday, Aug. 5.

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4.5 - KALB-TV (Video): [Change of pace at 6th Annual VA Mental Health Summit](#) (2 August, Lydia Magallenes, 67k uvm; Alexandria, LA)

In a pilot simulation to help local organizations better understand the veterans they serve, Thursday's 6th Annual VA Mental Health Summit started a little differently this year. At Thursday's 6th Annual VA Mental Health Summit, a simulation gave participants a feel for the challenges veterans face after leaving the military. Participants got a crash course in military indoctrination to get a feel for the structure and camaraderie of the armed forces.

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5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

6.1 - WBIW-AM: [Donnelly's Bipartisan Suicide Hotline Bill Heads To President Trump's Desk](#) (2 August, 57k uvm; Bedford, IN)

A companion to U.S. Senator Joe Donnelly's bipartisan National Suicide Hotline Improvement Act passed the Senate Wednesday. The legislation passed the House earlier this month and now heads to President Trump's desk. Donnelly introduced the Senate version of this bill with Senator Orrin Hatch (R-UT) in May 2017 and that version passed the Senate unanimously last November.

[Hyperlink to Above](#)

6.2 - West Plains Daily Quill: [Veterans suicide prevention event Aug. 16](#) (2 August, 9k uvm; West Plains, MO)

From 1 to 4 p.m. Aug. 16, veterans and their families are invited to the Clay Hunt Outreach Event at the West Plains National Guard Armory for live music, food, drinks and information booths offered as part of a veterans' suicide prevention effort. Information available will address

U.S. Department of Veterans Affairs (VA) health care enrollment and benefits. Veterans service officers will be on hand to discuss compensation and pension, as well as suicide prevention. On-site mental health and peer services will also be available.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - MarketWatch: [Veteran against veteran: A new battle on Capitol Hill pits Agent Orange funding against low-cost mortgages](#) (2 August, Andrew Riquier, 16.4M uvm; New York, NY)

A new battle on Capitol Hill is pitting Vietnam veterans against more recent service members. The Senate is currently considering the Blue Water Navy Vietnam Veterans Act of 2018, a bill that would extend benefits to 90,000 vets who served in the Navy off the coast of Vietnam and say they were exposed to Agent Orange. The House of Representatives in June approved the bill 382-0. But one of the ways it would pay for the bill, which the Veterans Administration estimates will cost \$3.4 billion over the next five years, is by increasing fees on home loans guaranteed by the Veterans Administration – a benefit far more likely to be accessed by younger vets.

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7.2 - Stars and Stripes: [Oldest military cemetery on the West Coast could come under VA care](#) (2 August, Claudia Grisales, 1.5M uvm; Washington, DC)

Lawmakers on Capitol Hill are considering a plan to assign maintenance of the oldest military cemetery on the West Coast to the Department of Veterans Affairs. Mare Island Naval Cemetery is in the San Francisco Bay Area and was neglected after its neighboring shipyard was closed in 1996 through the Base Realignment and Closure Act. From 1858 to 1921, 860 servicemembers and veterans, mostly from the Navy and Marines, were buried at the site. The cemetery, which includes the graves of three Medal of Honor recipients and veterans from the War of 1812, Civil War and World War I, has since been officially under the care of the City of Vallejo, Calif., which hasn't had the funds to keep up the grounds.

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7.3 - News & Observer: [He wanted to be buried in a veterans cemetery. But that's not possible in Raleigh.](#) (2 August, Anna Johnson, 3.9M uvm; Raleigh, NC)

Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery. When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina. With his wife and son still living in Raleigh or nearby, Marshall thought it would be a good spot that was close enough for them to visit. But that national cemetery is also full — and has been for years.

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7.4 - WSAZ-TV (AP): [West Virginia gets grant to train veterans in agriculture](#) (2 August, 824k uvm; Huntington, WV)

West Virginia has been awarded a \$400,000 federal grant to provide agriculture training for military veterans. The state Department of Agriculture says in a news release the grant from the

U.S. Department of Veterans Affairs aims to improve veterans' health. The statement says the Hershel "Woody" Williams VA Medical Center in Huntington will train participants to pursue agricultural vocations while addressing their behavioral and mental health needs.

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7.5 - Florida Politics: [Miami-Dade County announces virtual end to veteran homelessness](#) (2 August, Ryan Nicol, 157k uvm; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness. A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust. "After four long years of leaving no stone unturned, I am proud to officially announce that Miami-Dade County has effectively ended homelessness amongst veterans in our community," said Ron Book, chair of the Trust.

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8. [Other](#)

8.1 - MLive.com (Video): [Veterans find balance, relaxation with tai chi at VA center](#) (2 August, Heather Jordan, 10.8M uvm; Farmington Hills, MI)

On a recent Wednesday afternoon, a group of veterans gathered in the activities pavilion at Saginaw's Aleda E. Lutz VA Medical Center to practice the ancient Chinese tradition of tai chi. Relaxing music played as physical therapist Ashtin Swaim stood at the front of the room, directing their attention inward toward their breath and posture. Once everyone had found the proper alignment, she led the group in doing gentle, synchronized movements with names such as "heavy arms" and "riding the horse." "Bring your arm up and then slowly let it fall. Gravity kind of takes over," she said. "It should be a relaxed momentum. Just let that tension go in your neck and shoulders."

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8.2 - Reason.com: [A Former Veterans Affairs Employee Tried To Defraud a Disabled Vet of \\$680,000](#) (2 August, Zuri Davis, 3.2M uvm; Los Angeles, CA)

A former Veterans Affairs employee has been convicted on federal fraud charges after using his position to write himself into a disabled veteran's will. A press release from the U.S. Attorney's Office in the Eastern District of Tennessee details Kenneth Richard Devore's long list of crimes, beginning with the attempted defrauding of a disabled veteran. The veteran, identified by the government as D.N., was discharged from the military in 1986. After D.N. was officially declared incompetent, Devore, a VA field examiner, was tasked in 2013 with making sure D.N. received his VA benefits and that his assets were managed responsibly.

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8.3 - WPXI-TV (Video): [Local lawmakers want to change federal law keeping veterans from getting disability benefits](#) (2 August, 2.1M uvm; Pittsburgh, PA)

A local congressman wants to see a federal law preventing some veterans from getting disability benefits changed. Rep. Mike Doyle, D-Pittsburgh, said he's spoken with the House's Veterans Affairs Committee about the law, but they point to a lack of funds. Veteran Cliff McAfee received \$16,000 severance six years ago after spending 12 years in the U.S. Marine Corps.

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1. Top Stories

1.1 - USA Today (Video): [VA staff plea: End 'incompetence' and fix worsening conditions at DC hospital](#) (2 August, Donovan Slack, 36.8M uvm; McLean, VA)

Employees at the Veterans Affairs hospital in Washington pleaded with the new VA secretary to take action as conditions at the facility have continued to deteriorate even after national leaders swept in more than a year ago, removed the hospital director and sent in patient-care experts to help.

Infection rates went up instead of down in veterans' bloodstreams and in their urinary tracts. Patient satisfaction went down instead of up. Employee satisfaction tanked.

The hospital declined so much that a senior VA health executive put local and regional officials on notice last month that the situation is under investigation and more "leadership changes" could be in store, according to internal documents obtained by USA TODAY.

The group of anonymous employees showed little faith in the effort. They wrote to newly minted VA Secretary Robert Wilkie this week asking him to step in and finally fix the hospital that serves tens of thousands of veterans in the nation's capital.

They noted an investigation concluded this year that VA managers at every level – local, regional and national – knew for years about dangerous conditions at the hospital but didn't fix them. The VA inspector general found "a culture of complacency and a sense of futility pervaded offices at multiple levels."

When the results were announced in March, VA officials claimed "significant improvement" had been made, even as key quality indicators continued to deteriorate, including rates of ventilator complications and patient safety scores.

"We ask you, our respected leaders, to stop this coverup and incompetence, to really care and live up to America's promise to its Heroes," the employees wrote to Wilkie and other top VA officials. "Enough is enough."

The VA replied in an email Monday, saying the secretary forwarded their concerns to top VA health officials for consideration. "Thank you for your communication."

Fearing the problems would be swept aside rather than fixed, the employees provided a copy of the correspondence to USA TODAY on the condition they not be identified because they fear retaliation for speaking out.

VA spokesman Curt Cashour declined to answer questions about why the hospital has continued to deteriorate but said VA officials are "taking additional measures to support the facility."

"VA appreciates the employees' concerns and will look into them right away," he wrote in a prepared statement. "Veterans deserve only the best when it comes to their health care, and that's why VA is focusing on improving its facilities in Washington and nationwide."

Patients in imminent danger

The Washington VA hospital made national headlines in April 2017 when the agency's inspector general issued a rare emergency report because conditions at the medical center put veteran patients in imminent danger and VA managers who knew about the problems hadn't fixed them.

The operating room repeatedly ran out of critical equipment, including vascular patches to seal blood vessels and ultrasound probes used to map blood flow. The facility had to borrow bone material for knee replacement surgeries. Investigators found most of two dozen sterile storage areas were dirty at the hospital.

Top VA leaders quickly removed the hospital's director, set up an incident command post and dispatched teams of experts to help the facility.

But problems continued.

In June, the inspector general again found sterile storerooms that did not meet infection prevention or cleanliness criteria. In August, hospital staff reported running out of tubing for blood transfusions and oxygen. In September, the facility didn't have staplers to close incisions for days.

In November, sterilization specialists from VA headquarters found stained and rusty medical instruments and bacteria in water used to disinfect them. The hospital repeatedly ran out of sterilization supplies and had to borrow them from a neighboring private-sector hospital, according to an internal report obtained by USA TODAY.

In January, the headquarters specialists found nearly a dozen "repeat findings," including failures in surgical instrument tracking and quality assurance monitoring, another internal report shows.

'Deflected blame'

The inspector general's investigation concluded in March that local, regional and national VA officials had received 10 different reports dating as far back as 2013 about sterilization and supply problems but hadn't fixed them.

"In interviews, leaders frequently abrogated individual responsibility and deflected blame to others," the investigation report said.

VA officials have asserted publicly for more than a year that things are being fixed. In May, the top health official at the time, Carolyn Clancy, testified at a congressional hearing that "substantial progress has been made" to address the concerns.

Clancy was the same official who wrote to leaders at the facility last month noting "continued deterioration in overall quality" at the hospital and "significant gaps causing concern."

She singled out increasing rates of avoidable complications, such as bloodstream infections associated with tubes placed in large veins and antibiotic-resistant staph infections. Clancy, who moved to a new VA position focused on research and advancement, pointed to "large deterioration" in the rate of hospitalizations that could have been prevented with better primary care.

Cashour, the VA spokesman, said the hospital stemmed nursing turnover and improved in ratings of specialists, but the lack of other improvements triggered additional oversight from headquarters. He said the investigation could result in the dispatching of more “expert improvement coaches” or a national takeover of the hospital.

Cashour said that in general, when VA facilities such as the Washington hospital “fail to make rapid substantial progress in their improvement plan, VA leadership will take prompt action, including changing the leadership of the medical center.”

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1.2 - Business Insider: [The VA hospital in DC was reportedly using rusty surgical tools and water full of bacteria, and employees say the 'critical' situation is getting worse](#) (2 August, Ryan Pickrell, 36.8M uvm; New York, NY)

The persistence of serious problems endangering America's veterans at the Department of Veterans Affairs Medical Center in Washington, DC has employees begging Secretary of Veterans Affairs Robert Wilkie for assistance.

"We ask you, our respected leaders, to stop this coverup and incompetence, to really care and live up to America's promise to its Heroes," the employees wrote to Wilkie and other senior Department of Veterans Affairs officials in correspondence obtained by USA Today.

"Enough is enough," they added in the letter, which called attention to soaring infection rates and plummeting patient and employee satisfaction.

The response from the employees comes after reports of horrific conditions at the facility, which serves tens of thousands of veterans in Washington. Deemed high risk in January and designated "critical" in a leaked memo written in July and obtained by Stars and Stripes Wednesday, the hospital is presently under investigation. VA staffers, however, are not optimistic, even with the prospect of leadership changes following administrative review.

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The DC hospital has made headlines numerous times, and after multiple inspections and leadership changes, the situation continues to deteriorate, which is why employees are now begging the new VA secretary for help. Wilkie was sworn in as the VA secretary just two days ago.

"VA appreciates the employees' concerns and will look into them right away," VA Press Secretary Curt Cashour reportedly said in response to the pleas of the DC hospital's employees. "Veterans deserve only the best when it comes to their health care, and that's why VA is focusing on improving its facilities in Washington and nationwide."

He told the media that the VA is "taking additional measures to support the facility."

The VA hospital in Washington was not available for comment at the time of publication.

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1.3 - Stars and Stripes: [VA rips 'blue water' Agent Orange bill, urges Senate to sink it](#) (2 August, Tom Philpott, 1.5M uvm; Washington, DC)

Department of Veterans Affairs officials say they strongly oppose passage of the Blue Water Navy Vietnam Veterans Act (HR 299), which would extend Agent Orange disability benefits and health care to between 70,000 and 90,000 veterans who served aboard ships in territorial waters off Vietnam during the war, and today suffer ailments associated with herbicides sprayed across its jungles for years.

The Blue Water Navy bill passed the House unanimously in late June and seemed certain to fly through the Senate, given reports of close coordination on the bill between the chambers' Veterans' Affairs committees, and the House having negotiated a plan to pay for the benefits with major veteran service organizations.

On Wednesday, however, with Robert Wilkie installed two days earlier as VA secretary, his undersecretary for benefits, Paul R. Lawrence, delivered a blistering attack on the Blue Water Navy bill, and on a proposal to test providing routine dental care to veterans, during a Senate Veterans' Affairs Committee hearing.

Lawrence testified that there's still no credible scientific evidence to support extending Agent Orange-related benefits to shipboard personnel who never went ashore in Vietnam or patrolled its rivers. Without such evidence, he said, it would be wrong, and would create a disastrous precedent, to award VA benefits.

"This committee set the standard to use science to be fair and consistent in cases such as this," said Lawrence, referring to the Agent Orange Act of 1991. "Once that standard is removed from the equation, it becomes nearly impossible to adjudicate a claim of this type on the merits. The resulting lower threshold sets in motion the prospect of uncontrolled demands for [VA] support."

Lawrence, who took charge of veteran benefit programs in May, warned that if HR 299 is enacted, it will "be referenced when other exposure claims are presented to this committee. At that point, Congress will be under greater pressure to accommodate these requests too, regardless of the evidence."

It wasn't immediately clear what damage Lawrence and his top official on post-deployment health issues, Dr. Ralph Erickson, inflicted on the popular Blue Water Navy bill. A majority of senators on the committee still spoke in favor.

But the Trump administration has reversed signals of support that a beleaguered VA secretary, David Shulkin, gave Blue Water advocates in March.

VA for years had opposed the legislation. The usual hard line softened a year after Shulkin became President Donald Trump's first VA secretary when he told Rep. David Valado, R-Ga., lead sponsor of the House bill, "that these veterans have waited too long and this is a responsibility that this country has."

Shulkin noted that VA lacked scientific evidence that shipboard personnel were exposed to dioxin. But he said his staff was "working hard to look at offsets" — cuts to other parts of the VA budget — to pay for Blue Water Navy benefits.

"And it is a high priority for us," he added.

Two weeks later Shulkin was fired, deepening a leadership vacuum at VA caused by political chaos at the White House. Trump initially nominated his White House physician, a Navy admiral, to replace Shulkin. The choice soon fell victim to controversy. The House, meanwhile, passed its Blue Water Navy bill after the Veterans' Affairs Committee negotiated with major veterans organizations a way to pay for it, by raising user fees modestly on VA guaranteed home loans.

Wilkie became VA secretary this past Monday. By Wednesday, there was no trace of the accommodating tone on the Blue Water Navy issue that Shulkin had expressed months earlier. Lawrence scorched the bill and its "pay for" plan.

"VA is opposed to paying for the provisions of this bill by increasing the cost that some veterans must pay to access their [home loan] benefits. Veterans will either have to finance the VA funding fee with interest, or pay up front with cash. This means fewer veterans will buy homes or [will] buy homes using non-VA options, potentially opening them to predator lenders," Lawrence said.

He further argued that opening Agent Orange benefits to thousands more veterans would stunt ongoing efforts to reduce the backlog of compensation claims on appeal, adding time and cost to claim processes.

In written testimony, Lawrence gave fresh estimates on the cost of the Blue Water Navy bill, at total of almost \$7 billion over the first 10 years. Some senators pushed back at his attack on the bill, arguing it wouldn't be needed if VA didn't set a high bar for these Navy veterans to gain benefits for conditions on VA's list of 14 ailments linked to Agent Orange.

Erickson told senators most of the ailments presumed to be caused by Agent Orange also are tied to aging, therefore VA needs evidence of dioxin exposure for ships at sea. He said a Blue Water Navy review conducted by the Institute of Medicine in 2011 failed to find sufficient evidence of dioxin exposure.

He and Lawrence dismissed an oft-cited Australian study that was the scientific foundation for that government to award Agent Orange-related benefits to its shipboard veterans. That study, said Lawrence, was based on an experiment involving distillation of water with presumed levels of dioxin near to shore. It was U.S. Navy policy to take on water for shipboard use more than 12 miles out to sea, to avoid contaminants, Erickson explained.

Rick Weidman, with Vietnam Veterans of America, made the strongest case in support of Blue Water veterans: VA officials have misinterpreted the 2011 study, which did find it plausible that shipboard veterans were exposed to dioxin. Given that Congress already presumes veterans who served anywhere in Vietnam were exposed, and doesn't try to calculate level of exposure, that benefit of the doubt should be applied to shipboard personnel too, Weidman said.

"How much [exposure] makes no difference," he said. "You don't know [the] difference for folks who served in the delta versus the central highlands where I served. Who knows? And you can't put it together 40 years later."

VA's hard line appears to leave Senate Committee Chairman Sen. Johnny Isakson, R-Ga., in a tough spot. Veteran service organizations and leaders of the House Veterans' Affairs Committee thought Isakson was set to endorse the bill and shepherd it swiftly toward enactment.

At the hearing, however, Isakson said "we have more work to do on these issues." He promised the committee would work "deliberately" to understand all facets of the Blue Water bill, including whether the House plan to raise VA home loans fees was enough to pay for it. Isakson asked Lawrence whether charging non-disabled veterans an extra \$250 on every \$100,000 in loan value would cover the cost of extending Agent Orange benefits to Blue Water Navy veterans.

"Not in our opinion, no," said Lawrence. Isakson nodded agreement.

"I did real estate sales my entire life," Isakson said. "A lot of VA loans, FHA loans. You can make those numbers look like a lot of things. That is not a lot of money" if VA home loan fees are raised, as the House voted, from 2.25 percent of loan amounts to 2.4 percent, for veterans with active-duty service. "It's variable too, and depends on number of loans that actually are closed" in any year, he said.

It seems the Blue Water Navy bill will be adrift in uncertainty for at least several more months, its future dependent on how Senate leaders react to stiffened resistance from the Trump administration.

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1.4 - Roll Call: [Senators Back Agent Orange Benefits. The VA Is Not Convinced](#) (2 August, Lauren Clason, 430k uvm; Washington, DC)

The Senate Veterans' Affairs Committee seems poised to advance a popular bipartisan bill extending disability benefits to Vietnam veterans who claim they were exposed to Agent Orange. But Department of Veterans Affairs officials said Wednesday the agency opposes the measure.

Lawmakers on both sides of the aisle expressed strong support for the legislation at a hearing Wednesday, questioning whether the VA adequately considers applications from vets who served in ocean vessels claiming exposure.

The “blue water” bill would extend the presumption that Navy veterans who served in open waters during the Vietnam War were exposed to herbicides like Agent Orange. Veterans who served on inland water or who set foot on land during the war already benefit from the presumption.

The change means that veterans whose open-water ships came within 12 nautical miles of the Vietnam coastline would no longer have to prove their conditions are directly related to their service in order to qualify for disability benefits, which veterans groups say is frequently impossible. The bill passed the House unanimously in June.

VA officials at the hearing cited a lack of scientific evidence that blue-water veterans were indeed exposed. A key study on Australian ships that advocates highlight doesn’t account for the differences in distillation processes for American ships, said Ralph Erickson, VA chief consultant for post-deployment health. Both types of ship distilled water for the sailors to use, but Australian ships did so closer to shore, making it more likely that the service members would be exposed to herbicides.

“In summary, we oppose this bill because the science is not there,” said Paul Lawrence, the VA’s undersecretary of benefits. “And what we do depends on science.”

Many veterans say their claims are automatically rejected if they did not set foot on land. But Lawrence said a process exists for blue-water veterans to be considered for disability coverage.

“You wouldn’t have had a vote that you had so strong out of the House if many people believed that,” West Virginia Democrat Joe Manchin III told Lawrence. “You wouldn’t have so many people supporting it in the Senate if the constituents weren’t saying, listen, we’re just not being treated fairly.”

The expansion would be funded by increasing the fees veterans must pay for a home loan.

“I assume this bill is going to pass probably if it comes out and comes to the floor. I don’t know anybody that would be against it,” Manchin added. “Because we all have constituents who have been rejected without a fair evaluation. That’s about it in a nutshell.”

Chairman Johnny Isakson of Georgia vowed to do more to do on these issues.

“This is not the end,” he said. “This is the beginning.”

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1.5 - Military.com: [VA Insists Science Doesn’t Support Agent Orange Claims From ‘Blue Water’ Vets](#) (2 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs opposed a bill Wednesday that has overwhelming bipartisan support in the House and Senate to extend Agent Orange health care and disability benefits to “blue water” sailors who served offshore during the Vietnam War.

"The science is not there" to show that the freshwater systems of Navy ships were contaminated by dioxin from Agent Orange defoliants widely used in Vietnam, said Paul Lawrence, the undersecretary for benefits at the VA's Veterans Benefits Administration.

"It's difficult to hear from veterans who are ill" as they file claims, he said at a hearing of the Senate Veterans Affairs Committee, but "there is no conclusive science" from a report by the Institute of Medicine to show a service connection.

Several senators from both sides of the aisle and representatives of veterans service organizations (VSOs) disputed Lawrence on the evidence for a service connection and urged passage of the bill, something the committee chairman, Sen. Johnny Isakson, R-Georgia, has made a "top priority."

The House has already passed by a vote of 382-0 the bill, which would allow sailors who served offshore in Vietnam to claim care and benefits for so-called "presumptive" diseases from exposure to Agent Orange, including respiratory cancers, heart disease, Parkinson's and chloracne.

Those who served on the ground and on the rivers of Vietnam are already able to claim Agent Orange benefits, and "it doesn't make any sense" to exclude the blue water sailors, said Sen. Kirsten Gillibrand, D-New York.

"I think this is an injustice that we can and must rectify," she said.

The Congressional Budget Office has estimated that about 90,000 sailors could be covered by the bill, which would likely cost about \$1.1 billion over 10 years.

Lawrence and Dr. Ralph Erickson, the VA's chief consultant for post-deployment health at the Veterans Health Administration, also expressed concerns about Congress' proposal to "offset" the cost of the bill, H.R. 299, the Blue Water Navy Vietnam Veterans Act of 2018.

In the House version of the bill, the money would come from a small increase in payments from non-disabled veterans who use the VA's home loan program, about \$2 per month.

The dispute over whether there is a service connection for the blue water sailors centered on a study for the Australian Navy.

The study showed that water drawn by Australian ships close to shore could have been contaminated with dioxin from Agent Orange from the runoff to the sea from the rivers and streams of Vietnam.

Erickson said U.S. Navy ships drew water from at least 12 miles off shore, where any presence of dioxin would have been more diluted.

He said the later study by the Institute of Medicine, part of the National Academy of Sciences, was unable to correlate the Australian study with the operation of U.S. ships.

"The Australian format allowed them to draw water close to shore," Erickson said. "You cannot go from that experiment and make a conclusion about U.S. naval personnel."

The VSO representatives disputed Erickson on the findings of the Institute of Medicine and pointed to illnesses possibly related to Agent Orange now suffered by the blue water sailors.

"People are not science projects," said Thomas Snee, national executive director of the Fleet Reserve Association and a Vietnam veteran. "We are the consequences of an era gone by."

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1.6 - Military.com: [Cardiologist Will Do 20 Months for Ripping off VA on Medical Procedures](#) (2 August, Hope Hodge Seck, 9M uvm; San Francisco, CA)

A New Jersey heart doctor who billed the Department of Veterans Affairs hundreds of thousands of dollars for procedures he never performed on veterans is finally facing the consequences of his actions.

Apostolos Voudouris, 44, will serve 20 months in prison and pay a total of \$722,190 in restitution, a civil settlement and fines after billing the VA for more than 350 procedures he never did over a four-year period, according to the U.S. Attorney's Office for the District of New Jersey.

He faced a maximum penalty of 10 years in prison.

Voudouris pleaded guilty last August to the fraud, which took place between 2011 and 2015, the U.S. attorney said. The cardiologist began working on a contract for the Veterans Affairs Medical Center in East Orange, New Jersey, in 2006 and presumably conducted many real procedures during his nine-year tenure.

He still has a profile up at Healthgrades.com, where he enjoys a four-star rating. According to his profile, he has been practicing for 14 years and is a 1998 graduate of the State University of New York at Stony Brook.

But the instances in which Voudouris submitted paperwork to the VA but never actually performed a procedure totaled \$238,230 in phony bills, the U.S. Attorney announced.

In addition to Voudouris' prison term, he will serve two years of supervised release, U.S. District Judge William Walls decided. The sentence was handed down Tuesday in Newark federal court.

In addition to full restitution to the VA, Voudouris must pay a \$7,500 fine and \$476,460 in a civil settlement with the government, according to the U.S. Attorney's Office.

Special agents with the VA, the U.S. Department of Health and Human Services, and the FBI participated in the investigation into Voudouris' wrongdoing, according to releases.

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1.7 - Beckers Hospital Review: [DC veterans hospital staff urges new secretary: 'Stop this cover-up and incompetence'](#) (2 August, Megan Knowles, 441k uvm; Chicago, IL)

Staff at the Veterans Affairs hospital in Washington, D.C., are pleading with newly appointed VA Secretary Robert Wilkie to act on deteriorating conditions at the facility, including increased infection rates and decreased patient satisfaction, USA Today reports.

Conditions at the hospital reached a point where a senior VA health executive notified local and regional officials in July that the situation is being investigated and more "leadership changes" could happen, according to internal documents obtained by USA Today.

But the hospital's employees, who remained anonymous, are concerned the effort won't change the hospital's condition. They cited an investigation concluded earlier this year that revealed VA managers were aware of dangerous conditions at the hospital for years but failed to fix them. The VA inspector general found "a culture of complacency and a sense of futility pervaded offices at multiple levels."

When the results were released in March, VA officials said "significant improvement" had been made, despite quality indicators continuing to deteriorate, such as ventilator complications rates and patient safety scores.

"We ask you, our respected leaders, to stop this cover-up and incompetence, to really care and live up to America's promise to its heroes," the employees wrote to Mr. Wilkie and other VA officials. "Enough is enough."

In a reply to the employees, the VA said the secretary forwarded their concerns to top VA health officials.

VA Press Secretary Curt Cashour did not answer USA Today's questions on hospital conditions, but said VA officials are "taking additional measures to support the facility."

"VA appreciates the employees' concerns and will look into them right away," Mr. Cashour said. "Veterans deserve only the best when it comes to their healthcare, and that's why VA is focusing on improving its facilities in Washington and nationwide."

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2. [Greater Choice for Veterans](#)

2.1 - Char-Koosta News: [Senator Tester's VA Mission Act aimed at improving VA health care delivery system](#) (2 August, BL Azure, 6.5k uvm; Pablo, MT)

Representatives from the staff of Senator Jon Tester (D-Mont.) met with the Confederated Salish and Kootenai Tribes governing body and a dozen veterans Thursday. The reason was to introduce them to the new law: the VA MISSION Act, sponsored by Sen. Tester and Sen. Johnny Isakson (R-Georgia) aimed to improve the VA health care delivery system — it replaces the VA Choice program. Michael LaValley and Chad Campbell of Tester's office told those in the Tribal Council chambers that the Act would improve the VA health care delivery system.

“The VA Mission Act, a bipartisan effort, will be better than the VA Choice program,” Campbell said of the bipartisan legislative effort.

The VA MISSION Act legislation is formally named VA Maintaining Systems and Strengthening Integrated Outside Networks Act. The Act was signed into law by President Donald Trump on June 6, 2018. The Act is to be fully implemented within one year in June 2019.

“Our VA MISSION Act delivers Montana veterans a health care system worthy of their service,” Tester said in a public meeting in Great Falls recently. “The VA has a year to stand up the new community care program and has to report to us about its progress.”

Tester said he would keep Montana and its veterans updated on the implementation process.

“During this process, I’ll keep Montana veterans updated on how the VA is doing and give them an opportunity to weigh in on where it needs to do better,” he said. “Together we can hold the VA accountable and deliver Montana veterans a health care system worthy of their service.”

The keeping-Montana-veterans informed was the reason for LaValley and Campbell informational visit with the Tribal Council and area veterans last Thursday.

The long-term fixes are associated with the replacement of VA Choice; the VA Mission Act consolidates seven different programs offering community care including VA Choice into a single entity.

VA Choice funding ended on May 31, 2018. VA Choice was designed to help veterans get non-VA healthcare if distance or wait list issues are a problem. VA Choice continues to be funded in the short-term until replaced by the VA Mission Act.

The long-term fixes are associated with the replacement of VA Choice; the VA Mission Act consolidates seven different programs offering community care including VA Choice into a single entity.

Funding is also provided for education and training, VA medical staff recruitment, and a review of VA medical facilities. This review process is intended as the first step in a modernization program for VA locations that need upgrades.

The new legislation overwhelmingly passed the House and Senate in June, though a few lawmakers on both sides of the aisle expressed concerns with the costs of the new community care program.

The new law gives VA an additional \$5.2 billion to continue Choice through May 2019 while the department implements the new, consolidated community care program. But the MISSION Act doesn’t authorize additional resources to pay for the new program past May 2019 and into 2020.

Congress did authorize higher spending caps for domestic agencies in 2018 and 2019 with the Bipartisan Budget Act, but it didn’t assume taking on these mandatory costs for VA health care. Congress will have to find another funding mechanism to fully pay for the program for the remainder of fiscal 2019, which could total up to \$1.5 billion according to Senate Democrats. The new community care program may cost as much as \$8.7 billion in fiscal 2020.

Senate Republicans have also acknowledged the MISSION Act's funding shortfall.

Campbell also informed folks that construction bids for a new VA clinic in Missoula would be let by mid-August. The new 18,000 square foot clinic will put all VA health care services under one roof instead of in two different buildings, as they are now. The Fort Harrison VA Hospital will also be expanded to better serve veterans.

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3. Modernize Our System

3.1 - Health Data Management: [VA opposes bill calling for pilot program to test patient data device](#) (2 August, Greg Slabodkin, 143k uvm; New York, NY)

The Department of Veterans Affairs is opposed to proposed legislation that would require the agency to conduct a pilot program providing patients with a new device—the size of a credit card—to access their personal health information and share it with providers inside and outside of the VA.

The Modernization of Medical Records Access for Veterans Act, sponsored by Sen. Bill Cassidy (R-La.), would also require the VA to conduct a full and open acquisition and award a contract within 120 days of enactment of the legislation, as well as establish a one-year pilot in at least one Veterans Integrated Services Network.

However, Paul Lawrence, undersecretary for benefits at the VA's Veterans Benefits Administration, told senators on Wednesday that the agency does not support the bill as it is written because the VA currently has technologies that support interoperable patient health information exchange nationwide.

"VA's My HealtheVet Blue Button is piloting technology that allows Veteran patients to share their VA health records with their community care provider directly from their personal devices," Lawrence testified before the Senate Committee on Veterans' Affairs in a hearing on pending legislation. "VA's eHealth exchange technology is a rapidly growing network that connects VA with community health providers who can then securely share clinical information using a standardized approach."

Lawrence pointed out to lawmakers that because no additional funding is provided in the Modernization of Medical Records Access for Veterans Act to support the pilot program, it "would adversely affect other higher priority health interoperability programs."

According to Lawrence, the VA also objects to the proposed legislation because it mandates that the agency evaluate a new credit card-sized device that, in the view of the agency, is unneeded.

"Providing physical devices to patients with their health information has not been a part of VA's strategy for supporting patient-mediated data exchange, and we do not believe that this approach would add significant value beyond current efforts," added Lawrence. "VA believes veterans would prefer to minimize the number of physical devices or items they would need to

manage. Given the near ubiquity of smart mobile devices owned and used by healthcare consumers, VA believes a strategy that focuses on improved health data availability and exchange on a mobile platform would be preferred.”

Going forward, Lawrence indicated that among the agency’s top priorities are to continue work on “query-based exchange and on patient-mediated exchange” via mobile and web apps supported by Federal Health Interoperability Resource (FHIR) Application Program Interfaces.

In addition, he noted that the VA is “preparing for the Department of Health and Human Services’ Trusted Exchange Framework direction that supports the ability for patients to access their health information electronically without any special effort” and which “supports a significant step towards achieving interoperability for the patient.”

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3.2 - GovernmentCIO Media (Video): [AI's Role in Improving VA's Service Delivery to Veterans](#) (2 August, Camille Tuutti)

Emerging technologies such as artificial intelligence have come to play a key role in how the Veterans Affairs Department is delivering services to veterans, according to one program executive.

"All of these new technologies, although they represent a challenge for us to keep up with and looking for new applications for them, we envision they will, or in fact already are, improving services to veterans," says Dr. Paul Tibbits, program executive officer of VA's Financial Management Business Transformation Special Program Office.

As AI evolves and gets better and more useful, improved diagnostic accuracy could be one positive outcome, he says.

"Improving therapeutic accuracy with . . . fewer mistakes, but also picking the right treatment at the right time for the right illness or infirmity — these new technologies would be very helpful in supplementing human judgment, not replacing it," Tibbits says.

With claims processing, AI could help bolster human decision-making in, for example, determining the percentage of a veteran's disability and what entitlement that veteran can have. Automating simpler cases could streamline the process and in turn, "shorten the time cycle on getting benefits to veterans," Tibbits says.

Watch the full interview above.

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4. [Focus Resources More Efficiently](#)

4.1 - Orlando Sentinel (Opinion): [VA should rethink decision to kill support group at Tavares clinic for vets suffering from PTSD](#) (2 August, Lauren Ritchie, 4.8M uvm; Orlando, FL)

Dave Bristol slept just fine until he retired.

The 22-year Air Force veteran who rode reconnaissance aircraft picking up and decoding enemy messages — sometimes warning the crew to hightail it out of there before being shot down — was busy with his life like everyone else.

But when Bristol, 80, stopped working a second career 13 years after he left the service, he started having nightmares about being blown out of the sky, as such electronically snoopy aircraft sometimes are.

“I called it ‘flying and dying.’ The dreams were so vivid and frightening that I didn’t go back to sleep,” he said.

Other symptoms emerged: Bristol couldn’t deal with crowds, and he still can’t. Malls are out. Restaurants are OK if he can sit with his back to a wall.

“I’m comfortable with military people, not comfortable with non-military people. Those are people I don’t have anything in common with — except we’re all in that restaurant,” he said.

Finally, a VA doctor suggested a mental-health evaluation, and Bristol said he was diagnosed with post-traumatic stress disorder.

He began going to a support group for the condition when he lived up North, and he joined the one in Lake County in 1994 when he moved here. The group started at the VA clinic in Leesburg and continued to meet after the clinic moved to Tavares.

In March, he said, the mental health social worker assigned to guide two group meetings a week retired, and the VA killed the support group, leaving about 20 PTSD sufferers without the help they need to live at least semi-normal lives.

Bristol said the group asked the VA to reinstate the social worker but just got a runaround.

A spokeswoman for the VA in Orlando said the agency has gone to an “evidence-based approach” for “optimal clinical outcome” in treating mental health problems.

Translation: The agency wants to see improvement for its investment. That’s not practical, Bristol said.

“There’s no end to PTSD. If you have a headache, there’s an end to that,” Bristol said. “This is going on forever. I don’t know of anybody that is cured.”

Bristol said he called a VA hotline and complained, and a woman in the Orlando VA’s mental health department returned his call.

“She started asking, ‘How about if you had a self-led group?’ I would not answer because she was using interrogation techniques. I’ve got too much training in interrogation techniques. I

knew what she was doing, so I hung up,” he said. “The only thing that will satisfy me is to get things back the way they were.”

For now, the group continues to meet on its own without a mental health professional to lead the discussion, but it’s not as effective as it was. They get together at 10 a.m. Wednesdays in the AMVETS in Mount Dora, and any veteran with a PTSD problem can come. Right after the bread delivery driver brings cookies, they start by identifying themselves and stating their status. Those who say they are struggling are asked to expound on what’s happening in their lives.

Most of the men who attend are Vietnam veterans, including one who was a “tunnel rat” from Vietnam — a soldier whose specialty was crawling into tiny dark tunnels dug by the Viet Cong and often wired to explode — and another soldier who was the only one in his 18-man platoon to survive a particularly bloody mission in Vietnam.

“He saw some terrible things,” Bristol said.

But that’s one of the group’s rules — no gory war stories. Everyone has suffered enough.

The VA takes a lot of heat nationwide for failing to treat clients well. This is such a simple, cheap fix that would help so many people. What the VA has failed to consider is that its support group may be the key to stability for some suffering veterans. Isn’t prevention at the heart of medicine these days? Why wait until some anguished vet drops out of society? The job of stabilizing a life is much harder then.

The men in this support group would be happy with a mental health professional to guide their group one hour a week. Just do it, VA.

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4.2 - El Paso Times: [El Paso veterans medical system adding community clinics; one for mental health services](#) (2 August, Vic Kolenc, 534k uvm; El Paso, TX)

The El Paso Veterans Affairs Health Care System is expanding its footprint well beyond its main VA Medical Center clinic in North Central El Paso with plans for two community clinics to be built by the end of 2019.

The VA plans to move most of its mental health services from its main Medical Center, located next to William Beaumont Army Medical Center, to a new building on the Medical Center of the Americas campus in South-Central El Paso and open a West Side clinic in a new building in the Northwest Corporate Center industrial park by the end of next year, said retired Army Col. Michael Amaral, director of the El Paso VA Health Care System.

The VA will lease the new clinic buildings being built by private contractors.

It also has plans to move its administrative offices by the end of 2019 to two historic buildings to be renovated inside Fort Bliss.

The El Paso system handled more than 31,000 patients with more than 300,000 visits in 2017, according to VA officials.

"Right now I've got 10 pounds of marbles and a 5-pound bag in this building (Medical Center), and I don't have the room to expand some of the services I really want to expand," Amaral, the El Paso VA system director since November 2016, said during an interview in his office inside the main, four-floor Medical Center.

"To have everybody come into one location to get their care just isn't the ideal way to provide care," Amaral said.

Reducing appointment wait times

Decentralizing with more clinics "is going to expand our capacity to provide care, which should lead to a reduction in time that our veterans have to wait to be seen. That's one we improved on but still not where I want it to be," Amaral said.

The average wait time to get appointments varies by specialty and clinic site. For a new, primary-care patient to get an appointment in the El Paso system averages from 22 days at the main VA Medical Center to 25 days at the East El Paso VA clinic, according to data on [accesstocare.va.gov](https://www.accesstocare.va.gov), the VA's website that tracks wait times.

For returning primary-care patients, the average wait time to get an appointment ranges from one day at the East El Paso clinic to four days at the main Medical Center clinic.

The site does not provide data on wait times to see a health care provider at an appointment. But Amaral said he instituted a goal a year ago to have patients seen within 15 minutes of their appointment time.

"I don't have any data to show how well I'm doing on that, aside from veteran feedback, but we are doing really well" meeting the goal most of the time, he said.

VA mental health clinic on MCA campus

Decentralizing VA health services with community clinics is being done nationwide, Amaral said.

The VA clinic scheduled to break ground first is the mental health services facility on the MCA campus.

An Aug. 15 groundbreaking ceremony is set for the new clinic, to be built behind the MCA Foundation's Cardwell Collaborative biomedical technology incubator building, which is part of the planned MCA Tech Park, a biomedical research park. It's located along Interstate 10, near Raynolds Street.

The clinic is scheduled to be completed by late September 2019.

"It's important to bring this kind of development to the (MCA) campus," said Emma Schwartz, MCA Foundation president.

"The VA clinic is a different use than envisioned" for the MCA Tech Park, but a use that fits the MCA campus, she said. "We would have liked a research building there," but "we have to be opportunistic in a good way to bring development to this area."

The foundation won a bid to build the project for the VA, which will have a 20-year lease on the 33,000-square-foot building, Schwartz said. The foundation will use federal tax credits to finance most of the \$16 million project, she said.

The VA will contribute an estimated \$2.5 million to \$3.6 million for equipment inside the building after construction is completed, Schwartz said.

VA costs for its new community clinics is not being disclosed by the agency.

The MCA site is a good one for mental health services because the Texas Tech University Health Sciences Center El Paso, located on the MCA campus, provides some of the VA's mental health outpatient services, the VA's Amaral said.

Other VA community clinics

The 14,400-square-foot West Side primary-care clinic is scheduled to be completed by August 2019, but construction hasn't started yet, Amaral said. The VA will have a 10-year lease for that clinic, located in the Northwest Corporate Center industrial park, near The Hospitals of Providence's Transmountain hospital.

The VA already operates a 10,000-square-foot primary-care clinic inside the Hospitals of Providence East Campus' medical office building at 2400 Trawood Drive in East El Paso.

It also operates a 12,500-square-foot primary-care clinic in Las Cruces, which is part of the El Paso VA system. The clinic, located at 1635 S. Don Roser Drive, was moved to a new building in April.

Plans also are in the works for the VA to renovate two historic buildings inside Fort Bliss to provide 13,000 square feet of administrative offices, which will be moved from the VA's El Paso Medical Center building, Amaral said. The VA will have a 50-year, no-cost lease on the buildings, he said.

Main clinic will have space to expand services

The new facilities will free up space for expanded or new services in the main, 337,900-square-foot, 23-year-old VA Medical Center, Amaral said.

"Pain management is one I really would like to expand a little bit more as we successfully reduce our veterans off of opioids (pain killers)," he said.

Some specialties also could be brought into the main center, he said. One possible candidate is gastroenterology, he said. Currently, all gastroenterology services for VA patients are provided by community health care providers, he said.

"We're just studying now what we want to expand into the (vacated) space," he said.

New VA Medical Center plans in the works

Amaral also hasn't given up on eventually moving the main Medical Center to the new William Beaumont Army Medical Center complex, which still is being built and is almost three years behind schedule. The hospital is tentatively scheduled to open in early 2020. It makes sense to have the VA center and the Army hospital next to each other as they have been for years, Amaral said.

The new, 135-bed hospital and 30 specialty clinics are being built on 270 acres of Fort Bliss land at Spur 601 and Loop 375 in East El Paso.

Original plans for the new hospital campus included a spot for a new El Paso VA Medical Center, but no money was ever appropriated for it, Amaral said.

The El Paso system has now made an initial request for money to move the main VA center next to the new hospital, Amaral said.

"It's a six- to seven-year process to get the funding, another three years at least in the contracting process," Amaral said. "Unfortunately, right now, unless I can make gears move more quickly, it's probably going to be 10 years before we can" build a new center.

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4.3 - WWTV-TV (Video): [Groundbreaking Ceremony For Northern Michigan's Largest VA Clinic](#) (2 August, Whitney Amann, Jeremy Erickson, 442k uvm; Cadillac, MI)

"Something we have been waiting for, for almost 10 years," said John Lefler, president of the Grand Traverse County Area Veterans Coalition.

A center to provide well-earned services to veterans is now one step closer to reality.

The Colonel Demas T. Craw VA Clinic in Grand Traverse County celebrated their groundbreaking.

Located just north of Chums Corner, the more than 22,000 square foot clinic will provide veterans with services like outpatient care, mental health services, physical therapy, telehealth and home based primary care.

On Thursday, many were there celebrating the groundbreaking, including Congressman Jack Bergman and Senator Wayne Schmidt.

"Anything that supports the veterans and improves veterans lives is important," said Lefler. "It means a lot there will be things provided here at this clinic where they will not have to travel downstate now."

The clinic will be the largest in Northern Michigan and is scheduled to open late 2019 or early 2020.

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4.4 - Lake County News: [Clearlake VA Clinic closed through Aug. 3 due to fires](#) (2 August, 159k uvm; Lakeport, CA)

Due to hazardous air quality and to ensure the safety of veterans and staff, the Clearlake VA Community-Based Outpatient Clinic will be closed through Friday, Aug. 3.

Clinic officials said they will continue to assess the situation at the clinic throughout the weekend and will make a final decision about its operating status for Monday, Aug. 6 by 4 p.m. on Sunday, Aug. 5.

San Francisco VA Health Care System's operational status:

- Clearlake VA Clinic: Closed due to hazardous air quality through Aug. 3.
- Santa Rosa VA Clinic: Open and fully operational.
- Ukiah VA Clinic: Open and fully operational.
- Eureka VA Clinic: Open and fully operational.
- San Francisco VA Medical Center: Open fully operational.
- VA shuttles are fully operational at this time.

San Francisco VA Health Care System staff members have been working diligently to contact veterans in affected areas by phone to make sure they are safe and their medical needs are being met.

Social work staff members have been traveling to evacuation sites to meet with veterans and to connect them with services and resources.

These efforts will continue as the community recovers from the Mendocino Complex fires.

Clinic staff encourage veterans who have fire-related symptoms to contact the Telephone Linked Care line at 800-733-0502.

For veterans needing prescription refills, medication replacement, please call the pharmacy at 800-847-3203 during normal business hours: 8 a.m. to 4:30 p.m., Monday through Friday.

For veterans needing mental health services, please call the same-day mental health clinic at 707-468-7747 during normal business hours: 8 a.m. to 4:30 p.m., Monday through Friday.

For any issues or concerns outside of normal business hours, please call the advice line at 800-733-0502.

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4.5 - KALB-TV (Video): [Change of pace at 6th Annual VA Mental Health Summit](#) (2 August, Lydia Magallenes, 67k uvm; Alexandria, LA)

In a pilot simulation to help local organizations better understand the veterans they serve, Thursday's 6th Annual VA Mental Health Summit started a little differently this year.

At Thursday's 6th Annual VA Mental Health Summit, a simulation gave participants a feel for the challenges veterans face after leaving the military. Participants got a crash course in military indoctrination to get a feel for the structure and camaraderie of the armed forces.

For the next part of the exercise, everyone was given a new civilian identity and had to navigate through a maze of booths that represented life after the military like looking for housing and employment. Organizers also threw in various scenarios to set back participants, like dealing with service-related injuries, homelessness, and legal issues. VA Local Recovery Coordinator Kristina Allen said the goal was to create empathy.

"If you can put yourself in someone else's shoes for just a moment, you're going to get that compassion and that motivation to provide better care," she said. "Put on a smile, remember what you're here to do and serve that veteran and give them the courtesy they deserve despite their frustration. So that's our small act of kindness or saying hi to somebody when they pass by you. Just little things can make all the difference to prevent a crisis."

Erin Stewart worked at the VA as a nurse for 36 years. She said Thursday's simulation changed her perspective.

"I saw many patients come in depressed, suicidal, overwhelmed," she said. "A lot of them were young boys that never came back to the VA system. Well, I know what the VA offers, but guess what they (veterans), don't."

Stewart added that anyone who works with veterans needs proper training.

Guest speaker Timothy Faust, an army veteran and four-time purple heart recipient drove the message home to conclude the summit. He told the audience that he still struggles with life after the military.

"I have my good days, my bad days," he said. "It'll never end, I know that. I had no purpose when I was out. I felt useless. Like less of a man because I wasn't that go-to guy anymore. Then I got an opportunity to work for the VA and VBA and now I'm that go-to guy again, I have a purpose because I get to help soldiers."

If you or someone you know is having thoughts of suicide, contact the Veteran Crisis Hotline at 1-800-273-8255 and press 1. You can also visit VeteranCrisisHotline.net.

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5. Improve Timeliness of Service

6. Suicide Prevention

6.1 - WBIW-AM: Donnelly's Bipartisan Suicide Hotline Bill Heads To President Trump's Desk (2 August, 57k uvm; Bedford, IN)

A companion to U.S. Senator Joe Donnelly's bipartisan National Suicide Hotline Improvement Act passed the Senate Wednesday.

The legislation passed the House earlier this month and now heads to President Trump's desk. Donnelly introduced the Senate version of this bill with Senator Orrin Hatch (R-UT) in May 2017 and that version passed the Senate unanimously last November.

Donnelly said, "As the suicide rate continues to rise in Indiana and across our country, this bipartisan legislation could make a difference for teenagers, veterans, or anyone who is experiencing a mental health crisis and seeking help. This legislation would require the Federal Communications Commission to review the national suicide prevention hotline, including whether a particular three-digit dialing number should replace the current ten-digit number to make it easier for those in crisis to connect with the necessary mental health resources. I look forward to President Trump signing it into law soon."

The bipartisan National Suicide Hotline Improvement Act aims to reform the current suicide prevention lifeline system and Veterans Crisis Line by requiring the Federal Communications Commission--in consultation with the Department of Health and Human Services and the Department of Veterans Affairs--to study the current national suicide hotline system and make recommendations to Congress on how we can improve it, including whether to use an easy to remember 3-digit suicide hotline number to better connect those in peril to crucial crisis resources.

Donnelly has worked tirelessly and effectively to improve mental health care and address the scourge of suicide. Those efforts have included authoring legislation that has been signed into law to combat suicide among servicemembers and to help law enforcement agencies establish or enhance mental health services for their officers. To read more about those efforts, click [here](#).

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6.2 - West Plains Daily Quill: [Veterans suicide prevention event Aug. 16](#) (2 August, 9k uvm; West Plains, MO)

From 1 to 4 p.m. Aug. 16, veterans and their families are invited to the Clay Hunt Outreach Event at the West Plains National Guard Armory for live music, food, drinks and information booths offered as part of a veterans' suicide prevention effort.

Information available will address U.S. Department of Veterans Affairs (VA) health care enrollment and benefits. Veterans service officers will be on hand to discuss compensation and pension, as well as suicide prevention. On-site mental health and peer services will also be available.

Live music sponsored by the Wake Foundation will be provided by "Just Enough." The family-friendly event will also have games for the kids and young-at-heart.

After the event, at 5 p.m., organizers hope the public will join the VA at the West Plains Civic Center for the VA town hall meeting and another round of refreshments.

The Clay Hunt Outreach Event is named for the Clay Hunt Suicide Prevention for American Veterans Act made into law in 2015. The law requires the VA to work with communities to decrease suffering and disability and prevent suicide.

The Wake Foundation, headquartered in Malden with an office in Mtn. Home, Ark., is a nonprofit 501 (c)(3) organization founded in 2010 by veterans, for veterans. Its stated mission is to “help our veterans get back some sort of normalcy in their life,” according to the organization’s website.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - MarketWatch: [Veteran against veteran: A new battle on Capitol Hill pits Agent Orange funding against low-cost mortgages](#) (2 August, Andrew Riquier, 16.4M uvm; New York, NY)

A new battle on Capitol Hill is pitting Vietnam veterans against more recent service members.

The Senate is currently considering the Blue Water Navy Vietnam Veterans Act of 2018, a bill that would extend benefits to 90,000 vets who served in the Navy off the coast of Vietnam and say they were exposed to Agent Orange. The House of Representatives in June approved the bill 382-0.

But one of the ways it would pay for the bill, which the Veterans Administration estimates will cost \$3.4 billion over the next five years, is by increasing fees on home loans guaranteed by the Veterans Administration – a benefit far more likely to be accessed by younger vets.

The home loan program is a point of pride among the VA. It is available to anyone who has served, and offers generous terms including no down payment requirements, and the ability to fold closing costs into the overall loan amount.

Veterans often don’t have much of a credit profile, since many spend their entire early adult life in service. Yet delinquency rates for the VA loans are much lower than any other category of mortgage. That’s not just because vets are more disciplined, but because VA underwriting considers how much money homeowners will have after paying the mortgage and other expenses, a more holistic approach than many other lenders take.

The VA declined to comment for this story, as did other housing market participants, even as they privately expressed dismay over the inter-generational feud and Congress’ inability to take care of American service members. At least one senator, North Carolina Republican Thom Tillis, in a Wednesday hearing also said he was uncomfortable with that idea.

But as the National Association of Realtors said in a letter to two senators, “as a benefit, NAR believes that VA loan guarantee fees should be based on the risk of the loan made, and not the costs of other VA programs or benefits.”

The Mortgage Bankers Association put it this way in their own letter: “we firmly believe that mortgage borrowing costs should not be increased to pay for non-housing-related expenditures. The loan fees charged to veterans should reflect the credit risk associated with the VA guaranty,

and any fee increases that are unrelated to this risk unnecessarily raise the cost of mortgage credit for veterans.”

For its part, the VA told Congress that it “does not support paying for the provisions of this bill by increasing the costs that some Veterans must bear to access their benefits.”

More broadly, however, the VA doesn’t support much of the bill because, as it said, “there is insufficient scientific evidence at this time showing Blue Water Navy Veterans were exposed to Agent Orange.”

The VA’s undersecretary for benefits, Paul Lawrence, who addressed a Senate hearing on Wednesday, said, “We oppose this bill because the science is not there, and we depend on science.” Lawrence also said that if the VA were to authorize benefit payments for illnesses that vets can’t prove were caused by their service, it would “erode confidence in the soundness and fairness of the veterans benefit system.”

The Vietnam Veterans of America testified that there is evidence that ships in the South China Sea were exposed to Agent Orange. “We believe such exposure has also led to birth defects, learning disabilities, and other health issues in the progeny of Vietnam veterans,” the group said in a release.

“We have a huge interest in looking out for those who came before us who have been hugely impacted by this for decades and have been fighting for this for what seems like decades,” a spokesman for the Iraq and Afghanistan Veterans of America told MarketWatch. “We want Congress to get the job done for them. We’re not going to get involved in negotiating over pay-fors.”

Vietnam Veterans and others have been pushing for years for legislation on this topic after the VA in 2002 made Navy veterans ineligible for benefits unless they could prove they were on the ground in Vietnam. Legislation has been introduced several times, but the question of how to pay for it has been a sticking point.

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7.2 - Stars and Stripes: [Oldest military cemetery on the West Coast could come under VA care](#) (2 August, Claudia Grisales, 1.5M uvm; Washington, DC)

Lawmakers on Capitol Hill are considering a plan to assign maintenance of the oldest military cemetery on the West Coast to the Department of Veterans Affairs.

Mare Island Naval Cemetery is in the San Francisco Bay Area and was neglected after its neighboring shipyard was closed in 1996 through the Base Realignment and Closure Act. From 1858 to 1921, 860 servicemembers and veterans, mostly from the Navy and Marines, were buried at the site.

The cemetery, which includes the graves of three Medal of Honor recipients and veterans from the War of 1812, Civil War and World War I, has since been officially under the care of the City of Vallejo, Calif., which hasn’t had the funds to keep up the grounds.

“The cemetery has since fallen into disrepair and is no longer a fitting tribute to the brave men and women buried there,” Sen. Dianne Feinstein, D-Calif., wrote in submitted testimony this week to a Senate Veterans’ Affairs Committee. “Gravestones are toppled over, broken or sinking in to the ground. Plants and weeds are overgrown and water is pooling without proper drainage.”

Feinstein sponsored legislation modeled after a House version by Rep. Mike Thompson, D-Calif., that would transfer control of the cemetery from the City of Vallejo to the VA’s National Cemetery Administration, or NCA. Thompson, who introduced his bill in April, has more than 60 Republican and Democratic co-sponsors.

A coalition of veterans and volunteers across the country have been pushing for the move since last year, led by retired Navy Capt. Ralph Parrott, 77, a Virginia resident who came across the site during a visit. The cemetery is marked by dead leaves and bark, invasive roots, and neglected pepper and eucalyptus trees. Some of the cemetery’s falling headstones from the 19th century are held up by logs.

“The proposal...is simple,” Chanin Nuntavong, director of Veterans Affairs and Rehabilitation at the American Legion, told the Senate Veterans’ Affairs Committee on Wednesday during a wide-ranging hearing. “Transfer the cemetery ...to the VA’s National Cemetery Administration, whose mission is to ensure that those who have departed us are treated with the respect they deserve. We firmly believe NCA is the best authority and only authority to restore Mare Island Cemetery to its greatness.”

Along with the American Legion, the Veterans of Foreign Wars, the Fleet Reserve Association, the Vietnam Veterans of America, AMVETS, Disabled American Veterans and Wounded Warrior Project submitted statements to the committee supporting the plan. The U.S. Navy League has also expressed support.

But as the groups push for the move, the VA is voicing opposition against the proposal. The VA testified there are alternatives for caring for the cemetery other than giving the responsibility to the NCA, which maintains military burial grounds in at least 40 states. The agency said it could also set a precedent for other cities to reject care for such burial grounds.

Paul Lawrence, the VA’s undersecretary for benefits, said the agency is concerned about the conditions at the cemetery and it is working to find ways to address the necessary repairs, which could cost \$1.5 million or more.

“VA does not support [the legislation], because the transfer of the Mare Island Naval Cemetery to VA could disrupt efforts currently underway to address the condition of the cemetery, and because acquisition of the cemetery by VA does not align with VA’s current strategic objectives with respect to providing burial access to veterans and their families,” Lawrence wrote in submitted testimony to the committee. The move “sets an unwanted precedent regarding veteran cemeteries in disrepair managed by localities, allowing them to eschew their responsibility to our nation’s heroes.”

The Senate Veterans’ Affairs Committee will next decide the fate of Feinstein’s legislation, and whether to vote for its consideration on the full Senate floor. Thompson’s legislation has yet to be heard by the House Committee on Veterans’ Affairs.

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7.3 - News & Observer: [He wanted to be buried in a veterans cemetery. But that's not possible in Raleigh.](#) (2 August, Anna Johnson, 3.9M uvm; Raleigh, NC)

Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery.

When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

With his wife and son still living in Raleigh or nearby, Marshall thought it would be a good spot that was close enough for them to visit. But that national cemetery is also full — and has been for years.

"I wouldn't be raising this up, but it's going to happen to a lot of people," Marshall said. "I am highly decorated, and I was supposed to be buried with no questions. But they've got that one clause that says 'if space available.' And there is no space in Raleigh, North Carolina or anywhere else. Even in Arlington."

The New Bern and Wilmington national cemeteries also are full. The only national cemetery in North Carolina with space is the Salisbury National Cemetery, which recently was expanded to offer more than 8,000 burial spaces for veterans.

The Raleigh cemetery's website states that veterans with a reservation and their eligible family members are able to be buried there.

Space does periodically become available because of a cancellation.

"Since there is no way to know in advance when a gravesite may become available, please contact the cemetery at the time of need to inquire whether space is available," the website states.

Marshall's doctors warned him he likely wouldn't see August after his aggressive liver cancer spread to his lungs. He's treated his cancer for five years, going through tests, procedures and therapies. He thinks his health problems and cancer are from his exposure to Agent Orange, a herbicide that was used by the United States military.

Marshall decided to stop treatment for an aggressive liver cancer that has since spread to his lungs to focus on his quality of life instead of quantity. He was told he wouldn't make it to August.

"This is where I'm at," he said of his doctors' prediction. "This is the week. This is the week the doctors said I am dying."

Maybe, he quipped, he's too mean to die.

Limited spots

North Carolina is one of seven states where there are either no federal veteran cemeteries or where a majority of the cemeteries are full. In nine other states, half of the national veteran

cemeteries are full. The New York Times reported earlier this year that Arlington is considering tightening the restrictions on who can be buried there, to the frustration of several veteran groups.

“(The) VA is committed to providing veterans and eligible family members with reasonable access to a burial option,” said Jessica Schiefer, a public affairs officer within the national cemetery administration.

More than 95 percent of veterans within North Carolina have a burial option in a national or state veteran cemetery, she said. New national cemeteries are only created in areas where 80,000 veterans who live in a 75-mile radius don’t have “reasonable access to a burial option either in a VA national cemetery or in a VA grant-funded state veterans cemetery.”

Marshall said he’s frustrated the federal government “will get out of” paying for a portion of the burial costs because there isn’t space for him in a nearby national cemetery.

It took weeks, Marshall said, to go through the process of getting approved to receive burial benefits, and the entire responsibility was on the veteran. He said he finally found a helpful VA employee in Missouri after not getting help locally.

The benefits and the amount veterans receive can depend on whether the death was connected to their time in the military, when the person died or served and whether the person was hospitalized by the VA. And that’s assuming you meet certain qualifications to get benefits.

For veterans who don’t want to be buried in Salisbury, the state has another option.

North Carolina has four VA-supported state cemeteries for veterans: Sandhills in Spring Lake, Coastal in Jacksonville, Eastern in Goldsboro and Western in Black Mountain. The federal government pays for the development of those cemeteries, but the state has to cover the operation costs.

All except Eastern were built in the 1990s, and each has less than a few thousand gravesites left open. Eastern was opened in 2016 and has 50 acres available.

The N.C. Department of Military and Veterans Affairs just received two grants from the VA to help expand and improve the cemeteries in Spring Lake and Black Mountain. A nearly \$6 million grant to Sandhills will help add more than 3,000 different graves, including cremation sites and crypts. A \$3 million grant will go toward the Western cemetery for more than 3,000 graves.

“North Carolina is proud to be the most military and veteran friendly state in the nation, and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina’s Congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones,” said Larry Hall, secretary of the department.

It’s unlikely the state would receive more funding for a national or state cemetery until space is full at all of the facilities, said Angella Dunston, director of communications for the state department.

A change of plans

After living in Raleigh all his life, Marshall said he didn't want his wife to have to drive two hours to Salisbury to visit his gravesite. He also said he had concerns about the distance and maintenance of the state's veterans cemeteries.

Marshall has decided he will be cremated and buried in the Oakwood Cemetery in Raleigh.

He and a friend suggested that the city of Raleigh set aside a portion of the 300-plus acre Dix Park for a veteran cemetery, but the VA won't provide funding for nonprofits, cities or counties.

"The grave people at Oakwood will give you more help than the United States government, the state government or the county government," he said.

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7.4 - WSAZ-TV (AP): [West Virginia gets grant to train veterans in agriculture](#) (2 August, 824k uvm; Huntington, WV)

West Virginia has been awarded a \$400,000 federal grant to provide agriculture training for military veterans.

The state Department of Agriculture says in a news release the grant from the U.S. Department of Veterans Affairs aims to improve veterans' health.

The statement says the Hershel "Woody" Williams VA Medical Center in Huntington will train participants to pursue agricultural vocations while addressing their behavioral and mental health needs.

Department of Agriculture staff will provide production, business and market planning for the program.

West Virginia Veterans and Warriors to Agriculture program coordinator James McCormick says he wants the state to take the lead on agricultural initiatives for veterans.

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7.5 - Florida Politics: [Miami-Dade County announces virtual end to veteran homelessness](#) (2 August, Ryan Nicol, 157k uvm; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness.

A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

"After four long years of leaving no stone unturned, I am proud to officially announce that Miami-Dade County has effectively ended homelessness amongst veterans in our community," said Ron Book, chair of the Trust.

According to data from the organization, the county identified 317 homeless veterans in 2014, 142 of which were unsheltered. By January of this year, that number of unsheltered veterans had been brought down to just nine, a reduction of nearly 94 percent.

“Since December 2014, together with our network of providers and partners, we have housed close to 600 homeless veterans and we prevented homelessness for hundreds more who were at risk,” Book said.

Today, unsheltered veterans represent less than one percent of the homeless population, according to the group’s most recent data.

The Trust was founded in 1993, and is led by a board of 27 volunteers. The trust works to advise the County Commission regarding the implementation of the Miami-Dade County Community Homeless Plan.

The Trust doesn’t provide services to the homeless population directly. Rather, it coordinates available funds and oversees compliance of agencies contracted by the county.

In 2014, the Trust increased its focus on the issue of veterans’ homelessness, after Miami-Dade County joined the U.S. Department of Veterans Affairs’ 25 cities initiative. That initiative was designed to ramp up local efforts across the country to tackle this issue.

“This is a commitment from our community leaders that no one who has served our country should be forced to sleep on the streets,” said Book.

“We know we cannot say that no veteran will ever become homeless again. But we can say, and we can say with conviction, that we have a system in place now to make certain that veterans’ homelessness will be rare, it will be brief.”

Book also spoke of the county’s partnership with the U.S. Department of Housing and Urban Development (HUD), an agency led by Secretary Ben Carson that helps address housing issues at a federal level.

“We’ve never had, in 24 years, a stronger relationship with [HUD] than we have had under this administration. And 100 percent of that credit goes to the man that leads that agency.”

Secretary Carson was on hand to deliver remarks, congratulating Miami-Dade County on the importance of this work.

“Those who once wore our nation’s uniform deserve more than a life on the streets and we have no greater responsibility than to make certain they have a home they can call their own,” Carson said.

U.S. Rep. Mario Diaz-Balart, who represents Florida’s 25th Congressional District and chairs the House committee in charge of appropriating funds to HUD, was also on-hand to speak about the government’s efforts.

“Our veterans sacrificed so much to defend our freedom, and we owe it to these brave men and women to help them in their times of need,” Diaz-Balart said.

“As Chairman of the House Appropriations Committee on Transportation, Housing and Urban Development, I am grateful to be in a position to contribute towards this goal, and will continue to do my part to ensure we put an end to veteran homelessness across the country.”

Miami-Dade County Mayor Carlos Gimenez also played a role in tackling this problem, helping to add resources for homeless veterans, including 120 Housing Choice Vouchers.

“Today, we say with certainty that Miami-Dade is treating its veterans with the respect they deserve,” Gimenez said.

“Behind every number and percentage, there’s a person,” Book added. “It is about never giving up on people.”

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8. [Other](#)

8.1 - MLive.com (Video): [Veterans find balance, relaxation with tai chi at VA center](#) (2 August, Heather Jordan, 10.8M uvm; Farmington Hills, MI)

On a recent Wednesday afternoon, a group of veterans gathered in the activities pavilion at Saginaw's Aleda E. Lutz VA Medical Center to practice the ancient Chinese tradition of tai chi.

Relaxing music played as physical therapist Ashtin Swaim stood at the front of the room, directing their attention inward toward their breath and posture. Once everyone had found the proper alignment, she led the group in doing gentle, synchronized movements with names such as "heavy arms" and "riding the horse."

"Bring your arm up and then slowly let it fall. Gravity kind of takes over," she said. "It should be a relaxed momentum. Just let that tension go in your neck and shoulders."

Swaim said the benefits of tai chi include improved balance and mobility and relief from stress and pain.

"It's very basic. It's low impact," she said. "(It's a good way to) get you moving and kind of connect with other veterans."

Allen Schreur, 71 of Bay City, only wishes he had tried it sooner.

"I think it's an excellent thing. Unfortunately, I started 50 years too late," said Schreur, who served in the U.S. Marine Corps from 1969 to 1971.

After several weeks of practice, he has noticed the effects of tai chi on his body.

The movements may be small, but "you're also using muscles you haven't used," he said.

The Aleda E. Lutz VA Medical Center is now offering walk-in tai chi and yoga classes for veterans, no prescription or doctor's note required.

The classes, offered every Thursday morning, are free for veterans who are enrolled in VA health care at the Aleda E. Lutz VA Medical Center or any of its clinics in Alpena, Bad Axe, Cadillac, Cheboygan County, Claire, Gaylord, Gladwin, Oscoda or Traverse City, said spokeswoman Carrie Seward.

Although the weekly walk-in classes are new as of June, the VA has been offering tai chi and yoga for veterans with chronic pain to promote comfort and increase function as part of its whole health and integrative therapies initiative for the past few years, she said.

Now, VA officials hope to increase awareness of the new walk-in classes so more veterans can give tai chi and yoga a try.

Anthony Bosco, 75, of Freeland, started tai chi about six months ago. He has had two knee operations and said tai chi is helping him.

"I think it's great. It's good for balance. It's good for old people. It's a way to exercise ... relax, breathe properly," said Bosco, a Vietnam veteran who served in the U.S. Air Force mobile strike force from 1962 to 1966.

Bosco practiced judo while he was in the Air Force, but had no prior experience with tai chi.

It takes some "getting used to your body," he said. And "it's good for the mind, good for the brain."

Drop-in yoga classes are offered at 8:30 a.m. and tai chi begins at 10 a.m. every Thursday. The Aleda E. Lutz VA Medical Center is located at 1500 Weiss St.

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8.2 - Reason.com: [A Former Veterans Affairs Employee Tried To Defraud a Disabled Vet of \\$680,000](#) (2 August, Zuri Davis, 3.2M uvm; Los Angeles, CA)

A former Veterans Affairs employee has been convicted on federal fraud charges after using his position to write himself into a disabled veteran's will.

A press release from the U.S. Attorney's Office in the Eastern District of Tennessee details Kenneth Richard Devore's long list of crimes, beginning with the attempted defrauding of a disabled veteran. The veteran, identified by the government as D.N., was discharged from the military in 1986. After D.N. was officially declared incompetent, Devore, a VA field examiner, was tasked in 2013 with making sure D.N. received his VA benefits and that his assets were managed responsibly.

But that's not what Devore did. Instead, he concocted a plan that would make himself rich. Devore convinced the unsuspecting veteran that he needed a will and then helped him write the document, listing himself as the sole beneficiary of D.N.'s assets. Devore then drove D.N. to the post office to have the documents notarized. He also forged D.N.'s initials in a notice sent to Regions Bank, which the DOJ says was D.N.'s legal guardian. Devore was poised to defraud the veteran of more than \$680,000.

Devore was forced to resign for misconduct in 2015 after the forged documents were uncovered. He then applied for a position with the National Background Investigations Bureau, which conducts investigations into candidates for government positions that require security clearance. (Its website promises "efficient and effective background investigations to safeguard the integrity and trustworthiness of the Federal workforce.") He failed to disclose his misconduct at his old job, and he also claimed to have attended Canterbury University, a school that was fabricated by Devore himself. Despite all this, he was hired.

But the misdeeds don't end there. While working for both the VA and the National Background Investigations Bureau, Devore was drawing a separate income from the VA after claiming in 2009 that he was 100 percent disabled, which suggests that the federal government is perhaps an even easier mark than a mentally incompetent veteran.

As Public Information Officer Sharry Dedman-Beard explained to Reason, Devore was indicted in February 2017 after the Veterans Administration Office of Inspector General began an investigation into his behavior. Dedman-Beard also confirmed that Devore was "unsuccessful in his efforts to obtain the victim's money."

On July 25, a federal jury convicted Devore of "six counts of wire fraud, one count of theft of public money over \$1,000, one count of willful mail fraud, one count of conflict of interest of a federal employee, two counts of making or using a false writing and one count of making a false statement." His sentencing is scheduled for November 5.

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8.3 - WPXI-TV (Video): [Local lawmakers want to change federal law keeping veterans from getting disability benefits](#) (2 August, 2.1M uvm; Pittsburgh, PA)

A local congressman wants to see a federal law preventing some veterans from getting disability benefits changed.

Rep. Mike Doyle, D-Pittsburgh, said he's spoken with the House's Veterans Affairs Committee about the law, but they point to a lack of funds.

Veteran Cliff McAfee received \$16,000 severance six years ago after spending 12 years in the U.S. Marine Corps.

His doctors recently labeled him 90 percent disabled after issues with PTSD and severe nerve damage in his foot. But he can't receive the disability checks he qualifies for until he repays the severance.

"I feel like we've been left out in the cold and no one really cares," he said.

A lawyer is working on his case to get his disability payments under a hardship clause, but it's unclear at this point if it will be successful.

"At first it was hard to believe," Doyle said. "We thought it was a policy we could just get overturned. Turns out, it's federal law.

“It seems to me if you're disabled, and your disability stems from your military service, then you're eligible for a disability check. They shouldn't be taking that money away from you just because you served in the military less than 20 years.”

Republican congressional candidate Guy Reschenthaler also sympathized with McAfee's situation and remembered the headache he went through leaving the military.

“When you're separated, they throw so much paperwork at you that it's very hard just to make sense of it,” he said. “I'm a lawyer and I was a lawyer in the military. It was overwhelming for me.”

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Veterans Affairs Media Summary and News Clips

4 August 2018

1. [Top Stories](#)

1.1 - FOX News: [New VA secretary warns Trump's signature program could collapse without fix](#) (3 August, Jennifer Griffin and Lucas Tomlinson, 32.5M uvm; New York, NY)
President Trump's newly installed Veterans Affairs secretary, in his first interview since taking office earlier this week, sounded the alarm about the need to fix a critical program allowing veterans to see local private doctors instead of driving long distances to a VA hospital.

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1.2 - FOX News (Video): [Secretary Wilkie leads embattled Veterans Affairs Department](#) (3 August, 32.5M uvm; New York, NY)
On 'Special Report,' the newly sworn in Veterans Affairs secretary talks to Jennifer Griffin about the challenges he faces.

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1.3 - FOX News (Video): [VA Secretary Robert Wilkie faces his toughest assignment yet](#) (4 August, 32.5M uvm; New York, NY)
Jennifer Griffin speaks with the newly sworn in Veterans Affairs secretary about how he hopes to fix an unwieldy bureaucracy that is supposed to serve nine million veterans.

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1.4 - Military.com: [New VA Secretary Wilkie Puts 'Forever GI Bill' Expansion Into Effect](#) (3 August, Richard Sisk, 9M uvm; San Francisco, CA)
The Department of Veterans Affairs has begun implementing new provisions of the Harry W. Colmery Educational Assistance Act of 2017, better known as the "Forever GI Bill." In one of his first actions since taking the oath of office Monday, new VA Secretary Robert Wilkie said the provisions to expand GI Bill coverage were put into effect Aug. 1.

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1.5 - WFED (AM-1500, Audio): [Accountability office says VA struggling to track misconduct, protect whistleblowers](#) (3 August, 854k uvm; Washington, DC)
When it comes to dealing with employee misconduct, the Veterans Affairs Department falls short in a couple of ways. It has trouble tracking misconduct because of scattered data gathering systems. It's inconsistent in how it deals with miscreant employees, especially senior people. As for whistleblowers, VA might be "retaliationville."

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1.6 - The Grand Island Independent: [Forced move to Kearney is cruel](#) (3 August, 191k uvm; Grand Island, NE)
I ask that all who have not read Cathy Howard's Aug. 1 letter to the editor regarding veteran Fred Northup and his wife, Donna, get a copy of the paper and pass it to all you know. I am sure that I am not the only one outraged by this. I also ask that all that are angered write to the editor in support of the Northups' plight.

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2. Greater Choice for Veterans

2.1 - Fortune, ProPublica: Steve Cohen Is Spending Millions to Help Veterans. Why Are People Angry? (3 August, Isaac Arnsdorf, 7.7M uvm; New York, NY)

Veterans Network was opening a chain of free mental health clinics across the country, backed by \$275 million from hedge fund billionaire Steve Cohen. By contrast to the high-profile scandals at the U.S. Department of Veterans Affairs, the Cohen Network claimed 96 percent client satisfaction.

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2.2 - Auburn Journal: Fix, fund and fully staff the VA (3 August, Carroll Nast, 149k uvm; Auburn, CA)

Veterans For Peace joined Indivisible Auburn July 20 to display large banners to east-bound I-80 traffic with the messages: "Save our VA" and "Vets say no to privatization." Of us veterans using the VA health care, 80 percent want Congress to fix, fund and fully staff the VA, not privatize it.

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3. Modernize Our System

3.1 - KAIT (ABC-9): VA clinic now open daily in Pocahontas (4 August, 194k uvm; Jonesboro, AR)

An outpatient clinic for the VA is now open daily in Randolph County, with officials working to offer healthcare services to a large portion of the region. A ribbon cutting was held Friday for the clinic, located at 300 Camp Road in Pocahontas. The clinic is part of the John J. Pershing VA Medical Center in Poplar Bluff.

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3.2 - Public Opinion: Watertown VA clinic to move, expand (4 August, J.T. Fey, 80k uvm; Chambersburg, PA)

The veterans clinic in Watertown will be moving and expanding during the next 14 months. The Watertown vets clinic will be moving into the former Ace Hardware building at 12 19th St. NE. The clinic will share the building along with its current resident, Snap Fitness.

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3.3 - Kokomo Tribune: VA set to host benefits fair at Peru library (4 August, Carson Gerber, 77k uvm; Kokomo, IN)

VA Northern Indiana Healthcare System is hosting a benefits and enrollment fair in Peru. The event will run from 5 to 7 p.m. Wednesday at the Peru Public Library, 102 E. Main St. Groups from the Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration, county veteran service officers and National Cemetery Administration will all be in attendance, as well as other veteran groups.

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4. Focus Resources More Efficiently

4.1 - The Hill: [It's difficult, but not impossible, to legislate the toxic VA culture](#) (3 August, Rory E. Riley-Topping, 11.8M uvm; Washington, DC)

If something seems too good to be true, then it probably is. This is especially true when it comes to the federal government, an institution that seemingly has an often times well-deserved reputation for overpromising and under-delivering. That's why, when the president initially created the VA Office of Accountability and Whistleblower Protection via Executive...

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4.2 - Newsmax: [New VA Secretary Robert Wilkie Holds Promise for America's Veterans](#) (4 August, Van Hipp, 10.8M uvm; Boca Raton, FL)

Last week President Trump lauded his recently confirmed Secretary of Veterans Affairs Robert Wilkie before the Veterans of Foreign Wars (VFW) National Convention, and with good reason. Simply put, Wilkie is one of the president's best appointments.

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4.3 - The Oklahoman: [Navy veteran: Medical cannabis for veterans is prudent policy](#) (3 August, Nick Etten, 3.8M uvm; Oklahoma City, OK)

America's veterans could soon be granted legal access to medical cannabis. Members of a House-Senate conference committee will meet in the coming weeks to finalize funding for the Department of Veterans Affairs for fiscal year 2019. These lawmakers can save veterans' lives by adopting language already approved by the Senate authorizing VA physicians to recommend medical cannabis to patients in states where it is legal.

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4.4 - The Oklahoman: [OU repays the Oklahoma City VA about \\$14,000 after federal report](#) (3 August, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

The University of Oklahoma has repaid the Oklahoma City VA Health Care System more than \$14,000 after a federal report found medical residents were paid for times when they were not working.

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4.5 - Military Times: [Commentary: Strides made on VA reforms, but there's more work to do](#) (3 August, Sen. Johnny Isakson (R.-Ga.), 2.1M uvm; Springfield, VA)

America is the greatest country in the world because of those who have put their lives on the line to defend it, and we have an obligation to serve those who have served us. As chairman of the Senate Committee on Veterans' Affairs, I am committed to helping ensure that our veterans who have borne the battle receive quality care and services they can count on.

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4.6 - WFAA (ABC-8, Video): [Cannabis converts helping North Texas veterans find relief](#) (3 August, Teresa Woodard, 2.1M uvm; Dallas, TX)

Cannabinoid oil, legal to use but not easy to get in Texas, is showing promise in helping veterans manage chronic pain and anxiety. It is not marijuana, but cannabinoid oil, known as CBD oil, is derived from cannabis. Because of that, the Veterans Administration cannot prescribe it, or help veterans get it. So, someone else is stepping in.

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4.7 - The Times of Northwest Indiana: [Blind veteran from Valparaiso helps spur changes at the VA](#) (3 August, Giles Bruce, 1.1M uvd; Munster, IN)

Every time Mike O'Dette tried to fill a medication over the phone with the Veterans Affairs pharmacy, he would be instructed to type in the prescription number. The problem was, he's blind. So the Navy veteran from Valparaiso decided to bring the issue up at a VA town hall meeting in Portage, not to complain but to suggest a way to help hundreds of patients.

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4.8 - WZTV (FOX-17): [Family of Ft. Campbell soldier paralyzed by sniper voices frustration with VA, military](#) (3 August, Adrian Mojica, 484k uvm; Nashville, TN)

The family of a Ft. Campbell soldier who suffered a life-changing injury during combat is sharing their frustration with the Department of Veterans Affairs as they try to keep their son alive and the family together.

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4.9 - Watertown Daily Times: [New studies needed: Feds should allow additional research into effects of marijuana](#) (3 August, 199k uvm; Watertown, NY)

There's obviously something about marijuana that alleviates the pain of various health conditions. And more states have recognized this phenomenon and passed laws to accommodate those who seek help: 30 states and the District of Columbia now permit the use of medical cannabis.

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4.10 - WTVY (CBS-4, Video): [Daleville veterans talk health care at town hall](#) (2 August, Zach Wilcox, 44k uvm; Dothan, AL)

Veterans in Daleville had the opportunity to speak their minds Wednesday. The Central Alabama Veterans Health Care System hosted an open town hall at the Daleville Cultural and Convention Center. Some of the biggest issues that came up were the no-show campaign and the fresh eyes survey.

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5. [Improve Timeliness of Service](#)

5.1 - The Marietta Times: [Patients tell doctors they need more](#) (3 August, Michael Kelly, 74k uvm; Marietta, OH)

About 100 people, most of them medical professionals and many of them standing, packed the ground-floor conference room in the Strecker Cancer Center at Marietta Memorial Hospital on Thursday for a town hall meeting about cancer.

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5.2 - WGXA (ABC-24): [Georgia congressman tour one-star VA medical center in Dublin](#) (4 August, 62k uvm; Macon, GA)

On Friday congressman Rick Allen of Georgia's 12th district visited the Carl Vinson VA Medical Center in Dublin. The center has a one star rating and congressman Allen said he wants to do something about that. He said that by providing a comprehensive plan for the center he hopes it'll get a higher rating in the future.

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5.3 - Union-Bulletin: [VEText newest veteran's tool](#) (2 August, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

A new tool came over the horizon at the request of veterans. The Jonathan M. Wainwright Memorial VA Medical Center has also added a new tool called VEText, which allows veterans to receive upcoming appointment reminders on their cell phones.

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6. [Suicide Prevention](#)

6.1 - The Modesto Bee (Video): [Modesto veteran doesn't want his 'invisible injuries' to be the death of him](#) (3 August, Deke Farrow, 841k uvm; Modesto, CA)

At his lowest points, just a few things have kept Army veteran Eli Price from committing suicide, he said: the thought of causing his mother that pain; not wanting his Army friends, who've already seen so many of their number kill themselves, to endure another loss; and not knowing what, if anything, comes afterward.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Stars and Stripes (Tribune News Service): [He wanted to be buried in a veterans cemetery. But there is no space available in Raleigh and elsewhere](#) (3 August, Anna Johnson, 1.5M uvm; Washington, DC)

Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery. When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

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7.2 - WFLA (NBC-8, Video): [V.A. attempts to swamp bill extending Agent Orange benefits to Navy veterans](#) (3 August, 692k uvm; Tampa, FL)

The Department of Veterans Affairs tried to torpedo efforts to expand Agent Orange benefits to tens of thousands of Vietnam War Navy veterans.

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7.3 - The Fayetteville Observer: [Our View: Veterans cemetery will expand; give Silent Sam a new home](#) (3 August, 439k uvm; Fayetteville, NC)

Merit: For the nearly \$6 million grant from the U.S. Department of Veterans Affairs that will help expand and improve the Sandhills State Veterans Cemetery, which sits between Spring Lake and Fort Bragg along N.C. 210.

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7.4 - The Herald-Dispatch: [Agritherapy for veterans coming to Huntington](#) (3 August, Bishop Nash, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will devise and pilot a new program to provide military veterans with agricultural training, aided by a \$400,000 grant from the U.S. Department of Veteran Affairs' Office of Rural Health.

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7.5 - Florida Politics: [Miami-Dade County announces virtual end to veteran homelessness](#) (3 August, Ryan Nicol, 157k uvd; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness. A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

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7.6 - Guam Pacific Daily News (Video): [Some veterans got Agent Orange benefits, many more still waiting](#) (4 August, Haidee V. Eugenio, 141k uvm; Hagatna, GU)

Navy veteran Lonnie Kilpatrick received a letter in April from the Department of Veterans Affairs, reversing its previous decision and approving Agent Orange benefits for him. Kilpatrick was stationed on Guam during the Vietnam War, according to retired Marine Brian Moyer. Moyer is lead organizer for the Agent Orange Survivors of Guam.

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7.7 - KFOX (FOX-14, Video): [Local veteran goes from homelessness to home-ownership](#) (4 August, Michael Ikahihifo, 92k uvm; El Paso, TX)

A local veteran has gone from being homeless to owning her first home in El Paso. Cholla Fox served in the U.S. Army for more than 25 years. After leaving the military, she struggled to find a permanent place to live. "Sometimes there are financial problems. Even though you are military, you don't get paid a lot," said Fox.

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7.8 - Times-Herald: [Mare Island Cemetery advocates slam VA official for objecting to taking the site over](#) (3 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

There may be a glitch in the plan to get the United States to hand the crumbling Mare Island Naval Cemetery over to the Veterans Administration for repair and upkeep. At a key committee meeting on Aug. 1, where testimony in favor of Senate Bill (S. 2881) by Sen. Dianne Feinstein was entered into the record, along with statements of support by the American Legion, a VA official entered a statement opposing the idea.

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8. [Other](#)

8.1 - Telegram & Gazette: [Leominster woman admits stealing \\$300K in Social Security, veterans benefits](#) (3 August, 653k uvm; Worcester, MA)

A Leominster woman pleaded guilty Friday to stealing more than \$300,000 in Social Security and Veterans Affairs benefits, U.S. Attorney Andrew E. Lelling announced. Joyce Progin, 71, pleaded guilty Friday in federal court in Worcester to two counts of theft of public funds.

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8.2 - WRIC (ABC-8, Video): [New VA policy endorses animal adoption but may not save McGuire dogs](#) (3 August, Kerri O'Brien, 477k uvm; Richmond, VA)

A new policy says animals used in VA research projects will no longer have to live out their lives in a lab but 8News finds it still might not save those dogs at McGuire VA Hospital. The VA's policy recently published and shared with the USDA is the first-ever federal policy encouraging the adoption of animals no longer needed in medical research.

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8.3 - WNEP (ABC-16, Video): [Veteran Receives Medals at Wilkes-Barre VA Medical Center](#) (3 August, Jessica Albert, 320k uvm; Moosic, PA)

A local veteran received two medals from Representative Tom Marino. "It's a little overwhelming," Air Force veteran Staff Sergeant Craig Trunzo said. "It's my first interaction with the congressman. I've met a couple presidents in the past but never a congressman."

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8.4 - KLFY (CBS-10, Video): [Local veteran claims a scammer changed his VA check deposit information](#) (3 August, Sylvia Masters, 195k uvm; Lafayette, LA)

Chuck Trenchard is a local veteran who depends on his monthly VA check. He recently received a letter from the department of veterans affairs stating there was a request to change his direct deposit information. "And I said I did not authorize any since change. I said this that does not sound good. I checked my direct deposit which was supposed to be in there today it's a little over \$3000.. it wasn't there," Trenchard explains.

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8.5 - The Daily Sentinel: [Smoky air from wildfires poses health concerns](#) (3 August, Joe Vaccarellil, 192k uvm; Grand Junction, CO)

When stepping outside and looking east during the past few days, it's easy to see that it hasn't been a typical week in the Grand Valley. Hazy skies and smoky air from fires surrounding the area obstruct usually clear views of the Bookcliffs and Grand Mesa. But the poor air quality does more than make the area a little less scenic for a few days.

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1. [Top Stories](#)

1.1 - FOX News (Video): [New VA secretary warns Trump's signature program could collapse without fix](#) (3 August, Jennifer Griffin and Lucas Tomlinson, 32.5M uvm; New York, NY)

President Trump's newly installed Veterans Affairs secretary, in his first interview since taking office earlier this week, sounded the alarm about the need to fix a critical program allowing veterans to see local private doctors instead of driving long distances to a VA hospital.

If the federal government falls short, Secretary Robert Wilkie warned, "then the entire system collapses."

For Wilkie, it's among the most pressing in an array of challenges he confronts upon taking the helm at the government's second-largest department – and perhaps its most scandal-scarred.

From his office perch two blocks from the White House, Wilkie surveyed the task ahead and homed in on the popular private-doctor program used by millions of veterans. He told Fox News he has promised the president he will address one glaring problem in particular: doctors getting stiffed by the VA.

"The Veterans Affairs Department in the last eight to nine years has not been paying those bills to small-town doctors, to community hospital emergency care facilities," he said.

At issue is a program that was revamped under this administration.

In June, Trump signed a bill to replace the troubled Veterans Choice Program, enacted in 2014 under then-President Barack Obama, to expand access for veterans wishing to see private doctors and other providers to ease the burden on families forced to drive long distances for VA care.

"It makes no sense to me that we require someone to travel -- let's use a state like Montana -- where the distances are enormous, 600 or 700 miles round trip," said Wilkie. "They pass a lot of doctors along the way. We need to bring those doctors into the Veterans Affairs system."

Wilkie said, though, if they can't fix the doctor payment issue and "if we don't get a hold of what we owe Americans who are providing services to our veterans, then the entire system collapses."

That's just the start to his challenges at the sprawling department.

The VA has suffered from a series of high-profile scandals in recent years involving secret wait-lists, systemic neglect and even veterans dying while waiting to see a doctor. Wilkie is the fourth secretary to lead the VA in the past four years.

The VA's \$200 billion budget has doubled in the past decade. The new secretary said of the 370,000 employees under that network, "there are probably 100 bad eggs" in the system still.

One of the first things Wilkie vowed to turn around, though, is a perceived morale problem at the agency that's supposed to serve 9 million veterans.

'Fox & Friends Weekend' co-host Pete Hegseth on how the bill will help veterans.
"This is an institution that has been buffeted by continuous body blows for a number of years," Wilkie admitted.

To tackle the problem, Wilkie plans to be more visible not only at headquarters in Washington but VA hospitals throughout the country. Wilkie said he spent his first day-and-a-half as secretary walking the halls to meet staff, and is joining them for meals in the cafeteria.

"I don't think those simple things have been done," Wilkie said. "I fall back on my military life. I learned at a very early age, listening to those around my family, that in order to be a commander you had to walk your post."

Wilkie is the son of an Army field artillery commander, severely wounded after multiple tours in Vietnam.

"He spent a year in Army hospitals. He came back to us weighing about half of what he did when he left. I watched his recovery. It was agonizing," Wilkie recalled.

So he knows firsthand the struggles of families whose sons and daughters are amputees from the wars in Iraq and Afghanistan, some of whom have been denied wheelchairs because of sloppy paperwork.

"It's a culture in some respects that just looks at a patient as just a generic number coming through the system," he said. "And that's not the way it should be."

Wilkie said amputees and other severely wounded combat vets "need to be at the front of the line."

Asked to pledge to get rid of a widely criticized process forcing amputees to make repeated trips to the VA to prove they're still an amputee, Wilkie replied, "Absolutely."

President Trump uses event to highlight his support for prison reform to make surprise announcement; chief White House correspondent John Roberts reports.
Wilkie also sought to clear the air on Democratic senators' suggestions that the administration is eyeing a privatization of the whole system.

At his confirmation hearing on Capitol Hill weeks after Trump signed the \$55 billion bill to fix Veterans Choice, Wilkie faced a hostile reception from Democratic senators demanding to know if he planned to do just that, something Wilkie's predecessor said was the reason for his firing—not moving to privatize fast enough.

In the interview with Fox News, Wilkie noted such a move would need support from Capitol Hill and said the agency's growing budget does not reflect a move to privatize.

Pressed on whether Trump has set that as a goal, Wilkie said, "No. The president wants to deliver the best care possible."

Wilkie also downplayed a Washington Post report that he is planning to sideline Trump loyalists who have purged longtime VA staff since his predecessor was fired.

"No. In fact, I haven't removed anybody," Wilkie replied, but wouldn't rule out doing so in the future. "As part of any new leadership organization, you come in with a team. You come in to assess. You come in to rearrange."

Firing those who have given the VA a bad name has proved a challenge.

Last year, a disgraced former director of the Washington, D.C., VA had to be rehired just one month after being fired – even though, under his watch, it was found that inventories were so mismanaged that doctors had to run out mid-procedure and borrow from neighboring hospitals while patients were under anesthesia.

"The laws now give you the authority to override most of what I would consider to be the normal bureaucratic protections for those in those situations," Wilkie said.

Another problem is the loss of talent at the VA. More than 20,000 civil servants have left since the start of the Trump administration. Some top jobs remain vacant after 15 months, and the department is short 33,000 doctors and nurses.

"We're going to go crazy trying to fill all 33,000," he said.

Wilkie served as undersecretary of defense for personnel and readiness under Defense Secretary Jim Mattis before being tapped by Trump to lead the VA, after the president ousted Dr. David Shulkin in late March.

Asked if he was worried he might suffer the same fate as his predecessor, fired by tweet, Wilkie replied, "No, the last thing I will pay attention to is any of the usual Washington back and forth. This president has been magnificent to me."

Wilkie also served in the Pentagon under Donald Rumsfeld, worked for Condoleezza Rice and had years of experience on Capitol Hill working for Sens. Thom Tillis and Trent Lott.

In his new office, Wilkie now hangs a portrait of Gen. Omar Bradley, the first secretary of Veterans Affairs after World War II, and has chosen Bradley's desk as his own.

"Bradley was tasked with changing VA to accommodate 11 million soldiers coming off active duty and into VA ranks," he said. "He was really a visionary."

Fast-forward to modern times, and the VA is still grappling with similar challenges, absorbing the soldiers who have come home from two wars stretching back nearly two decades.

Wilkie ended the interview with a message to those veterans: "Something that people need to know: We don't turn veterans down. A private facility might; we don't."

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1.2 - FOX News (Video): [Secretary Wilkie leads embattled Veterans Affairs Department](#) (3 August, 32.5M uvm; New York, NY)

On 'Special Report,' the newly sworn in Veterans Affairs secretary talks to Jennifer Griffin about the challenges he faces.

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1.3 - FOX News (Video): [VA Secretary Robert Wilkie faces his toughest assignment yet](#) (4 August, 32.5M uvm; New York, NY)

Jennifer Griffin speaks with the newly sworn in Veterans Affairs secretary about how he hopes to fix an unwieldy bureaucracy that is supposed to serve nine million veterans.

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1.4 - Military.com: [New VA Secretary Wilkie Puts 'Forever GI Bill' Expansion Into Effect](#) (3 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun implementing new provisions of the Harry W. Colmery Educational Assistance Act of 2017, better known as the "Forever GI Bill."

In one of his first actions since taking the oath of office Monday, new VA Secretary Robert Wilkie said the provisions to expand GI Bill coverage were put into effect Aug. 1.

The VA said the new provisions "will have an immediate and positive impact on veterans and their families using VA benefits to pursue their educational goals."

"We are excited to get the word out about implementation of the provisions," Wilkie said in a statement. "From the day the Forever GI Bill was signed into law, VA, in collaboration with Veterans Service Organizations, state approving agencies and school certifying officials, has taken an expansive approach to ensure earned benefits are provided to veterans in a timely, high-quality and efficient way."

The VA said 15 new provisions of the GI Bill went into effect Aug. 1, in addition to 13 that were already in place.

Among the new provisions is one making recipients of the Purple Heart awarded on or after Sept. 11, 2001, eligible for full post-9/11 GI Bill benefits for up to 36 months, if they were not already entitled.

Another new provision expands the "Yellow Ribbon Program," in which degree-granting institutions of higher learning can agree to make additional funds available to a veteran's education program without an additional charge to the GI Bill entitlement.

The new provisions also allow additional Guard and Reserve service to count toward post-9/11 GI Bill eligibility.

At a House Veterans Affairs Subcommittee on Economic Opportunity hearing last month, the VA said it had to overcome numerous Information Technology (IT) challenges to ready the new provisions to be put in place.

"This is a complex, heavy-lift effort," retired Maj. Gen. Robert Worley II, director of VA education services, said in his testimony. The VA had hoped to begin implementation on July 16 but had to delay until August, he said.

The VA estimated that putting systems in place to accommodate the new provisions would cost about \$70 million.

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1.5 - WFED (AM-1500, Audio): [Accountability office says VA struggling to track misconduct, protect whistleblowers](#) (3 August, 854k uvm; Washington, DC)

When it comes to dealing with employee misconduct, the Veterans Affairs Department falls short in a couple of ways. It has trouble tracking misconduct because of scattered data gathering systems. It's inconsistent in how it deals with miscreant employees, especially senior people. As for whistleblowers, VA might be "retaliationville."

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1.6 - The Grand Island Independent: [Forced move to Kearney is cruel](#) (3 August, 191k uvm; Grand Island, NE)

I ask that all who have not read Cathy Howard's Aug. 1 letter to the editor regarding veteran Fred Northup and his wife, Donna, get a copy of the paper and pass it to all you know. I am sure that I am not the only one outraged by this. I also ask that all that are angered write to the editor in support of the Northups' plight. I think we as a community should demand arrangements be made for Fred to remain in a Grand Island hospice — either at the old Lutheran Hospital or at the VA Medical Center.

To take him out of this community would be cruel and unusual punishment for both him and his spouse and should not ever be tolerated.

Are you still "smiling," Mayor Jensen? How about our city council members? Are you all pleased with what you have wrought. This is what comes of greed and no compassion for your fellow humans. None of you will be able to wash the blood off your hands on this one.

Also, I would like to make one thing very clear to Mr. Jensen. Our Veterans Home residents are not "moving." They are being "evicted."

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2. [Greater Choice for Veterans](#)

2.1 - Fortune, ProPublica: [Steve Cohen Is Spending Millions to Help Veterans. Why Are People Angry?](#) (3 August, Isaac Arnsdorf, 7.7M uvm; New York, NY)

Veterans Network was opening a chain of free mental health clinics across the country, backed by \$275 million from hedge fund billionaire Steve Cohen.

By contrast to the high-profile scandals at the U.S. Department of Veterans Affairs, the Cohen Network claimed 96 percent client satisfaction. In a statement for the hearing, the organization said its clinics “provide a desirable alternative” to the VA — a clear echo of President Donald Trump’s campaign promise to let veterans skip the VA for “a private service provider of their own choice.”

But at that same moment, across the country, the Cohen Network was closing its clinic in Los Angeles less than a year after it opened. The Cohen Network’s leaders had alienated the staff there, former employees said, by telling them to prioritize healthier patients over homeless veterans. The shutdown was so hasty that former therapists said it left some patients in the lurch.

Privatization has become the defining controversy at the VA under the Trump administration. Conservative billionaires such as the Koch brothers and Ken Langone want veterans to increasingly see private doctors, while traditional veterans organizations want to maintain the government-run health system.

The Cohen Network has become a test case for both sides. It is either proof that the private sector can do the job better than the VA — or a template for diverting taxpayer dollars to unaccountable private groups.

Steven Cohen is perhaps an unlikely person to find himself in the crossfire of this debate. He is best known as the billionaire hedge fund titan whose investment returns were the envy of Wall Street, until prosecutors busted his firm for insider trading. (Cohen, 62, was not personally charged; he declined to be interviewed for this article.) Since then, Cohen has launched a new hedge fund and opened 10 clinics serving veterans across the country.

A thorough examination of the Cohen Network’s record — including internal documents, emails and dozens of interviews with current and former employees — reveals a different story from the one the Cohen Network tells about itself. The clinic at the University of Southern California was doomed by the Cohen Network’s mismanagement and insistence on a narrow focus that helped only a subset of veterans, former employees said. “The model we ended up believing would really serve veterans was different than the model the Cohen Network was proposing all clinics operate under,” said Marv Southard, who served as CEO of the Cohen clinic at USC and is now chair of USC’s doctor of social work program. The network’s original clinic, at New York University, got into a spat over who would own the patent rights from research that Cohen funded. And shortly after the hearing, Cohen mounted an aggressive lobbying campaign to get the government to subsidize the clinics.

The Cohen Network and Cohen’s own spokesman insist they’re not trying to privatize the VA and their only goal is helping veterans. “No single private person in this country has ever donated more money to save veterans’ lives and treat their mental health needs than Steve Cohen has,” Cohen’s spokesman, Mark Herr, said. The organization blames others for the problems in Los Angeles, New York and Washington.

The story of the Cohen Network illustrates what could lie in store for veterans as Trump pursues his campaign pledge to place their care in the hands of the private sector.

When the Cohen Network opened the LA clinic in mid-2016, it attracted talented therapists with what appeared to be a rare opportunity to treat veterans as if money were no object. “It almost seemed too good to be true,” one of the clinicians said. “And, in fact, it was.”

The disappointment started as soon as the staff showed up. The clinic turned out to consist of a hallway shared with the dermatology department inside a USC facility. There were only three therapy rooms for six therapists; they were supposed to take turns and then walk to a different office several blocks away.

The next problem was the software for the patients’ medical records. Many of these systems are clunky, but clinicians said this one was the worst they’d ever used. They would fill out a long form and click submit, only to find their session had timed out and they had to start over. Session notes mysteriously vanished. “It was completely substandard compared to what we would have expected from this organization,” said Kathryn Arnett, the clinic’s director.

The Cohen Network’s CEO, Anthony Hassan, shot down complaints about the software, so staff across the network convened secret conference calls to troubleshoot, according to former employees. In written responses to questions, Hassan said it’s “absurd and untrue” that he lashed out at employees who spoke up about the software. He also denied it ever had problems, saying “there was no bug in the system.”

But a February 2017 internal review concluded otherwise: “There are ongoing clinical data errors in the system,” Cohen Network officials wrote.

Because of these problems, some current and former employees doubt the Cohen Network’s claims about its results. The client satisfaction survey, for example, was completed by only 6 percent of exiting patients, according to an October 2016 email from the network’s chief operating officer. The Cohen Network said the response rate has since risen to 59 percent. Still, that’s lower than typical for published studies and it means the score might not represent all patients’ views, particularly since there’s evidence that happier patients are more likely to complete the survey. (“We’re confident in the integrity of our data,” Hassan said, but he declined to elaborate on how they inspect and validate the data.)

The Cohen Network wanted more patients and was displeased with low turnout: An internal review found that the LA clinic, in its first six months, saw just 116 clients, which cost the clinic \$10,282 each. “The average cost per client is very concerning, as is the low client count,” two executives wrote. Some of the clinicians had seen an emphasis on cost and volume at public agencies or cash-strapped nonprofits, but they struggled to understand such scrimping from the well-funded Cohen Network.

The Cohen Network’s focus on measurable outcomes influenced the care that the clinics would provide. Clinicians were supposed to use a set of six- to 15-week treatment programs that have been shown to help with PTSD, insomnia, depression and anxiety.

But patients often have multiple conditions that don’t fit neatly into 12 weekly sessions. The Cohen Network’s limited scope led some other organizations that serve veterans to stop referring people there. “I didn’t think their model invested enough in engagement and after-care and focused too much on short-term intervention,” said Southard, who led the Los Angeles County Department of Mental Health for 17 years before becoming CEO of the Cohen clinic at USC. “The biggest disjuncture between USC’s vision and the Cohen network’s vision,” he said,

“was we were aiming at people with more serious issues and problems and we needed a model that would serve them.”

The Cohen Network’s focus on measurable outcomes for PTSD led the LA clinic to shun some of the neediest patients. Because of the clinic’s location in a gritty part of downtown Los Angeles, many veterans who walked in were homeless. Homeless patients were hard to follow up with, which could be a drag on the clinic’s metrics. In an internal memo, Cohen officials chastised the staff for “targeting inappropriate client populations (e.g., transient/homeless, chronically mentally ill).”

Clinic staff were devastated. “All of us came here believing we were going to help the people who need us the most, and they said no,” said Arnett, the USC clinic’s director. “They weeded out the most compromised veterans.” This is exactly what the VA’s defenders have long warned would happen to veterans left to the private sector.

Hassan countered that the clinic simply wasn’t equipped to treat people with chronic mental illness or who needed inpatient treatment for drug addictions. “Our network provides short-term outpatient psychotherapeutic care delivered through weekly or biweekly sessions,” he said. The Cohen Network, he added, is intended to fill in gaps in the existing system, not to replace it.

Steve Cohen arrived to tour the clinic in October 2016, with a New York Times photographer in tow. A spokesman said Cohen was “impressed by the effort made by USC,” but people who were present recall it differently. Cohen didn’t like how small the clinic was, they said. He didn’t like that people needed to be buzzed in (a security measure). He didn’t like the neighborhood. As Arnett recalled it, “He said, ‘Why can’t we have this?’ and ‘Why isn’t it like that?’ He took a few pictures and stayed less than half an hour.”

In response to Cohen’s dissatisfaction, staff looked into moving the clinic to more affluent Pasadena, which would be more expensive and cater to a different kind of client.

In June 2017, Hassan emailed the staff to say the clinic was closing, with no explanation. The abrupt shutdown cut off some patients in the middle of treatment, according to three former clinicians and three other former employees. Clinicians said they had some patients who had just completed intake or opened up about a traumatic experience for the first time. The therapists had to tell them they couldn’t continue. For his part, Hassan insisted that no patient’s treatment was interrupted and that USC was supposed to tell the Cohen Network about any patients who needed their treatment to be extended.

The therapists tried to find referrals for all the patients to continue treatment elsewhere, but there wasn’t always another provider available. The Cohen Network sent a list of resources, printed on expensive paper, but the therapists said it wasn’t helpful. “It looked like someone had Googled ‘mental health Los Angeles’ and picked the top three results,” a third former clinician said.

The Cohen Network initially said the clinic would reopen, but as the months went by it never did, and eventually Los Angeles disappeared from the map on its website. “We just ghosted,” a former employee said. “We just split town, and what about all of these patients? The really bad part is, nobody seemed to care.”

Cohen got involved in veterans’ health for the most personal of reasons: His son Robert joined the Marines and deployed to Afghanistan in 2010. It was “obviously, as a parent, a very scary

thing,” Cohen has said. “Now, he came back, he’s fine, but not every vet is.” For Cohen — whose interests until that point were limited to trading stocks, collecting art, spending time with his family and rooting for the New York Yankees — it was a life-changing experience, according to a person close to him. Cohen established his first veterans clinic at NYU in 2013.

That was the same year his hedge fund, SAC, pleaded guilty to insider trading. Prosecutors circled Cohen for almost a decade, nabbing eight of his lieutenants (although some of those convictions were later overturned). In one case, a trader got a sneak peek at discouraging clinical trial results affecting two pharmaceutical companies. Cohen had \$700 million riding on those stocks. The trader called Cohen, who then liquidated his position and bet \$260 million that the stocks would fall. When the results of the clinical trial became public, the trade netted SAC about \$276 million, the biggest profit from insider trading ever.

The trader, Mathew Martoma, is serving a nine-year sentence, but he refused to testify against Cohen, so prosecutors could not prove whether or not he told Cohen anything about how he got his information. They indicted SAC as a company, but not Cohen personally. The Securities and Exchange Commission sought to ban Cohen from the hedge fund industry for life, but settled on a two-year hiatus. (This cat-and-mouse game loosely inspired the Showtime series “Billions.”)

Cohen opened a firm called Point72, which was initially a family office that managed his own \$11 billion fortune, and has since begun to manage money for outside investors. He printed a mission statement and list of core values — starting with “Ethics & Integrity” — on a big poster for the staff to sign. He hired a 55-person compliance team that now reads all of his emails and routinely restricts trades, according to Herr, Cohen’s spokesman. “We have the most aggressive compliance and surveillance department on Wall Street,” Herr said. “It would be hard to have done more than we have.”

The staff of the nonprofit Cohen Veterans Network, which was formally launched in 2016, works in the same building, outfitted like the traders in branded fleeces. “It’s almost as if I’m one of the portfolio managers. I’m just not making money, I’m spending money,” Hassan once told a Bloomberg reporter. “We very much feel part of the firm.”

Cohen got started at NYU when Ken Langone, the name donor of the university’s hospital system, connected him with Charlie Marmar, the chair of the psychiatry department. Marmar, who’d spent 21 years at the San Francisco VA, had an idea not only for a mental health clinic but for research on the biological signs of PTSD. Cohen and Marmar discussed the vision over poached eggs and coffee at Cohen’s Greenwich mansion, where Cohen dazzled Marmar with the Picassos on the walls and the Warhol in the bathroom, two of Marmar’s colleagues recalled.

The mission, as one researcher involved in the project described it, was to find a “pregnancy test for PTSD”: a blood test or a brain scan that could be used to diagnose PTSD, rather than relying on self-reported symptoms. Better understanding the biology might also lead to more effective treatments.

Some experts were skeptical that a biological test could work for a complex and varied psychiatric condition like PTSD. The Departments of Defense and Veterans Affairs had already sunk millions into pursuing PTSD biomarkers, with little to show for it. “We mostly rolled our eyes and said good luck,” said Terence Keane, director of the National Center for PTSD’s Behavioral Science Division at the Boston VA. “Why would that be what Steve Cohen wanted to put his money into?”

In Keane's view, there were many more deserving research endeavors in need of funding. Still, a diagnostic test for PTSD, if one could be found, would have a clear market. Nearly a million veterans receive government checks based on a diagnosis of PTSD. So a functional test could decide how the VA distributes billions of dollars — and make a lot of money for whoever commercialized it.

Cohen launched a second nonprofit organization, called Cohen Veterans Bioscience, to lead the research. Its CEO, a former pharmaceutical executive named Magali Haas, sent researchers contracts asking them to sign over intellectual property rights, according to three people who reviewed the agreements.

That caused friction with NYU researchers and lawyers, who objected to what they viewed as the Cohen group's revenue grab — or wanted the university to share in the possible windfall, according to a person present for conversations on this point. NYU declined to comment.

In recent years, foundations have shown increasing interest in possible commercial applications of research they support. Major philanthropies, such as the Bill & Melinda Gates Foundation, the Andrew W. Mellon Foundation and the MacArthur Foundation sometimes retain a license to use inventions they've funded, much as the federal government does, while working to ensure that the discoveries benefit the public. Others, like the BrightFocus Foundation, have pushed further, seeking royalties from discoveries they fund.

But it's rare, experts say, for foundations to seek total control over intellectual property developed by the academics whose work they fund. Universities typically object because they consider themselves more qualified to use the IP to advance research and benefit the public. And since foundation grants typically don't cover universities' full costs including overhead, they don't want to be in the position of subsidizing commercial research. "There were cases where industry was using this as a ploy to get a lower rate on research costs and get ownership of technology in a sweetheart deal," said Wes Blakeslee, the retired director of the Johns Hopkins University Technology Transfer Office.

The disagreement over intellectual property led Cohen to stop funding Marmar's research, according to two people involved in the project. Haas disputed that, saying in an interview that NYU didn't get more money because it mismanaged the original grant. She then followed up with an email, this time saying the study ended because NYU finished recruiting subjects.

Cohen Veterans Bioscience moved on from NYU, scooping up existing biological samples and datasets, and funding top researchers. But some scientists said they turned down Cohen out of discomfort with the IP arrangements. "They have offended many people across the country," said Keane of the National Center for PTSD. "The undercurrent is they're trying to get a silver bullet to make money, and that's why a lot of groups are not collaborating with them."

Haas said Cohen Veterans Bioscience shares intellectual property rights with collaborators, but they're still hammering out the details. "The only thing we're interested in is trying to move the science forward," she said. If the organization did have rights to an invention that it could license to a drug company to develop, she said, all the proceeds would fund future research.

Cohen's spokesman, Mark Herr, said Cohen won't invest in anything that arises from Cohen Veterans Bioscience's work. "We maintain a church and state separation between the two, and that will not change in the future," he said in a statement.

When Cohen started his collaboration with NYU, Langone and a fellow NYU trustee, former AIG CEO Maurice “Hank” Greenberg, told faculty members that the goal of the clinic was to create a private alternative to the VA, according to two people familiar with the discussions. “Langone and Greenberg were really into privatizing the VA, and the big motivation behind the Cohen clinic was to be proof of concept,” one of the people said. (Greenberg declined to comment. Langone’s spokeswoman referred questions to NYU, which declined to comment.)

Cohen wasn’t present for those meetings, and his spokesman said he doesn’t support privatizing the VA or envision the Cohen Network as a model for doing so.

Last year, Cohen set out to persuade Congress and the Trump administration to reimburse his clinics for veterans treated there. (Cohen contributed \$1 million to Trump’s inauguration and another \$1 million to the House Republicans’ super PAC in April 2017.)

From the beginning, the Cohen clinics were advertised as free to patients, but the plan was always to start seeking reimbursement for their treatment. By their fourth year in operation, clinics are supposed to supply 25 percent of their own funding from insurance reimbursements, local philanthropy and government grants, according to information posted on the Cohen Network’s website. That figure rises to 50 percent by year six. In some cases, billing insurers also requires charging copays from patients.

Hassan said the clinics never turn away patients who can’t pay. He called collecting reimbursements a common-sense way to extend the reach of Cohen’s gift and make the clinics sustainable; like Haas, he said any revenues would be used to offset costs.

As part of his pursuit of government reimbursements, Cohen contacted fellow billionaire Ike Perlmutter, the enigmatic Marvel Entertainment chairman who has unofficially advised Trump on veterans policy. Cohen had a phone call with Perlmutter late last summer to sell him on the network, according to a person familiar with the call. Perlmutter questioned why Cohen would go to so much trouble to open brick-and-mortar clinics when other nonprofit organizations have leaner models, the person said. According to this person, Perlmutter warned then-VA secretary David Shulkin to be careful with Cohen. (Perlmutter’s representative declined to comment, and Shulkin didn’t answer requests for comment.)

Cohen also sought advice from a person who shaped President Trump’s position on the VA: Jeff Miller. As chairman of the House veterans committee, Miller had been a harsh critic of the VA and promoter of private alternatives. He was one of the first lawmakers to endorse Trump and became the candidate’s point man on veterans issues. After Miller retired from Congress in January 2017 and joined a big law firm, his first lobbying client was Steve Cohen.

In September 2017, Cohen Veterans Bioscience flew researchers from around the country to a lavish summit in Washington, featuring a speech by Shulkin and a panel moderated by Miller. At a cocktail party at the National Portrait Gallery, Cohen lingered behind bouncers in a roped-off area, summoning people he wanted to talk to, an attendee recalls. A day after the summit, Cohen Veterans Bioscience held a briefing for congressional staff in the House veterans committee hearing room. Cohen Veterans Bioscience also joined a coalition with two pharmaceutical companies to lobby for access to VA datasets and biological samples.

Cohen’s representatives repeatedly complained to government officials that his clinics couldn’t get reimbursements from the VA. In one meeting, the leader of a veterans organization corrected Miller, pointing out that the Cohen Network could, in fact, enroll in a program for

buying private-sector care (a program Miller had actually helped create). But that would require each patient to obtain advance approval from the VA. Miller made clear that the Cohen Network wanted to see the veteran first, then send the VA the bill.

Miller set out to change the law to let the clinics do exactly that. His team visited the office of every member of the House veterans committee and drafted a bill to let the VA pay for veterans who walk in to private mental health providers like the Cohen clinics. “Here is language to get you started,” they wrote in an email to congressional staff.

The lobbyists recruited a freshman lawmaker from each party, both former Marines, to sponsor their bill and tried to rush it through the House on a voice vote in time for Veterans Day.

But the bill raised objections from major veterans organizations. They generally oppose privatizing the VA because the health system remains popular with their members despite recent scandals. A few days later, the VA weighed in with more than a dozen concerns about the bill, including that it carved out a new private-care program conflicting with other laws on eligibility and funding.

Miller called a meeting with the major veterans groups to brief them on the bill. The veterans groups agreed among themselves to present a united front. Meanwhile, they pressured the Democratic cosponsor to drop out and waved other lawmakers off the bill. Miller caught wind of the counterattack, but by the time the veterans organizations showed up at his office overlooking the Capitol in late October 2017, the bill was dead.

Thwarted in Congress, Miller fared better with the Trump administration. He contacted senior VA officials in the hopes of forming a partnership with the Cohen Network. They signed an agreement in October 2017 that didn’t offer much other than to share data that was already publicly available. The VA has scores of similar agreements with other organizations.

But soon after the agreement was in place, Cohen’s representatives raised the issue of getting reimbursements for the clinics. That made VA officials feel tricked, according to a former agency official.

Veterans groups and some lawmakers were suspicious when they found out about the partnership. The Cohen Network “must be transparent about its organization and compliance with federal law,” the top Democrats on the House and Senate veterans committees wrote in a March 5 letter to Shulkin demanding more information.

Nevertheless, the Cohen Network succeeded in getting approved to receive reimbursements from the VA. A Cohen Network official downplays the payments, saying they’ve amounted to \$500 so far.

But after Miller’s lobbying campaign, that does little to reassure defenders of the VA’s healthcare system. “The problem is there’s only so much government money in veterans’ care,” another former VA official said. “If you start trying to carve into that to feed things like the Cohen Veterans Network, that’s actually privatization. It’s going to be death by a thousand cuts.”

The resistance to the Cohen clinics is vexing for Cohen, who believes he’s trying to make a positive impact. “Steve Cohen is helping repay the debt we owe our veterans,” said his spokesman, Herr, “and it is shameful that anyone doubts or impugns his generosity.”

Cohen is undeterred. The network just opened its 10th clinic and plans to have 25 by 2020. Cohen believes the network is succeeding, Herr said, and is considering expanding his support beyond the \$275 million he's already committed.

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2.2 - Auburn Journal: [Fix, fund and fully staff the VA](#) (3 August, Carroll Nast, 149k uvm; Auburn, CA)

Veterans For Peace joined Indivisible Auburn July 20 to display large banners to east-bound I-80 traffic with the messages: "Save our VA" and "Vets say no to privatization."

Of us veterans using the VA health care, 80 percent want Congress to fix, fund and fully staff the VA, not privatize it. We want people to know that the Koch brothers and Trump want to profit from veterans health care since it is one of the largest budget items in the federal government. If they succeed it will cost taxpayers 30 percent more and provide inferior care for our nation's veterans. Another motive for privatization is that VA hospitals are located on choice real estate in most major cities. Ultimately they will be sold to developers if we don't elect people to government who value veterans health over profit. A recent Rand study shows that the VA provides equal or better care in all categories measured, compared to the private

for-profit industry. This is in spite of congress under funding the VA for decades.

That gave them an excuse to divert money to the "Veterans Care" and "Community Care" programs, instead of providing the resources for the VA to catch up. Quality of care in these private programs has never been assessed, but wait times are often longer than at VA. The increase in vets using VA health care has outpaced the increase in funding since 9/11.

There are now 35,000 medical and 15,000 non-medical positions vacant in the VA. If Congress would only fill these vacancies and provide the funds to catch up on deferred maintenance and expanding facilities, the private programs would rarely be needed. Occasional referrals to the private sector is sometimes beneficial to the veteran and should continue on a case by case basis.

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[3. Modernize Our System](#)

3.1 - KAIT (ABC-9): [VA clinic now open daily in Pocahontas](#) (4 August, 194k uvm; Jonesboro, AR)

An outpatient clinic for the VA is now open daily in Randolph County, with officials working to offer healthcare services to a large portion of the region.

A ribbon cutting was held Friday for the clinic, located at 300 Camp Road in Pocahontas. The clinic is part of the John J. Pershing VA Medical Center in Poplar Bluff.

According to a media release, the clinic, which was previously open on Tuesday and Thursday, will provide medical care for veterans. Officials say a main goal of the clinic is to help veterans who are not enrolled in VA healthcare, with the event Friday allowing veterans to sign up for help.

Veterans who had been receiving VA care in Paragould also had the opportunity to transfer their healthcare to Pocahtontas during the event, while pneumonia vaccinations were also given.

Anyone interested in learning more about the clinic can go to the medical center's website.

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3.2 - Public Opinion: [Watertown VA clinic to move, expand](#) (4 August, J.T. Fey, 80k uvm; Chambersburg, PA)

The veterans clinic in Watertown will be moving and expanding during the next 14 months

The Watertown vets clinic will be moving into the former Ace Hardware building at 12 19th St. NE. The clinic will share the building along with its current resident, Snap Fitness.

"We're vey happy. This is a great move for us," said Dr. John Sneden, medical director at the Watertown clinic. "We'll have more space, more services and continue to add services. We're hoping to add another provider."

Sneden said the clinic's 10-year lease at its current location will soon expire. In anticipation of the expiring lease, Veterans Affairs officials had been seeking a larger location.

Construction is expected to begin in late fall or early winter of 2019, but Sneden said the clinic isn't expected to open until October of 2019, in part because of all the additional plumbing that must be added to new location.

The current Watertown Community Based Clinic has 6,895 sq. feet, and the new clinic will add nearly 3,000 sq. feet for primary care, expanded mental health and telehealth services, as well as for physical therapy treatment.

The VA staff serves approximately 2,300 veterans from 11 surrounding communities. The new clinic will have capacity to see up to 3,000 vets. Sneden's hope is that the new site will allow certain procedures to be done in Watertown instead of requiring a vet to travel to Sioux Falls.

The Watertown VA clinic opened in 2009 as a temporary mobile clinic near the National Guard Armory. Currently located in the Willow Creek Plaza, the clinic has continued to grow with the support of Watertown area veterans and the community.

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3.3 - Kokomo Tribune: [VA set to host benefits fair at Peru library](#) (4 August, Carson Gerber, 77k uvm; Kokomo, IN)

PERU – VA Northern Indiana Healthcare System is hosting a benefits and enrollment fair in Peru. The event will run from 5 to 7 p.m. Wednesday at the Peru Public Library, 102 E. Main St.

Groups from the Veterans Benefits Administration, Indiana Department of Veterans Affairs, Veterans Health Administration, county veteran service officers and National Cemetery Administration will all be in attendance, as well as other veteran groups.

Updates will be given on various veteran programs and initiatives during the event.

Veterans can visit to ask about VA disability and compensation, enrollment into VA healthcare and any other veteran-related questions at the event. No appointments are necessary.

The fair comes as the VA works toward building a new outpatient clinic in the area to replace the current Peru facility. The new clinic is set to double in size and staff as part of an effort to expand healthcare services to veterans throughout northern Indiana.

VA officials said last year they are seeking property to increase the size of the facility to around 20,000 square feet. That will double the current number of primary-care providers at the clinic from three to six, according to Jay Miller, associate director of operations for the VA Northern Indiana Health Care System, which oversees the Peru clinic.

He said in a previous interview the facility at 750 N. Broadway was originally slated for an expansion in 2020, but that process has been expedited because of feedback from area veterans, who expressed concerns about wait times and the quality of care during a VA town hall meeting in December.

The facility's new location has not yet been announced.

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4. Focus Resources More Efficiently

4.1 - The Hill: It's difficult, but not impossible, to legislate the toxic VA culture (3 August, Rory E. Riley-Topping, 11.8M uvm; Washington, DC)

If something seems too good to be true, then it probably is. This is especially true when it comes to the federal government, an institution that seemingly has an often times well-deserved reputation for overpromising and under-delivering.

That's why, when the president initially created the VA Office of Accountability and Whistleblower Protection via Executive Order in April 2017, many whistleblowers within the agency were skeptical that the newly created office would truly bring about change and accountability in the government's "most repressive agency."

Because issues pertaining to VA accountability have been a long-time headache for members of Congress, they too wanted to believe that the OAWP could fix VA's toxic culture of retaliation against anyone who dared to question the agency's leadership. Accordingly, Congress granted the OAWP additional authority pursuant to the VA Accountability and Whistleblower Protection Act, which was signed into law in June 2017.

Although the OAWP has only been in existence for a little over one year, it is a failed experiment in government accountability and transparency. It is time for Congress to pull the plug.

First, VA has a cultural problem, not a legislative one.

As I have previously argued, many of VA's accountability problems are due to a high tolerance for corrupt practices — a concept that was highlighted by investigative journalist Mike Volpe at this past week's Whistleblower Summit on Capitol Hill — as well as a perception by agency leaders that it is above the law and any outside oversight.

Indeed, just recently, Acting VA Secretary Peter O'Rourke tried "to control, if not intimidate" the Inspector General over the sharing of whistleblower information from the OAWP that O'Rourke — notably the prior director of the OAWP — refused to provide.

Despite Congress' best attempts, it is difficult, if not impossible, to legislate culture. VA needs to change its internal habits far more than it needs Congress to change the law.

To this end, the VA Accountability and Whistleblower Protection Act has thus far been the equivalent of a car without gas; yes, it is a vehicle to assist you in getting to where you're going, but without more, it is basically useless.

Second, there are the numbers. Although VA employees only account for 18 percent of the federal workforce, they accounted for 31 percent of whistleblower complaints submitted to the Office of Special Counsel.

There are also the OAWP's budget numbers. According to a report prepared by VA on the Activities of the OAWP and submitted to the House and Senate Veterans' Affairs Committees, the OAWP has an annual budget of \$17.3 million dollars to maintain 73 full time employees (while requesting 102) and handling 182 cases.

By contrast, during the same time period, the Office of Special Counsel's budget was only modestly greater, at \$26.5 million dollars, despite the fact that OSC maintains a staff of only 144 full-time employees to oversee whistleblowers for the entire federal government, which included 18,058 complaints.

That's quite a difference in how federal dollars are spent and accounted for, but this comes as no surprise to those who are familiar with VA's budget.

As noted by the bipartisan duo of retired legislators Bill Frist (R-Tenn.) and Jim Marshall (D-Ga.) shortly after the emergence of the 2014 patient wait time scandal, "[i]f endless funding, more personnel or piecemeal reforms were the answer, the VHA wouldn't be failing."

As conceded by OSC, VA does produce a higher volume of whistleblower complaints than other agencies; nonetheless, duplicating efforts at a time when additional federal dollars are hard to come by seems like a questionable decision.

Finally, and perhaps most importantly, are the facts. In a July 2018 report, the GAO found that the VA OAWP lacked standardized practices and procedures, making it nearly impossible to verify its actions. More importantly, however, the GAO also found that whistleblowers at VA

were ten-times more likely to be disciplined than their peers and that managers were often tasked with investigating themselves, a blatant conflict of interest.

If accountability and whistleblower protection are the goals, as the name of the office would indicate, this is a failed mission.

So, rather than throwing more money and personnel at yet another failing VA business line, what should Congress and the VA do? There are several steps that can help to improve accountability and whistleblower protection that do not involve further investment in the OAWP.

First, the VA has the benefit of a new secretary as of earlier this week, Robert Wilkie. Wilkie can begin by sending a strong message to those within the VA that past retaliatory practices will not be tolerated. He can send that message by immediately terminating those who've participated in the retaliation, rather than making the fatal mistake of his predecessors — trying too hard to be liked by everyone. With a workforce of 360,000 employees, no one is going to be universally liked, no matter how good they are at their job. Wilkie needs to accept this and do what's best for the agency.

Second, Congress can alter the Whistleblower Protection Act by providing those who claim its protections with the same rights as those who file claims pursuant to the Civil Rights Act or the Rehabilitation Act — that, if the MSPB cannot hear their claim within 180 days, they may file suit in the District Court where they reside. Providing an avenue toward independent resolution of issues outside of another bureaucracy — the MSPB — will help resolve disputes more efficiently while ensuring independent review.

Finally, if VA is set on having an internal review office for whistleblower claims, they should remove the OAWP or any equivalent to the purview of the OIG. Since many whistleblower complaints are simultaneously filed with the OIG anyway, this would provide streamlined processes and also preserve the independent nature of a fair investigation.

Overpromising and under-delivering are easy, which is why solutions to problems such as the internal OAWP are often too good to be true. Working hard to find practical solutions is difficult, but improving morale, decreasing government spending, and saving lives make the exertion worthwhile.

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4.2 - Newsmax: [New VA Secretary Robert Wilkie Holds Promise for America's Veterans](#) (4 August, Van Hipp, 10.8M uvm; Boca Raton, FL)

Last week President Trump lauded his recently confirmed Secretary of Veterans Affairs Robert Wilkie before the Veterans of Foreign Wars (VFW) National Convention, and with good reason. Simply put, Wilkie is one of the president's best appointments.

In short, Wilkie brings the best skill set we've ever had in an incoming VA Secretary. It's a skill set and real experience the scandal-ridden department, best known for inefficiency, sorely needs.

Wilkie, the son of a career Army officer has served in uniform himself, and with distinction. He knows the needs of our veterans first hand. A long-time staffer in both the U.S. House of

Representatives and U.S. Senate, he knows how to get things done for our veterans on Capitol Hill. He also served on the National Security Council under Condoleezza Rice and as Assistant Secretary of Defense under Donald Rumsfeld.

His most recent experience as Under Secretary of Defense (Personnel and Readiness), however, is what he can draw on to have the greatest immediate impact on the VA. For years, the Department of Defense would try to give new medical technology it had developed for the warfighter to the VA to help our nation's veterans. Time and time again, the VA would turn it down, only to spend taxpayer dollars to reinvent what the Pentagon had on a shelf. Congress, fed up with this, started the DOD/VA Health Care Sharing Incentive Fund. Now known as the Joint Incentive Fund (JIF), it has been representative of the kind of mechanism we need in place to ensure our veterans get the best healthcare and access to the best medical technology available, while being good stewards of taxpayer dollars.

During the 2016 presidential campaign, the ineptitude of the Department of Veterans Affairs and its failure to properly take care of our nation's veterans was a major issue. America's veterans wanted real change at the VA, and then-candidate Donald Trump responded with his ten-step plan to bring real reform to the troubled department. Our nation's veterans responded and played a big role in his election to the presidency.

Today, there is no doubt that President Trump is focused on reforming the VA to better serve our veterans. There is much to do. Our veterans wait too long for healthcare. There is a different standard of care depending on which part of the country you live in. In fact, The VA regions (known as VISNs) each have different medical products on their approved lists for such things as wound care. Thus, a VA medical center in Alabama may not be able to give a veteran a needed medical product that he could get if he or she were at a VA facility in Virginia. There are also way too many sole-source contracts being awarded and not enough competition. Open competition and pilot programs showcasing the latest medical technology will benefit both our veterans and taxpayers. And we still hear horror stories about the VA claims process. When going through a claim, why should the VA spend more taxpayer dollars on services that have already been performed by a military doctor?

These are just a few of the many challenges facing our new VA Secretary. There will need to be true transformational change in the VA's culture for any true improvement in our veterans' care. We must have a "VA owns it" mentality and get rid of those employees who don't embrace the culture change.

Over the years senior government officials, including one cabinet secretary and one four-star general, have told me, "I wish I knew then what I know now." They were co-opted by the bureaucracy when they assumed their positions and were convinced that all was fine when it wasn't.

Robert Wilkie has a chance to be the best VA Secretary we've ever had at a time when we really need it. The reason is that he can't be hoodwinked by the institutional bureaucrats. The veterans of our country need a secretary like this and it's about time.

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4.3 - The Oklahoman: [Navy veteran: Medical cannabis for veterans is prudent policy](#) (3 August, Nick Etten, 3.8M uvm; Oklahoma City, OK)

America's veterans could soon be granted legal access to medical cannabis. Members of a House-Senate conference committee will meet in the coming weeks to finalize funding for the Department of Veterans Affairs for fiscal year 2019. These lawmakers can save veterans' lives by adopting language already approved by the Senate authorizing VA physicians to recommend medical cannabis to patients in states where it is legal.

A recently updated VA report shows an average of 20 veterans commit suicide every day. While suicidal behavior is complex, we know that service-related post-traumatic stress disorder and traumatic brain injury are among the primary causes. We also know that medical cannabis is a demonstrably safer treatment option than the “combat cocktail” of opioids and benzodiazepine sedatives VA physicians frequently prescribe to treat PTSD, chronic pain, anxiety and other debilitating conditions.

Our veterans suffer chronic severe pain at rates roughly 40 percent higher than civilians, according to the National Institutes of Health, helping to explain why the opioid crisis has hit veterans at a rate two times the national average. And again, science shows this is a public health crisis where cannabis could help. A study published in the Journal of the American Medical Association found that states with medical cannabis laws had a 24.8 percent lower mean annual opioid overdose mortality rate compared with states without medical cannabis laws.

Unfortunately for Oklahoma's nearly 300,000 veterans, Sen. James Lankford has fought against reform to the Controlled Substances Act that makes it illegal for VA physicians to recommend cannabis. Under the CSA, cannabis has been labeled as a drug “with no currently accepted medical use and a high potential for abuse” — two characteristics scientific data have proven clearly false. The science is part of the reason why the American College of Physicians, the American Public Health Association and the American Nurses Association recognize the medicinal value of cannabis.

If Congress won't respect the conclusions of the medical community, maybe it will respect voters. Polling data from President Trump's own pollster, Tony Fabrizio, shows overwhelming support for medical cannabis in highly competitive congressional districts. In these key “swing” districts, 87 percent of voters supported medical cannabis, including 81 percent of GOP voters. And 3 in 4 voters say a candidate's position on medical cannabis is at least somewhat important in deciding how they will vote. These and other numbers in his poll led Fabrizio to conclude “there is no political penalty for supporting medical cannabis. However, even among GOP voters, there is likely a backlash for opposing it.”

The health policy and political verdicts on medical cannabis are clear. What remains to be judged is if Lankford will fight for Oklahoma's veterans as a member of the committee deciding the fate of legal access to medical cannabis for our former service members.

President Trump has made veterans a priority and has repeatedly expressed his support for medical cannabis. It's time for Congress to send him a bill that will provide veterans the relief they desperately need.

Etten, of Chicago, is a graduate of the U.S. Naval Academy, a former Navy SEAL officer and the founder of Veterans Cannabis Project.

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4.4 - The Oklahoman: [OU repays the Oklahoma City VA about \\$14,000 after federal report](#) (3 August, Justin Wingerter, 3.8M uvm; Oklahoma City, OK)

The University of Oklahoma has repaid the Oklahoma City VA Health Care System more than \$14,000 after a federal report found medical residents were paid for times when they were not working.

The two sides have worked together to find overpayments since a VA inspector general report in late March found a lack of proper accounting for millions of dollars. The deadline for repayment was July 31.

“Based on the reconciliation, a repayment amount of \$14,355.95 was agreed upon and has been paid in full to the VA by the university,” said Melissa Overfield, a local VA spokeswoman.

OU has maintained that it did nothing wrong. It blames flaws in the VA's accounting system, one of the focuses of the inspector general report, for any confusion.

“The University of Oklahoma found that there were no overpayments made from the VA to the university in fiscal year 2016,” said OU spokeswoman Erin Yarbrough, “but it agreed to a reconsideration of payments previously approved by the VA based on current VA standards.”

During the 2015-2016 academic year, at least a dozen residents at the Oklahoma City VA Medical Center were paid for time during which they were working at non-VA hospitals, according to the federal report.

Four neurology students splitting their time between the VA hospital and the OU Children's Hospital were paid full-time salaries by the VA, rather than the part-time salaries they deserved, because the medical school billed the VA for full-time employment, the report found.

For 73 days in early 2016, six hematology and oncology residents worked at non-VA facilities. Yet, the medical school billed the VA about \$14,600 for the students' time, according to the report. Periodic audits, which would have uncovered such overpayments, were never conducted.

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4.5 - Military Times: [Commentary: Strides made on VA reforms, but there's more work to do](#) (3 August, Sen. Johnny Isakson (R.-Ga.), 2.1M uvm; Springfield, VA)

America is the greatest country in the world because of those who have put their lives on the line to defend it, and we have an obligation to serve those who have served us. As chairman of the Senate Committee on Veterans' Affairs, I am committed to helping ensure that our veterans who have borne the battle receive quality care and services they can count on.

We're all too aware of the problems of the past that have plagued the Department of Veterans Affairs, from long wait times to a corrosive culture among employees, staffing shortages, absent leadership and inadequate care for our nation's veterans. While improvements have been made

in a number of areas, we knew there was more work to do and set out to make changes to the department.

Since the start of this Congress on Jan. 3, 2017, our committee has held more than two dozen hearings to drill down on problems confronting the VA, to hear from officials as well as stakeholders like veterans' service organizations, and to figure out how we could work together to address the challenges facing the VA. Over the last 18 months, we have made great progress, developing legislation and building consensus on proposals that are effective and meet the needs of veterans.

In 2017 and 2018, the Senate's efforts on behalf of our nation's veterans include the passage of 18 major pieces of veterans' legislation — all of which have been signed into law — that reform the VA and strengthen veterans' health care, benefits and services. Additionally, the Senate has confirmed 14 nominees to the VA and the U.S. Court of Appeals for Veterans Claims to ensure strong leadership is in place to oversee the implementation of these reforms.

To ensure our veterans have access to the best possible care, support and benefits that they have earned, we passed landmark legislation to dramatically improve the way the VA delivers health care. The VA MISSION Act removes barriers and finally gives veterans the option to receive care in the community when and where it makes sense for them.

Before now, there was no real accountability at the VA because management could not adequately discipline employees who were found guilty of misconduct. We passed the Veterans Affairs Accountability and Whistleblower Protection Act, which finally gave VA leaders the tools to remove poor-performing or negligent employees and formalized a process for protecting the rights of whistleblowers. Since being signed into law, more than 2,800 VA employees have been removed under this new authority.

For years, veterans have been waiting far too long for a decision from VA on their benefits claims appeals. The VA's woefully outdated appeals process led to a backlog of nearly half a million veterans waiting on a decision on their claims. With the Veterans Appeals Improvement and Modernization Act, we overhauled the appeals system to break down bureaucratic barriers and help develop an improved, more responsive and quicker system for veterans.

The jobs of the 21st century are ever changing, and today's workforce never stops learning. To help our service members transition to civilian life and ensure they have education benefits that meet their needs, we passed the Harry W. Colmery Veterans Educational Assistance Act to make lasting reforms to the Post-9/11 GI Bill. This is a truly meaningful victory for our veterans, who should have every opportunity available to them to pursue their desired profession and career after they return from duty.

Our committee, along with the House Committee on Veterans' Affairs and President Trump and the administration, have worked hard to reform the VA and ensure that our veterans receive the care and benefits they deserve.

This week, Robert Wilkie was sworn in as the 10th secretary of the VA. The VA needs a leader who will help move the department away from problems of the past and toward solutions of the future by implementing the legislation we have passed to address significant problems confronting the VA. I am confident that he is the right leader because he has the expertise, the judgement and the character to take on the challenges that lie ahead and will bring stability and leadership to the VA.

I look forward to continuing our efforts by working with my colleagues in Congress, President Trump and Secretary Wilkie to meet these challenges head on and transform the VA into a department worthy of our veterans.

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4.6 - WFAA (ABC-8, Video): [Cannabis converts helping North Texas veterans find relief](#) (3 August, Teresa Woodard, 2.1M uvm; Dallas, TX)

Cannabinoid oil, legal to use but not easy to get in Texas, is showing promise in helping veterans manage chronic pain and anxiety.

It is not marijuana, but cannabinoid oil, known as CBD oil, is derived from cannabis. Because of that, the Veterans Administration cannot prescribe it, or help veterans get it. So, someone else is stepping in.

"I just think a lot of people don't know," said Donna Cranston, founder and CEO of Defenders of Freedom, a non-profit organization that assists veterans with financial needs.

Cranston, at one point in time, believed all cannabis products were marijuana and anything that had to do with marijuana was bad. "I was that mom that had zero tolerance for it and held my kids' feet to the fire," she said.

It still surprises her a bit that she is now helping veterans access something made from hemp. "It really is two different things," she said.

CBD oil is not marijuana. It is derived from cannabis plants grown specifically to produce CBD oil. The industrial hemp used to produce CBD oil is an agricultural product. CBD oil is legal to use in every state, including Texas. It cannot get someone high, and users say it is an effective treatment for pain and anxiety.

Luke Barker suffers from both. "Right here it feels like I've been kicked by about 10 mules," Barker said, pointing to the right side of his forehead. "The tumor is in the right frontal lobe, which is the area that controls mood and judgment and all that stuff, it's just a constant pain right here."

Barker was in the U.S. Navy for 13 years. He is now fighting brain cancer.

"The neurosurgeon at the Veterans Administration says he believes the tumor is related to my service," he said. "I wasn't blown up. I didn't get hit with an IED or get shot or anything like that, but he believes being around heavy weapons, there's a lot of pressure that comes off heavy machine guns - the brain absorbs all of that. He thinks the tumor is related to my service."

"It's inoperable. They said if they try to go in and remove it, I'd be a vegetable the rest of my life," Barker said. "So, what do I do now?"

Barker began doing research and found testimonials from veterans battling cancer and pain and anxiety who say CBD oil made a difference in their lives. He is undergoing radiation but wanted to try CBD oil as well.

Because the VA cannot provide it, he needed to buy it, and found the most potent versions, which users say are the most effective, are also expensive. “The good quality CBD oils are expensive and, if they’re on fixed incomes, many veterans can’t afford it,” Cranston said.

Barker now has access thanks to Cranston and another unlikely cannabis convert.

“Myself I’m not, I’m not a proponent of marijuana,” said Steve Danyluk, a retired Marine lieutenant colonel. “I was in the military from 17 years old and it was drilled into our head that pot is not what we do.”

Danyluk spent a significant amount of time at Walter Reed Army Medical Center and said he saw veterans suffering from pain and over medication. “You have veterans who are on 15, 20 different medications and many times the medications are not interacting well with one another,” he said. “Many of them turned to cannabis as an alternative.”

“The more I spoke with veterans and saw that there were positive benefits,” he said. “It became clear to me that there was a medicinal aspect to cannabis.”

Danyluk and fellow veterans founded Warfighter Hemp, a company that grows organic hemp at a farm in Eaton, Colorado. Warfighter Hemp produces CBD oil. Many of his buyers are veterans, or people who help veterans, like Cranston. She’s purchasing the CBD oil at a reduced rate and giving it to Barker.

“We’re pretty hopeful he’ll have some good results,” she said.

Cranston is such a believer in CBD oil that she wrote to and tweeted President Donald Trump. She asked him to encourage the VA to study cannabis and hopefully one day dispense the oil as an alternative treatment.

The American Legion is another organization lobbying lawmakers by pointing to a 2017 survey that found 92 percent of veterans support cannabis research and 83 percent support legalizing medical marijuana.

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4.7 - The Times of Northwest Indiana: [Blind veteran from Valparaiso helps spur changes at the VA](#) (3 August, Giles Bruce, 1.1M uvd; Munster, IN)

Every time Mike O'Dette tried to fill a medication over the phone with the Veterans Affairs pharmacy, he would be instructed to type in the prescription number.

The problem was, he's blind.

So the Navy veteran from Valparaiso decided to bring the issue up at a VA town hall meeting in Portage, not to complain but to suggest a way to help hundreds of patients.

"I've always been a believer that constructive criticism is better than straight criticism," said O'Dette, 53.

The VA listened.

Now blind veterans who call in a prescription refill go straight to a human being who can assist them — all thanks to O'Dette.

"That took away some of the frustrations of using an automated call center," said Marc Magill, director of Jesse Brown VA Medical Center in Chicago. "We've been doing it a year, and it's worked pretty well."

After making the change, the Jesse Brown hospital sent out letters to the other roughly 325 blind veterans it serves, alerting them of the new Scrip Talk system that allows them to talk to a live pharmacy staff member.

"It made me feel good, because it doesn't just help me but everyone else," O'Dette said.

Melinda Dunlap, visual impairment services coordinator for the VA, said blind veterans have so many other obstacles — traveling, cooking, grocery shopping — that this small change makes a big difference.

"This is the reason I'm so proud of VA health care, because really I think we look at the whole health of the veteran," Magill said, including providing them with legal advice and protecting them from fraud and scams.

"We really try to go the extra mile. That's really the true definition of customer service and trying to treat that person to the best of our ability."

"I'm a veteran myself and I get my care here," noted Dick Rooney, chief of pharmacy for the Jesse Brown VA Medical Center and Adam Benjamin Jr. VA Outpatient Clinic in Crown Point.

Tom Pappas, who leads the Portage Veterans Committee, said that if O'Dette had gone to a congressman or senator, or a local veterans organization post, he would likely still be waiting for a solution.

"Veterans need to educate and advocate for themselves," Pappas said. "Mike is an example."

Rather than bashing the VA, if O'Dette thinks something is wrong with his care he makes a recommendations for how to fix it. He points out that the Crown Point VA clinic has a suggestion box just inside the front entrance.

He said he also recently advised the VA that its government vehicles were taking up space on the first floor of the Jesse Brown hospital parking garage, where the handicapped spots are located, making it harder for disabled veterans to get around. So the VA moved the vehicles to the second floor.

"You hear so many bad things about the VA," O'Dette said. "They are working with the veterans to get stuff straightened out."

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4.8 - WZTV (FOX-17): [Family of Ft. Campbell soldier paralyzed by sniper voices frustration with VA, military](#) (3 August, Adrian Mojica, 484k uvm; Nashville, TN)

The family of a Ft. Campbell soldier who suffered a life-changing injury during combat is sharing their frustration with the Department of Veterans Affairs as they try to keep their son alive and the family together.

Corporal Jeremy Voels was assigned to Bravo Company at Ft. Campbell after enlisting at the age of 19 and was deployed to Afghanistan in 2010. Just three months after his deployment, Voels was hit by sniper fire, which went into his lower vertebra and ricochet off his rib, causing all of his organs to be injured by bone fragments.

Doctors were able to save his life, but after 300 surgeries in eight years, Voels remains paralyzed. His mother, Pamela, was living in Stewart County, Tennessee while Jeremy was getting treatment in Nashville.

But things changed when her husband, also in the military, was moved to a station in Alabama.

"We tried to make a plea for him to stay in Tennessee because he needed to be close to his son, but since he's Jeremy's stepfather and not his biological father, they moved him anyway," Pamela says. "He's been in Jeremy's life for 16 years since he was 8 years old but they were like so sorry."

Pamela also moved to Alabama after her son was transferred to a hospital in the city of Enterprise. Now, she says the hospital is telling them Jeremy has to be moved again because his TPN treatment, which provides nutrients, is too expensive and they are not a long-term care facility.

"Due to all the surgeries, and a botched surgery, Jeremy doesn't have any intestines. His body makes blood, but his cells keep dying," Pamela said. "He needs the treatment to get the nutrients he needs."

Pamela says the VA is now "looking into" places to move Jeremy that include Montgomery, Alabama, Biloxi, Mississippi, and Augusta, Georgia.

The move would mean Jeremy is once again separated from his father and would put his mother in continued financial stress.

"I've been through two houses, two cars, and have taken out of my retirement to be with my son," Pamela said. "He needs his family around him but I'm in serious debt."

Pamela says she has fitted the Stewart County home and she and her husband are working on getting what's needed in their Alabama home so Jeremy can stay close to his stepfather.

"We just need the hospital to hold Jeremy and help him until we get the house ready for him," Pamela said. "That's if doctors even clear him for that. Moving him to another city isn't going to work."

The goal is to keep Jeremy and his mother with his stepfather in Alabama since the stepfather is active duty and stationed at Fort Rucker.

Jeremy's sister, Shi-Ann Hauck, says the family wanted to share their story because there must be others facing similar situations.

"His kids have only ever known my brother as being in the hospital," Hauk said. "We can't be the only family going through this. Your soldiers aren't as well taken care of as people believe."

Pamela says she hopes the family will be able to stay together but she's not getting concrete answers.

"Everyone keeps telling us they're looking over paperwork."

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4.9 - Watertown Daily Times: [New studies needed: Feds should allow additional research into effects of marijuana](#) (3 August, 199k uvm; Watertown, NY)

There's obviously something about marijuana that alleviates the pain of various health conditions.

And more states have recognized this phenomenon and passed laws to accommodate those who seek help: 30 states and the District of Columbia now permit the use of medical cannabis. The most recent state to carry this out is Oklahoma, where voters approved the plan June 26 by more than 56 percent.

Many military veterans have found marijuana very beneficial for their health concerns. However, they cannot make use of their primary resource — the U.S. Department of Veterans Affairs — for sound advice.

The federal Drug Enforcement Administration classifies marijuana as a Schedule I drug, the most serious of its designations. These are drugs, substances or chemicals "with no currently accepted medical use and a high potential for abuse." Other Schedule I drugs include ecstasy, heroin and LSD.

The VA refuses to assist veterans when it comes to medical cannabis. A New York Times story published July 25 in the Watertown Daily Times chronicled how veterans often must lurch in the dark while trying to reduce their physical pain.

"Some of the local growers along the coast (in Santa Cruz, Calif.) see it as an act of medical compassion: Donating part of their crop of high-potency medical marijuana to ailing veterans, who line up by the dozens each month in the echoing auditorium of the city's old veterans' hall to get a ticket they can exchange for a free bag. One Vietnam veteran in the line said he was using marijuana-infused oil to treat pancreatic cancer. Another said that smoking cannabis eased the pain from a recent hip replacement better than prescription pills did. Several said that a few puffs temper the anxiety and nightmares of post-traumatic stress disorder," according to the article. "The monthly giveaway bags often contain marijuana lotions, pills, candies and hemp oils, as well as potent strains of smokable flower with names like Combat Cookies and Kosher Kush. But the veterans do not get any medical guidance on which product might help with which ailment, how much to use, or how marijuana might interact with other medications. Ordinarily, their first stop for advice like that would be the Department of Veterans Affairs health system,

with its thousands of doctors and hundreds of hospitals and clinics across the country dedicated to caring for veterans.

“But the department has largely said no to medical marijuana, citing federal law. It will not recommend cannabis products for patients; and, for the most part, it has declined even to study their potential benefits,” the story reported. “A department survey suggests that nearly a million veterans may be using medical marijuana anyway. But doctors in the veterans’ health system say the department’s lack of research has left them without much good advice to give veterans.”

People’s concerns over marijuana are understandable to some extent. As a substance that causes impairment, there’s no doubt it has detrimental effects on the human brain.

But there is a wealth of evidence that certain properties of the plant offer pain relief. It would help enormously if we knew where the limits were so we could draft more informed policies about its usage.

The lack of adequate research leaves a huge gap in how we should proceed. The government owes it to our veterans to allow more studies to be conducted so such questions can be resolved.

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4.10 - WTVY (CBS-4, Video): [Daleville veterans talk health care at town hall](#) (2 August, Zach Wilcox, 44k uvm; Dothan, AL)

DALEVILLE, Ala. - Veterans in Daleville had the opportunity to speak their minds Wednesday.

The Central Alabama Veterans Health Care System hosted an open town hall at the Daleville Cultural and Convention Center.

Some of the biggest issues that came up were the no-show campaign and the fresh eyes survey.

The no-show campaign looks to decrease the amount of missed doctor visits veterans have so that more appointments will be made available.

The fresh eyes survey is a chance for veterans to reach out to their health care system and voice their opinions on the service.

"I have never personally had any problems with the veterans administration, with any of my appointments or anything like that," said George Malcolm Edwards of AMVETS Post 23 in Opp. "I wanted to find out what problems other people were having, and maybe I can share that with the veterans in our post."

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5. [Improve Timeliness of Service](#)

5.1 - The Marietta Times: [Patients tell doctors they need more](#) (3 August, Michael Kelly, 74k uvm; Marietta, OH)

About 100 people, most of them medical professionals and many of them standing, packed the ground-floor conference room in the Strecker Cancer Center at Marietta Memorial Hospital on Thursday for a town hall meeting about cancer.

The town hall featured two physicians from the American Society of Clinical Oncologists, a group of doctors dedicated to networking cancer information for both their peers, other medical professionals and patients.

"We've come out to have a conversation, to raise awareness," Dr. Monica Bertagnolli, chief of surgical oncology at Brigham and Women's Hospital in Boston and a member of the ASCO, told the gathering. "We're an organization of 45,000 doctors around the world, and our goal is to prevent and cure cancer. We will conquer it through research, and we promote quality care for everyone."

The success in treating cancer has changed dramatically over the past decade, and Bertagnolli was asked how the persisting public perception of cancer being a death sentence can be changed.

"I'm already learning from my visit here and elsewhere that patients want the real story. Some have had serious and terrible challenges, and the care here has given them their lives back, given them great strength," she said. "We are collecting videos of their experiences. We need to be honest and truthful, but we also need to tell these inspiring stories."

Bertagnolli noted that the cancer.net website, containing information compiled and curated by members of the ASCO, is intended for patients as well as clinicians and will continue to include encouraging stories of survival and treatment.

Patients in the audience expressed the greatest concern not about treatments but about communicating with their physicians.

"We need more information," said John Miller, a 56-year-old being treated for lung cancer. "I've had to get information on my own. Doctors need to focus more on their patients and answer our questions. They don't explain why we're getting the treatments."

Another patient, Sandra Rexroad, said of her experience with the Veterans Administration health system, "I had to learn to be my own advocate ... you have to find someone who will give you options."

Rexroad, a 59-year-old widow who suffers from malignant brain tumors, said she was shuttled around between veterans' clinics in Kentucky and West Virginia before being referred to a neurosurgeon at Strecker for treatment. She said the medical community seems not to understand the hardships involved for patients who need to travel or have difficulty understanding the reasons for the treatment they are receiving.

Dr. Colin Weekes, another panel member from ASCO, recalled a patient he treated while working in a clinic in Denver. The woman, who was impoverished and didn't own a car, had to come about 100 miles from Cheyenne, Wyo., and was often late. Ultimately, he was asked to

sign a paper indicating that her treatment would be discontinued if she didn't get to her appointments on time.

"These stories are told but not always heard or appreciated," he said. "We need to hear these things in a context so we can understand what it's like to live with this problem, to think about it from the other person's point of view, to have some mutual respect."

Miller said after the meeting that he feels he doesn't get enough time with his physicians.

"It just seems like the doctor is not interested in talking to me, that as patients we have to go to others for information," he said. "I see my doctor once a month, and it's always something hurried. But I've been in treatment for two years, and I'm going to win this."

The system is complex and difficult to understand for ordinary patients, and Bertagnolli said in an interview later that doctors might not appreciate the challenge it presents to those outside the medical community.

"Think about it – if any of ourselves as doctors were put in the position of being a patient, we would know what to do, but if you're not in the medical profession, or you live in a community where you don't have a lot of access, it's completely daunting," she said. "We as doctors know what we need to deliver to our patients, but we're not necessarily equipped to see what's needed in terms of community support. It could be transportation, finances, babysitting, all these things that go into our everyday lives that are absolutely essential if you're going to get the care you need."

One way of helping is a patient navigator, someone dedicated to helping patients make their way through the system. Electra Paskett, a professor of cancer research at The Ohio State University and part of the town hall panel, urged the group to express support for a bill in Congress that would add patient navigator services to the billable services supported by Medicare and Medicaid.

Meanwhile, there are people like Tom Powell. The 63-year-old Navy veteran and Strecker volunteer helps patients get through the system.

Powell said he was diagnosed with two forms of cancer while living in Florida in 2011. He moved back to Marietta, his hometown, and the medical service he received changed dramatically for the better, he said.

"At those big hospitals in Florida, I felt like a pawn in a game, just a number. Here, it's much better," he said. Powell now volunteers two or three days a week at Strecker.

"I'm just very passionate about cancer patients," he said.

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5.2 - WGXA (ABC-24): [Georgia congressman tour one-star VA medical center in Dublin](#) (4 August, 62k uvm; Macon, GA)

DUBLIN, Ga. -- On Friday congressman Rick Allen of Georgia's 12th district visited the Carl Vinson VA Medical Center in Dublin.

The center has a one star rating and congressman Allen said he wants to do something about that

He said that by providing a comprehensive plan for the center he hopes it'll get a higher rating in the future.

"I've seen this facility, I've talked to the patients, I've talked to the patients in the five-star facility. I'm going to find out why one would be ranked this way," said Allen.

Congressman Allen met with the acting director before taking a tour of the community living center there.

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5.3 - Union-Bulletin: [VEText newest veteran's tool](#) (2 August, Annie Charnley Eveland, 60k uvm; Walla Walla, WA)

A new tool came over the horizon at the request of veterans. The Jonathan M. Wainwright Memorial VA Medical Center has also added a new tool called VEText, which allows veterans to receive upcoming appointment reminders on their cell phones.

The new tool has helped reduce no-shows, because the reminder comes with an opportunity for the veterans to cancel appointments should they be unable to make it, said Linda Wondra, VA public affairs officer.

The link to the information is at goo.gl/z5NKq7. A great bonus to this is that the newly freed appointments allow for openings for other Veterans needing to seek care – a win win for everyone.

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6. Suicide Prevention

6.1 - The Modesto Bee (Video): [Modesto veteran doesn't want his 'invisible injuries' to be the death of him](#) (3 August, Deke Farrow, 841k uvm; Modesto, CA)

At his lowest points, just a few things have kept Army veteran Eli Price from committing suicide, he said: the thought of causing his mother that pain; not wanting his Army friends, who've already seen so many of their number kill themselves, to endure another loss; and not knowing what, if anything, comes afterward.

"You know what's going on in your life, and if you killed yourself, do you think it would be over?" he said. "I'm not really religious, but I have a hunch if you kill yourself, you might go to hell. I don't know what comes next, but —." Looking downward, he paused. "It's an ongoing argument in my head. A few times, it's been the only thing. 'What if because you're weak right now, you end up in hell?'"

The Davis High graduate is living his own personal hell years after finishing a 12-month deployment in Afghanistan.

Most wouldn't know it, though.

Price returned home in the summer of 2011 a damaged man, but unlike his military brothers who lost arms, legs, fingers, toes and eyesight. His scars are on the inside, the result of being concussed by improvised explosive devices (IEDs) and of the toll that "hunting man" and being hunted takes on the psyche, he said.

"I know I'm not missing a limb, but I feel like I'm missing my brain ... or at least the good part of my brain," the 28-year-old said in talking about the fight for his life that's continued long after his military service ended.

Price, diagnosed with traumatic brain injury (TBI) and post-traumatic stress disorder, has a 100 percent disability rating from the U.S. Department of Veterans Affairs. He suffers seizures, sleeplessness and depression.

He knew the risks when he signed up to join the Army, he said, and now seeks simply the same level of care afforded to guys who came back more obviously traumatized. Instead, when he seeks VA help, Price said, it sometimes begins with a wait of weeks for an appointment. Doctors want him to try a medication for six months, and then try another pill when that first one doesn't help, he said. Meantime, the suicidal thoughts remain.

So far, counseling also has not helped, though he has hope it could, with the right fit. "But they have a round hole and they're just throwing all shapes at it," he said of the VA connecting veterans with counselors.

Unlike many veterans, he's always been able to talk about his experiences, Price said, "so when I get a counselor, it's, 'OK, what do you want to know?'" But then it gets to the point where "he puts a light display on or something to calm me down, and it's like, 'Guy, I'm not here for your experimental things.'"

When traumatized veterans are returning from duty and reintegrating to civilian life, the military and the VA need to prepare them for a long and challenging road, said Sara Kintzle, a research associate professor with the University of Southern California's Suzanne Dworak-Peck School of Social Work, Military and Veterans Programs. A mental health expert with the VA Palo Alto Health Care System had not been responded to a request for comment by deadline.

Counseling definitely is not a one-size-fits-all treatment, she said, and it unfortunately can take years of meeting with one professional after another to find the right match. Complicating matters is that if a vet is on a medication that's not doing what it should, counseling still may be ineffective, Kintzle added.

A VA page on TBI research cites a 2015 study that found "that veterans with a combination of depression, PTSD, and military-related TBI had the greatest difficulties of all Iraq and Afghanistan veterans in getting around, communicating and getting along with others, handling self-care, and accomplishing other daily tasks. According to the research team, many Iraq and Afghanistan veterans require highly integrative treatment approaches, and their health problems need to be dealt with in a comprehensive and coordinated manner."

Buddy has his back

Corey Kent, a Coral Gables, Fla., resident and Price's best friend, is an Army vet and multiple amputee who understands how the Modestan feels. Having appointments booked so far out, being given ineffective medicines time and again, facing the risk of being 5150'd (placed under an involuntary psychiatric hold) because he may pose a danger to himself — "that's not going to make anyone reach out for help," Kent said.

Kent has been working to get Price to move to Coral Gables. He'd go to his VA appointments with him, he said, "and if they give him crap, I'll step in."

It sounds like Kent has won over his friend. Price bought a one-way ticket to Coral Gables and is set to leave Aug. 15, said his mother, Corky Price. "Bittersweet for me, for sure. But I want what's best for him."

For a Davis High grad who enthusiastically joined the Army and pictured it or law enforcement as his career, reintegrating to civilian life has seemed an insurmountable struggle. One that's cost him his marriage, forced his family to once call the authorities out of concern for his mental health, and led him to self-isolate.

Her son and his sweetheart wed while he was home on leave, said Corky Price, but split within months of him being home for good. At that point, "he didn't see any hope," she said. He went to live with his parents. "That's when the whole suicide kind of thing came up, and it freaked me out, and the rest of us." So they called 911, which resulted in a 5150 response.

Because of his combat experiences and struggles to get the care he needs, Price said he has a temper. He keeps to himself because it's safe. He'll walk through the family almond orchard, where it's quiet and he can see anybody coming his way. It's a release, he said. Out there alone, no one can say he's offending them or bothering them. "For a while, I was in such a bad place I wasn't talking with anyone outside my mom, and her only occasionally."

Corky said she's heard "things a mother shouldn't hear. But if he has to tell them and I'm the only one there, then I'm going to listen."

'Goddamn IEDs'

Price, with the 101st Airborne out of Fort Campbell, Kentucky, was a "13 Bravo cannon crew member, an artilleryman," he said. He was trained to provide heavy, long-range fire to support infantry.

In 2010, members of the 101st knew deployment to Iraq or Afghanistan was coming down the pike, Price said. Then they learned they'd been retasked as provisional infantry. After a few months of infantry training, they found themselves in the Arghandab River Valley north of Kandahar, Afghanistan.

Capt. Norman Black, who at the time was Price's lieutenant and platoon leader for nine months leading up to deployment and three months into it, called the deployment "very significant."

"Artillerymen historically have seen times of combat, but in the war on terror, not so much," he said earlier this year by phone from Italy. "But they made us provisional infantry. We dismounted and we met the enemy on the ground."

The 101st hit Afghanistan in summer, which Price said is fighting season for the Taliban. They'd get up in the morning and shoot at U.S. forces, stop firing during the heat of the day, then resume when the sun started to go down, he said.

Fighters with the hardline Islamic movement didn't tend to engage in combat in the winter because there was no foliage to hide them, Price said. "They still will bury their goddamn IEDs, though, and you still have to patrol in the winter."

Describing the patrol experience, Price said, "We go out as quiet as we can, because you're hunting man, essentially, and everyone is doing their job to stay quiet and calm. You move in a ranger file, usually, which is just a straight line spaced out in case of the IEDs," he said. "When somebody hits one, it's a split second and it goes from calm and everything is relatively fine to all of sudden your ears are ringing, you see white specks. ... I was close to 300 pounds with all my gear on and I would just get swatted to the ground."

When a fellow soldier would lose an extremity or otherwise be wounded, it was the intact guys like Price who had to pick themselves up and leap into action: Get the wounded to safety, help the medics, clear a landing zone for medevac helicopters and then pull security duty, because the Taliban would try to attack the landing copters.

A step, then white-hot pain

Among those badly hurt soldiers was Corey Kent, Price's best friend at Fort Campbell and since their return home. Price deployed earlier and so "was always a few days or weeks ahead of me when we were bouncing out to outposts," Kent said.

Kent arrived July 4, 2010, at what would be his final outpost, and was wounded July 12. His squad was on patrol when the point man hit an IED. The call was made to turn around. "I took one or two steps back and that's when I stepped on mine," he said.

Kent remembers lying on his back, remaining conscious and not screaming, though he felt "white-hot" pain and "steamroller pressure" all around his legs. "I could feel I was injured, but I'd never even broken a bone before, so I didn't know what was going on," he said by phone from his home in Coral Gables.

He's been told that by the time he got to a field hospital, his heart had stopped and had no blood in it. He was revived through heart massage. "I woke up eight days later at Walter Reed (National Military Medical Center) in Washington," Kent said. "All the fingers on my left hand had to be amputated because of infection." Doctors were unable to save his legs, so the right was amputated at the hip, and the left at mid-thigh.

Despite his terrible injuries, Kent said that in some ways, he thinks Price has it worse. There's no way to accurately express what deployments such as theirs are like, Kent said. "They're a really hard thing to relate to. ... I was only there a short time, and he was there an entire year."

Kent recognizes the changes in himself after his military experience, including memory trouble and a short temper. But they're not nearly as dramatic as what he and others see in Price. "I think the reason I am not worse off is I was not there a long time."

'Wasting away'

Price once was so lighthearted, the funnyman of the unit, Kent said. Now, it's tough to get that out of him. "I feel like I'm one of the few people who can." Both friends agree that Price seems at his best when he's with Kent and Kent's family.

Playing with Kent's daughter, who turned 1 in April, Price minds his language and temper. "He makes her laugh and she makes him laugh. I think it's really good for him."

Asked if he has even the slightest apprehension about bringing his troubled friend into his family fold, Kent said no. "I trust him more than anybody, besides my wife. I know he's got my back, and I've got his."

In talking about Price and other vets with TBI and PTSD, Kent used a common term, "invisible injuries." Thing is, the consequences are plainly visible, as Kent noted in talking about Price's personality change. Anyone who knew pre-deployment Price and the man he is now can speak of the difference.

And when her son was being processed for honorable discharge from the Army, an EEG (electroencephalogram) test of the brain activity came back abnormal, Corky Price said. Then there's his dramatic weight loss — a topic Eli has long tired of hearing. He once weighed in the 230-250 range, but now is about 145, and not from healthy living. "He's just slowly wasting away," his mother said.

Circle of support

Sitting in a dark room all day isn't going to help him, Price acknowledged. He said he knows he needs hobbies, and so has taken up gardening. "It's hard on my knees and back, but it does bring me calm when I'm out there doing it." He enjoys raising chickens, too, he said.

Price also appears to be finding hope and help with Modesto's True Patriots support group, veterans who also feel the VA has largely failed them, so struck out to help themselves. "That seat's been waiting for him. We hold a special place for those having a hard time adjusting," said Carlos Lara, president and co-founder of the group, said this spring.

In May, Price started attending meetings of the True Patriots, mostly Vietnam War veterans. He shared with his mother that the experience is bittersweet because he relates to the older men and their experiences but hopes he doesn't find himself still struggling decades from now.

At one meeting, Price shared that he uses a cannabis compound in a vape pen to help with sleeplessness and seizures. But he quit telling VA doctors that he uses marijuana because they kept telling him it's bad for him. He said he's been told things like, "You might get emphysema when you're 60." I said, "Well, I might be dead tomorrow because I don't have any."

A recent New York Times article said the VA, citing federal law, will not recommend cannabis products for patients and for the most part has declined even to study their potential benefits

Price told the True Patriots that when he returned from his Afghan deployment, it was almost routine to have to go to a service for a fellow soldier who'd killed himself. And at some point after leaving the Army, he stopped using Facebook "because it seemed like every time I was going on, it was, 'Hey, did you hear about ...?' It was just bad news."

There was no Facebook when Jerry Wood returned from Vietnam, but he could relate. At that time, fellow veterans were committing suicide in part because of the way the American public perceived them, he said.

He understands, too, Price's need to isolate. "I learned real fast not to share with anybody because they wouldn't understand," he said at the meeting. "All they wanted to hear is if I killed somebody."

He'd have rather talked, though, about more lighthearted experiences, like "the crazy s--- I did when I went on R&R." Not reintegrating well, "I went to ground," he said. He became a trucker "and spent 38 years in a truck, which was great therapy for me."

Kintzle said it's good that Price has found some solace among the veterans support group. "While it's not necessarily 'treatment,' it helps," she said. Veterans groups are places to hear what's working for others and gather referrals and connections.

A call for change

Kent feels for Price when they're in public together, he said. "People would thank me for my service, and it's awkward because he did it, too, longer than me. It makes me feel a little guilty, but I don't want to point out that he's a vet, too, because he doesn't like to talk to strangers."

Kent said he hopes that Price and other veterans sharing their experiences is a catalyst for change in their health care and general treatment. "People need to understand traumatic brain injury is a real thing ... a physical injury. You're feet away from an explosion. To think that wouldn't cause a physical injury is absurd."

Price said he wants veterans' pleas for help to be truly heard and acted upon effectively. Of the many suicides he's heard about, "I've not heard of one guy yet who went to no one. They all went and told someone, 'I'm thinking of killing myself.'"

The VA's latest national report on veteran suicide, released in June and covering the years 2005-15, states, "After adjusting for differences in age, the rate of suicide in 2015 was 2.1 times higher among veterans compared with non-veteran adults."

The VA's 2018-2024 Strategic Plan report says suicide prevention is the department's highest clinical priority. It notes that in his May 2017 "State of the VA" briefing, VA Secretary David J. Shulkin outlined "veteran-facing challenges that include the disability claims backlog, the lack of consistent quality care throughout the system, and veteran suicides."

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Stars and Stripes (Tribune News Service): [He wanted to be buried in a veterans cemetery. But there is no space available in Raleigh and elsewhere](#) (3 August, Anna Johnson, 1.5M uvm; Washington, DC)

RALEIGH, N.C. — Frank Marshall, a Vietnam veteran who served for six years in the Army, always dreamed of being buried in Arlington National Cemetery.

When he was told there was no more room, he was willing to settle for Raleigh's veterans cemetery on Rock Quarry Road — one of four national cemeteries for veterans in North Carolina.

With his wife and son still living in Raleigh or nearby, Marshall thought it would be a good spot that was close enough for them to visit. But that national cemetery is also full — and has been for years.

"I wouldn't be raising this up, but it's going to happen to a lot of people," Marshall said. "I am highly decorated, and I was supposed to be buried with no questions. But they've got that one clause that says 'if space available.' And there is no space in Raleigh, North Carolina or anywhere else. Even in Arlington."

The New Bern and Wilmington national cemeteries also are full. The only national cemetery in North Carolina with space is the Salisbury National Cemetery, which recently was expanded to offer more than 8,000 burial spaces for veterans.

The Raleigh cemetery's website states that veterans with a reservation and their eligible family members are able to be buried there.

Space does periodically become available because of a cancellation.

"Since there is no way to know in advance when a gravesite may become available, please contact the cemetery at the time of need to inquire whether space is available," the website states.

Marshall's doctors warned him he likely wouldn't see August after his aggressive liver cancer spread to his lungs. He's treated his cancer for five years, going through tests, procedures and therapies. He thinks his health problems and cancer are from his exposure to Agent Orange, a herbicide that was used by the United States military.

Marshall decided to stop treatment for an aggressive liver cancer that has since spread to his lungs to focus on his quality of life instead of quantity. He was told he wouldn't make it to August.

"This is where I'm at," he said of his doctors' prediction. "This is the week. This is the week the doctors said I am dying."

Maybe, he quipped, he's too mean to die.

Limited spots

North Carolina is one of seven states where there are either no federal veteran cemeteries or where a majority of the cemeteries are full. In nine other states, half of the national veteran cemeteries are full. The New York Times reported earlier this year that Arlington is considering tightening the restrictions on who can be buried there, to the frustration of several veteran groups.

“(The) VA is committed to providing veterans and eligible family members with reasonable access to a burial option,” said Jessica Schiefer, a public affairs officer within the national cemetery administration.

More than 95 percent of veterans within North Carolina have a burial option in a national or state veteran cemetery, she said. New national cemeteries are only created in areas where 80,000 veterans who live in a 75-mile radius don’t have “reasonable access to a burial option either in a VA national cemetery or in a VA grant-funded state veterans cemetery.”

Marshall said he’s frustrated the federal government “will get out of” paying for a portion of the burial costs because there isn’t space for him in a nearby national cemetery.

It took weeks, Marshall said, to go through the process of getting approved to receive burial benefits, and the entire responsibility was on the veteran. He said he finally found a helpful VA employee in Missouri after not getting help locally.

The benefits and the amount veterans receive can depend on whether the death was connected to their time in the military, when the person died or served and whether the person was hospitalized by the VA. And that’s assuming you meet certain qualifications to get benefits.

For veterans who don’t want to be buried in Salisbury, the state has another option.

North Carolina has four VA-supported state cemeteries for veterans: Sandhills in Spring Lake, Coastal in Jacksonville, Eastern in Goldsboro and Western in Black Mountain. The federal government pays for the development of those cemeteries, but the state has to cover the operation costs.

All except Eastern were built in the 1990s, and each has less than a few thousand gravesites left open. Eastern was opened in 2016 and has 50 acres available.

The N.C. Department of Military and Veterans Affairs just received two grants from the VA to help expand and improve the cemeteries in Spring Lake and Black Mountain. A nearly \$6 million grant to Sandhills will help add more than 3,000 different graves, including cremation sites and crypts. A \$3 million grant will go toward the Western cemetery for more than 3,000 graves.

“North Carolina is proud to be the most military and veteran friendly state in the nation, and I want to thank our federal partners at the Department of Veterans Affairs as well as North Carolina’s Congressional delegation for working to ensure that we can continue to serve our veterans and their loved ones,” said Larry Hall, secretary of the department.

It’s unlikely the state would receive more funding for a national or state cemetery until space is full at all of the facilities, said Angella Dunston, director of communications for the state department.

A change of plans

After living in Raleigh all his life, Marshall said he didn’t want his wife to have to drive two hours to Salisbury to visit his gravesite. He also said he had concerns about the distance and maintenance of the state’s veterans cemeteries.

Marshall has decided he will be cremated and buried in the Oakwood Cemetery in Raleigh.

He and a friend suggested that the city of Raleigh set aside a portion of the 300-plus acre Dix Park for a veteran cemetery, but the VA won't provide funding for nonprofits, cities or counties.

"The grave people at Oakwood will give you more help than the United States government, the state government or the county government," he said.

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7.2 - WFLA (NBC-8, Video): [V.A. attempts to swamp bill extending Agent Orange benefits to Navy veterans](#) (3 August, 692k uvm; Tampa, FL)

The Department of Veterans Affairs tried to torpedo efforts to expand Agent Orange benefits to tens of thousands of Vietnam War Navy veterans.

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7.3 - The Fayetteville Observer: [Our View: Veterans cemetery will expand; give Silent Sam a new home](#) (3 August, 439k uvm; Fayetteville, NC)

Merit: For the nearly \$6 million grant from the U.S. Department of Veterans Affairs that will help expand and improve the Sandhills State Veterans Cemetery, which sits between Spring Lake and Fort Bragg along N.C. 210.

Although the land area of the cemetery won't change, the grant will allow the addition of 2,240 pre-placed crypts, 362 in-ground cremated remains sites and 880 columbarium niches. The funding will also add roadways and landscaping to the cemetery, which was created from 50 acres that Fort Bragg gave to the state in the late 1980s. The cemetery already has more than 6,000 graves. There are 3,000 veterans and their family members buried there.

The cemetery was nearing capacity and might have run out of room in the next few years. The nearby Main Post Cemetery on Fort Bragg was filled to its capacity several years ago.

The state also received a VA grant of about \$3 million to expand the Western Carolina State Veterans Cemetery in Black Mountain. That cemetery had faced similar capacity problems.

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7.4 - The Herald-Dispatch: [Agritherapy for veterans coming to Huntington](#) (3 August, Bishop Nash, 192k uvm; Huntington, WV)

The Hershel "Woody" Williams VA Medical Center will devise and pilot a new program to provide military veterans with agricultural training, aided by a \$400,000 grant from the U.S. Department of Veteran Affairs' Office of Rural Health.

"Agritherapy" is focused on providing a creative and productive outlet for, but not limited to, veterans with mental health issues - a focus of the West Virginia Department of Agriculture's West Virginia Veterans and Warriors to Agriculture program. The grant was awarded to the state Department of Agriculture in line with the Whole Health Initiative, a new outlook set on improving the full scope of a veteran's life through holistic approaches.

The Huntington facility will be one of 10 VA centers nationwide tasked with initially developing and implementing agricultural training for veterans.

"This is great news for our West Virginia veterans," said Kent Leonhardt, West Virginia's commissioner of agriculture. "We know agriculture is a solution for healing the unseen wounds of war, as well as providing new career opportunities."

Still in its formative stages, the program is planned to be an eight-week introduction to various agricultural fields, such as farming and landscaping, followed by two-week internships with local farmers, explained LeeAnn Bills, chief of social work at the Huntington VA.

Plans may also include the addition of a one-day workshop with a mental health focus and an agricultural job fair to connect trained veterans with employers.

"We're not sure what direction we want to go through yet," Bills said. "But that's what I think is best about a pilot program - that we can establish a direction that is going to best serve the veterans in this area."

There are no immediate plans for tilling up any sizeable plots of lands, Leonhardt said - rather, the focus will be on class lessons supplemented by small-scaled imitations of agricultural practices, like a few high tunnels or raised beds. Training will also cover aspects beyond the field work of agriculture, such as the marketing, production, and creating added-value methods like canning and cooking jams. The finer points of the program will be developed over the next four to six weeks jointly by the VA, the WVDA and Marshall University. Leonhardt also commended the work of U.S. Sen. Shelley Moore Capito, R-W.Va., for helping secure the program's federal funding, which was announced Wednesday.

If proven successful with veterans in Huntington, Leonhardt said the program could be expanded not only statewide, but also into addiction recovery practices as well.

"What you're seeing is a whole cooperated effort within the state of West Virginia," Leonhardt said. "I look at this as a pilot program for the state, and this could segue into treating the opioid crisis."

Planning has also touched on how the program, once developed, can be looped into the public through local produce markets.

"I have a feeling that when we're done, the community of Huntington is going to see a benefit and that the citizens of Huntington are going to want to participate," Leonhardt said.

Leonhardt, a Marine veteran from Monongalia County, spoke personally to the benefits raising crops and animals can have on a veteran's mindset, adding that he kept bees even while on active duty.

"Veterans don't necessarily want to be inside at a desk or in an office. They want to be outside and see things grow," Leonhardt said. "There's nothing like that newborn calf or seeing those seeds coming up."

Through the VA's new holistic approaches, Bills said the program seeks to help veterans identify a sense of purpose, cultivate their work ethic, provide an outlet to work independently and build their physical body as well.

"From what we've heard from the Department of Agriculture, it's going to have a huge response," Bills said.

Enrollees can either be referred by their doctor for the program or contact the Huntington VA for information to get involved.

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7.5 - Florida Politics: [Miami-Dade County announces virtual end to veteran homelessness](#) (3 August, Ryan Nicol, 157k uvd; Saint Petersburg, FL)

Miami-Dade County has become the latest community in the United States to effectively end the problem of veteran homelessness.

A ceremony Thursday commemorated the achievement, spearheaded by the Miami-Dade County Homeless Trust.

"After four long years of leaving no stone unturned, I am proud to officially announce that Miami-Dade County has effectively ended homelessness amongst veterans in our community," said Ron Book, chair of the Trust.

According to data from the organization, the county identified 317 homeless veterans in 2014, 142 of which were unsheltered. By January of this year, that number of unsheltered veterans had been brought down to just nine, a reduction of nearly 94 percent.

"Since December 2014, together with our network of providers and partners, we have housed close to 600 homeless veterans and we prevented homelessness for hundreds more who were at risk," Book said.

Today, unsheltered veterans represent less than one percent of the homeless population, according to the group's most recent data.

The Trust was founded in 1993, and is led by a board of 27 volunteers. The trust works to advise the County Commission regarding the implementation of the Miami-Dade County Community Homeless Plan.

The Trust doesn't provide services to the homeless population directly. Rather, it coordinates available funds and oversees compliance of agencies contracted by the county.

In 2014, the Trust increased its focus on the issue of veterans' homelessness, after Miami-Dade County joined the U.S. Department of Veterans Affairs' 25 cities initiative. That initiative was designed to ramp up local efforts across the country to tackle this issue.

“This is a commitment from our community leaders that no one who has served our country should be forced to sleep on the streets,” said Book.

“We know we cannot say that no veteran will ever become homeless again. But we can say, and we can say with conviction, that we have a system in place now to make certain that veterans’ homelessness will be rare, it will be brief.”

Book also spoke of the county’s partnership with the U.S. Department of Housing and Urban Development (HUD), an agency led by Secretary Ben Carson that helps address housing issues at a federal level.

“We’ve never had, in 24 years, a stronger relationship with [HUD] than we have had under this administration. And 100 percent of that credit goes to the man that leads that agency.”

Secretary Carson was on hand to deliver remarks, congratulating Miami-Dade County on the importance of this work.

“Those who once wore our nation’s uniform deserve more than a life on the streets and we have no greater responsibility than to make certain they have a home they can call their own,” Carson said.

U.S. Rep. Mario Diaz-Balart, who represents Florida’s 25th Congressional District and chairs the House committee in charge of appropriating funds to HUD, was also on-hand to speak about the government’s efforts.

“Our veterans sacrificed so much to defend our freedom, and we owe it to these brave men and women to help them in their times of need,” Diaz-Balart said.

“As Chairman of the House Appropriations Committee on Transportation, Housing and Urban Development, I am grateful to be in a position to contribute towards this goal, and will continue to do my part to ensure we put an end to veteran homelessness across the country.”

Miami-Dade County Mayor Carlos Gimenez also played a role in tackling this problem, helping to add resources for homeless veterans, including 120 Housing Choice Vouchers.

“Today, we say with certainty that Miami-Dade is treating its veterans with the respect they deserve,” Gimenez said.

“Behind every number and percentage, there’s a person,” Book added. “It is about never giving up on people.”

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7.6 - Guam Pacific Daily News (Video): [Some veterans got Agent Orange benefits, many more still waiting](#) (4 August, Haidee V. Eugenio, 141k uvm; Hagatna, GU)

Navy veteran Lonnie Kilpatrick received a letter in April from the Department of Veterans Affairs, reversing its previous decision and approving Agent Orange benefits for him.

Kilpatrick was stationed on Guam during the Vietnam War, according to retired Marine Brian Moyer. Moyer is lead organizer for the Agent Orange Survivors of Guam,

Kilpatrick died a month after receiving the letter. He's one of only a dozen or so veterans who served on Guam and whose ailments were recognized by Veterans Affairs as being related to Agent Orange exposure.

Hundreds of other veterans are trying to make the same case to receive benefits. Some are advocating that soil testing on Guam be expanded to prove it, and flying witnesses to Guam to identify testing sites.

"We, the Agent Orange Survivors of Guam, want the same medical benefits and compensation that the government granted veterans like Kilpatrick," Moyer said.

Agent Orange was used by the U.S. military as part of its herbicidal warfare program, Operation Ranch Hand, during the Vietnam War from 1961 to 1971. Traces of dioxin found in the mixture have caused major health problems for many exposed to it.

According to a 1991 law, veterans who served in Vietnam between 1962 and 1975 are presumed to have been exposed to Agent Orange if diagnosed with a medical condition associated with the herbicide.

The military has said it didn't use Agent Orange on Guam, but veterans have come forward in recent years saying they sprayed what they believe was Agent Orange on island, or saw it being sprayed here.

Moyer was among those who attended Kilpatrick's funeral in May, a month after the VA sent Kilpatrick the letter, which stated in part, "We have received records you were exposed to Agent Orange while you served in Guam," according to Moyer.

Kilpatrick's daughter, Keri Ackerson, said, "All I can do at this time is confirm that the letter was received on 4/17/2018," referring to the VA's letter to her father. "We are in the middle of a litigation and cannot comment further."

Moyer said Kilpatrick was stationed on Guam, working in electronic warfare during the Vietnam War, in 1971 and 1972. Moyer said Kilpatrick never was stationed in Vietnam.

Kilpatrick recalled living near a jungle area on Guam that was sprayed at night and had turned dead brown by the next morning, Moyer said, citing past media interviews with Kilpatrick.

Attorney: About a dozen got approved
Kilpatrick is just one of a few veterans stationed on Guam whose medical conditions were recognized by the VA as linked to Agent Orange, an advocate for veterans said.

"There have been veterans who served on Guam and who got approved for Agent Orange-related medical treatment from the Veterans Affairs," said attorney John B. Wells, a retired Navy commander and executive director of the Louisiana-based Military Veterans Advocacy. "Based on anecdotal info, I would estimate about a dozen. The VA does not keep statistics on that."

While about a dozen veterans received VA recognition, hundreds of others still are trying to make a case, said Moyer, who said he has the same degenerative disease as Kilpatrick.

The veteran said he witnessed herbicide spraying taking place along the inner security fence line at Polaris Point in Apra Harbor when he was stationed on Guam in the 1970s.

Testing clarification

The Guam Environmental Protection Agency announced July 24 that more soil will be tested for the presence of Agent Orange, starting in September, after two separate tests of samples collected in April were deemed inconclusive and couldn't prove or disprove the presence of Agent Orange.

The Guam EPA later said the April test results came back with "trace detections of herbicide constituents, not necessarily Agent Orange."

Although 2,4-D and 2,4,5-T are the active ingredients in a tactical herbicide like Agent Orange, detection of traces of 2,4-D and 2,4,5-T don't necessarily indicate the presence of Agent Orange, Guam EPA stated. There were known commercial uses for both 2,4-D and 2,4,5-T, as individual herbicides that may have been applied in non-tactical operations.

"Any detected presence of these two constituents warrants further investigation through re-sampling," Guam EPA said.

The April soil samples were taken only at Andersen Air Force Base. The second round of testing also will include off-base sites, Guam EPA has said.

New samples will be tested because there were quality assurance issues with the lab that detected traces of herbicide, the environmental agency said.

What sites to search

For Wells, it's hard to say whether more samples will reveal traces of Agent Orange or other herbicides and chemicals, because some areas have been remediated, have experienced erosion and runoff, or may not have been sprayed.

"The key to it, I believe, is in the preparation phase to ascertain what sites should be searched. The other variable is the depth of the core sample. Skimming the surface would not be good enough. They should take variable depth samples," Wells said.

Moyer cited a 1983 testing report that showed traces of dioxin in Navy wells on Guam. Dioxin is a deadly byproduct of the acids 2,4-D and 2,4,5-T — which are combined to make Agent Orange.

Air Force veteran Gerard Laitres was stationed at Andersen Air Force Base from 1963 to 1965. He said he knows where Agent Orange was used.

Laitres, now 74, said he worked as a liquid fuels system maintenance technician, checking above-ground pipelines for chipped paint and damage from the Andersen bulk storage area to the Tumon tank farm, and to the Sasa valley bulk storage area.

He said he saw people spraying chemicals or herbicides. By the next morning, he said, all vegetation was gone.

"We didn't think anything of it at the time. They said it's a herbicide, they said it's a defoliant," Laitres said. "A lot of people sprayed it."

He said there also was a time when an orange-painted chemical trailer blocked the access road along the pipeline.

"This was near NCS, and the detour went back almost to Andersen AFB," said Laitres, who came back to Guam decades later and has been living on island for the last 14 years. He also has pending medical claims with the VA.

Robert Fink, another veteran stationed at Andersen in 1970 to 1972, as a crash rescue firefighter, said he knows Agent Orange was used back then, including around the footing of the fire station, curbs and parking abutments, and for weed control.

"As for showing them where I sprayed, I could," he said. "Seeing the spray rig was as common as, say, a street sweeper in your neighborhood. Some of us utilized galvanized pump up sprayers. Plastic wasn't available then."

Fink said he was a station captain at Station 3 Marbo, where he said they used the herbicide as well.

"Marbo was also my barracks, where I lived. That area was heavily sprayed — parking lot, grass on lawn. Andy South housing was in my fire protection district. That area was saturated in herbicide spray," said Fink.

The veteran said he has about 30 ailments and has been waiting five years for a hearing on his VA claims. He was stationed only on Guam, not in Vietnam.

'Waiting too long'

Vice Speaker Therese Terlaje said veterans have expressed their lack of confidence in the Department of Defense-funded study and have questioned the testing methodology and test sites. She said she's glad Guam EPA sent a sample to a non-DOD lab as well, but the lab results confirm veterans' suspicions.

"Veterans and the community have been waiting too long to get the answers to our questions and their growing frustration is understandable," Terlaje said. "Veterans have been the driving force in ensuring that this issue does not die and that they and our island community obtain answers and justice."

Veterans have submitted testimony to Congress, to the Government Accountability Office and to Guam EPA, the vice speaker said.

Moyer and other veterans want soil to be tested in the specific areas where they said they sprayed or saw the spraying of herbicides. They asked Del. Madeleine Bordallo for help identify funding to bring some veterans back to Guam for that purpose.

GAO investigation

Bordallo on July 30 asked U.S. EPA acting Administrator Andrew Wheeler and Guam EPA Administrator Walter Leon Guerrero to test areas recommended by groups such as the Agent

Orange Survivors of Guam. These include Pipeline Road in Dededo, the former Naval Communications Station in Finegayan, the former Naval Air Station, Marbo Barracks, Polaris Point at Apra Harbor and Naval Magazine in Santa Rita, Bordallo said.

"Veterans stationed on Guam, as well as civilian residents, assert that the U.S. military used Agent Orange both on-base and off-base to manage foliage overgrowth during the 1960s and 1970s," Bordallo wrote.

GAO, the investigative arm of Congress, is examining the claims and investigating reports that Agent Orange was transshipped through Guam during that period, Bordallo

Bordallo also wants U.S. EPA and Guam EPA to confirm whether they are permitted to cover travel expenses for veterans willing to identify sites for testing.said.

"We may wind up filing suit," Wells said. "I found that a multi-pronged approach works best. We need to get good samples and the (Government Accountability Office) report to flesh out our plan of attack."

Wells was referring to a bill in Congress that seeks to extend Agent Orange disability benefits to "Blue Water" Navy veterans — those who served only in ships offshore of Vietnam.

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7.7 - KFOX (FOX-14, Video): [Local veteran goes from homelessness to home-ownership](#)
(4 August, Michael Ikahihifo, 92k uvm; El Paso, TX)

A local veteran has gone from being homeless to owning her first home in El Paso.

Cholla Fox served in the U.S. Army for more than 25 years. After leaving the military, she struggled to find a permanent place to live.

"Sometimes there are financial problems. Even though you are military, you don't get paid a lot," said Fox.

With help from the El Paso Housing Authority over the past year, Fox was able to finally settle into her forever home.

Fox signed up for the HUD VASH program (Housing and Urban Development – Veteran Affairs Supportive Housing), part of a 2008 federal initiative to help veterans go from homelessness to home ownership.

The HUD VASH program offers Section 8 vouchers to veterans who apply for it. So far there are 244 veterans using the HUD VASH program locally. Since the program started, three area veterans have graduated into home-ownership.

Phil Rhodes graduated from the program. He said it's not easy for veterans to leave the military and resume normal life. That is why he believes the HUD VASH program is valuable.

"For the veteran that completes this program, it opens up the next opportunity for the next vet," said Rhodes.

Dawn-yel Fox said she is proud of her mother.

"I am so proud of her and I look up to her so one day I hope I can be as successful as her when it comes to something like this," said Dawn-yel Fox.

Cholla Fox said she hopes the next veteran who uses her voucher will take advantage of it.

"I hope they try to do what I did. Get on their feet and then go for a house like I did," said Cholla Fox.

The Housing Authority tells KFOX14 they plan to apply for more vouchers to help more veterans in El Paso.

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7.8 - Times-Herald: [Mare Island Cemetery advocates slam VA official for objecting to taking the site over](#) (3 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

There may be a glitch in the plan to get the United States to hand the crumbling Mare Island Naval Cemetery over to the Veterans Administration for repair and upkeep.

At a key committee meeting on Aug. 1, where testimony in favor of Senate Bill (S. 2881) by Sen. Dianne Feinstein was entered into the record, along with statements of support by the American Legion, a VA official entered a statement opposing the idea.

Paul Lawrence, the VA's undersecretary for benefits, said the agency is concerned about the conditions at the cemetery, and has worked with the City of Vallejo to find solutions, but opposes the legislation because it might "disrupt efforts currently under way," and noted the repairs the sites needs could cost \$1.5 million or more.

"VA does not support (the legislation), ... because acquisition of the cemetery by VA does not align with VA's current strategic objectives with respect to providing burial access to veterans and their families," Lawrence wrote in testimony submitted to the committee.

The move, he said would set "an unwanted precedent regarding veteran cemeteries in disrepair managed by localities, allowing them to eschew their responsibility to our nation's heroes."

Feinstein disagrees, a spokesman from her office said.

"The senator feels the cemetery's current state of disrepair is unacceptable and the VA is best suited to properly maintain it for the long term. That's why she introduced legislation to transfer control from the city (of Vallejo) to the VA," Adam Russell of Feinstein's office said Friday.

Vallejo resident and retired U.S. Army Col. Nestor Aliga has been involved nearly from the start, with the effort to get the oldest military cemetery on the West Coast transferred into the appropriate hands, which he said he also believes is the VA.

He is especially upset with Lawrence's' assertion that the VA has tried to help Vallejo in the past.

“The VA has NOT tried many times to help the City of Vallejo,” he said.

Particularly incensed is Ralph Parrott, the retired Naval Captain and Virginia area resident whose impromptu visit to the island while on a layover at Travis Air Force Base wound up leading to the effort to rectify what he sees as an unacceptable situation.

“We got to see the VA’s testimony that was put in the record but was not read in open session, and we’ve prepared a blistering rebuttal to the testimony,” he said.

The letter starts by saying that Parrott and Thomas Bandzul, Legislative Counsel, Veterans and Military Families for Progress in D.C. respect Lawrence, and, in fact, Bandzul approved his nomination as the new Undersecretary of Benefits for VA when asked, and even made statements in support.

“I believe he is an honest person so I have a very difficult time reconciling this statement with who he appears to be...” he said.

“First, VA does not HAVE a ‘current strategic objective’ for the Mare Island Cemetery with respect to providing burial access to veterans and their families,” the letter says. “... If Sec. Lawrence doesn’t want to be bothered with this, he doesn’t have to make up excuses and tell fibs; just tell the entire veterans community he can’t be bothered.”

Furthermore, the letter said, “this legislation does NOT set a precedent. There are several examples of transfers of local cemeteries being done currently under PL 93-43.”

Had the Secretary done his homework, it said, he would have found “the transfer of the Clark Air Force Base cemetery to the American Battle Monuments Commission was under similar conditions,” Parrott said. “In fact, the legislation being used in S. 2881, is the same as a bill used to transfer the cemetery at Clark AFB. The only truth in this statement is it’s “unwanted” by VA management.”

The letter rebuts Lawrence’s statement point by point, including this:

“Based on (the VA’s) mission statement, VA is responsible for the markers, medallions, memorial certificates and administering and expanding veterans cemeteries. The statements made by Mr. Lawrence is a direct contradiction to the stated purpose of VA. SO WHICH IS IT?”

The letter also refutes the validity of Lawrence’s statement that, “Because this cemetery is closed to new interments. ...”

“The cemetery has not HAD a burial there in a long time but it does not preclude burials in the future if the VA wanted or needed them,” the letter says. “In fact, the City of Vallejo has made the offer of additional burial space at Mare Island.”

The letter recounts some of Parrott’s and other’s conversations with officials early in the process.

One such conversation was with officials of the National Cemetery Administration Advisory Committee.

“The Navy affirmatively decided not to turn over the cemetery to the NCA in accordance with Public Law 93-43 and instead turned it over to the City of Vallejo,” they were told. “Therefore, as much as we would like to help you we have no legal authority to do so.”

It was based on this that the letter writers, “began the process to obtain the legal authority the NCA told us was lacking in order for them to act. S. 2881 and (companion House bill) HR. 5588 and the official request from the City of Vallejo for the Federal Government to take over the cemetery are the results of our actions. Now at this late date Dr. Lawrence, whose portfolio does not contain the NCA, makes no reference to the NCA’s communication with (the letter writers.)”

“This spurious, misleading ... testimony by Dr. Lawrence, a VA official without any responsibility or authority for NCA, is deeply offensive to the veterans’ community and cannot be allowed to go unchallenged,” the letter states. “I would add, several people were in contact with me during our research, writing the legislation and meetings with over 40 veteran service organizations. I’ve met with over 200 people in the House and over 30 people in the Senate. Not a single person, after getting the FACTS about this cemetery, raised any objections. I find it so difficult to believe the VA is the sole organization to oppose this and refuse to accept their responsibilities to our departed veterans.”

Calling the VA’s testimony in opposition to S 2881, “a smokescreen,” Parrott said and he and Bandzul intend to make sure a copy of their letter gets into the hands of all the appropriate officials, “with an explanation of how they’re being misled by the VA. “Feinstein will get one also, and the new VA Secretary Robert Wilkie will get a copy, hand delivered.”

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8. [Other](#)

8.1 - Telegram & Gazette: [Leominster woman admits stealing \\$300K in Social Security, veterans benefits](#) (3 August, 653k uvm; Worcester, MA)

A Leominster woman pleaded guilty Friday to stealing more than \$300,000 in Social Security and Veterans Affairs benefits, U.S. Attorney Andrew E. Lelling announced.

Joyce Progin, 71, pleaded guilty Friday in federal court in Worcester to two counts of theft of public funds.

Ms. Progin was the caregiver for her former father-in-law, who passed away in November 2009, and who received monthly retirement benefits from Social Security and monthly benefits from the Department of Veterans Affairs, according to Mr. Lelling.

Neither agency was advised of the man’s death and continued depositing benefit payments into a bank account held jointly with Ms. Progin.

Ms. Progin admitted knowing she was not entitled to the money, according to Mr. Lelling. Nevertheless, she collected approximately \$55,267 in Social Security benefits from Nov. 2009 through March 2017 and approximately \$269,978 in benefits from the Department of Veterans Affairs from Nov. 2009 through Nov. 2017.

The charge of theft of public funds provides for a sentence of no greater than 10 years in prison, three years of supervised release, and a fine of \$250,000 or twice the gross gain or loss, whichever is greater.

U.S. District Court Judge Timothy S. Hillman scheduled sentencing for Nov. 2.

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8.2 - WRIC (ABC-8, Video): [New VA policy endorses animal adoption but may not save McGuire dogs](#) (3 August, Kerri O'Brien, 477k uvm; Richmond, VA)

A new policy says animals used in VA research projects will no longer have to live out their lives in a lab but 8News finds it still might not save those dogs at McGuire VA Hospital.

The VA's policy recently published and shared with the USDA is the first-ever federal policy encouraging the adoption of animals no longer needed in medical research.

It states in part, "VA has an ethical obligation to arrange for placement of healthy and socially adjusted animals with suitable adoptive families."

"It certainly is a promising development," said Tabitha Treloar, the Director of Communications with the Richmond SPCA, who stops short of calling it a victory for the dogs at McGuire VA Hospital in Richmond.

Congressman Dave Brat of Virginia's 7th District agrees. He's been fighting to put an end to the painful and taxpayer-funded experiments agrees.

"I don't think it is strong enough yet," says Brat.

VA slapped with lawsuit over McGuire dog experiments

While McGuire told 8News, "The new guidance formalizes VA's longstanding position that animals retired be adopted into loving homes."

When we asked specifically about the dogs inside McGuire undergoing surgery, implanted with pacemakers and run on treadmills until they collapse to study cardiovascular disease, we were told:

"The research with canines at Hunter Holmes McGuire VA Medical Center is focused on finding new and improved treatments that Veterans with heart disease need. Because of the nature of that research, the guidance generally does not apply to the animals at McGuire. Occasionally, a canine may turn out to be unsuitable for the research that is needed. In these cases, McGuire, like all other VA animal research programs, will follow the VA guidance to place those canines with loving adoptive families."

"The reason is probably because of the excruciating pain and some of the procedures were in total different agreement with them on," said the Congressman.

Under Brat's leadership, a bipartisan group overwhelmingly passed an appropriations act slashing taxpayer funding on canine testing, unless the secretary of the VA personally signs off on it.

Yet, Brat says if the McGuire dogs can't be freed there's still more work to do.

Dogs 'intentionally injured,' killed during medical testing at McGuire Veteran's Hospital
"The government works for us right? This is what they want, it's overwhelming. So we are asking the VA to comply with the will of the people," Brat told 8News.

The Richmond SPCA, which has made offers to adopt and rehabilitate the dogs, also takes issue with the use of the word "healthy" in this new adoption policy.

"The Richmond community, for example, is already no kill for not only for healthy animals but also those who have treatable conditions and manageable chronic conditions," said Treloar.

Yet, she adds, "Maybe they will reconsider at some point."

"The VA, I want to applaud them for the work they do for the veterans but on this one we got to do better," Congressman Brat added.

Justin Goodman, Vice President of Advocacy and Public Policy for the taxpayer watchdog group White Coat Waste Project, which has been working with congressional members to put a stop to these taxpayer-funded experiments, told 8News in a statement:

"Taxpayers bought the dogs, cats and other animals locked in VA's nightmarish labs, and we want Uncle Sam to give them back. Thanks to Congressman Brat's leadership, the VA's expensive, widely-opposed puppy testing has been slashed and animals who survived these and other abusive experiments can be freed."

McGuire officials say the research is critical to finding new and improved treatments for veterans with heart disease.

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8.3 - WNEP (ABC-16, Video): [Veteran Receives Medals at Wilkes-Barre VA Medical Center](#)
(3 August, Jessica Albert, 320k uvm; Moosic, PA)

PLAINS TOWNSHIP -- A local veteran received two medals from Representative Tom Marino.

"It's a little overwhelming," Air Force veteran Staff Sergeant Craig Trunzo said. "It's my first interaction with the congressman. I've met a couple presidents in the past but never a congressman."

Representative Marino came to the VA Medical Center near Wilkes-Barre to present Trunzo with two medals he earned during the decade he served in the air force.

"After 911, they created a medal for the Global War on Terror, which I earned during my time in, but before it was created," Trunzo said. "So, it wasn't presented to me. I also earned a Korean

Defense Service medal for having served in Korea, and again, that was created after my time in the military."

"Without our veterans, the women and men serving, or who have served, we would not have what we have in this country and the whole world would be different," Representative Tom Marino said.

Staff Sergeant Trunzo's family and hospital staff attended the ceremony. The people who run the VA said they invited their staff to the ceremony to remind them of their mission here at the hospital.

"We're not just a regular hospital," Wilkes-Barre VA Medical Center Director Russell Lloyd said. "We're here to serve our nation's heroes, our veterans."

After Staff Sergeant Trunzo received his medals, he said this is a moment he will never forget.

"A lot of people make a sacrifice to this country and a lot don't necessarily get the recognition that they should or get awards that they've earned in the past and it's nice that something like this could happen," Trunzo said.

In addition to the medals, Congressman Marino gave Staff Sergeant Trunzo's kids collectors pins from the House of Representatives. He also gave his wife a medallion.

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8.4 - KLFY (CBS-10, Video): [Local veteran claims a scammer changed his VA check deposit information](#) (3 August, Sylvia Masters, 195k uvm; Lafayette, LA)

Chuck Trenchard is a local veteran who depends on his monthly VA check.

He recently received a letter from the department of veterans affairs stating there was a request to change his direct deposit information.

"And I said I did not authorize any since change. I said this that does not sound good. I checked my direct deposit which was supposed to be in there today it's a little over \$3000.. it wasn't there," Trenchard explains.

He says his monthly check not being accessible really hit him hard.

"I have been getting my checks like clockwork for the last 20 years. I have never lost one," Trenchard says. "It's really a shock when you check your bank account and find out the money is not there."

Trenchard claims this scammer knows substantial information about him. that includes his banking account information.

"It looks like it came from right inside the VA based on the information that they had to have. It may not have been but I'll tell you what.. if it didn't. I bet you whoever got it is very good friends with somebody in the VA that got them the information," he says.

The Veteran says he remains fortunate and is optimistic that the VA will resolve this, but remains worried for other vets that this may happen to.

"There are a lot of single vets out there that's all they get to live on," Trenchard says.

News Ten reached out to the DVA and the director of the Dallas Office of public affairs and department of veterans affairs which includes Louisiana.

Their response was the following:

VA is in the process of contacting this veteran to resolve his concerns directly. We have on occasion learned of individual e-benefits accounts that have been fraudulently accessed. VA takes fraud allegations and the security of veterans' information seriously. When a fraud case is reported or suspected, VA investigates the incident and determines what actions are needed to protect the veteran's benefits, report those responsible for the alleged fraud and make the veteran whole quickly.

The VA says safeguarding personally identifiable information or PII is a veteran's best defense against being the victim of e-benefits and other fraud.

If you know of a scam, email SMasters@klfy.com.

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8.5 - The Daily Sentinel: [Smoky air from wildfires poses health concerns](#) (3 August, Joe Vaccarellil, 192k uvm; Grand Junction, CO)

When stepping outside and looking east during the past few days, it's easy to see that it hasn't been a typical week in the Grand Valley.

Hazy skies and smoky air from fires surrounding the area obstruct usually clear views of the Bookcliffs and Grand Mesa. But the poor air quality does more than make the area a little less scenic for a few days.

Grand Junction's air quality was among the worst in the state on Thursday and the Colorado Department of Public Health and Environment issued an air quality health advisory until 9 a.m. today for much of western Colorado.

Thursday's air quality index, as reported by organizations such as Air Now and Purple Air, rated the Grand Valley's quality between moderate and unhealthy for sensitive groups throughout the day.

While the weather today could push some of the smoke and haze out of the area — the National Weather Service forecast a 20 percent chance of rain — it could return as fires continue to burn throughout Colorado and the surrounding states.

"The source is still there," said Scott Stearns, a forecaster with the National Weather Service in Grand Junction. "We still have smoke in the area. Maybe not right away, but it could move back into the area."

The continually growing Cache Creek Fire in Garfield County is the closest to the Grand Valley, but the state's health department cited fires throughout western Colorado and others in states such as Idaho, Wyoming, Utah and Nevada as causes for the lower air quality.

The air quality in the Grand Valley ranked at the bottom of the state Thursday morning. It improved in the early afternoon and slightly worsened late in the day, as was the case in other parts of the state.

While the air quality never reached dangerous levels, it did reach spots that could negatively affect the elderly, children and those with heart and respiratory issues.

Mesa County Public Health recommended that the elderly stay indoors and that parents keep children from getting too much exercise outside during these conditions.

Those with asthma should make sure they have medication close by and have an action plan in place. Anyone who experiences shortness of breath or unusual fatigue should contact their doctor.

"You know yourself the best," said Katie Nelson, spokeswoman for Mesa County Public Health. "If you look outside and can't see five miles out, it's unhealthy in the area."

Nelson said many might seek to wear masks outside, but most masks are ineffective against the small air particles that can cause problems.

A respirator would likely be effective, she said, but those are expensive and harder to find than sawdust masks and surgical masks that people would most likely seek from area stores.

Some of the large health care providers have not yet seen an uptick in visits as a result of the worsened air quality.

St. Mary's Medical Center reported several calls to its Lung and Sleep Center, but none that required a visit.

The emergency department has not received any additional patients because of the poor air quality.

Community Hospital also reported that it had not seen an increase in visits in relation to the air quality.

Grand Junction's Veterans Affairs Medical Center also hasn't seen any increase in local veterans experiencing respiratory issues.

However, as of Wednesday, Veterans Affairs did accept three patients from the Veterans State Nursing Home in Rifle because of respiratory issues.

The Veterans Affairs clinical team met Thursday about the possible transfer of more veteran patients from the state nursing home and developed a plan to care for a rise in patients from that area.

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Veterans Affairs Media Summary and News Clips

5 August 2018

1. [Top Stories](#)

1.1 - The Gainesville Sun: [VA officer's Facebook post causes concern](#) (4 August, Andrew Caplan, 440k uvm; Gainesville, FL)

A federal law enforcement officer with the U.S. Department of Veterans Affairs posted what some considered a threatening image on social media directed at a Newberry resident who called for Newberry Commissioner Rick Coleman's resignation. The officer, Gary Boothby, a former Alachua County Sheriff's Office deputy, posted the image on Facebook around 1:20 p.m. Thursday, defending Coleman. Coleman has had nearly a dozen accusations...

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2. [Greater Choice for Veterans](#)

2.1 - Picayune Item: [Services available to veterans locally](#) (4 August, Mrudvi Bakshi, 50k uvm; Picayune, MS)

On Friday, Solace Hospice along with Pearl River County Veterans Affairs Representative Cindy Smith hosted a workshop at the National Guard Armory in Poplarville to share information about local programs and services offered to veterans and their families. Smith said she can assist veterans with applying for and obtaining their earned compensation, pension and healthcare. The Veterans Choice Program provides veterans with medical care through an authorized community provider, Smith said.

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3. [Modernize Our System](#)

4. [Focus Resources More Efficiently](#)

4.1 - The Olympian: [Lacey Veterans Services Hub offers veterans free rides to VA Medical Center](#) (4 August, Danielle Derrickson, 856k uvm; Olympia, WA)

The Lacey Veterans Services Hub is now offering veterans and their families free rides to the VA Medical Center at American Lake. On Tuesdays, Wednesdays and Thursdays, vans will leave the hub at 4232 Sixth Ave. SE, on the South Puget Sound Community College Lacey Campus, at 8:05 a.m. and depart from the VA Medical Center after all passengers have finished their appointments.

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5. [Improve Timeliness of Service](#)

6. [Suicide Prevention](#)

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The Oscar G. Johnson VA Medical Center will be hosting its sixth annual Mental Health Summit on Tuesday, August 21, from 9 a.m. to 12 p.m. at Bay College West Campus located at 2801 North US Highway 2 in Iron Mountain. Local government human services, community mental health agencies, hospitals, Veterans and their families, and any other interested organizations or individuals are invited to participate.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Indiana Gazette: [Wreaths honoring veterans to be placed at cemeteries](#) (5 August, 154k uvm; Indiana, PA)

The Indiana County Wreath Committee will be placing fresh evergreen wreaths at each of the 150 cemeteries in Indiana County. Each wreath will be placed at the entrance of the cemeteries to honor the 12,200 veterans who are buried in the county. This is the fourth year for the program. Anyone who would like to volunteer to place the wreaths is asked to contact Wesley Wertz at (814) 599-2191 or wesleywertz@yahoo.com, or Elaine Maudie at (724) 479-2938.

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A federal law enforcement officer with the U.S. Department of Veterans Affairs posted what some considered a threatening image on social media directed at a Newberry resident who called for Newberry Commissioner Rick Coleman's resignation.

The officer, Gary Boothby, a former Alachua County Sheriff's Office deputy, posted the image on Facebook around 1:20 p.m. Thursday, defending Coleman.

Coleman has had nearly a dozen accusations against him during his tenure as commissioner for making what some consider derogatory or threatening remarks toward neighbors, city employees and bank workers.

Two weeks ago, the complaints escalated when Coleman called his neighbor, Shelby Powell, threatening to kick his teeth in. Powell then called for help and a deputy went to each home. Powell had been advocating to have speed tables installed in the Newberry Oaks neighborhood to slow traffic.

Boothby on Thursday accused Powell of running a fake Facebook account to "troll" Coleman. Coleman has also accused Powell and another man, who also logged a complaint against the commissioner, for running the page. Powell has repeatedly denied that he runs the account.

The image posted shows a soldier falling to the side while shooting a handgun. The text on the image states, "Beware of an old man ... in a profession where men usually die young."

One commenter wrote that the image seemed threatening and asked Boothby to reconsider posting a different image. He responded that the image wasn't a threat, then referred to Trayvon Martin as a "murdering robbing thug." Martin was a black 17-year-old who was shot and killed in Sanford by George Zimmerman in 2012.

Boothby is employed by the North Florida/South Georgia Veterans Health System and is based in Gainesville, according to VA spokeswoman Mary Kay Rutan.

Rutan said Thursday evening she thought the post was "concerning." Later, Rutan declined to say whether the VA was looking into the matter.

In a Facebook message to a Sun reporter, Boothby said his post was meant for the military and law enforcement community and said some were taking it out of context.

"My post is only threatening to those that are not in our profession as LEO or prior military as it only states that the older wiser guys are staying alive when the young go-getters are being killed by lack of training and their departments' lack of hiring process," he wrote.

"If those perceive that poses a threat I surely hate to see how they live their lifestyle because that's no threat," he said.

Powell wrote in an email that he was “a bit unnerved” by Boothby’s post.

“Considering that he is posting it in regards to a political discussion, it strongly implies that he is willing to take actions others will not, possibly including violence, and that he has no fear of surviving because he has done it before,” he wrote.

Powell and some other Newberry residents plan to attend the Aug. 13 city commission meeting to demand that Coleman resign or be removed from office.

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On Friday, Solace Hospice along with Pearl River County Veterans Affairs Representative Cindy Smith hosted a workshop at the National Guard Armory in Poplarville to share information about local programs and services offered to veterans and their families.

Smith said she can assist veterans with applying for and obtaining their earned compensation, pension and healthcare.

The Veterans Choice Program provides veterans with medical care through an authorized community provider, Smith said. To be eligible for the program, veterans will need to be pre-approved for VA coverage, she said.

Smith also said veterans have 72 hours to have emergency medical care authorized under the VA program.

The compensation program is for any veteran who has a disability related to their service and is not income-based.

Application packets can be sent to veterans who need them, she said.

Smith said she does not have the authority to approve or deny claims, but she can help them with the application process and provide the required information to the Veterans Affairs office required in the decision making process.

Under the healthcare program, the VA requires information related to the income of the veteran and their spouse from the previous year, she said.

To qualify for the pension program, proof of 90 days of active duty, including one day served during wartime period, is required, Smith said.

“It is a dollar for dollar based program,” she said.

Veterans can also apply for the housebound program, where veterans suffering from a permanent disability can receive a stipend to their usual benefits, she said.

Widows of veterans are eligible to receive Dependency and Indemnity Compensation (DIC), Smith said.

For additional information about VA benefits, contact the Veteran's Service Center in Biloxi at 228-435-8271.

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The Lacey Veterans Services Hub is now offering veterans and their families free rides to the VA Medical Center at American Lake.

On Tuesdays, Wednesdays and Thursdays, vans will leave the hub at 4232 Sixth Ave. SE, on the South Puget Sound Community College Lacey Campus, at 8:05 a.m. and depart from the VA Medical Center after all passengers have finished their appointments.

For veterans using the Thurston County Rural & Tribal Transportation System, the service will be offered at 7:05 a.m. from Tumwater Square on Cleveland Avenue.

Riders can reserve seats, but are advised to call the Lacey Veterans Services Hub at least 24 hours prior to needing the service. Anyone who doesn't reserve their seat in advance will be able to ride if space is available.

According to the city, the vans used came from Intercity Transit through their Van Grant Program, which awards retired vanpool vehicles to nonprofit and community organizations.

For questions, or to make a reservation, call 360-456-3850.

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Local government human services, community mental health agencies, hospitals, Veterans and their families, and any other interested organizations or individuals are invited to participate.

The purpose of the Mental Health Summit is to bring together these key stakeholders in the community, including Veterans and their families, with the goal of enhancing the mental health and wellbeing of Veterans and their families

“We are building bridges with community partners to serve those who served us,” said Amy Fowler, this year’s summit coordinator.

Topics at this year’s Mental Health Summit include suicide prevention, access to mental health care, eliminating mental health stigma, VA’s new Whole Health Program, and women Veterans health care.

“We have found these Mental Health Summits to be beneficial in addressing the mental health needs of our Veterans, especially in our rural patient areas,” said Jim Rice, Medical Center Director

“We cannot do it alone, especially in tackling the VA’s top clinical priority, suicide prevention,” added Rice.

For more information or to register for the Mental Health Summit please contact Amy Fowler by emailing Amy.Fowler1@va.gov or call (906) 774-3300 extension 32742.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

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Each wreath will be placed at the entrance of the cemeteries to honor the 12,200 veterans who are buried in the county. This is the fourth year for the program.

Anyone who would like to volunteer to place the wreaths is asked to contact Wesley Wertz at (814) 599-2191 or wesleywertz@yahoo.com, or Elaine Maudie at (724) 479-2938.

To make a tax deductible donation, make the check out to VFW Post #1989 and mail to Wreaths for Indiana County Veterans, P.O. Box 45, Kent, PA 15752-0045.

This project is being done in cooperation with the Indiana County Christmas Tree Growers Association, V.F.W. Post #1989, American Legion Post #141 and a committee of volunteers.

It is just one way to show our appreciation to our veterans who have sacrificed so much for us.

BURIAL AND PLOT INTERMENT ALLOWANCE

VA burial allowances are flat rate monetary benefits that are generally paid at the maximum amount authorized by law for an eligible Veteran's burial and funeral costs. A VA regulation change in 2014 simplified the program to pay eligible survivors quickly and effectively.

Eligible surviving spouses of record are paid automatically upon notification of the veteran's death, without the need to submit a claim. VA may grant additional benefits, including the plot or interment allowance and transportation allowance, if it receives a claim for these benefits.

Who is eligible?

If the burial benefit has not been automatically paid to the surviving spouse, VA will pay the first living person to file a claim from this list: veteran's surviving spouse, or the survivor of a legal union between the deceased veteran or the survivor, or the veteran's children, regardless of age; or the veteran's parents or surviving parent; or the executor or administrator of the estate of the deceased veteran. The veteran must also have been discharged under conditions other than dishonorable. In addition, at least one of the following conditions must be met:

- The veteran died as a result of a service-connected disability, or
- The veteran was receiving VA pension or compensation at the time of death, or
- The veteran was entitled to receive VA pension or compensation, but decided instead to receive his or her full military retirement or disability pay, or
- The veteran died while hospitalized by VA, or while receiving care under VA contract at a non-VA facility, or the Veteran died while traveling under proper authorization and at VA expense to or from a specified place for the purpose of examination, treatment or care, or
- The veteran had an original or reopened claim for VA compensation or pension pending at the time of death and would have been entitled to benefits from a date prior to the date of death, or
- The veteran died on or after Oct. 9, 1996, while a patient at a VA-approved state nursing home.

How much does the VA pay?

For a service-connected death: If the veteran died on or after Sept. 11, 2001, the maximum service-connected burial allowance is \$2,000. If the veteran died before Sept. 11, 2001, the maximum service-connected burial allowance is \$1,500. If the veteran is buried in a VA national cemetery, VA may reimburse some or all of the cost of transporting the deceased veteran's remains.

For a non-service connected death: If the veteran died on or after Oct. 1, 2017, VA will pay a \$300 burial allowance and \$762 for a plot. If the veteran died on or after Oct. 1, 2016, but before Oct. 1, 2017, VA will pay a \$300 burial allowance and \$749 for a plot. If the veteran died on or after Oct. 1, 2015, but before Oct. 1, 2016, VA will pay a \$300 burial allowance and \$747 for a plot.

There are higher non-service-connected death rates payable if the veteran was hospitalized by VA when he or she died. If the veteran died on or after Oct. 12, 2017, VA will pay a \$762 burial allowance and \$762 for a plot. If the veteran died on or after Oct. 1, 2016, VA will pay a \$749 burial allowance and \$749 for a plot.

If the veteran died on or after Oct. 1, 2015, but before Oct. 1, 2016, VA will pay a \$747 burial allowance and \$747 for a plot.

If the death occurred while the veteran was properly hospitalized by VA, or under VA contracted nursing home care, some or all of the costs for transporting the veteran's remains may be reimbursed. If a veteran dies and their remains are unclaimed, the entity responsible for the burial of the veteran would be entitled to a \$300 burial allowance. If the veteran is buried in a VA national cemetery, VA may reimburse the cost of transporting the deceased veteran's remains. VA may also reimburse for the cost of a plot.

This information is from the U. S. Department of Veterans Affairs website, Pension and Fiduciary – October 2017. If you have any questions, please call the Veterans Affairs office at (724) 465-3815.

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8. [Other](#)

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Marino, R-10, Lycoming Twp., presented Craig Trunzo with the Global War on Terrorism Service Medal and the Korean Defense Service Medal.

Trunzo, who lives in Lackawanna County, served in the Air Force from 1994 to September 2002.

He was a staff sergeant in the Air Force.

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As seen from the air or by boat, the land that houses the U.S. Department of Veterans' Affairs facility known as Perry Point, is truly a "point" in the Susquehanna River at the head of Chesapeake Bay.

Likely it was known simply as "the point" by the first settlers to arrive in the area, and perhaps even earlier by a similar interpretation by the Susquehannock, who certainly used the land for hunting and fishing as artifacts found on the property attest.

It was in 1658, a half century after Capt. John Smith rowed by the land, that John Bateman took up the massive tract of land in a patent from Lord Baltimore. Just a few short years later in 1661, Capt. James Neale, as Lord Baltimore's representative, sailed up Chesapeake Bay to be received at what became Perry Point by the governor, who was there to formally take possession of the land from the native peoples on behalf of the Crown and the English.

The grant Lord Baltimore had drafted, which included "Susquehanna Point," contained 30,000 acres. In 1680, Baltimore's cousin, Irish-born Col. George Talbot, began populating this massive tract of land with settlers he brought over from his native shores. After Talbot returned to the old sod, the land was taken up in 1710 by Capt. Richard Perry, which revised the land from Susquehanna Point to the more familiar Perry Point. In 1729, Philip Thomas, of Mount Ararat at Port Deposit, owned the property which he left to his son, Samuel, in his will in 1763, who then willed it to his son, Richard Thomas, in 1784. It was during the Thomas family ownership that the great Mansion House was built of bricks brought to property as ballast in ships from England.

On Oct. 13, 1800, John Stump purchased the then 1,800-acre Perry Point property, where he took up residence in the Mansion House, which is of Georgian style architecture with two fronts — one called "The Drive" and the other "The Garden Front." The brick home makes heavy use of cherry, walnut and pine wood throughout the structure, with cupboards in several rooms made of redwood.

It is not known whether it was the Stump or Thomas family who installed certain elements to the grounds surrounding the mansion, but whomever planted the original seedlings, they have grown into lovely specimen trees and ornamentation including oak, palina, buttonwood, holly and boxwood, as well as evergreens, Japanese yews, junipers and Austrian boxwood. One of the beech trees on the property is, according to local legend, a relic from the day it was planted by the visiting Gen. Marquis de Lafayette, who toured the mansion with his friend and comrade Gen. George Washington.

The Stump family retained the property into the early 1900s, despite being ejected from Perry Point as slaveholders when the federal government took over the plantation to serve as the "great Civil War Mule School," under order by Gen. George B. McClellan early in 1861. Once the school moved on and the Stump family returned, they found they had a ruinous mansion house, lands and numerous outbuildings to repair, but they completed the task.

One of the structures that required attention was the old mill, to the rear of the mansion house on the waterfront that was built of stone in 1750. Many original walls and implements remain of the mill, and it, along with the Mansion House, are the oldest structures in the inventory of the VA. When the mill was in heavy use for farmers in the neighborhood, it operated using a large

underwater wheel to turn the grinding equipment. After 1800, the mill was used as a granary for the boats trading along the Chesapeake Bay and Susquehanna River. John Stump also used it as part of his extensive fishery and fishing operations.

The mill, serving almost as a landmark to the fishing endeavor, was the base for nets spread nearly a mile out into the Susquehanna River for catching and hauling huge quantities of fish. A winding mechanism installed at the mill allowed fish to be hauled toward shore in these nets using actual four-legged horse power to pull in hundreds of wagon loads of bass, perch, herring, rock fish, and for just a few months each spring, the local delicacy of shad.

Today, the historic structure enjoys a new life as the Perry Point Veterans Museum at the Grist Mill, which tells the property's story from its earliest days through the current tenant, Perry Point VA Medical Center. The free museum is open 10 a.m. to 2 p.m. Thursdays and 10 a.m. to 2 p.m. on the first and third Saturdays of the month.

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Veterans Affairs Media Summary and News Clips

7 August 2018

1. [Top Stories](#)

1.1 - WLRN (NPR-91.3): [VA Secretary Wilkie Set To Address Veterans At Orlando Conference](#) (6 August, 166k uvm; Miami, FL)

VA secretary Robert Wilkie is set to speak to the veterans' service organization American Veterans at their annual conference in Orlando this week. Veterans have high hopes for Wilkie, who was sworn in last week. The previous VA secretary David Shulkin was fired in March, and President Trump's nomination to replace him, White House physician, Ronny Jackson withdrew from the running amid misconduct allegations.

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1.2 - U.S. News & World Report (AP): [Harvey Gets Outpatient Clinic; Will Help Military Veterans](#) (6 August, 23.9M uvm; Washington, DC)

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1.4 - The Tennessean: [VA: 'Facts are much different' on viral photo of veteran on ground at Murfreesboro hospital](#) (6 August, Yihyun Jeong, 2.1M uvm; Nashville, TN)

In the photo, Tony Mims lays on the speckled hospital floor with his eyes closed. The veteran's legs are curled up as he uses a blue blanket as a makeshift pillow. According to his sister, Gail Hobbs, they've been waiting eight hours for him to be placed on a bed and admitted for care at the Alvin C. York VA Medical Center in Murfreesboro.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - WFED (AM-1500): [VA goes on acquisition spree to support its cloud habit](#) (6 August, Jason Miller, 854k uvm; Washington, DC)

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help in managing the cloud infrastructure, accessing the cloud through mobile devices and applying artificial intelligence to the assorted services and data.

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[Hyperlink to Above](#)

3.3 - Patient Engagement HIT: [VA Testimony Objects to Bill to Pilot Patient Data Access Device](#) (6 August, Sara Heath, 21k uvm; Danvers, MA)

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4. [Focus Resources More Efficiently](#)

4.1 - Scientific American: [Women Die More from Heart Attacks Than Men—Unless the ER Doc Is Female](#) (6 August, Angus Chen, 11.8M uvm; New York, NY)

Women make up a mere quarter of emergency doctors in the U.S., according to data from the American Medical Association. This statistic does not signal well to gender equality in medicine or young women considering the specialty—and it may have even darker implications for patients. A new study suggests female heart attack patients may be at a higher risk of mortality in the emergency room if they see a male physician rather than a female one, giving greater urgency to diversity initiatives in medicine.

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4.2 - KNXV (ABC-15): [AG: Psychiatric nurse with revoked license treats VA patients](#) (6 August, Joe Enea, 2.1M uvm; Phoenix, AZ)

A woman with a revoked psychiatric license was caught treating Veterans Affairs patients and defrauding the VA and insurance companies of over \$800,000. Investigators with the Arizona Department of Insurance report that on July 31, 39-year-old Laura Lynn Bell was arrested at her Chandler home, near Cooper and Chandler Heights roads.

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4.3 - The Virginian-Pilot: [State doctor arranged for one mental health patient to attack another, federal judge rules](#) (6 August, Scott Daugherty, 1.5M uvm; Norfolk, VA)

A doctor at a state mental hospital arranged for one patient to attack another at least three times, a federal judge has ruled. In return, according to court testimony, the attacker was rewarded with extra food, alcohol and drugs.

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4.4 - The Times of Northwest Indiana: [Kudos to VA Medical Center director](#) (5 August, Tom Pappas, 1.1M uvm; Munster, IN)

The Aug. 3 article "Leading the way for change" about veteran Mike O'Dette's success in having the Veterans Administration adopt a special pharmacy program for vision impaired veterans failed to mention two important items.

[Hyperlink to Above](#)

4.5 - WESA (NPR-90.5, Audio): [‘What You Do For Others, It Continues’: How A Retired VA Therapist Continues To Help Vets](#) (6 August, Elaine Effort, 43k uvm; Pittsburgh, PA)

Army veteran Michael Flournoy has made helping other veterans his life's mission. Even though Flournoy retired from his job as a therapist for the Pittsburgh Veterans Affairs hospital a few years ago, the 80-year-old resident of Pittsburgh's Chartiers City neighborhood tells 90.5 WESA's Elaine Effort that does not mean his work with veterans has ended.

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5. [Improve Timeliness of Service](#)

5.1 - Military.com: [Active-Duty Army Engineers Being Sent to Fight California Wildfires](#) (6 August, Richard Sisk, 9M uvm; San Francisco, CA)

In Redding, the Northern California Health Care System (NorCal) of the Department of Veterans Affairs has battled to keep open the Redding Outpatient Clinic, which serves about 11,000 veterans in the area, despite Redding clinic employees losing their homes and being forced to evacuate. About 177 of the clinic's 199 staff have continued to report to work, NorCal said last Friday.

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5.2 - Stars and Stripes (The Augusta Chronicle): [Agent Orange survivor now has to brave VA system](#) (5 August, Sandy Hodson, 1.5M uvm; Washington, DC)

For 47 years Jim Black has never slept in a room without a door to the outside. The need for a constant access for escape is one of side effects from the hellish 13 months he spent in Vietnam. In Vietnam medics told him he just had a drinking problem. They told soldiers they were the cause of their own suffering, said Black, a striking man with long white hair and a neatly trimmed beard, and a single, small gold earring most days.

[Hyperlink to Above](#)

6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Miami Herald: [The end of veteran homelessness is within reach in South Florida](#) (6 August, HUD Sec. Ben Carson, 8.9M uvm; Miami, FL)

There is no more important housing issue in this country than when a person or a family has no housing at all. It is even more tragic when that person is a veteran who once served our nation. Homelessness makes us uncomfortable. Some are tempted to look away and surrender to the notion that it's a problem too big to solve. That's not true.

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7.2 - WBRZ (ABC-2, Video): [Vietnam vet says he was hoodwinked by man claiming to help him](#) (6 August, Chris Nakamoto, 312k uvm; Baton Rouge, LA)

Vietnam veteran Charles Magee thought he was doing the right thing when he enlisted the help of an accredited agent to help him secure his VA benefits. Instead, Magee claims that agent took \$25,000 of his benefit for a service that is provided for free by the VA.

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7.3 - WRGB (CBS-6): [Judging antique cars for a good cause](#) (6 August, 307k uvm; Schenectady, NY)

Hundreds of antique cars were judged for a good cause Sunday. It was the Eighth Annual Honor Our Vets Car and Motorcycle Show at the Stratton VA Medical Center in Albany. Cars being judged paid a \$10 registration fee to donate toward costs for recreational and non-medical needs for veterans at the VA.

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7.4 - KRGV (ABC-5, Video): [GAO Report Prompts VA to Improve Appeals Process](#) (7 August, Frank McCaffrey, 277k uvm; Weslaco, TX)

A new report from the Government Accountability Office has the Department of Veterans Affairs making changes to expedite response times in the appeals process. Local veteran Ruben Cantu says he's been fighting for full benefits for his hearing loss and back problems since the 1980s. In testimony before the GAO, VA Undersecretary for Benefits Paul Lawrence says his office is working a backlog of claims.

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7.5 - KRGV (ABC-5, Video): [Valley Veterans, Surviving Spouses Concerned with Billing Issues](#) (7 August, Angelo Vargas, 275k uvm; Weslaco, TX)

Veterans and even surviving spouses of veterans say they are being charged thousands of dollars for medical bills supposed to be paid by the federal government. The Department of Veterans Affairs tells CHANNEL 5 NEWS the issue was a mix up between the outside hospitals and the agency. A spokesperson for the VA sent us the following statement, which reads in part:

[Hyperlink to Above](#)

7.6 - KSLA (CBS-12, Video): [ArkLaTex Veterans head to 2018 Golden Age Games](#) (3 August, Marie Waxel, 192k uvm; Shreveport, LA)

More than 1,000 veteran athletes from across the U.S. will compete in 21 Olympic style events in the annual Golden Age Games. The games empower veterans 55-years-old and older to lead active, healthy lives. A small crowd gathered in front of Overton Brooks VA Medical Center Thursday morning to send off this year's team of athletes representing the ArkLaTex.

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7.7 - Eastern Arizona Courier: [A helping hand for veterans](#) (6 August, Brooke Curley, 29k uvm; Safford, AZ)

Alongside breakfast and lunch, local veterans found fellowship and answers to issues such as housing, medical coverage and mental health counseling. The celebration began at 7 a.m. Saturday morning at the Solomon American Legion. The event included music by local mariachi bands, breakfast and lunch, as well as a visit by U.S. Rep. Tom O'Halleran, D-Ariz., who gave a brief introductory talk, and then drifted among the attendees of the event, shaking hands and answering questions.

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7.8 - Fillmore County Journal: [Minnesota State Veterans Cemetery of Preston featured in videos](#) (6 August, Barb Jeffers, 6k uvm; Preston, MN)

"It will be a source of pride for the Preston area," states Robert Gross, Cemetery Administrator at the Minnesota State Veterans Cemetery location in Preston, Minn. The staff at the veterans cemetery were contacted a few weeks ago that the Preston site had been one of only two veterans cemeteries chosen in the nation to be featured in a series of videos. The second location included in the videos is a tribal veterans cemetery in South Dakota.

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8. [Other](#)

8.1 - CNN: [Amid seizures, man sketched his 'beautiful' hallucinations](#) (6 August, Maddie Bender, 29.8M uvm; Atlanta, GA)

At first, he would see a colorful circle. It would grow a shimmering, flashing tail "dripping" down, which he compared to fireworks. "It's beautiful!" he said of one of these episodes -- but they gave him headaches, blinded him when they occurred and left a visual deficit in the right field of his vision for minutes after they subsided.

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8.2 - U.S. News & World Report (AP): [Woman Pleads Guilty to Stealing Federal Benefits](#) (6 August, 23.9M uvm; Washington, DC)

A Massachusetts woman has pleaded guilty to stealing more than \$300,000 in federal Social Security and veterans' benefits to which she was not entitled. Federal prosecutors say 71-year-old Joyce Progin, of Leominster, pleaded guilty last week to two counts of theft of public funds.

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1. [Top Stories](#)

1.1 - WLRN (NPR-91.3): [VA Secretary Wilkie Set To Address Veterans At Orlando Conference](#) (6 August, 166k uvm; Miami, FL)

VA secretary Robert Wilkie is set to speak to the veterans' service organization American Veterans at their annual conference in Orlando this week.

Veterans have high hopes for Wilkie, who was sworn in last week.

The previous VA secretary David Shulkin was fired in March, and President Trump's nomination to replace him, White House physician, Ronny Jackson withdrew from the running amid misconduct allegations.

AmVets communications director John Hoellwarth said Robert Wilkie's past experience as undersecretary of defense for personnel and readiness makes him well suited to lead the VA.

"That's like the biggest management job there is," said Hoellwarth.

"So I think if anyone can do it, it's secretary Wilkie, because there may be no-one else in the United States with that kind of experience leading such a massive bureaucracy and such a massive organization."

Hoellwarth said reports of Wilkie wanting to reshuffle the leadership at the VA gives him hope "that the VA's going to turn a corner, and culturally start putting veterans first again."

"When he speaks to us on Wednesday, I'm really hoping he says that out loud," said Hoellwarth.

Wilkie's address to the American Veterans annual convention in Orlando Wednesday will be his first public speech to a veterans' service organization.

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1.2 - U.S. News & World Report (AP): [Harvey Gets Outpatient Clinic; Will Help Military Veterans](#) (6 August, 23.9M uvm; Washington, DC)

HARVEY, N.D. (AP) — The community of Harvey now has an outpatient clinic.

The Minot Daily News reports that a grand opening was held Aug. 1 for the St. Aloisius Medical Center's clinic.

The facility will enhance medical services and also mean that military veterans won't need to travel to another city to see a Veterans Affairs provider.

The hospital has been serving the community for 80 years.

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1.3 - U.S. News & World Report (AP): [Former US Contractor Pleads Guilty in Kickback Case](#) (6 August, Wilson Ring, 23.9M uvm; Washington, DC)

RUTLAND, Vt. (AP) — A Florida man who worked as a project manager for a company that has done more than \$200 million of dollars in energy efficiency work for the U.S. government pleaded guilty Monday to charges he took more than \$2.5 million in kickbacks and bribes over a five-year period from subcontractors he was overseeing.

Bhaskar Patel of Windermere, Florida, entered the plea during a hearing in federal court in Rutland.

He is facing up to 10 years in prison for violating a law against taking kickbacks and bribes involving federal programs. The plea agreement also calls for the 67-year-old Patel to make cash restitution and liquidate some of his assets.

Sentencing is tentatively scheduled for December.

"Patel's crime involved a sweeping fraud that harmed many federal agencies and the American citizens and government employees who depend upon them," Vermont's United States Attorney Christina Nolan said in a statement issued after the court appearance.

During the hearing, Patel, who was released pending sentencing, answered a series of questions from U.S. District Court Judge Geoffrey Crawford, most by saying "yes, your honor."

Patel's attorney, David Haas, declined to comment on the case on Monday, but said he may have something to say at sentencing.

Patel was a contract manager for Schneider Electric Buildings America Inc., which according to prosecutors "has enormous federal contracts." Patel negotiated subcontracts for energy efficiency projects at the U.S. government facilities.

Schneider describes itself as "leading the digital transformation of energy management and automation." On Monday, Schneider spokesman David Smith said the company was aware of Patel's guilty plea and would continue to cooperate fully with prosecutors.

Prosecutors said Patel accepted the illegal kickbacks and bribes in connection with a \$70 million project for the United States Coast Guard in Aguadilla, Puerto Rico; a \$24.7 million project for the United States Department of Agriculture in Albany, California; a \$12.6 million project for the United States General Services Administration in St. Croix, U.S. Virgin Islands; a \$21.8 million project for GSA in San Juan, Puerto Rico and St. Thomas, U.S. Virgin Islands; and a proposed project for work at the Department of Veterans Affairs medical centers in Vermont, Massachusetts, Rhode Island and Maine.

The illegal activity was uncovered after investigators became aware that Patel had falsified a bid document submitted to Schneider by a Vermont subcontractor who was bidding for work at the Department of Veterans Affairs Medical Center in White River Junction.

"Patel directed the subcontractors to pay him by check, often diverting funds through his adult son and daughter, and insisting on a bogus reference notation," said a press release.

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1.4 - The Tennessean: [VA: 'Facts are much different' on viral photo of veteran on ground at Murfreesboro hospital](#) (6 August, Yihyun Jeong, 2.1M uvm; Nashville, TN)

In the photo, Tony Mims lays on the speckled hospital floor with his eyes closed.

The veteran's legs are curled up as he uses a blue blanket as a makeshift pillow.

According to his sister, Gail Hobbs, they've been waiting eight hours for him to be placed on a bed and admitted for care at the Alvin C. York VA Medical Center in Murfreesboro.

"He can't even walk," Hobbs posted along with the photo on Facebook on Friday. "He deserves better treatment he served his country."

The post has been shared more than 230,000 times — many sent directly to President Donald Trump on Twitter — and picked up by multiple veteran watchdog pages.

But Tennessee Valley Healthcare System says their review of the photo determined that "the facts are much different than what's presented."

VA spokesman Chris Vadnais told the USA TODAY NETWORK - Tennessee that officials first learned of the photo Friday night and immediately started an investigation.

Officials reviewed Mims' medical records and found he was admitted to Murfreesboro VA on Thursday, the day before the photo was posted online, he said.

Mims was contacted directly and he told officials that his sister, who had accompanied him to his appointment, helped him move to the floor of the exam room because he was tired.

Mims estimated he was on the floor about 10 minutes before a provider returned.

"Mims is now an inpatient in our facility and he is being well taken care of. Our medical center director has visited the patient and has his assurance that he received good care and has no complaints," Vadnais said.

Hobbs and Mims could not be reached for comment. But Hobbs posted one last update for the thousands now following her post Monday morning.

She wrote that "the head of veterans affairs came in from Washington," on Sunday regarding her brother's case.

"He is now getting good care," she replied to a commenter.

Murfreesboro VA remains among the most poorly rated veterans hospitals in the country. Their average wait time for new patients seeking primary care appointments is 26 days, according to the VA website.

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2. Greater Choice for Veterans

3. Modernize Our System

3.1 - WFED (AM-1500): VA goes on acquisition spree to support its cloud habit (6 August, Jason Miller, 854k uvm; Washington, DC)

The Veterans Affairs Department's spending on cloud services and cloud migration has been growing each of the last four years, reaching more than \$860 million in 2017.

Now VA wants help in managing the cloud infrastructure, accessing the cloud through mobile devices and applying artificial intelligence to the assorted services and data.

Over the last 30 days, VA has been on a bit of a procurement binge, releasing requests for information, requests for quotes and other solicitations for vendors to provide them with services over the next few years.

John Everett, the executive director for demand management at the VA, said earlier this year during a panel discussion that his agency's goals with modernization are around enabling the agency's customers to use services faster and more easily.

Everett said VA has about 621 applications that have the potential to move to the cloud today. Going forward, he said VA is taking the buy-before-build approach to new capabilities, particularly by using software-as-a-service.

VA's concept of making it easy for veterans to log-in once and get everything done no matter which part of the agency the service is coming from is not a new concept. And one way to achieve the "do once, use many" concept is through the use of application programming interfaces (APIs)

VA released a RFI for an API management platform that would help the agency bring its digital experience on par with commercial companies.

"VA is taking an API-first strategy to deliver the high quality digital experiences our users expect. A single set of APIs will power every VA digital service, and these same APIs will be exposed to approved third parties to build products and applications on top of VA services and data," the RFI states. "These APIs across every vertical of VA's business will enable VA users to receive a consistent, high quality experience across all VA communication channels (e.g., digital, phone, mail, in-person, etc.)."

VA said APIs will let Veterans Service Organizations and others reduce the amount of time they spending manually looking in VA systems to check the status of a claim or find out if a rating has been granted to a veteran.

“If VA were instead able to provide APIs to this information, authorized individuals would be able to access it more readily, improving the experience they can provide for Veterans and reducing VA costs,” the RFI states.

VA wants the vendor to provide agile development of APIs and to support its API gateway through an assortment of project management, product management, human-centered design, iterative development, user research and usability testing, automated testing support and automated monitoring and performance reporting. The agency created the API gateway earlier this year as one of its “lighthouse” micro-purchasing efforts.

The contractor also must ensure all the APIs are deployed or migrated into a VA designated cloud.

At the same time, VA also issued a request for proposals under its T4 Next Generation multiple award contract for enterprise mobility management.

The initial RFI from May wants a vendor to migrate its mobile management system out of its FISMA high internal cloud and into a software-as-a-service in a moderate external cloud.

VA wants the device management system to support between 45,000 and 100,000 devices, and connect back to its Microsoft Office 365 email in the cloud.

Additionally, VA issued a task order against the General Services Administration’s IT schedule for a service-disabled veteran-owned small business to provide cloud solutions and engineering support.

The initial RFI states, the CIO’s office requires “cloud support services to assist VA in reviewing, validating and recommending improvements for planning, assessment, execution support, operations and enhancement of VA cloud computing capabilities.”

Finally, VA wants to enhance all of these cloud efforts through artificial intelligence.

The agency issued another RFI seeking service disabled veteran-owned small firms to provide AI services through a software-as-a-service offering to further improve the veterans’ experience.

“Office of Information and Technology has identified numerous business opportunities that leverage AI to provide veterans, caregivers and survivors with better access to information related to healthcare and benefits through various VA websites and portals. Many of these sites offer the ability to chat with a VA agent or to contact an agent by phone. However, maintaining a large staff of well-trained agents to handle the depth and breadth of questions and issues veterans and caregivers commonly seek assistance with during peak days and times is challenging and many times veterans and caregivers are unable to receive immediate assistance because agents are actively assisting other customers,” the RFI states. “AI can help minimize this issue by improving the speed of information retrieval, and the quality and accuracy of information provided to the end user. AI can be leveraged to assist VA agents and veterans/caregivers using either a chat or voice interface. AI can be trained to answer commonly asked questions, assist users in properly filling out forms, respond to routine issues, and assist VA agents to quickly locate key information relevant to a customer’s specific concern. Initially, AI must be taught using assisted learning, but once it is put into production it can learn over time to both expand and improve its own capabilities.”

VA said in the RFI that it already has begun developing AI epics and user stories related to the White House VA Hotline and various other web-based VA portals including the eBenefits portal, enrollment and eligibility Veterans Choice Program, and Affordable Care Act.

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3.2 - Minot Daily News: [Harvey opens new outpatient clinic. St. Aloisius holds grand opening for new clinic](#) (4 August, 68k uvm; Minot, ND)

HARVEY — A grand opening for the St. Aloisius Medical Center Outpatient Clinic was held in Harvey Aug. 1.

Several years ago, the Sisters of Mary of the Presentation and the local board of directors had a vision to enhance the quality of care St. Aloisius Medical Center provided by establishing an outpatient clinic. That vision has been realized with the opening of the clinic, adding to local medical choices and healthcare options. Dr. Rick Geier and Kim Thorson, FNP, staff the clinic.

St. Aloysius Medical Center's goal is to provide additional medical services, including new services such as a DXA scanner in conjunction with an osteoporosis clinic, championed by Dr. Kelly Krohn. This service will start in about two months.¹

Veterans also will no longer need to travel outside the community to see a Veterans Administration provider. As of Aug. 6, St. Aloisius will be able to provide that care for veterans at its clinic.

The medical center is currently exploring addition new services, such as cardiology, pulmonology and pediatrics. These services would be available from one to two days per month in Harvey.

St. Aloisius Medical Center has provided health care service to the Harvey area for 80 years and will be celebrating its anniversary this fall.

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3.3 - Patient Engagement HIT: [VA Testimony Objects to Bill to Pilot Patient Data Access Device](#) (6 August, Sara Heath, 21k uvm; Danvers, MA)

The Department of Veterans Affairs is coming out against proposed legislation that would require the agency to pilot a digital device that would enable patient data access and data exchange, according to recent testimony from VA Under Secretary for Benefits Paul R. Lawrence, PhD.

The legislation in question, Modernization of Medical Records Access for Veterans Act of 2017, received bipartisan introduction just over one year ago. The bill, introduced by Representatives Cathy McMorris Rodgers (R-WA) and Seth Mouton (D-MA), called on VA to pilot a technological device the size of a credit card that would enable veterans to review their own health information and provide access to that information to their providers.

The bill, which was sponsored in the Senate by Bill Cassidy (R-LA), saw debate in a hearing in the Senate Committee on Veteran's Affairs on August 1, with Under Secretary Lawrence stating that such a pilot would be unrealistic for the VA.

VA fully supports the notion of patient data access, Lawrence clarified. The agency agrees that patients who review their own health information are more informed and have higher patient engagement levels.

"VA agrees that patient-mediated health information exchange is a valuable strategy to support making health information available directly to patients and then under their direction, making that same health information available to the providers across the health system they entrust with their care," Lawrence pointed out in his testimony before the Senate Committee.

However, the agency does not believe the legislation supports the best method for granting patient data access.

For one, the use of a small healthcare device would not be an effective method for reaching VA patients, Lawrence said.

"Providing physical devices to patients with their health information has not been a part of VA's strategy for supporting patient-mediated data exchange, and we do not believe that this approach would add significant value beyond current efforts," he explained.

"VA believes Veterans would prefer to minimize the number of physical devices or items they would need to manage," Lawrence continued. "Given the near ubiquity of smart mobile devices owned and used by health care consumers, VA believes a strategy that focuses on improved health data availability and exchange on a mobile platform would be preferred."

Additionally, Lawrence stated that VA's current efforts to grant patient data access are sufficient for supporting veteran care needs. The VA is redeveloping its Blue Button initiative, which aims to support patient data access and exchange, Lawrence stated.

"VA's My HealtheVet Blue Button is piloting technology that allows Veteran patients to share their VA health records with their community care provider directly from their personal devices," he explained. "VA's eHealth exchange technology is a rapidly growing network that connects VA with community health providers who can then securely share clinical information using a standardized approach."

Lawrence pointed out that efforts would be better set on supporting medical device and health data interoperability. Instead of requiring patients to carry yet another health technology to the doctor's office, it would behoove VA and other federal entities to prioritize interoperability between patient portals, EHRs, and other existing patient data access tools.

In addition to Lawrence's above arguments, he noted that VA would see not additional funding to facilitate the pilot, which would make such a pilot unrealistic at this time.

At the time of introduction, Representatives McMorris Rodgers and Moulton said the bill would empower veterans to take ownership of their own healthcare.

“Our veterans deserve the best care imaginable,” McMorris Rodgers said upon introducing the bill last year. “When patients have the proper information about their medical history, they can work with their doctors to make the best decisions for themselves.”

Additionally, the tools set out to grant veterans the level of data access that the legislators say civilian patients enjoy.

“The men and women who have served our country deserve the same access to their own medical records that private citizens have,” Moulton stated. “Making it easier, not harder, for service members to receive the best healthcare in the world should be a top priority. This bipartisan legislation helps bring veterans healthcare into the 21st century and I encourage my colleagues to join our effort.”

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4. Focus Resources More Efficiently

4.1 - Scientific American: Women Die More from Heart Attacks Than Men—Unless the ER Doc Is Female (6 August, Angus Chen, 11.8M uvm; New York, NY)

Women make up a mere quarter of emergency doctors in the U.S., according to data from the American Medical Association. This statistic does not signal well to gender equality in medicine or young women considering the specialty—and it may have even darker implications for patients. A new study suggests female heart attack patients may be at a higher risk of mortality in the emergency room if they see a male physician rather than a female one, giving greater urgency to diversity initiatives in medicine.

Heart disease is the number-one killer of both men and women, but the latter are significantly less likely to survive heart attacks. According to 2016 American Heart Association statement, 26 percent of women will die within a year of a heart attack compared with just 19 percent of men. The gap widens with time: By five years after a heart attack almost half of women die, compared with 36 percent of men.

The reason has eluded researchers for years, but the authors of the new study point to the disparity in male and female representation in emergency doctors as a potential source of answers. The researchers analyzed a Florida Agency for Health Care Administration database containing every heart attack case from every ER in the state (excluding Veterans Affairs hospitals) between 1991 and 2010.

The researchers divided 500,000-plus cases into four categories: male doctors treating men; male doctors treating women; female doctors treating men; and female doctors treating women. “All of those are statistically indistinguishable except for male doctor–female patient,” says Brad Greenwood, an author on the study and a data scientist at the University of Minnesota. If a heart attack patient is a woman and her emergency physician is a man, he says, her risk of death suddenly rises by about 12 percent.

Put another way, a heart attack patient dies in the ER about 11.9 percent of the time overall—but the research team found women with heart attacks will die about 12.4 percent of the time if their cases are handled by male doctors. This means approximately one out of every 66 women

with heart attacks dies in the emergency room if she sees a male doctor rather than a female one. “Even though lives should be equally saved, we are seeing this pervasive difference,” says study co-author Laura Huang, a professor of business administration at Harvard Business School. “Something about the female experience when she’s being treated by a male doctor” is linked to these deaths, she says.

Emergency doctors and cardiologists, however, are wary of jumping to conclusions just yet. It is a little early to say male physicians have trouble treating female heart attack patients based on these data alone, says Michelle O’Donoghue, a cardiologist at Brigham and Women’s Hospital and Harvard Medical School who did not work on the new study. “Spurious signals sometimes come up [in research], so this should be replicated,” she says. Still, she adds, the study raises many troubling questions about the treatment of women in the ER, “like the concern there’s a systematic bias where male physicians are not listening to female patients’ complaints as readily as [those of] a man.” Or there could be a bias that favors men in the medical literature (in which heart attacks are better understood when they happen in men), leading to misdiagnoses in women. “There have definitely been several studies that have shown that women are slower to be diagnosed, and that might be explained by the fact that women are more likely to have ‘atypical’ symptoms,” O’Donoghue notes.

Female doctors may also simply be performing at least some parts of the job better than their male counterparts do. In the new study everyone was more likely to survive if they saw a female physician, and a study published last year in JAMA Internal Medicine indicated all patients of female physicians had lower mortality and hospital readmission rates. “It seems that the female doctors practice in a better way or outperform male doctors,” says the JAMA study’s first author, Yusuke Tsugawa, an assistant professor of medicine at the David Geffen School of Medicine at University of California, Los Angeles. Female doctors are more likely to speak with their patients longer and provide more evidence-based care than their male colleagues, Tsugawa says. This could help them to pick up on heart attacks, even if women have more atypical symptoms.

Such a scenario might also explain another of Greenwood’s findings: The more female colleagues a male emergency physician had, the more likely his female patients were to survive as well. “It could be you have spillover between physicians,” he says. “A male physician sees a female physician treat a female patient successfully, and sees potential cues. Or you have assistance: A female colleague cues him into what’s going on.”

Whereas much more work is needed to understand the gender gap in heart attack survival, the new findings do imply having more female representation in hospitals may save lives, says Michelle Lall, an emergency physician at Emory University School of Medicine and president of the Academy for Women in Academic Emergency Medicine, who did not work on the study. “I would hope that in reading this leaders in emergency medicine—whether directors or department chairs—would consider that we are an asset beyond being a diverse workforce.”

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4.2 - KNXV (ABC-15): [AG: Psychiatric nurse with revoked license treats VA patients](#) (6 August, Joe Enea, 2.1M uvm; Phoenix, AZ)

CHANDLER, AZ - A woman with a revoked psychiatric license was caught treating Veterans Affairs patients and defrauding the VA and insurance companies of over \$800,000.

Investigators with the Arizona Department of Insurance report that on July 31, 39-year-old Laura Lynn Bell was arrested at her Chandler home, near Cooper and Chandler Heights roads.

Investigators say since her conviction for a similar crime in December 2017, Bell has been actively continuing her operation of fraudulently submitting insurance claims to the VA and various insurance companies.

Bell had her license as a psychiatric nurse revoked last November. They report that "over a 6-month period she submitted over 2,000 separate insurance claims using 73 former patient identities."

Investigators say she used five aliases and stolen identities of other nurses to obtain the 'National Provider Identifier number' needed to submit the false claims.

Investigators found evidence of over \$800,000 in false claims that were submitted and accepted by various insurance companies. Bell's company had already been paid over \$200,000.

Bell, who is from Thailand, had her passport revoked after her conviction.

Authorities say she was using another false identity to get another passport to travel back to Thailand.

Bell is being held without bond on charges of Fraud, theft, money laundering and forgery.

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4.3 - The Virginian-Pilot: [State doctor arranged for one mental health patient to attack another, federal judge rules](#) (6 August, Scott Daugherty, 1.5M uvm; Norfolk, VA)

A doctor at a state mental hospital arranged for one patient to attack another at least three times, a federal judge has ruled.

In return, according to court testimony, the attacker was rewarded with extra food, alcohol and drugs.

Following a seven-day trial in Norfolk, U.S. District Judge Henry C. Morgan Jr. ordered two former staff members of Central State Hospital in Petersburg to pay \$385,000 in damages, plus interest.

In a 31-page opinion, he ruled Dr. Sridhar Yaratha and nurse Nitaya Barnette – who fabricated an assault report – did not act in the best interests of Brian Farabee, now 39, of Portsmouth.

"In sum, and in light of all the testimony at trial, it is clear that the mental health and criminal justice systems have failed Mr. Farabee," Morgan wrote, singling out Yaratha's actions in this case as both "egregious" and "horrificing."

He dismissed allegations against three other doctors at Central State, including its director, Rebecca Vauter.

Farabee's attorney said medical staff should never treat a patient like Yaratha and Barnette treated his client.

"This speaks volumes to the type of care that can happen in the state system," attorney Jeremiah Denton III said. "It's an outrage."

Attorneys hired by the state attorney general to defend the case said Yaratha and Barnette did nothing wrong and plan to appeal if the state agrees.

"Dr. Yaratha always acted in the best interests of his patients, and he denies any suggestion otherwise," said his attorney Lynne Blain, who described the trial in court documents as a "travesty."

A spokesman for the Office of the Attorney General said no decision had been made regarding an appeal.

Neither Yaratha nor Barnette still work at Central State. According to deposition transcripts, Yaratha left in January 2016 for a job with the U.S. Department of Veterans Affairs. Earlier this year, he said he worked at the VA Medical Center in Richmond.

A VA spokesman said the department was reviewing the judge's decision "closely," as it contained "serious allegations."

"If warranted, VA will not hesitate to take appropriate personnel actions," James Blue said.

Barnette was fired after she falsely claimed Farabee kicked her before he sat down in a wheelchair in November 2013. The false report prompted hospital staff to place Farabee in restraints for about an hour, a move Morgan said likely reinforced his "disordered thinking as to why he cannot trust anybody."

Following her termination, the state nursing board reprimanded Barnette. Earlier this year, she said she worked for Encompass Home Health.

Encompass officials did not respond to requests for comment.

In 2004, Yaratha's license to practice medicine in West Virginia and Iowa was suspended amid allegations engaged in an inappropriate sexual relationship with a patient and was an alcoholic in need of treatment. Virginia followed suit the next year.

Yaratha, however, sought help and the Virginia Board of Medicine reinstated his license in March 2006. He started at Central State the next month.

Blain said Yaratha "has been sober for 13 years."

Mental health problems are a fact of life for Farabee, who was diagnosed in the late 1990s with borderline personality disorder – an illness marked by often-impulsive behavior that can strain personal relationships.

Farabee – currently an inmate at Marion Correctional Treatment Center – was first hospitalized when he was 9 after he threatened to kill his mother. According to Morgan's opinion, he has been confined in a hospital or correctional facility almost continuously since he was 13.

In September 2012, Farabee was transferred to Central State for mental health treatment after he finished serving 10 years for felony assault. That's when he met Yaratha, who recommended a different treatment .

In 1998, Dr. Kevin McWilliams recommended Farabee receive "dialectical behavior therapy," which includes one-on-one counseling. But Yaratha believed Farabee needed to learn how to control himself before getting that therapy.

Yaratha made a diagnosis of antisocial personality disorder with borderline traits and recommended group therapy and antipsychotic drugs.

In his ruling, Morgan said Yaratha, a psychiatrist, had no experience with dialectical behavior therapy and didn't consult a clinical psychologist with experience before deeming it inappropriate for Farabee.

Denton's star witness at trial was the patient who repeatedly assaulted Farabee at Central State: Justin Evans. The two patients had known each other for about 20 years in hospitals and prisons and never got along. But, the judge said, their disputes never turned violent until they found themselves under the care of Yaratha in 2015.

At trial, Evans testified Yaratha and another doctor encouraged him to attack Farabee. And he said he would receive extra food, alcohol and drugs from other staff members after the attacks.

In his ruling, Morgan said police were called to investigate how Evans came to be intoxicated while on Yaratha's ward, but that people on the ward did not cooperate with police or hospital administrators. Drugs were found on the ward, though not alcohol.

Yaratha took the stand in his own defense, arguing that he tried to protect Farabee from Evans.

Morgan, however, said he didn't find the doctor credible. He noted Evans was transferred to another ward following the first assault, and that Yaratha successfully petitioned to get him moved back. He added that Evans was assigned to a room only one away from Farabee even though the ward was 85 percent empty.

Rhonda Thissen, executive director of the National Alliance on Mental Illness of Virginia, expressed shock when informed by The Virginian-Pilot about Yaratha's case.

"It's treatment you would expect from a poorly run prison, not a state hospital," she said after reading Morgan's opinion.

While Thissen said there are many talented people who work in the state's hospitals, she said Farabee's case "demonstrates everything that can go wrong in an institutional system."

"If the court's opinion is accurate, Mr. Farabee likely spent many years institutionalized in both penal and psychiatric facilities because he wasn't provided the care he truly needed," she said.

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4.4 - The Times of Northwest Indiana: [Kudos to VA Medical Center director](#) (5 August, Tom Pappas, 1.1M uvm; Munster, IN)

The Aug. 3 article "Leading the way for change" about veteran Mike O'Dette's success in having the Veterans Administration adopt a special pharmacy program for vision impaired veterans failed to mention two important items.

NWI veterans are lucky to have Jesse Brown VAMC Director Marc Magill who in two years, with his dedicated administrative staff, has raised the rating of JB from one star to four stars, 1 of only 28 VAMCs of 168 VAMCs nationally rated this high.

They are not so lucky when it comes to VA contracted nursing homes, as the NWI site is rated only one star.

Mike took matters into his own hands and used the Veterans Experience Program to his advantage. Other veterans should do the same by submitting a suggestion form at the Adam Benjamin Jr. clinic in Crown Point.

Tom Pappas,

Portage

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4.5 - WESA (NPR-90.5, Audio): [‘What You Do For Others, It Continues’: How A Retired VA Therapist Continues To Help Vets](#) (6 August, Elaine Effort, 43k uvm; Pittsburgh, PA)

Army veteran Michael Flournoy has made helping other veterans his life's mission. Even though Flournoy retired from his job as a therapist for the Pittsburgh Veterans Affairs hospital a few years ago, the 80-year-old resident of Pittsburgh's Chartiers City neighborhood tells 90.5 WESA's Elaine Effort that does not mean his work with veterans has ended.

Their conversation has been edited for length and clarity.

ELAINE EFFORT: What made working with veterans so meaningful for you?

MICHAEL FLOURNOY: The veterans community, on a lot of levels, is a family. And I spent most of my life with veterans, more than I have with my family. You know, I'm a child of a veteran. All my uncles were veterans on both my mother's and my father's side of the family.

And all of the men I've ever served with sort of like become your brother. It's a brotherhood not based on genetics, but it's a brotherhood based on a very powerful, strong experience that you engage in.

EFFORT: What is it about you that you were able to be a good listener, offer advice and to help them?

FLOURNOY: I find that it has benefited me as a therapist to become a good listener and try and, in my first three or four sessions with a veteran, is to hear what they don't say. That's where most of the stories begin and the way you start to develop a relationship with the client is

that you listen. You listen for where the gaps are in the narrative. You listen when the client is very emotional and they go somewhere and then the next moment they back away from it. So, you sort of benchmark that comment for later exploration because it may have been a touchstone that got to painful and they backed away from it.

So, listening is basically one of the best skills you can have in the helping profession, especially in a therapy type situation.

EFFORT: And even after you retired, you've continued to volunteer to listen to veterans for five years. And now you're still taking calls and counseling vets?

FLOURNOY: Well, when I decided to retire, No. 1, I told my kids that I never had a job. My work as a therapist was my vocation. So, I never considered myself having a job because I liked and loved what I did. And I became a better human being myself by the things that I did.

My mom once told me, and I benchmarked it in my mind, that what you do for yourself and only yourself, ends when you die. But what you do for others, it continues.

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5. Improve Timeliness of Service

5.1 - Military.com: [Active-Duty Army Engineers Being Sent to Fight California Wildfires](#) (6 August, Richard Sisk, 9M uvm; San Francisco, CA)

About 200 active-duty troops from the 14th Brigade Engineer Battalion at Joint Base Lewis-McChord, Washington, will get a quick course in becoming "wildland firefighters" to battle the deadly wildfires devastating wide swaths of California, the Pentagon said Monday.

The 200 troops, plus command and support staff, will get one day of classroom training from firefighters at JBLM this week and then two more days of field training once it's decided which of the 18 major wildfires burning across California they will be asked to help contain.

The expectation is that the JBLM engineers will be on the ground in California by Aug. 13, said Army Col. Rob Manning, the Pentagon's director of press operations.

"The soldiers will be outfitted with wildland fire Personal Protective Equipment and all of the gear they will need to serve as wildland firefighters," U.S. Northern Command said in a statement.

The fledgling wildland firefighters from JBLM will be organized into 10 teams of 20 soldiers each, Manning said, but they won't be sent to battle a blaze on their own.

While supporting the overstretched California Department of Forestry and Fire Protection (CAL FIRE), they "will be accompanied by experienced wildland fire strike team leaders and crew bosses from wildland fire management," NORTHCOM said in a statement.

It is not the first time active-duty troops from JBLM have been sent to help with California wildfires. Last August, JBLM soldiers gave support in battling blazes in northern California, said Army Lt. Col. Jamie Davis, a Pentagon spokesman.

The 18 large wildfires burning across California have consumed about 559,000 acres, destroyed homes and forced thousands to evacuate.

One of the wildfires, the "Carr fire" near Redding, California, on the Sacramento River about 120 miles south of the Oregon border, has claimed seven lives, destroyed more than 1,000 homes and scarred more than 163,200 acres, according to CAL FIRE.

In Redding, the Northern California Health Care System (NorCal) of the Department of Veterans Affairs has battled to keep open the Redding Outpatient Clinic, which serves about 11,000 veterans in the area, despite Redding clinic employees losing their homes and being forced to evacuate.

About 177 of the clinic's 199 staff have continued to report to work, NorCal said last Friday.

"The VA NorCal staff in Redding has set a standard in their commitment to local veterans," said VA NorCal Director David Stockwell in a statement. "Despite personal loss in many cases, they've managed to not only keep open the Outpatient Clinic's doors, but travel deep into the community to ensure displaced veterans are receiving the care they need and deserve."

The wildfires across the West have been fueled this year by drought conditions and unusual three-digit temperatures.

NORTHCOM's National Interagency Fire Center (NIFC) in Boise, Idaho, has estimated that more than 127 wildfires are burning on about 1.6 million acres in California, Oregon, Washington, Idaho, Utah, Nevada, Montana, Wyoming, Colorado, Arizona and Alaska.

The request to the Defense Department for the 200 active-duty troops from JBLM came from the National Multi-Agency Coordinating Group (NMAC) at NIFC.

"We are committed to continuing to do everything we can to provide the firefighters, aircraft, engines, and other wildfire suppression assets that incident commanders need to protect lives, property, and valuable natural and cultural resources," said Dan Smith, chairman of NMAC.

Active-duty military personnel have been mobilized to serve as wildland firefighters 37 times since 1987, according to the NIFC.

The last time active-duty military personnel were mobilized was in September 2017, when 200 soldiers from JBLM were mobilized to help battle the North Umpqua Complex wildfires in Oregon for 30 days, NIFC said.

The active-duty troops will join Air National Guard and Army National Guard personnel who have been engaged in battling the fires for weeks.

Four California Air National Guard C-130 aircraft were dropping retardants on the wildfires and about 1,200 California Army National Guard troops were on the ground, according to Davis. In addition, the California Guard has contributed seven helicopters and an RC-26 reconnaissance aircraft.

The Oregon National Guard has contributed 200 troops and five helicopters to the California firefighting mission, Davis said. The Texas National Guard has sent three UH-60 helicopters and the New Mexico Guard has sent an RC-26, he added.

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5.2 - Stars and Stripes (The Augusta Chronicle): [Agent Orange survivor now has to brave VA system](#) (5 August, Sandy Hodson, 1.5M uvm; Washington, DC)

AUGUSTA, Ga. (Tribune News Service) -- For 47 years Jim Black has never slept in a room without a door to the outside. The need for a constant access for escape is one of side effects from the hellish 13 months he spent in Vietnam.

In Vietnam medics told him he just had a drinking problem. They told soldiers they were the cause of their own suffering, said Black, a striking man with long white hair and a neatly trimmed beard, and a single, small gold earring most days.

From photographs taken in 1971, a handsome young man, not old enough to vote or legally drink alcohol, smiles tightly. Before Vietnam, he never drank or smoke. He was healthy with perfect teeth. But that was before Agent Orange.

When he spit cups of blood and his teeth started falling out, medics in Vietnam told him he had gum disease. The weird skin rashes were nothing, he was told. His breathing difficulty was because he smoked.

He joked his hair turned red because of the Agent Orange. "Now it's not so funny," Black said, still with a snort of a laugh.

It took nearly two decades after the war ended, but finally in 1991 Congress passed the Agent Orange Act, acknowledging that service men and women in Vietnam were adversely affected by the millions of gallons of herbicide sprayed on the lush vegetation in Vietnam from 1962 to 1971. According to the American Cancer Society, about 3 million Americans were in Vietnam during the spraying.

Because exposure is hard to prove, the Department of Veterans Affairs is supposed to presume that all veterans who served between 1962 and 1975 in Vietnam and certain other areas were exposed to Agent Orange.

It should include Black.

He remembers it flowing out of aircraft. When the monsoons came he and other soldiers sloshed through mud tainted with Agent Orange for three months.

After what he witnessed in Vietnam, he wasn't about to go near a veterans' facility when he got back, Black said. And he didn't for decades until the day he reached for a cigarette and dropped to his knees unable to breath. He never smoked another cigarette.

His doctor eventually told him that he had to go to the VA because he couldn't afford the medicines he needed -- one inhaler alone cost \$500. So, he went to the VA. Kind of.

It was around 2004, Black said. He only went for the medicines and that's basically what he got for years. But that was before he met Tina Masaracchia.

She had experience with medical issues through her work as a child's advocate and hospice care-giver. Black asked her to help him navigate through the VA. One of the first things she noted was that he had high blood pressure but no high blood pressure medication. Black said a year earlier the doctor dropped it because, he was told, he had developed an allergic reaction. But there was no substitute, Tina Black said.

Two years ago, April 1, 2016, the date is their private joke, they married. She had one condition: Black had to stop drinking, she told him. He did.

Tina Black never doubted the inner strength of the man she married. But she could see he suffered from post traumatic stress disorder. He scoffed. He thought it was normal that someone couldn't sleep in a room without facing the door or that he found a dark movie theater frightening, she said. "I'm not scared of the dark," Black corrected her. It's the people in the dark, he explained.

In early 2017 she convinced him to see a psychologist at the VA for treatment of his PTSD. She's wonderful, they agree. He has a weekly standing appointment, which is a lot, "but it's because he was like chipping off a rock."

She got him to seek treatment for horrid skin rashes and neuropathy in his legs and feet. The emphysema requires medicines and inhalers and a breathing machine. When his primary care doctor expressed surprise that he wasn't receiving VA disability because he considered Black 100 percent medically disabled, she set out to apply, Tina Black said. It was in March 2017. She applied for benefits under the Agent Orange exposure.

Tina Black had been worried about her husband since November. He had dropped 20 pounds. She pestered the doctors about a chest X-ray. It had been five years since his last one. Black had it on Feb. 6. Two days later he underwent an ultra sound. There was a "lesion" on his left lobe.

A Feb. 22 letter informed the Blacks that Jim needed a biopsy to determine how to treat the suspected lung cancer. At the April 11 appointment with the thoracic surgeon, the Blacks walked out when it became obvious to them the doctor hadn't read any of Jim's medical record.

Tina Black got in touch with Augusta Oncology and Dr. David Squires, who had treated her mother. A specialized surgery on April 30 determined the tumors were stage 3, not 2 as the VA tumor board determined. Jim had his first chemo the next day. Radiation began May 29.

His next VA appointment was set for June 5, the postcard mailed notice informed the Blacks.

In response to a question about veterans being sent to Augusta Oncology while the VA department is reorganized, the VA public relations responded: "No. The VA assesses each patient's clinical needs to ensure timely access and delivery of care in the appropriate clinical setting, whether in VA or in the community."

"If we had waited for the VA, he would have been dead in six months," Tina Black said. So far, the VA is refusing to pay Augusta Oncology.

On the first Vietnam Veterans Day, the Blacks got the VA benefits notification: he only qualified for 30 percent disability. All of his medical problems believed related to Agent Orange exposure were denied. The only medical issue deemed service connected was the prostate cancer he survived, according to the letter from the VA.

Even though Black was being treated at the VA for cancers, PTSD, emphysema, neuropathy and skin conditions, the private contractor the VA selected to evaluate patients for benefits, LHI, found he didn't qualify. The Department of Defense classification of Black as exposed to Agent Orange didn't matter. Apparently neither did his medical records, Tina Black said.

The LHI media relations office did not respond to requests for comments. Asked why a Vietnam War Army veteran of 1970-71 was denied benefits, the VA responded: "It depends on what benefits the veteran was trying to claim," and suggested a link to the VA benefits section that requires a diagnoses of covered medical conditions, evidence of service in Vietnam and onset of certain conditions, such as neuropathy and skin conditions, within one year of leaving Vietnam.

The explanation of benefits references memory loss. He doesn't have memory loss, however. It also states Black reported drinking a case of beer daily before being drafted.

That's not true, the Blacks said. He was 19 with a pregnant wife and working two jobs, Tina Black said. "He didn't even have time to take a drink." And there's nothing about the tumors, adenocarcinoma, in his lungs.

"They think we're scamming them," Jim Black said. Tina still fumes that a nurse put in her husband's medical record that she was just trying to get more money.

Most importantly, a finding of 100 percent disability based on the Agent Orange exposure would mean appropriate treatment instead of over-the-counter medications, Tina Black said. It would also mean the VA would provide transportation for medical appointments -- a daily occurrence.

A finding of 100 percent also means 100 percent coverage of medications. It means he could get a handicapped license plate. And it would mean triple benefits for Jim and even \$1,000 to \$1,500 for Tina as a full-time care-giver. Benefits are tax free.

VA patient service told the Blacks that Jim must go through the whole benefits qualifications process again. They were told they had to provide a certified copy of Jim's divorce from his first wife from the 1970s for some reason neither understands. The representative in charge of Agent Orange services has yet to return a phone call, Tina Black said.

"I am just exhausted," she said.

"They keep you off balance. This one says I'm dying and that one says there's not a damn thing wrong with me," Jim Black said.

"You're like the rat on the wheel and you can't get off until you give up," Tina Black said. "I understand using an abundance of caution and not throwing money at someone. But to make it impossible for an American soldier to get treatment -- I can't wrap my head around that."

Jim Black knows he has Tina in his corner and she's not one to give up a fight, not when it's her husband's health at stake. But they know that other veterans are not so lucky, and some just give up and take 30-percent disability ranking that means \$572 a month and a cap on prescription costs.

"I'm not the only one," Jim Black said, noting that some Vietnam vets are leery of the government. "There are some who haven't even gone into the VA yet."

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Miami Herald: [The end of veteran homelessness is within reach in South Florida](#) (6 August, HUD Sec. Ben Carson, 8.9M uvm; Miami, FL)

There is no more important housing issue in this country than when a person or a family has no housing at all. It is even more tragic when that person is a veteran who once served our nation.

Homelessness makes us uncomfortable. Some are tempted to look away and surrender to the notion that it's a problem too big to solve. That's not true. This is a problem we can solve. Last week, I was honored to join the Miami-Dade County Homeless Trust to mark giant steps toward effectively ending veteran homelessness in South Florida."

Ending homelessness isn't some lofty goal or simple public declaration. It involves the heavy lift of creating a system to ensure that when homelessness happens, it's rare, brief and non-recurring. Miami-Dade County is joining a growing national movement, currently including 63 other communities, to end veteran homelessness.

This is not easy. To achieve this goal, the Miami-Dade Homeless Trust needed to drive down the number of veterans experiencing homelessness by building a system that supports long-term and lasting solutions. My agency, the Department of Housing and Urban Development, is part of a larger federal effort to end homelessness in all its various forms. Along with the Department of Veterans Affairs and others, we have made incredible progress at reducing veteran homelessness.

The latest national estimate finds that the number of veterans experiencing homelessness is on the decline in most parts of the country. At latest count, local communities reported approximately 40,000 veterans experience homelessness on any given night — 2,800 in Florida alone. While we are making progress, these numbers tell us that we still have a lot of work to do.

The adage "All housing is local" is especially true when it comes to homelessness. For example, in many cities along the West Coast and in the Northeast, the severe shortage of affordable housing is driving up the number of individuals and families experiencing homelessness.

Meanwhile, there are a growing number of cities, counties, and states where we're seeing remarkable reductions in homelessness.

Miami-Dade County is joining the ranks of cities such as Kansas City and Pittsburgh, and states such as Virginia and Delaware, which are ending veteran homelessness. All this proves that ending homelessness can be done.

Those who find themselves homeless deserve more than a life on the streets. We have few responsibilities greater than making certain those who have sacrificed so much in service to this country have a home they can call their own. Miami-Dade County is answering the call to serve those who served us.

BEN CARSON IS THE SECRETARY OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

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7.2 - WBRZ (ABC-2, Video): [Vietnam vet says he was hoodwinked by man claiming to help him](#) (6 August, Chris Nakamoto, 312k uvm; Baton Rouge, LA)

Vietnam veteran Charles Magee thought he was doing the right thing when he enlisted the help of an accredited agent to help him secure his VA benefits. Instead, Magee claims that agent took \$25,000 of his benefit for a service that is provided for free by the VA.

"I was a plane director," Magee recalled. "I shot a plane off the deck. The capsule shot off and the pilot was killed. Then, one was coming in, and we witnessed the plane go into the water... Cables breaking and cut people's legs off."

Magee returned to the United States after the war. He made a career working at a chemical plant but was ultimately diagnosed with PTSD. Because of that, he is eligible for benefits from his time in the service.

Volunteering at the VA is where he heard of the name Michael Eby. Eby is a registered agent by the VA that can assist with benefits.

"I believe in my heart he started off on the right track, but down the line, something went sour where he could get money that he did not deserve," Magee said.

Magee entered into a contract with Eby in hopes of helping him navigate through the long and tedious process to get his benefits. When it came time to get his benefit, Magee claims Eby took \$25,000 dating back to 2006. Eby had only been listed as Magee's agent for eight months.

After allegations about Eby surfaced, the office of veterans affairs reached out to Eby. They are awaiting his response to determine whether a full inquiry will be launched into his conduct.

When the WBRZ Investigative Unit questioned Eby about this, he said he had no idea what we were talking about.

"Stop recording," Eby said. "No one has contacted me about this until the general counsel did. I don't have any disgruntled clients that I represent."

But, sources at the VA told WBRZ other veterans have also complained about Eby taking their money. It's why they reached out to the Investigative Unit.

As the VA looks into this, Magee believes Eby is owed some money for the work he did but doesn't feel like \$25,000 was appropriate.

"Pay the man for his work, but don't go back to 2006 and pay him for the things he didn't fight for," Magee said.

Questions have also been raised about the legality of Eby's contract since the VA pays agents 20 percent for their work. Eby's contract contradicts the VA's own guidelines for benefits according to our sources.

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7.3 - WRGB (CBS-6): [Judging antique cars for a good cause](#) (6 August, 307k uvm; Schenectady, NY)

ALBANY, N.Y. - Hundreds of antique cars were judged for a good cause Sunday.

It was the Eighth Annual Honor Our Vets Car and Motorcycle Show at the Stratton VA Medical Center in Albany.

Cars being judged paid a \$10 registration fee to donate toward costs for recreational and non-medical needs for veterans at the VA.

Organizers say the help from today will go a long way.

"It's overwhelming, the support continues to grow," said Noney Grier, volunteering service specialist. "I think people are starting to recognize the needs of veterans more, basically if it's a medical necessity, It's being paid for with tax dollars, but anything outside that comes from donations."

Organizers want people to know 100 percent of the donations go straight to the vets, directly helping the cause.

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7.4 - KRGV (ABC-5, Video): [GAO Report Prompts VA to Improve Appeals Process](#) (7 August, Frank McCaffrey, 277k uvm; Weslaco, TX)

HARLINGEN – A new report from the Government Accountability Office has the Department of Veterans Affairs making changes to expedite response times in the appeals process.

Local veteran Ruben Cantu says he's been fighting for full benefits for his hearing loss and back problems since the 1980s.

In testimony before the GAO, VA Undersecretary for Benefits Paul Lawrence says his office is working a backlog of claims.

Lawrence says faster computers will help to get through the large pile of claims.

KRGV's Frank McCaffrey explains how the changes will improve the appeals process.

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7.5 - KRGV (ABC-5, Video): [Valley Veterans, Surviving Spouses Concerned with Billing Issues](#) (7 August, Angelo Vargas, 275k uvm; Weslaco, TX)

Veterans and even surviving spouses of veterans say they are being charged thousands of dollars for medical bills supposed to be paid by the federal government.

The Department of Veterans Affairs tells CHANNEL 5 NEWS the issue was a mix up between the outside hospitals and the agency.

A spokesperson for the VA sent us the following statement, which reads in part:

"Unfortunately, the provider's billing office did not send the bill to the VA Payment Center in Bonham, Texas. We have faxed them the authorization and instruction on how to proceed with claims."

If any surviving spouse or veterans need help with billing information, they can reach out to a veterans services officer or visit their nearest VA location.

VA Texas Valley Coastal Bend Health Care Systems is taking an extra step to get information to veterans and their families.

Anyone with questions regarding the claims process is asked to attend a VA Home Health and Dental Vendor Fair in Harlingen on Thursday, Aug. 9 from 9 a.m. to 3:30 p.m. The event will be held at 2102 Treasure Hills Boulevard.

You can also call the VA's Community Care Department at 1-855-864-0516 for more details.

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7.6 - KSLA (CBS-12, Video): [ArkLaTex Veterans head to 2018 Golden Age Games](#) (3 August, Marie Waxel, 192k uvm; Shreveport, LA)

More than 1,000 veteran athletes from across the U.S. will compete in 21 Olympic style events in the annual Golden Age Games.

The games empower veterans 55-years-old and older to lead active, healthy lives.

A small crowd gathered in front of Overton Brooks VA Medical Center Thursday morning to send off this year's team of athletes representing the ArkLaTex.

"For the 10K bicycle race I've been riding the bicycle around the area quite a bit, it gets tiring after a while, and I'm doing the air rifle as well so I've been practicing with my guns and there isn't much else to do," said Rookie Air Force veteran Mike Brooks with a smile, "I thought I'd try this year and see how I like it and understand there is veterans from all over the country going and I'm hoping to see some of the guys I used to know when I was in service."

Meanwhile Air Force veteran Jackie Perry is looking to defend his gold medal in the shot put.

"I found out last year that it was going on and then I found out that it's been going on for 32 years, and I'm like this is the first time I've ever heard of it," recalled Perry, "I said well I told Charles I'm in and I'm going to be in it as long as the Lord's willing and I'm here."

At the end of the day it's all about camaraderie and helping veterans stay healthy and active in their golden years.

"It keeps you in shape. Once you retire like most people, and myself included, say hey I'm retired I don't have to do anything else but after a while it's like okay you have to do something, if you don't move you're going to lose, so you got to keep moving," Perry explained.

"We're going to have a good time, and that's what I tell people," said Army veteran Walter Hood, "I can't guarantee you I'll win anything but I can't guarantee that I have a good time I guarantee everybody does."

The Golden Age Games kickoff in Albuquerque, New Mexico on Friday August 3 and runs through August 8.

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7.7 - Eastern Arizona Courier: [A helping hand for veterans](#) (6 August, Brooke Curley, 29k uvm; Safford, AZ)

SOLOMON — Alongside breakfast and lunch, local veterans found fellowship and answers to issues such as housing, medical coverage and mental health counseling.

The celebration began at 7 a.m. Saturday morning at the Solomon American Legion. The event included music by local mariachi bands, breakfast and lunch, as well as a visit by U.S. Rep. Tom O'Halleran, D-Ariz., who gave a brief introductory talk, and then drifted among the attendees of the event, shaking hands and answering questions.

O'Halleran is midway through a two-week RV tour of Arizona Dist. 1 and used the day to also visit with Eastern Arizona College officials, as well as traveling to Pima. However, O'Halleran said the veterans event was his favorite.

"Any day you start the day with veterans is a good day," O'Halleran said.

Representatives from Veterans Affairs offices in Phoenix and Tucson were at the event, offering help to local veterans. Some may ask why the event was called a celebration instead of a standdown. Pacer Reina, who is a Native American veteran and holds the title of Veterans celebration chairman, told the Courier that many veterans don't want to take what seem like a handout to them.

“Our events, they are listed in the national registry of standdowns. There are a lot of veterans, for one reason or another, there are a lot of different reasons: They don’t trust the VA or the government, and they purposefully stay away. One of the reasons why we call our events celebrations is to let them know that while we are listed under that national registry, we’re very unique in that we’re here to offer the minimal. We’re here to give you more than what you have, and we want to develop that trust,” Reina said. “We want to celebrate you as a veteran; we want you to come in and take hold of the benefits that you’ve earned. We want you to understand that your time and service, the service that you gave to your country, is something to celebrate, it’s something to recognize, it’s something to honor.”

When asked why Reina worked so hard with the local Solomon American Legion Post 95 to put on the celebration and why he has put in years of effort toward helping veterans, Reina explained his passion as a part of his people’s culture as well as a call to help those who need it.

“Native men and women . . . have served and continue to serve at a higher per capita rate than any other ethnicity in the United States military. But we are last when it comes to attaining benefits. We’re at the bottom of the list,” Reina said. “And that’s what we want to do here; we want to say, ‘It’s OK, you’re not asking for a handout. You’re getting something that you earned.’ We want you to understand that. Just come and sit down with us and have a meal, and if you want to, you can go and visit those service providers.”

When asked about the local veterans who are currently homeless, Ray Apodaca, of the American Legion Post 95, told the Courier that, unfortunately, the homeless vets were too afraid to attend.

“We have invited them, (the local homeless veterans), but I tell you what: We’ve tried to get them out here. But some of them are afraid to come; they think that the cops are going to be here. For whatever reason, some of them have problems with the law and they’re afraid. But I go out there anyway, I get them DOD surplus, like backpacks.”

In Arizona, roughly 900 veterans are homeless. Bob Pilcher, who is a social worker and addiction therapist from the Southern Arizona Sierra Vista Community Clinic, told the Courier that the Graham County area has roughly five homeless veterans that he knows of.

“The problem is that some people identify themselves as veterans but can’t produce paperwork to show that they’re eligible for VA services,” Pilcher said.

The hotline Help for Homeless Veterans number is 877-424-3838.

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7.8 - Fillmore County Journal: [Minnesota State Veterans Cemetery of Preston featured in videos](#) (6 August, Barb Jeffers, 6k uvm; Preston, MN)

“It will be a source of pride for the Preston area,” states Robert Gross, Cemetery Administrator at the Minnesota State Veterans Cemetery location in Preston, Minn.

The staff at the veterans cemetery were contacted a few weeks ago that the Preston site had been one of only two veterans cemeteries chosen in the nation to be featured in a series of videos. The second location included in the videos is a tribal veterans cemetery in South Dakota.

The video production was contracted by the National Cemetery Administration (NCA) under the Department of Veterans Affairs.

“They picked one that is a tribal veterans cemetery to represent tribal veterans cemeteries and they picked the Preston location to represent the state veterans cemeteries,” explains Gross. “They will be doing a series of videos on these two locations,” shared Gross.

A private film crew from New York, supported by additional crew members from the Minneapolis/St. Paul area, arrived on Saturday, July 14, 2018, and spent about three hours doing location scouting on the grounds of the veterans cemetery.

On Monday, July 16, the production crew arrived to begin filming at approximately 8 a.m. and filmed until about 6 p.m. They returned on Tuesday morning and wrapped up their production at the cemetery grounds approximately 6 p.m., although they did spend time filming additional footage around Preston.

“It was a fairly large team that was here for the operation,” says Gross. “There were two individuals from National Cemeteries, six on the actual film crew and then an additional four crew members that came in from the St. Paul area that worked with them doing sound, etc.,” explains Gross.

As part of the production, the crew wanted to film a memorial service and out of respect it was decided that a simulated service would be performed instead of filming an actual service. Having a simulated service would also make it easier for the film crew to start and stop production to get the shots they wanted.

Gross reached out to the Preston/Harmony Memorial Rifle Squad and the Army Honors Team, who agreed to participate in the simulated service as well as Pastor Stuart Weist of the First Baptist Church in Preston.

A few people were invited to stand in as family members during the simulated ceremony including Kim Holty from rural Houston County, who has done some local community theatre, to fill the role of next of kin along with her two daughters.

“She’s one of those naturally empathetic people,” explains Gross, and she became quite emotional during the simulated service.

Along with the footage of the veterans cemetery the film crew also did several interview shoots at various areas on the grounds. David Swantek, Minnesota State Veterans Cemeteries Director, spoke in his interview about the process that led to the veterans cemetery being located in Preston.

Gross spoke about the importance of the veterans cemetery to families and several family members and a friend of a veteran were also interviewed. The family interviews included a husband who spoke about his wife, a child who talked about their parent, and a sibling who memorializes her sister that is buried at the veterans cemetery. A friend of someone who is laid

to rest at the veterans cemetery, who may not have a family, shared their memories and their experience with the veterans cemetery.

The film crew also took some drone footage of the grounds to show a broad perspective of the grounds, filmed the operations team working in their traditional roles and spoke to several local residents about their thoughts on the veterans cemetery. When the crew returned from doing interviews with residents they commented to Gross how supportive the community is of the veterans cemetery.

Gross explains that these videos will be used in several ways, such as demonstrating the state veterans system and the tribal veterans cemeteries system. The videos are meant "to show the public what they consist of across the United States," states Gross.

The series of videos will also provide valuable information in areas where they don't have any veterans cemeteries and may be considering having one. Additionally, the videos will be utilized in the Fillmore County area and beyond to raise public awareness.

"As we understand, it will be something that will be put out across the entire nation," notes Gross. "It will be shared with the commissioners from all states at their annual training and will probably be on the VA's website and out on their social media," he adds.

As filming was completed at the South Dakota location prior to the Preston location, the videos should be available soon. "As far as we know the videos should be done the end of August," Gross comments.

"It will be something that will be readily available," states Gross. The community of Preston and all of Fillmore County will anxiously await the release of this series of videos highlighting our local Minnesota State Veterans Cemetery which honors those who we will never forget.

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8. [Other](#)

8.1 - CNN: [Amid seizures, man sketched his 'beautiful' hallucinations](#) (6 August, Maddie Bender, 29.8M uvm; Atlanta, GA)

At first, he would see a colorful circle. It would grow a shimmering, flashing tail "dripping" down, which he compared to fireworks. "It's beautiful!" he said of one of these episodes -- but they gave him headaches, blinded him when they occurred and left a visual deficit in the right field of his vision for minutes after they subsided.

Five days went by, and the 71-year-old experienced episodes more and more frequently until they were occurring several times an hour. That's when he decided to drive himself from western Washington to the Seattle division of the VA Puget Sound Health Care System, according to Dr. Christopher Ransom, a staff neurologist at the hospital and first author of a report that accompanied an image the man drew of his hallucinations. The image was published Monday in the journal JAMA Neurology.

Initially, the man was treated in the hospital's emergency department for a migraine, but his symptoms did not subside.

At that point, "he kind of refused to leave the hospital until he was seen by neurology," Ransom said.

A neurology consultation resulted in a recommendation for the main diagnostic test available for epilepsy: an electroencephalogram, or EEG, in which electrodes attached to the scalp record brain waves.

The results made a diagnosis abundantly clear to Ransom and his colleagues: occipital lobe epilepsy.

Over the course of the 52-minute EEG, the man experienced three seizures, which Ransom said was uncommon. He added that neurologists will often have to monitor suspected epilepsy patients for days in order to get an EEG of even one seizure.

The test, in combination with the symptoms, also revealed that the seizures originated in the left occipital lobe, a region in the brain that controls vision, color and motion.

Ransom said he and co-authors submitted the man's drawing with the hope that other physicians may better recognize this type of epilepsy, which is often misdiagnosed as migraine with aura.

Dr. Kathryn Davis, medical director of the Epilepsy Monitoring Unit at the Hospital of the University of Pennsylvania and a member of the American Neurological Association, said this misdiagnosis is often made because migraines are much more common than occipital lobe epilepsy. Davis, who was not involved in the man's treatment, said the case highlights how important it is to not always assume that the more common diagnosis is the correct one.

The authors wrote that the man's case was uncommon, since occipital lobe epilepsies typically present early in life and are associated with a presence of abnormal brain structures, but an MRI scan revealed that the man did not have them.

Once they made the diagnosis of occipital lobe epilepsy, doctors immediately started the man on antiseizure medications, and he has been seizure-free for nearly two years, Ransom said.

The pièce de résistance of the submission is the drawing the man created while at the hospital, depicting the colorful blob and shimmering tail he saw during his episodes.

"We happened to have a big box of colored pencils, and he was having his seizures so frequently that we decided to ask him if he could illustrate what exactly he was seeing, and this was really intriguing to us, the drawing he produced," Ransom said. The drawing, he added, is unique because it was sketched contemporaneously with the man's seizures, as opposed to an after-the-fact recreation.

These kinds of visual hallucinations can give us a window into the functions of each of the brain's regions, Davis said.

"The fact that just a small area of abnormal electrical activity can recapitulate such a fascinating and beautiful picture shows the brain working," she said.

Davis added that she once had a patient with similar symptoms who reported optical hallucinations that looked like colorful pinwheels during his seizures.

The hallucinations might also hint at the origins and progression of each seizure, Ransom said. The primary visual cortex controls perception of static images, so the fact the man first saw a nonmoving circle may indicate that the seizure began there. As he saw a moving tail after, this could mean the seizure then traveled to parts of the occipital lobe that control perception of motion.

Approximately 5% to 10% of epilepsies are occipital lobe epilepsies, according to the Epilepsy Foundation.

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8.2 - U.S. News & World Report (AP): [Woman Pleads Guilty to Stealing Federal Benefits](#) (6 August, 23.9M uvm; Washington, DC)

WORCESTER, Mass. (AP) — A Massachusetts woman has pleaded guilty to stealing more than \$300,000 in federal Social Security and veterans' benefits to which she was not entitled.

Federal prosecutors say 71-year-old Joyce Progin, of Leominster, pleaded guilty last week to two counts of theft of public funds.

Authorities say Progin was the caregiver for her father-in-law, who died in November 2009. At the time of his death, he was receiving monthly benefit payments from both Social Security and the Department of Veterans Affairs.

Prosecutors say Progin did not advise either agency of his death and both continued to deposit benefits into a bank account he held jointly with Progin until March 2017.

Progin faces up to 10 years in prison at sentencing scheduled for Nov. 2.

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Veterans Affairs Media Summary and News Clips

18 August 2018

1. [Top Stories](#)

1.1 - The Wall Street Journal: [VA Initiative to Support Private Caregivers Falls Short, Report Finds. The critical review comes amid increased funding—and plans for expansion](#) (17 August, Ben Kesling and Heidi Vogt, 43.5M uvm; New York, NY)

A multimillion-dollar Department of Veterans Affairs initiative to help people who care for disabled veterans suffers from poor support for the ailing, delays in funding for caregivers, and other problems, according to the department's internal watchdog.

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1.2 - NBC News (Video): [New Colorado VA hospital is state of the art, and more than \\$1 billion over budget](#) (17 August, Gabe Gutierrez, Rich Gardella and Bitá Ryan, 9.6M uvm; New York, NY)

It's gleaming, state-of-the-art and highly anticipated. But the Department of Veterans Affairs' newest medical center is also more than \$1 billion over budget. After more than a decade of delays and cost overruns, the VA officially opened its most expensive medical center ever earlier this month, hoping to turn the page on its troubled history.

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1.3 - Stars and Stripes: [IG report: Veteran caregivers face long waits for VA assistance](#) (17 August, Nikki Wentling, 1.5M uvm; Washington, DC)

A lack of accountability resulted in caregivers for injured veterans being blocked for months – and sometimes years – from a Department of Veterans Affairs program created to assist them, a VA watchdog reported.

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1.4 - Government Executive: [Group Sues Trump Administration Over Secret Influence of Outsiders](#) (17 August, Eric Katz, 870k uvm; Washington, DC)

A veterans group has filed a lawsuit against the Trump administration accusing it of secretly enabling a group of private individuals to have undue influence on decision-making at the Veterans Affairs Department, violating a decades-old federal sunshine law.

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1.5 - WFED (AM-1500): [Wilkie resumes direct ownership over some VA personnel moves, at least for now](#) (17 August, Nicole Ogrysko, 854k uvm; Washington, DC)

Amid reports of outside influence on the department's policy decisions, Veterans Affairs Secretary Robert Wilkie is taking back a small bit of ownership over some personnel moves within the agency.

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1.6 - U.S. News & World Report (AP, HealthDay News): [A Little 'Horseplay' Eases Veterans' Mind, Body & Soul](#) (17 August, Serena Gordon, 23.9M uvm; Washington, DC)

U.S. Navy veteran Lisa Conway was having trouble coping with mobility issues related to two newly diagnosed autoimmune diseases when her therapist suggested equine-assisted therapy.

"I rode horses mainly as a youngster and a couple of times as an adult. When my therapist suggested equine therapy, I thought, 'Are you kidding me? How am I going to get on a horse?' " she said.

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2. Greater Choice for Veterans

2.1 - FOX Business (Video): ReWalk robotic exoskeleton allows veterans to walk again

(17 August, Julia Limitone, 10.8M uvm; New York, NY)

More veterans will have the opportunity to walk again thanks to expanded access to a life changing device made by ReWalk exoskeleton. The Department of Veterans Affairs (VA) revised its policy to offer national access to medical devices for paralyzed veterans.

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3. Modernize Our System

3.1 - Washington Examiner: Denver VA hospital finished but \$1.3 billion over budget: Report

(17 August, Anna Giaritelli, 4.8M uvm; Washington, DC)

The newly opened state-of-the-art Veterans Affairs hospital in Denver is finally up and running after 14 years of planning and construction, but the project's final costs put it more than \$1 billion over budget, according to a report published Friday. The Rocky Mountain Regional VA Medical Center includes 12 buildings spread out over 31 acres.

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4. Focus Resources More Efficiently

4.1 - The Huffington Post: Veterans Sue Over Reported Troika Of VA 'Shadow Rulers' From Mar-a-Lago

(17 August, Mary Papenfuss, 22.9M uvm; New York, NY)

A veterans group has sued to stop a triumvirate of billionaires hand-picked by President Donald Trump among his wealthy Mar-a-Lago members who are reportedly serving as "shadow rulers" secretly calling the shots at the U.S. Department of Veterans Affairs.

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4.2 - The Hill: Veterans group sues to block advisers known as 'Mar-a-Lago Crowd' from influencing VA

(17 August, Morgan Gstalter, 11.8M uvm; Washington, DC)

A liberal veterans group filed a lawsuit to block a trio of high profile men called as the "Mar-a-Lago Crowd" from shaping policy at the Department of Veterans' Affairs (VA). VoteVets filed a lawsuit on Thursday in a federal court in Washington, D.C., alleging that three men — Marvel Entertainment chairman Ike Perlmutter, West Palm Beach doctor Bruce Moskowitz and Washington lawyer Marc Sherman — are influencing VA policy without any official role or expertise.

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4.3 - The Post and Courier: [Inspectors general a good investment](#) (17 August, 318k uvm; Charleston, SC)

Today, 40 years after their offices were first created by Congress, the 61 federal inspectors general continue to show they are the taxpayers' best friends in Washington. They deserve the funding they need to do their jobs.

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4.4 - The Daily Advertiser: [Vietnam veteran files federal lawsuit against Louisiana VA office director](#) (17 August, Leigh Guidry, 194k uvm; Lafayette, LA)

A veteran in Lake Charles filed a federal lawsuit against the Louisiana Veterans Affairs regional office director. George Jackson, 76, lives in Lake Charles with his wife, Helene. On Thursday, she and a veterans advocate went to the U.S. District Court Western District of Louisiana to file the lawsuit against Mark Bologna.

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4.5 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center hosts town hall meetings across the state](#) (17 August, 21k uvm; Clarksburg, WV)

On Friday, a public town hall forum was held by representatives of the Louis A. Johnson VA Medical Center at the Morgantown Elks Lodge. The VA Medical Center director has a goal this month to visit each community that has a community based outpatient clinic. Citizens gathered to talk about issues that impact veterans.

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5. [Improve Timeliness of Service](#)

5.1 - WGRZ (NBC-2, Video): [An answer \(finally\) why an Amherst V.A. center is closing](#) (17 August, Steve Brown, 443k uvm; Buffalo, NY)

It was not exactly a surprising answer. It was money. The reason the Buffalo V.A. Medical Center is shutting down a satellite veterans daycare center in Amherst is that it believes it can provide the same care at less expense by referring vets to existing healthcare providers.

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5.2 - Maine Public (Audio): [Poliquin Says VA Needs To Make More Progress In Paying Outstanding Amounts To Maine Hospitals](#) (17 August, A.J. Higgins, 18k uvm; Lewiston, ME)

Maine's hospitals are making progress in collecting more than \$42 million in outstanding payments from the U.S. Department of Veterans Affairs, but 2nd District Congressperson Bruce Poliquin said the government can do better.

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6. [Suicide Prevention](#)

7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - WCMH (NBC-4, Video): ['Blue Water' Vietnam veterans still seeking Agent Orange benefits](#) (17 August, Ted Hart, 1.1M uvm; Columbus, OH)

Dave Nichol believes exposure to Agent Orange during the Vietnam War is the cause of his suffering now with Parkinson's disease. "You can never be really sure," Nichol said. "It's just a disease but statistically speaking how many people have to die with their specific disease before they do something."

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7.2 - Daily News-Miner: [Stand Down will feature expanded Veterans Affairs presence](#) (17 August, Sam Friedman, 440k uvm; Fairbanks, AK)

The Fairbanks Stand Down seeks to help a wider group of veterans with a new services clinic this year. The Fairbanks Stand Down started 20 years ago as part of a national movement to help homeless veterans. Distributing cold weather clothing to those vets remains an important part of the event, but there will also be new services this year. The new services include technical help with the My HealtheVet medical records website for veterans and a Veterans Affairs claims clinic.

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7.3 - The Post and Courier: [Rusty water stains headstones at South Carolina's Beaufort National Cemetery](#) (17 August, Gregory Yee, 318k uvm; Charleston, SC)

Restoration and repair efforts are underway at Beaufort National Cemetery after rusty water stained numerous headstones. Christopher Hickey, assistant director at the cemetery, confirmed the situation and said efforts to correct the damage are ongoing.

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7.4 - KWTX (CBS-10): [Killeen: \\$2.7M grant awarded for veterans cemetery improvements](#) (17 August, Brandon Hamilton, 315k uvm; Waco, TX)

A \$2.7 million grant from the Department of Veterans Affairs National Cemetery Administration will fund an expansion and improvements at the Center Texas State Veterans Cemetery in Killeen. The grant announced Thursday will fund construction of 3,000 columbarium niches for urns containing the cremated remains of veterans and an improved lane for funeral corteges.

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7.5 - WDTN (ABC-2, Video): [Dayton VA Medical Center hosts Stand Down for Women event](#) (17 August, Kelly Stobie, 194k uvm; Moraine, OH)

The Dayton Veteran Affairs Medical Center hosted its annual Stand Down for Women Veterans event on Friday. The event featured multiple organizations coming together to provide health options for female veterans. Officials say it is a one-stop shop for everything female veterans need to know.

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7.6 - KSLA (CBS-12, Video): [More homeless veterans graduate to independent living](#) (17 August, Jeff Ferrell, 192k uvm; Shreveport, LA)

More than 1 in every 10 homeless people in the United States is a military veteran. While that figure sounds high, it actually is far lower than it was a decade ago. Homeless programs

provided by the Department of Veterans Affairs are getting much of the credit for the decline in those numbers.

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7.7 - Killeen Daily Herald: [VA: Central Texas Veterans Cemetery to be expanded and improved](#) (17 August, Emily Hilley-Sierzchula, 156k uvm; Killeen, TX)

The Central Texas State Veterans Cemetery in Killeen will be expanded and improved thanks to a grant of more than \$2.6 million from the National Cemetery Administration, which is part of the Department of Veterans Affairs, according to a news release on Thursday.

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7.8 - Times-Herald: [Vallejo wins Defense Department contract to make Mare Island Naval Cemetery repairs](#) (17 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

The Department of Defense has approved an application by the City of Vallejo to begin planning initial repairs to the Mare Island Naval Cemetery, U.S. Rep. Mike Thompson announced Thursday. Work will include repairing or replacing fencing, installing a flagpole, and repairing the damaged drainage system, according to the announcement.

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7.9 - KTAL (NBC-6, Video): [Former homeless veterans celebrate the transition into independence](#) (16 August, Lynn Vance, 61k uvm; Shreveport, LA)

A group of local veterans, who were once homeless, are celebrating a transition into independence. The Overton Brook VA Medical Center held a special graduation for those who have completed the Homeless Veterans program.

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7.10 - KREX (CBS-5, Video): [Veterans, The VA is Bringing its Resources to You](#) (17 August, 34k uvm; Grand Junction, CO)

The VA Medical Center hosted its first ever Veterans Resource Fair today in Montrose. Veterans gathered at Friendship Hall where vendors had booths set up with brochures and other items. The vendors were there to share the discounts and benefits they offer exclusively to veterans. The VA is hoping to get more Desert Storm and post 9/11 veterans to come and take advantage of events like this so that they can understand the services and benefits that they have at their fingertips.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Next Mission for Women With Military Service: Run for Office](#) (17 August, Laurie Kellman and Bill Barrow, 23.9M uvm; Washington, DC)

A dragon winds around a cherry tree in the tattoo across MJ Hegar's arm and back, over the shrapnel wounds she had, at one point, not wanted to see with her young children around. But nine years after being shot down in Afghanistan, then winning a lawsuit against the federal government, writing a book and now running for a Texas congressional seat, Hegar isn't hiding much anymore.

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8.2 - U.S. News & World Report (AP): [Veterans Answer the Call to Serve, Again](#) (17

August, Susan Milligan, 23.9M uvm; Washington, DC)

IF MAURA SULLIVAN AND Eddie Edwards are successful in winning their respective primaries next month, they'll be facing off in one of the most hotly-contested races for Congress in November, the eastern New Hampshire district being vacated by the retiring Democratic Rep. Carol Shea-Porter. Edwards, a Republican, and Sullivan, a Democrat, are polar opposites on lots of things: he's a supporter of President Donald Trump, and would love his endorsement.

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8.3 - MSNBC (Video): [Trump isn't getting the military parade he wanted](#) (18 August, 11.8M uvm; New York, NY)

Six-minute video: Donald Trump canceled the military parade he wanted so badly after reports that it could cost more than 90 million dollars. Meanwhile, VoteVets is suing the VA in the wake of a report that Trump's Mar-a-Lago cronies are running the agency behind the scenes.

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8.4 - St. Cloud Times (Video): [St. Cloud VA to take down ill-fated, dysfunctional wind turbine in 2019](#) (17 August, Stephanie Dickrell, 192k uvm; Saint Cloud, MN)

The ill-fated, much maligned and profoundly dysfunctional wind turbine at St. Cloud VA Health Care System will finally have its last chapter. "We're going to take the thing down," Barry Venable, public affairs officer, said Friday. "After seven and a half years, it's an item of curiosity." The VA has "fully explored" its option to repair the turbine and has decided to take it down in 2019, Venable said.

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1. [Top Stories](#)

1.1 - The Wall Street Journal: [VA Initiative to Support Private Caregivers Falls Short, Report Finds. The critical review comes amid increased funding—and plans for expansion](#) (17 August, Ben Kesling and Heidi Vogt, 43.5M uvm; New York, NY)

WASHINGTON — A multimillion-dollar Department of Veterans Affairs initiative to help people who care for disabled veterans suffers from poor support for the ailing, delays in funding for caregivers, and other problems, according to the department's internal watchdog.

The VA's family caregiver program was established in 2012 to provide financial assistance and emotional support to family members and others who care for severely disabled veterans. These caregivers, veterans groups say, have long gone largely unrecognized and uncompensated.

A report by the VA Inspector General's office said that, even as the budget has increased, the program has been unable to handle the crush of requests to join it, according to investigators who looked at statistics spanning January to September of last year.

For "the caregivers—and the veterans themselves—it's not clear to them why they are qualified or not qualified (for benefits)," said Darin Selnick, a senior adviser with Concerned Veterans for America. He previously was a veterans affairs adviser to the Trump administration.

"There's no standard consistency in the way it's done and implemented," he added.

Under department rules, applications to the program were supposed to be processed in 45 days, but most vets waited at least 3 months, according to the report. Some 14% waited a half year or more.

Veterans can be discharged from the program as their health improves, but the VA is supposed to closely follow up with those vets and their caregivers. Inspectors say the VA didn't consistently monitor or document 50% of veterans discharged from the program.

Many of these issues stemmed from an extensive workload and inadequate staffing, inspectors said.

"The VA must immediately take steps to adequately staff and overhaul the way it manages the Caregiver Support Program," said Sen. Jon Tester of Montana, the top-ranking Democrat on the Senate Committee on Veterans Affairs.

Veterans and families who depend on the program have long complained of unpredictable management.

Holly Ferrell, of Franklin, Va., takes care of her husband, a veteran who suffers from severe anxiety and a shoulder injury. She said her husband's case was alternately approved and rejected for the program by multiple caseworkers between 2013 and 2018. The letter dropping him from the program came with no explanation.

“Our letter, it simply says: ‘Veteran does not qualify for the caregiver program.’ One line, that’s all it is,” Ms. Ferrell said. After many appeals, she was able to get him reinstated.

Advocacy groups say they have scores of similar reports of veterans being cut from the program without explanation, or with conflicting reasons.

The VA didn’t respond to a request for comment.

In a written response included in the Inspector General’s report, Carolyn Clancy, the top VA medical official at the time, wrote that she agreed with the findings and that “activities are underway to develop improved efficiencies and standardization in the areas of monitoring and oversight.”

The caregiver program was first established under the Obama administration to help veterans injured in the wars following the Sept. 11, 2001 attacks. In 2012, the program’s first fully-established year, it had a budget of approximately \$110 million. This year, it’s slated to spend more than seven times that much: \$840 million.

As the popularity of the program grew, administrative functions didn’t keep up. Investigators found that the VA ran the program with interim rules for five years before issuing definitive regulations in 2017.

The department “failed to effectively run the family caregiver program because it didn’t establish governance that promoted accountability,” the inspectors said in the report.

The report comes as the VA prepares to open up the caregiver program to older veterans, a provision approved when President Trump signed new legislation, called the Mission Act, a major congressional initiative on veterans’ care.

At the June signing ceremony for the new legislation, Mr. Trump praised the caregiver provisions in the law. “If you wore that uniform, then you deserve our absolute best, and that’s what we’re doing, right?” he asked.

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1.2 - NBC News (Video): [New Colorado VA hospital is state of the art, and more than \\$1 billion over budget](#) (17 August, Gabe Gutierrez, Rich Gardella and Bitia Ryan, 9.6M uvm; New York, NY)

AURORA, Colorado — It’s gleaming, state-of-the-art and highly anticipated. But the Department of Veterans Affairs’ newest medical center is also more than \$1 billion over budget.

After more than a decade of delays and cost overruns, the VA officially opened its most expensive medical center ever earlier this month, hoping to turn the page on its troubled history.

The Rocky Mountain Regional VA Medical Center in this suburb east of Denver is a sprawling complex of 12 buildings across 31 acres, on the site of the former Fitzsimons Army Base and Medical Center.

A replacement for the VA's existing Denver medical center, the project took at least 14 years. Under several presidential administrations and VA secretaries, costs ballooned from an initially estimated \$328 million to a contractually obligated \$1.73 billion as of its opening. Planned opening dates slid repeatedly, from 2013 to this month.

As of 2015, with the new center only half-built, Congress transferred management of the project from the VA to the U.S. Army Corps of Engineers to speed up its completion.

Government reviews, congressional oversight and media reports have found VA mismanagement to be a root cause of the project's problems.

VA senior officials testifying before Congress acknowledged the problems, but neither the VA nor the rest of the federal government has held any individuals accountable, even as some left the VA after receiving bonuses.

At the official ribbon-cutting in July, speakers celebrated.

"This is a great day," the VA's then-Acting Secretary Peter O'Rourke told the assembled crowd of public officials, veterans, their families and members of Congress, "for the VA, for Denver and for Colorado."

"After years of unfulfilled promises, plans, false starts, well-documented problems and issues, changes in VA leadership, changes in Congressional delegation, yes, we have survived it," said Ralph Bozella, president of the United Veterans Committee of Colorado. "This wonderful thing is built."

Before it opened, Sallie Houser-Hanfelder, director of the VA Eastern Colorado Health Care System, gave NBC News a tour.

She showed off the long enclosed central concourse with soaring ceilings that connects all the buildings, the center's gleaming operating rooms, and its patient rooms, all single and private, with windows and pull-out beds that allow family members to sleep over.

And a significant new addition: a spinal cord injury center, which will open in about six months.

That impressed local veteran David Ortiz, who joined the tour at NBC News' request. A former Army helicopter pilot, Ortiz was paralyzed from the waist down after his helicopter crashed in Afghanistan in 2012.

He marveled at its sliding doors and bathrooms, specially configured to the needs of paralyzed veterans.

"To be honest, I was pretty blown away," he said.

The medical center also has a wheelchair-accessible outdoor courtyard and a therapeutic pool.

Ortiz recalled his impressions of a VA spinal cord unit in another city where he received treatment.

"I remember thinking, we deserve better than this as veterans," he said. "And my impression today is, this is the facility we deserve."

Allan Stone, a former commander with the Veterans of Foreign Wars (VFW) in Colorado, said local veterans have been waiting for years for the much-needed replacement of the old, now-inadequate medical center.

"Veterans in this area have gotten very frustrated with it," he said, "because it could've been done many, many years ago."

Though it's double the size of its predecessor, the new medical center has less of some resources. For example, fewer primary care teams, 12 versus 19.

It was also supposed to have a facility treating combat veterans with post-traumatic stress disorder, or PTSD, but that remains unbuilt.

So the VA is keeping parts of the old medical center, which has a PTSD center, open too — until it can build one at the new medical center, with more funding as a separate construction project.

According to an estimate prepared for Congress, keeping the old medical center open could require another \$350 million in maintenance and upkeep costs, if it stays open through 2023.

"We estimate we'll have that unit over here way before then," Houser-Hanfelter said.

The VA later told NBC News in an email that the VA "anticipates" the new PTSD facility to be completed approximately a year-and-a-half after that contract is awarded, and that it will cost less than \$1.8 million annually to operate the Denver VA Medical Center in the meantime.

A report by the Government Accountability Office in 2013 concluded "weaknesses in VA's construction management processes...contributed to cost increases and schedule delays."

A report by the VA's inspector general in September 2016 found "escalating costs and schedule slippages are primarily the result of poor business decisions, inexperience with the type of contract used, and mismanagement by VA senior leaders."

VA officials, it said, "did not properly oversee" the team of architectural and design firms. A decision by judges for the U.S. Civilian Board of Contract Appeals in 2014 found that the VA "materially breached" its contract with its primary construction company, Kiewit-Turner, "by failing to provide a design that could be built" for the estimated construction cost.

It said the VA "drove up the costs of construction...by failing to control the [outside architectural and design firms]...[and] presenting [the construction contractor, KT] with a design which was allegedly complete but required an enormous number of modifications."

The CBCA judges' decision said that the VA "never came close to providing a design that could be constructed" for the estimated and budgeted amounts.

The judges' decision noted that an outside architect acting as mediator observed that the VA's construction management team was "the least effective and most dysfunctional staff on any project he had ever seen."

Judi Guy was the coordinator of the project in Denver for 12 years, in charge of a team she says was responsible for helping the architects design and equip the medical parts of the hospital.

Now retired, she spoke publicly for the first time, to NBC News.

"It broke my heart. I feel so bad for the veterans," she said, tearing up, her voice catching.

"I used to tell leadership, 'My dog is treated in a better environment than this [the previous VA medical center in Denver].' And all I wanted was for them to get a good hospital."

"You know, it's like, follow the money," she said. "The money broke this project. And people who were trying to avoid blame broke this project. Everybody wanted to say, 'It's the architect. It's this firm. It's that firm. It's the VA hospital.' [But] it was the VA."

Guy specifically blames VA construction officials in Washington.

"The crew in Washington that was responsible for this project is responsible for the major mistakes that were made," she said.

She said cost information was kept from her and her team.

"When they did cost estimates, we had no idea. We were kept out of all that," she said.

Stone, the former VFW commander, who said he had owned his own construction company for 35 years, said it was obvious that the many changes to the construction plans drove up the costs.

"I don't think there was [any accountability]," he said. "Who'd they answer to?"

Asked about the history of problems, director Sallie Houser-Hanfelder directed questions to VA officials in Washington.

But the VA in Washington declined to make any officials there available for interviews, including the one currently in charge of construction, Stella Fiotes, executive director for the VA's Office of Construction and Facilities Management, or CFM.

Instead, the VA provided a statement: "No one is defending the problems with this project that occurred over many years under multiple administrations. VA has taken responsibility for those, learned from them and retooled its construction operations in response."

At the ribbon cutting, before himself wielding the scissors, Rep. Mike Coffman, a Republican from Colorado, had harsh words for the VA.

"While this hospital is a testament to this nation's obligations to our veterans, it also represents the largest construction failure in the history of [VA], with endless delays and cost overruns," Coffman said.

A Marine combat veteran whose father served in the old Army medical center on the same site, Coffman represents Colorado's 6th District, which includes the new medical center. After redistricting placed the new medical center in his district in 2013, he sought and assumed

chairmanship of the House Veterans Affairs Committee's Subcommittee on Oversight and Investigations to help oversee its construction.

A progressive group has found fault with Coffman's leadership on oversight, saying he did not act quickly enough. But Coffman places the blame squarely on the VA.

"They lied about the cost," he said. "They lied [about] the statements that it could be built for around \$600 million when they clearly knew that was not the case."

He asserts he pushed for the U.S. Army Corps of Engineers' eventual takeover of the project.

"The VA has no business doing this," Coffman said in an interview. "They clearly are not a construction management entity. That's not their core competency. They demonstrated that here."

In 2015, Congress passed legislation championed by Coffman, now law, to prevent the VA from managing another construction project of that size and cost.

The VA must now transfer authority over the construction of projects costing more than \$100 million to an "appropriate non-Department federal entity" such as the Army Corps of Engineers.

Veteran David Ortiz thinks it's time to turn the page.

"Was there some mismanagement? Yes," he said. "But we're here now, and this is the facility that we need and that we deserve, so we're going to make the most of it and we'll see where we go from here."

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1.3 - Stars and Stripes: [IG report: Veteran caregivers face long waits for VA assistance](#) (17 August, Nikki Wentling, 1.5M uvm; Washington, DC)

A lack of accountability resulted in caregivers for injured veterans being blocked for months – and sometimes years – from a Department of Veterans Affairs program created to assist them, a VA watchdog reported.

Last year, lawmakers demanded the VA inspector general investigate the Comprehensive Assistance for Family Caregivers program following news reports of the VA dropping veterans from the program with little notice. The program pays a stipend to family members or friends of injured post-9/11 veterans who provide personal care.

The inspector general released findings Thursday that caregivers wait too long to be approved for the program. Once they're in, the VA doesn't consistently monitor veterans' conditions and whether they still need assistance.

"As a nation we make a promise to have our veterans' backs when they return home from war, and this report confirms that VA has not been holding up their end of the deal," Sen. Patty Murray, D-Wash., said in a statement.

The findings come as the VA is planning a major expansion of its caregiver program. Congress passed legislation earlier this year to open eligibility to all eras of veterans. The measure was part of a major VA reform package titled the VA Mission Act. In 2019, caregivers to veterans injured before May 7, 1975 will become eligible for benefits. Once that happens, it's estimated 16,900 additional caregivers will enroll.

Two years later, people who care for veterans injured between 1975 and 2001 can participate. At that time, the Congressional Budget Office estimates the program will grow by another 24,700 caregivers.

"Considering the anticipated growth of the program, it is more important than ever that VA ensure the family caregiver program is operated effectively," the inspector general report states.

Sen. Jon Tester, D-Mont., urged the VA on Thursday to overhaul the way it manages the program.

"The VA has one year before our bipartisan VA Mission Act expands the Caregiver Support Program to veterans of all eras," Tester said in a statement. "The VA knows what it must do before then: fix it."

To investigate the program, the inspector general's office reviewed 500 cases – 250 caregivers who were enrolled into the program from January to September 2017, and 250 who were dropped from it.

The VA is supposed to approve or deny an application within 45 days. Of the 1,822 applications approved during that time, 1,189, or 65 percent, were delayed, the inspector general found. Of the delayed cases, 654, or 55 percent, weren't finished until three to six months after a caregiver applied.

In one instance, a veteran and spouse in North Las Vegas, Nev., waited 238 days for the VA to approve their application for assistance. The spouse had quit their job to care for the veteran, who was diagnosed with post-traumatic stress disorder.

Another couple applied for the program in November 2014 through the Huntington VA Medical Center in West Virginia. The veteran, who struggled with mental health disorders, waited nearly three years to be approved.

Thursday's report exposed another problem with the program. In some cases, caregivers were receiving assistance that they no longer needed. During an eight-month period last year, the VA likely overpaid caregivers approximately \$41.6 million, collectively.

"With the expected expansion of the family caregiver program... this dollar amount will be significantly higher if VA does not take steps to improve its management," the report reads.

Inspectors found one veteran with PTSD and traumatic brain injury had been receiving 25 hours per week in assistance since 2013. In 2014, a nurse noted the veteran was working full time. One year later, a different nurse documented the veteran required less care. No action was taken until 2017, the report states. During that time, the veteran's caregiver was potentially paid \$31,000 for care they didn't need.

The inspector general made six recommendations to VA officials, one of which is to ensure there's enough staff at VA medical centers to run the caregiver program. The VA was also asked to meet the 45-day standard to approve or deny applications and to better monitor veterans who benefit from the program.

Carolyn Clancy, the former executive in charge of the VA health care system, said in response to the inspector general that the agency was already working to improve the program. The VA plans to implement all of the recommendations by June 2019 – the month the program is set to expand to more caregivers.

"It is clear that it is beyond time for VA to begin implementing the report's recommendations and running the caregivers program as Congress intended to help meet the critical needs of our veterans," Murray said. "We will be watching to make sure they do."

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1.4 - Government Executive: [Group Sues Trump Administration Over Secret Influence of Outsiders](#) (17 August, Eric Katz, 870k uvm; Washington, DC)

A veterans group has filed a lawsuit against the Trump administration accusing it of secretly enabling a group of private individuals to have undue influence on decision-making at the Veterans Affairs Department, violating a decades-old federal sunshine law.

VA allowed a "council" of three individuals who belong to the President Trump-owned Florida resort Mar-a-Lago to unlawfully influence policy and personnel decisions at the department without the required vetting or transparency, VoteVets, a left-leaning veterans advocacy group, alleged in its lawsuit. The individuals' involvement and deeply entrenched policy roles came to light in a ProPublica report that examined internal emails and documents, as well as accounts from former officials.

The 1972 Federal Advisory Committee Act was designed to prevent the exact type of behind-the-scenes influence that the Mar-a-Lago group has exhibited, VoteVets wrote in the complaint, which was filed in the U.S. District Court the District of Columbia on Thursday. The law attempts to prevent "special interests" from driving "federal decision-making outside the light of public security, participation and debate," the group argued.

"When the government fails to adhere to the FACA's requirements, public confidence in the government as a whole is diminished," VoteVets wrote. "Where, as here, that failure relates to the provision of critical benefits to America's veterans, the consequences are particularly stark."

Ike Perlmutter, CEO of Marvel Entertainment; Bruce Moskowitz, an internal medicine specialist; and Marc Sherman, an attorney, are the men in question. They were allegedly involved in making personnel decisions, pushing for new programs and potentially personally benefiting from the positions for which they advocated. They had direct lines of communication to the VA secretary and chief of staff, according to internal emails and accounts obtained by ProPublica.

The report prompted swift, bipartisan concern. Rep. Tim Walz, D-Minn., ranking member of the House Veterans' Affairs Committee, launched an investigation into the group's role at VA, requesting an array of documents and records. Sixteen Democratic senators wrote a letter to

VA Secretary Robert Wilkie demanding he “right the ship” at the department and free it from “anyone’s political influence.”

A spokeswoman for Rep. Phil Roe, R-Tenn., who chairs the House Veterans' Affairs Committee, said the report demonstrated “yet another reason why the department needs permanent, strong leadership.” A spokeswoman for Sen. Johnny Isakson, R-Ga., Roe's counterpart in the Senate, said Isakson “is aware of the individuals mentioned in the story and has concerns about the effect that outside individuals may have had on the VA.”

VA’s inspector general also said it was aware of the report and it was “monitoring the situation.”

The advisory committee law covers “any committee, board, commission, council, conference, panel, task force, or other similar group” established by statute, the president or utilized by one or more agencies. The law requires such groups to file a charter with the General Services Administration and to follow an array of rules regarding their makeup; holding open meetings; and preservation and publication of records, studies, transcripts and other documents.

VoteVets argued in its complaint that the Mar-a-Lago members made up such a group and skirted their legal requirements. None of them have relevant experience, VoteVets said, and the full extent of their influence is unknown. The advocacy organization said it was harmed by the Mar-a-Lago council because it has deprived the group of participating in its meetings to represent its views. VoteVets asked the court to demand VA provide all documents, reports and other records relating to the group and that the individuals cease any contact with VA until they comply with FACA.

“It’s not just insulting that veterans were forced to sue the Trump administration to have a voice in its veterans policies,” said Will Fischer, VoteVets’ government relations director, “it’s dangerous, because we don’t know what other private interests may be affecting life and death decisions of veterans, under the shroud of darkness.”

The individuals told ProPublica they have “no direct influence” at the department, a denial echoed by spokespeople at VA and the White House. VoteVets, however, said the Mar-a-Lago members’ influence helped explain the firing of former secretary David Shulkin and the administration’s push to boost the private sector’s role in providing health care to veterans. Earlier this year, Trump signed into law the MISSION Act, which made it easier for more veterans to seek outside care on the government’s dime.

VA Secretary Robert Wilkie said at a Cabinet meeting on Thursday he was meeting with Office of Management and Budget Director Mick Mulvaney on Friday to discuss next steps to expand the Veterans Choice Program.

“We have the opportunity to do what has not been done in many years, and that is widen the aperture when it comes to the health choices available to veterans across the country,” Wilkie said. The secretary announced on Friday VA had partnered with Walgreens to more easily share veterans’ histories of prescriptions and immunizations. Wilkie called the “strong collaboration” the “first of its kind.”

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1.5 - WFED (AM-1500): [Wilkie resumes direct ownership over some VA personnel moves, at least for now](#) (17 August, Nicole Ogrysko, 854k uvm; Washington, DC)

Amid reports of outside influence on the department's policy decisions, Veterans Affairs Secretary Robert Wilkie is taking back a small bit of ownership over some personnel moves within the agency.

The new secretary has decided final approval of the agency's major notices and guidance, as well as all promotions, disciplinary actions and relocations for some members of the Senior Executive Service, will rest with him, not the chief of staff.

Wilkie announced the decision in a memo, dated Aug. 3, which rescinds previously-delegated authorities that had gone to the chief of staff:

- Delegation of authority to review and sign an agency report to the Office of Special Counsel
- Delegation of authority to make determinations on 'no action' recommendations regarding SES and Title 38 SES-equivalent employees
- Delegation of authority for disciplinary actions relating to intentional discrimination and retaliation
- Delegation of authority to sign on behalf of the secretary
- Delegation of authority to approve all permanent change of station/relocation actions
- Delegation of authority for rule making, notices and significant guidance documents.

The VA chief of staff had received this authority to perform these activities on behalf of the secretary starting back in 2009 and as recently as February 2018, according to Wilkie's new memo.

These are relatively common authorities to delegate to someone else, leaving a cabinet secretary more time to focus on high-level, strategic activities.

But the move signals Wilkie is attempting to re-centralize his authority and take back ownership of personnel decisions at the department, some of which have earned criticism and concern from lawmakers in recent months before his arrival.

The decision to take on these responsibilities for himself will likely create significantly more effort and paperwork for Wilkie — at least in the interim.

"Secretary Wilkie has decided to rescind those delegations before determining what decision-making authorities he may choose to delegate," VA spokesman Curt Cashour said in response to questions about the memo. "We expect several authorities will be re-delegated after review."

Wilkie's decision comes as 16 Democrats, including Senate VA Committee Ranking Member Jon Tester of Montana and Virginia Senators Tim Kaine and Mark Warner, urged Wilkie to right the ship and review personnel actions that acting leadership took prior to his arrival as permanent secretary.

Lawmakers said they were concerned about the impact such personnel moves had on long-time career employees and senior leaders.

“You will need to right the ship at VA by reassuring the non-partisan career employees that their institutional knowledge and dedication is valued,” the senators wrote in an Aug. 9 letter to Wilkie.

The department’s implementation of the president’s executive order on official time, for example, warrants Wilkie’s attention, the senators said.

VA on July 17 issued guidance to the agency’s labor relations specialists and union representatives about its plans for implementing the new limits on official time as described in the president’s May 25 executive order. The guidance directed union representatives to begin making plans to limit official time to no more than 25 percent of their work hours.

“Acting leadership of the department did not set you up for success in your relationships with employees by rushing the execution of the recent executive orders,” the senators wrote. “According to briefings from VA staff, many aspects of these orders were carried out based on guidance from the acting secretary and the front office. And putting hundreds of VA employees into questionable status prior to your arrival is not operating in good faith.”

The American Federation of Government Employees, which represents more than 260,000 VA employees, has filed a grievance with the department over what it called a “chaotic” implementation of the EO.

Lawmakers suggested acting VA leadership could have made preliminary preparations to implement the executive orders but should have waited for Wilkie’s approval.

They’re also concerned about the selection of key senior leadership, particularly at the Veterans Health Administration, which still lacks a permanent, commission-appointed leader. Carolyn Clancy, a career executive who had led VHA on an acting basis, was recently reassigned and now serves as VA’s deputy undersecretary for discovery, education and affiliate networks. Acting VA Secretary Peter O’Rourke appointed Richard Stone to lead VHA on interim basis in mid-July.

“We believe this individual, while possibly very qualified, was brought on board without your input,” the senators wrote. “In doing so, VA displaced a long-time career employee who had been serving as executive in charge and who had the faith and confidence of VHA employees.”

Wilkie announced a series of leadership changes earlier this week, the first of his tenure as permanent VA secretary.

He appointed Pamela Powers to be VA’s new chief of staff. Powers served as Wilke’s chief of staff in DoD’s personnel and readiness office and has more than 30 years of experience in the Air Force and Pentagon, according to her VA biography.

Jacquelyn Hayes-Byrd, who previously served as O’Rourke’s acting chief of staff, will temporarily lead VA’s Office of Human Resources and Administration. Hayes-Byrd has public and private sector experience. She’s held positions in state and federal government and rose to the rank of major in the Air Force, where she served as an education and training officer.

Hayes-Byrd fills the assistant secretary for human resources and administration position left open by Peter Shelby, who left VA earlier this summer to pursue opportunities in the private sector, the agency said.

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1.6 - U.S. News & World Report (AP, HealthDay News): [A Little 'Horseplay' Eases Veterans' Mind, Body & Soul](#) (17 August, Serena Gordon, 23.9M uvm; Washington, DC)

U.S. Navy veteran Lisa Conway was having trouble coping with mobility issues related to two newly diagnosed autoimmune diseases when her therapist suggested equine-assisted therapy.

"I rode horses mainly as a youngster and a couple of times as an adult. When my therapist suggested equine therapy, I thought, 'Are you kidding me? How am I going to get on a horse?' " she said.

But the goal of equine-assisted therapy isn't to ride, unless that's what you want to do, Conway explained.

"The idea is just to show up. Horses are so healing that just looking into their eyes can help. At the time, I couldn't even stand for more than a few minutes. But the first time I went, I did ride, and I cried tears of joy when I rode," she said.

Conway said she had been feeling sorry for herself and had a serious "poor me" attitude. Since then, the horses have helped her learn to live with her condition and have a more positive attitude.

"When you're working with the horse, you don't think about anything else. I didn't think about my disease at all. It was the most freeing experience I've had as an adult, and I really feel like it's saved my life. Getting on the horse, I felt like Humpty Dumpty after the fall, and the equine therapy put me all back together again," Conway said.

Debbie Touchette brought the equine-assisted therapy to the Jefferson Barracks at the VA Medical Center in St. Louis, where she is a recreational therapist. She founded a program -- called Medicine Horse LLC -- that would bring horses to the medical center twice a month. The program, in its fourth year, is dubbed "Saddle Up."

Touchette said that "the benefit of the horses is remarkable. We're finding that mood increases, and anxiety and pain decreases after the horses are here." (The veterans complete pre- and post-therapy surveys about their symptoms.)

People throughout the medical center can participate in the horse therapy, including those undergoing physical rehabilitation after strokes, amputations or joint replacements. Working with the horses -- brushing them, for example -- can be part of their rehabilitation.

Some of the veterans are dealing with depression, anxiety or post-traumatic stress disorder (PTSD). Some are homeless. Some have schizophrenia. Some are dealing with substance abuse.

The therapy begins with an introduction to the horses. Patients learn how to approach them and gauge how the horses are feeling. Then the groups might work on communication and trust. Vets pair up, and one, who is blindfolded, leads the horse through an obstacle course as the other gives directions.

This type of therapy isn't yet standardized and may differ from program to program.

Laura Vernon, an associate professor of psychology at Florida Atlantic University in Jupiter, Fla., has studied equine-assisted therapy for PTSD and anxiety.

She said equine-assisted therapy means a range of things, and it can help patients and professionals alike.

"For some people, equine-assisted therapy is about doing activities with a horse and learning to ride. Other programs include trained mental health professionals, and the horse is a tool in the therapy, kind of a co-therapist," Vernon said.

Horses are keenly attuned to human gestures and facial expressions, she noted. "Reactions of the horses can alert a therapist to what aspects of non-verbal behavior to pay attention to," Vernon explained.

People who have participated in this type of therapy talk about being able to let their guard down. They may feel they can be more emotional with the animals. And, Vernon said, the physical contact can be "reassuring and freeing."

In a study of people with PTSD or anxiety who received 12 hours of equine-assisted therapy, Vernon and her colleagues found that it decreased PTSD symptoms and lessened anxiety. It also helped people be less judgmental and more accepting of others.

"The findings were very impressive," Vernon said.

Conway would agree.

"I would say that horses heal. They have a great effect on mind, body and soul. I recommend equine therapy all day, every day. If any other VA medical center is thinking about this and has the opportunity, I would say the healing powers are magnificent," she said.

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2. Greater Choice for Veterans

2.1 - FOX Business (Video): [ReWalk robotic exoskeleton allows veterans to walk again](#)
(17 August, Julia Limitone, 10.8M uvm; New York, NY)

More veterans will have the opportunity to walk again thanks to expanded access to a life changing device made by ReWalk exoskeleton.

The Department of Veterans Affairs (VA) revised its policy to offer national access to medical devices for paralyzed veterans.

"The VA issued a policy several years ago but it only covered people in 23 centers around the states. Most veterans didn't live anywhere near it," ReWalk Robotics CEO Larry Jasinski told FOX Business' Stuart Varney on Friday.

The new policy is called Veterans Choice and it allows veterans to be evaluated at one of the designated spinal cord injury VA centers.

“You either get taken care of at the hospital near you—the large one of the 23,” he said. “But if you don’t live near it then they have [spokespeople] in local hospitals so you can get it paid for where you live.”

As for the cost, “It’s about \$70 thousand for the device,” he added. “And then they put a five-year policy that will take care of it, so they spend a total of about \$100 thousand” he explained.

The apparatus allows people with spinal cord injuries to stand up and move about by mirroring the natural walking pattern with mechanical motion to the hip and knees.

“It’s given me another chance,” said veteran Gene Laureano. “I always say I don’t have to just exist in a chair. I can participate in life.”

ReWalk is the first exoskeleton to receive FDA clearance for personal and rehabilitation use the in United States, the company said.

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3. Modernize Our System

3.1 - Washington Examiner: [Denver VA hospital finished but \\$1.3 billion over budget: Report](#) (17 August, Anna Giaritelli, 4.8M uvm; Washington, DC)

The newly opened state-of-the-art Veterans Affairs hospital in Denver is finally up and running after 14 years of planning and construction, but the project's final costs put it more than \$1 billion over budget, according to a report published Friday.

The Rocky Mountain Regional VA Medical Center includes 12 buildings spread out over 31 acres.

Various presidents and Department of Veterans Affairs secretaries oversaw the long-awaited project, including the ever-increasing cost for the endeavor.

What started as a \$328 million undertaking eventually ballooned to \$1.73 billion as of this month, according to NBC News.

On top of the pricing issues, the opening dates were regularly missed. Parts of the VA facility were supposed to open in 2013. Five years later, the majority of the center is open, but not all offices have debuted.

The spinal cord injury center is expected to open in February.

Government watchdogs and congressional probes revealed the VA department mismanaged the project. Consequently, Congress moved in 2015 to ban the VA from overseeing any future construction projects of that magnitude.

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4. Focus Resources More Efficiently

4.1 - The Huffington Post: [Veterans Sue Over Reported Troika Of VA 'Shadow Rulers' From Mar-a-Lago](#) (17 August, Mary Papenfuss, 22.9M uvm; New York, NY)

A veterans group has sued to stop a triumvirate of billionaires hand-picked by President Donald Trump among his wealthy Mar-a-Lago members who are reportedly serving as “shadow rulers” secretly calling the shots at the U.S. Department of Veterans Affairs.

Democratic leaders demanded an investigation into a report by ProPublica last week that Marvel Entertainment CEO Ike Perlmutter, Palm Beach Dr. Bruce Moskowitz and attorney Marc Sherman are making hiring and policy decisions at the massive federal agency even though they have no experience serving in the military or government, nor have they gone through any vetting or approval process.

ProPublica cited hundreds of pages of documents and interviews revealing several meetings and conference calls by the men with senior VA officials. The men spoke with officials daily, reviewing policy and personnel decisions, and often treated the administration like their own private company, except they didn't understand the work, ProPublica reported. VA officials even traveled to Mar-a-Lago at taxpayer expense to meet with them.

VoteVets, an activist organization that says it represents 500,000 veterans, filed a suit with the aid of the progressive group Democracy Forward to shut down what it called the “Mar-a-Lago Council” and “compel the Trump administration to fully disclose the role members of the president's private golf club are playing in shaping decisions that affect millions of America's veterans,” said a statement.

The suit, filed Thursday in the U.S. District Court for the District of Columbia, argues that the trio is “violating federal laws that regulate the ability of private interests to shape federal policy.”

“The health and safety of America's veterans isn't a game for President Trump's Mar-a-Lago members to play with between rounds of golf,” said Iraq War veteran Will Fischer, VoteVets' director of government relations.

The VoteVets' suit, citing the ProPublica report, seeks to compel the Mar-a-Lago trio to disclose records of its activities and cease influencing the VA until it complies with the law. The suit also asks that any future meetings of the group be opened to public participation and that minutes of its meetings be kept. The Federal Advisory Committee Act sunshine law requires federal agencies to inform the public when they consult outside experts.

Last week, Rep. Tim Walz (D-Minn.), a ranking member of the House Veterans' Affairs Committee, said in a letter demanding an investigation into the trio that the “situation reeks of corruption and cronyism.”

“If these “revelations prove true ... that would amount to an unprecedented, disturbing, and profoundly unacceptable betrayal of our nation's veterans,” Walz added.

Walz's letter to Veteran Affairs Secretary Robert Wilkie called on the department to turn over copies of all communications VA leadership has had with the three Trump associates.

Perlmutter and Moskowitz have attended high-profile events at the White House, including the signing of new VA accountability legislation last year. At the time, Trump called the men "incredibly successful people" who "have an affinity for helping the veterans."

The White House insisted to ProPublica that the men have no direct influence.

A spokeswoman for the three men said the media has "misrepresented" their actions and used "selective emails to paint a distorted picture" of their efforts to "help the VA and America's veterans," ProPublica reported. The trio's work consisted of "volunteer efforts" and simply "recommendations" requested by the VA. The three did not try to influence policy or personnel, the spokeswoman insisted.

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4.2 - The Hill: [Veterans group sues to block advisers known as 'Mar-a-Lago Crowd' from influencing VA](#) (17 August, Morgan Gstalter, 11.8M uvm; Washington, DC)

A liberal veterans group filed a lawsuit to block a trio of high profile men called as the "Mar-a-Lago Crowd" from shaping policy at the Department of Veterans' Affairs (VA).

VoteVets filed a lawsuit on Thursday in a federal court in Washington, D.C., alleging that three men — Marvel Entertainment chairman Ike Perlmutter, West Palm Beach doctor Bruce Moskowitz and Washington lawyer Marc Sherman — are influencing VA policy without any official role or expertise.

The trio reportedly spoke with VA officials daily and even inquired about new potential programs, ProPublica reported last week.

VA officials would then travel to President Trump's Mar-a-Lago resort in Palm Springs, Fla., at the taxpayers' expense to meet with them, the outlet reported after obtaining hundreds of documents through the Freedom of Information Act.

None of the meetings were recorded per the Federal Advisory Committee Act (FACA), according to the lawsuit.

The transparency law from the Watergate-era requires federal agencies to note when it consults with outside experts.

None of the men have ever served in the U.S. military or government, the outlet noted.

VoteVets filed to have the "Mar-a-Lago Crowd" stop influencing the VA, disclose records of its meetings, open up future meetings to the public and keep detailed minutes.

"This group has been operating in the dark, Will Fischer, VoteVets' director of government relations, told the outlet. "Our goal in bringing this lawsuit is to bring these activities to light and

make sure our members, veterans and military families are able to see what's going on with our VA and the people directing the activities of our VA."

The Justice Department did not immediately respond to The Hill's request for comment.

In a statement to The Hill, a spokesman for the VA said the individuals have "no direct influence over VA" because they are not administration officials, directing questions for comment about the lawsuit to the Justice Department.

"That said, we appreciate hearing from anyone who has good ideas about improving care and benefits for Veterans, and talk to a broad range of people, including academics, doctors, Veterans groups and many others," the spokesman continued.

The spokesman also attributed "almost everything in the story" to VA leadership before secretary Robert Wilkie, who was sworn in late last month.

"Secretary Wilkie has been clear how he does business — no one from outside the administration dictates VA policies or decisions — that's up to him and President Trump. Period," the spokesman said.

Wilkie's confirmation marked the VA's first Senate-confirmed secretary since Trump fired David Shulkin in March following months of controversy over allegations of abusing taxpayer funds.

A spokeswoman for Perlmutter, Sherman and Moskowitz described the group to ProPublica as "volunteers" who make "recommendations" in response to VA requests.

None of the recommendations were made in secret and the "Mar-a-Lago Crowd" did not develop policy or influence personnel decisions, the statement read.

"We have watched with concern as media outlets — including ProPublica — have misrepresented our actions and used selective emails to paint a distorted picture of our efforts to help the VA and America's veterans," the men said in the statement.

ProPublica reported that the men weighed in on topics ranging from electric health records to medical services and private providers.

The news organization cited an instance where former VA Secretary David Shulkin clashed with Moskowitz over an overhaul of the agency's records system.

Politico previously reported that Moskowitz later joined conference calls on the subject with White House approval.

"Their statement to ProPublica confirms they saw themselves as operating as a group to provide advice and recommendations to the VA," said Adam Grogg, the lead lawyer on the case. "The publicly available material puts this squarely within the kinds of cases where courts have acknowledged this is a de facto federal advisory committee."

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4.3 - The Post and Courier: [Inspectors general a good investment](#) (17 August, 318k uvm; Charleston, SC)

Today, 40 years after their offices were first created by Congress, the 61 federal inspectors general continue to show they are the taxpayers' best friends in Washington. They deserve the funding they need to do their jobs.

The Trump administration, which generally has had a better relationship with the IGs than the previous administration, has proposed budget cuts for several IG offices and denied requested increases for others. Congress appears ready to deny these economies, as it should.

The cuts are modest, in the range of 5 percent for some offices, and will not gut the IG watchdogs. But they are unwise. A 2012 study by the Government Accountability Office concluded that the government saved \$18 for every dollar it spent on IG services. That's a good investment.

Just this week the Veterans Affairs inspector general showed how the VA could eliminate \$20 million a year in wasteful spending and improve its services to veterans by ending unnecessary medical exams.

Earlier this year the nation was gripped by the report of the inspector general for the Justice Department detailing how FBI Director James Comey broke department rules in his management of the Hillary Clinton email investigation and by the revelation of partisan bias by top FBI officials.

Last year the VA inspector general found evidence of abuse of office and misuse of funds by VA Secretary David Shulkin, a major reason for his dismissal.

And during the second Obama administration the Treasury Department's inspector general for tax administration (TIGTA) famously frustrated an apparent attempt by Internal Revenue Service leadership to avoid giving Congress subpoenaed documents related to the denial of tax-exempt status to tea party organizations. TIGTA is one of the IG offices wrongly targeted for a 5 percent budget cut in the administration's budget proposal.

The Obama administration appeared to consider IGs a thorn in its side, leading 43 IGs to write a formal letter in 2014 protesting federal agency attempts to prevent them from executing their duties. It took a 2016 act of Congress to outlaw the Obama administration policies in question.

IGs report to Congress, not to the agencies to which they are attached. This year the acting Veterans Affairs secretary tried to make the VA inspector general report to him. He was quickly, and rightly, informed by Congress that he had no authority to do so.

IGs have said they face their busiest workload in years because of congressional requests, many coming from Democrats hoping to expose alleged Trump administration scandals. The IGs are not political agents, however. They have a proven track record of strictly professional findings untainted by partisan bias, and if they find something wrong, they will say so.

Despite high-profile cases like the question of the FBI's handling of the Clinton email investigation, most of the hard work of IG offices focuses on the details of how government bureaucracies perform their duties, with a mandate to ferret out fraud, waste, abuse and bad management.

Last month the Council of the Inspectors General on Integrity and Efficiency, an organization whose members are the federal IGs, issued a report on the seven top management and performance challenges cited by its members. They are information technology security and management, performance management and accountability, human capital management, financial management, procurement management, facilities maintenance and grant management.

Compared to questions about the integrity of the FBI, this is mundane, eye-glazing stuff. But that's where the money is, and the IGs must have the resources they need to go after it.

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4.4 - The Daily Advertiser: [Vietnam veteran files federal lawsuit against Louisiana VA office director](#) (17 August, Leigh Guidry, 194k uvm; Lafayette, LA)

A veteran in Lake Charles filed a federal lawsuit against the Louisiana Veterans Affairs regional office director.

George Jackson, 76, lives in Lake Charles with his wife, Helene. On Thursday, she and a veterans advocate went to the U.S. District Court Western District of Louisiana to file the lawsuit against Mark Bologna.

Jackson, the plaintiff, stayed at their home.

"I'm here because my husband, George Jackson, can't be here," she told media Friday.

Jackson is considered tetraplegic, having lost the use of his limbs. He can still move them slightly but he has no strength. He splits his time between a hospital bed in his home and his electric wheelchair.

The Lake Charles native served 30 years in the U.S. Navy, climbing ladders, crouching, lifting heavy things and performing other jobs on ships. He was aboard wooden ships used to sweep rivers for mines during two tours in Vietnam.

"Most of my job was on ships ... 30 years of going up and down ladders," he said.

But he doesn't regret joining the Navy, he said. It was always his dream.

"That's the only thing I really wanted to do," Jackson said. "I watched Navy movies on TV. In first grade, I looked out the window, and I always wanted to be a sailor."

So he joined once he was old enough "and I put 31 years in the military."

When he was 49, he went before a Navy medical board because his back and leg pain was getting so bad. An exam and X-rays found degenerative disc disease changes at multiple vertebrae.

They ordered he be placed on "light duty" and go to physical therapy. A year later, he was back before a medical board again, and they found the same thing — severe degenerative disc disease and abnormal narrowing of the spine.

Both boards declared Jackson was handicapped and unable to perform the duties of his rate, or job in the military. They recommended he go before a physical evaluation board for final judgment.

But rather than a medical or disability discharge, Jackson was given an honorable discharge and started retirement in 1993.

He still gets nearly \$3,000 a month for his military retirement, but he has gotten no disability payments to help with the costs of his care until this month. It was a check for an additional \$130 a month.

Jackson left the Navy and its ships still able to walk. The board had recommended a surgery — an anterior cervical discectomy and fusion — but he decided against it when the doctor couldn't guarantee he would be able to walk afterward.

After retiring at 50, Jackson worked more than a decade as a Calcasieu Parish sheriff's deputy.

On Veterans Day in 2004, Jackson walked outside to hang his American flag, as he did every year. The 6-foot-3 man needed no ladder or step to reach the post.

As he reached upward, the vertebrae that had been degenerating and narrowing since before he left the Navy broke and damaged his spinal cord. He had surgery in Lafayette the next day.

He did physical therapy for about three years after his surgery but their family couldn't afford to continue it.

They mortgaged the house to get a loan to add on the room Jackson now lives in and purchase a handicap van, Helene said.

Helene, 60, retired three years earlier than she had planned because of the stress of full-time care for her husband and a full-time job as a custodian with the school district. It was too much.

'It was either put him in a home or retire," she said.

Last year, the VA ordered her some help. It pays for home health aids to come to the house 14 hours a week.

But the lawsuit is not a claim for federal benefits, advocate Paul Labbe said. It is a claim stating Bologna violated Jackson's constitutional and statutory rights.

The VA benefits office in New Orleans is closed on Fridays and could not be reached for comment.

The suit demands a jury trial and asks for monetary damages for violation of Jackson's rights under the Federal Freedom of Information Act and another federal code.

But Jackson and his wife say this isn't about money, but about principle and preventing this from happening to more veterans.

"Maybe my suit'll make it better for somebody else," Jackson said. "... If we can stop them from doing it to me, we can stop them from doing it to other folks. ... If they see they can be held accountable maybe they'll stop doing it."

The defendant named in the suit, Bologna, has been director of the Veterans Affairs Regional Office in New Orleans since 2011.

The suit claims he is "the sole person responsible for the violation" of Jackson's rights.

The suit asks the court order Bologna to pay Jackson \$50,000 in monetary damages and \$100,000 in a punitive award.

"The purpose of this suit is to have some accountability for directors (for VA offices) for every state for violating veterans' rights," Labbe said.

The suit alleges that Bologna and the VA violated Jackson's rights by delaying the process and eventually denying the veteran's request for disability pay, despite his service in combat and medical records.

A law states "any veteran who engaged in combat... the Secretary shall accept as sufficient proof of service-connection of any disease or injury alleged to have incurred in or aggravated by such service satisfactory lay or other evidence of ... shall resolve every reasonable doubt in favor of the veteran."

"Director Bologna violated this right, which mandates award even if there were no service medical records to support my claim," the suit reads. "He deliberately violated this right despite" having VA and service forms and medical records.

Jackson's request was denied at first and later awarded at 10 percent — the additional \$130 a month he's getting now.

The suit also alleges the VA violated Jackson's constitutional rights by directing its sub-contractors to not release veterans medical records to them.

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4.5 - WBOY (NBC-12, Video): [Louis A. Johnson VA Medical Center hosts town hall meetings across the state](#) (17 August, 21k uvm; Clarksburg, WV)

MORGANTOWN W.Va - On Friday, a public town hall forum was held by representatives of the Louis A. Johnson VA Medical Center at the Morgantown Elks Lodge.

The VA Medical Center director has a goal this month to visit each community that has a community based outpatient clinic.

Citizens gathered to talk about issues that impact veterans.

Some main concerns were food preparations and parking at the medical center in Clarksburg.

"We are within a couple of days of concluding an agreement with the clarksburg parks commission to utilize space in the city park for veterans and family members, visitors, and our staff to park there at no cost to the veteran," said Glenn Snider, director of the VA Medical Center.

The next town hall public forum will be held in Parkersburg on Friday, August 24 at 11 a.m.

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5. [Improve Timeliness of Service](#)

5.1 - WGRZ (NBC-2, Video): [An answer \(finally\) why an Amherst V.A. center is closing](#) (17 August, Steve Brown, 443k uvm; Buffalo, NY)

AMHERST, N.Y. — It was not exactly a surprising answer. It was money.

The reason the Buffalo V.A. Medical Center is shutting down a satellite veterans daycare center in Amherst is that it believes it can provide the same care at less expense by referring vets to existing healthcare providers.

But to get that simple answer required phone calls, an email and finally an unannounced visit by 2 On-Your-Side to the Medical Center. It was there that we were put on the phone with a V.A. spokeswoman who explained the move was a cost saving measure.

We also learned that while veterans are urged to find treatment elsewhere by August 31st, there appears to be some flexibility on that deadline.

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5.2 - Maine Public (Audio): [Poliquin Says VA Needs To Make More Progress In Paying Outstanding Amounts To Maine Hospitals](#) (17 August, A.J. Higgins, 18k uvm; Lewiston, ME)

Maine's hospitals are making progress in collecting more than \$42 million in outstanding payments from the U.S. Department of Veterans Affairs, but 2nd District Congressperson Bruce Poliquin said the government can do better.

Poliquin, a member of the House Veterans' Affairs Committee, met Friday with several Maine hospital representatives in Bangor to discuss the payment backlog, due to the facilities for veterans healthcare services.

"The Veterans Administration has 385,000 employees, it's a huge bureaucracy," Poliquin said. "And there are about 128 separate computer systems that have been developed over the years and, frankly, it's to keep these pockets of VA employees employed over the years. So these computer systems don't talk with each other, so to try to get these bills paid on a timely basis is very, very difficult."

Lisa Harvey-McPherson, a lobbyist for Eastern Maine Healthcare, said that her organization's member hospitals began treating VA patients several years ago.

"As we increase care in rural communities and specialty services at EMMC, we found ourselves fundamentally challenged to get the bills paid, so we were owed \$15 million," said Harvey-McPherson. "Now today it has improved, we're owed \$8.6 million."

House Veterans' Affairs Committee Chairman Phil Roe, a Tennessee Republican, and Ryan Lilly, state director at Togus VA Medical Center, also attended the Poliquin briefing.

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6. Suicide Prevention

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - WCMH (NBC-4, Video): 'Blue Water' Vietnam veterans still seeking Agent Orange benefits (17 August, Ted Hart, 1.1M uvm; Columbus, OH)

Dave Nichol believes exposure to Agent Orange during the Vietnam War is the cause of his suffering now with Parkinson's disease.

"You can never be really sure," Nichol said. "It's just a disease but statistically speaking how many people have to die with their specific disease before they do something."

Nichol, of Clintonville, is one of thousands of "Blue Water Navy Veterans" who served in Vietnam on ships offshore. They believe they were exposed to Agent Orange through the water that was pumped onboard, desalinated, and then used for drinking, cooking and showering.

For troops who served on the ground in Vietnam or in boats patrolling the inland waters, exposure to Agent Orange is assumed to have taken place.

But for those who served on ships offshore, VA rules require proof of exposure in order to receive disability benefits.

In June lawmakers in the House of Representatives approved a plan to make the Blue Water veterans eligible for benefits. However, the plan has stalled in the Senate Veterans' Affairs Committee after VA officials expressed opposition.

The VA has said there is no scientific proof of exposure for the Blue Water vets. Advocates say such evidence would have to have been collected at the time.

Jackie Bloom, Nichol's wife says Dave was first diagnosed with Parkinson's in 2007. She said there's no family history of Parkinson's.

Bloom says it's not right that the VA would deny benefits. "We can spend...billions reclaiming the land in Vietnam because of dioxin and these guys are hung out to dry," Bloom said. "It's just not right."

Bloom says surveys show there's enough support in the Senate to pass the plan - if only it gets out of committee before the end of the year. She's frustrated but holding on to hope. "Move it to the Senate for a vote," Bloom says. "It's as simple as that. Do the right thing."

The House approved plan calls for adding a new fee to VA home loans to pay for the estimated \$1.1 billion cost of the benefits.

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7.2 - Daily News-Miner: [Stand Down will feature expanded Veterans Affairs presence](#) (17 August, Sam Friedman, 440k uvm; Fairbanks, AK)

FAIRBANKS — The Fairbanks Stand Down seeks to help a wider group of veterans with a new services clinic this year.

The Fairbanks Stand Down started 20 years ago as part of a national movement to help homeless veterans. Distributing cold weather clothing to those vets remains an important part of the event, but there will also be new services this year. The new services include technical help with the My HealtheVet medical records website for veterans and a Veterans Affairs claims clinic.

The U.S. Department of Veterans Affairs usually has staff available at the Stand Down, but they'll be an expanded presence this year, said Phil Hokenson a veterans outreach program specialist at the Fairbanks VA clinic.

"We want all veterans to come down and see what resources are available to them in the community," Hokenson said. Last year about 400 veterans came to the Pioneer Park civic center for food, veterans services and entertainment. To his knowledge, Hokenson said, the Fairbanks Stand Down is the largest veterans event in Alaska.

At the VA Claims Clinic, which is on Saturday, staff from the Veterans Benefits Administrations will be able to process claims at the event, different from past years where they were limited to helping veterans fill out their applications, said Hokenson. There will be a doctor available at the Stand Down to do disability examinations in person.

"That will be kind of limited to what you can look at physically with a doctor and whatever instruments she has on hand," Hokenson said. "For most things you're going to need further medical evaluation."

However, the service might be a convenient way for someone with a service-related disability, a shoulder injury for example, to have the injury re-evaluated and have their disability rating increased, he said.

Veterans should bring service-related paperwork to the Stand Down such as their VA card and DD214 discharge paperwork. Those attending the VA claims clinic should bring medical records of their disability.

Stand Down 2018 schedule

Today's event is a clothing distribution from 1 to 6 p.m. for homeless and close-to-homeless veterans.

Saturday's event is for all veterans and is from 7:30 to 3 p.m. On Saturday there will be entertainment, breakfast and lunch, door prizes and services including medical, dental and optometry screening, the VA claims clinic, blood tests, vocational rehabilitation, acupuncture, massage, hair cuts and help with employment, housing, legal issues and taxes.

All events are at the Pioneer Park Civic Center. For more information call 479-7940.

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7.3 - The Post and Courier: [Rusty water stains headstones at South Carolina's Beaufort National Cemetery](#) (17 August, Gregory Yee, 318k uvm; Charleston, SC)

Restoration and repair efforts are underway at Beaufort National Cemetery after rusty water stained numerous headstones.

Christopher Hickey, assistant director at the cemetery, confirmed the situation and said efforts to correct the damage are ongoing.

Problems started cropping up more than two years ago, and staff identified wells in both the expansion and historic sections of the cemetery as the culprits, Hickey said.

Around two years ago, staff determined that "serious corrective action" was needed and they started to formulate a plan, he said.

They first tried to clean the headstones but some were too impregnated with rust to salvage, and it was determined that many would need replacement, Hickey said.

Repairs were made to wells in both sections of the cemetery, he said. Staff expect the final three wells in the historic section to be repaired by Oct. 1. Repairs in the expansion section are complete.

In all, 2,257 headstones in the expansion section are slated for replacement, Hickey said. Sealant to protect them from the elements will also be applied.

Repairing the damaged headstones in the historic section is more complicated because there are rules in place that could prevent their replacement, he said. The cemetery is consulting with the National Cemetery Administration's History Department to determine the appropriate course of action.

In the meantime, Hickey said the public should not be concerned and that he and other cemetery staff are available to answer questions.

Visitors to the cemetery may see crews pulling out damaged headstones in the expansion section, he said. The project has been designed to have as little impact as possible, and each

headstone replacement is being individually reviewed to ensure they exactly match the originals.

"I know the community here in Beaufort loves this cemetery," Hickey said. "We're doing everything we can to correct (the problem)."

Anyone with questions or concerns is encouraged to call Hickey at 843-524-3925.

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7.4 - KWTX (CBS-10): [Killeen: \\$2.7M grant awarded for veterans cemetery improvements](#)
(17 August, Brandon Hamilton, 315k uvm; Waco, TX)

A \$2.7 million grant from the Department of Veterans Affairs National Cemetery Administration will fund an expansion and improvements at the Center Texas State Veterans Cemetery in Killeen.

The grant announced Thursday will fund construction of 3,000 columbarium niches for urns containing the cremated remains of veterans and an improved lane for funeral corteges.

"We will continue to work with and support states like Texas to provide grants which reflect the needs, resources and preferences of the local Veteran community," Undersecretary for Memorial Affairs Randy Reeves said in a press release.

The project will develop about an acre, the press release said.

No further details were provided.

The cemetery, which was opened in January 2006, occupies a 174-acre site that used to be part of Fort Hood.

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7.5 - WDTN (ABC-2, Video): [Dayton VA Medical Center hosts Stand Down for Women event](#)
(17 August, 194k uvm; Moraine, OH)

DAYTON, Ohio – The Dayton Veteran Affairs Medical Center hosted its annual Stand Down for Women Veterans event on Friday.

The event featured multiple organizations coming together to provide health options for female veterans.

Officials say it is a one-stop shop for everything female veterans need to know.

"What we want to do is we want to offer specialized care for out female veterans and make sure that they have all of the services that they need. Ensuring that they have medical, health, dental, religious, end-of-life care, everything that they need is going to be offered here today," said Carmela Daniels, Social Worker for Dayton VA Medical Center.

This is the sixth time they have held the event.

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7.6 - KSLA (CBS-12, Video): [More homeless veterans graduate to independent living](#) (17 August, Jeff Ferrell, 192k uvm; Shreveport, LA)

More than 1 in every 10 homeless people in the United States is a military veteran.

While that figure sounds high, it actually is far lower than it was a decade ago.

Homeless programs provided by the Department of Veterans Affairs are getting much of the credit for the decline in those numbers.

"This year, we have over 115 graduates from HUD-VASH. So it's been a big year," Chocka Sullivan said amid applause.

The head of Overton Brooks VA Medical Center's homeless program delivered that good news to veterans, their loved ones and staffers Thursday at the Shreveport hospital.

"Out of all the people that come through our doors for HUD-VASH, 90 percent of them actually leave and exit the program permanently housed. So that's huge."

It was graduation day for the latest batch of once-homeless veterans now transitioning from case management to independent living.

Among them was Joe Cooper, who explained with a smile and some humor how this program inspired him to get a human services degree from Southern University.

"I said, 'These people are social workers? God, I know I can do better than that!'"

After delivering that big laugh, Cooper got serious and explained how valuable the VA homeless program and its staff are in turning lives around.

"If they got paid by what they do for an individual veteran and were billed for helping that veteran man, I would owe ya'll \$7 million."

Lest there be any doubt about the effectiveness of such programs, consider this: According to government figures, ever since 2005 the percentage of homeless veterans in this country has dropped by 70 percent, credited largely to VA homeless programs.

Cooper described what's perhaps the most important factor he's learned over the years.

"Rehabilitation begins right here in your mind. It starts in your mind. You gotta change the way you think."

With an estimated 40,000 veterans still homeless on any given night in this country, there's still plenty of work ahead.

And VA estimates show 1.4 million other veterans are considered at risk of homelessness.

The reasons range from poverty, to a lack of support networks, along with what's described as dismal living conditions.

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7.7 - Killeen Daily Herald: [VA: Central Texas Veterans Cemetery to be expanded and improved](#) (17 August, Emily Hilley-Sierzchula, 156k uvm; Killeen, TX)

The Central Texas State Veterans Cemetery in Killeen will be expanded and improved thanks to a grant of more than \$2.6 million from the National Cemetery Administration, which is part of the Department of Veterans Affairs, according to a news release on Thursday.

"Our state and tribal partners are critical in helping the National Cemetery Administration achieve our strategic goal of providing 95 percent of the veteran population with convenient access to a burial option within 75 miles of their home," said Under Secretary for Memorial Affairs Randy Reeves. "We will continue to work with and support states like Texas to provide grants that reflect the needs, resources and preferences of the local veteran community."

The grant will fund the construction of 3,000 columbarium niches and an improved cortege lane. The project will develop around one acre and serve approximately 128,000 Texas veterans and eligible family members.

Across the U.S. there are 136 veterans cemeteries where more than 38,000 people were buried in 2017.

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7.8 - Times-Herald: [Vallejo wins Defense Department contract to make Mare Island Naval Cemetery repairs](#) (17 August, Rachel Raskin-Zrihen, 77k uvm; Vallejo, CA)

The Department of Defense has approved an application by the City of Vallejo to begin planning initial repairs to the Mare Island Naval Cemetery, U.S. Rep. Mike Thompson announced Thursday.

Work will include repairing or replacing fencing, installing a flagpole, and repairing the damaged drainage system, according to the announcement.

These improvements will be done through the DOD's Innovative Readiness Training (IRT) program, which is designed to provide training for reserve forces while also bettering local communities through medical or engineering support, Thompson's office said.

"This is an exciting announcement that provides a plan to begin repairs on the Mare Island Cemetery and an important step toward giving our fallen heroes the final resting place they deserve," Thompson (D-St. Helena) said. "It also highlights the work still to be done to fully restore the cemetery and I will continue fighting for every possible avenue that will allow us to complete this important task."

The City of Vallejo applied for assistance with these engineering projects through the IRT program and was approved through support by Thompson, who has been championing restoration of the cemetery, including with a bill to transfer the cemetery's control to the Department of Veterans Affairs. Thompson's bill to help restore the cemetery has more than 70 Democrat and Republican cosponsors and is supported by five major veterans service organizations, his staff says.

A companion bill by Sen. Dianne Feinstein is also working its way through the senate.

The IRT work wouldn't likely begin until late 2019, subject to the availability of the IRT unit, further cost negotiations with the city, and other necessary advance work, including environmental reviews, Thompson's office said.

Those months during which the cemetery can further deteriorate is the bad news portion of this announcement, said Ralph Parrott, the retired Virginia-based retired Navy captain whose chance day trip to the island sparked the effort to get it restored and maintained.

It was then that Parrott, having found the cemetery to be in a condition unfit to be the final resting place of the more than 800 service members and their families, including three Medal of Honor recipients buried there, launched an effort to rectify the situation. Through some investigation, Parrott learned that when the Mare Island Naval Shipyard closed in 1998, the Navy transferred the property to the City of Vallejo, with no mechanism in place for its upkeep. A cadre of inadequately funded volunteers have been fighting a losing battle to maintain the site for 20 years.

"They're going to put in a flagpole and do something about drainage, but with the caveat that the city must pay for materials," Parrott said of the IRT effort. "But, it's not going to start 'till next year, and our chances of getting the bill passed this year (suffered) with the objections from the VA."

A VA spokesman recently testified in a Congressional committee hearing that transferring the MINC to his department's care would set a bad precedent, and possibly encourage other jurisdictions to abdicate their responsibilities to local military graveyards.

Parrott and local effort champion retired U.S. Army Col. Nestor Aliga said they're redoubling their efforts to get more California lawmakers to sign on to the bill to try to get it passed this year.

"We need to get everyone nationwide to sign our online letter that urges their representatives and senators to urgently cosponsor H.R.5588 and S.2881, today," Aliga said.

"We need your urgent help. The House Subcommittee on Disability Assistance and Memorial Affairs (House Committee on Veterans' Affairs) will hold a Legislative Hearing on Wednesday, Sept. 5, 2018 and unfortunately our H.R.5588 — to transfer the Mare Island Naval Cemetery to the Veterans Affairs — is NOT yet on their list," according to a letter Aliga sent out to as many veterans organizations as he could. "Note that (this week), only 26 out of our 53 California Representatives have cosponsored H.R.5588. It is possible that (they) have NOT even heard about H.R.5588. We especially need to contact House Majority Leader Kevin McCarthy (R-CA-23), and House Minority Leader Nancy Pelosi (D-CA-12) because they can quickly mobilize their colleagues to cosponsor."

The letter urges veterans to call or write their Representatives and “to urge the House Subcommittee on Disability Assistance and Memorial Affairs to include H.R.5588 on their Legislative Hearing on Sept. 5, 2018.”

He suggested they be asked to “please cosponsor today H.R.5588 to transfer the dilapidated Mare Island Naval Cemetery, the oldest military cemetery on the west coast, to the Veterans Affairs and please urge the House Subcommittee on Disability Assistance and Memorial Affairs to include H.R.5588 on their Legislative Hearing on Sept. 5.”

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7.9 - KTAL (NBC-6, Video): [Former homeless veterans celebrate the transition into independence](#) (16 August, Lynn Vance, 61k uvm; Shreveport, LA)

A group of local veterans, who were once homeless, are celebrating a transition into independence.

The Overton Brook VA Medical Center held a special graduation for those who have completed the Homeless Veterans program.

Graduating veterans have proved that case management is no longer required to maintain housing stability and safety.

One veteran says back in the 1997, former President Bill Clinton said homeless veterans shouldn't exist.

He says this program evolved from that vision.

"The people that were introduced here at this program, the people you see here are trained, dedicated, professional people honestly trying to help veterans," says Joe Nathan Cooper. "They're not doing it for a check. im living proof of that."

More than 20 veterans graduated from the program today.

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7.10 - KREX (CBS-5, Video): [Veterans. The VA is Bringing its Resources to You](#) (17 August, 34k uvm; Grand Junction, CO)

The VA Medical Center hosted its first ever Veterans Resource Fair today in Montrose. Veterans gathered at Friendship Hall where vendors had booths set up with brochures and other items. The vendors were there to share the discounts and benefits they offer exclusively to veterans. The VA is hoping to get more Desert Storm and post 9/11 veterans to come and take advantage of events like this so that they can understand the services and benefits that they have at their fingertips.

If you missed this event, The VA will be hosting another Veterans Resource Fair in Grand Junction in November. You can visit The VA Medical Center's website for more details.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Next Mission for Women With Military Service: Run for Office](#) (17 August, Laurie Kellman and Bill Barrow, 23.9M uvm; Washington, DC)

A dragon winds around a cherry tree in the tattoo across MJ Hegar's arm and back, over the shrapnel wounds she had, at one point, not wanted to see with her young children around.

But nine years after being shot down in Afghanistan, then winning a lawsuit against the federal government, writing a book and now running for a Texas congressional seat, Hegar isn't hiding much anymore.

"I carry my service with me wherever I go," Hegar said in a telephone interview near her home in Round Rock, outside Austin. "We don't see my family and my childhood and my service as different chapters. It's all a package deal."

Hegar is part of a crop of female veterans running for Congress in this year's midterm elections. Almost all Democrats and many of them mothers, they are shaped by the Sept. 11 attacks and overseas wars, including the longest war in American history. Many are retiring from the military and looking for another way to serve the country.

They're part of a record number of women running for seats in Congress, but in certain ways, they are a class apart.

The female veterans claim expertise in national security and veterans issues, with a track record of thriving in institutions dominated by men. Regardless of party, they cast themselves as the antidote to bitterly partisan politics — describing themselves as "mission-driven" and trained by the military to work toward a common goal.

"I flew 89 combat missions as a U.S. Marine. My 90th mission is running for Congress to take on politicians who put party over country," said Kentucky Democratic candidate Amy McGrath, the first female Marine to fly an F/A-18 in combat.

The increase in candidates with military experience is no accident, and the hopefuls are expected to be propelled by Democratic luminaries. Former Vice President Joe Biden, for example, is expected to campaign for McGrath, among others, according to officials close to them who spoke on condition of anonymity because the schedule is not set.

Two Democrats — Massachusetts Rep. Seth Moulton, a retired Marine Corps captain and Bronze Star recipient, and Illinois Sen. Tammy Duckworth, who lost her legs and partial use of an arm when her helicopter was shot down by a rocket-propelled grenade in Iraq — have been instrumental in recruiting veterans to run for office.

Moulton said female veterans in his party carry a particular authority when talking to voters concerned about President Donald Trump's leadership.

"It's the year of the woman, but it's also the year of yearning for bringing integrity and honor back to politics," Moulton said. "We need Democrats with the credibility to tell people what's really going on."

The women are hardly the first to use their military service to their political advantage — men have been doing it for decades.

One of the traditional knocks against female candidates is "they aren't tough enough, they aren't strong enough, and they might not have the leadership skills," said Debbie Walsh, director of the Center for American Women and Politics at Rutgers University.

Not female candidates who are veterans, particularly of combat.

"They kind of automatically get that kind of respect as leaders; it's well-earned," Walsh said. "It's such a logical next step for people who are committed to this country and are committed to service."

But their campaigns highlight a set of political concerns specific to female veterans.

The candidates acknowledge that their extraordinary stories of trailblazing military careers could make it difficult for some voters to relate to them. Will they come off as too tough or hawkish? Is it possible for any candidate, male or female, to overemphasize his or her military background in the post-9/11 era?

McGrath, who retired as a lieutenant colonel, opened her campaign with an online video in which she wears a bomber jacket, a fighter jet in the background.

McGrath sees herself as a bridge to male voters who "sort of see women as being weaker," she said in a telephone interview. "But yeah, I have to make an effort to reach out to women and make sure that they're not scared, or think that I'm too militant."

Out came a 30-second spot that mentioned the 89 combat missions — but focused on McGrath taking her three children to the pediatrician.

"I'm Amy McGrath and I approved this ad," she says, as her young son takes off down a hallway with his pants down. "Because I'd like to see the other guys running deal with this."

She upset popular Lexington Mayor Jim Gray in the Democratic primary and will take on Republican Rep. Andy Barr in November, a closely watched race considered competitive in a district Barr won by 22 points in 2016. Poised for the different calculus of the general election, Barr last week released an ad quoting McGrath saying of herself, "Hell yeah, I'm a feminist" and calling herself "a progressive."

"Seriously? Is that all you got?" McGrath retorted in a video response, sharing the screen once again with a fighter jet. But this time, she traded her bomber jacket for a denim one.

Much of Hegar's story was already public by the time she decided to challenge Republican Rep. John Carter in the Austin-area district, so she went for the full reveal — tattoos and all.

Her video, "Doors," features the door of the helicopter in which she was shot down on her third tour of Afghanistan as a combat search and rescue pilot. Her medals, including a Purple Heart,

play a role, as does Hegar's 2012 lawsuit against the federal government that forced it to repeal the ban on women in combat.

The spot also features an intimate detail: One of Hegar's first memories was of her father throwing her mother through a glass door.

"That's been one of the most difficult transitions for me, is talking about myself more," Hegar said. "I hope that they take away that we have to start putting our faith in people who have a history of putting other people first, fighting against intimidation and bullying, and trying to do the right thing."

Air Force veteran Gina Ortiz Jones, the Democratic nominee for a House seat in West Texas, hopes her active military duty and intelligence work will "neutralize this perceived strength" of Republicans as strong on security issues.

That could be important in the race for the San Antonio-area seat, currently held by Republican Rep. Will Hurd, a former CIA operative. Ortiz Jones supports single-payer health insurance, a position that could be considered too liberal for the district.

"'Liberal' isn't a word that is normally used to describe my work in national security," she said.

If these women win, they will join an exclusive club in Congress.

Just 19 percent of lawmakers are veterans — the same percentage that are women. Only four members are both: Sens. Joni Ernst, R-Iowa, and Tammy Duckworth, D-Ill.; and Reps. Martha McSally, R-Ariz., and Tulsi Gabbard, D-Hawaii.

"It kind of reminds me of a fighter squadron, with so few women," said McSally, a retired Air Force veteran who was the first woman to fly in combat and is now running for U.S. Senate.

All the candidates have stories about being among the only women working among men and have used their platform to speak out about abuses in the military.

McSally told The Wall Street Journal in April that she was pressured into having sex in high school with a coach and that she became an Air Force pilot in part to regain a sense of power. But even there, she told the paper, she had "similar, awful experiences in the military on the spectrum of abuse of power and sexual assault." She did not elaborate.

Pennsylvania's Chrissy Houlahan, a retired Air Force officer and now a congressional candidate, said she cringed more than once when a male colonel "used blonde jokes" to introduce her for presentations to superior officers.

"I definitely felt some overt sexism," she said.

New Jersey's Mikie Sherrill is a former helicopter pilot and prosecutor whose time at the Naval Academy dovetailed with the Tailhook sexual assault scandal in the Navy and Marine Corps. In the 1990s, she said, speaking out when she felt sexually harassed "would really have impacted the way I was treated in the squadron."

But these days, with a generation of women retiring from the military and a record number running for Congress, "it's become a lot easier to talk about these things," she said.

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8.2 - U.S. News & World Report (AP): [Veterans Answer the Call to Serve, Again](#) (17 August, Susan Milligan, 23.9M uvm; Washington, DC)

IF MAURA SULLIVAN AND Eddie Edwards are successful in winning their respective primaries next month, they'll be facing off in one of the most hotly-contested races for Congress in November, the eastern New Hampshire district being vacated by the retiring Democratic Rep. Carol Shea-Porter. Edwards, a Republican, and Sullivan, a Democrat, are polar opposites on lots of things: he's a supporter of President Donald Trump, and would love his endorsement. She worked in the cabinet of Trump's predecessor, Barack Obama, and thinks Trump is putting national security at risk. Edwards would like to kill Obamacare; Sullivan wants a public option and the ability of the federal government to negotiate with prescription drug companies on prices. He's a big Second Amendment supporter, while she'd like to ban assault weapons and pass universal background checks.

But both, when describing their reasons for running, come back to a common motivation: they are military veterans. They have served their country, and want to serve again. And it doesn't have a thing to do with what party you're in.

"In the Marines, nobody ever asks if you're a Democrat or Republican. People barely ask where you're from," says Sullivan, a businesswoman who is an Iraq Marine Corps veteran and was Obama's assistant secretary of Veteran's Affairs. "I think that veterans in Congress approach the job from a place of service, from a place of doing what's right for your country. That comes before anything else," adds Sullivan.

Edwards couldn't agree more.

"Every veteran raised their right hand and took an oath" to defend and service the country, says Edwards, a businessman who is a Navy veteran and former town police chief. "Veterans, all of us, want a different type of representation in Washington. Much more than [advocating for] the policy, we want honest people in Washington, ethical people in Washington," he adds.

At a time when Congress is deeply unpopular and, by all accounts, a rather unpleasant place to work (68 House members, 20 Democrats and 48 Republicans, resigned or are retiring this year, along with three GOP senators), veterans are stepping up. More than 400 vets have announced candidacies for Congress alone, about half of them younger generation veterans, according to Ellen Zeng, political director of With Honor, a group that backs both Republican and Democratic vets for office. (The group, which asks contenders to back a pledge for civility, honesty and courage in office, has given its OK to both Edwards and Sullivan.)

Those candidacies could up the veteran quotient in Congress, where fewer than 19 percent of members have served, or are currently serving, in the military. In contrast, between 1965 and 1975 at least 70 percent of members had military experience, peaking at 75 percent in 1967 in the House and 81 percent in 1975 in the Senate, according to the Pew Research Center.

Vets are also running for governor. At least eight are seeking their state's top job, including both South Carolina party nominees, Democrat James Smith and Republican Henry McMaster. Veterans are also touting their military records in state legislative races. In May, Republican Tim

O'Neal, a Bronze Star winner, won a special election for a Pennsylvania state legislative seat Democrats have held since its creation in 1968. An ad for O'Neal during the campaign said O'Neal was serving his country while his Democratic opponent was living at his parent's home playing video games.

Veterans can have a tough time building candidacies, Zeng says, since they must by definition spend time away from their home communities, and aren't as practiced with such unapt campaign tasks as raising money. But in other ways, "they are extremely valuable from a tactical sense. They make great candidates," adds Matt Walter, president of the Republican State Leadership Committee, which works to elect Republicans to state legislatures. "They know how to have a clearly defined mission, develop relationships and mobilize those partnerships toward those missions," he says.

Veterans surely have a special concern for military and veterans issues, such as getting good and timely care from the Veterans Administration, helping vets deal with PTSD and supporting military families while their loved ones are away, advocates and candidates say. But it's more that that, they note, citing the dysfunction in Washington that would have doomed a military squad in a war zone.

Veterans all say the same thing when they talk about serving in the military or political area, Zeng says, and it's "mission first. When you have military veterans who are principled" running the government, "you're putting people in charge who have the interests of the country at heart," she says.

For a vet, the exhausting and often frustrating aspects of political service aren't as daunting, they say. Being forced to spend a lot of time away from your family? Work with people from vastly different backgrounds, and put the bigger goal ahead of any personal disputes? Make decisions that affect the livelihoods and very lives of many Americans?

Been there. Done that.

There's a sense, even among those who have radically different political ideologies, of what it means to be in the foxhole together – and how truly dangerous it is when individuals allow those differences to interfere with the mission at large, military experts say.

"I think the kind of leadership skills you develop in the military are excellent in any form. They'll be valuable here," says Rhode Island Democratic Sen. Jack Reed, a former Army Ranger and paratrooper who also taught at West Point military academy. "It's dealing with a whole host of different people from different parts of the country. It's also being committed to a national goal and objective – something bigger than yourself."

Texas State Sen. Van Taylor, a Republican running for Congress, says he has seen that dynamic play out in the state legislature. Even though the Texas body is heavily Democratic, Taylor says, he managed to get bipartisan support for every bill he's offered there.

"The people of their [Democratic] districts sent someone there to represent them. It might not be who I would have chosen, but that's who they sent to represent," Taylor says. In the Marine Corps, Taylor says, "it's about respect for the individual. Everybody who wears the uniform is a Marine. In the military, you show up, and the unit is the unit," he adds.

Aside from bringing a unique perspective to political posts, veterans can also help restore faith in public service, says Emily Cherniack, executive director of the bipartisan group New Politics, which works to elect people who have come from public service in the military, education and the Peace Corps. "The system is broken down and they want to be part of the solution," she says. The current political environment "doesn't reflect the values they risked their lives to protect."

This year includes what political experts say is an unusual number of Democratic and female veterans running. Some of that is a function of the changing demographics of the military and of Congress itself, but it's in many cases the female candidates who are shaking things up. Amy McGrath, a Democrat running to unseat Rep. Andy Barr, R-Ky., has a powerful ad campaign featuring her status as the first female Marine to fly in an F-18 on a combat mission. Iraq war veteran Gina Ortiz Jones could add a Democratic seat in Texas's most competitive congressional district, the one now held by GOP Rep. Will Hurd.

"Many women are running because we feel it is our responsibility to work toward a more just future, not just for ourselves, but for our children," says Mikie Sherrill, a former Navy helicopter pilot running for an open, competitive congressional seat in New Jersey against Republican Jay Webber. "So of course, women veterans embody both that sense of service to our country and our desire to fight for our future."

The Democratic candidates aren't shying away from criticizing their commander-in-chief, either. "The way this president has approached national security has been irresponsible and reckless," says Sullivan. "It puts the national security of the country at risk."

That's a message other Democratic vets are making as well, says Jonathan Soltz, an Iraq war veteran and chair of VoteVets, which works to elect Democratic veterans to office. "Veterans aren't running for Congress so they can work with Donald Trump. They're working to defeat Donald Trump," Soltz says, adding that the Democrats would still work with Republicans in Congress.

And VoteVets' candidates won't be hesitant to criticize power in their own ranks, he says. "We're veterans. We're not an agency of Nancy Pelosi," Soltz says, referring to the House Democratic leader.

Democrats don't appear to have taken the national security or defense issue away from Republicans; nor have they commandeered the veterans vote. Exit polls show that Trump won the votes of vets by a 2:1 margin in 2016, for example.

But ultimately, veterans and their advocates say, it's less about votes and politics than it is about values. With Honor, for example, asks its endorsees to sign a pledge – and part of that pledge includes a commitment to meet with a member of the opposing party at least once a month. "Are they going to put the country first?" Is the question the group asks military veteran-candidates, she says. And in November, they'll learn whether they have that opportunity to serve again.

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8.3 - MSNBC (Video): [Trump isn't getting the military parade he wanted](#) (18 August, 11.8M uvm; New York, NY)

Six-minute video: Donald Trump canceled the military parade he wanted so badly after reports that it could cost more than 90 million dollars. Meanwhile, VoteVets is suing the VA in the wake of a report that Trump's Mar-a-Lago cronies are running the agency behind the scenes.

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8.4 - St. Cloud Times (Video): [St. Cloud VA to take down ill-fated, dysfunctional wind turbine in 2019](#) (17 August, Stephanie Dickrell, 192k uvm; Saint Cloud, MN)

ST. CLOUD — The ill-fated, much maligned and profoundly dysfunctional wind turbine at St. Cloud VA Health Care System will finally have its last chapter.

"We're going to take the thing down," Barry Venable, public affairs officer, said Friday. "After seven and a half years, it's an item of curiosity."

The VA has "fully explored" its option to repair the turbine and has decided to take it down in 2019, Venable said.

"To characterize how we feel here locally, we're disappointed," Venable said. "Lots of time and effort and energy and money went into something the produced nothing of value. And that's not the values that we pursue over here."

The turbine, first conceived in 2007 as a way to reduce the VA's energy consumption, has remained still since August 2012.

It was only operational between April 2011 and August 2012. It hasn't produced any energy since Aug. 15, 2012.

"During the brief periods it did operate, it contributed a total of 464,000 kilowatt hours of electricity," Venable said.

To put that in perspective, the VA campus consumed almost 13 million kilowatt-hours of electricity at a cost of more than \$1.1 million.

So during its functional lifespan, the turbine only produced 3.5 percent the electricity needs for the campus for just one year.

In 2009, a full feasibility study projected a wind turbine could provide up to 15 percent the VA campus's electricity needs.

It was expected to more than make up for its \$2.3 million price tag. In today's dollars, that's about \$2.66 million. The project was funded through a federal stimulus grant. A significant portion of the cost of the turbine was the foundation and structural tower.

Officials at the time estimated it would be an annual energy cost savings of about \$90,000-\$100,000.

"The projection at the time was the payback over time would be more than the cost of the turbine," Venable said.

The full costs of the project can't yet be known, as the timeline and cost of removal are yet to be determined.

The 600-kilowatt turbine is about 250 feet tall at the highest point of its blade rotation. That's about the height of a giant sequoia tree.

The turbine weighs about 107 tons, with most of that weight in the turbine's tower.

The dismantling work has to be put to a competitive bidding process.

"We have an estimate of what we think is reasonable, but we can't influence the competitive bid," Venable said.

Exploring all options

In 2016, the VA commissioned a study to determine the best next step for the turbine, which cost \$300,000. It looked at a few alternatives, including installing a new turbine, repairing the existing one or removing it all together.

The study showed the existing turbine could not be repaired and a new turbine wasn't financially feasible.

"Out of the options considered in the study, the best value to the taxpayers is to take it down," Venable said. "It's the best available option, with the least cost to taxpayers. The other options are simply not feasible."

The turbine had multiple and varied problems, even before installation was complete.

Major components were repaired and replaced in efforts to make the turbine functional, Venable said. That included replacing the hydraulic systems and the gear box, or nacelle, which converts wind energy into mechanical energy, producing electricity via a generator.

"The VA never accepted that the project was completed," Venable said. "There was a warranty in play," in relation to repair costs.

"We were never able to commission the turbine," Venable said, which requires a series of certification checks and operational standards the contractors were required to meet.

"This particular turbine could not be made to function, despite vigorous efforts over a number of years," Venable said. "We're confident that we did everything we could to make it work."

Venable emphasized this was not about all renewable energy.

"So we're talking about one machine. We're not talking about an industry or a concept," he said.

When it was initially proposed and studied, the functioning turbine would have helped the VA meet federal energy guidelines created under President Barack Obama's administration.

Obama directed the VA to reduce energy consumption by 30 percent by 2015. A 2005 federal law requires all federal agencies to draw 7.5 percent of their energy from renewable sources by 2013.

When installed, it was slated to be the first VA in the country to have a wind turbine.

"We're relieved to move on," he added. "Because we like to focus on patient care and this will remove an object which rightfully occupied the public's attention in the way they view this organization."

He hopes the public won't continue to use the failure of the wind turbine project as an example of the failure of government.

"It should not be used or compared against the great performance and great care that our employees provide to veterans," Venable said.

Other green initiatives

Lost in the story of the failed turbine was the success of a geothermal heating and cooling system for some of the buildings on campus.

The same pool of funds that paid for the wind turbine also paid for the VA's first well field, which is used to power a geothermal system.

"(The well fields) have performed remarkably well," Venable said. "But instead of being 250 feet up in the air, they're 250 feet underground and nobody sees them."

That system provides heating and cooling for six buildings on the VA campus.

"This turbine doesn't represent the medical center and our efforts at green management," Venable said.

In May, it was announced the St. Cloud VA was named one of the top 25 hospitals in the country for health care sustainability for the third year in a row.

"We take this stuff personally," Venable said. "We have done many things around here to transform this campus from one that was built to take care of World War I veterans to a modern and green health care center, ready and capable of taking care of veterans for another 100 years."

Other green initiatives include creative recycling, waste reduction, organics composting, paper conservation, green purchasing, laundry water reuse, LED lighting, electric utility vehicles, use of green space for healthy activities and constructing buildings which meet global green-building standards.

Timeline of an ill-fated turbine

2007: A feasibility study for the projected site of the wind turbine is conducted, which estimates the power a wind turbine could generate.

2009: A full study of the wind turbine's feasibility is completed. It estimates the turbine could generate up to 15 percent of the electricity consumed by the VA campus.

September 2010: A blade damaged while being shipped delays the installation of the turbine. Workers need a replacement blade to proceed with installation, at the time expected to be completed in January 2011.

January 2011: Installation of the wind turbine was supposed to be completed.

March 2011: Replacement blades are installed on the tower along with other components. Officials hoped the turbine would be operational by early April 2011.

April 2011 to August 2012: The turbine is operational, but it has only functioned 47 percent of the time since it officially began spinning. A variety of problems limited its operation. Brown stains on the blades were caused by leaking hydraulic fluid. It was harmless, but visible.

November 2012: The Times Editorial Board calls for the VA to cut its losses on the turbine.

July 2013: A replacement gearbox for the turbine is expected to arrive, but is discovered to have been damaged during its shipment from India. Officials at the time hoped that damage could be repaired on site. Officials hoped the turbine would be functional by the end of July, early August 2013. Up to this point, Venable said at the time that the turbine "has not performed up to any minimal set of expectations."

Fiscal year 2013: The VA campus consumed almost 13 million kilowatt-hours of electricity at a cost of more than \$1.1 million. But the turbine generated only about 230,000 kilowatt-hours of electricity per year in fiscal years 2011 and 2012, and nothing since. Using those numbers, that's less than 2 percent of the campus's annual needs.

March 2014: A Times analysis by reporter Mark Sommerhauser found the VA has already lost more than \$325,000 in energy cost savings it would have realized had the turbine worked as projected since it went online in April 2011.

November 2014: The VA announces it is terminating its agreement with the lead contractor the wind turbine project, Massachusetts-based J.K. Scanlan Co. Officials said the contractor failed to provide a fully-functional turbine and were seeking compensation.

March 2015: The turbine is a regular topic of the Times opinion pages as the public watched its installation and failure to function. A letter to the editor from March 2015 by Dennis Johnson of Kimball said "Enough already. ... I have read all the articles regarding the reasons it has never worked. After all this time, why is it still here?"

May 2015: J.K. Scanlan Co. appealed to U.S. Civilian Board of Contract Appeals the VA's termination of their agreement on constructing the windmill. In a settlement, the VA agreed to rescind the contract for convenience, meaning it was parting ways with the company without blaming it for default. In exchange, the VA received a payment of \$450,000.

Fall 2016: The VA commissions a study for about \$300,000 to determine next steps for the inoperable wind turbine. They could include repairing it, replacing it or removing it.

August 2018: The VA announces it is removing the wind turbine after a study was completed. The timeline and final cost of removal have not yet been determined. Venable said in its entire lifetime, the wind turbine generated 464,000 kilowatt hours of electricity. That would have covered about 3.5 percent of the VA's 2013 electricity needs. Venable says the VA only ever paid about \$2.27 million to the contractor and received \$450,000 back from the settlement.

2019: Bids for the removal of the wind turbine will be accepted and the project will be awarded. The timeline for the turbine's removal is unknown.

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VA Secretary's Stand-Up Brief

24 August 2018

Executive Summary

VBA Under Secretary Paul Lawrence spoke about appeals modernization and Blue Water Veterans on *WFED's Federal Drive*. VA Facebook user Veteran Robert Stahlnecker has continued posting highly visible, accusatory messages in the comments section of the VA Facebook page.

Storyline	Outlets	Analysis	Trend	Priority
Interview: VBA Undersecretary Paul Lawrence	WFED	In this 23-minute <i>Federal Drive</i> interview, VBA Under Secretary Paul Lawrence discussed the scope of VBA, personnel and organizational changes he is implementing, appeals modernization, and Blue Water Veterans. He characterized VBA leadership as very strong, and reiterated Sec. Wilkie's belief that VA should be nonpartisan.	Emerged	Interests
VA considers ending ban on transgender surgeries for disabled vets	Stars and Stripes	In this article, <i>Stars and Stripes</i> reported VA is considering ending a ban on gender reassignment surgeries for disabled Veterans. The article noted that the Department has received 1.6k+ comments as of Thursday. Sec. Wilkie and Press Sec. Cashour provided VA messaging.	Emerged	Interests
VA gets FCC approval for \$100M telemedicine pilot for rural broadband access	WFED	<i>WFED</i> talked with FCC Commissioner Brendan Carr about the recently approved \$100M telemedicine pilot program for rural broadband access. Mr. Carr said the new program is about supporting the telehealth trend of "connected care, care everywhere." Mr. Carr said VA is on the "leading edge of using telemedicine," noting that FCC are experts on broadband while VA are experts on telehealth.	Sustained	System
VA long-term care services crisis	KPBS (NPR/PBS)	<i>KPBS</i> reported VA is not prepared for the "Gray Tsunami," the name some have given to the growing number of aging Veterans who need support. Assistant Deputy Under Secretary for Health for Clinical Operations, Teresa Boyd, is cited as saying VA will focus on in-home and community-based care because the Department cannot afford to care for all of these Veterans in traditional nursing home settings.	Emerged	Interests

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OVERSIGHT



VA Secretary's Stand-Up Brief

24 August 2018

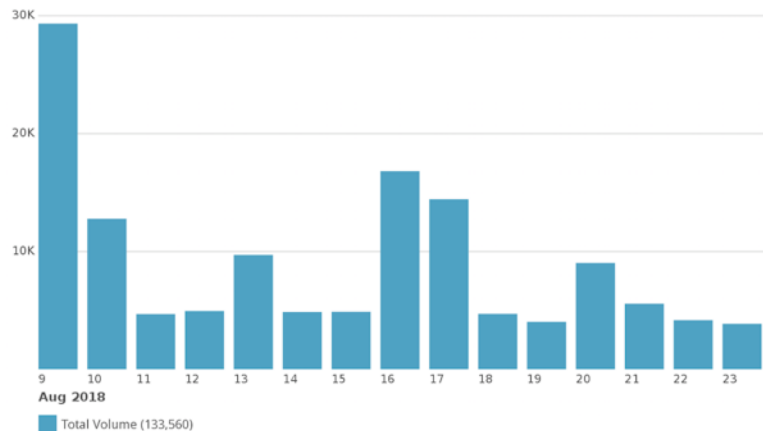
Social Media Takeaway

Social media users engaged heavily with the tweets on @BetoORourke supporting mental health services for Veterans.

Key Points

- Veteran [@laurenwithrow](#)'s 21 August tweet on surviving a PTSD-related suicide attempt thanks to access to VA care ensured by Senate candidate Beto O'Rourke was the most-retweeted post (2.7k+ total retweets, 6.2k+ likes). The tweet embedded [@BetoORourke](#)'s post on a bill that would expand mental health care access to Veterans, which was the top-shared URL (690+ shares).
- Two of the top three tweets concerned bills the Senate has recently passed. [@SenBlumenthal](#) (D-Conn.) announced the Senate passed a bill to ensure Veterans pursuing medical careers at the VA can access additional leave to receive the care they need, characterizing it as a "win for vets & the VA" (200+ retweets, 610+ likes). [@SenBillNelson](#) (D-Fla.) touted a spending bill that will streamline the sharing of medical records between DoD and VA (120+ retweets, 490+ likes).
- The most popular Facebook [post](#) concerned the posthumous award of the Medal of Honor to Tech. Sgt. John Chapman, the first AF Veteran to receive the medal since the Vietnam War (680+ reactions, 70+ shares). Users also engaged with the Veteran of the Day [post](#) (540+ reactions, 140+ shares).
- URGENT: VA Facebook page user Veteran Robert Stahlnecker has continued posting highly visible, accusatory messages below multiple posts daily. He claimed [yesterday](#) that VA "employees are killing Veterans for a paycheck... The Facebook page for the Department of Veterans Affairs is a joke..." Other users are interacting with Mr. Stahlnecker and also expressing their confusion as to why there is no VA response to Facebook comments.

Twitter and Facebook Volume: 9 August – 23 August



Notable Social Media Items

Platform	Item	Relevance
Twitter	@laurenwithrow	17% of Volume
Facebook	Medal of Honor presented to Tech Sgt John Chapman's family	680+ Reactions, 70+ Shares
Facebook	Veteran of the Day: John A. Chapman (USAF)	570+ Reactions, 150+ Shares

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Veterans Affairs Media Summary and News Clips

28 August 2018

1. [Top Stories](#)

1.1 - The Hill: [Lawmakers demand action, hearing in response to VA improperly denying sexual trauma claims](#) (27 August, Emily Birnbaum, 11.8M uvm; Washington, DC)

A bipartisan group of nearly a dozen lawmakers is calling for immediate action and an oversight hearing following a watchdog report that found the Department of Veterans Affairs (VA) has wrongly denied hundreds of military sexual trauma claims in recent years. Eleven lawmakers, led by Rep. Ann McLane Kuster (D-N.H.), signed an open letter calling on the chairman of the Veterans' Affairs Committee, Rep. Phil Roe (R-Tenn.), to hold a full-committee hearing...

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1.2 - The Des Moines Register: [Des Moines doctor says VA made him a 'scapegoat' and fired him because of political pressure. Post-election pressure triggered purge of VA doctors, lawsuit claims](#) (27 August, Clark Kauffman, 3.2M uvm; Des Moines, IA)

"Political pressure" forced the Des Moines veterans hospital to renege on a deal that allowed a longtime physician to quietly retire amid allegations of incompetence, a newly filed federal lawsuit alleges. The lawsuit, filed by primary care physician Dr. Ashok Manglik of Des Moines, accuses the U.S. Department of Veterans Affairs, facing "political" pressure in the immediate aftermath of the 2016 presidential election, of deciding to purge from its ranks all physicians alleged to be incompetent — including him.

[Hyperlink to Above](#)

1.3 - Stars and Stripes: [Leader of VA electronic health record project resigns, prompts concern](#) (27 August, Nikki Wentling, 1.5M uvm; Washington, DC)

The person selected to lead a multibillion-dollar overhaul of the Department of Veterans Affairs' electronic health records resigned Friday only one month after taking the job, leaving one lawmaker concerned about "deteriorating and rudderless" leadership on the massive project. In May, the VA signed a 10-year, \$10 billion contract with Kansas City, Mo.-based Cerner Corp. to replace its antiquated electronic health record system — a project intended to allow veterans to track their care through the VA, Department of Defense and private medical providers.

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1.4 - Government Executive: [Unions Demand Swift Reversal of Agency Policies After Court Decision](#) (27 August, Erich Wagner, 870k uvm; Washington, DC)

Federal employee unions on Monday demanded that agencies roll back recent changes to workplace policies after a federal judge ruled that most of the key provisions in President Trump's recent workforce executive orders violated federal law. Over the weekend, U.S. District Court Judge Ketanji Brown Jackson issued a 122-page ruling that the Trump administration's executive orders, which made it easier to fire...

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1.5 - WFED (AM-1500): [Recent court ruling on Trump EOs may set up further debate over federal collective bargaining](#) (27 August, Nicole Ogrysko, 854k uvm; Washington, DC)

With the federal district court's recent ruling on the president's three executive orders, unions say they want immediate change. But the battle over federal collective bargaining may just be

getting started. Federal unions are advising their local representatives to begin contacting agency management and negotiators now about how they'll begin to revoke the provisions in the president's executive orders on collective bargaining and official time that a federal district judge declared invalid late last Friday.

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Healthcare IT News: [Poll: Should the VA put Cerner EHR plans on hold?](#) (27 August, Jessica Davis, 438k uvm; Chicago, IL)
Genevieve Morris, the U.S. Department of Veterans Affairs EHR modernization project CHIO, resigned from her leadership position on Friday, just a little more than a month on the job. Morris' departure is just the latest staffing shake-up to plague the agency, which includes the lack of a permanent CIO.

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3.2 - Health Data Management: [Morris resignation could signal trouble with VA EHR plans](#) (27 August, Greg Slabodkin, 143k uvm; Chicago, IL)
The Department of Veterans Affairs has lost a key IT architect who had been working to ensure that the VA's planned rollout of a \$10 billion Cerner electronic health record system comes off without a hitch. Genevieve Morris, a Trump administration political appointee who was on loan to the VA from the Office of the National Coordinator for Health IT, resigned abruptly from both agencies on Friday.

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3.3 - KnowTechie: [5 reasons federal IT modernization is more important than you realize](#) (27 August, Chris Smith, 52k uvm; Boston, MA)
Perhaps the most glaring example of bureaucratic waste in Washington lies in its information technology systems. This should come as no surprise after the disastrous rollout of the health care exchanges website that the federal government isn't exactly tech-savvy.

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4. [Focus Resources More Efficiently](#)

4.1 - The Daily Caller: [Tampa Va Police Officer Says He Was Fired After Blowing Whistle](#) (27 August, Michael Volpe, 12M uvm; Washington, DC)
A Tampa Veteran Affairs police officer said he was fired after reporting on wrongdoing in his department. Charles Harrington is speaking exclusively with The Daily Caller about the problems he found at the Bay Pines VA facility, but he also submitted detailed reports of his findings to then VA Secretary David Shulkin, the VA Office of Inspector General (VAOIG), and Office of Special Counsel (OSC).

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4.2 - Law360: [Veterans Court, In 'Seismic Shift,' Will Allow Class Actions](#) (27 August, Daniel Wilson, 1.5M uvm; New York, NY)

The full Court of Appeals for Veterans Claims, in a decision described by its chief judge as a “seismic shift,” ruled for the first time that it can consider class action claims, even as it refused a veteran’s bid for class certification.

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4.3 - WFED (AM-1500, Audio): [Panel rules veterans may be able to file class action lawsuits against VA](#) (27 August, Eric White, 854k uvm; Washington, DC)

The U.S. Court of Appeals opened up the possibility for veterans to file suit collectively, instead of as individuals. A panel of judges on the Court of Veterans Appeals said veterans could file class action lawsuits for appropriate cases in the future. The decision could have big implications for veterans awaiting a decision on their claims.

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4.4 - Rapid City Journal: [Noem visits Hot Springs](#) (27 August, Gray Hughes, 313k uvm; Rapid City, SD)

South Dakota’s representative in congress and Republican nominee for Governor Kristi Noem stopped in Hot Springs Thursday to unveil her plans to better serve the state’s veteran population. What she calls “Operation: Rally Point” is an outline of how to prioritize veterans and expand veteran services in the state.

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4.5 - Reedsburg Times-Press: [Legion friends help Vietnam vet: Soldier suffers cancer related to time in service](#) (27 August, Ken Thomas, 18k uvm; Reedsburg, WI)

Marvin has no complaints about the care he has received or the benefits he has received from the Veterans Administration or other programs. The costs, however, are still high. “They don’t cover everything and it’s very expensive,” said Marvin. “The VA is trying its best to help, but it all takes time.”

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4.6 - St. John Source: [VA Caribbean Healthcare System and U.S.V.I. VA Expand Alternatives for Veterans](#) (27 August, 12k uvm; Saint Thomas, US Virgin Islands)

In an effort to continually improve services to military veterans in the U.S. Virgin Islands, the VA Caribbean Healthcare System (VACHS) and the USVI Office of Veterans Affairs have announced the inclusion of AeroMD in the authorized list of air ambulance providers of the VACHS. This effort expands alternatives for veterans of the Virgin Islands in need of air ambulance services.

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5. [Improve Timeliness of Service](#)

5.1 - KUSA (NBC-9, Video): [Truth Test: Anti-Crow ad overstates his Veterans Affairs board role](#) (27 August, Marshall Zelinger, 3.2M uvm; Denver, CO)

Negative campaign ads airing in Colorado should come with a stamp: "Made in Washington, D.C." The newest negative ad is from the Congressional Leadership Fund, a Super PAC to keep Republicans in the majority in the House of Representatives. That means they support Rep. Mike Coffman, who represents the Sixth Congressional District that covers Aurora, Thornton, Brighton and the areas north, south and east of DIA.

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5.2 - Hometownsource.com (Sun Current): [Thank you, Rick Nolan, for your service](#) (27 August, Barbara KlaesDalbo, 14k uvm; Coon Rapids, MN)

I am writing to send a sincere thank you to Congressman Rick Nolan for his service to Congressional District 8 in Minnesota. Congressman Nolan was extremely responsive and helpful when my son, Bryan, was issued an invalid Military ID card through the Veteran's Administration.

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6. [Suicide Prevention](#)

6.1 - KCCI (CBS-8, Video): [Nonprofit for veterans in jeopardy after landlord sells building](#) (27 August, Laura Terrell, 2.1M uvm; Des Moines, IA)

A central Iowa nonprofit that helps Iowa veterans in crisis could shut down after losing its building unexpectedly. The Veteran's Empowerment Center, founded by Air Force veteran Ronnie Murray, works alongside the Veterans Affairs hospital to help lower the veteran suicide rate. The nonprofit operated out of a small building on East 9th Street in Des Moines until earlier this month, when Murray said he arrived at work to find a "closed" sign on the building.

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6.2 - Capital Public Radio: [Why Veterans Face Heightened Suicide Risk In Amador County And Other Rural Areas](#) (27 August, Sammy Caiola, 304k uvm; Sacramento, CA)

At Victory Village in Jackson, executive director Nichole Mulford tries to make the rooms for struggling veterans feel like a home. They can seek company in the sitting room or the sunny backyard. Mulford says many residents light up when they see her own young children running around the complex.

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7. [Women Veterans / Homelessness / Benefits / Cemeteries](#)

7.1 - Military Times: [Online or on campus? Here are 7 things to consider if you're asking that question](#) (27 August, Natalie Gross, 2.1M uvm; Springfield, VA)

You're ready to turn your Post-9/11 GI Bill benefits into a degree. So, should you go to school in a traditional classroom setting or online? If you're looking for flexibility, online may be your best option. If camaraderie and collaboration matter more, in-person could be the better bet. But there are many other things to think about:

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7.2 - KSDK (NBC-5, Video): [Many veterans can't access VA Cemetery in Alton](#) (27 August, PJ Randhawa, 1.5M uvm; Saint Louis, MO)

It's a final resting place for those who served and fought for our nation. But disabled veterans say this local VA cemetery is almost impossible for them to visit. We're talking about the National Veterans Cemetery in Alton, Illinois. Where the issue is a lack of ramps and other forms of access.

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7.3- KRDO (ABC-13, Video): [Military Matters: Salvation Army offers free housing, meals for veterans](#) (27 August, Alexis Dominguez, 827k uvm; Colorado Springs, CO)

The Salvation Army of Colorado Springs is helping veterans and their families by offering free housing and meals. We all know the military is full of heroes who have helped us, but now the Salvation Army and the Department of Veterans Affairs are teaming up to help them. "We just received a grant from the veterans administration to house 22 vets in 11 apartments," said Capt. Erin Kauffman with the Salvation Army.

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7.4 - Pacific Standard: [Lawmakers Call For Accountability After The VA Mishandles Thousands Of Sexual Trauma Cases](#) (27 August, Jack Herrera, 612k uvm; Santa Barbara, CA)

A week after an internal report revealed that the Department of Veterans Affairs had mishandled thousands of service-related sexual trauma claims, a bipartisan group of lawmakers united on Monday to call for action from both Congress and the agency. "We write with alarm that veterans experiencing post-traumatic stress due to military sexual trauma are seeing their claims inadequately adjudicated and inappropriately denied by the Veterans Benefits Administration," 12 members...

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7.5 - Waco Tribune-Herald: [Waco veteran still slamming at 95](#) (25 August, Tommy Witherspoon, 193k uvm; Waco, TX)

It's hard not to notice Ira Walton when he is driving his Dodge Ram pickup. The truck is adorned with six American flags, symbols of Walton's patriotism and dedicated service to his country. It's a rare individual who served his country in the military during three wars.

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7.6 - ConnectingVets.com (CBS Radio): [Congress demands actions following VA's poor handling of sexual assault claims](#) (27 August, Matt Staintsing; New York, NY)

Federal lawmakers sent a pair of letters Monday, a week after the VA's Office of Inspector General released a report claiming 1,300 veterans were denied claims over a five-month span last year, demanding VA change how they process military sexual trauma (MST) claims and are calling for a full Congressional hearing on the matter.

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Google's Search Tool to Help Job-Seeking Veterans](#) (27 August, 23.9M uvm; Washington, DC)

A NEW Google search tool will allow service members transitioning to civilian life to include their military occupational specialty code to find jobs that match their skills. The tool announced Monday is part of the tech giant's "Grow with Google" initiative aimed at helping Americans get jobs or grow their businesses. The program also is offering transitioning service members, and their spouses, computer training.

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8.2 - Washington Examiner: [Google installs tool to help US military veterans find jobs](#) (27 August, Daniel Strauss, 4.8M uvm; Washington, DC)

Google, the tech firm whose name is synonymous with Internet searches, is introducing a new tool to help U.S. military veterans build careers after leaving the armed forces. The product, built into Google's job-search function, allows ex-military personnel to search positions using their occupational specialty code, retrieving a list of employment opportunities where their skills are in particular demand, the Mountain View, Calif.-based company said Monday.

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8.3 - Military Times (Reboot Camp): [Google just made your job search a lot easier](#) (27 August, Natalie Gross, 2.1M uvm; Springfield, VA)

The company behind the world's most popular search engine has unveiled three new initiatives to help veterans transition into the civilian workforce. If job seekers enter 'jobs for veterans' — using single quotation marks — into the search bar, a tool will come up that will match the user's military occupational specialty code with job listings that require similar skills, Google officials announced today.

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1. [Top Stories](#)

1.1 - The Hill: [Lawmakers demand action, hearing in response to VA improperly denying sexual trauma claims](#) (27 August, Emily Birnbaum, 11.8M uvm; Washington, DC)

A bipartisan group of nearly a dozen lawmakers is calling for immediate action and an oversight hearing following a watchdog report that found the Department of Veterans Affairs (VA) has wrongly denied hundreds of military sexual trauma claims in recent years.

Eleven lawmakers, led by Rep. Ann McLane Kuster (D-N.H.), signed an open letter calling on the chairman of the Veterans' Affairs Committee, Rep. Phil Roe (R-Tenn.), to hold a full-committee hearing about the needs of veterans suffering from military sexual trauma, a form of post-traumatic stress disorder associated with surviving sexual assault.

A group of 12 lawmakers also signed onto a letter demanding that VA Secretary Robert Wilkie immediately take steps to ensure survivors' claims are properly reprocessed if they were denied.

"In an environment where survivors often refuse to report sexual assaults for fear of retaliation, the VA's apparent inability to fairly treat these claims risks revictimizing survivors," the members wrote in the letter to Wilkie. "You must instill confidence for survivors by immediately working to resolve these issues."

The letter calls on Wilkie to review denied sexual military trauma claims, adjust the VA's claims-processing procedure to empower victims, provide additional training for coordinators, among other action items.

The second letter, to Roe, details some of the things that came to light in the watchdog's report.

"We were dismayed to learn that 49 percent of the military sexual trauma related claims in the sample studied by the IG [VA Inspector General] were improperly processed and therefore denied, which means that almost 50 percent of sampled service members brave enough to acknowledge being sexually assaulted while in the military and who followed up with credible claim for compensation, were told erroneously that these efforts are not enough and subsequently will not receive benefits and needed support services," the lawmakers wrote.

The lawmakers who signed onto both letters include Kuster and Reps. Beto O'Rourke (D-Texas), Mia Love (R-Utah), and Niki Tsongas (D-Mass.).

The VA in 2017 denied 5,500 of 12,000 military sexual trauma claims, and the IG report, released last week, found that 1,300 of those claims were processed incorrectly.

The number of service members who reported a sexual assault increased 10 percent from 2016 to 2017, with 5,200 members reporting incidents last year, the report found.

Studies have suggested that at least five out of every six sexual assaults go unreported.

"If mistakes were made, we will fix them in order to ensure affected veterans are getting all of the support, benefits and services they have earned," VA press secretary Curt Cashour said in a statement to The Hill following the report's release.

The VA agreed to follow each of the IG's recommendations, which include a review of all denied military sexual trauma claims and revamping training for coordinators.

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1.2 - The Des Moines Register: [Des Moines doctor says VA made him a 'scapegoat' and fired him because of political pressure. Post-election pressure triggered purge of VA doctors, lawsuit claims](#) (27 August, Clark Kauffman, 3.2M uvm; Des Moines, IA)

"Political pressure" forced the Des Moines veterans hospital to renege on a deal that allowed a longtime physician to quietly retire amid allegations of incompetence, a newly filed federal lawsuit alleges.

The lawsuit, filed by primary care physician Dr. Ashok Manglik of Des Moines, accuses the U.S. Department of Veterans Affairs, facing "political" pressure in the immediate aftermath of the 2016 presidential election, of deciding to purge from its ranks all physicians alleged to be incompetent — including him.

The lawsuit claims the alleged effort was triggered by "relentless nationwide criticism" over allegations that doctors accused of incompetence by some VA hospitals had not been reported to state and national licensing authorities.

Manglik says that in late 2016 he inquired why his pay increase at the Veterans Affairs Central Iowa Health Care System was less than some of his colleagues'. Manglik pointed out that he had been employed by the VA for 19 years.

Four days later, he alleges, the hospital informed him he was effectively fired, with his privileges summarily suspended.

Court records show the hospital informed Manglik of this action in a letter that said his clinical practice had "so significantly failed" to meet generally accepted standards it raised "reasonable concern for the safety of patients."

In a hospital "Proficiency Report" on Manglik, the hospital's chief of staff wrote: "I have significant concerns about (Manglik's) clinical competence. ... Nearly 100 patients have requested another MD in the last year."

Manglik appealed the hospital's actions and in October 2017 reached a settlement with the hospital, agreeing to leave in exchange for \$5,000 and a promise that his departure would be treated as a retirement and his personnel file would be purged of any reference to discipline or termination.

A lawyer for the VA later assured Manglik's attorney that in the future, if prospective employers or other individuals were to contact the VA about Manglik, the hospital would say he retired and "that is all they would say and nothing more," records show.

After the deal was signed, however, the hospital allegedly informed the Iowa Board of Medicine and the National Practitioner Data Bank that Manglik had resigned while under investigation.

In his lawsuit, Manglik alleges this was done “solely to meet the desperate national agency’s need to offset the relentless criticism of the agency for failing to report deficiencies.”

Manglik claims he was “a convenient and timely scapegoat to improve the agency’s statistics as quickly as possible after the election.”

In a sworn affidavit accompanying the lawsuit, Manglik said that by pursuing a deal that would allow him to retire, he was able to preserve his health insurance and collect retirement income that otherwise wouldn’t have been available.

“I have temporary employment which is now jeopardized, but my ability to transfer, or to see other opportunities, have been destroyed,” Manglik said.

The hospital hasn't file a response to the lawsuit.

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1.3 - Stars and Stripes: [Leader of VA electronic health record project resigns, prompts concern](#) (27 August, Nikki Wentling, 1.5M uvm; Washington, DC)

The person selected to lead a multibillion-dollar overhaul of the Department of Veterans Affairs' electronic health records resigned Friday only one month after taking the job, leaving one lawmaker concerned about “deteriorating and rudderless” leadership on the massive project.

In May, the VA signed a 10-year, \$10 billion contract with Kansas City, Mo.-based Cerner Corp. to replace its antiquated electronic health record system – a project intended to allow veterans to track their care through the VA, Department of Defense and private medical providers. During his confirmation process, VA Secretary Robert Wilkie named the project as one of his top priorities for the agency.

The VA established a new office in July to manage the overhaul and selected Genevieve Morris to lead it. She resigned Friday, citing differences with VA leadership.

“Over the last few weeks, it has become clear to me that VA’s leadership intends to take the [electronic health record] modernization in a different direction than we were headed,” Morris wrote in a resignation letter that she posted to Twitter. “[S]ince my service as [chief health information officer] was always intended to be an interim solution, I am offering my resignation to the administration effective immediately.”

In response, Wilkie thanked Morris for her service and named a new leader for the project – John Windom, who worked with Morris as the executive director for the Office of Electronic Health Record Modernization.

“VA will benefit from John’s strong background on this project, as it begins the transition to the new system for the benefit of veterans’ care in the future,” Wilkie said Monday in a statement.

The leadership change prompted worry from Rep. Jim Banks, R-Ind., who is chairman of a new congressional subcommittee tasked with overseeing VA technology. The subcommittee's first hearing is scheduled for Sept. 13.

In a letter to Wilkie on Friday, Banks wrote he was concerned about vacancies in the Office of Electronic Health Record Modernization. Banks has been unable to meet with VA officials who lead efforts on the electronic health record.

"It would be a tragedy for the program to be undermined by personality conflicts and bureaucratic power struggles before it even begins in earnest," Banks wrote. "I am dedicated to pursuing a constructive oversight agenda to encourage VA to make the right decisions, but any engagement is difficult without stable leadership."

Banks said Morris' departure came at a critical point in the project, when the VA is "making the most pivotal decisions" about the new system's design. He asked Wilkie to send him an organizational chart of people who work in the Office of Electronic Health Record Modernization by Sept. 7.

VA Press Secretary Curt Cashour said the VA appreciates Banks' views and would respond to him directly.

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1.4 - Government Executive: [Unions Demand Swift Reversal of Agency Policies After Court Decision](#) (27 August, Erich Wagner, 870k uvm; Washington, DC)

Federal employee unions on Monday demanded that agencies roll back recent changes to workplace policies after a federal judge ruled that most of the key provisions in President Trump's recent workforce executive orders violated federal law.

Over the weekend, U.S. District Court Judge Ketanji Brown Jackson issued a 122-page ruling that the Trump administration's executive orders, which made it easier to fire federal workers and reduced the influence of unions, "eviscerate the right to bargain collectively," in conflict with the 1978 Civil Service Reform Act.

Among the provisions found to be unlawful were efforts to set time limits on collective bargaining negotiations, the removal of a variety of issues from administrative grievance procedures, and severe restrictions on union employees' use of official time.

On Monday, federal unions reported that agencies have not yet begun to restore recently stripped union rights, particularly with regard to official time or access to agency-provided office space, although they said they are in discussions with agency managers.

"We're starting to put pressure on them today, and we plan to do it all this week," said J. David Cox, national president of the American Federation of Government Employees. "They poorly planned this roll out, and they knew that this lawsuit was pending. But most offices are treating people today just like they treated them on Friday, and where we still have official time and are operating, they're continuing to hold them out of offices, like at [the Social Security Administration]."

The White House directed questions on the decision to the Justice Department. In an email to Government Executive, Justice Department spokesman Andy Reuss said the administration is examining its options going forward.

“We are disappointed in the ruling and are considering the appropriate next steps to ensure the president is able to fulfill his constitutional duties, run an effective and efficient government, and protect taxpayers from waste and abuse,” Reuss said.

The National Federation of Federal Employees, which is a member of the 13-union Federal Workers Alliance, is demanding agencies roll back workplace policies to May 24, the day before Trump issued the executive orders.

“We’re going to be directing all of our locals to notify management of the decision and to require that they respect the injunction and immediately move to undo any illegal implementation that they engaged in,” said NFFE General Counsel Jeff Friday. “We’re hopeful that the government won’t flout the authority of a federal judge, but that remains to be seen.”

Cox said that if agencies do not move quickly to restore unions’ access to programs like official time, AFGE will file additional lawsuits to enforce the ruling.

“We’re definitely moving as aggressively as we can,” he said. “Either they’ll restore these people back to official time, or give their offices back, or we’ll crank up the litigation. That’s just the way it’s going to be.”

And the National Treasury Employees Union is demanding negotiators return to the bargaining table and rescind so-called “last, best offers” in collective bargaining talks that attempted to implement the executive orders’ provisions.

“NTEU is preparing to officially contact agency negotiators where we have open contracts, and where the agencies have proposed contract language in accordance with the president’s three executive orders, demanding that the negotiators return to the table ready to bargain in good faith,” said NTEU National President Tony Reardon. “At the Department of Health and Human Services, the agency walked away from the table after only two days of bargaining. Its bargaining approach and proposals in its first and last, best offer were straight from the dictates in the executive orders that a federal judge has now found unlawful.”

Unions also are still examining their options with regard to portions of the executive orders that Brown Jackson upheld as consistent with existing law, particularly provisions stating management is not obligated to engage in progressive discipline with poor performing federal workers and stating that agencies can unilaterally implement their last, best offer if they deem unions to be bargaining in bad faith.

“What the judge said is the way those issues were discussed in the executive orders were nothing but a restatement of the current law, and I tend to agree with that,” Friday said. “But the [Federal Workers Alliance’s] legal team will be meeting later today about that issue.”

Cox said that AFGE is “exploring all of [its] options” with regard to the provisions upheld in the ruling.

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1.5 - WFED (AM-1500): [Recent court ruling on Trump EOs may set up further debate over federal collective bargaining](#) (27 August, Nicole Ogrysko, 854k uvm; Washington, DC)

With the federal district court's recent ruling on the president's three executive orders, unions say they want immediate change. But the battle over federal collective bargaining may just be getting started.

Federal unions are advising their local representatives to begin contacting agency management and negotiators now about how they'll begin to revoke the provisions in the president's executive orders on collective bargaining and official time that a federal district judge declared invalid late last Friday.

Both the National Treasury Employees Union (NTEU) and National Federation of Federal Employees (NFFE) said their local representatives are informing agency management about Friday's ruling and are demanding they comply with the court's decision.

They expect agencies will immediately return to the status quo ante — or the previous state of affairs before President Donald Trump signed the three executive orders on May 25, NFFE General Counsel Jeff Friday told reporters Monday morning.

NFFE, along with the American Federation of Government Employees (AFGE) and NTEU, had separately sued the Trump administration over the president's executive orders, which the administration released May 25, earlier this summer.

Together, they consolidated their lawsuits and sought summary judgment on four separate motions before the U.S. District Court for the District of Columbia.

"We are expecting these agencies to aggressively move to return these people back to official time and return them back to these offices," AFGE National President J. David Cox said in a brief interview with Federal News Radio.

The Trump administration, however, may have other plans in mind.

"We are disappointed in the ruling and are considering the appropriate next steps to ensure the President is able to fulfill his constitutional duties, run an effective and efficient government, and protect taxpayers from waste and abuse," Justice Department spokesman Andy Reuss said in an email.

Still, unions were happy to declare victory on Monday. They said they generally viewed the president's EOs as an attempt to limit the scope of federal unions, and they're still concerned about what else the administration might propose.

"The war is far from over, but we are very pleased with the outcome of this particular battle," NFFE National President Randy Erwin said of the court's ruling.

Will the administration appeal?

The administration, as federal unions themselves pointed out, may appeal the decision from the U.S. district judge, who was appointed during the Obama administration.

“To date, we have not been notified by the Department of Justice regarding a potential government appeal,” NTEU National President Tony Reardon said in a statement. “Should the government appeal, NTEU is fully prepared to defend its case at the appellate level. In our view, the judge’s decision was thorough and clearly explained that the executive orders overreached and that the president could not undo by executive order the collective bargaining process established by Congress.”

But if the president does choose to appeal, the decision won’t come quickly. And in the mean time, unions and agencies are awaiting guidance on how they address the court’s decision and begin to revoke the provisions the court declared invalid.

The Justice Department didn’t specifically indicate its plans to issue to guidance, and the Office of Personnel Management referred all questions about the court ruling to DoJ. OPM had originally told agencies how to implement the provisions of the president’s EOs back in July.

It’s tough to say what federal employees can expect next, because the executive orders were unprecedented, said Heather White, a federal employment attorney for the Federal Practice Group.

In her opinion, Judge Ketjani Brown Jackson said the president didn’t overstep his executive or constitutional authority by issuing EOs on this topic. Instead, she declared nine provisions of the orders as invalid because they specifically conflicted with the message and intent Congress proscribed when it passed the Federal Labor-Management Relations Statute.

“She didn’t blow the whole thing up,” White said of the judge’s decision on the president’s EOs. “She was addressing specific provisions and saying that these are the ones that interfered with management’s ability to negotiate in good faith, and that’s what’s in conflict with the [Civil Service Reform Act].”

White also expects the administration might appeal the judge’s decision, or it could attempt to rewrite the orders and water them down with softer language.

Revoking EOs may be slow

Some agencies with open or rolled-over collective bargaining agreements had quickly implemented some of the EO provisions. The Social Security Administration and Department of Housing and Urban Development, for example, were quick to implement and told unions to vacate federal property.

But others seemed to take a more cautious approach — perhaps waiting for a court decision on the EOs themselves.

With that in mind, it may take agencies a while to respond and begin revoking the provisions of the orders they had implemented.

And though the federal district court invalidated many key pieces of the president’s EOs, there are some repercussions that no court decision could resolve.

The executive orders have certainly heightened the tension between labor and management, especially at agencies like the Health and Human Services and Veterans Affairs departments. Agency labor specialists and union representatives aren’t talking, and they certainly aren’t collaborating.

AFGE has filed a grievance after it and VA couldn't agree over the terms of their collective bargaining agreement. The Health and Human Services Department declared an impasse after it and NTEU briefly met to discuss new bargaining proposals.

"The landscape has changed considerably," White said. "This decision may restore some sense of balance, but we don't know how it's all going to turn out."

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2. [Greater Choice for Veterans](#)

3. [Modernize Our System](#)

3.1 - Healthcare IT News: [Poll: Should the VA put Cerner EHR plans on hold?](#) (27 August, Jessica Davis, 438k uvm; Chicago, IL)

Genevieve Morris, the U.S. Department of Veterans Affairs EHR modernization project CHIO, resigned from her leadership position on Friday, just a little more than a month on the job. Morris' departure is just the latest staffing shake-up to plague the agency, which includes the lack of a permanent CIO.

In her departure letter, Morris said leadership is taking the project in a different direction than planned. Given EHRs are arguably the most complicated tech implementations an organization can take on and VA is one of the most complex health systems in the country, we thought we'd ask our readers their thoughts on the matter.

How VA leadership gaps will impact EHR modernization

* Required

Should the VA put its EHR project on hold until it has permanent IT leadership in place? *

Yes

No

Are you concerned about the project's current trajectory?

Yes

No

What do you think should be the next steps forward?

Your answer

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3.2 - Health Data Management: [Morris resignation could signal trouble with VA EHR plans](#) (27 August, Greg Slabodkin, 143k uvm; Chicago, IL)

The Department of Veterans Affairs has lost a key IT architect who had been working to ensure that the VA's planned rollout of a \$10 billion Cerner electronic health record system comes off without a hitch.

Genevieve Morris, a Trump administration political appointee who was on loan to the VA from the Office of the National Coordinator for Health IT, resigned abruptly from both agencies on Friday.

Morris served as principal deputy national coordinator, leading interoperability efforts at ONC, and in July assumed the role of chief health information officer for the VA's Office of EHR Modernization—only to resign weeks later.

Morris announced her departure on Twitter, providing a copy of her resignation letter submitted Friday morning to Health and Human Services Secretary Alex Azar and VA Secretary Robert Wilkie.

"Over the last few weeks, it has become clear to me that VA's leadership intends to take the EHR modernization effort in a different direction than we were headed, and since my service as CHIO was always intended to be an interim solution, I am offering my resignation to the administration effective immediately," Morris wrote to Azar and Wilkie, without providing specifics.

Morris came to ONC in May 2017 as principal deputy national coordinator at ONC. She had worked extensively with the agency, and is a subject expert in areas such as health IT policy, program management, interoperability, meaningful use and the Quality Payment Program within MACRA, as well as ONC certification processes. Previous to that, Morris held several posts since 2011 at consulting firm Audacious Inquiry, which has done research and consulting work to support ONC.

Morris had been working at the VA Office of EHR Modernization to ensure that the agency's implementation of the Cerner Millennium platform, which will replace the decades-old Veterans Health Information Systems and Technology Architecture, is as smooth as possible. However, her resignation could signal trouble early on with the program as it begins to plan the rollout of the system.

Neither Morris nor VA officials were available for comment. Her departure comes at a time when the VA's Office of Information Technology is grappling with how to fill hundreds of staffing vacancies, according to Congress, which is looking to provide rigorous oversight of the agency's EHR modernization.

The VA announced that John Windom has been appointed acting CHIO of the Office of EHR Modernization to replace Morris, who is the latest in a series of senior executive changes that have plagued the VA.

President Trump named Wilkie the agency's acting secretary in late March, following the ouster of then-VA Secretary David Shulkin, MD. And, in April, acting chief information officer Scott Blackburn resigned from his duties. Then, in May, the VA finally awarded Cerner the \$10 billion EHR modernization contract, after nearly a year of negotiations between the agency and the vendor.

Currently, the system implementation for the initial operating capability sites is planned to begin October 1, with an estimated completion date of March 2020. Cerner's EHR will be rolled out enterprisewide as part of a 10-year contract.

According to the latest VA data provided to Congress, the total cost to implement the new EHR system over 10 years will be \$15.8 billion—\$10 billion for the Cerner contract, \$4.6 billion for infrastructure improvements, as well as \$1.2 billion for contractor program management support services.

The VA intends to create a single common EHR system with the Department of Defense by leveraging a shared Cerner Millennium platform. The agency's planned acquisition calls for aligning the deployment and implementation of the system with DoD's ongoing rollout of its own system—called MHS GENESIS, which is in the pilot phase.

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3.3 - KnowTechie: [5 reasons federal IT modernization is more important than you realize](#) (27 August, Chris Smith, 52k uvm; Boston, MA)

Perhaps the most glaring example of bureaucratic waste in Washington lies in its information technology systems. This should come as no surprise after the disastrous rollout of the health care exchanges website that the federal government isn't exactly tech-savvy.

To be fair, Congress has passed two acts, the FITARA and MEGABYTE Acts, in an effort to streamline federal IT purchases and the implementation of modern technology solutions, such as cloud-based computing. President Trump even created the American Technology Council, comprised of members of the military and his cabinet, to help implement modernized federal IT solutions by the end of 2017.

Many myths surround this issue, including the costs and the importance of implementing these solutions. That's why we have compiled five reasons why this issue is more important than you may realize.

1. US Nuclear Codes are Contained on Floppy Disks

As most of the world loses their collective minds to the idea of Trump with his finger on the nuclear football, should the world really trust the potential for Armageddon to IBM floppy disks? In its defense, floppy disks are a lot harder to replicate and hack.

This is perhaps the most brazen example of the dinosaur technology our US military and federal agencies operate with. Not only do these floppy disks dictate our stance on mutually assured destruction, but they also are used to operate ICBM missile tests, B-52 bombers, tanker support aircrafts, and much more. Ironically, the floppy disks used for the nuclear codes are 8-inch disks, which were considered outdated by the end of the 1970s. By floppy disks standards, these are considered antiquated.

2. No One Can Work the Things Anymore

Alright, so maybe having nuclear codes on floppy disk might actually make the world safer if they got wet or something. Unfortunately, this outdated technology exists across nearly department of the executive branch. Consider that the Department of Treasury uses two master filing systems that are both over 56 years old. With all of the controversy surrounding the

backlog of veterans benefits at the Department of Veterans Affairs, you won't be surprised to learn all VA benefits are filed and stored on a 51-year computer as well.

If it's not broke, don't fix it, right? Many of these old filing systems still run on IBM mainframes that look like they were taken from the set of War Games. More importantly, these systems still operate on Assembly Language Code and COBOL, which are not even used commercially anymore.

The problem? Finding software operators who actually specialize or understand these outdated languages is becoming increasingly rare.

3. Commercial IT Systems are Secure and Simple

Contrary to popular belief, many commercial cloud based computing systems, including Microsoft and Amazon's cloud systems are relatively secure. They contain multiple barriers to access, making them physically secure from an attack and provide encryption to prevent hackers from accessing or dumping data.

Implementing cloud based solutions into federal workflows are also simple. Multiple cloud based systems can be set up with the touch of a button. Cloud based systems also provide another resource to back up information, preventing loss of data.

4. Modernizing IT Systems Streamlines Work Processes

Maintaining legacy systems may be a giant waste of money, but so is the added time and burden placed on agencies who operate using this outdated technology. Modernized IT programs, such as agile software development and big data mining, helps to streamline work processes, making government run more efficiently.

Think of how efficient the VA could be if it processed and logged veterans benefits using technology from this century. Executive agencies, such as the Department of Treasury, could also leverage big data and modern IT solutions to protect consumers from fraud in the marketplace and discover solutions to foster economic development in the private sector.

5. Modernization is Cost-Effective

According to a 2016 Government Accountability Office report, nearly 75% of the IT budget for federal agencies is spent on operations and maintenance of legacy systems, e.g. the dinosaurs. What's more, it's estimated that maintaining legacy systems costs 3x more than maintaining modern IT systems.

Unfortunately, federal IT investments continually encounter cost overruns and failed completion deadlines on the whole. Leave it to federal agencies to make modernization more expensive and inefficient than it needs to be. Fortunately, agile software development and cloud based updates take the hard work of updating modern IT systems out of the hands of government contractors.

Final Thoughts

Modernizing federal IT systems has been scarcely reported and many people simply don't understand how much taxpayer money is being wasted on maintaining fifty year old technology. While plans to completely overhaul IT systems by 2020 are already in progress, empirical evidence seems to suggest that this process could take much longer. In the meantime, veterans awaiting benefits at their VA benefits and government agencies will suffer at the hands of outdated technology that can't keep pace with the modern world.

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4. Focus Resources More Efficiently

4.1 - The Daily Caller: [Tampa Va Police Officer Says He Was Fired After Blowing Whistle](#) (27 August, Michael Volpe, 12M uvm; Washington, DC)

A Tampa Veteran Affairs police officer said he was fired after reporting on wrongdoing in his department.

Charles Harrington is speaking exclusively with The Daily Caller about the problems he found at the Bay Pines VA facility, but he also submitted detailed reports of his findings to then VA Secretary David Shulkin, the VA Office of Inspector General (VAOIG), and Office of Special Counsel (OSC).

According to the report prepared for Shulkin, Congress and others, a man named Raymond Harrison walked into the Bay Pines VA on June 2, 2015, and during a police interview, implicated Carl Giordano and Thomas Stewart in distributing prescription drugs illegally.

The two men were later convicted in Circuit Court, and both have been released from jail. But Harrington alleges that procedures and the suspects' constitutional rights were violated along the way.

He alleges that VA police detective Fernando Olivas didn't read Giordano his Miranda rights, failed to follow appropriate chain of custody procedures while handling evidence, and included irrelevant medical information about the suspect in a police report.

Olivas "ignored the Rules of Evidence and violated the Constitutional Rights of the accused," Harrington writes in his report.

Harrington claims that Olivas failed to establish probable cause before placing Giordano under arrest, despite Harrison's implication and Giordano making an "excited utterance," according to a police report when Olivas asked him whether he passed anything to Stewart.

"Olivas then states he left Stewart in the custody of a uniformed VA Police Officer. There is no record with (the police report), nor within known subsequent follow up statements attached to the report, of there being a search conducted of Stewart's person when taken into physical custody; who conducted the search nor where or with 'whom' the chain of custody begins or ends with, nor the point, time, location, or circumstances of incriminating physical evidence discovered within the control of the suspect for which he was charged."

While Giordano was being detained, he was left alone by Bay Pines VA police and overdosed on pills.

"While the unknown officer was away, Giordano swallowed a purported amount of thirty pills which were left in his possession. An ambulance was called, and Giordano was taken to the Emergency Department at the C.W. Bill Young VA Medical Center for treatment. He was Baker

Acted (held in a psych ward temporarily against his will), and after being cleared and released on 07/16/2015, Giordano was taken to jail,” Harrington said.

Although Giordano survived, he lay comatose for three to four days in the hospital, according to Harrington’s investigation.

Harrington said he began investigating the incident on his own, more than a year later, because no one had been held responsible.

At least one federal agency found Harrington’s investigation had merit; Michael Nacincik, public affairs officer for the VA Office of Inspector General, issued this statement: “In this instance the OIG reviewed the matter and determined at the time that it should be referred to VA for appropriate action.”

Due to his investigation, Harrington said, he has been retaliated against; since January 2017, he has been under investigation for an allegation of releasing private information illegally.

According to documents reviewed by TheDC, in October 2017, the newly created VA Office of Accountability and Whistleblower Protection (OAWP) stepped in and issued an executive stay order — stopping any VA action against Harrington — but that stay order was revoked in June 2018, and he was terminated soon after.

James Hutton, Deputy Assistant Secretary for the VA’s Office of Public and Intergovernmental Affairs, issued a statement.

“VA’s Office of Accountability and Whistleblower Protection investigated these allegations in April 2018. The investigation did not substantiate whistleblower retaliation against Mr. Harrington,” Hutton stated. “Under the provisions of the VA Accountability and Whistleblower Protection Act, Harrington’s proposed removal was placed on hold in October of 2017 while OAWP investigated the disclosure he had filed. After OAWP’s investigation did not substantiate whistleblower retaliation, the hold was lifted.”

Hutton continued: “Mr. Harrington was removed for a number of blatant and repeated violations of VA policies including conduct unbecoming of an officer (multiple counts), failure to cooperate in an agency fact finding, violation of privacy policy and the national rules of behavior.”

But Harrington argues that the “fact finding” process violated VA procedures that call for a formal investigation process.

Natalie Khawam heads The Whistleblower Law Firm and represents several VA whistleblowers; she said she has seen fact findings be used a retaliatory tool.

“We have seen the agency bypass the formalities of an AIB by using an informal ‘Fact-finding’ to gather evidence in a biased manner in relation to “incidents” that occur at the agency facility, which is then used as evidence in a proposed disciplinary action to support the action.

“A ‘Fact Finding’ can be used as a retaliatory tool against whistleblowers because it allows the Agency to take a shortcut from the AIB, a proper process that was developed by policy,” Khawam said.

“It then falls on the employee to point out the credibility issues with the evidence that was gathered in the fact-finding in their response to the proposed discipline that is raised against them.”

That’s exactly what Harrington hopes will happen as his termination is appealed; he believes that fact findings are not allowed, and removals based on them have not been challenged properly.

He said that according to VA rules and procedures, a formal administrative investigation — known as an administrative investigative board — is to be formed before an employee can be terminated.

The AIBs have rules and regulations spelled out in VA procedures including: issuing a charge letter, convening a qualified board, an objective investigation, and no conflicts of interest (in his case, the people who he blew the whistle on conducted the fact finding).

None of that happened in his case, Harrington argued, and Khawam agreed that fact finding are often broad and nebulous.

“Since there are no formal requirements for how a fact-finding is supposed to be done, the evidence is normally gathered in a biased and improper manner and the employees involved may or may not be aware that they are participating in the fact finding or what may come of what information they are providing to the fact finder.”

Harrington is currently appealing his termination through the Merit Systems Protection Board (MSPB).

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4.2 - Law360: [Veterans Court, In 'Seismic Shift,' Will Allow Class Actions](#) (27 August, Daniel Wilson, 1.5M uvm; New York, NY)

The full Court of Appeals for Veterans Claims, in a decision described by its chief judge as a “seismic shift,” ruled for the first time that it can consider class action claims, even as it refused a veteran’s bid for class certification.

In a 4-4 decision issued on Aug. 23, the en banc court — minus Judge Joseph L. Falvey, appointed to the court after it had agreed to consider the case en banc — declined veteran Conley F. Monk Jr.’s bid for class certification. But...

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4.3 - WFED (AM-1500, Audio): [Panel rules veterans may be able to file class action lawsuits against VA](#) (27 August, Eric White, 854k uvm; Washington, DC)

The U.S. Court of Appeals opened up the possibility for veterans to file suit collectively, instead of as individuals. A panel of judges on the Court of Veterans Appeals said veterans could file class action lawsuits for appropriate cases in the future. The decision could have big implications for veterans awaiting a decision on their claims. The judges acknowledged

situations where a common cause is behind the delay for several veterans' claims. (U.S. Court of Appeals)

A federal district judge ruled nine key provisions in the president's executive orders on collective bargaining, official time, and employee removals are invalid. The U.S. District Court for D.C. issued a highly-anticipated decision on a legal challenge to the president's EOs from a coalition of over a dozen federal unions. Judge Ketanji Jackson said the president didn't overstep his executive or constitutional authority by issuing the executive orders. But nine key parts of them conflict with what Congress originally intended for federal labor-management relations. (Federal News Radio)

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4.4 - Rapid City Journal: [Noem visits Hot Springs](#) (27 August, Gray Hughes, 313k uvm; Rapid City, SD)

HOT SPRINGS – South Dakota's representative in congress and Republican nominee for Governor Kristi Noem stopped in Hot Springs Thursday to unveil her plans to better serve the state's veteran population.

What she calls "Operation: Rally Point" is an outline of how to prioritize veterans and expand veteran services in the state.

"Today, I have unveiled a veterans proposal that I think we need to do here in South Dakota," Noem said to a host of veterans at the Veterans Home in Hot Springs. "In so much of the time, we need to remind future generations of the sacrifices our veterans have made on behalf of this country and behalf of this state, and the town of Hot Springs has always been special to me."

Noem's speech focused on the sacrifices veterans have made for the nation and how, because of these sacrifices, the government needs to take care of the veterans.

Increasing veterans services, she said, will help entice more young people to serve in the military, a step that needs to be taken to avoid bringing back a national draft.

She also focused on ensuring Hot Springs remains "America's veteran home."

"So we need to make sure that every veteran in this country knows that, at some point in their life, if they want to know how much they are appreciated, they should come visit Hot Springs because this little town has always been South Dakota's veteran's home," Noem said. "But I am a big believer that the state of South Dakota should focus on making every veteran in this country knows that this is a place that they are going to want to see and spend time to really know how much they are loved and appreciated and how much their sacrifices have meant to all of us."

Noem said she settled on the name "Operation: Rally Point" because most veterans, at some point during their service, had to have a place where they meet up again if something went wrong.

“Operation: Rally Point” consists of the changes Noem would like to see to the state’s Department of Veterans Affairs.

“I would like to see much more involvement, supporting veterans service officers so that they coordinate better with our veterans to get them the type of benefits that they have earned and deserve through the VA at the federal level but also education benefits, making sure that we as the state of South Dakota are leading the nation in setting the example of hiring veterans that come back home,” she said. “We already have over 1,000 veterans that work for the state of South Dakota, but we should be leading the nation in how many veterans that we as the state government employ.”

Noem said she developed these points in “Operation: Rally Point” through discussing the matters with South Dakota veterans and without any input from the federal Department of Veterans Affairs or from the department’s secretary, Robert Wilkie.

She also said that she hopes her veterans plan will inspire Sec. Wilkie to keep the Hot Springs Veterans Affairs campus open as well as potentially expand services on the campus.

“We need more physicians, more nurses, more services for our veterans here,” she said. “This is a very special place where I think we could be leading the nation in PTSD treatment and in mental health services for veterans, and that is my vision, and I think he needs to come here to see it because I am a big believer that what you see with your eyes you carry in your heart, and if he were here to see it and see the campus and the people here in the town that support and love veterans, he would catch a vision of what should happen with our VA hospital.”

Many times, when federal officials are discussing the veterans affairs hospital, they look at the number of veterans treated to determine if a facility should be closed or not, she added.

The reason why both the veterans affairs hospital and Veterans Home in Hot Springs have been so successful, Noem said, is because they are able to play off one another, and each facility benefits from having the other one there.

Brad Richardson, superintendent of the Veterans Home, had a challenge to pose to Noem.

“South Dakota is just like every other state in the union where we are trying to fill clinical shortages,” Richardson said. “Our veterans town faces that same dilemma.”

Richardson said he wanted to know what Noem can do to help shrink that employment gap, such as offering scholarships to keep potential workers who attend state universities employed in South Dakota.

Noem said she would not only create scholarships for students but would also try to create residency spots in western South Dakota because, she said, where a student is educated, often times they will stay there.

A benefit to being a smaller state, she added, is that they are able to launch pilot programs for veterans care.

“That’s one thing I’ve talked to the White House about,” Noem said. “They are very interested in South Dakota because we are small, and because we are small we can do things a lot of other states can’t do. It is very hard for a big state like Florida or California to make big changes or

have a big impact, but we can do that in South Dakota and almost be a pilot project for a lot of this stuff that other states can't do. So they are very interested in having someone in the state of South Dakota that wants to be a leader in veterans, veterans care issues and other areas of economic development.”

After that, Don Ackerman, a veterans activist who organizes motorcycle rides throughout the Black Hills, presented Noem with a framed picture of Noem on one of the rides – the Freedom Ride.

“You are the only representative that has ridden on the Freedom Ride,” Ackerman said. “We missed you this year, and I kind of understand, you were running the country, you have all these kids running around East River, you were running for governor and your husband keeps you busy.”

Noem said she was touched by the tribute and vowed to return to the Freedom Ride again.

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4.5 - Reedsburg Times-Press: [Legion friends help Vietnam vet: Soldier suffers cancer related to time in service](#) (27 August, Ken Thomas, 18k uvm; Reedsburg, WI)

CLYMAN – Marvin Hanke remembers a lot about his time in the U.S. Army, serving in Vietnam from June 1968 to June 1969, and spending the following year stateside.

He had seven photo albums when he left Vietnam, but doesn't blame his comrades for lifting six of them before he headed back to the U.S. Friendships and memories were made and those who shared them couldn't be faulted for wanting a piece of them.

Still, it was no party.

“I always say of my service, ‘It was a good experience I didn't need,’” Marvin said. “I was 18 when I got a letter inviting me to come to Milwaukee and register for the draft.”

It was a dramatic change from his life on the farm, and he was soon stationed on active duty in Vietnam. One thing he remembers is clearing the landscape with a nozzle in his hands and a canister of Agent Orange on his back. It was a part of the routine to prevent enemy fighters from getting too close to the bases and camps that were their temporary homes. The chemical compound helped, but danger and death were still common.

After his first year, Marvin had the option of staying in Vietnam another five months or of serving a full year stateside. Having seen some of the bloodiest combat of the war, he chose the latter.

“There were a lot of bullets flying around out there,” he said.

After his service, Marvin returned to Wisconsin, moving around a bit before he bought a 28-acre farmette and built a dream home with his wife Barb. The two had known each other for years, but it was only after Barb divorced her first husband that they got together. That was 27 years ago, and they have remained devoted to each other, in sickness and in health, ever since.

This is Marvin's second bout with cancer – the first one being colon cancer. He now has a form of skin cancer that causes lesions in his brain and his body.

Marvin has no complaints about the care he has received or the benefits he has received from the Veterans Administration or other programs. The costs, however, are still high.

"They don't cover everything and it's very expensive," said Marvin. "The VA is trying its best to help, but it all takes time."

"He's on two chemo drugs and each drug, for a month's supply, costs \$30,000," said Barb. "We checked all of the pharmacies around here and it costs the same at each one of them. The drugs are classified 'experimental' so insurance and Medicare don't cover them."

Marvin and Barb were both raised on farms and both have a love for animals. They had to sell their registered Hereford bull to help cover the shortfall for medications. Other animals will have to go, not only to raise funds, but to cut down on work as well. Marvin, for example, rents 17 additional acres to raise the hay his animals eat. The couple maintains a herd of 10 steers, three cows, four horses and a Sicilian donkey, about 25 chickens, an emu, and some bobwhite quail and pheasants (Barb used to raise and sell them by the thousands).

Two mini Yorkshire terriers, Rascal and Taz, protect the house

Now at 70 and undergoing many treatments, Marv and Barb can no longer keep up with their menagerie, despite the help of family and friends.

Doctors are currently deciding whether to continue Marvin's chemotherapy drugs, which make him sick, or to pursue a course of intravenous immunotherapy (another form of chemotherapy). Dosages are the tricky.

Marvin's older sister, 77, has driven them to treatments in Madison, and Barb and Marvin's children have also helped.

It came as a bit of a surprise when fellow American Legion members announced that they were organizing a benefit for Marvin on Sept. 16.

"It's a good feeling knowing that your friends and neighbors are willing to help you out," said Marvin. "People are really generous and helpful, and we surely are grateful for it."

"It turns out that the Legion Auxiliary president's son and our grandson are good friends," said Barb. "Susie Davidson called up and said, 'I didn't know Marv was that sick.' I assume the two boys had talked and that's how it got going. Marvin's a very humble person, but it warms our hearts knowing that people appreciate his service and value him as a person."

A breakfast and brat fry will be held at the American Legion Post 15, 162 E. Oak St., Juneau, Sept. 19, from 7 a.m. to noon. All costs are being donated to the cause.

An account has been set up at Hustisford State Bank, 200 S. Lake St., for cash and check donations.

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4.6 - St. John Source: [VA Caribbean Healthcare System and U.S.V.I. VA Expand Alternatives for Veterans](#) (27 August, 12k uvm; Saint Thomas, US Virgin Islands)

In an effort to continually improve services to military veterans in the U.S. Virgin Islands, the VA Caribbean Healthcare System (VACHS) and the USVI Office of Veterans Affairs have announced the inclusion of AeroMD in the authorized list of air ambulance providers of the VACHS. This effort expands alternatives for veterans of the Virgin Islands in need of air ambulance services.

"Thanks to the leadership of Mr. Patrick Farrell, USVI state director of veterans' affairs, the VACHS was able to enter in this collaboration with AeroMD for the benefit of all veterans living in the U.S. Virgin Islands," said Dr. Antonio Sanchez, acting director of the VA Caribbean Healthcare System.

AeroMD, a veteran run company, is an air ambulance service based on St. Thomas that provides high acuity critical care patient transports from the Caribbean.

For veterans eligible for VA health care, VA's goal is to provide them with the care they need at the right time, at the right place, from the right provider. In some cases, veterans may need to receive care from a community care provider, coordinated by VA.

By collaborating with community providers such as AeroMD, VACHS can have alternatives to better serve veterans. "For the veterans of the Virgin Islands, this is a win-win situation. I am happy that we have brought this to fruition. This is a life saving and quality of life issue," said Farrell.

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5. [Improve Timeliness of Service](#)

5.1 - KUSA (NBC-9, Video): [Truth Test: Anti-Crow ad overstates his Veterans Affairs board role](#) (27 August, Marshall Zelinger, 3.2M uvm; Denver, CO)

Negative campaign ads airing in Colorado should come with a stamp: "Made in Washington, D.C."

The newest negative ad is from the Congressional Leadership Fund, a Super PAC to keep Republicans in the majority in the House of Representatives. That means they support Rep. Mike Coffman, who represents the Sixth Congressional District that covers Aurora, Thornton, Brighton and the areas north, south and east of DIA.

The ad takes aim at Coffman's Democratic opponent, Jason Crow.

CLAIM: "Meet Jason Crow Another all talk, no action politician."

VERDICT: Depends on your definition of "politician."

Merriam-Webster defines politician as:

1. "A person experienced in the art or science of government; especially: one actively engaged in conducting the business of a government."

2. "A person engaged in party politics as a profession."

Crow has never run for or been elected to office. However, he has been appointed to the Colorado Board of Veterans Affairs, which the ad focuses on.

CLAIM: "Crow served on the Board of Veterans Affairs where it was his job to advocate for veterans. Crow failed."

VERDICT: The "Crow failed" part is opinion. It's true he served on the Board of Veterans Affairs, which does advocate for veterans.

There are seven members appointed to the board, and each are honorably discharged veterans of military service. Crow is an Army veteran.

The board has an advisory role, which makes recommendations, but has no legislative power. It can make recommendations regarding the operations and maintenance of veterans' community living centers. It also oversees the issuance of special license plates to veterans. It also advises any department that provides services to state veterans.

The board also manages the Veterans Trust Fund, which provides veterans with emergency assistance, rides to medical appointments and homeless prevention. The money can also be used for state veterans nursing homes and the State Veterans Cemetery.

On screen during this part of the ad, the sentence "Crow Was Supposed to Serve Our Veterans" appears with a citation showing "Aurora Sentinel 7/12/17."

In supporting information that the Congressional Leadership Fund provided to 9NEWS, the article is really from July 11, 2017, and is a story about Crow challenging Coffman.

The statement on the screen has no connection to the article referenced.

CLAIM: "While veterans suffered because of mismanagement at the VA, Jason Crow didn't show up for work, skipping a third of the Board's meetings, neglecting veterans."

VERDICT: There's a lot to unpack here. The claim about not showing up for work and missing a third of the Board's meetings is true. Connecting it to mismanagement of the VA or neglecting veterans is misleading because of the limited role of the Colorado Board of Veteran's Affairs.

In supporting information provided to 9NEWS, the Congressional Leadership Fund referenced an audit and a 2012 Congressional investigation into long delays for veterans to be seen at VA hospitals, including the Denver VA Medical Center. The supporting information also included links to articles about long wait lists and falsified record keeping.

Neither of these issues are controlled by the Colorado Board of Veterans Affairs. These were documented failures by the Department of Veterans Affairs in Washington, D.C., which has oversight by the president and in part, Congress.

The billion-dollar over-budget new VA Hospital in Aurora is also the responsibility of the Department of Veterans Affairs in Washington, D.C. and not the Colorado Board of Veterans Affairs.

When Crow was still a board member in 2013, the board produced an annual report, which acknowledged long wait times for veterans.

"The largest issue facing Colorado Veterans is the slow processing of claims by the U.S. Department of Veterans Affairs (USDVA). The wait time from claim submission to adjudication now exceeds 8 months. If the veteran appeals the USDVA's decision, the wait time extends another 23 months. This is unacceptable..."

"It is clear that there is a systemic problem and one that the Board and Colorado cannot solve, but we need to continue to pressure USDVA to tackle it and rethink the entire process."

"We are proud to say that Colorado has done a good job in trying to help these veterans by providing grant funds through the Veterans Trust Fund..."

CLAIM: "Jason Crow didn't show up for work, skipping a third of the Board's meetings, neglecting veterans."

VERDICT: As stated above, his attendance record is true. The part about neglecting veterans is an overreach.

Minutes from the Colorado Board of Veterans Affairs meetings from Crow's first meeting in September 2009 until his last in April 2014, show 51 total meetings. He attended 32 of those meetings. He missed 19. Of the 19 he missed, 14 were labeled "excused," two were marked "absent." Three others were marked "not present," and the current board president told 9NEWS that he could not say if that meant excused or unexcused since he was not a member of the board at that time.

Crow overlapped several other board members, but did not serve identical terms with other board members. A review of the board member attendance for those who served during most of Crow's appointment showed the following:

- One board member missed eight of 41 meetings (20 percent)
- Another missed five of 47 (10 percent)
- A third board member missed three of 42 meetings (Seven percent)

BOTTOM LINE: The ad correctly states Crow's attendance record, but overstates the board's responsibilities and role within the VA system. It's true that Jason Crow missed more than one-third of the Colorado Board of Veterans Affairs meetings during his nearly five years on the board. Of his absences, 14 of the 19 were excused, with three other marked "not present" which may mean excused or unexcused. The board had no role in the "mismanagement at the VA."

Oversight of the hospitals responsible for long wait times and lax oversight is the role of the Department of Veterans Affairs in Washington, D.C.

The role of the Colorado Board of Veterans Affairs is limited to advocacy and recommendations, as well as dispersing money from a Veterans Trust Fund to support local veterans getting to and from medical appointments, emergency assistance and homeless prevention.

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5.2 - Hometownsource.com (Sun Current): [Thank you, Rick Nolan, for your service](#) (27 August, Barbara KlaesDalbo, 14k uvm; Coon Rapids, MN)

Dear Editor:

I am writing to send a sincere thank you to Congressman Rick Nolan for his service to Congressional District 8 in Minnesota.

Congressman Nolan was extremely responsive and helpful when my son, Bryan, was issued an invalid Military ID card through the Veteran's Administration.

Bryan was born with a significant physical disability and has received services through the Veteran's Administration due to Bryan's father's service to our country.

Despite numerous attempts to reach and work with the Veterans Administration, we were unsuccessful at getting Bryan's ID card and eligibility fixed in 2014. The Veterans Administration had issued an Active Duty Reserve ID card to Bryan despite his ongoing physical struggles. The ID card denied Bryan his rights to the services that Bryan was eligible for if he had actually been issued the correct ID card. No matter who we reached at the Veterans Administration, we were told that Bryan's ID card could not be corrected.

It was only after reaching out to Congressman Nolan's office that we were able to open a conversation with the Veteran's Administration. Congressman Nolan's office was receptive to our request for assistance, and immediately moved forward to have Bryan's ID card corrected. Only with this help did Bryan receive a valid Military ID card and the benefits that he was eligible for through his father's death.

Congressman Nolan and his staff were professional, treated Bryan with the greatest respect and handled our concerns with the greatest of compassion and care.

Our family wishes the best to Congressman Nolan on his future endeavors and again, we greatly appreciate his service in Congressional District 8.

Barbara KlaesDalbo

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[6. Suicide Prevention](#)

6.1 - KCCI (CBS-8, Video): [Nonprofit for veterans in jeopardy after landlord sells building](#) (27 August, Laura Terrell, 2.1M uvm; Des Moines, IA)

A central Iowa nonprofit that helps Iowa veterans in crisis could shut down after losing its building unexpectedly.

The Veteran's Empowerment Center, founded by Air Force veteran Ronnie Murray, works alongside the Veterans Affairs hospital to help lower the veteran suicide rate.

The nonprofit operated out of a small building on East 9th Street in Des Moines until earlier this month, when Murray said he arrived at work to find a “closed” sign on the building.

He said the landlord sold the building without any notice or explanation.

Murray said the nonprofit’s belongings and the crisis hotline phone remain inside the locked building and that he is unable to answer calls for veterans in need.

“It’s heartbreaking and it’s unacceptable,” he said. “It’s unacceptable.”

Murray knows the darkness of post-traumatic stress disorder firsthand.

When he heard another Iowa veteran, Richard Miles, took his own life at Water Works Park in 2015, Murray knew he couldn’t stand by and do nothing.

“On TV I saw that he committed suicide, and I had those same thoughts,” Murray said. “I knew right then that I had to stand up.”

Murray started the Veteran's Empowerment Center so veterans with nowhere to turn could find help.

“Ronnie provides the opportunity and the shoulder, and he has the resources with the VA hospital to get the help they need, because a lot of veterans are too proud to do it for themselves,” Vietnam veteran Don Cook said.

Murray said he fears what will happen to the veterans he strives to save if the Veteran’s Empowerment Center cannot find a new location.

“We’re dying,” he said. “Over 20 (veterans die) a day.”

The nonprofit has survived on donations and volunteers. Murray said he is desperately trying to find a new location and is asking for the public’s help more now than ever.

“We need resources for our veterans,” he said. “We’ve done this with nothing. imagine what we could do with something.”

KCCI reached out to the building landlord Monday but did not hear back.

Murray said he has been in contact with businesses pledging to help him find a new building.

Contributions to the Veteran’s Empowerment Center can be made at Tradesman Community Credit Union, located at 1400 2nd Avenue in Des Moines.

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6.2 - Capital Public Radio: [Why Veterans Face Heightened Suicide Risk In Amador County And Other Rural Areas](#) (27 August, Sammy Caiola, 304k uvm; Sacramento, CA)

At Victory Village in Jackson, executive director Nichole Mulford tries to make the rooms for struggling veterans feel like a home.

They can seek company in the sitting room or the sunny backyard. Mulford says many residents light up when they see her own young children running around the complex.

“A lot of times when veterans come to us, we’re all they have left,” Mulford said. “They’ve lost their families because of what they’re going through with health issues, mental health issues.”

She and her husband, an Iraq veteran, founded the home nearly six years ago after noticing a dire need for more housing and health services for vets.

About 12 percent of Amador County residents are veterans, compared to 6 percent nationally. Post-traumatic-stress disorder, substance use, chronic pain, traumatic brain injury and experience with firearms make veterans about 22 percent more likely to die by suicide than the rest of the population, according to research from the Department of Veterans Affairs.

Data from Amador County’s public health department shows that more than a quarter of people who died by suicide in Amador between 2010 and 2017 were veterans. Nationally, veterans account for about one-fifth of all suicide deaths.

Mulford said many veterans suffering from depression, PTSD or other issues feel too ashamed to reach out.

“There’s a stigma with mental health in general, but when it comes to veterans it’s bigger,” she said. “When they’re in the military, it’s ingrained into them to be self reliant ... and asking for help would negate all of that training.”

Making matters worse, the nearest Veterans Affairs medical center is about 40 miles away. Most veterans aren’t eligible for county behavioral health services because they aren’t on Medi-Cal, and they’re unlikely to be able to pay for therapy out of pocket.

To provide at least a baseline of support, Victory Village offers a PTSD peer coach. He’s a Vietnam veteran trained to talk with individuals and run a weekly group.

Guy Searcy, a 65-year-old resident of Victory Village, said he sees the coach a few times a week for meridian tapping, a form of alternative medicine meant to release negative emotions by physically tapping certain pressure points on the body.

He said it helps a lot with his PTSD. But like many of his housemates, it took him a long time to realize that he couldn’t handle everything on his own.

“It took a lot of steppin on my pride to do it,” he said. “Veterans should know by now. you’re part of a brotherhood. We stuck together then and stick together now. We point each other in the right direction and try to help those that are having a difficult time coping.”

He gets a lot of needed social interaction that keeps his spirits up. But perhaps more importantly, he gets a roof over his head. Many veterans struggle to find affordable housing. It’s part of the wider homelessness problem in Amador County.

“A 32-year-old vet called us — his house had burned down,” said Terry Sanders, the Amador County veteran service officer. “He called us, but what do we do for him the next month? And the month after? Acute help is available, but how do we fix the safety net issues that got him there?”

The Amador Tuolumne Community Action Agency opened a new residential facility for veterans this spring. County Supervisor Lynn Morgan recently launched a pilot program arranging for a Veterans Affairs health officer to visit isolated people in the ‘upcountry’ area once a month. Find more resources for veterans here.

If you or someone you know needs help, call the National Suicide Prevention Lifeline at 1-800-273-8255. You can find additional resources, including programs for youth, seniors, veterans and Native Americans, here.

This project is funded by a USC Annenberg Center for Health Journalism grant.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - Military Times: Online or on campus? Here are 7 things to consider if you’re asking that question (27 August, Natalie Gross, 2.1M uvm; Springfield, VA)

You’re ready to turn your Post-9/11 GI Bill benefits into a degree. So, should you go to school in a traditional classroom setting or online?

If you’re looking for flexibility, online may be your best option. If camaraderie and collaboration matter more, in-person could be the better bet. But there are many other things to think about:

On campus means more money (for you).

One key difference between the two paths is how much you’ll receive from the Veterans Affairs Department each month. Be prepared for smaller checks if you go to school online. The GI Bill covers all in-state tuition and fees at public institutions and up to \$23,671.94 at private schools. Veterans also get a monthly housing stipend, which is calculated based on the location where they take the most classes.

Housing stipends are equivalent to what the military would pay an E-5 with dependents in that location. However, if you go to school 100 percent online, you’ll only receive half of the national housing allowance average, or \$825 per month, according to VA.

This has been a point of contention for some in the online education space, including American Military University, the fourth-largest enroller of students using the GI Bill to pay for school.

“Veterans would further benefit from a change in policy to grant them the same housing allowance whether they choose to study online or on campus since their housing expenses are identical,” John Aldrich, AMU vice president of military outreach, said in an email.

Regardless of your opinion on the housing stipend policy, it’s the law, so you’ll want to consider it as you make this decision.

Online means more flexibility.

“As a nontraditional student, you have demands in life that traditional students do not have. You’re more likely to be married. You’re more likely to have a family and to have a part-time or full-time job,” said Barrett Bogue, vice president for public relations and chapter engagement at Student Veterans of America, an organization that has done extensive research into the student veteran population. These are all factors that are bound to play into your decision.

If you’re still on active duty, there are more questions to consider, according to Amanda Mitchell, project specialist in the Office of Military Affairs at Liberty University, another top enroller of GI Bill students. For example: Is there a chance you may have to miss in-person classes due to training activities, temporary duty, or even a permanent change-of-station move?

“Online programs with no set log-in times can easily meet those demands that come with military or civilian life,” said Mitchell. “In-person programs may have a more rigid structure that students would need to navigate when things come up.”

Liberty has a physical campus in Lynchburg, Virginia, as well as a robust online program. According to enrollment figures provided by Mitchell, the overwhelming majority of the school’s 30,000 military-connected students, including service members, veterans and spouses, have opted for the online option.

Online education has two structural advantages, said John Kamin, assistant director of veteran employment and education at the American Legion. One is the flexible scheduling, which can lead to faster graduation. “The capability to accelerate learning is likewise invaluable for veterans who, due to military learning and experience, can breeze through typical course requirements,” he said. The other major benefit, Kamin said, is that the semesters are generally less regimented, meaning students aren’t tied to the traditional semester start and end dates.

At AMU, for example, students can enter classes monthly, and the terms are eight to 16 weeks long, Aldrich said.

Research is important.

A good place to begin is the GI Bill Comparison Tool. Here, you can find everything from how much a school costs to student veteran graduation rates.

Another thing to consider in your research, especially if you’re leaning toward online education, is that you can still go to a well-respected, selective institution.

“Schools that you may have assumed don’t have a traditionally online presence do, and it’s certainly worth pursuing,” Bogue said, naming Arizona State University and Purdue University as examples. “Don’t assume that the schools that are advertising to you are the only destination that’s available to you for online education.”

You should also look into how well schools support their student veterans, whether through military-specific tuition rates or services.

“Regardless of whether the school offers programs in-person or online, students should definitely look at what kind of support the [school] offers to promote connection and healthy learning environments,” Mitchell said.

Your learning style matters.

Are you the type of person who’s going to get as much out of a class you take in front of a computer screen as you would behind a desk in a classroom? That’s an important question to consider, and it’s worth getting other people’s opinions, said Randy Plunkett, assistant vice president of military initiatives at Southern New Hampshire University, which has both in-person and online options for students.

“Talk to former teachers, talk to people you’ve worked with, talk to people who’ve trained you or you’ve trained, talk to people who are in school now,” he said.

Plunkett has taught classes both online and on campus at SNHU and said it can sometimes be a challenge for professors to maintain the same level of interaction, as well as adapt to various types of learning styles, for students taking the class online. That’s getting better, Plunkett said, but ultimately, “a lot of what you get out is what you put in.”

Human contact is important.

Student veterans can grow intellectually and personally by learning alongside other people, with whom they can talk and interact, Kamin said.

“This has the potential to be especially profound to veterans who may discount traditional students and peers who do not have the real-world experience that they have,” he said.

Another underappreciated advantage to attending classes in person: networking opportunities, which may even lead to a job. For example, Student Veterans of America recently launched a coalition comprised of a few dozen large companies that have pledged to engage, mentor and hire veterans who are a part of SVA chapters on college campuses.

More broadly, peer networks can be vital to your success in school, Bogue said. If you’re on a campus, see if your school has an SVA chapter. If you’re online, find a way to get involved with a local veterans group such as The Mission Continues, American Legion or VFW.

It could depend on what you want to do next.

Knowing your end game is another way to make the decision. Take a cue from the Army Field Manual and its emphasis on reverse planning, Kamin said.

Start with your dream career goals. What do you need to get there? A certificate, bachelor’s degree, master’s degree? Then think about what life is like for you today. If you’re already employed at a company where you’d like to stay, online education may be the best solution. On the flip side, if you’re interested in changing careers or aren’t quite sure what you want to do next, in-person classes could be better for developing those professional goals. Students can build face-to-face relationships with classmates and professors that could later become job references. They also get exposure to professional development events at the school and can join on-campus groups that can help build confidence for a new career, Kamin said.

Aldrich contends that online education can also be effective for career development. "By studying online, veterans interact with a more diverse range of civilian classmates, adding new perspectives to help them develop needed private-sector skills," Aldrich said.

You can do both.

There is a way to have your cake and eat it, too: Take at least one class in person.

For example, if you do go to a local community college for at least one class, VA will base your housing stipend on that campus, so you can get the benefits of attending school mostly online, if that's what you choose, while still getting the in-person college experience.

"Don't let fear dissuade you from taking either path," Kamin said. "Your country believes in you, and the legacy of success you leave will preserve the availability of the GI Bill for America's generation of service members."

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7.2 - KSDK (NBC-5, Video): [Many veterans can't access VA Cemetery in Alton](#) (27 August, PJ Randhawa, 1.5M uvm; Saint Louis, MO)

ALTON, Ill. — It's a final resting place for those who served and fought for our nation.

But disabled veterans say this local VA cemetery is almost impossible for them to visit.

We're talking about the National Veterans Cemetery in Alton, Illinois.

Where the issue is a lack of ramps and other forms of access.

She said her investigation started last year, after reporting from a sunset Memorial Day ceremony.

"We were packed up and ready to go when I looked down the hill. I saw a veteran in a wheelchair. He was trying to get up the hill to be a part of the ceremony. He got about halfway up before he flipped over and landed on his neck. Luckily he was OK," PJ said.

It's a cemetery created to honor veterans. But some of them say it's not for them.

"I don't see any way to get up there. I feel like I'm on the sidelines," said Don Feldot, an Air Force Veteran.

The issue is there's no safe way for Feldott to get up this hill in his wheelchair. No way for him to see the cemetery, or pay his respects to the fellow veterans that lay here.

"That's way too steep to manage," Feldott said of the area surrounding the cemetery. "Any public place, particularly a veterans cemetery, should be ADA accessible."

"I just think it's wrong. It's wrong it can't be accessed," said Cathy Contarino, Executive Director of the Impact Center for Independent Living.

Contarino said she's been fighting to make the Alton National Veterans Cemetery accessible since 2005. Back then, it had just been given hundreds of thousands of dollars in federal funds for renovations, but Contarino said she spotted something.

"We came by and noticed 'Hey, things are torn up but we don't see evidence of a ramp.' And we started to question it," said Contarino.

Due to an obscure federal loophole, things like wheelchair ramps and access requirements did not have to be included in the changes. So they weren't.

"Even if it's not required by law, it's the right thing to do," said Contarino.

A few years later, complaints from veterans started piling up.

Now the federal government claimed the reason it couldn't install those ramps was that it didn't own the property on either side of the cemetery, the City of Alton did.

Brent Walker, the mayor of Alton, has offered up a piece of land on the left side of the cemetery entrance to for the ramp be constructed on.

The only problem? No one is sure if there are human remains buried here.

"I think they're trying to see now if it would be better on the other side," said Contarino.

A study will have to be done to determine if there are unmarked graves or human remains on the right side of the cemetery as well.

With that news, Feldott isn't sure he'll ever get to the top of the hill in his lifetime.

"It's getting tiring. One person says this. They pass the buck to someone else. We just want resolution for our veterans," said Contarino.

"We have the same rights as everyone else," said Feldott.

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7.3 - KRDO (ABC-13, Video): [Military Matters: Salvation Army offers free housing, meals for veterans](#) (27 August, Alexis Dominguez, 827k uvm; Colorado Springs, CO)

The Salvation Army of Colorado Springs is helping veterans and their families by offering free housing and meals.

We all know the military is full of heroes who have helped us, but now the Salvation Army and the Department of Veterans Affairs are teaming up to help them.

"We just received a grant from the veterans administration to house 22 vets in 11 apartments," said Capt. Erin Kauffman with the Salvation Army.

The program is called New Beginnings and it allows veterans to live in the apartments near Platte and Circle for up to two years while they assimilate into civilian life. It's all made possible thanks to a \$350,000 grant from the Department of Veterans Affairs.

The apartments have both one and two bedrooms, depending on the size of the family. The community has already donated couches, beds, and tables, but they still need bed sheets and kitchen utensils.

"We need pots, pans, we need plates, silverware," said Capt. Kauffman.

And besides a place to live, the veterans also get free lunch and dinner, free transportation and workforce training.

Brenda Richardson is a volunteer at the Salvation Army and has seen the benefits of programs like this first hand.

"To be able to reach out like that warms my heart, to be here and be a part of what's going on," Richardson said.

And she's not alone, Toby Ferrar is also excited to know his community is welcoming veterans and helping them stay on their feet.

"Yeah I think it will give them a place to go to instead of carry out missions on the corner and give them a place to be," Ferrar said.

To qualify for the program, the Salvation Army will take nominations from local organizations. They hope to have all apartments furnished and filled by October 1st.

To donate supplies or time to this project, you can visit the Salvation Army in Colorado Springs.

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7.4 - Pacific Standard: [Lawmakers Call For Accountability After The VA Mishandles Thousands Of Sexual Trauma Cases](#) (27 August, Jack Herrera, 612k uvm; Santa Barbara, CA)

A week after an internal report revealed that the Department of Veterans Affairs had mishandled thousands of service-related sexual trauma claims, a bipartisan group of lawmakers united on Monday to call for action from both Congress and the agency.

"We write with alarm that veterans experiencing post-traumatic stress due to military sexual trauma are seeing their claims inadequately adjudicated and inappropriately denied by the Veterans Benefits Administration," 12 members of Congress wrote in an open letter to Robert Wilkie, the secretary of the VA.

Last week, an inspector general report within the VA found that hundreds of veterans seeking treatment for sexual trauma they experienced while in the military had their claims wrongly denied by the department. In a review of the roughly 12,000 sexual trauma cases filed in the last year alone, the inspector general found that over 1,300 had been mishandled. In case after case, processors at the VA failed to carry out additional steps mandated by department policy

and prematurely denied hundreds of claims from veterans suffering from post-traumatic stress from military sexual trauma.

The same group of lawmakers who wrote the letter to Wilkie also penned a letter to Representative David P. Roe (R-Tennessee), the chairman of the House Committee on Veteran Affairs. That letter called for Roe to hold committee hearings to consider the needs of veterans affected by the VA's malfeasance. Both letters were spearheaded by Representative Ann M. Kuster (D-New Hampshire).

"If mistakes were made, we will fix them in order to ensure affected veterans are getting all of the support, benefits and services they have earned," VA press secretary Curt Cashour told the Hill.

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7.5 - Waco Tribune-Herald: [Waco veteran still slamming at 95](#) (25 August, Tommy Witherspoon, 193k uvm; Waco, TX)

It's hard not to notice Ira Walton when he is driving his Dodge Ram pickup. The truck is adorned with six American flags, symbols of Walton's patriotism and dedicated service to his country.

It's a rare individual who served his country in the military during three wars. The 95-year-old Walton won two Bronze Stars for meritorious service in combat zones and achieved the rank of Chief Warrant Officer 3 during a 31-year Army career that spanned World War II, the Korean War and the Vietnam War.

However, besides his family, Walton perhaps is most proud of his 29-year tenure as a fierce competitor in the National Veterans Golden Age Games, a multi-event sports competition for veterans held in various cities across the country.

Walton will stack his Bronze Stars up against his 89 career medals from the Golden Age Games, the vast majority of them gold medals. However, Walton returned from the latest games in Albuquerque, New Mexico, with a bonus prize that caught him a bit by surprise. He was inducted into the National Veterans Golden Age Games Hall of Fame for his many successful years at the games.

Walton came back to Waco with lots of hardware, including the Hall of Fame plaque, a blingy ring and gold medals in shuffleboard, horseshoes, air rifle and table tennis, his signature event.

The Hall of Fame designation was first given out at the games three years ago, and it has fewer than 10 members.

When asked about the honor, the soft-spoken Walton said, "I think I deserve it. I thought I should have been number two, the second person inducted."

Walton has been a member of the Waco Table Tennis Club for decades and routinely dispatches players decades his junior. He hones his skills by playing five days a week and every other Saturday.

Jimmy Dorrell, pastor of Church Under the Bridge and former executive director of Mission Waco, has played table tennis with Walton for 50 years.

"I thought I was pretty good because I would win YMCA tournaments in Conroe, where I grew up. When I came to Baylor in 1968, I was looking for a game, and Ira and those other guys just beat the snot out of me," Dorrell said. "Ira is the genuine, real deal. He is one of the nicest men I have ever known as far as character, courtesy and politeness, and his family is equally solid. Ira is as good as it gets. He is a legend, and his family is the kind that I think everyone wishes they had."

Walton grew up in Waco and attended segregated A.J. Moore High School. In those days, tennis was his game. He won second in state in tennis as a junior and won state as a senior in 1940. He also teamed with Bernard Lee to win state that year in doubles.

His tennis prowess earned him a partial scholarship to Paul Quinn College, where he also developed a love for table tennis.

"I started playing table tennis at Paul Quinn, and we would get so wrapped up in our games that sometimes we would just keep playing and miss class," Walton said.

Walton's stepfather worked hard mowing lawns and cleaning houses all over Waco, while his mother worked at Progress Laundry. Money was tight, and his partial scholarship wasn't paying enough for Walton to stay in school. He didn't want to ask his mother for money he knew she didn't have, so he left college and went to work at the laundry with his mother and older brother, Winger. He was making 40 cents an hour.

He later got a job for 45 cents an hour in a factory making women's hats. That was where he was working when he got drafted in August 1943. Winger, 18 months older, was drafted in January 1942.

Walton scored well on IQ and entrance exams and entered the Army Air Corps. He was sent to Biloxi, Mississippi, where his test scores earned him a shot to be a member of the fabled Tuskegee Airmen, a unit of black aviators serving in the segregated Army Air Corps.

"I made the mistake of telling the officer there that I had hay fever," Walton said. "Apparently you can't fly with hay fever, and he took my form and drew a big red 'X' on it and that was it."

With his brother in the Army, Walton transferred to the Army, where he was sent to Hawaii for jungle and invasion training in 1945 with plans to fight in the Pacific. Two months later, U.S. forces dropped atomic bombs on Hiroshima and Nagasaki in Japan, and the war came to a close.

He came home as a corporal in December 1945 and had 90 days to decide if he wanted to re-enlist. On the 88th day, he decided to stick with his military service and was sent to Germany and later to Austria, where he drove a staff car for a judge advocate general for three years.

In 1950, Walton was assigned to the 514th Trucking Company in Washington. Later that year, he was sent to Incheon in South Korea, where he transported troops, ammunition, food and dead GIs after the war broke out. Walton was never injured during his military service, but he had a number of close calls with mortar shells going off around the trucks he was driving.

"I consider myself very fortunate to be on active duty for that long and was not injured," Walton said.

After the war, Walton was stationed at Fort Hood and married Christene, his hometown sweetheart, in 1952. They had three daughters and two sons, 10 grandchildren and two great-grandchildren. Christene died in 2006.

Walton was stationed in Germany as a sergeant first class, when his brother was seriously wounded in Vietnam in 1964. Winger was flown to Fort Dix, New Jersey, and Walton and their mother, who came from Texas, got there in time to see him just before he died from his injuries.

"He was a master sergeant," Walton said. "He got hit by a mortar shell."

A few years later, Walton was appointed a warrant officer and was sent to Vietnam in 1967, where he spent 10 months as part of an engineering battalion. They built pipelines for oil and petroleum tanks, bridges that spanned rivers, roads and more.

"You name it and we built it," Walton said. "It was amazing what the military could accomplish."

He spent another tour in Vietnam after Pentagon officials rejected his personal plea not to return because he was a sole survivor. He retired from the Army in January 1974 and went to work at the Waco Veterans Affairs Regional Office.

The Army contacted him nine months later with good news. Officials said he should have been promoted to Chief Warrant Officer 3 and gave him back pay. Walton continued working at the VA until his retirement in 1988.

Two years later, at age 65, Walton started his 29-year consecutive streak of competing in the veterans games.

Walton said the secret to his good health and longevity is to stay active, both physically and mentally. He said he used to compete in checkers and chess at the games, which took care of his mental acuity. However, they discontinued those events, much to his disappointment, he said.

Jim Henry, 79, a 26-year Navy veteran, marvels at Walton's abilities at 95. Henry, also a member of the table tennis club, plays three times a week and said he and Walton split their games about 50-50.

"When I went into the Navy, even then, blacks in the service were relegated to cooks and stewards," Henry said. "They had to ride on the back of the bus. When Ira was coming up, being an officer was out of the question, and somehow, he retired as an officer. He did everything right. He just kept going and he can remember everybody's name back to 1942. It's amazing. When I'm his age, I hope I can do as well as he does."

It's going to take some doing for Walton to continue his streak with the Golden Age Games. They are being held in Anchorage, Alaska, next year.

"That's a long flight," Walton said. "I hate that, but I'm going to try."

There aren't many people who would bet against him.

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7.6 - ConnectingVets.com (CBS Radio): [Congress demands actions following VA's poor handling of sexual assault claims](#) (27 August, Matt Staintsing; New York, NY)

Federal lawmakers sent a pair of letters Monday, a week after the VA's Office of Inspector General released a report claiming 1,300 veterans were denied claims over a five-month span last year, demanding VA change how they process military sexual trauma (MST) claims and are calling for a full Congressional hearing on the matter.

Led by Rep. Annie Kuster (D-N.H.), the letters are signed by 11 and 12 members of Congress, respectfully, call for a full hearing before the House Committee on Veterans Affairs and demand VA Secretary Robert Wilkie take a dozen actions to correct the botched claims.

"In an environment where survivors often refuse to report sexual assaults for fear of retaliation, the VA's apparent inability to fairly treat these claims risks, re-victimizing survivors," they wrote to Wilkie. "You must instill confidence for survivors by immediately working to resolve these issues."

The members are calling on Wilkie to review all denied military sexual trauma (MST) related post-traumatic stress (PTS) claims, going as far back to 2012, provide better training to veterans seeking compensation, and authorize VA officials to notify veterans of the evidence needed for claims.

"These failures cannot accomplish anything more than dissuade veterans from filing claims for benefits and seeking needed mental health services," the letter reads.

Another letter, sent to House Veterans Affairs Committee Chairman Phil Roe (R-Tenn.), calls for a "full committee hearing as soon as possible" to address the IG report.

"We want to ensure that it is clear that the needs of MST survivors are a priority at VA and ensure key items are immediately addressed," the members wrote.

They're requesting an examination of VA's plans to guarantee no future MST claims are wrongly denied. Additionally, they're seeking input from VA officials on how they manage MST appeals, and veterans' organization on what works best for victims in processing their claims and appeals.

Chairman Roe's communication director Tiffany Haverly told Connecting Vets "the IG has briefed the committee on its report, and the chairman has directed staff to request the Under Secretary for Benefits brief the committee on Veterans Benefits Administration's (VBA) implementation of the IG's recommendations.

She added that Roe has received Kuster's request for a hearing and "will make a decision about any appropriate next steps after we receive VBA's briefing."

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8. [Other](#)

8.1 - U.S. News & World Report (AP): [Google's Search Tool to Help Job-Seeking Veterans](#) (27 August, 23.9M uvm; Washington, DC)

SAN DIEGO — A NEW Google search tool will allow service members transitioning to civilian life to include their military occupational specialty code to find jobs that match their skills.

The tool announced Monday is part of the tech giant's "Grow with Google" initiative aimed at helping Americans get jobs or grow their businesses. The program also is offering transitioning service members, and their spouses, computer training.

In addition, when users are searching for a place on Android or iOS mobile device or in Google Maps and open a business listing, a "veteran-led" designation will let people know which businesses are owned and run by veterans.

The initiatives are part of Google's plans to spend \$1 billion on nonprofit organizations helping to raise education levels around the world.

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8.2 - Washington Examiner: [Google installs tool to help US military veterans find jobs](#) (27 August, Daniel Strauss, 4.8M uvm; Washington, DC)

Google, the tech firm whose name is synonymous with Internet searches, is introducing a new tool to help U.S. military veterans build careers after leaving the armed forces.

The product, built into Google's job-search function, allows ex-military personnel to search positions using their occupational specialty code, retrieving a list of employment opportunities where their skills are in particular demand, the Mountain View, Calif.-based company said Monday.

"The transition process is complex," and the firm's new resources are designed to "play a part in making that easier," Lisa Gevelber, vice president of the "Grow with Google" operation, said in a statement. While the unemployment rate among veterans has dropped in the past year, reaching 3 percent at the end of July, former military personnel often struggle to find positions where they can use their specialized knowledge to full advantage and then to adapt to vastly different working conditions.

A 2011 study by the Pew Research Center found that 44 percent of veterans in the post-9/11 era experienced difficulties making the transition. Google, which cited estimates that about 250,000 service members a year will leave the military through 2019, noted that military spouses face a 20 percent unemployment rate and 35 percent under-employment rate after years of leaving jobs because of reassignments.

"We look forward to working with America's transitioning service members to help them succeed in civilian life," Gevelber said. Employers will be able to incorporate Google's tool into their own recruitment sites, the company noted, and companies like FedEx and Pepsi have already begun using it.

Google Maps and Search, meanwhile, will include a feature to help users identify veteran-owned businesses. Google.org, the search engine's philanthropy arm, will also provide a \$2.5 million grant to the United Services Organizations, a nonprofit that supports military members, for a certification that will help help participants find information-technology jobs.

"There is an opportunity to re-equip service members with IT skills as they move on to their next chapter after military service and to help address the spouse unemployment/underemployment problem with highly portable careers," Alan Reyes, a USO senior vice president, said in a statement.

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8.3 - Military Times (Reboot Camp): [Google just made your job search a lot easier](#) (27 August, Natalie Gross, 2.1M uvm; Springfield, VA)

The company behind the world's most popular search engine has unveiled three new initiatives to help veterans transition into the civilian workforce.

If job seekers enter 'jobs for veterans' — using single quotation marks — into the search bar, a tool will come up that will match the user's military occupational specialty code with job listings that require similar skills, Google officials announced today. Employers who use Google Cloud's Talent Solution are also able to implement this feature on their own websites, according to a news release.

Another new feature allows veteran business owners to add a designation, or attribute, to their online profile indicating that their company is veteran-led. This feature, compatible with both Android and iOS mobile devices, will show up in Google Maps and Google Search when users open a business list.

Google's announcement also included a \$2.5 million grant to the USO from Google.org, the company's philanthropic arm, to offer the Google IT Support Professional Certificate to service members and their spouses. The certificate program provides interactive technical-skills training, and those who successfully complete the program will be given a direct route to get their information into the hands of employers, according to the release.

Lisa Gevelber, vice president of the company's Grow with Google economic opportunity initiative, said in an email that the military transition process is complex, and she hopes these new tools and resources can help make things easier.

"At Google, we believe technology has the power to improve lives," Gevelber said. "With today's announcement, we look forward to working with America's transitioning service members to help them succeed in civilian life."

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VA Secretary's Stand-Up Brief

31 August 2018

Executive Summary

Vice President Pence's appearance before the American Legion received supportive, though limited, national coverage in reference to VA. President Trump's reported change to planned pay raises often mentioned the impact on Veteran employees, yet rarely mentioned VA.

Storyline	Outlets	Analysis	Trend	Priority
Vice Pres. Pence's American Legion appearance	Military.com , Pioneer Press , Stars and Stripes	<i>Stars and Stripes</i> and <i>Military.com</i> reported on Vice President Pence's appearance at the American Legion convention and on his praise of the Mission Act, while noting that Congress has not yet appropriated funding for the measure. According to <i>Pioneer Press</i> , Mr. Pence highlighted legislation to expedite disability appeals and other VA reforms.	Emerged	Choice / Interests
President Trump cancels pay raise for federal workers	AP , WSOC (ABC)	National outlets widely reported President Trump's announcement yesterday that he plans to cancel pay raises due in January for most civilian federal employees. Many outlets noted the move will disproportionately affect Veterans, citing the statistic that Veterans make up more than one-third of the federal workforce. <i>WSOC</i> specifically mentioned an impact on local employees working at the Veterans Affairs Housing Authority.	Emerged	Other / Resources
Analysis of Agent Orange scientific reports	Military Update	Tom Philpott provided a technical outline on how VA has interacted with the scientific literature reviews it received from the "National Academy of Medicine on Agent Orange-associated ailments" since March 2016. The analysis asserts that forward movement by VA on the topic has been limited since the Obama administration.	No trend	Service / Interests
Arbitrator: VA must rehire employees	WFED	<i>Federal News Radio</i> reported a Federal Mediation and Conciliation Service (FMCS) arbitrator found VA violated its contract with AFGE in implementing certain provisions of the Accountability Act and ordered VA to rehire employees who were improperly fired. Press Sec. Cashour reportedly said VA will review the FMCS' decision and determine an appropriate response.	Emerged	Resources
Class action lawsuits against VA allowed	Military Times	<i>Military Times</i> explained the importance of the federal court ruling that class action lawsuits against VA are now allowed, which has been described as a "watershed moment." The article quoted VVA president John Rowan, who believes the ruling will aid with Agent Orange claims. Chief Judge Robert Davis reportedly wrote that VA hopes the decision will "bring about positive change for our nation's veterans."	Sustained	Resources / Interests

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VA Secretary's Stand-Up Brief

31 August 2018

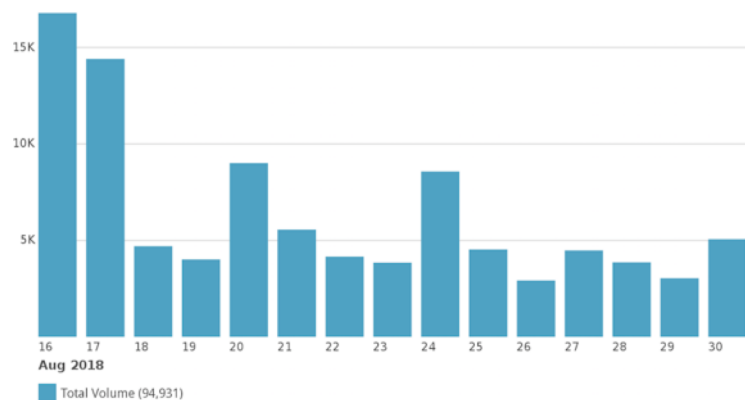
Social Media Takeaway

Social media volume increased with users interacting with posts on Vice Pres. Pence's speech before the American Legion, Pres. Trump's role in creating Choice, and the president's decision to change the planned federal employee raise.

Key Points

- [@VP](#) embedded a video of his speech before the American Legion conference in which he promoted [@POTUS](#)' signing of the VA Mission Act. This was the second most-retweeted post of the day (960+ retweets, 4.6k+ likes).
- In the most-retweeted post, [@ddale8](#) claimed President Trump took credit for the idea of creating the Choice program (1.1k retweets). A separate post by [@ddale8](#) with similar messaging had 370+ retweets.
- In a message against the decision to lower the planned federal employee raise, [@paulkrugman](#) wrote that federal employee compensation is dominated by defense, VA and homeland security (760+ retweets). [@donnabrazile](#) tweeted that federal employees deserved a raise, including VA doctors and nurses (170+ retweets).
- The [@vacareers](#) post promoting VA #telehealth and compassionate care to rural #Veterans was the tenth-most retweeted post of the period (140+ retweets).
- The VA Facebook page saw average user engagement.

Twitter and Facebook Volume: 16 August – 30 August



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Federal employee raise	13% of Volume
Twitter	@POTUS	9% of Volume
Twitter	Topic: Choice	8% of Volume
Facebook	Apply for Memorial Benefits	160+ Reactions, 70+ Shares

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Veterans Affairs Media Summary and News Clips

1 September 2018

1. [Top Stories](#)

1.1 - Military.com: [VA Ramps Up Hiring of Job Counselors for Disabled Vets](#) (31 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun hiring more job counselors to reduce caseloads in the Vocational Rehabilitation and Employment (VR&E) Program for disabled veterans. The aim of the hiring effort is to get the counselor-to-caseload ratio down to one counselor for every 125 veterans seeking employment, the VA said in a release Wednesday.

[Hyperlink to Above](#)

1.2 - Military.com: [Veteran ID Card Program to Get Speed Boost in October](#) (31 August, Amy Bushatz, 9M uvm; San Francisco, CA)

Veterans who apply for ID cards through the Department of Veteran Affairs program rolled out last year should start to see a faster turnaround time in October, officials said Aug. 31. "VA is establishing a data-sharing partnership with the Department of Defense that will essentially automate much of the VIC eligibility determination process starting in October, thus substantially expediting card deliveries to Veterans," Curtis Cashour, a VA spokesman told Military.com.

[Hyperlink to Above](#)

1.3 - Government Executive: [Some Recently Fired VA Employees May Soon Be Reinstated With Back Pay](#) (31 August, Eric Katz, 870k uvm; Washington, DC)

The Veterans Affairs Department may soon have to reinstate many of the employees it fired over the last year, following a ruling from a third-party arbitrator that said the agency has violated a collective bargaining agreement in enforcing one of the key reforms signed into law by President Trump.

[Hyperlink to Above](#)

1.4 - WFED (AM-1500): [VA considers customer service 'prime directive,' pursues AI tools](#) (31 August, Jory Heckman, 854k uvm; Washington, DC)

As one of the leading agencies in the Trump administration's campaign to improve customer service, the Veterans Affairs Department sees potential in using artificial intelligence to get a handle on the hundreds of thousands of calls it gets every day from veterans seeking care.

[Hyperlink to Above](#)

1.5 - San Antonio Express-News: [VA efforts to block Agent Orange benefits spark pushback from Navy vets](#) (31 August, Bill Lambrecht, 715k uvm; San Antonio, TX)

Navy veterans of the Vietnam War who say they were harmed by the herbicide Agent Orange are protesting efforts by the Department of Veterans Affairs to block a drive in Congress to restore benefits stripped from tens of thousands of shipboard combatants 16 years ago.

[Hyperlink to Above](#)

2. [Greater Choice for Veterans](#)

2.1 - Forbes: [Congress Taking Another Step Toward Costly And Harmful Privatizing Of Veterans Health Care](#) (31 August, Charles Tiefer, 29.8M uvm; New York, NY)

Congress will shortly take up the appropriations bill for Department of Veterans' Affairs (VA) health care. Probably next week, Congress will quietly take another fateful step toward siphoning funding away from the VA's own specialized, dedicated care of veterans, to unwisely spending the available funds for veterans on private sector non-specialized, non-dedicated care — a privatized spending method will cut quality, like the quality of "Medicaid mills."

[Hyperlink to Above](#)

2.2 - The Observer: [Improved veteran program adds zip to health care process](#) (31 August, Dick Mason, 22k uvm; La Grande, OR)

The days of long waits are ending for veterans who want to see doctors outside of VA hospitals and clinics — at least for veterans in Northeast Oregon, Southeast Washington and Western Idaho. Currently, after a veteran calls the VA to arrange an appointment, the average wait to see a doctor outside a VA hospital or clinic in this region is eight days. This is a considerably shorter wait time than the 2016-17 average of 124 days in the Walla Walla VA Medical Center's service area.

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3. [Modernize Our System](#)

3.1 - Erie Times-News: [Erie VA hospital entrance delayed until spring](#) (31 August, David Bruce, 320k uvm; Erie, PA)

Erie Veterans Affairs Medical Center's new main entrance on East 38th Street is finished but no one will be able to use it until spring. The entrance won't open until the Pennsylvania Department of Transportation installs a new traffic light at the location. PennDOT authorized the light earlier this year but supply issues and a longer-than-usual approval process for the light pole's manufacturing have delayed its installation.

[Hyperlink to Above](#)

3.2 - KSEE (NBC-24): [VA center expanding its facility to better help its veterans](#) (31 August, Fabiola Ramirez, 59k uvm; Fresno, CA)

There was a ribbon cutting ceremony for the expansion of Fresno's VA Community Living Center. Friday marks a special day for a place that provides extended care services for veterans, because the first phase of the expansion project is complete. "It means a lot to some of these people to see what the public is giving them for their service," said Steven Burrows, Vietnam Veteran.

[Hyperlink to Above](#)

4. [Focus Resources More Efficiently](#)

4.1 - FEDweek: [Court Decision Would Allow Class-Action Suits by Vets](#) (31 August, 51k uvm; Glen Allen, VA)

Veterans can now file class action suits against the Department of Veterans Affairs. An Aug. 23 decision by the U.S. Court of Appeals for Veterans Claims ruled that such lawsuits — in which

many veterans could pursue a single claim or group of common claims against VA — should be permitted. The court declined, however, to act in favor of the specific claim that brought the issue to their attention.

[Hyperlink to Above](#)

5. Improve Timeliness of Service

5.1 - FOX News (Video): [Johnny Jones opens up about how opioids affected his life](#) (31 August, 32.5M uvm; New York, NY)

Five-minute video: Double amputee veteran was first prescribed opioids after the loss of his legs. On 'The Daily Briefing,' Jones addresses fighting opioid abuse among his fellow veterans.

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6. Suicide Prevention

6.1 - Times-News: [Mini-Cassia veterans to hold Suicide Awareness Expo](#) (31 August, Laurie Welch, 198k uvm; Twin Falls, ID)

"This is the first expo of its kind to be held in this area," veterans service officer Chuck Driscoll said. "Suicide is not just a veterans problem, it is a community problem, and it doesn't matter who is in need, we need to get the word out that there is help. This is a serious thing that we are talking about."

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6.2 - The Jamestown Sun: [VA summit engages community](#) (31 August, Tom LaVenture, 70k uvm; Jamestown, ND)

The North Dakota suicide rate is above the national average for all age groups and has a higher rate of increase than other states, said Alison Traynor, director of suicide prevention for the North Dakota Department of Health. Traynor spoke Thursday at a community mental health summit in Jamestown that was organized by the VA Health Care System in Fargo. Veteran suicide rates are also above the national average in North Dakota for men and women, she said.

[Hyperlink to Above](#)

6.3 - KKCO (NBC-11, Gray DC, Video): [Grand Junction VA leader discusses connection between pain management and suicide prevention in D.C.](#) (31 August, Peter Zampa, 64k uvm; Grand Junction, CO)

A Grand Junction VA leader is in our nation's capital this week sharing her work on suicide prevention. This new approach to prevention is peaking the interest of folks from around the country. "Suicide prevention as all of us in Western Colorado and Eastern Utah know is just such a serious topic," said Beth Roten, education program manager for the Grand Junction Veterans Health Care System.

[Hyperlink to Above](#)

7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Plain Dealer: [Gold Star Families Memorial Monument dedicated at Louis Stokes VA Medical Center](#) (31 August, Lisa DeJong, 11.5M uvm; Cleveland, OH)

As the crowd looked up to see the U.S. Navy Blue Angels rumble overhead, it did not seem like a coincidence that the planes happened to be practicing for the Cleveland National Airshow this weekend. The Blue Angels diamond-shaped formation seemed like a fitting tribute as people gathered to unveil the Cleveland Gold Star Families Memorial Monument at the Louis Stokes Cleveland Veterans Affairs Medical Center in Cleveland on Friday.

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7.2 - WMUR (ABC-9, Video): [Veterans hit surf on Hampton Beach for annual Wounded Warriors event](#) (31 August, Jennifer Crompton, 2.1M uvm; Manchester, NH)

More than 50 veterans and their families hit the beach Friday for the 11th annual Wounded Warriors surfing event in Hampton. American Legion Post 35 hosts the event every year, and local surf shops and hundreds of volunteers help veterans with various injuries, visible and not, ride the waves. "Having that accomplishment is a rush that's so hard to describe," said Ryan Chapasko, an Operation Iraqi Freedom Army veteran.

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7.3 - Santa Cruz Sentinel: [Lending a Hand: Veterans do not need a down payment](#) (31 August, Peter Boutell, 852k uvm; Scotts Valley, CA)

Our federal government has a loan program for veterans that allows them to buy a home with no down payment, no mortgage insurance and no second mortgage. It is called a "VA Loan." These benefits extend to military personnel, surviving spouses and other qualified recipients. The Veterans Administration Home Loan Guarantee Program allows a veteran to buy a home...

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7.4 - WGCL (CBS-46, Video): [Veteran mistakenly charged 10 times more than he owed to VA](#) (31 August, 587k uvm; Atlanta, GA)

An Army veteran contacted CBS46 after he was told his benefits were revoked and on-top of that, he owed more than \$30,000 to the VA. After an investigation, the VA admitted it made a mistake. Ken Jones was told he owed the money because he was paid spousal benefits during the four years he was divorced. Well his current wife works for the VA and found he did in fact owe money but much less than what the bill was for. Still, it took two years of back and forth and a call to CBS46 to get the problem fixed.

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7.5 - KFVS (CBS-12): [Marion VA to partner with SIU on Veteran art show](#) (31 August, James Long and Chris Drury, 438k uvm; Cape Girardeau, MO)

The Marion VA has partnered with Southern Illinois University to host Veterans and their artwork in a professional gallery on Campus from September 10-14 at the SIU School of Art and Design, Surplus Gallery. The VA is accepting submissions from veterans and their family members from anyone who wants to participate, and the deadline is September 5.

[Hyperlink to Above](#)

7.6 - KABB (FOX-29, Video): [New options for veterans suing VA regarding agent orange](#) (31 August, Amy Licerio, 67k uvm; San Antonio, TX)

A federal court ruling will now allow class-action suits against the Department of Veterans Affairs (VA). Earlier this month, the U.S. Court of Veterans Appeals ruled that only certain cases would be allowed to move forward with the lawsuits. According to the Military Times, this could lead to legal options for a group of veterans sharing similar illnesses because of war.

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7.7 - The Middletown Press: [U.S. Veterans Rowing & Kayaking opens new chapter in Middletown](#) (31 August, Cassandra Day, 65k uvm; Middletown, CT)

The U.S. Veterans Rowing & Kayaking Foundation launched its newest division Friday at the Polish Falcons Club at Crystal Lake. The group has grown from its original six members at the West Haven Veterans Affairs medical center in 2013 to more than 16,000 members in 12 states.

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7.8 - WVNews (The Preston County News & Journal): [Manchin mobile office stops in Terra Alta](#) (31 August, Brittany Warnick, 15k uvm; Clarksburg, WV)

A representative of U.S. Sen. Joe Manchin's office came to the Terra Alta VFW Post 578 to speak with the community about various issues and concerns. "Sen. Manchin's representative, Kim Berry, is going to be here to basically take questions," Post Commander Colin DeBerry said. "They (Berry) will answer anything they can, or carry messages back to the senator, any problems people may be having."

[Hyperlink to Above](#)

7.9 - ConnectingVets.com (CBS Radio): [VA will provide millions of dollars next year to fight veteran homelessness](#) (31 August, Matt Saintsing, New York, NY)

Looking to shrink veteran homelessness, the VA will provide \$200 million for thousands of community-based temporary beds for those in need, the agency recently announced. Through the Grant and Per Diem Program, VA will award \$2.7 million to renew 12 special need grants to support services for women vets, those with chronic mental illnesses and veterans who have dependents under age 18. It's estimated the funding will sustain more than 13,000 "transitional housing beds."

[Hyperlink to Above](#)

8. [Other](#)

8.1 - USA Today: ['He was a real person': McCain remembered by stream of visitors at Vietnam Veterans Memorial](#) (31 August, Deborah Barfield Berry, 36.8M uvm; McLean, VA)

David Daks of New City, New York, paused in front of the American flag Friday to explain to his 6-year-old granddaughter, Arielle, that it was lowered to half-staff to honor the late Arizona Sen. John McCain. The flagpole sits a few steps away from the path to the Vietnam Veterans Memorial, where the Daks family joined a steady stream of visitors to the memorial – known to most as "the Wall" – and other monuments saluting veterans on the National Mall.

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8.2 - Las Vegas Sun: [Editorial: Trump's unqualified cronies are out of place advising on veterans issues](#) (31 August, 1.5M uvm; Henderson, NV)

Amid the daily barrage of disturbing news from the White House, an emerging scandal involving oversight of the Department of Veterans Affairs may have gone under the radar for many Americans. But it's worthy of front-and-center attention, because it has major implications for our nation's treasured service veterans and could entail a violation of federal law.

[Hyperlink to Above](#)

8.3 - New Republic: [Minutes](#) (31 August, Jeet Heer, 908k uvm; Washington, DC)

Veterans Affairs is being shaped by Trump's Mar-a-Lago cronies. ProPublica is reporting that a trio of the President Donald Trump's friends, who meet at his members-only Florida club, are acting as informal cabinet members helping shaping policy at Veteran's Affairs. This shadow cabinet consists of Bruce Moskowitz, a doctor who specializes in rich patients, Marvel Entertainment CEO Ike Perlmutter, and Marc Sherman, an attorney.

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8.4 - Nevada Current: [Largest NV workforce whose raises Trump canceled: VA](#) (31 August, Michael Lyle; NV)

Just in time for Labor Day, President Trump announced Thursday that he is canceling pay raises for civilian federal employees that were scheduled to take effect in January. By Friday he said he'd study it over the weekend.

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1. [Top Stories](#)

1.1 - Military.com: [VA Ramps Up Hiring of Job Counselors for Disabled Vets](#) (31 August, Richard Sisk, 9M uvm; San Francisco, CA)

The Department of Veterans Affairs has begun hiring more job counselors to reduce caseloads in the Vocational Rehabilitation and Employment (VR&E) Program for disabled veterans.

The aim of the hiring effort is to get the counselor-to-caseload ratio down to one counselor for every 125 veterans seeking employment, the VA said in a release Wednesday.

According to the numbers provided by the VA in its release, the current ratio is roughly 1 counselor to 148 veteran job-seekers.

"The VR&E program is much more than a benefits program," VA Secretary Robert Wilkie said in a statement. "It's a vital support network, where VA's expert counselors work closely with veterans on their personalized vocational rehabilitation goals."

Funding from Congress allowed the VA "to expand our team of counselors who are on the ground across the country working tirelessly for veterans, and we appreciate their support," he added.

Currently, there are about 940 counselors working across VA's 56 regional offices and other satellite offices to advise veterans with service-connected disabilities on transitions to the civilian workforce, the VA said.

The plan is to hire an additional 172 vocational rehabilitation counselors (VRCs) to bring caseloads down to more manageable levels "and [provide] the resources needed to ensure veterans are receiving thorough, quality services," the VA said.

About 900 of the VRCs will work out of regional and satellite offices; others will work out of military installations and college campuses.

The VA estimates that more than 56,000 veterans have either completed a rehabilitation plan, found jobs or "achieved a greater independence in living through VR&E assistance" since 2014.

The announcement of the job counselor expansion comes amid frequent charges by the American Federation of Government Employees and congressional Democrats of widespread staff shortages at the VA's more than 1,200 facilities.

The AFGE, representing more than 230,000 VA employees, has cited figures from former VA Secretary Dr. David Shulkin that there are more than 33,000 unfilled positions at the VA.

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1.2 - Military.com: [Veteran ID Card Program to Get Speed Boost in October](#) (31 August, Amy Bushatz, 9M uvm; San Francisco, CA)

Veterans who apply for ID cards through the Department of Veteran Affairs program rolled out last year should start to see a faster turnaround time in October, officials said Aug. 31.

"VA is establishing a data-sharing partnership with the Department of Defense that will essentially automate much of the VIC eligibility determination process starting in October, thus substantially expediting card deliveries to Veterans," Curtis Cashour, a VA spokesman told Military.com.

Current turnaround time for mailing the cards is typically "up to 21 business days from the time a veteran's application is approved," Cashour said.

But application processing times can take up to six months, he said, "depending on individual veterans' service circumstances."

To date, 138,337 veterans have applied for the ID card, while 47,241 cards have been mailed, Cashour said. That number is a substantial increase from the about 90,000 applications and 21,000 cards awaiting mailing in early May.

Cashour noted that not all individuals who have applied for the card qualified.

Any honorably discharged veteran is eligible to receive one of the new veteran ID cards through a program established last year. Ordered by Congress in 2015, the cards are meant to serve as proof of military service at private businesses. They are not considered official forms of federal or state identification and do not entitle veterans to any VA or Defense Department services or benefits.

Currently, veterans can access the application by entering the VA's site through the DS Logon system, managed by the Defense Manpower Data Center, or through ID.me, a private secure identification service used by private companies. Veterans then certify their eligibility by submitting their personal information, a copy of a government ID and a shoulders-up photo that will be printed on the card.

Applications for the card first opened last year through the VA's website. But the process was almost immediately suspended as visitors overwhelmed the system.

The program was then reopened early this year only to face additional glitches and delays. Cards started hitting veterans' mailboxes in early May.

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1.3 - Government Executive: [Some Recently Fired VA Employees May Soon Be Reinstated With Back Pay](#) (31 August, Eric Katz, 870k uvm; Washington, DC)

The Veterans Affairs Department may soon have to reinstate many of the employees it fired over the last year, following a ruling from a third-party arbitrator that said the agency has violated a collective bargaining agreement in enforcing one of the key reforms signed into law by President Trump.

The ruling, if upheld, would impact employees represented by the American Federation of Government Employees who faced adverse action under the 2017 VA Accountability and Whistleblower Protection Act. Trump, VA and lawmakers in both parties have heralded the law as a significant step in cracking down on malfeasant and poorly performing employees, but its enforcement has been mired in controversy since its passage.

AFGE brought the case for mediation after VA issued a series of memoranda that said VA was no longer required to give employees 90 days to improve and performance improvement plans would not be used. The union said that violated specific clauses in its collective bargaining agreement requiring those steps for employees identified for poor performance.

VA argued the memos do not affect performance improvement plans, and even if they did, the accountability law supersedes the requirements of the collective bargaining agreement.

The arbitrator rejected that argument, saying the memos did affect performance improvement plans and the accountability law speaks only to the hastened timeline once the department decides to discipline an employee. It does not address what VA must do prior to firing someone, said Jerome Ross, the arbitrator, and therefore it cannot supercede the collective bargaining agreement. Ross noted that federal law required federal employees be afforded a “reasonable opportunity to demonstrate acceptable performance.”

VA also tried to dismiss the grievance on the grounds that AFGE has filed another grievance demanding the department bargain over implementation of the accountability law, but Ross said the two claims were sufficiently distinct.

The arbitrator ruled that VA must resume compliance with its CBA, rescind any adverse action against AFGE-represented employees who did not first receive a performance improvement plan and reinstate them at the department, including back pay, restored leave and other benefits. VA must also pay AFGE’s attorney fees.

VA has 30 days to challenge the ruling before the Federal Labor Relations Authority. A spokesman said the department would review the decision and “determine an appropriate response.”

AFGE originally brought the case to mediation on behalf of its employees at the Veterans Benefits Administration, but a spokesman said the union expects the ruling to apply across the department. He did not immediately have available a count of how many employees may now have their jobs reinstated and/or receive backpay, but public data posted by VA show about 1,400 employees were fired outside of their probationary periods between the time the department issued the memos last August and June 30, 2018. It is unclear how many of those employees were denied opportunities to improve their performance and are represented by AFGE. The union represents more than two-thirds of the department’s 383,000 workers.

Lawmakers have for months accused VA of flouting congressional intent in implementing the accountability law. Earlier this year, a group of senators wrote a letter voicing concerns specifically about the elimination of performance improvement plans and lack of progressive discipline.

The senators said new policies have led to employees being fired for “missing deadlines or moving slowly after an injury,” even on first offenses. Such actions “are not the types of offenses that rise to the level of immediate termination,” an authority provided in the 2017 law.

"This is unacceptable and runs counter to congressional intent and your previous comments," the lawmakers said. They noted then VA Secretary David Shulkin had previously testified, "Every good manager works with their employees to make them better, to give them feedback," a practice for which his new policies do not allow.

VA has also faced criticism for disproportionately firing low-level employees, such as housekeeping staff. A June letter asked VA's inspector general to investigate the law's enforcement, and while no Republican signed onto either letter, Republican leadership on the department's oversight committee's have voiced concerns. The IG is currently probing the law's enforcement.

The department has stood by its actions.

"VA makes absolutely no apology for holding employees accountable when circumstances warrant," Curt Cashour, a department spokesman, said in June. "If former employees feel their removal from federal employment is improper, they have a number of appeal options under federal law."

At a House hearing on the law last month, then acting Secretary Peter O'Rourke defended the department's policies, but acknowledged it still had more work to do to ensure consistent enforcement.

"Right now we're dealing with the first year of implementation," he said. "New rules, everyone's trying to figure that part of it out."

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1.4 - WFED (AM-1500): [VA considers customer service 'prime directive,' pursues AI tools](#) (31 August, Jory Heckman, 854k uvm; Washington, DC)

As one of the leading agencies in the Trump administration's campaign to improve customer service, the Veterans Affairs Department sees potential in using artificial intelligence to get a handle on the hundreds of thousands of calls it gets every day from veterans seeking care.

Rosetta Lue, the senior contact center adviser at VA's Office of Information and Technology, called 2018 the "year of execution" for many of the customer experience priorities the agency has lined up.

Lue, speaking Tuesday at the Digital Government Institute's 930Gov conference in Washington, said VA has made human-centered design, or trying to solve problems based on feedback from users, the centerpiece of their customer service transformation.

"What we're finding is, we're rolling out the technology. We're rolling out the employee engagement programs, but we're doing things not the way that fits us, but really the way that they're telling that they want those problems to be solved," Lue said.

VA Secretary Robert Wilkie, in an address to the American Legion's 100th National Convention in Minneapolis on Wednesday, said he considers customer service his "prime directive" at the agency.

“When a veteran comes to VA, it is not up to him to employ a cauldron of lawyers to get VA to say yes. It is up to VA to say yes to the veteran,” Wilkie said. “The issues I encountered when I was acting secretary were not with the quality of VA care, but with just getting our veterans through the door to get that care. Those problems are administrative and bureaucratic.”

The Office of Management and Budget, under the President’s Management Agenda (PMA), lists VA as one of the lead agencies tasked with overhauling customer service.

In order to make sense of all the data that’s coming through VA’s call centers and websites, Lue says the agency has looked at using artificial intelligence tools to handle more routine tasks.

“How do we take that data and begin to maybe automate a lot of the things we’re doing so we can better give an experience to the veterans and their families,” Lue said.

But in order to get the most use out of those AI tools, the VA needs to collect and store data in a more consistent, standardized fashion — basic cyber hygiene techniques that Federal Chief Information Officer Suzette Kent has stressed as a requirement to getting the PMA off the ground.

“At the end of the day, if you cannot collect accurate data — the AI, natural language — all these fancy terms that we’re using, it doesn’t matter. If you put data into a machine is learning things incorrectly, it’s going to impact your analytics. It’s going to impact the answers, the responses that they’re getting,” Lue said. “Besides the technology and websites, I really have to say, the place that we’re finding all those nuggets of information is in that data and that data management approach to analytics and AI, natural language and robotics.”

Keeping up with VA call center demand

The VA runs more than 1,800 call centers, which handle about 140 million calls a year.

A key challenge, Lue said, is keeping up with the volume calls from veterans who want to speak with a call center operator, and not an automated message.

“There is a vast amount of people who want to speak to somebody — they want to speak to an agent, but we know that in all of your channels, that’s going to be your highest cost,” Lue said. “There are a lot of people who say, ‘I don’t want to talk to anyone. I just want to be able to call and get that self-service.’ So we’re tackling both. We’re saying let’s use data, understand why people are calling, why they’re contacting us online, get that information out there by using the data and automating it and data mining it and get them what they want, but also customize it so those folks, if they want to speak to someone, that we have agents available.”

While automation tools may help call center employees reach veterans more effectively, Lue said the VA still faces some workforce challenges.

“We are looking at, on the veterans experience side, the business side, do we hire more people, do we outsource,” Lue said. “What do we do to meet those demands, to meet those performance expectations?”

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1.5 - San Antonio Express-News: [VA efforts to block Agent Orange benefits spark pushback from Navy vets](#) (31 August, Bill Lambrecht, 715k uvm; San Antonio, TX)

WASHINGTON — Navy veterans of the Vietnam War who say they were harmed by the herbicide Agent Orange are protesting efforts by the Department of Veterans Affairs to block a drive in Congress to restore benefits stripped from tens of thousands of shipboard combatants 16 years ago.

“This is truly a sad state of affairs, a case of the tail wagging the dog,” said Richard Shafer, 69, of Crosby, who was a radarman on a frigate in Da Nang Harbor during the war and who now suffers from cancer.

Michael Thompson, 67, of San Antonio, a jet mechanic on aircraft carriers, feels much the same way. “They say there’s no credible science to our claims,” he said. “My answer to them is that the battlefields are littered with credible science and people like me are dropping like flies.”

A social media and letter-writing campaign over the contested benefits is the latest sign of strain between veterans and President Donald Trump, who was criticized for what many saw as grudging and inadequate expressions of respect for Sen. John McCain, a Vietnam-era prisoner of war who died last week at 81.

The Agent Orange Act, signed into law by President George H.W. Bush in 1991, provided benefits to Vietnam-era veterans suffering from 14 ailments associated with exposure to the powerful defoliant, including cancer and heart disease. But in 2002, the VA excluded veterans who served offshore, saying there was insufficient proof their medical problems stemmed from their Vietnam service.

This year, momentum built to restore the benefits to so-called Blue Water Navy veterans. In June, by a vote of 382-0, the House passed legislation giving 90,000 veterans who served offshore the same access to Agent Orange benefits and medical care as are available to service members who fought inland.

The tax-free disability awards can range from \$100 a month up to \$2,000, money that veterans say can be a big help while fighting illness.

By most accounts, the legislation was sailing toward passage. Then last month, on the day the Senate Committee on Veterans’ Affairs was expected to send the bill to the Senate floor for final passage, VA officials showed up with a long list of objections.

“We know it’s incredibly difficult to hear from groups of veterans who are ailing and ill,” began VA undersecretary Paul Lawrence.

He proceeded to argue that writing the Blue Water Navy benefits back into law without abundant scientific proof of harm would set a precedent that would hamstring the VA and Congress for years to come, costing \$6.7 billion over ten years, including additional staff and computer equipment to handle new claims.

A VA consultant, Ralph Erickson, asserted that the cancers and ailments Blue Water Navy veterans report are common in people in their 60s and 70s.

“They are diseases that people who didn’t go to Vietnam get,” he said.

The Senate committee postponed a vote on the measure, leaving it in limbo.

The VA has opposed the legislation for years but appeared to have shifted course under VA Secretary David J. Shulkin, a physician and former hospital executive.

“It’s too late for us to be able to get solid scientific evidence so we just have to do the right thing,” Shulkin said last year.

Trump fired Shulkin in March. Shulkin said the cause was his resistance to efforts to privatize some of the agency’s health care programs, which are relied on by nine million veterans.

Agent Orange was used by U.S. forces in Vietnam to eliminate enemy forest cover and crops. Veterans contend that toxic byproducts of the herbicide, including dioxin, settled in river bottoms and were churned up by military and civilian shipping.

Navy veterans have cited a study in Australia which found that ships’ water distillation systems, used to desalinate sea water, enriched Agent Orange chemicals rather than removing them. The study led the Australian government to grant Agent Orange benefits to Royal Australian Navy sailors who had served within 100 miles of the mainland in Vietnam.

The VA rejected the study’s findings.

John Wells, head of the Louisiana-based Military Veterans Advocacy, is a former Navy commander who was chief engineer on three ships. Wells said that Agent Orange mixed with petroleum flowed into rivers and on to the South China Sea, where ships anchored close to shore pumped the contaminated water on-board to be distilled for drinking water and other needs.

Wells and other veterans, along with the chief House sponsor of the Blue Water Navy benefits, Rep. David Valadao, R-Calif., have argued since the hearing that much of what the VA said about the science of Agent Orange exposure was untrue.

“Decades have elapsed since the conclusion of the Vietnam War, making it extremely difficult, if not impossible, to definitely prove the presence of Agent Orange with the U.S. Navy ships’ water distillation systems,” Valadao wrote in an Aug. 20 letter to the VA. He noted that toxic levels of dioxin were found in Vietnam harbors 20 years after the war.

VA officials declined to be interviewed for this story.

Wells said that reviving the bill may be difficult given the likelihood that the Senate will accomplish little in the weeks leading up to November’s mid-term elections.

“There’s a possibility that we still move this bill forward this year. But the problem we’re going to run into is that we’re running out of time,” he said.

Mike Yates, who leads the Blue Water Navy Association, is advising his members to keep pressing Congress to finish the job. Yates, 68, a Nevadan who served on the USS Bainbridge off the Vietnam coast, has both prostate and thyroid cancer, along with heart and lung ailments.

His Agent Orange claim was denied, he said, and since then his Social Security checks have been reduced to pay off his \$2,500 debt to the VA for medical care.

“Everybody is very upset about what the VA has done,” he said of the legislation, “but we still have hope.”

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2. Greater Choice for Veterans

2.1 - Forbes: Congress Taking Another Step Toward Costly And Harmful Privatizing Of Veterans Health Care (31 August, Charles Tiefer, 29.8M uvm; New York, NY)

Congress will shortly take up the appropriations bill for Department of Veterans’ Affairs (VA) health care. Probably next week, Congress will quietly take another fateful step toward siphoning funding away from the VA’s own specialized, dedicated care of veterans, to unwisely spending the available funds for veterans on private sector non-specialized, non-dedicated care – a privatized spending method will cut quality, like the quality of “Medicaid mills.”

This is the latest step in a subtle plan supported by the Koch Brothers front group intensely favoring privatization of VA health care, “Concerned Veterans for America.” What will happen starts with the House and Senate having already passed the VA appropriations bill. The bill had to deal with the increasing cost of the health care program that funds private medical care (not VA’s own health care delivery) for veterans. Until now, this has been classified as “mandatory” spending, and does not compete head-on with the rest of appropriated funds, including those for the VA itself. But, the program has proven, not unexpectedly, very costly, and appropriators have had trouble keeping the money flowing into the program without severely increasing deficits.

The funding for VA privatized health care has become a big hurdle in the appropriations bill. Its problem was that in the past, the private health care program for veterans was in the mandatory spending category, which is not subject to the spending caps that cover spending in general. Now, it would be moved from the mandatory spending category, to the discretionary side, which is capped at \$1.24 trillion for fiscal 2019.

For this first year, the appropriators may well dodge the bullet of cutting veterans’ overall medical funding. The appropriators would classify the spending on privatized care as “emergency” spending, as if it were a hurricane or a sudden military strike. This is absurd on its face, as veterans’ privatized health care is not some unexpected, impossible-to-predict weather or military event. But, by classifying it this way, the funding does not count against discretionary spending caps. What will happen in the future is that this one-time bizarre classification will predictably give way to a contest for funds – funds under the spending caps. The contest will come between funds for privatized medical care, and the VA’s own care.

Will that be smooth sailing? Look ahead. Before next year’s budget, the House will go either Republican or Democratic in the November midterm election. If the House stays Republican, the pressure will mount to move funds under the spending cap from the VA to privatized care. That is the logical next step after this year’s action. On the other hand, if the House goes Democratic, this is just one item in what will be a budget war between President Trump and a

Republican Senate, on one side, and a Democratic House, on the other side. The fierce appropriation fights of 2011-2016 may well include combat over the funding of veterans' care.

I am Professor at the University of Baltimore School of Law, where I focus on government contracting and Congressional legislating. [...]

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2.2 - The Observer: [Improved veteran program adds zip to health care process](#) (31 August, Dick Mason, 22k uvm; La Grande, OR)

The days of long waits are ending for veterans who want to see doctors outside of VA hospitals and clinics — at least for veterans in Northeast Oregon, Southeast Washington and Western Idaho.

Currently, after a veteran calls the VA to arrange an appointment, the average wait to see a doctor outside a VA hospital or clinic in this region is eight days. This is a considerably shorter wait time than the 2016-17 average of 124 days in the Walla Walla VA Medical Center's service area.

"It has been a phenomenal improvement," said Steven Fleury, chief of the VA Care in the community program for the Walla Walla VA, at a veterans town hall on Wednesday in La Grande. "Four months was too long for anyone to wait to see a doctor."

VA Care in the Community is an improved version of the Veterans Choice Program, which makes it possible for veterans to see outside doctors and have the expense covered by the VA. The VA Care in the Community Program, which was created by the VA Mission Act of 2018, is now being phased to replace the Veterans Choice Program.

The new program is speeding things up because, unlike Veterans Choice, it does use private contractors to set up appointments with outside doctors, said Keith Allen, acting director of the Walla Walla VA Medical Center. Instead, the money spent on contractors is being used to hire more VA staff to arrange the appointments.

"We are cutting out the middleman," Fleury said. "We have a direct relationship (with) health care providers."

He said the process of phasing in Care in the Community is continuing. This means the Walla Walla VA is still adding and training more staff for the new program.

Fleury said the success of the Care in the Community Program is increasing the number of veterans being served by the VA. The increase is boosting call volume and the number of requests for travel voucher payments received by the Walla Walla VA. This is making it harder for veterans to get through on the phone to the Walla Walla VA and lengthened the time it takes to process travel voucher payment requests, officials said at Wednesday's town hall.

"There is a ripple effect (caused by more people using the system)," Fleury said, adding that these issues are being examined and will be addressed.

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3. Modernize Our System

3.1 - Erie Times-News: [Erie VA hospital entrance delayed until spring](#) (31 August, David Bruce, 320k uvm; Erie, PA)

Erie Veterans Affairs Medical Center's new main entrance on East 38th Street is finished but no one will be able to use it until spring.

The entrance won't open until the Pennsylvania Department of Transportation installs a new traffic light at the location. PennDOT authorized the light earlier this year but supply issues and a longer-than-usual approval process for the light pole's manufacturing have delayed its installation.

"The arm of the traffic pole needs to be longer than usual because it's a wide intersection, so the base has to be wider to support the arm," PennDOT spokeswoman Jill Harry said. "That meant an extra approval process to make sure it meets specifications."

Only one company supplies PennDOT with the poles, Harry said. The department was told the customized pole won't be ready until winter and will be installed after the ground thaws in the spring.

PennDOT also needs to do some road work, including the removal of medians on East 38th Street in front of the hospital to improve access. The project should be finished before summer 2019, Harry said.

Until then, the entrance will be barricaded with fences, Erie VAMC Director John Gennaro said.

"The last thing we want is to open the new entrance and tell people they can't make a left-hand turn (onto East 38th Street) until the light is installed," Gennaro said. "It would create confusion and there could be safety issues."

The new entrance has been planned for more than a decade and is officially part of the Erie hospital's five-year, \$30 million construction plan that also includes a new stand-alone nursing home, new dental clinic and renovated cafeteria.

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3.2 - KSEE (NBC-24): [VA center expanding its facility to better help its veterans](#) (31 August, Fabiola Ramirez, 59k uvm; Fresno, CA)

There was a ribbon cutting ceremony for the expansion of Fresno's VA Community Living Center.

Friday marks a special day for a place that provides extended care services for veterans, because the first phase of the expansion project is complete.

"It means a lot to some of these people to see what the public is giving them for their service," said Steven Burrows, Vietnam Veteran.

Burrow was a resident at the center for 10 months, now he volunteers and said the new spaces will benefit many, especially those who get visitors.

"I think it's great it give a chance for people who do have families, for their families to come in and visit them all at one time," said Burrows.

The first phase of the project will house 6 permanent residents.

When complete, the center will house about 60 residents.

Each veteran will be able to have a private bedroom with a full bath.

"It's really more of a home than it is a hospital place to stay, I would absolutely ask anyone to come and visit us and see the facility its juts a wonderful place for our veterans and we are so excited that we are able to do this for them," said Cameron Porter, public information officer for the VA.

This state of the art facility has solar energy, high efficiency cooling and heating systems.

Plus patient lifts to will help staff move patients safely.

"A lot of us didn't get any welcome home when we came back but at least shows they do care and it's very important," Burrow added.

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4. Focus Resources More Efficiently

4.1 - FEDweek: [Court Decision Would Allow Class-Action Suits by Vets](#) (31 August, 51k uvm; Glen Allen, VA)

Veterans can now file class action suits against the Department of Veterans Affairs. An Aug. 23 decision by the U.S. Court of Appeals for Veterans Claims ruled that such lawsuits — in which many veterans could pursue a single claim or group of common claims against VA — should be permitted.

The court declined, however, to act in favor of the specific claim that brought the issue to their attention.

In the original suit, a veteran named Conley F. Monk, Jr., sought judicial relief for himself and other veterans in similar straits whose appeals before VA had remained unresolved for at least one year. The court, en banc, heard oral arguments in the case on March 5. In issuing the decision allowing class action suits for the first time, the judges specifically stated that their findings applied to the larger issue alone.

“Class relief is appropriate when the class shares issues that are common to the class as a whole and when the questions of law apply in the same manner to each class member,” wrote Judge Mary J. Schoelen in the majority opinion, citing existing legal precedent.

The opinion cited two legal questions put forth by Monk’s lawyers, which they argue would apply to all veterans waiting for appeal resolutions. The first is that VA’s inaction amounted to a violation of veterans’ rights to due process as guaranteed by the Fifth Amendment to the Constitution. Secondly, Monk’s lawyers contend that the veterans have a right to seek the court system’s help in forcing VA to “correct the severe delays and inaction.”

Schoelen cited VA’s contention that “there is no common answer to the question of the cause of VA’s delay for each of the proposed class members, and that even though the delays may extend beyond a year, they are often reasonable and justifiable. While she called this argument “persuasive,” Monk’s case nevertheless makes a good precedent for allowing class-action litigation.

The concurring judges made note of the decision’s historic significance.

“The fact that the court did not find aggregate action appropriate in this case does not change the fact that this is a watershed decision,” wrote Chief Judge Robert N. Davis in a concurring opinion. “On the contrary, the court’s decision will shape our jurisprudence for years to come and, I hope, bring about positive change for our nation’s veterans and ensure that justice is done more efficiently and timely.”

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5. Improve Timeliness of Service

5.1 - FOX News (Video): [Johnny Jones opens up about how opioids affected his life](#) (31 August, 32.5M uvm; New York, NY)

Five-minute video: Double amputee veteran was first prescribed opioids after the loss of his legs. On 'The Daily Briefing,' Jones addresses fighting opioid abuse among his fellow veterans.

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6. Suicide Prevention

6.1 - Times-News: [Mini-Cassia veterans to hold Suicide Awareness Expo](#) (31 August, Laurie Welch, 198k uvm; Twin Falls, ID)

RUPERT— The Mini-Cassia Veterans Service Office will hold a Suicide Awareness Expo for veterans and other community members.

The expo will be held from 10 a.m. to 6 p.m. Sept. 14 at its office at 625 Fremont Ave., Rupert.

“This is the first expo of its kind to be held in this area,” veterans service officer Chuck Driscoll said. “Suicide is not just a veterans problem, it is a community problem, and it doesn’t matter who is in need, we need to get the word out that there is help. This is a serious thing that we are talking about.”

The Mobile Vet Center, a 40-foot-long RV that offers rural community-based psychological counseling to veterans, will be at the expo from 10 a.m. to 3 p.m. and there will be materials on suicide prevention.

The Mini-Cassia Chapter of the Suicide Prevention Action Network will also provide information to the general public.

“This is personal for me,” Driscoll said, “I’ve had some family members commit suicide and it really tugs at my heart that we missed it or was powerless to do anything about it.”

The U.S. Department of Veterans Affairs said in June in its National Suicide Data Report the average number of veterans who die by suicide is 20 per day, and the suicide rate is increasing faster for veterans who have not recently used VA health care.

Driscoll said the transition back to civilian life for service members returning from deployment is much more rapid than it was in previous decades.

“Every vet has feelings inside when they come back and they don’t always have the opportunity to talk about them,” Driscoll said.

When a veteran calls the VA office one of the first questions they are asked is if they are feeling suicidal.

“But veterans and their families don’t always know what is available so this is a good way to get the word out,” Driscoll said.

Veteran Larry Cottom of Rupert had a close friend who committed suicide two years after the man returned home from Vietnam.

“He was in his mid-20s,” Cottom said.

He knows of at least two veteran suicides during the past year in Mini-Cassia.

“It really strikes me how many there have been over the years,” Cottom said.

Driscoll said it is hard to know the exact number of suicides or suicide attempts.

“I hope this expo will provide valuable information to the public in general and veterans specifically to put vulnerable persons in touch with counseling services.”

Veterans Crisis Line

To reach the Veterans Crisis Line, call 1-800-273-8255 and press 1 or chat online at VeteransCrisisLine.net/Chat or send a text message to 838255.

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6.2 - The Jamestown Sun: [VA summit engages community](#) (31 August, Tom LaVenture, 70k uvm; Jamestown, ND)

The North Dakota suicide rate is above the national average for all age groups and has a higher rate of increase than other states, said Alison Traynor, director of suicide prevention for the North Dakota Department of Health.

Traynor spoke Thursday at a community mental health summit in Jamestown that was organized by the VA Health Care System in Fargo. Veteran suicide rates are also above the national average in North Dakota for men and women, she said.

"What we've noticed in North Dakota is that between 15 to 20 percent of all suicides are by veterans, or those who have served in the military," Traynor said.

The VA wants to help people who are struggling with mental health and it is helpful to be connected to those services, she said.

The national average for veteran suicides is around 20 per day, said Lavonne Liversage, director of the Fargo VA Health System. Around 14 of those deaths are veterans who were not receiving VA health care, she said.

"That's why these efforts are so incredibly important," she said.

The VA summits enable communities to help identify veterans who are at risk, Liversage said. The discussions help prepare people to assist for a better outcome, she said.

Traynor and her VA counterpart, Tammy Monsebroten, suicide prevention coordinator at the Fargo VA, said the factors that lead to suicide are multifaceted for veterans and the general population. Current theories point to exposure, trauma, perceived burdensomeness on family or loved ones, isolation or the feeling being alone, and acquired capacity or ability for suicide as the most common factors, they said.

"Traumatic exposure increases risk," Traynor said. "Suicide doesn't seem to be scary if you've been through hell."

Veterans have that acquired capability from being exposed to loss of life much like law enforcement, emergency responders and physicians, Monsebroten said. These are all people who deal with life and death situations on a fairly regular basis, she said.

Veterans have a higher number of suicide by firearms than the general population, she said. Around 90 percent who attempt suicide by firearm are likely to die which is higher than non-firearm attempts, she said.

Studies show that reducing access to the highest lethal means of suicide, if only briefly, does reduce the number of suicides, Monsebroten said. Gun locks are a way to keep guns in the home, which is important to a lot of veterans, but using a key control method such as giving it to a neighbor or friend can delay a suicidal thought from turning to action long enough to get help, she said.

"What we want is time and distance from the thought of suicide and the action," she said. "A lot of people that have attempted suicide say that from the time they thought about it to the time they followed through was less than 10 minutes."

When the Israeli Defense Force required soldiers to leave all firearms on base for weekend leave, the weekend suicide rate dropped by 40 percent, Monsebroten said. When Sri Lanka controlled access to pesticides, the suicide rate dropped 50 percent in 10 years because ingesting the poison had been the most common form of suicide, she said.

"The same amount of people were attempting suicide but they were not dying," Monsebroten said.

The community mental health summits are to enhance access to mental health services and better address the needs of veterans and their families, said Gerard Kottenbrock, the local recovery coordinator for the Fargo VA. Around 300 area health, public safety, faith, community and elected officials attended the Jamestown summit to hear about mental health, suicide prevention, opioid addiction and VA programs.

"It's really important as a rural state," Kottenbrock said "The annual summit is a way to bring the health system to rural communities."

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6.3 - KKCO (NBC-11, Gray DC, Video): [Grand Junction VA leader discusses connection between pain management and suicide prevention in D.C.](#) (31 August, Peter Zampa, 64k uvm; Grand Junction, CO)

WASHINGTON - A Grand Junction VA leader is in our nation's capital this week sharing her work on suicide prevention. This new approach to prevention is peaking the interest of folks from around the country.

"Suicide prevention as all of us in Western Colorado and Eastern Utah know is just such a serious topic," said Beth Roten, education program manager for the Grand Junction Veterans Health Care System.

Roten believes early intervention could mean fewer suicides. She says a leading cause of veteran suicide is chronic pain. So, at the Grand Junction VA, her team is evaluating veterans with serious pain and getting them a swath of services, including mental health.

"We wanted to make sure that we were identifying patients that might need mental health, might need whole health, and veterans health education as soon as possible," said Roten.

She says pain can consume a veteran. The Grand Junction VA wants to address that right off the bat.

"If they have pain we are getting them to the right services and comprehensive services as soon as possible," said Roten.

VA leaders say it is full speed ahead with this kind of innovation. They say these gatherings allow for face-to-face collaboration that leads to smarter care for veterans.

"We're here because we want to ensure that the veteran experience is the best possible that we can deliver," said John D'Adamo Jr., the acting director of the Veterans Health Administration Innovators Network.

D'Adamo says bringing folks together from around the country allows them to bounce ideas off each other. He stresses that one-size-fits-all innovation is not effective when the focus should be on each individual veteran.

"Working with individuals and being understanding of their unique needs. So we really want to encourage that with all of our projects," said D'Adamo.

The third annual event concludes Thursday night.

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7. Women Veterans / Homelessness / Benefits / Cemeteries

7.1 - The Plain Dealer: [Gold Star Families Memorial Monument dedicated at Louis Stokes VA Medical Center](#) (31 August, Lisa DeJong, 11.5M uvm; Cleveland, OH)

As the crowd looked up to see the U.S. Navy Blue Angels rumble overhead, it did not seem like a coincidence that the planes happened to be practicing for the Cleveland National Airshow this weekend.

The Blue Angels diamond-shaped formation seemed like a fitting tribute as people gathered to unveil the Cleveland Gold Star Families Memorial Monument at the Louis Stokes Cleveland Veterans Affairs Medical Center in Cleveland on Friday.

The new monument, on the corner of East 105th Street and East Boulevard, honors families who have lost loved ones killed in military action.

Carved into the granite monument are the words "Gold Star Families Memorial Monument, a tribute to Gold Star Families and Relatives who have sacrificed a Loved One for our Freedom" on one side. The other side has four granite panels dedicated to homeland, family, patriotism and sacrifice.

The Gold Star tradition started during World War I, when families hung out flags or banners with a blue star if a loved one was serving in the military. When a loved one was killed, the blue star was changed to gold.

The Cleveland Gold Star Families Memorial Monument is part of the project by Hershel "Woody" Williams to commission veterans monuments across the country. Williams, the last surviving Marine awarded a Medal of Honor during World War II, started the nonprofit Hershel Woody Williams Medal of Honor Foundation Inc. in 2013 to make his dream a reality. So far there are 39 dedicated monuments and 45 projects in progress.

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7.2 - WMUR (ABC-9, Video): [Veterans hit surf on Hampton Beach for annual Wounded Warriors event](#) (31 August, Jennifer Crompton, 2.1M uvm; Manchester, NH)

More than 50 veterans and their families hit the beach Friday for the 11th annual Wounded Warriors surfing event in Hampton.

American Legion Post 35 hosts the event every year, and local surf shops and hundreds of volunteers help veterans with various injuries, visible and not, ride the waves.

"Having that accomplishment is a rush that's so hard to describe," said Ryan Chapasko, an Operation Iraqi Freedom Army veteran.

The event was started by local Marine Ralph Fatello, who said he had a difficult time when he returned from Vietnam.

"When I was surfing, I would forget all that," Fatello said. "It was just me and the ocean, and I realized that surfing was my savior. I mean, surfing saved my life."

He pitched the idea of helping other veterans surf to fellow members of Post 35. Jerry Miserandino, a former Army Ranger who lost both lower arms in Vietnam, said he attends every year.

"Why not?" he said. "Because if I can do this, the rest of life is a piece of cake, right?"

Volunteers helped 45 wounded warriors and their families enjoy a day at the beach. For the first time in the 11-year history of the event, the Manchester Veterans Administration took part, bringing 10 veterans to the beach.

"I wish I knew of this before, because I haven't had so much fun in a long time," said Army veteran Oscar "Russ" Toce, of Laconia.

VA therapists said the event will now be an annual trip.

"This is amazing," said Valerie Carter, a recreation therapist for the VA. "It's empowering for all of them to be able to feel that freedom, too, and get out and do things they weren't sure they'd be able to do."

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7.3 - Santa Cruz Sentinel: [Lending a Hand: Veterans do not need a down payment](#) (31 August, Peter Boutell, 852k uvm; Scotts Valley, CA)

Our federal government has a loan program for veterans that allows them to buy a home with no down payment, no mortgage insurance and no second mortgage. It is called a "VA Loan." These benefits extend to military personnel, surviving spouses and other qualified recipients. The Veterans Administration Home Loan Guarantee Program allows a veteran to buy a home priced up to \$679,650 in Santa Cruz County without a down payment and without the need for mortgage insurance. Counties in California that are not considered high cost counties have lower loan limits.

A veteran who buys a home at a 30-year fixed rate of 4.50 percent for \$679,650 with no down payment will have principal and interest payments of \$3,444 per month. Including an estimate for property taxes and homeowner's insurance, the whole payment would come to \$4,252 per month. A veteran who wants to buy a home priced at more than \$679,650 may still take advantage of these VA benefits but will be required to pay a small down payment. For example, a veteran who pays \$1 million for a home would be required to have a down payment of \$80,100.

VA loan qualifications are basically the same as with conventional financing in that the veteran still must qualify for the loan based on income, job stability and credit history. While the qualification guidelines are more lenient for VA loans, the veteran will be asked to provide the two most recent years of federal tax returns, current paystubs and two months of bank statements. To apply for a VA loan, the veteran must provide the lender with the DD-214 form and the lender will then obtain the veteran's Certificate of Eligibility (COE). If the veteran is married, the spouse's income may be considered in the qualification process; however, if the veteran is not married, even a fiancée who will be living in the home may not contribute income towards qualifying.

The property condition requirements for a VA loan vary slightly from conventional loan requirements. For example, VA loans require the home to be tested for pests (such as termites) and to receive a pest clearance (section 1) before escrow closes; whereas, for conventional loans, lenders do not require a pest report unless it is requested in the purchase agreement or the appraiser makes note of infestation in the appraisal. A water quality report will be required if the home is on a private well. The veteran must occupy the home as a principal residence and a veteran who wants to refinance his existing home may do so up to 100 percent of the home's value.

No longer is a seller required to pay any of the veteran's closing costs. The biggest fee that the veteran must pay is the VA funding fee which is 2 percent of the loan amount and this fee may be financed by increasing the loan amount. Those veterans with disability benefits do not have to pay the funding fee. As VA loan requirements are quite different from conventional loans, veterans should work with a lender who is experienced in VA loans.

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7.4 - WGCL (CBS-46, Video): [Veteran mistakenly charged 10 times more than he owed to VA](#) (31 August, 587k uvm; Atlanta, GA)

An Army veteran contacted CBS46 after he was told his benefits were revoked and on-top of that, he owed more than \$30,000 to the VA. After an investigation, the VA admitted it made a mistake.

Ken Jones was told he owed the money because he was paid spousal benefits during the four years he was divorced. Well his current wife works for the VA and found he did in fact owe money but much less than what the bill was for. Still, it took two years of back and forth and a call to CBS46 to get the problem fixed.

Jones and his wife Vicki are both Army veterans.

Vicki is a budget team supervisor on the health side of the VA. But both were blindsided when Ken got a call two years ago.

"They said you owe us \$32,000 in back pay," Jones told CBS46 News. "I said for what?"

It turns out Ken forgot to update his info with the VA after he got divorced in 1998. And the bill was for the spousal benefits Ken received in the four years before remarrying. Still, the math just wasn't adding up.

"I'm like, this is incorrect. Why are they taking away five years of your disability payments just because you got divorced? So I did the spread sheet, figured everything out and my calculations show we only owed about \$3,000," says Jones' wife Vicki.

Still, the VA stopped Jones' benefits altogether and sent him monthly bills. Despite Vicki working for the VA, the couple couldn't get answers.

But the debt is the least of the family's worries. Last year, Vicki found out she has stage 4 liver cancer.

"I don't know what's going to happen to me but I need to make sure that my family is taken care of," says Vicki.

Ken says that right now, time with his wife is precious and he doesn't want to spend it fighting the VA.

"It's very frustrating and I would rather spend the quality time without having to worry about that and just enjoy the time we would have," says Ken.

CBS46 checked Vicki's math and found out she was right. The VA was charging Ken for his disability payments not his spousal benefit payments, which are much less. Two days after we reached out, Jones got a call.

The organization apologized for the mistake, re-instated Ken's benefits and said they would reimburse the couple the extra money paid on the incorrect debt.

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7.5 - KFVS (CBS-12): [Marion VA to partner with SIU on Veteran art show](#) (31 August, James Long and Chris Drury, 438k uvm; Cape Girardeau, MO)

MARION, IL - The Marion VA has partnered with Southern Illinois University to host Veterans and their artwork in a professional gallery on Campus from September 10-14 at the SIU School of Art and Design, Surplus Gallery.

The VA is accepting submissions from veterans and their family members from anyone who wants to participate, and the deadline is September 5.

They take any type of art from multimedia work, to paintings, to blacksmithing.

Samuel Hoekstra a U.S. Army Veteran and VA employee, started the The Veteran Art Show: Weapons of Mass Creation back in 2014 and has it bi-annually ever since.

Hoekstra says he has a background in industrial design, and has seen how art helps veterans.

He says they've seen over a hundred entries in the past and expect the same this year, and while they mostly get entries from people in the area they've recieved entries from all over including Texas, Long Island, and Washington State.

Hoekstra spoke about how veterans are more than just a uniform.

"I think when people see, and think about veterans they think about a uniform and the sacrifices they made, but there is more to a veteran than a uniform," he said. "They don't realize that veterans hold special skills. We are doctors, we are lawyers, we are painters, we are everything."

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7.6 - KABB (FOX-29, Video): [New options for veterans suing VA regarding agent orange](#)
(31 August, Amy Licerio, 67k uvm; San Antonio, TX)

A federal court ruling will now allow class-action suits against the Department of Veterans Affairs (VA).

Earlier this month, the U.S. Court of Veterans Appeals ruled that only certain cases would be allowed to move forward with the lawsuits.

According to the Military Times, this could lead to legal options for a group of veterans sharing similar illnesses because of war.

This is specific to veterans dealing with Gulf War illness.

The ruling will help veterans with similar grievances to use their numbers to put pressure on VA, and win legal relief as a group.

The Vietnam Veterans of America says the department has a long list of rare cancers and other illnesses veterans came in contact with at war.

The new legal precedent won't change the timeline for these type of lawsuits to be resolved and it will take time and it'll be expensive.

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7.7 - The Middletown Press: [U.S. Veterans Rowing & Kayaking opens new chapter in Middletown](#)
(31 August, Cassandra Day, 65k uvm; Middletown, CT)

The U.S. Veterans Rowing & Kayaking Foundation launched its newest division Friday at the Polish Falcons Club at Crystal Lake.

The group has grown from its original six members at the West Haven Veterans Affairs medical center in 2013 to more than 16,000 members in 12 states.

In 2013, Paul-Stephen Varszegi of Trumbull was working as a housing specialist at the West Haven VA, helping disabled veterans find homes.

“When we came into the office on Monday, we found out, through our computer system, half of our clients were recovering in the emergency room,” he said.

The veterans had been using the hospital as place to congregate during the week — in the day rooms during the winter and in the recreation yard outside in the warmer weather.

They had nothing to do on the weekend when the VA closed, Varszegi said.

“They would go out and drink and use. This was a constant theme. Every Monday when we came in, the clinicians and the doctors couldn’t figure out what to do,” he said. “I’m relatively new, I’m sitting in the back with my arms crossed listening to this nonsense and I just got sick of it.”

Varszegi made proposal to the director.

“I felt that recreational rehabilitation was the key to recovery,” said Varszegi, a former Marine discharged due to a broken neck.

He said many veterans have invisible wounds such as post-traumatic stress disorder and traumatic brain injury. The foundation was begun “to provide adaptive rowing and kayaking recreational rehabilitation programs, which the VA health care system was unable to do,” said Varszegi, who established the foundation because of his own struggles after he underwent spinal cord fusion surgery in 1976.

He was “overmedicated due to my severe pains,” but as result, he became “addicted to pain meds and, later on, to antidepressant drugs.”

He evolved into self-medicating with both alcohol and recreational drugs “to help offset my anxiety and mood disorders.”

He eventually was able to end his dependency on medication after he met a new clinician “who said I was overmedicated and was a walking zombie,” Varszegi said.

At one time, took between 17 and 18 prescriptions a day.

Now, “I’m completely against drugs for recovery unless it’s absolutely necessary.”

Exercise made all the difference.

“Now I take multivitamins, baby aspirin to keep the blood flowing and that’s about it,” he said.

Foundation secretary Jerry Augustine of Middletown, a former marathon runner, won the 1K indoor rowing race in his category in Connecticut earlier this year.

Varszegi has been trying to get Augustine to consider competing in the world indoor rowing championships in Boston in February.

Augustine has already had much success in the sport. In January, he competed in the 10K race from Rocky Hill to Cromwell on the Connecticut River in a two-person kayak and won his division.

Ever since his time in Vietnam, Augustine said, he's had an excess of energy which he's funneled into physical activity.

"I did a whole, hard day's worth of roofing, I joined the Y. I had to be the best at something," he said of his younger years.

"He's been a great role model, so I recruited him right away for our foundation," Varszegi said.

The club's goal is to network with as many veterans service organizations as possible: the American Legion, Disabled American Veterans, Veterans of Foreign Wars, and the newest, the Iraq Afghanistan Veterans of America.

"We've got to start reaching the younger guys who are coming back very, very injured. Being deployed today is very different from being deployed back in WWI and Vietnam so forth," Varszegi said.

While younger, Augustine won both the Mr. New England and Mr. Northeast America competitions, something, along with running, he took up to help him ease repercussions he feels from combat decades ago.

In fact, Augustine ran to the top of the Empire State Building nearly 10 times.

Friday morning, he took the kayak out on Crystal Lake with Dean Buden of Plainville.

Meanwhile, the group is gearing up for a competition Nov. 3 on Long Island, when about 120 participants will take part. Varszegi said he's identified 24 people who have the potential to set an American or world record.

"There's even 102-year-old man. We're not going to make him do 1,000. He'll do a 100 meters — which will probably take him about 50 seconds to do."

For information, visit veteransrowing.org or call 844-838-7697.

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7.8 - WVNews (The Preston County News & Journal: [Manchin mobile office stops in Terra Alta](#) (31 August, Brittany Warnick, 15k uvm; Clarksburg, WV)

A representative of U.S. Sen. Joe Manchin's office came to the Terra Alta VFW Post 578 to speak with the community about various issues and concerns.

“Sen. Manchin’s representative, Kim Berry, is going to be here to basically take questions,” Post Commander Colin DeBerry said. “They (Berry) will answer anything they can, or carry messages back to the senator, any problems people may be having.”

Senior Vice Commander Jay Anderson had an inquiry about burial allowances.

“We had an experience with my father passing away,” Anderson said. “It’s a long story, but the bottom line is my brother paid the funeral bill, and there is a burial allowance for veterans that is reimbursed to immediate family members. I am just curious why the reimbursement doesn’t go to the individual that pays the funeral bill.”

Anderson said his father had lived in the area, but spoke of a step-mother who lives out-of-state.

“My step-mother lived in Florida at the time, and the VA won’t tell us whether that money went to her, or where it went,” he said. “My brother provided receipts like they (VA) wanted, and they still never responded.

“We don’t know who, or if, someone ended up with the burial allowance. I think that’s something they ought to consider in the future because he was a son that paid the funeral expenses,” Anderson said. “I think its something that needs changed, whoever pays the bill needs to be reimbursed.”

Junior Vice Commander Gary Glover wanted to know why there is no Veterans Administration representative in the area that he is aware of.

“We don’t have a VA rep in our area, in the district,” Glover said.

Veteran Mark Rinehart planned to speak to Berry about Service Connected Disability, which are compensation benefits paid when an injury or disease resulting in a disability is linked to military service.

“I signed up a year ago for service-connected disability, and the guy I signed up with is kind of elusive,” Rinehart said. “I am trying to find out where he’s at.”

According to Rinehart, the last VA representative with whom he had spoken in the district had been transferred to Wheeling.

“My question is, what is my status and when am I going to hear something?” Rinehart said.

Betty Bohon, who works at the Terra Alta Senior Center, wanted to speak to Berry about why it takes so long to obtain a Social Security statement.

“I have an apartment waiting for me, and I didn’t know that I could even get in until I went to the post office today. I called down there (Social Security Office) and they said it would be five-to-seven days,” Bohon said. “I finally got mine today, after a month. I had called two different times and it hadn’t shown up before.

“I want to know why it takes so long to a copy of your statement for Social Security so you can get an apartment,” she added.

Berry is a veterans' affairs caseworker for Manchin, D-W.Va. Representatives from Manchin's mobile office are restricted to interactions with citizens only. All other questions were referred to Manchin's office.

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7.9 - ConnectingVets.com (CBS Radio): [VA will provide millions of dollars next year to fight veteran homelessness](#) (31 August, Matt Saintsing, New York, NY)

Looking to shrink veteran homelessness, the VA will provide \$200 million for thousands of community-based temporary beds for those in need, the agency recently announced.

Through the Grant and Per Diem Program, VA will award \$2.7 million to renew 12 special need grants to support services for women vets, those with chronic mental illnesses and veterans who have dependents under age 18. It's estimated the funding will sustain more than 13,000 "transitional housing beds."

"The Grant and Per Diem program give our homeless Veterans an important source of support," said VA Secretary Robert Wilkie. "We appreciate the U.S. Congress providing this funding because every homeless Veteran deserves the opportunity to move from living on the streets to a safe and supportive environment."

The program awards grants to community-based organizations that offer transitional housing and other supportive services to help homeless veterans reach self-sufficiency. Officials said only programs that provide housing for up to 24-months or those offering certain services, like crisis intervention, education, and counseling, are eligible for these funds.

Last year, Housing and Urban Development officials found about 40,000 homeless veterans, an increase of about 600 from the previous year. It was the first time in seven years the number of homeless vets increased.

Just in the fiscal year 2017 alone, some 600 grant-funded nonprofits across the nation provided shelter to more than 23,000 veterans. Beds are limited to the veteran, not their family members, but there is legislation to expand those same services to children.

H.R. 4099, the Homeless Veteran Families Act, is a bipartisan bill that would allow children of homeless vets to be included in the total amounts of per diem grants.

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8. [Other](#)

8.1 - USA Today: ['He was a real person': McCain remembered by stream of visitors at Vietnam Veterans Memorial](#) (31 August, Deborah Barfield Berry, 36.8M uvm; McLean, VA)

WASHINGTON – David Daks of New City, New York, paused in front of the American flag Friday to explain to his 6-year-old granddaughter, Arielle, that it was lowered to half-staff to honor the late Arizona Sen. John McCain.

The flagpole sits a few steps away from the path to the Vietnam Veterans Memorial, where the Daks family joined a steady stream of visitors to the memorial – known to most as "the Wall" – and other monuments saluting veterans on the National Mall.

Several people said they couldn't help but think of McCain, a former Navy aviator and prisoner of war in Vietnam, as they searched for names of friends and loved ones engraved into the panels of black granite.

"I liked him," said Daks, who said he voted for the Republican senator when he ran for president. "He was a real person with flaws and all."

Daks' daughter, Danielle, called McCain "one of the better politicians."

"I like that he stood up for what he believed in. He wasn't a cookie-cutter politician," she said. "He was willing to go against his party for his convictions. We don't have a lot of that today."

Meanwhile, across town, members of Congress and other dignitaries were at the U.S. Capitol for a memorial ceremony for McCain. McCain is only the 31st person to lie in state in the Capitol.

Later Friday evening, hundreds were expected to gather for a candlelight vigil at the memorial to honor McCain.

Then, on Saturday morning, the motorcade carrying McCain's casket to the Washington National Cathedral for a service will stop at the memorial where his wife, Cindy McCain, will lay a wreath.

Bob Healy, a ranger with the National Park Service, said a lot of people have streamed through the memorial in recent days, many of them saying they had come to Washington to pay their respects to McCain.

"Each has their own perspective on Sen. McCain and what he meant to them," Healy said. "Many just felt he was a man of character and courage."

Some visitors said they didn't agree with McCain's politics but praised him for his military service and efforts to work across the aisle.

"Even though I wasn't a McCain supporter, hearing his name invokes dignity and decency," Sue Halfond of Philadelphia said. "He seemed to put the needs and desires of the country above his own elevation."

Halfond's cousin, Lois Richards of Chicago, said she was impressed by the lineup of speakers McCain chose for his memorial service.

"I appreciate the clear message he's sending with the speakers, especially Obama and Biden – two men who defeated him for the presidency," she said of Democrats Barack Obama and Joe Biden. "To quote President Obama, Sen. McCain is saying we can disagree but not be disagreeable."

Deb Drummond of Brighton, Michigan, said she had considered going to the Capitol for the viewing but decided against braving the crowds. Instead, Drummond and Lori Weatherwax of Berkley, Michigan, visited the Vietnam wall.

They were in town for a conference of women who served in the Marines.

"As a veteran, he was a hero," Drummond said. "I didn't agree with his politics in the end, but I always respected him as a veteran."

Weatherwax said McCain was at the forefront of veteran issues.

"He was an advocate for bettering the VA system," she said. "You don't have to be a Republican or Democrat to try to do the right thing for your country."

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8.2 - Las Vegas Sun: [Editorial: Trump's unqualified cronies are out of place advising on veterans issues](#) (31 August, 1.5M uvm; Henderson, NV)

Amid the daily barrage of disturbing news from the White House, an emerging scandal involving oversight of the Department of Veterans Affairs may have gone under the radar for many Americans.

But it's worthy of front-and-center attention, because it has major implications for our nation's treasured service veterans and could entail a violation of federal law.

The situation involves a group of advisers who, as reported by ProPublica, have secretly been steering the VA despite having no official role in government. The three — Marvel Entertainment chairman Ike Perlmutter, West Palm Beach doctor Bruce Moskowitz and Washington attorney Marc Sherman — also have no government experience, and not one of them has served in the military.

But after an investigation based on interviews with former officials and an examination of hundreds of documents obtained through the Freedom of Information Act, ProPublica reported Aug. 6 that the trio had been in daily contact with VA administrators and had reviewed a number of policy and personnel decisions. The VA treated the group's directives as orders, the story said, and officials who fell out of step with the shadowy advisers were removed or sidelined.

All the while, ProPublica said, VA leaders took taxpayer-funded trips to Florida to meet with the trio, whom department insiders dubbed the "Mar-a-Lago Crowd." "Everyone has to go down and kiss the ring," one former administration official told ProPublica.

The report is troubling. Although presidents routinely rely on so-called "kitchen cabinets," the investigation suggested that the "Mar-a-Lago Crowd" has obtained significantly more direct involvement in government operations than typical informal advisers.

If true, the story suggests that the Trump administration has broken the Federal Advisory Committee Act, which requires federal authorities to notify the public when consulting outside experts.

To their credit, lawmakers in both the House and Senate called for investigations.

“This situation reeks of corruption and cronyism,” read a statement from Rep. Tim Walz, the ranking Democrat of the House Veterans’ Affairs Committee. “If these revelations prove true, and VA is being secretly run from the shadows of Mar-a-Lago by individuals with no accountability to taxpayers and who have never served in the United States military or government, then that would amount to an unprecedented, disturbing and profoundly unacceptable betrayal of our nation’s veterans.”

For its part, the group downplayed its influence, issuing a statement saying the three had volunteered their advice and expected nothing in return. The White House said Perlmutter, Sherman and Moskowitz “have no direct influence over the Department of Veterans Affairs.”

But the story says otherwise. Among its details:

Amid debate within the administration about whether the VA should rely on private medical care, the group advocated for use of the private sector. Although former director David Shulkin and others cautioned that the approach would likely increase costs and decrease the quality of care, Perlmutter wrote to Shulkin and other administrators that it was a better approach. “We think that some of the VA hospitals are delivering some specialty health care when they shouldn’t and when referrals to private facilities or other VA centers would be a better option,” Perlmutter wrote in an email to Shulkin and other officials. “Our solution is to make use of academic medical centers and medical trade groups, both of whom have offered to send review teams to the VA hospitals to help this effort.” But given that Moskowitz is a private practitioner who helps connect people with concierge medical care, the message raises concerns over conflict of interest.

Moskowitz facilitated a series of calls between VA officials and Apple senior executives, which prompted a discussion about development of an app that would allow veterans to find nearby medical services. Both the VA and Apple became uncomfortable, however, when Moskowitz recommended bringing in his own son as an adviser.

VA administrators said the group peppered them with demands, many of which were uninformed. Perlmutter, for instance, sent administrators a message from an associate whose son was having trouble obtaining his military records. He added to the message that “this is an excellent reminder that we are also still very far away from achieving our goals.” But the issue had nothing to do with the VA, as Shulkin had to inform Perlmutter. The Department of Defense oversees the type of records at issue.

In general, the group “acted like board members pounding a CEO to turn around a struggling company,” the story said, as officials sought their guidance on a number of projects. “Everything needs to be run by them,” one former official said. “They view themselves as making the decisions.”

Given these and other details, Nevada lawmakers should support all efforts to investigate the situation. When it comes to the care of our nation’s veterans, Americans deserve to know who’s calling the shots, and what shots they’re calling.

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8.3 - New Republic: [Minutes](#) (31 August, Jeet Heer, 908k uvm; Washington, DC)

Veterans Affairs is being shaped by Trump's Mar-a-Lago cronies. ProPublica is reporting that a trio of the President Donald Trump's friends, who meet at his members-only Florida club, are acting as informal cabinet members helping shaping policy at Veteran's Affairs. This shadow cabinet consists of Bruce Moskowitz, a doctor who specializes in rich patients, Marvel Entertainment CEO Ike Perlmutter, and Marc Sherman, an attorney.

This group claims to only be offering informal advice. As ProPublica notes:

But hundreds of documents obtained through the Freedom of Information Act and interviews with former administration officials tell a different story — of a previously unknown triumvirate that hovered over public servants without any transparency, accountability or oversight. The Mar-a-Lago Crowd spoke with VA officials daily, the documents show, reviewing all manner of policy and personnel decisions. They prodded the VA to start new programs, and officials travelled to Mar-a-Lago at taxpayer expense to hear their views. "Everyone has to go down and kiss the ring," a former administration official said.

Access to VA policymaking allowed Perlmutter to use public events to promote his private interest. Thus in February 2017, David Shulkin, at the time secretary of the VA, participated in a Veterans Day event at the New York Stock Exchange that saw him "standing near a preening and flexing Captain America, with Spider-Man waving from the trading pit, and Marvel swag distributed to some of the attendees."

A head of a veterans advocacy group told ProPublica, "Generally the VA secretary or defense secretary don't shill for companies."

On another occasion, ProPublica notes, Moskowitz "wanted Apple and the VA to develop an app for veterans to find nearby medical services. Who did he bring in to advise them on the project? His son, Aaron, who had built a similar app. The proposal made Apple and VA officials uncomfortable, according to two people familiar with the matter, but Moskowitz's clout kept it alive for months. The VA finally killed the project because Moskowitz was the only one who supported it." Moskowitz has also worked to stall a \$10 billion contract for the VA to buy new record-keeping software from a firm called Cerner "because he used a different Cerner product and didn't like it."

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8.4 - Nevada Current: [Largest NV workforce whose raises Trump canceled: VA](#) (31 August, Michael Lyle; NV)

Just in time for Labor Day, President Trump announced Thursday that he is canceling pay raises for civilian federal employees that were scheduled to take effect in January. By Friday he said he'd study it over the weekend.

If, after study, he goes ahead with his original pronouncement, more than 11,000 Nevadans won't receive the automatic 2.1 percent pay increase. According to the Labor Department, of the 19,115 federal employees in Nevada in 2017, 11,479 are civilian employees — working in everything from Immigration, Customs and Enforcement (ICE) and the Transportation Security Administration (TSA) to the Bureau of Land Management (BLM).

The Department of Veterans Affairs has the highest number of federal workers in Nevada, with 4,712 employees in 2017.

The Department of the Interior, which includes the BLM, has the second most with 2,004 workers.

Although federal military employees are exempt from the pay freeze, there are still civilian employees within the Army, Air Force and Navy, covering a variety of occupations from accountants and nurses to food service workers and foreign language teachers, according to the Department of Defense.

In Nevada, there are 1,450 civilians working with the Air Force, 438 with the Army and 290 with the Navy.

The Department of Agriculture employs 477 Nevadans, the Department of Transportation employs 345, the Department of Homeland Security employs 336, and 240 Nevadans work for the Department of Commerce.

The Department of Housing and Urban Development has fewest number of federal workers in Nevada, with only 18 employees, according to the Labor Department.

In order to address the “nation’s fiscal situation,” increasing pay for these workers will be canceled, Trump said Thursday.

In a letter to congressional leaders, Trump wrote: “We must maintain efforts to put our Nation on a fiscally sustainable course, and Federal agency budgets cannot sustain such increases.”

“In light of our Nation’s fiscal situation, Federal employee pay must be performance-based, and aligned strategically toward recruiting, retaining, and rewarding high-performing Federal employees and those with critical skill sets,” he added.

Ryan King, the communications director for Sen. Catherine Cortez Masto (D-Nev.), said the senator stands with federal employees in Nevada.

“Sen. Cortez Masto believes that the federal government’s budget should not be balanced on the backs of civil servants who work hard every day on behalf of their communities,” he said.

The American Federation of Government Employees also blasted Trump’s decision. The organization represents 700,000 federal employees and has 40,000 dues-paying members in district 12 — Nevada, Hawaii, California and Arizona. AFGE Local 1224, the local affiliate, represents 3,100 Veterans Affairs employees in Las Vegas.

“President Trump’s plan to freeze wages for these patriotic workers next year ignores the fact that they are worse off today financially than they were at the start of the decade,” AFGE president J. David Cox said in a statement. “Federal employees have had their pay and benefits cut by over \$200 billion since 2011, and they are earning nearly 5 percent less today than they did at the start of the decade.”

Congressional District 4 candidate Steven Horsford, who was endorsed by AFGE prior to winning his Democratic primary this year, unloaded on Trump's decision to withhold pay raised from federal workers.

"After adding nearly \$2 trillion to the deficit, Trump wants working people to pay for the GOP Tax Cuts by freezing their wages," Horsford tweeted Thursday when Trump announced the wage freeze.

Earlier this year, Trump signed three executive orders that would have made it easier to fire federal workers. It was challenged by the AFGE.

A federal judge struck down key parts of the order Aug. 25. "Did somebody say retaliation?" Linda Smith, the president of AFGE Local 1224, tweeted out Aug. 30 in response to the pay raise freeze.

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From: Dorris Consulting Int'l <citizenservicesnewsletter@gmail.com@mail215.suw101.mcdlv.net> on behalf of Dorris Consulting Int'l <citizenservicesnewsletter@gmail.com>
Sent: Monday, August 27, 2018 2:02 PM
To: Lawrence, Paul R., VBAVACO
Subject: [EXTERNAL] DCI Releases Issue 14 of the Citizen Services Newsletter

[View this email in your browser](#)

As the end of the fiscal year approaches, there is a flurry of activity around end of year spending that impacts both the government and industry. There is also many activities related to performance management and end of the year performance appraisals. From an information technology (IT) modernization, customer experience and citizen services perspective, the following are the highlights from the past month.

1. Phase 1 of the IT Modernization Centers of Excellence (CoEs) is coming to an end at USDA at the end of September. Phase 2 Requests for Quotations (RFQs) have been released for all areas and USDA and GSA are busy evaluating the proposals. The next agency is on the drawing board with the expectation of it being named in the coming weeks. Joanne Collins Smee, the Deputy Commissioner at GSA's Technology Transformation Service (TTS) who came into government to kick off the CoEs has left GSA and is returning to the private sector and Kelly Olson will be acting in that position until a permanent Deputy Commissioner is identified.
2. The Government Effectiveness Advanced Research (GEAR) Center is a public-private partnership being established to initially test solutions for initiatives outlined in the President's Management Agenda, starting with how to re-skill federal workers for technology jobs and how to leverage federal data for commercialization. It will also tackle how to solve other functional issues within government. While the center will likely receive seed funding from the government, it will operate as a public-private partnership to ensure that innovative solutions in the marketplace have a better chance to reach the eyes of federal leaders without being constrained by the time and costs of acquisition regulations.

Federal agency leaders interested in participating in roundtable discussions about **how to modernize and optimize their contact centers**, can register for the Fall 2018 Contact Center Roundtables [here](#). We will be highlighting topics around creating business cases for modernization, creating a unified contact center and highlighting experiences from USDA and VA in creating a single front door, one-stop shop for their customers.

As usual, I love to close by highlighting how the government impacts our lives at this time of year. We are approaching Labor Day which highlights the government's roles and responsibilities around safety, fairness and employment in the workplace. Our children are returning to school and colleges to further their education and further build their lives. Thank you to all those public servants and their industry partners who work to bring improved services to the public. And a special condolences to Senator John McCain's family. He was an American war hero, father and presidential candidate.

Martha Dorris

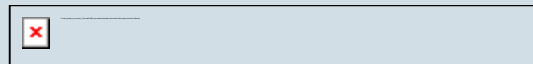


Issue 14 / September 2018



LATEST CX NEWS

CHRIS LIDDELL IS 'VERY, VERY HAPPY' WITH IT MODERNIZATION PROGRESS IN THE PAST YEAR



Reposted from Fedscoop, August 22, 2018
By Tajha Chappellet-Lanier

Chris Liddell is very pleased.

The White House's [deputy chief of staff for policy](#), who started his tenure in the administration at the Office of American Innovation, used his remarks at Tuesday's FedTalks 2018 to give a year-end valediction of sorts on the IT modernization progress the government has made since he appeared on the FedTalks stage last year. And the report card is glowing.

"I'm very, very happy with the amount of progress we've had," Liddell said.

Liddell cited both strategic initiatives and key personnel hires as among the achievements of the past year. On the subject of the former, Liddell pointed out that the IT Modernization Centers of Excellence, which he spoke about [in a very general sense](#) last summer, are now operational and nearing the end of phase one in the U.S. Department of Agriculture. The CoE initiative is "alive and well," Liddell said. "That's probably one of the things I am most delighted about in the past year."

To read the full article, click [here](#).



'TEST-AND-LEARN OPPORTUNITIES' WILL DEFINE GEAR CENTER, OMB LEADERS SAY

Reposted from Fedscoop, August 24, 2018

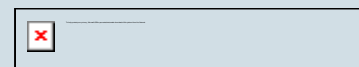
By Carten Cordell

The Office of Management and Budget is taking steps to clarify its idea for an independent research center that focuses on helping private companies develop new ideas for improving government efficiency.

OMB officials on Thursday detailed the broad outlines of their vision for the Government Effectiveness Advanced Research (GEAR) Center, which was first proposed as part of the [Trump administration's federal reorganization plan](#). They called on the private sector and academia to help create what would essentially be a think tank for exploring new solutions that otherwise might not make it to the government's doorstep.

To read the full article, click [here](#).

KELLY OLSON TAPPED TO LEAD TTS FOLLOWING COLLIN SMEE'S DEPARTURE



Reposted from Fedscoop, August 22, 2018

By Carten Cordell

The Technology Transformation Service has a new leader.

Following the departure of current Director [Joanne Collins Smee](#)

at the end of the month, current TTS Chief of Staff Kelly Olson will take the helm of the General Services Administration's technology acquisition arm as acting director, agency officials confirmed to FedScoop Wednesday.

Olson, whose current stint with GSA began in 2015, came to TTS first as the director of the service's Innovation Portfolio, overseeing various projects, such as Challenge.gov, Digital.gov and the [Emerging Citizen Technology Office](#), among others. She was later named TTS chief of staff in March.

Olson also previously served as the agency's director of strategic initiatives from 2010 to 2014, helping drive outreach and policy efforts to improve citizen services through multiple public-facing efforts.

To read full article, click [here](#).

ACT-IAC PENS FRAMEWORK TO HELP AGENCIES REFORM THEIR CX

Reposted from Fedscoop, August 1, 2018

By Carten Cordell

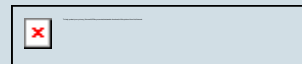
As the President's Management Agenda presses federal agencies to refresh their customer experience capabilities, ACT-IAC has crafted a plan on how to deploy human-centered design strategies into those efforts.

The "Customer Experience Playbook" lays out an [eight-step strategy](#) for agency leaders looking to recraft their organization's approach to customer experience (CX), capitalizing not only on the new tools available but also the philosophies that will help drive transformation.

The Trump administration has made [CX a key component](#) of its PMA as well as its IT modernization strategy, with White House officials [often touting plans](#) to make government services more accessible and user-friendly through technology updates.

To read the full article, click [here](#).

HIGHPOINT'S CAL SHINTANI: OMB GUIDANCE UPDATE TO HELP FEDS SURPASS PRIVATE-SECTOR



CUSTOMER EXPERIENCE

Reposted from GovConWire, August 13, 2018

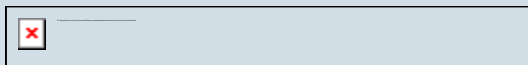
By Anna Forrester

[Cal Shintani](#), chief growth officer at [HighPoint Global](#), has said federal agencies should develop a roadmap based on the [Office of Management and Budget's Circular A-11](#) as they work to tailor and enhance customer experience, ExecutiveBiz [reported July 30](#).

Shintani [wrote](#) that Section 280 of OMB's guidance serves to build on customer experience as a cross-agency priority in line with the *President's Management Agenda*, as part of a larger effort to surpass customer experience in the private sector.

"Government agencies have an enormous opportunity to really connect with citizens and deliver customized CX and services that directly and positively impact citizens' lives," Shintani added.

To read the full article, click [here](#).



JOANNE COLLINS SMEE TO LEAVE GSA AT THE END OF THE MONTH

Reposted from Meritalk, August 3, 2018

Joanne Collins Smee, the director of Technology Transformation Services (TTS) and deputy commissioner of the Federal Acquisition Service (FAS), will leave the General Services Administration (GSA) at the end of August, the agency announced.

"It has been an honor to serve in government, and I am so pleased at the enormous progress that GSA has made in modernizing government IT in such a short time," Smee said in a statement.

Collins Smee took the reins on implementing GSA's Centers of Excellence last September, along with the White House Office of American Innovation. Under her leadership, the idea has turned into a reality at the Department of Agriculture (USDA). In a GSA press release, White House officials praised Collins Smee's work.

To read the full article, click [here](#).

EXIT INTERVIEW WITH GSA TECHNOLOGY TRANSFORMATION SERVICE DIRECTOR

JOANNE COLLINS SMEE

Reposted from Government Matters, August 19, 2018

By Andrew Wagner

After just one year in the role, Technology Transformation Service Director **Joanne Collins Smee** is leaving the General Services Administration at the end of August. In an interview with Government Matters' Francis Rose, Smee said that during her tenure, TTS became an instrumental part of the federal government, working with other agencies and offices to modernize their tech through initiatives like the Centers of Excellence. Smee indicated that any agency that wants to receive a Center of Excellence should ask itself a few questions.

To watch the full interview, click [here](#).



LATEST FEDERAL AGENCY ACCOMPLISHMENTS

VBA UNDERSECRETARY DESCRIBES CHANGES AT AGENCY, HOW HEALTH CARE REACHES VETS

Reposted from Federal News Radio, August 23, 2018

By Amelia Brust

With an administrative budget of more than \$3 billion and more than \$105 billion worth of compensation programs, the Veterans Benefits Administration spends more than the health care side of the Veterans Affairs Department.

Now 100 days into the job, VBA Undersecretary Paul Lawrence said his agency is intent on helping veterans achieve the "American Dream." The former Army captain and consultant to agencies such as the Education, Housing and Urban Development departments, and the U.S. Postal Service is the only political appointee at the agency, a fact which he said comes with pros and cons.

To listen to the full interview, click [here](#).

NEW VA SECRETARY PROMISES VETERANS BETTER CUSTOMER SERVICE AND MORE MEDICAL OPTIONS

Reposted from Military Times, August 8, 2018

By Leo Shane III

In his first public speech since taking over the Department of Veterans Affairs, [VA Secretary Robert Wilkie](#) on Wednesday reiterated his promises to push that bureaucracy towards more customer-friendly practices and more flexible access for beneficiaries.

"VA exists to make life easier for veterans," he told a crowd of veterans at the AMVETS annual convention in Orlando, Florida. "So my prime directive is customer service. When a veteran comes in to VA, it is not up to him to get VA to say 'yes.' It is up to VA to give the veteran tools."

The comments echoed ones Wilkie made less than two months ago [during his confirmation hearing](#) on Capitol Hill, where he pledged to bring a more user-friendly experience to veterans [navigating the massive federal bureaucracy](#).

To read the full article, click [here](#).

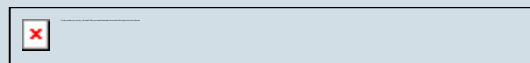


VA OPENS BIDDING FOR WEBSITE OVERHAUL CONTRACT

Reposted from MeriTalk, August 17, 2018

The Department of Veterans Affairs (VA) is looking to significantly overhaul its online presence, and on Wednesday [opened bidding](#) on a contract to develop a content management system for VA.gov—the agency's primary website. The overhaul is part of the agency's larger VA Digital Modernization initiative. The agency wants to turn the website into a one-stop shop where veterans and their families can apply for benefits and access all of the agency's services. The initial contract will run six months and have two potential six-month option periods.

Responses are due Aug. 22. To check out the opportunity, click [here](#).



USDA RELEASES RFQs FOR PHASE II OF ITS IT MODERNIZATION CENTERS OF EXCELLENCE

Reposted from FedScoop, August 2, 2018

By Billy Mitchell

The Department of Agriculture, led by a team at the General Services Administration, issued solicitations this week for Phase II of its IT Modernization Centers of Excellence initiative.

In this second phase, USDA plans to award contracts across [the same five focus areas as Phase I](#) — IT Infrastructure Optimization, Cloud Adoption, Customer Experience, Data Analytics and Contact Center — and an additional contract for support of its program management office.

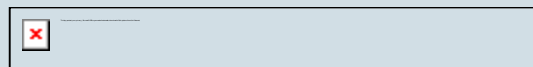
In December, with the support of the White House's Office of American Innovation, USDA kicked off GSA's COE effort serving as a "lighthouse" for IT modernization at other agencies. The intent of the IT Modernization Centers of Excellence is that bringing in help and expertise from the private sector will jumpstart IT modernization within the federal government — first at USDA, and then replicating that success at other agencies in need of modernization support. It's an idea the White House, and specifically Chris Liddell as director of strategic initiatives, had been [tossing around publicly since last summer](#).

To read the article, click [here](#).



CX LATEST RESEARCH

16 TIPS FOR A BETTER FEDERAL



CUSTOMER EXPERIENCE

Reposted from NextGov, August 2018

Sponsored by Qualtrics

The struggle for federal agencies to satisfy customers and provide top-notch customer experience is real.

Four years after the Obama administration made federal customer service a management pillar and priority area—and almost two years after the Trump administration committed to continue that push—the average federal agency provides a worse customer service than airlines, telecommunications providers and other maligned industries. According to Forrester's [2018 U.S. Federal Customer Experience Index](#), only one agency—the Veterans Affairs Department—and one federal program, Healthcare.gov, improved their scores from the previous year.

For agency customer experience champions, the challenges are myriad. Getting buy-in from leadership, securing funding for pilots or programs and designing those programs to prioritize users are all hurdles CX leaders have to clear. We've compiled advice from current and former government CX leaders to address these and other challenges across government. It's clear by now there is no silver-bullet solution to improve customer service across agencies, so we've tried to solicit and share ideas on a wide range of CX topics.

To read the full article, click [here](#).

CUSTOMER EXPERIENCES NEED TO EXCEED EXPECTATIONS: GARTNER

Reposted from Chief Marketer, August 3, 2018

By Beth Negus Viverios

Over 80 percent of brands say their success will soon be mostly or entirely dependent on customer experiences (CX), but less than half have a strategy in place to explain why CX drives their ROI, according to a new report from [Gartner](#).

"The biggest challenge for a lot of brands is that they're focused on quarterly results, rather than innovating for the future," often because they need to meet the short-term expectations of stakeholders, says [Augie Ray](#), research director at Gartner. "Brands need to recognize that there can be a balance."

The way brands think about customer experience needs to change, he notes. Many mistake CX for brand experience, and they're not the same. "There are experiences that are really designed to help the brand. CX by definition is things we do for the customer, and about lifting customer loyalty and advocacy. And when we help the customer, we help the brand."

The goal of CX is, of course, to exceed customer expectations. But, while 48 percent of the CX leaders surveyed said their efforts were exceeding management's expectations for CX, only 22 percent said the same of *customer* expectations.

To read the full article, click [here](#).



HOW TO BUILD A 21ST CENTURY GOVERNMENT FOR CITIZENS

Reposted from Government Matters, August 13,
2018

By Andrew Wagner

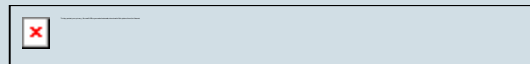
Alan Balutis, senior director and distinguished fellow at Cisco Systems, discusses his five-step plan to modernize the federal government, and why reviving the 70-year-old Hoover Commission may help reorganize the executive branch.

To watch the full interview, click [here](#).



LEADERSHIP IMPACTING CX

**CHRISTINE
WILLIAMSON OF NPS
RECOGNIZED AS A
SERVICE TO THE
CITIZEN AWARD
WINNER**



ourPassNow provides an alternative to the traditional paper-based, in-person purchase method of park passes and as of December 2017, any NPS property can use YourPassNow to offer digital park entrance passes. Additionally, YourPassNow has grown to offer land access permits to U.S. Forest Service

(USFS) locations, as well as America the Beautiful Senior Pass.

Using a personal device, park entrance passes and land access permits can be conveniently purchased anywhere, anytime from yourpassnow.com, but convenience is just one of the many benefits offered by YourPassNow. Benefits include:

- For agencies that manage public lands, YourPassNow serves as a valuable new way to collect the revenues needed to maintain our nation's natural and historic landmarks.
- YourPassNow helps promote understanding about how fees are used to protect our most treasured outdoor spaces.
- YourPassNow allows public lands to actively detect and prevent fraud, waste and abuse through a built-in pass and permit validation feature that requires no internet connection to use.
- YourPassNow alleviates the need for rangers, foresters, and the men and women working on public lands to carry cash, enhancing their safety while in the field.
- YourPassNow offers automated and real-time ID check, eliminating the need to provide documents to certify age when purchasing an annual or lifetime america the beautiful senior pass.

The National Park Service within the Department of Interior oversees America's federal lands which represent some of our country's most impressive and inspiring outdoor places. The fees visitors pay to access these national treasures are used to fund critical projects that improve visitor services and protect natural and cultural resources within the lands. As the Fee Program Manager for the NPS, Chris Williamson helped ensure federal lands are preserved for the enjoyment of future generations.

When the NPS undertook an initiative to make park entrance passes available for purchase online in late 2015, Chris and her team were essential to the selection of a digital solution that would meet the rising expectations of visitors to America's public lands. Under Chris' leadership, what began as a small pilot program tested at three national parks in early 2016 has evolved into a solution for digital park entrance passes available for use by any NPS unit called YourPassNow.



LATEST TECHNOLOGY IMPACTING CX

DHS LAUNCHES PHASE 2 OF AIRPORT FACIAL RECOGNITION DEMONSTRATION

Reposted from FedScoop, August 17, 2018

By Tajha Chappellet-Lanier

The Department of Homeland Security is entering a new phase of a project that uses facial recognition technology to verify the identities of international travelers.

The Traveler Verification Service (TVS) is a partnership between Customs and Border Patrol (CBP) and the Transportation Security Administration (TSA). The project kicked off in October 2017 at “select airports” — now it’s entering phase two. During this next phase, CBP and TSA will collect galleries of previously acquired images of passengers set to leave the U.S. on “specified international flights,” and match this against a picture of each passenger taken there at the TSA checkpoint. Theoretically, this saves time.

Passenger participation in the program is voluntary — passengers can request to have their documents examined the regular way instead.

To read the full article, click [here](#).

RPA DEMYSTIFIED AND THE NEW OPPORTUNITIES IT BRINGS TO CITIZEN SERVICES IN THE DIGITAL AGE

By: Raj Parameswaran, President, Information Technology, MAXIMUS Federal

For the past several years, IT modernization has been heavily discussed as a top priority for federal agencies. Now that the Modernizing Government Technology (MGT) ACT has officially been signed into law and the White House has called upon agencies to apply for [modernization funding](#), opportunities are now arising for them to upgrade their legacy systems.

In the President’s Management Agenda (PMA), the Administration states, “Federal agencies will shift time,

effort and funding currently spend performing repetitive administrative tasks and complying with unnecessary and obsolete policies guidance, and reporting requirements, toward accomplishing mission outcomes, with the objective of achieving no new net burden annually." This renewed attention, along with allocation of additional resources, will enable agencies to finally put their plans into action, as they move closer to achieving their long-standing mission goals, spanning from workforce issues to enhanced efficiency.

As federal agencies are able to act on the Administration's guidance and accelerate their initiatives, robotic process automation (RPA) presents a valuable approach and platform to automating high-volume, repeatable and often simple, process tasks. It also provides an inherent mechanism to streamline business processes and identify opportunities to immediately apply automation that can result in cost savings. Further, RPA provides a foundation for modernizing current legacy systems, delivering immediate value to the business mission and improving citizen service, while overcoming integration barriers with current legacy systems and achieving the same or higher levels of efficiencies.

Leveraging RPA to Enhance the Business Process

All too often, the federal workforce must spend their time on repetitive tasks that hinder the use of their time and resources for addressing some of the highly-complex challenges that arise. Whether its medical personnel reviewing clinical data or a legal expert collecting information to process a citizen's government benefit or appeal claim, these individuals are tasked with extracting relevant information from multiple systems in order to create a comprehensive profile. This process is critical, but due to its repetitive nature, it unfortunately keeps federal workers from focusing their attention on more complex decision-making components and takes away from time that could be spent assisting the citizen. With an RPA implementation, agencies can collect this information within minutes (and even seconds), with increased accuracy, and allow the federal experts to spend their time and resources reviewing and analyzing it and then resolving the citizen's need, rather than doing simplistic tasks like gathering it and entering it into a system.

Through the application of RPA, agencies can also quickly expedite processes to help manage and reduce growing backlogs, such as the [640,000 FOIA requests](#) that have not yet been processed. Because it can typically perform transactions more quickly and with fewer errors than a human, RPA is effective in decreasing the handling time for many types of business processes.

Critical Factors to a Successful RPA Implementation

The success of an RPA implementation is predicated on a few key aspects, including process understanding and re-engineering, culture shift enablement, quantitative measurement framework and a developing it on a sound RPA platform. An RPA implementation should begin with determining how it can streamline business processes, ascertaining the necessary operational elements and identifying repeat tasks that can be programmed and executed by it. The challenge here is to ensure a clear understanding of the business processes and established quantitative measures to validate the overall effectiveness. Because RPA is a business led initiative, organizational change and readiness management is critical for adoption. Also, unlike commercial industry, where an RPA initiative could be used to reduce the human workforce, it enables the government to shift much needed human talent over to performing high-value functions – resulting in increase performance, higher job satisfaction, better use of human capital and an overall improvement of service delivery.

RPA and AI - Analyzing the Key Differences

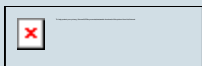
While RPA has increasingly become a topic of discussion among technology leaders, it is often used interchangeably or in conjunction with other related, trending technologies. On the surface, federal IT decision makers have embraced RPA across the federal landscape, but in fact, some are discussing RPA in conjunction with Artificial Intelligence (AI). This is causing a tremendous amount of confusion when it comes to defining RPA's independent value and role as a differentiator.

Although RPA and AI had some overlaps when they first came around, these dynamic tools are typically unparalleled and have taken shape in two major ways. RPA automates repetitive, high-frequency and mundane functions that were previously performed manually. On the other hand, AI has been leveraged to complete more complicated processes that involve decision-making through trained and self-learning modes of machine learning. Additionally, some AI enablement requires a level of human intervention to facilitate successful completion of functions. Simply put, RPA performs like a trained robot (as its name implies) and an AI platform functions more like a human.

While RPA records and replicates the information that's being analyzed, it requires little, or none, of the intelligence and interpretation that AI requires. Instead, it takes uniform, transactional actions and serves as the "human hand" in completing them – without the need for heavy integration. The configuration of RPA is also extremely unique, as federal IT developers can design the framework to perform exactly how they want. Alternatively, AI requires cognitive analysis similar to how a human brain would react, as it learns how to operate and leverages this information to perform more effectively – over an extended period of time.

A Valuable Tool for Modernization Initiatives

As the federal government undergoes an extensive digital transformation, especially in citizen service delivery, agencies will be poised to leverage RPA to maximize their modernization outcomes and meet the core objectives outlined in the PMA: drive increased efficiency, effectiveness and transparency. In order to be successful, it's imperative that we define RPA's unique qualities and properly implement it to achieve success. Through the use of RPA, agencies can achieve positive outcomes from modernization initiatives and improve their delivery of services to citizens in their programs.



LATEST HAPPENINGS FROM AROUND THE WORLD

SCOTLAND TO PILOT DIGITAL ID SCHEME

Reposted from Security Document World, August 8, 2018

By Laura Campilsson

Scotland's local government Improvement Service, has revealed there will be several upgrades made to the myaccount digital portal, through which citizens can access public services.

As part of this process, the Scottish government will be partnering with Yoti – a digital identity platform – to pilot a smartphone app which will allow citizens to identify themselves online and in person, without the need for traditional printed credentials.

The app will have a variety of uses for citizens and officials, from displaying date of birth for the purchase of age-restricted products to displaying eligibility and entitlements when applying for public services.

It will give users greater control over their data, enabling them to provide only the information required for each situation and always with the user's consent.

To read the full article, click [here](#).

ALIPAY LAUNCHES WORLD'S FIRST PAPER TAX REFUND SERVICE IN SOUTH KOREA

Reposted from Citizen Tribune, August 23, 2018

By Xinyun Yang

Alipay, the world's leading mobile payment and lifestyle platform operated by Ant Financial Services Group, announced that it has partnered with Global Tax Free ("GTF"), a tax refund agency, to launch the world's first paperless mobile tax refund function in South Korea.

Alipay has consistently been at the forefront of innovation that supports mobile tax refund solutions globally. In early 2017, Alipay initiated a real-time tax refund service in Europe which enabled users to instantly receive tax rebates in their Alipay accounts after scanning their Alipay QR code at airport tax counters.

To read the full article, click [here](#).



MARK YOUR CALENDAR - UPCOMING CX EVENTS

How to Modernize and Optimize Contact Centers for the Next Generation

Delivering seamless experiences to customers requires continual optimization of contact center processes, technologies, and cultivation of the workforce. For agencies to modernize their contact centers, there are critical areas to address.

GOVERNMENT ONLY

When: September 11, 2018

Where: The City Club of Washington

Register [here](#)

Creating a Centralized Unified Contact Center

Many state and local governments have launched 311 programs to provide access to government

services and information to their residents, constituents and visitors. Citizens can report non-emergency issues via 311 programs, receive answers to frequently asked questions pertaining to city and state services, and submit and track service requests online.

GOVERNMENT ONLY

When: October 11, 2018

Where: The City Club of Washington

Register [here](#)

IMAGINE NATION- ELC 2018

Imagine one place where government and industry come together on a neutral ground and stand united in the collaborative pursuit of the greater good. Innovative ideas, Bold Thinking, and Creative Energy are the guiding lights to a more productive and advanced tomorrow. We will re:imagine how we better enable mission delivery - engaging, learning, and collaborating on innovating around modernization, evolving the workforce, improving customer experience and business management, and better leveraging emerging technologies.

When: October 14-17, 2018

Where: Pennsylvania Convention Center

Register [here](#)

Building a Business Case for Digital Services Workshop

Delivering seamless experiences to customers requires continual optimization of contact center processes, technologies, and cultivation of the workforce. For agencies to modernize their contact centers, there are critical areas to address.

GOVERNMENT ONLY

When: October 25, 2018

Where: The City Club of Washington

Register [here](#)

How to Build a Solid Business Case to Deliver Citizen Services

Many state and local governments have launched 311 programs to provide access to government services and information to their residents, constituents and visitors. Citizens can report non-emergency issues via 311 programs, receive answers to frequently asked questions pertaining to city and state services, and submit and track service requests online.

GOVERNMENT ONLY

When: November 8, 2018

Where: The City Club of Washington

Register [here](#)




ADDITIONAL RESOURCES

If you are interested in reading last month's issue of the Citizen Services Newsletter, click [here](#).



If you would like to highlight your accomplishments in delivering government services, please send us an email at citizenservicesnewsletter@gmail.com. If you want to share how your company helps government deliver services, sponsor an article. Contact Martha Dorris at marthadorrisdci@gmail.com to discuss the options.

EDITORS CORNER



Thank you for your continued support of the Citizen Services Newsletter! Nothing is more exciting for me than to run into someone who tells me that they were just reading the newsletter. Remember to use the previous issues as references for the myriad of laws, regulations and new things happening every month. I know I do. I look forward to continued focus from the Administration and federal agencies as we deliver outstanding government services in an ever changing world.

Customer Testimonials

"Very helpful Martha and Alex. Especially the content on the Centers of Excellence and the IT Modernization month by month timeline.

- Karen Trebon, GSA

"Congratulations on the newsletter, I find it very useful and I will replicate it here in Perú. Regards from Perú"

- Guiselle Romero from Peru

"Five stars all around. Impressive product, information, and graphics. Will be a winner."

- Frank McDonough

"This is an amazing accomplishment! No doubt this will become a go-to publication for people interested in government."

- Rick Parrish, Forrester Analyst

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Designed by Alex Yerkes

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From: Williams, Charlie <cwilliams@intekras.com>
Sent: Monday, September 24, 2018 12:53 PM
To: Williams, Charlie
Subject: [EXTERNAL] IT Risk, Information Assurance and Cyber Security Services (Intekras, Inc.)
Attachments: Intekras Capabilities Overview 2018.pdf

To My Friends, Colleagues, and Former Customers:

As you may recall, I have been part of the Intekras team here in Virginia for the last 14 years, and we've launched an aggressive awareness campaign to take our business to the next level.

We're extending our IT Risk, Information Assurance and Cyber Security services - as always, underpinned by structured risk principles - to the commercial, government, state & local marketplace.

I'm reaching out to you to brief you on our accomplishments and capabilities, and ask if you, your customers, or your trading partners have a need for our services. I have attached a company capabilities overview for your review and to share with your colleagues.

I am working closely with our Chairman, NFL Hall of Famer Darrell Green and our CEO Calvin Glover to secure exploratory sessions with prospective clients. Darrell, Calvin, and I would be pleased to meet with you and/or a member of your staff to discuss how our services can improve an enterprise's security risk posture, better respond to data breaches and cyber attacks, and ultimately protect an organization from losses, fines, penalties, and negative publicity.

Here's a brief background to our accomplishments and abilities:

After winning a position in the top half of the INC 5000, and being awarded eighth in the Washington Technology Fast 50, we expanded our presence in the Department of Homeland Security, the Department of Defense, a number of Civilian Agencies, and various Critical Infrastructure operators. In our tenure here, Intekras has accomplished the following:

- Created a top-notch team of IT Risk professionals skilled in Information Assurance and Cyber Security (we have over 20 experts on staff);
- Built a state of art computer forensics lab and incident response service with the ability to respond to data breaches, insider threats, and other cyber crimes;
- Established partnerships with some of the leading cyber security software providers, incorporating our services into their products;
- Supported critical infrastructure customers in water treatment and transportation in their efforts to protect themselves from cyber threats;
- Provided our US Government clients in the Department of Defense, Homeland Security, and Civilian Agencies with Information Assurance and Cyber Security solutions that maintain national security;
- Created new methods and toolkits for Vulnerability Assessments, Penetration Testing, and Risk Assessments that leverage globally-accepted best practice and technology advances;
- Recruited and trained a workforce that provides our clients with experts in Information Assurance, Cyber Security, and Risk Assessment with certifications from (ISC)2, ISACA, DoD, DHS, and numerous other organizations; and

As I've said, besides acquainting you with our accomplishments, the purpose of this message is to engage with your firm, your customers, or your colleagues in reducing the likelihood and consequences of cyber breaches and attacks on your important information assets. If you are interested in meeting with us, we would be thrilled to talk to you. And if you know someone who could use our expertise, I would be most thankful for a referral.

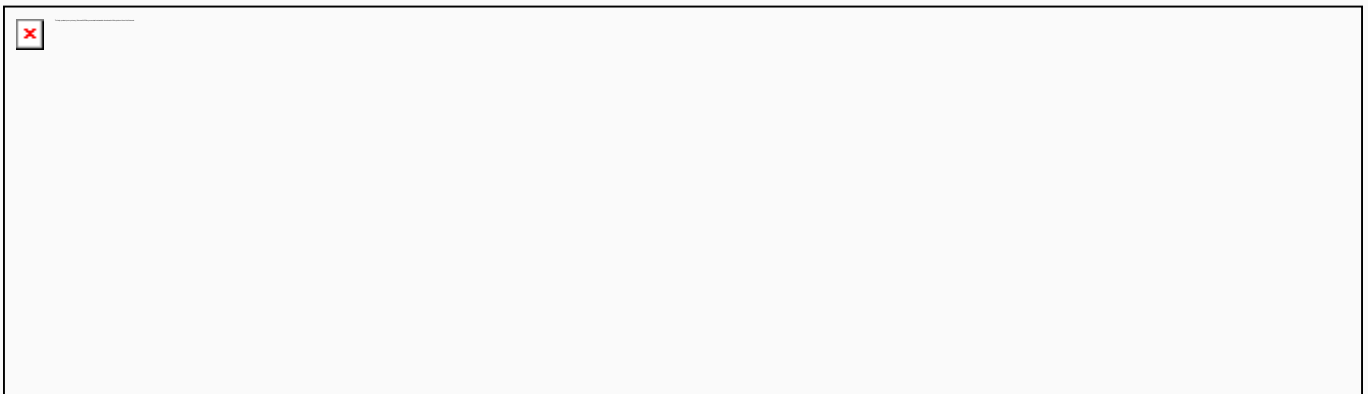
You can reach me at the numbers below. I look forward to hearing from you and working with you to make the on-line world a safer place.

Thanks and Best Regards.

Charles Williams
President & COO
Intekras, Inc.
21515 Ridgetop Circle
Suite 290
Sterling, Virginia. 20166
Phone: 703-547-3501
Mobile: 571-221-1853
Email: cwilliams@intekras.com
www.intekras.com

From: Foxit Software Incorporated <marketing@foxitnews.com>
Sent: Tuesday, July 31, 2018 9:28 AM
To: Quill, Joshua J., VBAVACO
Subject: [EXTERNAL] PDF Tips & News from Foxit

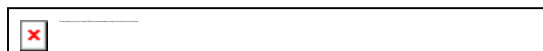
[View in browser](#)



Foxit Simplifies Integration for Enterprises With New Version of [PhantomPDF](#)

PhantomPDF's Integration with Leading Enterprise Content Management Systems and Cloud Storage Devices Makes Transitioning to Better PDF Software Even Easier

Foxit announced the availability of [PhantomPDF 9.2](#) offering enterprises the ability to more easily integrate the world's most powerful [PDF solution](#) into their existing enterprise content management (ECM) systems and cloud storage devices. The availability of the latest version of Foxit PhantomPDF means organizations can seamlessly integrate with OpenText Content Suite, Worldox, Egnyte and OpenText Documentum. The new software demonstrates Foxit's commitment to helping organizations of all sizes make the switch to better PDF technology, value, and service.



For more information on PhantomPDF 9.2, please visit
<https://www.foxitsoftware.com/pdf-editor/>.

NEWS



Free Webinar – PhantomPDF Overview Demo

Learn How to Generate Professional Looking PDF Documents

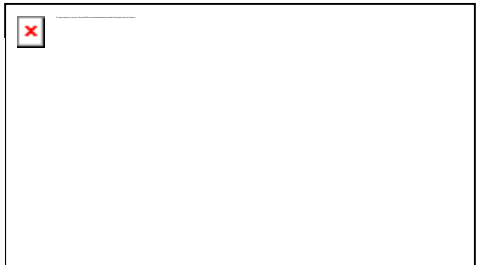
If you are looking for a full-functioned [PDF editor](#) that transforms how you modify and manage documents, then this webinar is for you. In addition to providing the industry's best PDF editing capabilities, PhantomPDF is ConnectedPDF Powered, enabling effortless management, security, and collaboration.

This webinar is targeted to new Foxit PhantomPDF™ users and those evaluating new [PDF solutions](#). It demonstrates to users how to use Foxit PhantomPDF to complete typical workflows such as how to... [More](#)

Day: Tuesday, 21 August

Time: 10am Pacific time

[Register Now>>](#)



[Foxit PhantomPDF](#) is First Multi-Function PDF Editor in Microsoft Store

Foxit announced that PhantomPDF is now available within the Microsoft Store. Foxit's PhantomPDF is the first multi-function PDF editor available in the Microsoft Store.

PhantomPDF is a full featured, easy to use [PDF solution](#) to view, create, comment, share, secure, organize, export, OCR, secure, and sign PDF documents and forms. The solution offers an extensive range of usability and power features that meet the requirements of consumers, small and medium-sized businesses, and large enterprises.

To download PhantomPDF, please visit the [Microsoft Store](#).



Edit [PhantomPDF](#) files as easily as you edit Microsoft Word documents

Microsoft Word is among the top word processors available today, which means you probably already know how to easily navigate its tools and features. Word enables you to create many types of documents.

You can create, draft, type, edit, and format whole passages of text and preview them before... [More](#)



Fulfilling GDPR requirements using redaction

When our sales people talk to our product managers about the features customers seem less familiar with, redaction comes up. Customers often misunderstand what this feature really is and how it can be useful for business and data protection strategies. So here's a good example of how redaction can be used. In this case, redaction can serve your business in complying with the new GDPR regulations for protecting... [More](#)



Apply eSignatures right in Foxit PDF software with DocuSign integration

Many businesses require electronic signatures on all official documents to safely and securely conduct transactions. What's more, companies that do so may also require those e-signatures to come from trusted and reputable services, not just any electronic signature service. Fortunately, [Foxit PhantomPDF](#) and [Foxit Reader](#) both enable you to use eSignatures with built in integration with DocuSign, a leading eSignature provider.

DocuSign offers a very high level of compliance with [security standards](#) and eSignature regulations, including... [More](#)

MOST POPULAR

[Foxit Software](#) Provides Application Developers with Better PDF Customization Tools

Foxit announced the availability of Foxit PDF SDK (Software Development Kit) 6.0. The new SDK enables developers to rapidly and conveniently build customized PDF apps with more intuitive and consistent processing across all platforms and environments.

[Foxit PDF SDK 6.0](#), built on the same technology that makes Foxit Reader a world-class solution, provides high-performance libraries to help any software developer add robust

PDF functionality to their enterprise, mobile and cloud applications across all platforms, using the most popular developer languages and environments. Application developers who use Foxit PDF SDK can leverage the company's powerful, standards-compliant PDF technology to securely display, edit, annotate, format, organize, secure, search and fill out PDF forms. Additionally, Foxit PDF SDK 6.0 also includes a built-in, embeddable PDF Viewer, making the development process easier and faster.

For more information on Foxit PDF SDK 6.0 and to start a free trial of the software, please visit <https://developers.foxitsoftware.com/pdf-sdk/>

Delivering the PDF SDK of the future

PDF has become a quintessential part of all the applications we use daily, both in the office and in our day to day life. At the same time, users expect technology to adapt to their ever-evolving needs at a rate so high that innovation can barely keep up, let alone development teams.

At Foxit, we provide developers with the most advanced PDF SDK technology to make their relationship with pdfs as fluid as possible, as they work relentlessly to provide great digital experiences to their customers in desktop, mobile, and... **More**

LATEST PRODUCT UPDATES

Foxit PhantomPDF 9.2

Special enhancements and new features

Foxit Reader 9.2

Special enhancements and new features

Foxit MobilePDF for iOS 6.4

Special enhancements and new features

Foxit MobilePDF for Android 6.3

Special enhancements and new features

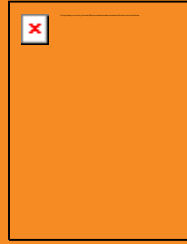
Foxit MobilePDF for Windows 3.2.1

Special enhancements and new features

Foxit PDF SDK 5.3.2

Bug fixes

INTUITIVE, ADVANCED, AND SECURE PDF EDITOR



Foxit PhantomPDF



HELP

Contact the Foxit support team any time you need help.

Global support



+1-866-MYFOXIT (1-866-693-6948) or +1-510-438-9090

European support

UK: +44 28 71 14 0000

Germany: +49 28 41 65 79 100

For global sales contacts (US, China, Japan, Europe, Korea, Taiwan),

please visit [contact page](#).

Follow us on:



Foxit Software Incorporated | [Learn More](#) | [Contact Us](#)
[Unsubscribe from this list](#)



From: lawrencepaul lawrencepaul <lawrencepaul@cox.net>
Sent: Sunday, June 17, 2018 6:17 PM
To: Lawrence, Paul R., VBAVACO
Subject: [EXTERNAL] speaking invitation from my linked in account
Attachments: tx.html

Follow Up Flag: Follow up
Flag Status: Flagged

- Thanks for connecting. I was wondering if you may be interested in speaking at our Texas “All-State” Veterans Higher Education Symposium. The theme is “transitioning” both from the military into school and from school into the workplace. The audience would be a mixture of academic and health science schools with key topics and panel discussions occurring on the 11th with breakouts for the academic and health science campuses on the 12th. Goal of the breakouts is to spark dialogue, collaborations, and expand networks. We would love to have you if possible.
- [View Larry's profile](#)

Larry Wallace Jr., Ph.D.

Paul R Lawrence, Ph.D.

lawrencepaul@cox.net

From: McClelland, Teri, VBAVACO
Sent: Wednesday, September 19, 2018 10:18 AM
To: Lawrence, Paul R., VBAVACO
Cc: Eadeh, Nadhal R., VBAVACO; Myung, Crystal, VBAVACO
Subject: FW: 2018.09.17 Photo request
Attachments: P20180917SC-0493.jpg; P20180917SC-0552.jpg; P20180917SC-0611.jpg; P20180917SC-0823.jpg; P20180917SC-0927.jpg; P20180917SC-0964.jpg

Importance: High

Follow Up Flag: Follow up

Flag Status: Flagged

Sir,

Some additional photos sent from the WH POC.

Nadhal/Crystal, please see highlighted 'blurb' below that will need to accompany these photos if posting to social media.

R/s

Teri L. McClelland
Executive Management Officer
Under Secretary for Benefits

Email: Teri.McClelland@va.gov



From: Connor, Cameron M. EOP/WHO [mailto:Cameron.M.Connor@who.eop.gov]
Sent: Wednesday, September 19, 2018 1:02 PM
To: McClelland, Teri, VBAVACO <Teri.McClelland@va.gov>
Subject: [EXTERNAL] FW: 2018.09.17 Photo request

Hi Teri—please see below and attached.

Thank you!

Cameron Connor
Office of Cabinet Affairs
The White House
M: (202) 881-9302

From: Jones, Aiyasia M. EOP/WHO
Sent: Wednesday, September 19, 2018 12:57 PM
To: Connor, Cameron M. EOP/WHO <Cameron.M.Connor@who.eop.gov>
Subject: 2018.09.17 Photo request

Thank you for the request, please pass the attached photos along. When distributing please be sure to include the information below.

Please note that these photos are being sent to you for personal use only. If you share them with friends or family, make sure to include the disclaimer below. Thank you.

If posting to social media the following byline must be used: Official White House Photo by Shealah Craighead

This photograph is provided by THE WHITE HOUSE as a courtesy and may be printed by the subject(s) in the photograph for personal use only. The photograph may not be manipulated in any way and may not otherwise be reproduced, disseminated or broadcast, without the written permission of the White House Photo Office. This photograph may not be used in any commercial or political materials, advertisements, emails, products, promotions that in any way suggests approval or endorsement of the President, the First Family, or the White House.

President Donald J. Trump drops by the inaugural meeting of the President's National Council for the American Worker Monday, Sept. 17, 2018, in the Roosevelt Room of the White House. (Official White House Photo by Shealah Craighead)

V/r
Aiyasia Jones
Operations Manager & Assistant Photo Editor
White House Photography Office
Executive Office of the President
O: 202-456-5341 | C: 202-881-7639

From: Worley, Robert, VBAVACO
Sent: Monday, June 25, 2018 11:12 AM
To: Lawrence, Paul R., VBAVACO
Cc: Devlin, Margarita, VBAVACO; McClelland, Teri, VBAVACO; Bogue (English), Charmain VBAVACO; Quill, Joshua J.
Subject: FW: Info for USB Digital Service Mtg
Attachments: Colmery Act Charter and MOU.pdf

Dr Lawrence

You asked for some info on Digital Services to support your meeting...

BLUF: We've been working with DS since 2013...they have supported us very well overall, and we need their continued support especially for the GI Bill Comparison Tool.

ADDITIONAL INFORMATION:

- We have a Charter and MOU with DS (see attached – more than you need to know...)
 - Covers what we need for Colmery Act
 - Covers previously identified requirements such as caution flag updates and school rating system
- Digital service has committed to delivering all functionality, but some of the Colmery items have OIT dependencies (data files)
- We appreciate their strong efforts, and we need their continued efforts with OIT and EDU to ensure the best possible tool for our beneficiaries.

v/r
Rob

Robert M. Worley II
Director, Education Service
Veterans Benefits Administration
Department of Veterans Affairs
202-461-9800

From: Ullyot, John
Sent: Thursday, June 28, 2018 10:25 AM
To: Lawrence, Paul R., VBAVACO; Reeves, Randy; Byrne, Jim (OGC); Tucker, Brooks; Loren, Donald P.; Glynn, Melissa S.; Mason, Cheryl; Rychalski, Jon J.; Shelby, Peter J.; Davis, Lynda; Nicholas, Kirk; Sandoval, Camilo J.
Cc: COS-PMO; Hayes-Byrd, Jacquelyn; Powers, Pamela J SES OSD OUSD P-R (US); Scott, Traci A CIV OSD OUSD P-R (US); Hutton, James; Cashour, Curtis; Wagner, John (Wolf); Syrek, Christopher D. (Chris); Verschoor, Thayer; Spero, Casin D.; Leinenkugel, Jake; Balland, David; Haverstock, Cathleen; Anderson, Christopher; Bailey, Aaron (Senior Advisor); Connell, Lawrence B.; Quill, Joshua J.; Rutkowski, Michael E. (COLONEL)
Subject: Increasing VA positive news coverage
Attachments: Nationwide Outbound Media Pitches 062118-jeh-PDF.PDF

Colleagues:

In an effort to place an even brighter national media spotlight on all of the department-level progress we are making at VA under President Trump, we wanted to ask for your assistance along the following lines.

VA receives its best positive national media coverage when we are **making changes** and **announcing new initiatives** that address longstanding problems, provide increased transparency to Veterans and taxpayers, and otherwise help improve the lives of Veterans while creating a stronger and more accountable VA.

Some examples of national VA initiatives that have resulted in strong positive media coverage over the last year include:

- [Announcement of move to an electronic health record, integrated across all VA, DoD, and community care components](#)
- [Public posting of VA hospital wait times and comparison data](#)
- [Announcement to close underutilized VA buildings](#)
- [Expansion of Emergency Mental Health Care to Former Service Members With Other-Than-Honorable Discharges](#)
- Public posting of VA employee [accountability](#) and [settlement](#) actions
- [VA's nationwide baby shower initiative](#)
- [Public posting of VA opioid prescription rates](#)
- [Public posting of VA secretary travel](#)
- OPIA's digital team [earning an Emmy award](#) this week for covering a Veteran's stroke recovery
- [Launch of VHA's Center for Health Care Improvement](#)

In order to add to the drumbeat of good news, we are asking each under secretary, assistant secretary or equivalent to provide us with three good-news items/ideas at the beginning of each month from their areas of responsibility that can be used to generate news releases and/or story pitches that will result in positive coverage.

These efforts would be in addition to the ones we already have in place at the local level at VA facilities across the country – which we report on weekly in the attached – and the robust good-news efforts we announce with VHA almost every day by way of [news releases](#).

To maximize the likelihood of coverage, these items should focus on changes and new initiatives, i.e. things VA is doing differently under President Trump, such as:

- Announcements regarding tangible progress made during the Trump Administration, i.e., vacancies filled, increases in accountability, productivity, transparency, etc.
- Any progress related to recently passed legislation, including the VA Accountability and Whistleblower Protection Act, VA Appeals Modernization Act, the Harry W. Colmery Veterans Educational Assistance Act, and the MISSION Act
- Steps VA is taking to comply with the recent [executive order regarding government unions](#)
- An update on the results of VA's effort to [close underutilized buildings](#)
- Personal stories of whistleblower employees OAWP has helped
- Personal stories of Veterans whom the White House Veterans Hotline has helped
- Announcement of a new policy standardizing off-duty conduct guidelines for employees
- Quick reaction team to deploy to underperforming facilities
- Incentive program to transfer central office employees to understaffed VA facilities in the field

The above are just examples presented for the benefit of discussion, but each would make a solid news release/story pitch.

Please let James, Curt and me know if you have any questions. We look forward to receiving your three good-news items for the month of July next week, and thank you for your assistance in this effort moving forward.

John U.

John Ulliyot

Assistant Secretary for Public and Intergovernmental Affairs
U.S. Department of Veterans Affairs
202-461-7500 office
john.ulliyot@va.gov



From: Blue, Derrick
Sent: Tuesday, July 31, 2018 11:33 AM
To: Lawrence, Paul R., VBAVACO
Cc: Leadership VA (LVA); Barnett, Michael A.; Blue, Derrick; Childs, Annette; Morgan, Catherine E. (Cathy); Strickland, Allison, VBAVACO; Brooks, Crystal, VBAVACO; Carroll, Shannon
Subject: LVA 2018 Session III Guest Speaker Invitation (Phoenix, AZ - September 24, 2018) Module: Welcome Remarks - VBA Challenges and Opportunities
Attachments: Attachment 01 - LVA 2018_Session 3 - Presentation Template.pptx; Attachment 02 - Draft LVA 2018 Session III Week At A Glance.pdf; LVA Class of 2018_2018-0731.pdf
Importance: High



Lawrence,

The Healthcare Leadership Talent Institute (HLTI) is requesting your support to serve as a **Distinguished Guest Speaker** for **Leadership VA (LVA) 2018 – Enterprise Talent Development** in **Phoenix, AZ** on **Monday, September 24, 2018** from **8:30 AM – 10:00 AM (MT)**.

The LVA 2018 signals the implementation of the program’s core goal of enhancing the leadership skills and competencies of 50 high-performing leaders (see attachment: *LVA 2018 Class Roster*). LVA is the Department’s premier leadership development training program. It has been infusing VBA with results-oriented leaders grades GS-13 through GS-15 and Title 38 equivalents since its inception more than 40 years ago.

We use this email as your formal invitation. We’ve included the 2018 LVA presentation template (Attachment – LVA 2018 Presentation Template). **In the event your schedule will not permit you to attend, we kindly request that you suggest an alternative representative.**

Sheraton Crescent Hotel | 2620 West Dunlap Avenue, Phoenix, AZ, 85021

INFORMATION

TIME	TOPIC	DESIRED THEMES / LEARNING OUTCOMES
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Friday, September 24, 2018; 9:00 AM – 10:00 AM (MT)	Welcome Remarks - VBA Challenges and Opportunities	At the conclusion of this session LVA fellows will be able to: <ul style="list-style-type: none"> • Exhibit a clear understanding of how VBA is structured and why and what the Administration does; • Understand VBA's primary duties and responsibilities; • Understand VBA challenges, resources, facilities, etc., and the impact they are having on Veterans; and • Discuss VBA opportunities and successes.
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Attachment 02 - Draft LVA 2018 Session III Week At A Glance for more information regarding the agenda for the week.

FUNDING AND LOGISTICS

Travel will be cross-funded by HLT/EEES. Logistics and funding procedures will be outlined in the LVA 2018 Session III Instructions to Travelers, which will be forwarded under separate cover, as soon as possible.

INSTRUCTIONS

Please reply to this email accepting the invitation or suggesting a designated representative to speak on your behalf **as soon as possible but no later than August 10, 2018.**

Please submit a MS Word version of the presenter's biography, including a professional photo to the [LVA mailbox \(vacolva@va.gov\)](mailto:vacolva@va.gov), copying me at Derrick.Blue@va.gov **NLT Friday, August 10, 2018. Please use the subject line: "LVA 2018 Session III Presenter Bio - [your last name, first name]"** (i.e., "LVA 2018 Session III Presenter Bio - [Doe, John].")

Please submit your PowerPoint presentation (using the provided LVA template) and any handouts for your presentation to the [LVA mailbox \(vacolva@va.gov\)](mailto:vacolva@va.gov) **COB Wednesday, September 19, 2018. Please use the subject line: "LVA 2018 Session III Presentation - [your last name, first name]"** (i.e., "LVA 2018 Session III Presentation - [Doe, John].") Please note: We typically provide all handouts electronically to participants via VA Pulse. However, if you have any handout(s) that you need our team to print for your presentation, please indicate that when you provide them and included both Derrick.Blue@va.gov and Annette.Childs@va.gov on the cc line. **Unfortunately, we will not be able to print any handouts or documents received after Wednesday, September 12, 2018.**

For any questions, please contact Mr. Derrick Blue at Derrick.Blue@va.gov or via phone at (202) 632-8346; or Ms. Annette Childs at Annette.Childs@va.gov at (202) 632-7306.

Thank you very much for your support and/or participation in LVA 2018!

Sincerely,

Derrick Blue, MPA, FAC-P/PM-II, FAC-COR-II

Executive Director, Leadership Talent Institute (10A2E)

Department of Veterans Affairs

Room 3C

202-632-8346 (Office)

202-632-7306 (Mobile)

202-632-7306 (Fax)

Derrick.Blue@va.gov

"The growth and development of people is the highest calling of leadership." Harvey S. Firestone



Values: Integrity Commitment Advocacy Respect Excellence

Characteristics: Trustworthy | Accessible | Quality | Innovative | Agile | Integrated

From: Dorris Consulting Int'l <citizenservicesnewsletter@gmail.com@mail101.sea21.rsgsv.net> on behalf of Dorris Consulting Int'l <citizenservicesnewsletter@gmail.com>
Sent: Tuesday, July 31, 2018 6:52 AM
To: Lawrence, Paul R., VBAVACO
Subject: [MARKETING] [EXTERNAL] DCI Releases Issue 13 of the Citizen Services Newsletter

[View this email in your browser](#)

As you vacation this month, remember all the ways that the federal government is involved in your travel and recreation plans – from applying for a passport, keeping our roads and transportation safe, and the stewardship of the National Park system. The American Council for Technology and Industry Advisory Council (ACT-IAC) recently released the Customer Experience (CX) Playbook: Guide to Transform Service Delivery. The playbook was created by the CX Community of Interest over the past year. Recommendations and reviews were conducted across government to ensure all perspectives were considered. In addition, it aligns with the Digital Services Playbook that was published by the US Digital Services several years ago. The purpose is to give government executives and program managers a framework to apply to the delivery of services to all customers. The CX Playbook is CX 101 and defines CX, provides an explanation of the difference between customer and user experience, highlights the concepts of human centered design, and presents the CX plays. Learn how to apply the following CX Plays:

1. Understand the current state of customer satisfaction and experience in your agency
2. Understand your agency's culture and appetite for change
3. Build a customer-centric culture
4. Create a customer strategy
5. Design the experience of the future
6. Identify the support and resources (e.g., staff, technology, funding) needed
7. Develop a business case to justify resources
8. Continually measure and monitor

To read the CX Playbook: Guide to Transform Service Delivery, click [here](#).

Another highlight from this month was that the Office of Management and Budget (OMB) released an update to Section 280 of A-11, Managing Customer Experience and Improving Service Delivery to provide guiding principles that all Executive agencies can use to improve customer experience. However, the requirements of Section 280 are required for the OMB designated High-Impact Service Providers (HISPs). HISPs are those federal entities designated by OMB to have the most high-impact customer-facing services. Customer feedback must be collected on transactions, entire journeys and the relationships between customers and agencies. The guidance provides specific core questions that are

required and to create dashboards to make the results available on their websites as well as reported to OMB. The first measurement submission is due February 28, 2019 for quarter ending Dec 31, 2018. Action plans will be created based on a CX self assessment with the first iteration due June 30, 2019. This is a great step forward in creating metrics that can be compared across government. To read the full section 280 of A-11, click [here](#).

Thank you to the public servants for their continued efforts in transforming government services. When you meet a park ranger or a TSA agent, remember to thank them for their service. #thankyouforyourservice.

Martha Dorris



Issue 13 / August 2018



LATEST CX NEWS

WHITE HOUSE LAYS GROUNDWORK FOR IMPROVING GOVERNMENT CUSTOMER EXPERIENCE



Reposted from Nextgov, July 16, 2018
By Frank Konkel

For years, the federal government has routinely provided the [worst customer experience](#) of any industry, but the Trump administration is beginning to formulate a plan for agencies to improve the way it delivers services to citizens.

The Office of Management and Budget introduced [a new section to its A-11 guidance](#) on June 29 that directs agencies to establish customer experience frameworks and provides instructions for managing customer experience improvement efforts.

The guidance applies to more than a dozen [high-impact agencies](#), including the departments of Veterans Affairs, Agriculture, Commerce, Treasury and State, and calls for official reporting on customer experience efforts from those agencies to OMB beginning in the first quarter of fiscal 2019.

To read the full article, click [here](#).



LATEST FEDERAL AGENCY ACCOMPLISHMENTS

SAMMIES NOMINEE SPEARHEADED US ZIKA RESPONSE, ESTABLISHED PREGNANCY HOTLINE

Reposted from Federal News Radio, July 13, 2018

When the Zika virus hit the United States in 2015 it caused birth defects and widespread alarm. Margaret Honein next guest spearheaded the U.S. response. She led teams that created a tracking system, figured out the virus transmission mechanism and set up a pregnancy hotline. Margaret is an epidemiologist and director of the Division of Congenital and Developmental Disorders at the Centers for Disease Control and Prevention. She is also a finalist in this year's Service to America Medals program.

To listen to the podcast, click [here](#).

#FAMILYTRAVELHACKS:



TIPS FOR PARENTS

APPLYING FOR THEIR KID'S PASSPORT

Reposted from Department of State,

June 7, 2018

By DipNote Bloggers

After waking up multiple times each night to feed our infant daughter, my wife and I have learned a new definition of tired. In between the bleary-eyed 4 a.m. feedings and zombie walks to the nursery, we've been dreaming about vacation. We're flying domestically this summer and may drive over the border into Canada, so we decided a U.S. passport card for our daughter would be the best option for us. We could easily carry it in our wallets and it costs less than a passport book. One day, when we have the time, energy and money again, we'll apply for her passport book and fly overseas. Until then, a passport card is good for trips by land or seas and as proof of age so we don't have to carry her birth certificate around.

To read the article for all the travel tips, click [here](#).



USCIS' VIRTUAL ASSISTANT EMERGES AS LEADING EXAMPLE IN GOVERNMENT AI

Reposted from Gov Matters, July 8, 2018

By Andrew Wagner

Mariela Melero, Chief of the Office of Citizenship & Applicant Information Services at United State Citizen and Immigration Services, details the AI successes at the agency and the digital tools they use to improve customer experience. To watch the full interview, click [here](#).

INSIDE SOCIAL SECURITY'S MOVE TO MODERNIZE BY BEING 'CLOUD SMART'

Reposted from FedScoop, July 6, 2018

By Bill Mitchell

The Social Security Administration is in the first year of its five-year IT modernization plan, and a large part of that is moving to the public cloud. But rather than pushing blindly into it, the agency is trying to be

"cloud smart."

"What that means is consider cloud first but be aware of where things run the best," said John Foertschbeck, senior adviser in SSA's Office of Systems Operations and Hardware Engineering. "So just because we're considering cloud first doesn't mean that's where it goes. We want to make sure that we look holistically at applications and make the best determination from where they fit in our environment." Foertschbeck detailed SSA's infrastructure and platform migration efforts during a recent virtual industry day focused on the agency's ongoing IT modernization plan. And while the agency currently uses an off-premise cloud service for some of its workloads, it's not looking to move completely in the commercial direction. SSA is looking instead to expand its private, on-premise cloud portfolio for special requirements.

To read the full article, click [here](#).



LEADERSHIP IMPACTING CX

ENTER ROBERT WILKIE AT VA

Reposted from Federal News Radio, July 25, 2018

By Tom Temin

Robert Wilkie may fall into that "be careful what you wish for" category, but the new Veterans Affairs secretary comes into the office with a few important assets.

He enjoys bipartisan support, given his 89-6 vote. Being a serial appointee, presumably Wilkie has the sense enough to avoid ethical misses of other recent appointees. Reared in the Pentagon with White House stints, I'm confident he understands how long the knives in Washington reach. Plus he seems like a decent guy.

Wilkie inherits a yin-yang organization. Report after monumental report shows VA medical care of veterans is pretty darn good. When things get dicey, as they did at the notorious Washington, [D.C. medical center](#), it was because of flawed leadership, logistics and oversight. Not because of bad doctors and nurses.

VA's principal problems lie in the administrative realm. Below are my takes on what Wilkie will have to concentrate on.

To read the full article, click [here](#).



RAJIVE MATHUR OF SSA RECOGNIZED AS A SERVICE TO THE CITIZEN AWARD WINNER

Rajive Mathur is currently serving as the Chief Information Officer for the Social Security Administration where he has undertaken the responsibility for modernizing the SSA's IT infrastructure and improving the citizen's

experience with SSA. Rajive led the development of the Agency's IT Modernization Plan released in October 2017 that lays out the strategies for modernizing everything from infrastructure to data to the workforce.

Information technology supports every aspect of the Social Security mission, whether it's serving the public during an in-person interview or online, routing more than 37 million telephone calls on our 800 number, or posting 266 million earner wage reports annually; information technology is the enabler that allows them to service their many customers. Yet, we place extraordinary demands on an installed base of technology that is increasingly showing its age. Most of our core systems are over 30 years old and some embedded software components are older. Over the years, newer technologies have been integrated with these legacy systems without a fundamental redesign of the system and enterprise environment within which it operates.

Today, the cost of operating in this legacy environment is expensive. Frontline SSA employees are finding these systems increasingly difficult to use, and members of the public are not getting the self-service opportunities they have come to expect based on their experience with commercial enterprises. Furthermore, systems engineers with legacy system expertise are retiring from SSA at an increasing rate. Replacing them with similarly skilled staff is also increasingly difficult in the current job market. IT modernization at SSA is a vital initiative that must begin now.

His vision in IT modernization is to deliver modern business process platforms that improve the agency's ability to respond to changing user needs rapidly and at manageable cost. Equally important, IT modernization intends to deliver an improved customer experience for millions of beneficiaries across all service channels in a cost effective and secure manner. This IT Modernization Plan describes a thoughtful and deliberate, multi-year agency initiative to modernize SSA's enterprise IT using modern architectures, software engineering methods, cloud provisioning and shared services. SSA's IT modernization is an agency initiative involving all components.

Prior to his position at SSA, he was instrumental in driving many of the advances in delivering digital services to taxpayers at the Internal Revenue Service. He set the strategies in place to create secure email and personal accounts to be able to interact securely with the IRS.

CX 101: CX or UX?



For Those Afraid to Ask and Feel like the Ship Has Sailed

By Charlotte Lee, CEO, Kastling Group

Only a few enthusiasts truly understand the encompassing field of customer experience. Customer Experience, or CX. To many, it, is misunderstood. In the past, as a User Experience (UX) design practitioner, I felt that what I was doing, designing intuitive digital experiences, was CX. It is not. User Experience is a single point in the journey of a customer experience. Good UX could contribute to an overall positive CX, but a **good UX on a website without a satisfying CX outcome can be a distraction**. To reiterate, a highly sophisticated UX transformation can have nearly unchanged yields on improving overall results for the Customer. You would not talk about improvements to your kitchen to people who are explaining the problems with the foundation of the house. We should try to distinguish between CX and UX whenever possible.

What good is it for an organization to have an intuitive, learnable, and user-friendly website, but the customer ultimately ends up at the wrong branch office with the incorrect forms to file for benefits?

When I spoke to others, most people understood CX as a practice that fell somewhere between UX and Human Centered Design/Interaction. Clearly, more information on some key functions of CX would help to clarify the differences.

1. Customer Experience refers to the entire journey of a customer navigating a business process or achievement.

Here are examples of the major and omni-channel CX journeys in the Federal Government:

1. Student Loans Processing- Department of Education
2. Naturalization- USCIS3. Passport Services - Department of State
4. Decennial Census - US Census Bureau
5. Healthcare, education, employment benefits from Vets.gov- Veterans Affairs
6. Hurricane and Disaster Relief- FEMA

In all of these services, it's important to keep in mind that:

- a. Customers face multiple channels of interactions in a single journey to achieve a goal (phone, emails, branch offices, and websites). For example, junior contract specialist of a large Agency attempting to navigate the acquisition process to purchase bulk software. Also empathize with the

experience of a 17 year old applying for Federal student loans at the local community college with Korean speaking parents.

2. Customers can be internal or external.

- a. Internal customers of an Agency refers to recipients or users of Internal services like employees who need IT, benefits, training, onboarding, and payroll.
- b. External customers of an Agency refers to recipients or end-users of the Agency's external services, for example: SSA's Social Security Recipients or Veteran Patients at VA's Hospitals.
- c. Most often in the Federal Community, this is where the rubber meets the road between the Federal Government and the Public of the United States of America.
- d. We distinguish the Public from "Citizens," to include all individuals living in and visiting the US. For example, TSA's Security Officers, Customs and Border Protection's Patrol Officers, National Park Service's Park Rangers often deal with temporary residents to the country. These agencies clearly accommodate a wide range of customers, who may not be citizens.

3. Achieving a CX-driven organization requires a fundamental shift in the core of the business.

- a. CX is a matter of a **long-term, strategic vision** that will require major scrutiny of technology, employee culture, investments, data and data hygiene.
- b. CX leadership comes from the **top down**. One should not mistake a drastic improvement to a web service as an improvement in customer experience.
- c. CX means that a **leader of the Agency or organization** is asking the tough and loaded question: "Does this improve outcomes for my customer?"

4. When CX is prioritized, it changes every single thing.

- a. Companies such as Amazon or Disney have a core mission of customer obsession and delight. Every interaction with these companies, if it does not result in the positive outcome, contains a corresponding remedy for the customer's experience. For example, if the product was not good, the return will be easy.
- b. The overarching vision to place good CX as the focal point is entrenched in the roots of these organizations. The vision branches out to effect every decision in every department - HR, Marketing, Finance, IT and Sales.
- c. Talking about surface-level changes to digital services is not the same as talking about CX transformation.

5. The people best equipped to execute Digital CX transformation are not UX designers.

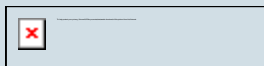
- a. You will require a team of highly skilled business analysts and system analysts. People whose skill it is to identify the business process, identify the value proposition, extract the experiences and to re-engineer it.
- b. You will require a team of empathetic and passionate civil servants who **truly understand how good CX will improve the lives of their end users.**

- c. You will require **leaders** who completely embrace what improvements to CX will mean for the trust, longevity, security, and reputation of their organization.
- d. IT-led CX transformation happens. It will require coordination with agile teams of UX designers and developers who will need the proper content and business requirements to make sure the major customer touchpoint of the 21st century - the web - reflects exactly what the Agency intends it to.
- e. Often times, UX designers and business analysts find themselves most equipped and situated to handle a CX challenge within a complex IT project. Leadership must support these efforts, but understand the added complexities of UX vs CX.

Finally, a focus on CX in Government is a reiteration of the commitment to improve the lives of the American Public by delivering services anytime, anywhere on any device. It's about improving the entire journey when the public needs a government service in their everyday lives, in times of emergency or at important life events. There are no shortcuts to CX improvements, but the payoff is huge. Improved CX directly contributes to trust in Government. There will be moments in every Agency's longevity in which they will require the vocal praise and trust from the people we have sworn to serve.

In the coming years, perhaps and partly as a result of the President's Management Agenda, we will have a dedicated focus on the improvement of Government Services and CX Outcomes. Hopefully, this will set more of us on the CX transformations across the Government.

The President's Management Agenda has set a foundation for improving citizen services in the coming years. By addressing the major challenges and shortcomings that arose from statutory, administrative, management and regulatory practices designed in the past that no longer align to the realities of today, the government can deliver improved citizen services.



LATEST TECHNOLOGY IMPACTING CX

**311 LAUNCHES IN
RICHMOND, VA.,
ALONG WITH A NEW
CITY DEPARTMENT**



TO MANAGE IT

Reposted from Gov Tech,

July 3, 2018

By Zack Quaintance

Richmond, VA has a new 311 platform along with a new city department to help manage the citizen requests and data that the platform produces.

Dubbed RVA 311, the platform has been live since June, and as of this week it is housed in and managed by the city's newly created Department of Citizen Service and Response, said Krystal Onatis, customer relationship management program manager for Richmond.

In terms of functionality, RVA 311 is a relatively standard non-emergency citizen service request platform. Residents, visitors and businesses in Richmond can use it to report things like potholes, broken sidewalks or unruly grass, as well as to access 150 sets of frequently asked questions about everything from taxes to parking tickets. Currently seven city departments are providing information and services through the tool, with plans to add more government agencies over time.

To read the full article, click [here](#).

U.S. CUSTOMS EXPECTS FACE SCANNING TO SPEED UP SECURITY AT FLORIDA AIRPORT

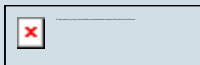
Reposted from Next Gov, June 25, 2018

By Aaron Boyd

Officials with Customs and Border Protection's Entry/Exit have a way to shorten the long lines at airline gates while improving security and meeting an almost 15-year-old mandate from Congress.

Officials announced June 21 that Orlando International would be the first airport in the country to screen every international passenger using facial recognition technology. CBP has been running biometric pilots-including facial recognition-at 13 airports across the country but Orlando will be the first to use the system on all travelers.

In 2004, Congress charged the CBP with finding a way to apply biometric screening at all border crossings-including land, air and sea. The agency has struggled to comply, citing difficulties in finding the right technology to improve security without adding significant travel delays. To read the full article, click [here](#).



LATEST HAPPENINGS FROM AROUND THE WORLD

AUSTRALIAN PUBLIC SERVICE TO START RUNNING CITIZEN-SATISFACTION SURVEYS

Reposted from the Mandarin.com, April 7, 2018

By Stephen Easton

The Department of the Prime Minister and Cabinet will begin conducting regular citizen-satisfaction surveys to gather data on what Australians think about dealing with federal agencies.

Secretary Martin Parkinson presented this as "a way to get to know the public we serve better, to better understand the services people need and what they think of them" in a speech last night at the launch of Public Sector Innovation Month, hosted by the ACT division of the Institute of Public Administration Australia.

He first floated the idea of a "non-partisan" survey at a similar event in December, acknowledging it was also proposed in the 2010 report *Ahead of the Game*, published by his predecessor Terry Moran. To read the full article, click [here](#).

A SINGLE IDENTITY TO ENGAGE WITH GOVERNMENT AGENCIES



Reposted from the Mandarin, November 7, 2018

By Tom Burton

Known as GovID, the new identity solution means citizens will only need to establish their identity once, and can then re-use it numerous times to access multiple government services.

The aim is to build a robust identity system, among all the main government and non-government players- not dissimilar to the BPay and EFTPOS systems.

Several major pilots are now in planning to test the solution under high volumes. This system of trust includes a digital identity exchange to connect Commonwealth services to users. This will be operate by

the Department of Human Services and for privacy and security reasons will be separate to the actual identity providers.

The Australian Taxation Office will manage identity verification on behalf of the federal government. The government is also encouraging other identity providers to be accredited, including Australia Post and the banks. To read the full article, click [here](#).



MARK YOUR CALENDAR - UPCOMING CX EVENTS

Building a Business Case for Digital Services Workshop

Delivering seamless experiences to customers requires continual optimization of contact center processes, technologies, and cultivation of the workforce. For agencies to modernize their contact centers, there are critical areas to address.

GOVERNMENT ONLY

When: August 23, 2018

Where: The City Club of Washington

Register [here](#)

How to Modernize and Optimize Contact Centers for the Next Generation

Delivering seamless experiences to customers requires continual optimization of contact center processes, technologies, and cultivation of the workforce. For agencies to modernize their contact centers, there are critical areas to address.

GOVERNMENT ONLY

When: September 11, 2018

Where: The City Club of Washington

Register [here](#)

Creating a Centralized Unified Contact Center

Many state and local governments have launched 311 programs to provide access to government services and information to their residents, constituents and visitors. Citizens can report non-emergency issues via 311 programs, receive answers to frequently asked questions pertaining to city and state services, and submit and track service requests online.

GOVERNMENT ONLY

When: October 11, 2018

Where: The City Club of Washington

Register [here](#)

IMAGINE NATION- ELC 2018

Imagine one place where government and industry come together on a neutral ground and stand united in the collaborative pursuit of the greater good. Innovative ideas, Bold Thinking, and Creative Energy are the guiding lights to a more productive and advanced tomorrow. We will re:imagine how we better enable mission delivery - engaging, learning, and collaborating on innovating around modernization, evolving the workforce, improving customer experience and business management, and better leveraging emerging technologies.

When: October 14-17, 2018

Where: Pennsylvania Convention Center

Register [here](#)

How to Build a Solid Business Case to Deliver Citizen Services

Many state and local governments have launched 311 programs to provide access to government services and information to their residents, constituents and visitors. Citizens can report non-emergency issues via 311 programs, receive answers to frequently asked questions pertaining to city and state services, and submit and track service requests online.

GOVERNMENT ONLY

When: November 8, 2018

Where: The City Club of Washington

Register [here](#)



ADDITIONAL RESOURCES

If you are interested in reading last month's issue of the Citizen Services Newsletter, click [here](#).



If you would like to highlight your accomplishments in delivering government services, please send us an email at citizenservicesnewsletter@gmail.com. If you want to share how your company helps government deliver services, sponsor an article. Contact Martha Dorris at marthadorrisdci@gmail.com to discuss the options.

EDITORS CORNER



This month we have highlighted some great resources for the novices in the world of customer experience and the more experienced. The CX Playbook: Guide to Transform Government Services and the CX 101 article in the newsletter is intended to clarify some of the myths and misunderstandings around CX. In addition, we continue to see great examples of public servants who have made a significant contributions to improving government services. Lastly, this month we have highlighted the use of several technologies that improve citizen services, from artificial intelligence to 311 systems to face scanning. CX is everyone's job so let's keep it going.

Customer Testimonials

"Very helpful Martha and Alex. Especially the content on the Centers of Excellence and the IT Modernization month by month timeline.

- Karen Trebon, GSA

"Congratulations on the newsletter, I find it very useful and I will replicate it here in Perú. Regards from Perú"

- Guiselle Romero from Peru

"Five stars all around. Impressive product, information, and graphics. Will be a winner."

- Frank McDonough

"This is an amazing accomplishment! No doubt this will become a go-to publication for people interested in government."

- Rick Parrish, Forrester Analyst

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Designed by Alex Yerkes

Our mailing address is:

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From: Veterans Benefits Administration <Veteransbenefits@public.govdelivery.com>
Sent: Tuesday, July 24, 2018 9:50 AM
To: Lawrence, Paul R., VBAVACO
Subject: [MARKETING] [EXTERNAL] VBA Information for Congressional Stakeholders

Follow Up Flag: Follow up
Flag Status: Flagged



VA Benefits Bulletin for Congressional Stakeholders

July 2018

Introduction from Pittsburgh VA Regional Office Director



Welcome to our initial Pittsburgh VA Regional Office quarterly newsletter. Our goal is to share information about VA benefits and programs, focusing on the changes we are making to modernize VA. One of our recent changes involves hosting virtual interviews. We have established two telebenefits sites, one in Butler VAMC and one at the White Oak Vet Center. At these locations, a Veteran can walk in, ask to speak with a VBA representative, sit down at a computer terminal, and have a “virtual” interview with a representative at the Regional Office. During these interviews, a Veteran can file a claim, receive an update on a claim, or just ask some questions regarding eligibility. With the dog days of summer, we also see an increase in invitations to community events. We attended all of the VA Town Halls on the Move, the Pride Parade, and job fairs throughout SW PA. Look for upcoming events on our [website](#). If you are interested in hosting a VA representative for an afternoon or evening to meet with Veterans in your office, please contact me at 412.395.6008.

Rapid Appeals Modernization Program (RAMP)



RAMP allows Veterans to seek faster resolution of their disagreement with VA's decision on a disability compensation claim. Opting into RAMP means you can remove your appeal from the old, limited appeals process and enter the new, more efficient review process. In RAMP, you can choose between two new ways to have your disagreement reviewed: as a supplemental claim or via a higher-level review. VA will then provide you with a decision on your disagreement **in an average of 125 days**.

RAMP is part of VA's larger Appeals Modernization Program. On August 23, 2017, the President signed the Veterans Appeals Improvement and Modernization Act of 2017 (Appeals Modernization Act) into law, creating a new process that allows VA to improve the delivery of benefits and services to Veterans and their families. The Appeals Modernization Act establishes a new review process for VA claims that is timely, transparent and fair. Although the new Appeals Modernization Act process does not go into effect until February 2019, VA is giving eligible Veterans the opportunity to participate in two of the new review lanes early through RAMP.

The Appeals Management Office (AMO), in partnership with the Benefits Assistance Service (BAS), has created a suite of Veteran centric engagement and communications materials to inform Veterans, their families, Veterans Service Organizations, and other stakeholders of the benefits of the Rapid Appeals Modernization Program (RAMP). This information, to include a short video on RAMP, is available on VA's external website at: <https://www.benefits.va.gov/benefits/appeals.asp>.

Who is Eligible?

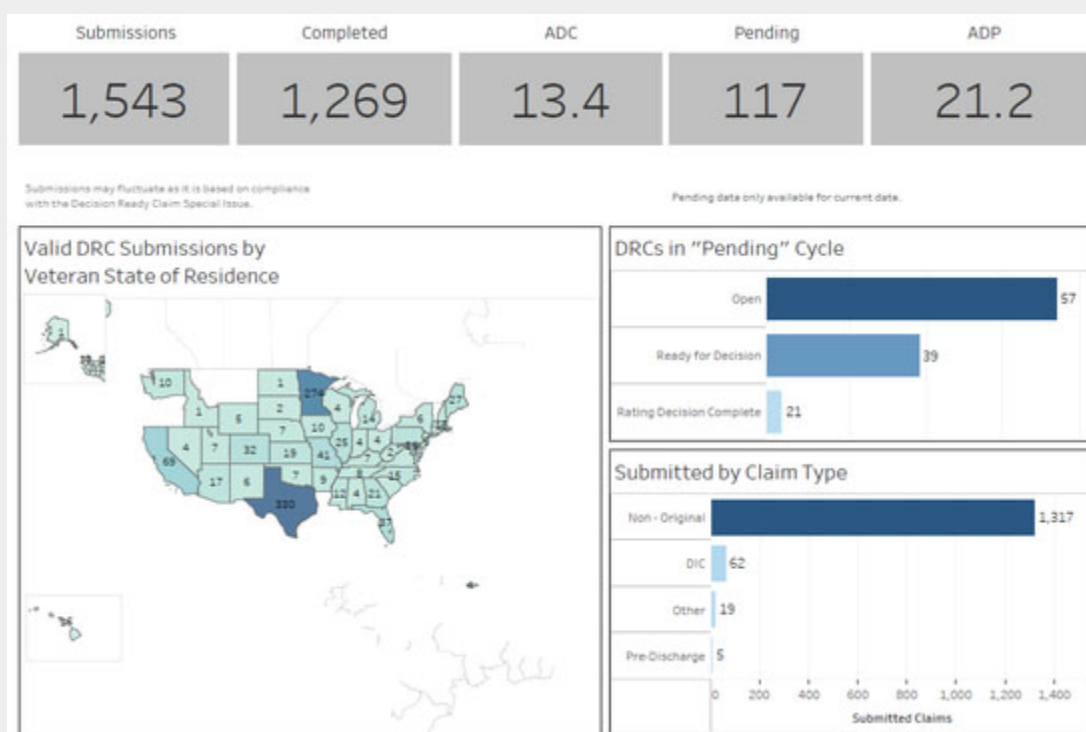
Veterans who have a disability compensation appeal pending in one of the following legacy appeal stages are able to opt into RAMP:

- Notice of Disagreement (NOD)
- Form 9, Appeal to Board of Veterans' Appeals
- Certified to the Board (sent to the Board but not yet formally placed on its docket)
- Remand from the Board to VBA

RAMP Opt-in Station Summary

As of 7/19/18, 244,589 RAMP invitation letters have been sent nationally, with a 13% Veteran opt-in rate. Locally, the Pittsburgh RO has a 16.1% opt-in rate.

Decision Ready Claims



Launched in May 2017, the Decision Ready Claim (DRC) Program allows Veterans to submit VA Compensation rating claims that are decision-ready, so they can get their claims processed as fast as possible. Veterans must work with an accredited Veterans Service Organization and provide all the necessary evidence with their application to get a decision on their claim within 30 days or less.

DRCs can be filed for:

- Certain claims for direct service connection, presumptive service connection, and secondary service connection
- Dependency and Indemnity Compensation (surviving spouses)
- Pre-discharge claims less than 90 days from leaving the military (transitioning Service Members)

As of mid-July 2018, more than 1,200 DRC claims have been completed since the program was launched, with an average days to complete of approximately 13 days. 117 DRC claims are currently pending nationally, with 21 average days pending.

Camp Lejeune Contaminated Water (CLCW)



From August 1, 1953, through December 31, 1987, people living at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene, and other chemicals from leaking storage tanks and an off-base dry cleaning business. On January 13, 2017, VA published a regulation, which went into effect March 12, 2017 to establish a presumed service connection for eight conditions. Presumptions of service connection relieve Veterans of the burden of proving a condition was incurred or aggravated in service. The presumption is based upon exposure to contaminants in the drinking water. Disability is based upon diagnosed illnesses and current level of disability. The eight conditions included in the Camp Lejeune presumption regulation are:

- adult leukemia
- aplastic anemia and other myelodysplastic syndromes
- bladder cancer
- kidney cancer
- liver cancer
- multiple myeloma
- non-Hodgkin's lymphoma
- Parkinson's disease

Veterans may file a claim by submitting VA Form 21-526EZ, including service records showing 30 days service at Camp Lejeune between August 1953 and December 31, 1987, and providing documentation of a medical diagnosis of one of the eight presumption conditions.

Veterans can apply online at <http://www.va.gov/healthbenefits/apply> or call 877-222-8387.

Camp Lejeune Family Member Program

On August 6, 2012, the Honoring America's Veterans and Caring for Camp Lejeune Families Act of 2012 was signed into law. This law (H.R. 1627, now Public Law 112-154) requires the Department of Veterans Affairs (VA) to reimburse eligible Camp Lejeune Family Members (CLFM) for health care costs related to one or more of the 15 specified illnesses or medical conditions listed below:

- Bladder cancer
- Breast cancer
- Esophageal cancer
- Female infertility
- Hepatic steatosis
- Kidney cancer
- Leukemia
- Lung cancer
- Miscarriage
- Multiple myeloma
- Myelodysplastic syndromes
- Neurobehavioral effects
- Non-Hodgkin's lymphoma
- Renal toxicity
- Scleroderma

For more information on eligibility and how to apply, family members may call customer service at 866-372-1144, or visit [CLFMP](#).

Mustard Gas Claims for World War II Veterans



On August 16, 2017, Section 502 of Public Law 115-48 was signed, which requires VA to readjudicate all previously denied disability claims for Veterans who alleged full-body exposure to mustard gas (MG) or Lewisite during World War II (WWII). This public law is also known as the Harry W. Colmery Veterans Educational Assistance Act of 2017.

Claims involving MG or Lewisite are processed at the Muskogee Regional Office (RO). To date, the Muskogee RO has reviewed approximately 200 previously denied MG claims for living WWII Veterans and the Philadelphia RO is currently reviewing certain death claims in which the WWII Veteran was previously denied a MG claim during his or her lifetime.

Acceptability of Telehealth Examinations

Please be aware that examinations performed or Disability Benefit Questionnaires (DBQs) completed via a telehealth (i.e. videoconferencing) protocol are only independently adequate for VA rating purposes when prepared by a Veterans Health Administration (VHA) examiner or Veterans Benefits Administration (VBA) contract examination provider. Telehealth examination reports/Disability Benefits Questionnaires (DBQs) prepared by private, non-VA providers must be accepted and considered in accordance with their respective evidentiary weight and probative value, but may not stand in place of a VA examination as permitted under [38 CFR 3.326](#). Upon receipt of a private provider's report of telehealth examination results, VBA will order a VA examination as necessary and/or appropriate to adjudicate the claim.

Military Order of the Purple Heart Organization



Last month, there were discussions of Military Order of the Purple Heart Organization (MOPH) shutting down operations to include representation. As of May 15, 2018, VA was informed that MOPH will not discontinue as a service organization. Although some offices may close, the organization will continue to represent claimants before VA.

Reminder to Eliminate Improper Benefit Payments

To help Veterans avoid any overpayment of VA benefits, please advise Veterans to notify VA immediately if he/she has a change in:

- Marital status
- School attendance for child over 18 and under 23
- Income, if in receipt of pension benefits
- Employment status, if in receipt of Individual Unemployability benefits
- Return to Active Duty

Changes may impact eligibility to certain benefits.

Periodically, VA requires Veterans and their family members who are in receipt of benefits to certify that any or all of the eligibility factors which established entitlement to benefits continue to exist. We routinely request that Veterans validate their dependents and employment status. If a Veteran receives **VA Form 21-0538 Status of Dependents Questionnaire**, **VA Form 21-0537 Marital Status Questionnaire**, or **VA Form 21-4140 Employment Questionnaire**, please advise him/her to submit the completed document to VA as soon as possible. We must receive this information within 60 days from the date of the request or we may reduce benefits.

Pittsburgh RO Employees Help Build Veteran's Home



Serving Veterans doesn't stop when they go off the clock for Pittsburgh RO employees who assisted in a project with Habitat for Humanity. The employees broke out their hammers and tool belts and spent their Saturday helping to build a house for a local Air Force Veteran and her son.

The idea for participating in this volunteer opportunity came from a Pittsburgh RVSR, Jackie Hartman. With leadership approval, she contacted the Volunteer Coordinator for Habitat for Humanity of Greater Pittsburgh and volunteered to assist Veterans in yet another way.

"Since we are in the business of helping Veterans, I thought this project was a great idea to help a Veteran beyond our everyday jobs," Hartman said.

In addition to Hartman, other volunteers on the habitat project were Michelle Robinson, Deana DeRosa, Amber Austin, Sequaia Williams, and Sean Anderson. RO employees also donated \$115 for the project supply fund.

The Veteran and her son came to assist in building their house, working alongside the VA employees. She talked about her current living conditions and how she looked forward to having a "home" for herself and her son. She is thrilled to have Christmas in her first home.

Habitat for Humanity offers services specifically for Veterans to provide them with resources and help to become a homeowner, and offer home repair assistance to veterans in need. Hartman knew of Habitat for Humanity's assistance for Veterans, and recognized the importance of working with community organizations to further the goal of helping Veterans.

We thank our employees who truly embody the VA's mission and commitment to serving and advocating for Veterans both in and out of the office.

Upcoming Local VA Outreach Events

Veterans Town Hall: Butler VA Healthcare

Date and Time: Tuesday, July 24, 2018 | 5:00pm – 6:30pm

Location: Abie Abraham VA Health Care Center Auditorium | 353 North Duffy Road, Butler, PA 16001

Event: Veterans, their families, and the public are invited to attend to solicit feedback on VA operations, as well as learn more about current events at VA Butler Healthcare. VA staff will be on hand to listen to Veterans and their families, and provide Veterans with eligibility and enrollment information, as well as other health care program information. Front line employees, including experts from the Veterans Benefits Administration

Pittsburgh VA Regional Office will also be available to offer on-the-spot assistance with individual questions and concerns.

Expected Participants: Veterans, dependents, and stakeholders

McKean County CBOC Open House

Date and Time: Wednesday, August 8, 2018 | 1:00pm – 3:00pm

Location: McKean County Community Outpatient Clinic | 23 Kennedy St., Bradford, PA 16401

Event: The McKean County Community Outpatient Clinic will host an Open House event on Wednesday, August 8, 2018. Veterans, their families, and the public are welcome to attend. Front line employees, including experts from the Veterans Benefits Administration Pittsburgh VA Regional Office will also be available to offer on-the-spot assistance with individual questions and concerns.

Expected Participants: Veterans, dependents, and stakeholders

Veterans Town Hall

Date and Time: Friday, September 28, 2018 | 10:00am – 11:30am

Location: University Drive Campus | University Drive, Pittsburgh, PA 15240

Event: VA Pittsburgh Healthcare System Director Karin McGraw invites you to attend the Veterans Town Hall. Veterans, their families, and the public are welcome to attend. Front line employees, including experts from the Veterans Benefits Administration Pittsburgh VA Regional Office will also be available to offer on-the-spot assistance with individual questions and concerns.

Expected Participants: Veterans, dependents, and stakeholders

Please visit the [Pittsburgh RO's website](#) for information about future upcoming outreach events.

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Sent to paul.lawrence@va.gov on behalf of US Department of Veterans Affairs
Veterans Benefits Administration · 810 Vermont Avenue, NW · Washington, DC 20420 · 1-800-827-1000

From: Morning Consult <reply@e.morningconsult.com>
Sent: Thursday, July 26, 2018 5:03 AM
To: Quill, Joshua J., VBAVACO
Subject: [MARKETING] [EXTERNAL] Morning Consult Washington: House Freedom Caucus Members Introduce Resolution to Impeach Rod Rosenstein



By [Eli Yokley](#)

Top Stories

- Conservative lawmakers - led by House Freedom Caucus Chairman Mark Meadows (R-N.C.) and Rep. Jim Jordan (R-Ohio) - introduced a resolution calling for the impeachment of Deputy Attorney General Rod Rosenstein, who oversees the special counsel's investigation into Russian interference in the 2016 election. They stopped short of forcing an immediate vote on the measure. ([The Washington Post](#))
 - Secretary of State Mike Pompeo repeatedly declined to provide specifics about President Donald Trump's one-on-one meeting with Russian President Vladimir Putin in Helsinki during testimony to the Senate Foreign Relations Committee. Pompeo said the administration's sanctions are proof that Trump is tough on Russia. ([The New York Times](#))
 - After a meeting at the White House, Trump and European Commission President Jean-Claude Juncker suggested they would hold off on further tariffs as they work through trade differences. The two said they agreed to begin discussions on eliminating tariffs and subsidies, as well as resolving the issues of steel and aluminum tariffs imposed by the Trump administration that resulted in retaliatory tariffs by the European Union. ([The Wall Street Journal](#))
-

Chart Review

America's Most and Least Popular Senators Morning Consult



Events Calendar (All Times Local)

THURSDAY

Sen. Hatch participates in Turning Point USA conference 8 a.m.

Rep. Yoho participates in CSIS' South China Sea Conference 9 a.m.

HHS Secretary Azar participates in Heritage Foundation event on health care 10:15 a.m.

Rep. Chabot participates in RealClearPolitics event on local successes in the digital economy 11:30 a.m.

Brookings hosts event on the future of online privacy 2 p.m.

FRIDAY

U.S. Customs and Border Protection commissioner participates in Bipartisan Policy Center event 9:30 a.m.



The PR Nightmare

Learn how to use data to navigate the fallout from a brand crisis.

General

[North Korea to transfer remains of U.S. soldiers from Korean War on Friday: Yonhap](#)

Joyce Lee, Reuters

North Korea will transfer the remains of an unspecified number of soldiers killed in the Korean War on Friday, South Korea's Yonhap news agency reported, after accepting about 100 wooden caskets sent by the United States. The repatriation of remains of U.S. soldiers killed in the 1950-53 Korean War was one of the agreements reached during a landmark summit between U.S. President Donald Trump and North Korean leader Kim Jong Un in Singapore on June 12.

[US, France introduce new Syria chemical weapons sanctions](#)

Laura Koran, CNN

The United States and France have taken joint action to sanction individuals and entities connected with Syria's chemical weapons program, the Treasury Department announced in a statement Wednesday. "Syria's horrific use of chemical weapons, including attacks against innocent women and children, remains deeply embedded in our minds," Sigal Mandelker, the Undersecretary of Treasury for Terrorism and Financial Intelligence, said in the statement.

[Putin's Soccer Ball for Trump Had Transmitter Chip, Logo Indicates](#)

Vernon Silver, Bloomberg

Russian President Vladimir Putin's gift of a soccer ball to U.S. President Donald Trump last week set off a chorus of warnings - some of them only half in jest - that the World Cup souvenir could be bugged. Republican Senator Lindsey Graham even tweeted, "I'd check the soccer ball for listening devices and never allow it in the White House."

[The 24 Candidates for 2018 Sunk by #MeToo Allegations](#)

Elaine Godfrey et al., The Atlantic

In the 10 months since allegations of sexual misconduct were first leveled against Hollywood producer Harvey Weinstein, America has seen the reputational demise of dozens of public figures. But arguably the most significant repercussions have been in the world of politics, affecting

those with the power or potential to shape the country's laws and represent communities across the nation.

Presidential

[Trump tariffs tear Republicans apart](#)

Rachael Bade and Burgess Everett, Politico

Senate Republicans eager to take a harder line against President Donald Trump's escalating trade war are running smack into an unlikely obstacle: their House GOP colleagues. With Trump threatening \$500 billion in additional tariffs on China and new levies on foreign cars, Senate Republicans are increasingly focused on writing legislation to tie his hands.

[Clinton fixer engineers Michael Cohen's turn against Trump](#)

Darren Samuelsohn, Politico

Donald Trump's longtime lawyer Michael Cohen, the man who once boasted he would take a bullet for his boss, is trying to repackage himself as someone who's on a mission to tell truth to power - and he's leaning on the Clintons' former scandal manager to help him do it. Lanny Davis went on "Good Morning America" on Wednesday and asserted that Cohen had "turned a corner in his life" since the April raid on his New York office and apartment in which federal investigators seized tapes, documents and other materials related to Cohen's work for Trump.

['I'm not going to be a punching bag anymore': Inside Michael Cohen's break with Trump](#)

Philip Rucker et al., The Washington Post

For the past decade, Michael Cohen worked as Donald Trump's personal lawyer and fixer. He was an eager supplicant, executing the wishes of his celebrity boss and forever seeking his attaboy affection.

[National Enquirer's Yearslong Dealings With Trump Lawyer Fall Under Federal Scrutiny](#)

Michael Rothfeld et al., The Wall Street Journal

Michael Cohen and the publisher of the National Enquirer forged an alliance over the years, looking out for the interests of Donald Trump and each other. Now, federal investigators are examining those ties as part of

a wide-ranging probe into Mr. Cohen's personal business dealings and his self-described role as Mr. Trump's fixer.

Senate

[Bipartisan talks on migrant family separation hit Senate impasse](#)

Elana Schor, Politico

Bipartisan Senate talks on a long-term fix for the Trump administration's detention of migrant families publicly sputtered on Wednesday, one day ahead of a key legal deadline for reunifying separated parents and children. Four senators who have worked across the aisle for months on a legislative remedy after this spring's family separation crisis continue to trade ideas as well as language.

['Get a grip': Republicans seize on Booker comment that Kavanaugh supporters are 'complicit' in 'evil'](#)

Elise Viebeck, The Washington Post

Democratic Sen. Cory Booker's (N.J.) statement that supporters of Supreme Court nominee Brett M. Kavanaugh are "complicit" in "evil" drew criticism from senior Republicans who called the comment absurd and inappropriate. "It's hard to take statements like that seriously," Senate Majority Whip John Cornyn (R-Tex.) said Wednesday in a floor speech.

[Tech execs expected back on Capitol Hill in fall](#)

David McCabe, Axios

The Senate Intelligence Committee expects to host executives from Facebook, Twitter and Google for a hearing later this year on election interference. Why it matters: Another hearing would put tech platforms back in the spotlight as they grapple with how to prevent election disruption ahead of the midterms.

House

[House leaders gear up for midterm money sprint](#)

John Bresnahan and Heather Caygle, Politico

With control of the House up for grabs this fall - and their own political futures on the line - GOP and Democratic leaders will be frantically

crisscrossing the country in August to raise money and rally the faithful. Speaker Paul Ryan, House Majority Leader Kevin McCarthy and Minority Leader Nancy Pelosi, who have already raised tens of millions of dollars for their candidates and incumbents, have scheduled dozens of events during the five-week House recess, according to their offices.

McCarthy on next speaker: 'I want it to be me'

Al Weaver, Washington Examiner

House Majority Leader Kevin McCarthy, R-Calif., made it known unambiguously on Wednesday that he wants to be the next speaker. While speaking to students at a conference hosted by Turning Point USA, the No. 2 House Republican spoke about the need for Republicans to hold the House in November and to deny House Minority Leader Nancy Pelosi, D-Calif., the speakership.

'Snark sells, but it doesn't stick': Ryan draws dark portrait of political talk - without mentioning Trump

Paul Kane, The Washington Post

An intern from Colorado asked House Speaker Paul D. Ryan how he can "be strong" in the face of incoming insults on social media. "I don't even pay attention to it," the Wisconsin Republican said at his last annual lecture to congressional interns.

Crowley Talks Primary Loss, Democratic Leadership Elections

Lindsey McPherson, Roll Call

Democratic Caucus Chairman Joe Crowley held his first press conference Wednesday with reporters since his primary loss, reflecting on that experience and making clear he doesn't intend to depart Congress early. "I will see this term through to the end of the year," the New York Democrat said.

The Democratic Establishment Is Still Winning. Progressives Are Trying To Turn The Tide.

Kevin Robillard, HuffPost

The progressive revolution isn't going quite as planned. The establishment is winning more Democratic primaries than progressives are, and the type of earth-shattering upsets that signified the Republicans' tea party wing was becoming an electoral force in 2010 have been few and far between.

States

[Ga. lawmaker who used racial slurs in TV show resigns](#) **Greg Bluestein, The Atlanta Journal-Constitution**

The Georgia lawmaker who exposed himself and yelled racial slurs during an episode of Sacha Baron Cohen's Showtime series is resigning his seat in the state Legislature, according to House Speaker David Ralston's office. State Rep. Jason Spencer faced increasing pressure to step down shortly after the episode of "Who is America?" aired Sunday night, and some politicians were urging a special session to oust him if he refused.

[Cuomo Blames Republican Senators for Expiration of Speed Cameras](#) **Melanie Grayce West and Lara Korte, The Wall Street Journal**

As the law authorizing speed cameras in New York City school zones expired, Gov. Andrew Cuomo on Wednesday blamed state Senate Republicans, calling for lawmakers to sign a bill passed by the Democratic-controlled state Assembly earlier this year. "They don't want to admit they're against it so they come up with excuses and point fingers," Mr. Cuomo, a Democrat, said at a news conference.

[Virginia governor assails school system's plan to arm teachers](#) **Perry Stein, The Washington Post**

Virginia Gov. Ralph Northam (D) denounced Wednesday a rural school district's controversial plan to arm staff members on campus and said the state's attorney general was investigating the legality of the proposal. The five-member School Board in Lee County, a small system in Virginia's far southwest, voted unanimously earlier this month to select an undisclosed number of teachers and staff members to carry concealed weapons or store them in safes on school property.

[Bernie Sanders endorses Abdul El-Sayed for Michigan governor](#) **Jonathan Oosting, The Detroit News**

U.S. Sen. Bernie Sanders on Wednesday endorsed Abdul El-Sayed for Michigan governor, giving the former Detroit health department director a high-profile boost less than two weeks before the Democratic primary. Sanders, a democratic socialist from Vermont, scored a surprise win in

Michigan's 2016 presidential primary, topping eventual Democratic nominee Hillary Clinton by less than two percentage points.

Advocacy

[Farm groups go on anti-tariff blitz after Trump offers trade aid](#) **Adam Behsudi, Politico**

Farm groups are going on the offensive with a multimillion-dollar advertising and advocacy campaign against President Donald Trump's tariffs just days after the administration rolled out a \$12 billion bailout for farmers harmed by a mounting trade war. The launch of the campaign also comes as Trump is due to be in Iowa on Thursday, where he is likely to reassure farmers growing increasingly anxious over trade retaliation that has targeted soybeans, pork and other major farm commodities.

[What's Behind a Pitch for the Little-Guy Investor? Big Money Interests](#) **Andrew Ross Sorkin, The New York Times**

The group calls itself the Main Street Investors Coalition. It is a Washington organization that purports to represent the little guy - the retail investor that it says has no voice in corporate America.

Opinions, Editorials and Perspectives

[Why Does Congress Make Taxpayers Pay Hush Money?](#) **The Editorial Board, The New York Times**

Here's a riddle for our era: What is "unwelcome harassment"? If we've learned anything from the #MeToo movement - not to mention from Anita Hill and the other brave victims who came forward before this reckoning - it's that sexual harassment is, by any reasonable definition, never welcome.

[Reunifying the families Trump tore asunder will take a long, long time](#) **Editorial Board, The Washington Post**

Having torn migrant children from their families with no idea how they would be reunited - and almost no record-keeping that would facilitate reunions - the Trump administration is now laboring heroically to repair what it has broken. By "heroically," we mean only that lower-ranking

officials - most of them blameless in the mess created by Attorney General Jeff Sessions, who proclaimed the "zero tolerance" policy that sundered families, and Homeland Security Secretary Kirstjen Nielsen, who oversaw the policy's enforcement - are racing to meet a court-ordered deadline to reunify more than 2,500 children with their parents by Thursday.

CNN Derangement Syndrome **The Editors, The Weekly Standard**

On Wednesday, White House staff informed a CNN White House reporter, Kaitlan Collins, that she was not permitted to attend an open press availability at the White House with President Donald Trump and European Commission president Jean-Claude Juncker.

President Trump should stop his trade war before it hurts our economy **Grover Norquist et al., USA Today**

Last year's Tax Cuts and Jobs Act was a huge victory for the U.S., and we applaud the Trump administration for this historic achievement. It has already begun to spur economic growth and help our entrepreneurs create new jobs.

Research Reports and Polling

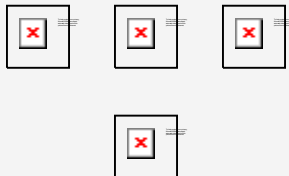
Polls: Trump approval sags in trio of Midwest states **Mark Murray, NBC News**

In three politically important Midwest states - including two that were key in deciding the 2016 election - President Donald Trump's job approval rating is below 40 percent, and Democrats hold a sizable lead for the upcoming congressional midterms, according to a trio of new NBC News/Marist polls. In Michigan, which Trump won by nearly 11,000 votes, 36 percent of registered voters approve of the president's job, while 54 percent disapprove.

Women Drive Dems To 12-Pt. Lead In U.S. House Races, Quinnipiac University National Poll Finds; Voters Split On Confirming Kavanaugh **Quinnipiac University**

With almost 2-1 backing from women, Democrats take a 51 - 39 percent lead in hypothetical races for the U.S. House of Representatives this year,

according to a Quinnipiac University National Poll released today. Women back Democratic candidates 57 - 32 percent, the independent Quinnipiac (KWIN-uh-pe-ack) University National Poll finds.



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From: Morning Consult <reply@e.morningconsult.com>
Sent: Monday, August 6, 2018 5:25 AM
To: Quill, Joshua J., VBAVACO
Subject: [MARKETING] [EXTERNAL] Morning Consult Washington: Trump Says 2016 Trump Tower Meeting's Focus Was to 'Get Information on an Opponent'



By [Eli Yokley](#)

Top Stories

- President Donald Trump said that a June 2016 meeting at Trump Tower between top campaign aides and a Kremlin-connected lawyer, hosted by his eldest son, was designed to "get information on an opponent," but the president defended it as "totally legal" and said he did not know about it. The comment, made in a Sunday morning tweet, contrasts with a statement issued by Donald Trump Jr. in July 2017 that said the meeting was focused on the issue of the adoption of Russian children. ([The New York Times](#))
- Secretary of State Mike Pompeo said the White House is set to detail today the implementation of sanctions against Iran. The "snapback" sanctions are expected to be reimposed against Iran's government at 12:01 a.m. EDT tomorrow, according to a Treasury Department official. ([Reuters](#))
- Rick Gates, a former senior Trump campaign official, is expected testify this week in the financial fraud trial of his former boss, former Trump campaign chairman Paul Manafort. Gates - a key cooperator for special counsel Robert Mueller's team - agreed to a plea deal earlier this year, admitting to two felony charges. ([The Associated Press](#))

Chart Review

Voters More Likely to Support Trade Agreements - and Tariffs Morning Consult



Events Calendar (All Times Local)

MONDAY

No events scheduled

TUESDAY

Hudson Institute hosts events on Pakistan after its July 25 elections 2 p.m.

WEDNESDAY

CSIS hosts event on U.S. arms transfer policy 10:30 a.m.

Cato Institute hosts event on short-term health care plans 12 p.m.

THURSDAY

Former Kavanaugh clerks participate in Heritage Foundation event 12 p.m.

FRIDAY

No events scheduled



Consumer Views on Alcohol, Marijuana, and Tobacco

[Get access to](#) three new reports from Morning Consult with key insights into what Americans think about smoking and drinking.

General

[Judge's ruling invalidates FEC regulation allowing anonymous donations to 'dark money' groups](#)

Brent D. Griffiths, Politico

A U.S. District Court judge on Friday issued a ruling invalidating a Federal Election Commission regulation that has allowed donors to so-called dark-money groups to remain anonymous, the latest development in a years-long legal battle that could have major implications for campaign finance. Judge Beryl A. Howell ruled the FEC's current regulation of such groups, including 501(c) 4 non-profits, fails to uphold the standard Congress intended when it required the disclosure of politically related spending.

[Fired-up liberals raise \\$1 billion on website for candidates, causes ahead of midterms](#)

Fredreka Schouten, USA Today

The online fundraising platform ActBlue this week surged past the \$1 billion mark in contributions to Democratic candidates and causes in this election cycle. The fundraising milestone, shared first with USA TODAY, offers a sign that the liberal activism fueled by President Donald Trump's election isn't slowing down.

[U.S. Officials Push New Penalties for Hackers of Electrical Grid](#)

Rebecca Smith, The Wall Street Journal

Top administration officials are devising new penalties to hit back more forcefully at state-sponsored hackers of critical infrastructure to deter attacks such as the successful penetration of U.S. utilities by Russian agents last year. The push for explicit action is coming from top federal agencies to fight worsening threats to the country's electricity system and

other critical industries, particularly menacing actions from Russia, China, Iran and North Korea.

Russia tasks actor Steven Seagal with improving U.S. ties
Saphora Smith, NBC News

Russia has appointed actor Steven Seagal as a special envoy to improve Russian-U.S. ties. The Russian Foreign Ministry announced the appointment on Saturday saying Seagal's role would be to develop Russian-U.S. relations in the "humanitarian" sphere, including in the fields of culture, art and youth exchanges.

A 'Rainbow Wave'? 2018 Has More L.G.B.T. Candidates Than Ever
Liam Stack and Catie Edmondson, The New York Times

Sharice Davids, a leading Democrat in a key congressional primary election on Tuesday, finished a White House fellowship in the early months of the Trump administration. As a lesbian and a Native American, she became convinced that hard-won progress on issues like gay rights and the environment would erode under Mr. Trump, and thought Kansans in her district might support her as a counterforce to the president.

Democrats' 2020 presidential fight gets an early dress rehearsal
David Siders, Politico

An unwieldy field of top Democrats clamored for critical ground in the run-up to the 2020 presidential primary over the weekend, courting progressive activists as they tilt toward a full-on campaign. In a three-day audition of presidential campaign themes at the annual Netroots Nation conference, Sen. Kamala Harris (D-Calif.) pledged not to be "shut up" by critics of "identity politics," while Sen. Cory Booker (D-N.J.) lamented "things that are savagely wrong in this country."

Judge upholds ruling that DACA must be restored
Tal Kopan and Dan Berman, CNN

A federal judge on Friday upheld his order that the Deferred Action for Childhood Arrivals program should be fully restored, setting a 20-day deadline for the administration to do so. DC District Judge John Bates said the Trump administration still has failed to justify its proposal to end DACA, the Obama-era program that has protected from deportation

nearly 800,000 young undocumented immigrants brought to the US as children.

Presidential

[Trump tweet blaming water diversion for fires baffles experts](#) **Jonathan Kauffman, San Francisco Chronicle**

When President Trump sent his first tweet about the current California wildfires, which have killed nine people and destroyed more than 1,000 homes, he chose the moment to zero in on water policy - leaving some scratching their heads. "California wildfires are being magnified & made so much worse by the bad environmental laws which aren't allowing massive amount of readily available water to be properly utilized," he tweeted Sunday.

[The real lesson Trump learned from Charlottesville](#) **Annie Karni, Politico**

The content of President Donald Trump's dig at basketball superstar LeBron James might have been standard Trump fare - questioning the intelligence of a prominent African-American who has been critical of him - but the timing of the tweet made it stand out on Friday night. The post landed almost exactly a year after the deadly clash between white nationalists and Black Lives Matter protesters in Charlottesville, Virginia, when the president refused to condemn white supremacists and neo-Nazis outright.

Senate

[Rubio signals changes to election meddling bill](#) **Martin Matishak, Politico**

Sen. Marco Rubio (R-Fla.) on Sunday signaled he is willing to alter bipartisan legislation that would automatically sanction Russia, or any other country, for any future election meddling in order to get it passed. The proposed bill, known as the DETER Act and backed by Rubio and Chris Van Hollen (D-Md.), would bar foreign governments from buying ads to influence U.S. elections and would also give the director of national intelligence the power to deploy "national security tools," such as sanctions, if the Kremlin interferes in another American election.

Scaled-back Senate recess creates a 'coalition of the cranky' in Congress

Paul Kane, The Washington Post

Democratic Sen. Patty Murray knew exactly what she would miss the most because of the Republican leadership's decision to eliminate much of the previously sacrosanct tradition of August recess. "The ability to decompress and remember why I like this job," Murray (Wash.) said.

In Deeply Blue New Jersey, an Unexpected Battle for Senate

Nick Corasaniti, The New York Times

Senator Robert Menendez's corruption trial had barely ended at the federal courthouse in Newark, but his team was already feverishly working the phones. Within 24 hours, nearly every major Democratic public official in New Jersey - from the newly elected governor to influential state legislators to powerful county chairs - had pledged their endorsement.

White Nationalists Love Corey Stewart. He Keeps Them Close.

Danny Hakim and Stephanie Saul, The New York Times

Corey Stewart stands at the end of a long driveway that leads back in time, to his 18th century plantation manor hidden in woods behind a modern housing development. Mr. Stewart, the Republican Senate nominee from Virginia, treats the brick home like a living museum, complete with buttons from Redcoats, a Civil War soldier's belt buckle and a room dedicated to George and Martha Washington, who were once visitors.

House

Balderson won't address Kasich claim he did not invite Trump to central Ohio

Jack Torry, Columbus Dispatch

A spokesperson for Republican congressional candidate Troy Balderson said Sunday he was "honored" to have President Donald Trump campaign for him despite Ohio Gov. John Kasich's claim that Balderson did not invite the president to the Saturday rally in Delaware County. With Balderson finding himself at the center between an ongoing feud between Kasich and Trump on the eve of Tuesday's special election in central Ohio, Balderson said that he "welcomed" the president to the

Saturday rally where "he highlighted his support for" Trump and his agenda.

Democratic Aides on Hill Sour on Pelosi, Survey Finds **Shawn Zeller, Roll Call**

In a sign of the growing unrest on the left, a plurality of Democratic congressional aides surveyed by CQ Roll Call last month said the party should replace Nancy Pelosi as leader whether Democrats win a House majority in November or not. The Capitol Insiders Survey, which CQ Roll Call emailed to aides on July 13 and remained open till July 18, drew responses from 191 aides, 103 of them Democrats, 84 Republicans and four independents.

States

Tossing aside skepticism, Democratic candidates for governor push for state-based universal health care **David Weigel, The Washington Post**

Wherever he takes his campaign for governor, Abdul El-Sayed is followed by activists handing out information about "Medicare for all." When he grabs the microphone, El-Sayed makes a promise: He'll bring universal health care to Michigan.

Is Cuomo Threatening NRA's Existence? He Says: 'I'd Like To Believe It's True.' **Merrit Kennedy, NPR News**

New York Gov. Andrew Cuomo says the National Rifle Association's federal lawsuit against him is "frivolous." The lawsuit claims that Cuomo's policies are trying to deprive the NRA of its First Amendment rights by making it more difficult for the organization to function in the state.

Accused of Harassment, and Seeking Redemption at the Ballot Box **Julie Turkewitz and Alan Blinder, The New York Times**

In Arizona, the list of women accusing former State Representative Don Shooter of sexual harassment includes a Republican colleague, a Democratic legislator, at least two lobbyists, a newspaper intern and the former publisher of The Arizona Republic. "I'm a sucker for the pretty

ladies," Mr. Shooter is said to have told one woman while shaking his pelvis in her face.

Ocasio-Cortez and Sanders work to elect first Muslim governor **Daniel Strauss, Politico**

Bernie Sanders and Alexandria Ocasio-Cortez are joining forces to elect an underdog but potentially history-making candidate on the ballot in Michigan next week: Abdul El-Sayed, a 33-year-old physician who would be the nation's first Muslim governor. Sanders is spending the final weekend of the race in the state, and Ocasio-Cortez was there last week to campaign with El-Sayed ahead of Tuesday's Democratic primary.

Advocacy

Corporate America hikes contributions to key Democrats **Theodoric Meyer, Politico**

Corporate PACs are increasing their contributions to several Democrats who are in line to lead powerful committees if their party retakes the House in November, another sign of the burgeoning expectations for Democrats' showing in the midterms. The uptick comes as tensions grow in the party between lawmakers who rake in money from corporate PACs and the activists who decry such contributions as a corrupting influence.

America First Policies to target red-state Dems with TV ads backing Kavanaugh **Christopher Cadelago, Politico**

President Donald Trump's allies are escalating their support of his Supreme Court nominee Brett Kavanaugh, sinking millions more into pressure campaigns on red-state Democrats facing tough re-election fights in November. America First Policies, a Trump-aligned advocacy group promoting the president's nominee with a seven-figure effort, will take to broadcast TV beginning Wednesday with ads against Sens. Joe Donnelly of Indiana, Joe Manchin of West Virginia and Heidi Heitkamp of North Dakota, according to information the group provided to POLITICO.

Opinions, Editorials and Perspectives

In 2008, America Stopped Believing in the American Dream
Frank Rich, New York Magazine

If you were standing in the smoldering ashes of 9/11 trying to peer into the future, you might have been overjoyed to discover this happy snapshot of 2018: There has been no subsequent major terrorist attack on America from Al Qaeda or its heirs. American troops are not committed en masse to any ground war.

Friess right choice for Wyoming
Donald Trump Jr., Casper Star Tribune

From the plains to the mountains, Wyoming is filled with hard-working and God-loving Americans, and the people of Wyoming are those who make up the backbone of our country. I love Wyoming, and that is why I believe that a strong, effective and conservative leader will help keep Wyoming successful and free.

North Korea's Complaint
The Editorial Board, The Wall Street Journal

The U.S. and North Korea are again publicly disagreeing about progress toward the North's denuclearization, and that's no surprise. This was likely to happen once President Trump agreed to "phased" progress and dropped demands that the North agree up front to reveal and dismantle weapons.

Migrant kids were stripped, drugged, locked away. So much for compassion.
Editorial Board, The Washington Post

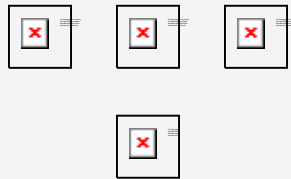
When accounts of abuse emerged in June from a detention center for migrant minors in Virginia - children as young as 14 stripped naked, shackled, strapped to chairs, their heads encased in bags, left for days or longer in solitary confinement, and in some cases beaten and bruised - it sounded like a scene from the Soviet gulag. This institution, the Shenandoah Valley Juvenile Center, near Staunton, couldn't possibly be in America.

Research Reports and Polling

A Database on the Passage and Enactment of Recent State Minimum Wage Increases

Jeffrey Clemens et al., American Enterprise Institute

This paper presents a dataset that tracks effective minimum wage rates across the U.S. states, including the District of Columbia, from January 1, 2011 to January 1, 2018. We link minimum wage changes to their underlying legislation or ballot initiative and document key dates in their legislative histories.



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Department of Veterans Affairs

Memorandum

Date: Monday, July 23, 2018
From: Assistant Secretary for Operations, Security & Preparedness
Subj: Order of Succession - Daily Report
To: Distribution

1. Department of Veterans Affairs:

Mr. Peter O'Rourke*	Acting Secretary	NCR
---------------------	------------------	-----

2. Department of Veterans Affairs Order of Succession:

Hon. Paul Lawrence*	Under Secretary, Benefits	Kansas City, MO
Hon. Randy Reeves*	Under Secretary, Memorial Affairs	NCR
Hon. John Ulyot*	Assistant Secretary, Public & Intergovernmental Affairs	NCR
Hon. Donald P. Loren*	Assistant Secretary, Operations, Security & Preparedness	NCR
Hon. James Byrne*	General Counsel	NCR
Hon. Brooks Tucker*	Assistant Secretary, Congressional and Legislative Affairs	NCR
Hon. Melissa Glynn*	Assistant Secretary, Enterprise Integration	NCR
Hon. Jon Rychalski*	Assistant Secretary, Management	NCR
Hon. Cheryl Mason*	Chairman, Board of Veterans' Appeals	Pinehurst, NC

3. Out of Area Successors in Order of Succession:

Dr. Miguel LaPuz*	Director, VISN 8	Vienna, Austria
Ms. Leslie Wiggins*	Director, VISN 7	Duluth, GA
Ms. Edna MacDonald*	VBA Southeastern District Director	Nashville, TN
Mr. Ralph Gigliotti*	Director, VISN 19	Denver, CO

4. Mr. Donald P. Loren is the Director of the Crisis Response Team (CRT) and prepared to assist the successor when called upon to serve as Acting Secretary.

5. VA Senior Leaders not in Order of Succession:

Hon. Michael Missal	Inspector General	NCR
Mr. Camilo Sandoval	Executive in Charge, Information & Technology	New York, NY
Ms. Lynda Davis	Acting Chief Veterans Experience Officer	NCR
Mr. Richard Stone	Executive in Charge, Veterans' Health	NCR
Mr. Phillip Christy	Acting Executive Director, Acquisition, Logistics & Construction	NCR
Mrs. Jacquelyn Hayes-Byrd	Acting Chief of Staff	NCR

6. Contact with the VA Successors can be made through the VA Integrated Operations Center at 202-461-5510.

Donald P. Loren

Distribution:
Secretary
Deputy Secretary
Chief of Staff
Deputy Chief of Staff
Assistant Secretary for Operations, Security & Preparedness

Department of Veterans Affairs

Memorandum

Date: Tuesday, July 24, 2018
From: Assistant Secretary for Operations, Security & Preparedness
Subj: Order of Succession - Daily Report
To: Distribution

1. Department of Veterans Affairs:

Mr. Peter O'Rourke* Acting Secretary

2. Department of Veterans Affairs Order of Succession:

Hon. Paul Lawrence*	Under Secretary, Benefits	NCR
Hon. Randy Reeves*	Under Secretary, Memorial Affairs	NCR
Hon. John Ulyot*	Assistant Secretary, Public & Intergovernmental Affairs	NCR
Hon. Donald P. Loren*	Assistant Secretary, Operations, Security & Preparedness	NCR
Hon. James Byrne*	General Counsel	NCR
Hon. Brooks Tucker*	Assistant Secretary, Congressional and Legislative Affairs	NCR
Hon. Melissa Glynn*	Assistant Secretary, Enterprise Integration	NCR
Hon. Jon Rychalski*	Assistant Secretary, Management	NCR
Hon. Cheryl Mason*	Chairman, Board of Veterans' Appeals	NCR

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Ms. Leslie Wiggins*	Director, VISN 7	Duluth, GA
Ms. Edna MacDonald*	VBA Southeastern District Director	NCR
Mr. Ralph Gigliotti*	Director, VISN 19	Billings, MT

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Mr. Phillip Christy	Acting Executive Director, Acquisition, Logistics & Construction	NCR
Mrs. Jacquelyn Hayes-Byrd	Acting Chief of Staff	NCR

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Donald P. Loren

Distribution:
Secretary
Deputy Secretary
Chief of Staff
Deputy Chief of Staff
Assistant Secretary for Operations, Security & Preparedness

Department of Veterans Affairs

Memorandum

Date: Wednesday, July 25, 2018
From: Assistant Secretary for Operations, Security & Preparedness
Subj: Order of Succession - Daily Report
To: Distribution

1. Department of Veterans Affairs:

Mr. Peter O'Rourke* Acting Secretary

2. Department of Veterans Affairs Order of Succession:

Hon. Paul Lawrence*	Under Secretary, Benefits	NCR
Hon. Randy Reeves*	Under Secretary, Memorial Affairs	NCR
Hon. John Ulyot*	Assistant Secretary, Public & Intergovernmental Affairs	NCR
Hon. Donald P. Loren*	Assistant Secretary, Operations, Security & Preparedness	NCR
Hon. James Byrne*	General Counsel	NCR
Hon. Brooks Tucker*	Assistant Secretary, Congressional and Legislative Affairs	NCR
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Donald P. Loren

Distribution:
Secretary
Deputy Secretary
Chief of Staff
Deputy Chief of Staff
Assistant Secretary for Operations, Security & Preparedness

From: Li, Stephanie, VBAVACO
Sent: Friday, July 13, 2018 4:52 AM
To: Lawrence, Paul R., VBAVACO; Devlin, Margarita, VBAVACO; Quill, Joshua J.; Terrell, Brandye, VBAVACO; McClelland, Teri, VBAVACO; Murphy, Beth (McCoy) VBAVACO; Mason, Cheryl; Boone, Lewis, VBAVACO; Glenn, Mary, VBAVACO; Carter, Nilijah, VBAVACO; Barrans, David (OGC); Flynn, Mary A (OGC); Quinn, David (OGC); Griffin, Brian D. (OGC); Lee, Ken (OGC); Shriber, Christa A. (OGC); Petersen, Gabrielle; Kalett, Ethan; Watts, Patricia; Lajiness, Scott, VBAVACO
Cc: VBACO_21C Asst Directors; VBACO_21C Chiefs; VBACO_20 Exec Review; Sauter, Rachel; Flohr, Brad, VBAVACO; Carson, Laurine, VBAVACO; Messenger, Kristina, VBAVACO; HOOVER, Montrica, VBAVACO; Napper, Michael A., VBAVACO; Mickle, Glenn R. (RSDC); Eric Hanson (Eric.Hanson@cognosante.com); Boyd, Stacy, VBAVACO; Brown, Bertha, VBAVACO; Che, Jane, VBAVACO; Cumbee, Denise, VBAVACO; Grimm, Rodney, VBAVACO; Hancock, Keith, VBAVACO; Harrell, Machel, VBAVACO; Hiller, Angela, VBAVACO; Hof, Matthew R., VBAVACO; Hughes, Jonathan D., VBAVACO; Jimison, Nora, VBAVACO; Johnson, Gerald, VBAVACO; Keyes, Janel, VBAVACO; Li, Stephanie, VBAVACO; Mancuso, Gabrielle, VBAVACO; Mandle, Eric, VBAVACO; Mazar, Leah, VBAVACO; Milenkovic, Melissa, VBAVACO; Reynolds, Gary, VBAVACO; Riddick, Carla J., VBAVACO; Roussel, Sian, VBAVACO; Salas, Keith L., VBAVACO; Sheedy, Brendan, VBAVACO; Shivers, Korrie N., VBAVACO; Shute, Paul J., VBAVACO; Tibbitts, Kim, VBAVACO; Traylor, Brandi, VBAVACO; Vvedenskaya, Ioulia, VBAVACO; White, Kayce, VBAVACO; Williams, Dustin Z., VBAVACO
Subject: Publication Notice for RIN 2900-AP27 - Final Rule - Schedule for Rating Disabilities: Skin
Attachments: AP27_FR_Skin.pdf

Good Morning,

The Federal Register published the following final rule today, July 13, 2018. Attached you will find a copy of the published regulation for your records.

➤ **RIN 2900-AP27 – Final Rule – Schedule for Rating Disabilities: Skin**

Link to rule: <https://www.federalregister.gov/documents/2018/07/13/2018-14957/schedule-for-rating-disabilities-skin>

SUMMARY: On August 12, 2016, VA published in the Federal Register the proposed rule for Schedule for Rating Disabilities: Skin. VA received multiple responses during the 60-day comment period. This final rule implements the Secretary's proposed rule with limited revisions.

Effective Date: This final rule is effective August 13, 2018.

Stephanie Li

Policy and Regulations Chief

Compensation Service

Veterans Benefits Administration

(202) 632-8983

Stephanie.li@va.gov

From: Cashour, Curtis
Sent: Wednesday, August 15, 2018 2:13 PM
To: Sandoval, Camilo J.; Connell, Lawrence B.; Hyduke, Barbara; Quill, Joshua J., VBAVACO; Mason, Cheryl; Uchalik, Nicholas; Brazell, Karen; Hayes-Byrd, Jacquelyn; Maenle, Nathan; Rychalski, Jon J.; Nicholas, Kirk; Barry, Ashleigh (OAWP); Shores, Michael; Lawrence, Paul R., VBAVACO
Cc: Ullyot, John; Tucker, Brooks; Hutton, James; Davis, Lynda; Glynn, Melissa S.
Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

+ Paul Lawrence

From: Sandoval, Camilo J.
Sent: Wednesday, August 15, 2018 5:06 PM
To: Cashour, Curtis <Curt.Cashour@va.gov>; Connell, Lawrence B. <Lawrence.Connell@va.gov>; Hyduke, Barbara <Barbara.Hyduke@va.gov>; Quill, Joshua J., VBAVACO <Joshua.Quill@va.gov>; Mason, Cheryl <Cheryl.Mason@va.gov>; Uchalik, Nicholas <Nicholas.Uchalik@va.gov>; Brazell, Karen <Karen.Brazell1@va.gov>; Hayes-Byrd, Jacquelyn <Jacquelyn.Hayes-Byrd@va.gov>; Maenle, Nathan <Nathan.Maenle@va.gov>; Rychalski, Jon J. <Jon.Rychalski@va.gov>; Nicholas, Kirk <Kirk.Nicholas@va.gov>; Barry, Ashleigh (OAWP) <Ashleigh.Barry@va.gov>; Shores, Michael <Michael.Shores@va.gov>
Cc: Ullyot, John <John.Ullyot@va.gov>; Tucker, Brooks <Brooks.Tucker@va.gov>; Hutton, James <James.Hutton@va.gov>; Davis, Lynda <Lynda.Davis@va.gov>; Glynn, Melissa S. <Melissa.Glynn@va.gov>
Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

+ Susan OIT/CoS

From: Cashour, Curtis
Sent: Wednesday, August 15, 2018 2:04:33 PM
To: Connell, Lawrence B.; Hyduke, Barbara; Quill, Joshua J., VBAVACO; Mason, Cheryl; Uchalik, Nicholas; Sandoval, Camilo J.; Brazell, Karen; Hayes-Byrd, Jacquelyn; Maenle, Nathan; Rychalski, Jon J.; Nicholas, Kirk; Barry, Ashleigh (OAWP); Shores, Michael
Cc: Ullyot, John; Tucker, Brooks; Hutton, James; Davis, Lynda; Glynn, Melissa S.
Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

Folks – please see below. This is regarding the State of the VA progress update for this year.

We have a media inquiry pending on this now, and we need your help updating your corresponding sections below by COB tomorrow.

Can you please assign as needed to your staff and have them contact us tomorrow with updates? Thanks - Curt

Access to Care (VHA)

- VA now provides same-day primary and mental health care services for Veterans who need them.
- Regularly updated [access data](#) is available online for all VA Medical Centers and Community-Based Outpatient Clinics
- Veterans can schedule appointments directly in mental health, audiology, optometry and nutrition clinics without requiring a referral from primary care.

- VA authorized [need number] million appointments in FY 2017, nearly [need number] million more than the same timeframe the year prior. This means VA is providing more health care appointments than ever before.

Q: At how many locations nationwide are veterans waiting more than 60 days for new appointments?

A: In January of 2017, it was 30, now it is [need number].

Q: What percentage of time-sensitive follow-up appointments are taking longer than the provider-recommended date?

A: 5 percent, as of [need date].

Q: What percentage of primary clinics are over 100 percent capacity, meaning veterans are not being seen soon enough?

A: In order to continue to meet the demand for patient care, 15.7 percent of primary care clinics are currently over 100 percent capacity.

Q: What percentage of CBOCs who offer primary care and mental health do not have same day services?

A: In January of 2017 it was 10 percent, now it is zero.

Paying Community Care Providers (VHA)

- VA created rapid response teams to assist providers with outstanding claims in reaching settlement within 90 days.
- VA increased the number of claims processed by vendors by 300 percent in January 2018 and by 600 percent in April 2018
- VA has increased contractor support for processing authorized claims from 140,000 claims/month in January 2018 to more than 700,000 claims/month in July 2018.
- VA settled the Staab Case regarding emergency treatment claims for non-service connected conditions at non-VA facilities.

Q: What percentage of clean payment claims are taking longer than 30 days to process?

A: For FY18 to date, 34.5 percent of authorized claims are taking longer than 30 days to process. Conversely, 65.5 percent of authorized claims are being processed within 30 days or less. [need FY 2017 figures]

Q: How many providers does that account for?

A: 57,467 unique providers currently have claims aged greater than 30 days. This does not include the providers who submitted claims that were pending as a result of the recent emergency care regulation change.

Q: What is the total value of outpatient bill charges more than six months old that haven't been processed?

A: [need figures for this year and last year]

Q: What percentage of community care claims are submitted electronically?

A: 65 percent.

Community Care (VHA)

- As acting VA secretary, Secretary Wilkie worked with Congress to forge an overwhelming bipartisan vote of support for [the MISSION Act](#), which streamlines VA's community care programs.

- Community care appointments have increased by 10 million since fiscal year 2015 and represent 36 percent of all VA appointments
- The Choice program accounted for 50 percent of community care appointments in FY17. The Choice program provider network increased 22 percent from FY 16.

Q: What proportion of community care claims are being rejected?

A: 28 percent.

Q: How many DOD facilities are part of the Choice program?

A: Five.

Quality of Care (VHA)

- VA launched the [Health Care Improvement Center](#) to help implement improvements at various VA facilities
- [any other items to note]

Disability Claims and Appeals (VBA and BVA)

- Claims pending over 125 days have been reduced from 90,000 in 2016 to fewer than 83,000 today.
- VA worked with Congress and Veterans Service Organizations on the [Veterans Appeals Improvement and Modernization Act of 2017](#), which overhauls and modernizes our claims appeals process and thereby provides better, faster decisions for Veterans. President Trump signed the act into law in August.

Q: What is the average time veterans are waiting to get an appeal decision?

A: Currently, Veterans are waiting an average of three years for a resolution of their appeal. For those appeals that are decided by the Board of Veterans Appeals, on average, Veterans are waiting seven years from the date they initiated their appeal at VBA until resolution by the Board.

Q: Then-Secretary Shulkin said during Senate testimony that the backlog of appeals now stands at 470,000 and the VA is on track to do 81,000 appeals this year. At that rate, it will take six years to get through the backlog – and that’s if the backlog doesn’t grow. Are those figures accurate and what is VA doing to target the backlog?

A: Although the cited figures are accurate, VA has a multifaceted plan to process legacy appeals.

For VBA, increased efficiencies, additional resources requested in the fiscal year FY 2019 President’s Budget, in conjunction with the Rapid Appeals Modernization Program (RAMP) will be used to draw down legacy appeals. The focus of RAMP is to address the approximately 400,000 cases where an appeal has been initiated but not yet transferred to the Board of Veterans Appeals, and to offer claimants a faster resolution.

For the Board, reducing legacy appeals in FY 2018 is a priority, and the Board is on pace to reach an historic output goal of 81,033 decisions, an increase of approximately 28,000 more decisions above FY 2017. The Board currently has jurisdiction of 73,000 cases and is focusing resources on reducing this pending legacy inventory, including through streamlining processes to allow attorneys and judges to deliver as many decisions as possible.

Improving Information Technology Infrastructure (VHA/OIT)

- VA evaluated 376 data centers, closed 24, and put a plan in place to close 68 more in 2018.

- VA mitigated 100 percent of VA's 2015/2016 IT material weakness findings that were highlighted by the Office of the Inspector General's (OIG) Federal Information Security Modernization Act (FISMA) audit.

Q: How many facilities have out of date systems and processes for inventory?

A: Of 170 Medical Centers, 141 have a new user-friendly interface. VA continues to address the challenges of our legacy inventory management systems, VistA, and processes. The underlying legacy system is tied directly to many fragmented business processes.

A 2016 study from the IBM Center for The Business of Government Study recommended creative solutions to allow VA to address some challenges of the legacy system, and work within its constraints, to improve the inventory management process.

VHA has begun implementing a modern Graphic User Interface (GUI) at all facilities to help improve the inventory data management system. Per a time-and-motion study VHA conducted, the GUI demonstrated a 42 percent improvement in 15 of 22 observed processes. In addition, this study also showed the GUI made these processes 68% faster. The GUI also facilitates business rule improvements, accurate data, enterprise reporting tools, and predictive analytics. This, along with other, recommendations provided to the department are in various stages of implementation to help improve the inventory management systems and processes.

Q: What percentage of the IT budget is spent on sustaining infrastructure, including legacy systems?

A: In May of 2017, 75 percent of OIT's budget went to sustainment. This year to date it is 72 percent.

Q: Has anything been done with the out of date VA Loan Electronic Reporting Interface?

A: Design of new system started in 2017 and is scheduled to be implemented in June of 2019.

Capital Assets (OALC)

- 110 buildings totaling 2.15 M square feet were repurposed or disposed of.
- VA worked with Congress to obtain authorization for 28 major medical leases.
- VA worked with Congress to enable the US Army Corps of Engineers (USACE) to accept the 11 super projects for execution.

Q: What happened to the \$18 billion in critical infrastructure deficiencies identified in Facility Condition Assessments?

A: VA is using various means to eliminate the facility condition backlog over the next ten years, including disposal of vacant real property, health system market assessments to inform capital planning, more effective governance of capital improvement projects, and alternative financing through public/private partnerships.

VA has revised its approval process for non-recurring maintenance (NRM) to provide greater flexibility, lessen administrative burden, and allow the field to address the highest priority infrastructure needs to address deficiencies more quickly.

Q: What is the status of the 11 projects?

A: VA worked with the United States Army Corps of Engineers (USACE) and the House and Senate Appropriations and Veterans Affairs Committees to come to a mutual understanding of their authorization and appropriation processes.

As a result, USACE has accepted the 11 super projects for execution, of which one was awarded and one is expected to be awarded in February.

Q: What is the status of the national realignment strategy?

A: After completing three pilot market assessments, the VHA has developed a standardized, data-driven methodology and a set of 10 guiding principles for development of a national realignment strategy.

The national strategy, which we hope to launch during FY 2018, will be the synthesis of 18 VISN plans, based on market area health system optimization efforts which assess local Veteran health care demand and capacity in each of VA's 96 health care markets across the country. The focus is on improving access to care, as well as satisfaction and quality of care.

Construction (OALC)

- Launched the first of five pilot projects involving public-private partnerships to fund development of new VA health care facilities, saving taxpayers \$30 million.

Q: Where is this project?

A: Omaha, Nebraska. See here for more info: https://www.omaha.com/livewellnebraska/omaha-nonprofit-commits-million-to-partnership-with-va-to-build/article_917ff58c-9811-53fb-8f35-f66f780c3714.html

Q: What was the total unobligated balance for major and minor construction programs carried over into 2018?

A: [need figures]

Accountability (OAWP/HR&A)

- In calendar year 2016, VA fired 2,001 people. That includes 983 removals and 1,018 probationary terminations. In calendar year 2017, VA fired 2,537 people. That includes 1,443 removals and 1,094 probationary terminations.
- Stood up the Office of Accountability and Whistleblower Protection (OAWP).
- OAWP performs triages and conducts investigations to clear or substantiate the allegations. As of January 8, 2018, OAWP has completed [need number] investigations involving [need number] persons-of-interest. OAWP is currently conducting [need number] investigations involving [need number] persons-of-interest.

Q: How long on average does it take VA from proposed suspension, demotion or removal until the action taking effect?

A: [Need average times both before and after passage of the VA Accountability and Whistleblower Protection Act]

Administration, Bureaucracy and Staffing (VHA, Michael Shores and HR&A)

- VA consolidated several program offices with over 35 clinical and administrative programs; reducing redundancy.
- Identified approximately 26 regulations to be deregulated, after finding that they are outdated, unnecessary, or ineffective.
- VA's Regulatory Reform Task Force identified several regulation modifications that will alleviate approximately \$2.4 million dollars in unnecessary regulatory cost burdens.

Q: Which regulations? What is their current status? What are the several regulation modifications? What is the estimated burden of each? On whom is the burden for each? How much in fraudulent payments was prevented in FY2017? How much in duplicate payments? What has the new waste fraud and abuse committee accomplished?

A: In accordance with EO 13771 and EO 13777, VA's Regulatory Reform Task Form (RRTF) targeted some 26 sections of Title 38 CFR, that are outdated, unnecessary, and can be repealed through the deregulatory process. These repeal regulations must go through a lengthy process to be repealed, thus it will take a year or two for all of them to be published.

VA's RRTF also has identified several other deregulatory actions that will relieve Veterans from information cost burdens, under authority of the Paperwork Reduction Act. For FY17, one VA deregulatory action eliminated a VA form for temporary housing, which resulted in \$1.9 million dollars in savings from information cost burdens. Another handful of similar regulatory actions will generate an additional \$500,000 dollars in cost-burden savings in FY18 and FY19.

Q: Which program offices? Which programs?

A: Primary Care, Geriatrics and Extended Care, Mental Health and Suicide Prevention

- VA received direct hire authority for 15 additional occupations.
- VA had a net gain of 8,303 employees in FY 17.
- VA has made phenomenal progress since 2017 when it comes to staffing. Overall vacancies are down, VA's vacancy rate is less than its turnover rate, and its total number of positions has increased by nearly 15,000.

Q: What were the 15 occupations for which VA received direct hiring authority?

A: Accountant (all specialties) Boiler Plant Operator, General Engineer, Health Science Specialist (Veterans Crisis Line), Health Technician (all specialties), Histopathology Technician, Human Resources Assistant (all specialties), Human Resources Specialist (all specialties), Information Technology Specialist (all specialties), Personnel Security Specialist, Police Officer, Realty Specialist, Utility Systems Operator, Utility System Repair

Q: How many people in which occupations have been hired using it?

A: [need figures]

Q: How long on average does it take VA to onboard a nurse?

A: The average time to hire a nurse is 81 days. For RNs, it can be about 106 days. [need figures for last year]

Q: How long on average does it take VA to onboard a practical nurse?

A: The average time to hire a practical nurse is 87 days. [need figures for last year]

Q: What is the VA national average pay for biomedical engineers? For mechanical engineers?

A: The average pay for VA Biomedical engineers is \$93,061/year and for VA mechanical engineers it's \$104,401/year.

Q: Did VA get legislation to pay higher salaries? Hiring bonuses? Has it been using it? Was legislation passed to expand graduate medical training opportunities? Was legislation passed to grant VA authority to sponsor Public Health Service Commissioned officers allowing them to serve 10 yrs in VA clinics in exchange for funding their education?

A: VA proposed legislation in these areas, but Congress has not passed it.

Waste, Fraud, and Abuse (Office of Management)

Q: How much in improper payments did VA prevent in fiscal year 2017?

A: For FY2017, VA prevented \$1.2 billion in erroneous payments through pre-payment activities and reviews, and identified \$1.96 billion in erroneous payments and recaptured \$1.78 billion via post-payment recapture activities.

Q: How much in duplicate payments did VA prevent in fiscal year 2017?

A: In FY 2017, of the \$1.2 billion in erroneous payments prevented through pre-payment activities and reviews, VA prevented \$192.8 million in duplicate payments.

Q: What has VA's fraud, waste and abuse committee accomplished?

A: [need answer]

Addressing Veteran Suicide (VHA)

- VA now provides emergency mental health coverage to former service members with other-than-honorable (OTH) administrative discharges.
- President Trump signed an executive order to ensure that all new Veterans receive mental health care for at least one year following their separation from service.
- VA's Veterans Crisis Line reduced its rollover rate from 35 percent to <1 percent. The VCL currently averages less than a 0.5 percent rollover rate on a daily basis.

Q: Does VA have any data on whether vet suicides have increased or decreased?

A: See here: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5079>

Curt Cashour
Press Secretary
Department of Veterans Affairs
202-461-7388
Curt.Cashour@va.gov
[@curtcashour](#)

From: Tellez, Ray, VBAVACO
Sent: Tuesday, July 17, 2018 7:09 AM
To: Houston, Brad, VBAVACO; Lawrence, Paul R., VBAVACO; Devlin, Margarita, VBAVACO; Mason, Cheryl; Thrower, Lloyd; Clark, Willie, VBAVACO; Burke, Ronald S., VBAVACO; Seastrom, Mark, VBAVACO; Quill, Joshua J.; Murphy, Beth (McCoy) VBAVACO; Frueh, Mike, VBAVACO
Cc: Terrell, Brandye, VBAVACO; Finlay, Laura, VBAVACO; Jacobs, Marcella (Marcy)
Subject: RE: 7/16 VBMS outage summary #6(updated)

Alcon,

We continue to see sporadic availability of VBA applications. Technicians have discovered the rollback we performed last night (removing the coordinated install updates for services) was incomplete and they are cleaning those files up manually. It is expected that once those files are manually removed our connectivity issues will go back to normal levels.

The VBA production applications impacted are: VBMS (all services), Correspondence-UI, CASEFLOW, EVSS/EBENEFITS, LCM, CRM/VRM, TIMS, WEAMS, WSMS, VIS, FOCAS, RBPS, VREQA

Will provide update when manual remediation of files is complete.

Ray

From: Houston, Brad, VBAVACO
Sent: Tuesday, July 17, 2018 8:40 AM
To: Lawrence, Paul R., VBAVACO <Paul.Lawrence@va.gov>; Devlin, Margarita, VBAVACO <Margarita.Devlin@va.gov>; Mason, Cheryl <Cheryl.Mason@va.gov>; Thrower, Lloyd <Lloyd.Thrower@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Burke, Ronald S., VBAVACO <Ronald.Burke@va.gov>; Seastrom, Mark, VBAVACO <Mark.Seastrom@va.gov>; Quill, Joshua J. <Joshua.Quill@va.gov>; Murphy, Beth (McCoy) VBAVACO <Beth.McCoy@va.gov>; Frueh, Mike, VBAVACO <mike.frueh@va.gov>
Cc: Terrell, Brandye, VBAVACO <Brandye.Terrell@va.gov>; Finlay, Laura, VBAVACO <Laura.Finlay@va.gov>; Jacobs, Marcella (Marcy) <Marcella.Jacobs@va.gov>; Tellez, Ray, VBAVACO <Ray.Tellez@va.gov>
Subject: RE: 7/16 VBMS outage summary #5(updated)

This morning at 7:40 ET the system again went down. At 8:30 ET the system spontaneously recovered. Although there is an incident response call underway they do not yet identified the cause of the outage.

It appears they have all of the right technical teams on, however without a clear cause identified, I am not confident we will not see additional outages.

From: Houston, Brad, VBAVACO
Sent: Monday, July 16, 2018 10:53 PM
To: Lawrence, Paul R., VBAVACO <Paul.Lawrence@va.gov>; Devlin, Margarita, VBAVACO <Margarita.Devlin@va.gov>; Mason, Cheryl <Cheryl.Mason@va.gov>; Thrower, Lloyd <Lloyd.Thrower@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Burke, Ronald S., VBAVACO <Ronald.Burke@va.gov>; Seastrom, Mark, VBAVACO

<Mark.Seastrom@va.gov>; Quill, Joshua J. <Joshua.Quill@va.gov>; Murphy, Beth (McCoy) VBAVACO

<Beth.McCoy@va.gov>; Frueh, Mike, VBAVACO <mike.frueh@va.gov>

Cc: Terrell, Brandye, VBAVACO <Brandye.Terrell@va.gov>; Finlay, Laura, VBAVACO <Laura.Finlay@va.gov>; Jacobs, Marcella (Marcy) <Marcella.Jacobs@va.gov>; Tellez, Ray, VBAVACO <Ray.Tellez@va.gov>

Subject: RE: 7/16 VBMS outage summary #4

The rollbacks completed at 11 PM ET- and the systems are running faster than normal compared with previous weeks where only Manila was online. The HPI will continue at 730 AM and determine next steps.

Sent with Good (www.good.com)

From: Houston, Brad, VBAVACO

Sent: Monday, July 16, 2018 5:34:45 PM

To: Lawrence, Paul R., VBAVACO; Devlin, Margarita, VBAVACO; Mason, Cheryl; Thrower, Lloyd; Clark, Willie, VBAVACO; Burke, Ronald S., VBAVACO; Seastrom, Mark, VBAVACO; Quill, Joshua J.; Murphy, Beth (McCoy) VBAVACO; Frueh, Mike, VBAVACO

Cc: Terrell, Brandye, VBAVACO; Finlay, Laura, VBAVACO; Jacobs, Marcella (Marcy)

Subject: RE: 7/16 VBMS outage summary #3

IT will be taking VBMS and the corporate database offline at 930 PM ET to remove additional items from the weekend installation.

This will impact Manila and nightly NWQ / PAI runs.

The system should be fully available by 1230 AM ET - at which point the nightly batch jobs will be started with the intent of having them all completed as early as possible Tuesday morning.

Technicians remain focused on ensuring system stability. Root cause and restoration analysis is still on hold.

Sent with Good (www.good.com)

From: Houston, Brad, VBAVACO

Sent: Monday, July 16, 2018 1:44:45 PM

To: Lawrence, Paul R., VBAVACO; Devlin, Margarita, VBAVACO; Mason, Cheryl; Thrower, Lloyd; Clark, Willie, VBAVACO; Burke, Ronald S., VBAVACO; Seastrom, Mark, VBAVACO; Quill, Joshua J.; Murphy, Beth (McCoy) VBAVACO; 'Frueh, Mike, VBAVACO'

Cc: Terrell, Brandye, VBAVACO; Laura VBAVACO Finlay (Laura.Finlay@va.gov); Jacobs, Marcella (Marcy)

Subject: RE: 7/16 VBMS outage summary

As of 3:40 PM ET, response time to desktop is back within norms – although it's running on 1/3 of the normal machines, and the rollback is not yet complete. Once the rollback is complete, next step analysis will begin.

From: Houston, Brad, VBAVACO

Sent: Monday, July 16, 2018 3:28 PM

To: Lawrence, Paul R., VBAVACO <Paul.Lawrence@va.gov>; Devlin, Margarita, VBAVACO <Margarita.Devlin@va.gov>; Mason, Cheryl <Cheryl.Mason@va.gov>; Thrower, Lloyd <Lloyd.Thrower@va.gov>; Clark, Willie, VBAVACO <Willie.Clark@va.gov>; Burke, Ronald S., VBAVACO <Ronald.Burke@va.gov>; Seastrom, Mark, VBAVACO <Mark.Seastrom@va.gov>; Quill, Joshua J. <Joshua.Quill@va.gov>; Murphy, Beth (McCoy) VBAVACO

<Beth.McCoy@va.gov>; 'Frueh, Mike, VBAVACO'

Cc: Terrell, Brandye, VBAVACO <Brandye.Terrell@va.gov>; Laura VBAVACO Finlay (Laura.Finlay@va.gov)

<Laura.Finlay@va.gov>; Jacobs, Marcella (Marcy) <Marcella.Jacobs@va.gov>

Subject: 7/16 VBMS outage summary

Alcon

This afternoon VBA noted extreme system lag in some elements of the VBMS system - it is impacting a significant portion of claims processing for Compensation and Pension, and OIT is in the process of "rolling back" some of the system changes made this weekend.

OIT believes this will restore claims processing, but will negatively impact some of the Caseflow changes made this weekend.

This does not impact exam management or Colmery act changes

Discussion

This weekend included changes to multiple systems - there were coordination challenges between some of the systems and although the eventual installation was validated by VBA users **for correct processing** this validation does not include a *full system load*. During today's production operations the system load identified areas where some of the system changes caused systems to lag or freeze.

Additional analysis is needed to determine the exact cause of the lag- however OIT is already rolling back changes to restore operations while analysis continues. OIT is about 50% of the way through and operations are returning to normal.

The rollback should be complete within the next 1.5 hours; OIT is working to determine next steps.

We will provide updates as the situation evolves.

Brad Houston

From: Mason, Cheryl
Sent: Friday, July 20, 2018 11:28 AM
To: Lawrence, Paul R., VBAVACO
Subject: RE: Need to update you on a couple things

Perfect

Very much appreciate it

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: Lawrence, Paul R., VBAVACO
Sent: Friday, July 20, 2018 11:25:20 AM
To: Mason, Cheryl
Subject: RE: Need to update you on a couple things

I will call your cell at 630 tonight – ok?

Thank you!

Paul

PAUL R. LAWRENCE, Ph.D.
Under Secretary for Benefits

Veterans Benefits Administration
U.S. Department of Veterans Affairs



**U.S. Department
of Veterans Affairs**

From: Mason, Cheryl
Sent: Friday, July 20, 2018 2:24 PM
To: Lawrence, Paul R., VBAVACO <Paul.Lawrence@va.gov>
Subject: RE: Need to update you on a couple things

Thank you!

I can talk tonight around 6:30

Or anytime tomorrow Sat

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: Lawrence, Paul R., VBAVACO
Sent: Friday, July 20, 2018 11:16:24 AM
To: Mason, Cheryl
Subject: RE: Need to update you on a couple things

Yes to a call – what day and what time works best for you?

Thank you!

Paul

PAUL R. LAWRENCE, Ph.D.
Under Secretary for Benefits

Veterans Benefits Administration
U.S. Department of Veterans Affairs



**U.S. Department
of Veterans Affairs**

From: Mason, Cheryl
Sent: Friday, July 20, 2018 11:26 AM
To: Lawrence, Paul R., VBAVACO <Paul.Lawrence@va.gov>
Subject: Need to update you on a couple things

Morning Paul

Heard prep continues to go well.

On the VHA issue, first we would prefer it not come up
Up the first time at the hearing per guidance from leadership.
If it comes up I will answer vaguely but I am concerned about an OCLA leak.

Second Tonia Bock resigned so we don't have an SES lead but VHA and I are looking at.

Third. there has been some OM advice on the call center and we need to talk about it

I'm traveling until this afternoon
Can we talk
Tonight or tomorrow?

I know you headed to KC this weekend

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: Lajiness, Scott, VBAVACO
Sent: Friday, July 13, 2018 7:31 AM
To: Lawrence, Paul R., VBAVACO
Cc: Eadeh, Nadhal R., VBAVACO; Devlin, Margarita, VBAVACO; Quill, Joshua J.; McClelland, Teri, VBAVACO
Subject: RE: request for VSO information
Attachments: One Pager and Bio - VSO Groups - Monday.pdf

Here is the One pagers and Bio for Mondays meeting. I will have the Tuesday meeting attendees Bios over to you shortly

Scott

From: Lawrence, Paul R., VBAVACO
Sent: Wednesday, July 11, 2018 3:36 PM
To: Lajiness, Scott, VBAVACO <Scott.Lajiness@va.gov>
Cc: Eadeh, Nadhal R., VBAVACO <Nadhal.Eadeh@va.gov>; Devlin, Margarita, VBAVACO <Margarita.Devlin@va.gov>; Quill, Joshua J. <Joshua.Quill@va.gov>; McClelland, Teri, VBAVACO <Teri.McClelland@va.gov>
Subject: request for VSO information

Hi Scott,

Can you get me

1. Bios of the VSO folks who attended yesterdays meeting
2. Same for the folks who will attend Monday's meeting
3. Short writeup of each of their organizations

Thank you!

Paul

PAUL R. LAWRENCE, Ph.D.
Under Secretary for Benefits

Veterans Benefits Administration
U.S. Department of Veterans Affairs



**U.S. Department
of Veterans Affairs**

From: Hayes, Terrence
Sent: Wednesday, August 1, 2018 5:30 AM
Subject: Secretary Stand Up Brief - OPIA - August 1, 2018
Attachments: 180801_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Wednesday, Aug. 1, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Hayes, Terrence
Sent: Thursday, August 2, 2018 5:30 AM
Subject: Secretary Stand Up Brief - OPIA - August 2, 2018
Attachments: 180802_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Thursday, Aug. 2, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Hayes, Terrence
Sent: Tuesday, August 14, 2018 5:31 AM
Subject: Secretary Stand Up Brief - OPIA - August 14, 2018
Attachments: 180814_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Tuesday, Aug. 14, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Hayes, Terrence
Sent: Tuesday, July 10, 2018 5:32 AM
Subject: Secretary Stand Up Brief - OPIA - July 10, 2018
Attachments: 180710_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Tuesday, July 10, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

“Pursue, engage and impact a Veteran today!”

From: Hayes, Terrence
Sent: Tuesday, July 17, 2018 5:30 AM
Subject: Secretary Stand Up Brief - OPIA - July 17, 2018
Attachments: 180717_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Tuesday, July 17, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Hayes, Terrence
Sent: Thursday, July 19, 2018 5:30 AM
Subject: Secretary Stand Up Brief - OPIA - July 19, 2018
Attachments: 180719_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Thursday, July 19, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Hayes, Terrence
Sent: Tuesday, June 19, 2018 5:30 AM
Subject: Secretary Stand Up Brief - OPIA - June 19, 2018
Attachments: 180619_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Tuesday, June 19, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

“Pursue, engage and impact a Veteran today!”

From: Hayes, Terrence
Sent: Friday, September 14, 2018 3:59 AM
Subject: Secretary Stand Up Brief - OPIA - September 14, 2018
Attachments: 180914_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Friday, Sept. 14, 2018.

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Hayes, Terrence
Sent: Monday, September 24, 2018 5:18 AM
Subject: Secretary Stand Up Brief - OPIA - September 24, 2018
Attachments: 180924_VA Secretary's Stand-Up Brief.pptx

Ladies and gentlemen,

Good morning! Please see the attached Secretary Stand Up Brief for Monday, Sept. 24, 2018

Sincerely,

Terrence L. Hayes

Media Relations Division
Office of Public & Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave., NW, Suite 913J
Washington, DC 20420
Terrence.Hayes@va.gov
Office: (202) 461-6652
Cell: (202) 689-9862

"Pursue, engage and impact a Veteran today!"



From: Noller, Randal
Sent: Friday, August 24, 2018 5:30 AM
Subject: Secretary's Stand-Up Brief - OPIA - August 24, 2018
Attachments: 180824_VA Secretary's Stand-Up Brief.pptx

Good morning.

From: Noller, Randal
Sent: Friday, August 31, 2018 5:56 AM
Subject: Secretary's Stand-Up Brief - OPIA - August 31, 2018
Attachments: 180831_VA Secretary's Stand-Up Brief.pptx

Good morning.

From: Noller, Randal
Sent: Tuesday, July 3, 2018 5:31 AM
Subject: Secretary's Stand-Up Brief - OPIA - July 3, 2018
Attachments: 180703_VA Secretary's Stand-Up Brief.pptx

Good morning.

From: Noller, Randal
Sent: Monday, June 11, 2018 5:31 AM
Subject: Secretary's Stand-Up Brief - OPIA - June 11, 2018
Attachments: 180611_VA Secretary's Stand-Up Brief.pptx

Good morning.

From: Paige, Paula
Sent: Friday, July 20, 2018 5:31 AM
Subject: Secretary's Stand-Up Brief -- OPIA -- July 20, 2018
Attachments: 180720_VA Secretary's Stand-Up Brief.pptx

Good morning VA colleagues,

Sharing today's VA Secretary's Stand-up Brief.

Very Respectfully,
Paula A. Paige
Office of Media Relations, U.S. Department of Veterans Affairs
810 Vermont Ave. NW, Room 913
Washington, D.C. 20420
Paula.paige@va.gov
202-461-5837 (work)
202-590-2719 (cell)
www.vets.gov
VA on [Facebook](#). [Twitter](#). [YouTube](#). [Flickr](#). [Blog](#)



From: VAIOC
Sent: Saturday, July 21, 2018 6:30 AM
To: Jessup, Jennifer; Colli, Jacqueline; Isaac, Charlyn; Rinchack, Diane; Flinter, William; Julaton, Nicole; Small, Bobby Jr.; Kim, Paul D., MD; Baker, Douglas; Cannady, Richard; Mack-Abney, Regina; Prabhakar, Pete (OIG); Prince-Wheeler, Latriece R.; Turner, Tanya T.; Glover, Tiffany L.; VAIOC Reporting List; Carrington, Belinda L; Bock, Tonia Y.; Ratchford Jr, Lewis; Jackson, Frederick R.; O'Connor, Christopher; O'Rourke, Peter M.; Lapuz, Miguel H.; Gigliotti, Ralph; Wiggins, Leslie; MacDONALD, Edna, VBANASH; Missal, Michael J. (OIG); Kaplan, Jessica (CFM); Loren, Donald P.; Clancy, Carolyn; Reeves, Randy; Lawrence, Paul R., VBAVACO
Subject: SECVA Weekend Summary Report for July 21, 2018



Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary

- The Detroit, MI RO was closed due to loss of power from a water leak in an electrical control room.

2. Significant Weather

- Moderate Risk for severe thunderstorms across portions of the Ohio and Tennessee Valley regions into the mid-south.
- Potential for heavy/excessive rain across portions of the Ohio Valley and along the East Coast.
- Elevated Fire Weather for portions of WA, OR, CA, ID, MT, NM, TX, and OK; Isolated dry thunderstorms across portions of CA, NV, UT, ID, and WY.
- Red Flag Warnings in effect for portions of OR and TX.

3. Open Incident

Facility Closure – Detroit Regional Office, Detroit, MI, Source: VBA

- On 20 Jul 18, a water leak occurred in the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- The leak occurred in an electrical control room resulting in a loss of power to multiple floors, including those hosting the RO and HRC.

- All employees on a telework agreement are working remotely from their alternate workplace. Employees not on a telework agreement have been placed on administrative leave.

4. Facility Disruptions

Arecibo CBOC, PR *Source: VHA*

- Hardened (modular trailers) temporary facility opened on 16 Jul.
- Medical Center is pursuing a long-term lease; estimated Award Date is October 2018.

Vieques Rural OPC, PR *Source: VHA*

- Medical Mobile Unit (MMU) provides services to Veterans.
- VA Caribbean is working to initiate a new lease for the new permanent clinic.
- Preliminary Occupancy Date for the Long-Term Lease Replacement is June 2020.

5. Ten Day Outlook

38th National Veteran's Wheelchair Games, 30 Jul – 4 Aug; Orlando, FL

- 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the weeklong event that celebrates athleticism in our Veterans.

V/R,

Michael Kohler
 VA Integrated Operations Center
 Email: vaioc@va.gov
 SIPRNet: vahq.soc@dhs.sgov.gov
 Tel: (202) 461-5510 / (202) 219-0000
 Mobile: (202) 497-4594
 Fax: (202) 273-7809

From: VAIOC
Sent: Sunday, July 22, 2018 6:17 AM
To: Jessup, Jennifer; Colli, Jacqueline; Isaac, Charlyn; Rinchack, Diane; Flinter, William; Julaton, Nicole; Small, Bobby Jr.; Kim, Paul D., MD; Baker, Douglas; Cannady, Richard; Mack-Abney, Regina; Prabhakar, Pete (OIG); Prince-Wheeler, Latriece R.; Turner, Tanya T.; Glover, Tiffany L.; VAIOC Reporting List; Carrington, Belinda L; Bock, Tonia Y.; Ratchford Jr, Lewis; Jackson, Frederick R.; O'Connor, Christopher; O'Rourke, Peter M.; Lapuz, Miguel H.; Gigliotti, Ralph; Wiggins, Leslie; MacDONALD, Edna, VBANASH; Missal, Michael J. (OIG); Kaplan, Jessica (CFM); Loren, Donald P.; Clancy, Carolyn; Reeves, Randy; Lawrence, Paul R., VBAVACO
Subject: SECVA Weekend Summary Report for July 22, 2018



Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	PACOM
No Specific Threat	4	B	B+	A+

1. Executive Summary

- The Detroit, MI RO was closed due to loss of power from a water leak in an electrical control room.

2. Significant Weather

- Slight risk for severe weather and flash flooding across portions of the Southeast.
- Excessive rain and flash flooding possible across portions of the Ohio Valley, mid-Atlantic and northern Atlantic coast.
- Elevated Fire Weather for portions of WA, OR, CA, ID, MT, NM, TX, and OK; Isolated dry thunderstorms across portions of CA, NV, UT, ID, and WY.
- Red Flag Warnings in effect for portions of CA, OR and TX.

3. Open Incident

Facility Closure – Detroit Regional Office, Detroit, MI, Source: VBA

- On 20 Jul 18, a water leak occurred in the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- The leak occurred in an electrical control room resulting in a loss of power to multiple floors, including those hosting the RO and HRC.
- All employees on a telework agreement are working remotely from their alternate workplace. Employees not on a telework agreement have been placed on administrative leave.

4. Facility Disruptions

Arecibo CBOC, PR Source: VHA

- Hardened (modular trailers) temporary facility opened on 16 Jul.
- Medical Center is pursuing a long-term lease; estimated Award Date is October 2018.

Vieques Rural OPC, PR Source: VHA

- Medical Mobile Unit (MMU) provides services to Veterans.
- VA Caribbean is working to initiate a new lease for the new permanent clinic.
- Preliminary Occupancy Date for the Long-Term Lease Replacement is June 2020.

5. Ten Day Outlook

38th National Veteran's Wheelchair Games, 30 Jul – 4 Aug; Orlando, FL

- 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the week long event that celebrates athleticism in our Veterans.

V/R,

Michael Kohler

VA Integrated Operations Center

Email: vaioc@va.gov

SIPRNet: vahq.soc@dhs.sgov.gov

Tel: (202) 461-5510 / (202) 219-0000

Mobile: (202) 497-4594

Fax: (202) 273-7809

From: VAIOC
Sent: Sunday, September 16, 2018 6:15 AM
To: Lawrence, Paul R., VBAVACO; Reeves, Randy; Ulyot, John; Hanretta, Kevin; Ratchford Jr, Lewis; Tucker, Brooks; Glynn, Melissa S.; Rychalski, Jon J.; Mason, Cheryl; Lapuz, Miguel H.; Wiggins, Leslie; MacDONALD, Edna, VBANASH; Gigliotti, Ralph; Missal, Michael J. (OIG); Sandoval, Camilo J.; Davis, Lynda; Stone, Richard A., MD; Christy, Phillip; Jackson, Frederick R.; Maenle, Nathan; Wilkie, Robert L., Jr.; Powers, Pamela; Hayes-Byrd, Jacquelyn; Mitrano, Catherine (SES) (OGC)
Cc: VAIOC Reporting List; Small, Bobby Jr.; Julaton, Nicole; Colli, Jacqueline; Bock, Tonia Y. (DISABLED ACCT); Isaac, Charlyn; Rinchack, Diane; Mack-Abney, Regina; Prabhakar, Pete (OIG); Levell, Leah; Huweart, Eric D.; Prince-Wheeler, Latriece R.; O'Connor, Christopher; Missal, Michael J. (OIG); Kaplan, Jessica (CFM); Turner, Tanya T.
Subject: SECVA Weekend Summary Report for September 16, 2018



Good Morning,

The current SECVA Weekend-Summary Report is below.

National Terror Advisory System	COGCON	Baseline Force Protection Condition		
		NORTHCOM	EUCOM	
No Specific Threat	4	B	B+	

1. Executive Summary

- Tropical Depression Florence is slowly moving west over southeastern NC and SC.
- Two VA Federal Coordinating Centers (FCC) alerted: St. Louis and Louisville.

2. Tropical Depression Florence, Coastal NC / SC Source: FEMA / NWS / A/SOs

- At 0500 ET, Tropical Depression Florence was located 20 miles southwest of Columbia, SC with maximum sustained winds of 35 mph. Florence is moving west near 8 mph and is expected to move across the western Carolinas today and then over the Ohio Valley and Northeast U.S. Monday and Tuesday.

Federal Response Operations

- Two VA Federal Coordinating Centers (FCC) alerted: St. Louis and Louisville.

VA Response Operations

- No unmet needs or shortfalls reported by any A/SOs.

VHA:

- Heritage Pharmacy Disaster Relief Plan enacted. Veterans who require emergency supply of medications can access retail pharmacies.

- Mobile Assets are staged outside of impact area for recovery operations; DEMPS is updating rosters for support operations.
- VISN 6: Hampton VAMC and CBOCs are closed.
 - Boiler plant restarted; repatriation of patients ongoing.
 - Durham and Fayetteville VAMCs remain open and their CBOCs are closed.
- VISN 7: Charleston VAMC OPCs and numerous CBOCs along the Mid-Atlantic shore are closed.
 - Charleston Consolidated Mail Outpatient Pharmacy (CMOP) transferred operations to other CMOPS.

VBA: Numerous VBA facilities along the Mid-Atlantic shore are closed.

NCA: Cemeteries in the Southeast District closed; interments have been rescheduled.

3. Facility Disruptions

Zanesville CBOC, OH *Source: VHA*

- CBOC is partially closed due to flooding in the facility. Repairs are underway; no estimated completion date.

4. Ten Day Outlook

18-29 Sep – 73rd United Nations General Assembly (UNGA), New York, NY (NSSE)

- 120 foreign Heads of State and POTUS are scheduled to attend.

20 Sep – FCC and FEMA Nationwide Emergency Alert Test

- On 20 Sep at 1418 ET, FEMA will send a Wireless Emergency Alert (WEA) test message to WEA-capable wireless devices throughout the entire U.S. and territories.
- All WEA participating wireless providers are required for this nationwide test.
- The WEA test message will state: "THIS IS A TEST of the National Wireless Emergency Alert System. No action is needed."

V/R,

Thomas Woodie
 VA Integrated Operations Center
 Email: vaioc@va.gov
 SIPRNet: vahq.soc@dhs.sgov.gov
 Tel: (202) 461-5510 / (202) 219-0000
 Mobile: (202) 497-4594
 Fax: (202) 273-7809

“Semper Fidelis” Official Marine Corps Motto

From Wikipedia, the free encyclopedia

[Jump to navigation](#)[Jump to search](#)

This article is about the motto. For other uses, see [Semper fidelis \(disambiguation\)](#).

"Semper fi" redirects here. For other uses, see [Semper fi \(disambiguation\)](#).

Semper fidelis (Latin pronunciation: [ˈsɛm.pɐr fɪˈdeː.lɪs]) is a [Latin](#) phrase that means "always faithful" or "always loyal". It is the motto of the [United States Marine Corps](#), always in upper-case and usually shortened to **Semper Fi**. It is also in use as a motto for towns, families, schools, and military units.

The Marine Corps adopted **Semper Fidelis** as its official motto in 1883 (**Semper Fidelis** is also the title of the official musical March of the Marine Corps). Translated from Latin, **Semper Fidelis** means "Always Faithful."

“Adapt and overcome” unofficial Marine Corps Slogan

Problem Solving: Improvise, Adapt, Overcome. “Improvise, Adapt, Overcome” is an unofficial slogan among **Marines** made popular by Clint Eastwood's movie, Heartbreak Ridge.

Improvise, Adapt and Overcome: Life Lessons We Can Learn From the Marines

Jessica Cox / Blog / Blog / Improvise, Adapt and Overcome: Life Lessons We Can Learn From the Marines

January 26, 2018

The United States Marines are about as tough as they come, but you don't need to wear the Marine Eagle, Globe, and Anchor emblem to learn some valuable lessons from the Corps. **Marines are taught to be able to overcome any obstacle, which serves them well in the chaos of combat. This concept is encapsulated in the Marine slogan “Improvise, Adapt, and Overcome”, which is a mindset that allows Marines to deal with any physical, mental, or spiritual hardship.** Let's look at some ways that we can apply the Marine mindset of adaptation to our civilian lives.

Train Your Brain

You don't need to go to war to train your brain to fight against disappointments and difficulties. As we all know, life is unpredictable, meaning that there are plenty of opportunities for disappointment to creep into your psyche if you let it. A practical way for you to re-train your thinking is by countering negative thoughts with positive ones the moment they creep into your mind. Marines practice things like marching, cleaning their weapons, and putting on their uniforms over and over until they become rote habit. You can do the same with your thought processes.

Get Out of Your Comfort Zone

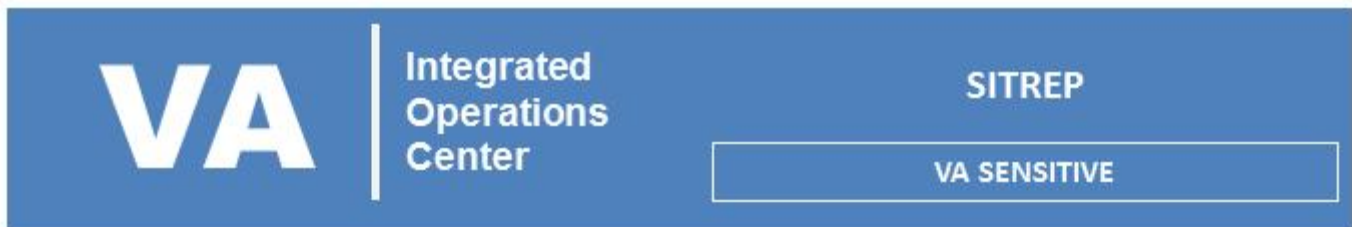
If you do things the exact same way you've always done them, you can expect the same results you've always gotten. **One of the things that makes the Marines the premier fighting force in the world is their ability to practice the chaos of war in their everyday lives. Life is unpredictable, and expecting things to stay the same is foolish.** Get comfortable with discomfort by trying new things and challenging your mind and body in different ways. **Start thinking ahead about how you will react to a situation going south before it happens.**

Faith Can Move Mountains

Life is tough, and it's especially tough when you're going it alone. That's why faith is such an important aspect of the Marine Corps experience. **Their motto, “Semper Fidelis”, means “Always Faithful,” and it's the Marines' faith in each other that can get them through the toughest of situations.** You might not have a group of combat veterans to put your faith in, but you have friends and family who can help you fight through difficulties and adapt to changes.

I'm Jessica Cox, and I learned to adapt to life's difficulties by staying consistently focused and maintaining a positive and upbeat attitude. Being born without arms did not stop me from living the life I wanted: on the contrary, it made me a stronger person. Today, I enjoy spending my time and energy helping others to do the same. If you'd like me to inspire the attendees at your upcoming meeting, conference, or religious gathering, please contact me.

From: VAIOC
Sent: Tuesday, July 24, 2018 6:05 AM
To: Mason, Cheryl; Spickler, David C.; Howard, Tom (NCA); Reeves, Randy; Walters, Ronald; Christy, Phillip; Fiotes, Stella S. (CFM); Hickman, Sheila B.; Mack-Abney, Regina; O'Connor, Christopher; Tucker, Brooks; Glynn, Melissa S.; Tran, Dat VACO; Byrne, Jim (OGC); Hogan, Michael R. (OGC); Missal, Michael J. (OIG); Prabhakar, Pete (OIG); Sandoval, Camilo J.; Murray, Edward; Rychalski, Jon J.; Cashour, Curtis; Ulliyot, John; Bock, Tonia Y.; Hayes-Byrd, Jacquelyn; Loren, Donald P.; Hanretta, Kevin; Ratchford Jr, Lewis; Jackson, Frederick R.; Lawrence, Paul R., VBAVACO; Bevins, Debi; Davis, Lynda; Clancy, Carolyn; Nicholas, Kirk; Stone, Richard A., MD
Cc: Abbott, Kenneth; Allen, Renaee; Baker, Douglas; Bevins, Debi; Dunn, Larry W.; Faison, Kim; Hayes-Byrd, Jacquelyn; Hickman, Sheila B.; Julaton, Nicole; Overstreet, Shaena; Pimentel, Robert; Ramos, Victor L.; Riley, Eddie; VAIOC; Watch Officer - BVA; Watch Officer - HR&A; Watch Officer - NCA; Watch Officer - OALC; Watch Officer - OCLA; Watch Officer - OEI; Watch Officer - OGC; Watch Officer - OI&T; Watch Officer - OIG; Watch Officer - OM; Watch Officer - OPIA; Watch Officer - OS; Watch Officer - OS&LE; Watch Officer - VBA; Watch Officer - VHA; Flinter, William; Small, Bobby Jr.; VA SITE B; VA SITE C; VA SITE E
Subject: SITREP (Final): Facility Closure - Detroit Regional Office, Detroit, MI



SOURCE: VBA

DATE / TIME: 24 Jul 18 / 0915 ET

LOCATION: Detroit, MI

Final

- Detroit RO has resumed operations at the Patrick V. McNamara Federal Building, Detroit, MI.

Update 1

- Floors occupied by Detroit RO are still not available for employee use.
- Detroit HRC opened two hours late today.
- Public contact operations have been moved to the John Dingell VA Medical Center, approximately three miles from the RO.
- Telework agreements / administrative leave remain in effect.

NARRATIVE

- On Friday, 20 Jul 18, a water leak occurred in the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- The leak occurred in an electrical control room resulting in a loss of power to multiple floors, including those hosting the RO and HRC.

- All employees on a telework agreement are working remotely from their alternate workplace. Employees not on a telework agreement have been placed on administrative leave.

FOLLOW-UP: VAIOC will provide updates as necessary.

Approved by: Bill Flinter, VAIOC Director

Released by: Rebecca Graves, VA Watch Officer

VA Integrated Operations Center

Email: vaioc@va.gov

Classified Email: vahq.soc@dhs.sgov.gov

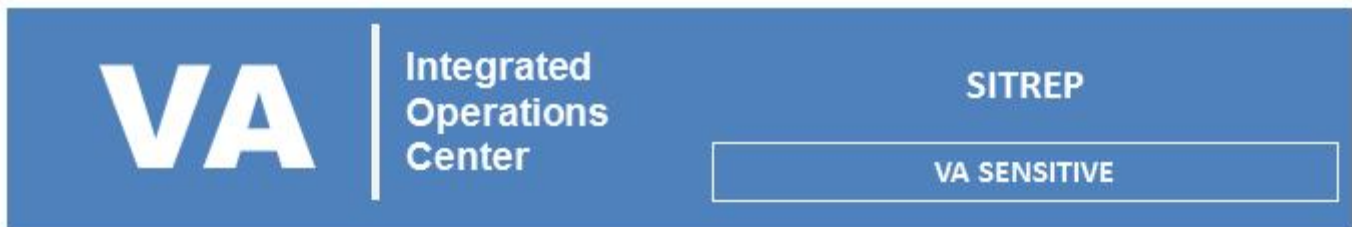
Tel: (202) 461-5510 / (202) 219-0000

Mobile: (202) 497-4594

Fax: (202) 273-7809

UNCLASSIFIED // for Official Use Only (FOUO)

From: VAIOC
Sent: Friday, July 20, 2018 7:19 AM
To: Mason, Cheryl; Spickler, David C.; Howard, Tom (NCA); Reeves, Randy; Walters, Ronald; Christy, Phillip; Fiotes, Stella S. (CFM); Hickman, Sheila B.; Mack-Abney, Regina; O'Connor, Christopher; Tucker, Brooks; Glynn, Melissa S.; Tran, Dat VACO; Byrne, Jim (OGC); Hogan, Michael R. (OGC); Missal, Michael J. (OIG); Prabhakar, Pete (OIG); Sandoval, Camilo J.; Murray, Edward; Rychalski, Jon J.; Cashour, Curtis; Ulliyot, John; Bock, Tonia Y.; Hayes-Byrd, Jacquelyn; Loren, Donald P.; Hanretta, Kevin; Ratchford Jr, Lewis; Jackson, Frederick R.; Lawrence, Paul R., VBAVACO; Bevins, Debi; Davis, Lynda; Clancy, Carolyn; Nicholas, Kirk; Stone, Richard A., MD
Cc: Abbott, Kenneth; Allen, Renae; Baker, Douglas; Bevins, Debi; Dunn, Larry W.; Faison, Kim; Hayes-Byrd, Jacquelyn; Hickman, Sheila B.; Julaton, Nicole; Overstreet, Shaena; Pimentel, Robert; Ramos, Victor L.; Riley, Eddie; VAIOC; Watch Officer - BVA; Watch Officer - HR&A; Watch Officer - NCA; Watch Officer - OALC; Watch Officer - OCLA; Watch Officer - OEI; Watch Officer - OGC; Watch Officer - OI&T; Watch Officer - OIG; Watch Officer - OM; Watch Officer - OPIA; Watch Officer - OS; Watch Officer - OS&LE; Watch Officer - VBA; Watch Officer - VHA; Flinter, William; Small, Bobby Jr.; VA SITE B; VA SITE C; VA SITE E
Subject: SITREP (INITIAL): Facility Closure - Detroit Regional Office, Detroit, MI



SOURCE: VBA

DATE / TIME: 20 Jul 18 / 1000 ET

LOCATION: Detroit, MI

NARRATIVE

- On Friday, 20 Jul 18, a water leak occurred in the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- The leak occurred in an electrical control room resulting in a loss of power to multiple floors, including those hosting the RO and HRC.
- All employees on a telework agreement are working remotely from their alternate workplace. Employees not on a telework agreement have been placed on administrative leave.

FOLLOW-UP: VAIOC will provide updates as necessary.

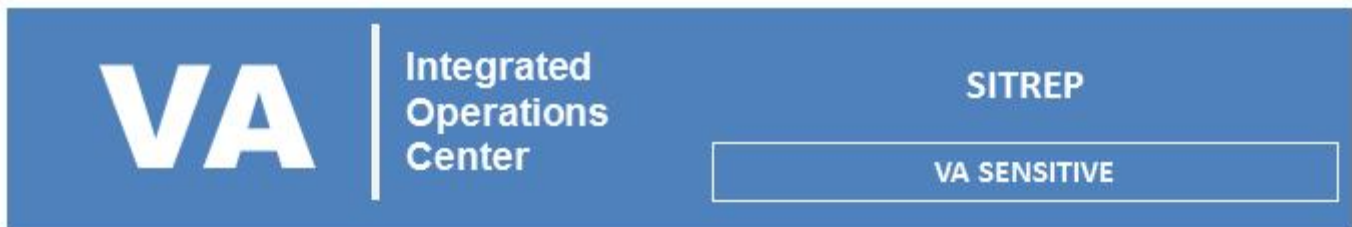
Approved by: Bill Flinter, VAIOC Director

Released by: Michael Kohler, VA Watch Officer

VA Integrated Operations Center
Email: vaioc@va.gov
Classified Email: vahq.soc@dhs.sgov.gov
Tel: (202) 461-5510 / (202) 219-0000
Mobile: (202) 497-4594
Fax: (202) 273-7809

UNCLASSIFIED // for Official Use Only (FOUO)

From: VAIOC
Sent: Monday, July 23, 2018 6:30 AM
To: Mason, Cheryl; Spickler, David C.; Howard, Tom (NCA); Reeves, Randy; Walters, Ronald; Christy, Phillip; Fiotes, Stella S. (CFM); Hickman, Sheila B.; Mack-Abney, Regina; O'Connor, Christopher; Tucker, Brooks; Glynn, Melissa S.; Tran, Dat VACO; Byrne, Jim (OGC); Hogan, Michael R. (OGC); Missal, Michael J. (OIG); Prabhakar, Pete (OIG); Sandoval, Camilo J.; Murray, Edward; Rychalski, Jon J.; Cashour, Curtis; Ulliyot, John; Bock, Tonia Y.; Hayes-Byrd, Jacquelyn; Loren, Donald P.; Hanretta, Kevin; Ratchford Jr, Lewis; Jackson, Frederick R.; Lawrence, Paul R., VBAVACO; Bevins, Debi; Davis, Lynda; Clancy, Carolyn; Nicholas, Kirk; Stone, Richard A., MD
Cc: Abbott, Kenneth; Allen, Renaee; Baker, Douglas; Bevins, Debi; Dunn, Larry W.; Faison, Kim; Hayes-Byrd, Jacquelyn; Hickman, Sheila B.; Julaton, Nicole; Overstreet, Shaena; Pimentel, Robert; Ramos, Victor L.; Riley, Eddie; VAIOC; Watch Officer - BVA; Watch Officer - HR&A; Watch Officer - NCA; Watch Officer - OALC; Watch Officer - OCLA; Watch Officer - OEI; Watch Officer - OGC; Watch Officer - OI&T; Watch Officer - OIG; Watch Officer - OM; Watch Officer - OPIA; Watch Officer - OS; Watch Officer - OS&LE; Watch Officer - VBA; Watch Officer - VHA; Flinter, William; Small, Bobby Jr.; VA SITE B; VA SITE C; VA SITE E
Subject: SITREP (Update 1): Facility Closure - Detroit Regional Office, Detroit, MI



SOURCE: VBA

DATE / TIME: 23 Jul 18 / 0930 ET

LOCATION: Detroit, MI

Update 1

- Floors occupied by Detroit RO are still not available for employee use.
- Detroit HRC opened two hours late today.
- Public contact operations have been moved to the John Dingell VA Medical Center, approximately three miles from the RO.
- Telework agreements / administrative leave remain in effect.

NARRATIVE

- On Friday, 20 Jul 18, a water leak occurred in the Patrick V. McNamara Federal Building, which houses the Detroit RO and the Detroit HRC.
- The leak occurred in an electrical control room resulting in a loss of power to multiple floors, including those hosting the RO and HRC.
- All employees on a telework agreement are working remotely from their alternate workplace. Employees not on a telework agreement have been placed on administrative leave.

FOLLOW-UP: VAIOC will provide updates as necessary.

Approved by: Bill Flinter, VAIOC Director

Released by: Rebecca Graves, VA Watch Officer

VA Integrated Operations Center

Email: vaioc@va.gov

Classified Email: vahq.soc@dhs.sgov.gov

Tel: (202) 461-5510 / (202) 219-0000

Mobile: (202) 497-4594

Fax: (202) 273-7809

UNCLASSIFIED // for Official Use Only (FOUO)

From: VBAIOC
Sent: Sunday, September 16, 2018 4:27 AM
To: VBACO_VBAIOC INC Reporting List; MacDONALD, Edna, VBANASH; Mallia (Terrell), Donna,, VBABUFF; Bilosz, Mark, VBAWSAL; Reynolds, Robert, VBAROA; Weldin, Leanne, VBACMS
Cc: VBAIOC; Green, John, VBAVACO; Encalade, Mederic, VBAVACO; Justo, Frederick, VBAVACO; McNeil, Shatara, VBAVACO; Steverson, Matthew, VBAVACO
Subject: SITREP (Update 13) Tropical Depression Florence, Southeast U.S.
Attachments: FLORENCE_ForceLaydown.pdf; FLORENCE_VAImpacts.pdf; FLORENCE_VAStatus.pdf; FLORENCE_VAFlooding.pdf; FLORENCE_VARain.pdf

ALCON,

This VAIOC report is being forwarded for your situational awareness.

SOURCE: A/SOs / FEMA / NWS

DATE / TIME: 16 Sep 18 / 0700 ET

LOCATION: Coastal NC/SC

Update 13

- **General**

As of 0500 ET, Florence has weakened to a Tropical Depression with its center 20 miles southwest of Columbia, SC; maximum sustained winds are 35 mph. Florence is moving west at 8 mph and will move across the western Carolinas today before turning to the north and northeast on Monday and Tuesday, taking her over the Ohio Valley and northeastern U.S. Continued gradual weakening is expected during the next couple of days.

All storm warnings along the coast have been cancelled.

- **Rainfall – Excessive rainfall is expected in the areas listed below:**

- Central and western North Carolina into far southwest Virginia
 - Southeastern coastal North Carolina into far northeastern South Carolina: an additional 5 to 10 inches, with storm total accumulations of 15 to 20 inches. This rainfall will produce catastrophic flash flooding and prolonged significant river flooding.
- Southern North Carolina into Northern South Carolina
 - An additional 4 to 6 inches, isolated 8 inches. This rainfall will result in additional flash flooding while also exacerbating the river flooding. Storm total accumulations of 30 to 40 inches in southeast North Carolina.
- West-central Virginia, north of Roanoke and west of Charlottesville

- 2 to 4 inches, isolated 6 inches. This rainfall will result in flash flooding and potentially lead to some river flooding.

- **Federal Operations**

- Stafford Act Declarations
 - North Carolina
 - Major Disaster Declaration – 14 Sep 2018
 - Individual Assistance for Beaufort, Brunswick, Carteret, Craven, New Hanover, Onslow, Pamlico, Pender
 - Emergency Declaration – 7 Sep 2018
 - Pre-landfall Public Assistance for Hazard Mitigation
 - South Carolina
 - Emergency Declaration – 10 Sep 2018
 - Pre-landfall Public Assistance for Hazard Mitigation
 - Virginia
 - Emergency Declaration – 11 Sep 2018
 - Pre-landfall Public Assistance for Hazard Mitigation
- Caches of medical equipment, and two 250-bed and two 50-bed Federal Medical Stations on standby in GA
- HHS pre-positioned 400 medical personnel; approximately 150 public and medical professionals, 5 DMAT caches, and 103 ambulances on standby in NC

- **State Preparations**

NC:

- 173 shelters open with a population of 19,417
- Boil water advisory in effect
- 7 confirmed fatalities in NC
- 746k reported without power statewide
- Wilmington International & New Bern Coastal Carolina Regional Airports closed
- Rocky Mount-Wilson airport open to emergency operations

SC:

- 82 shelters open with a population of 7,068
- 95k reported without power statewide
- Charleston International Airport closed 13 -17 Sep

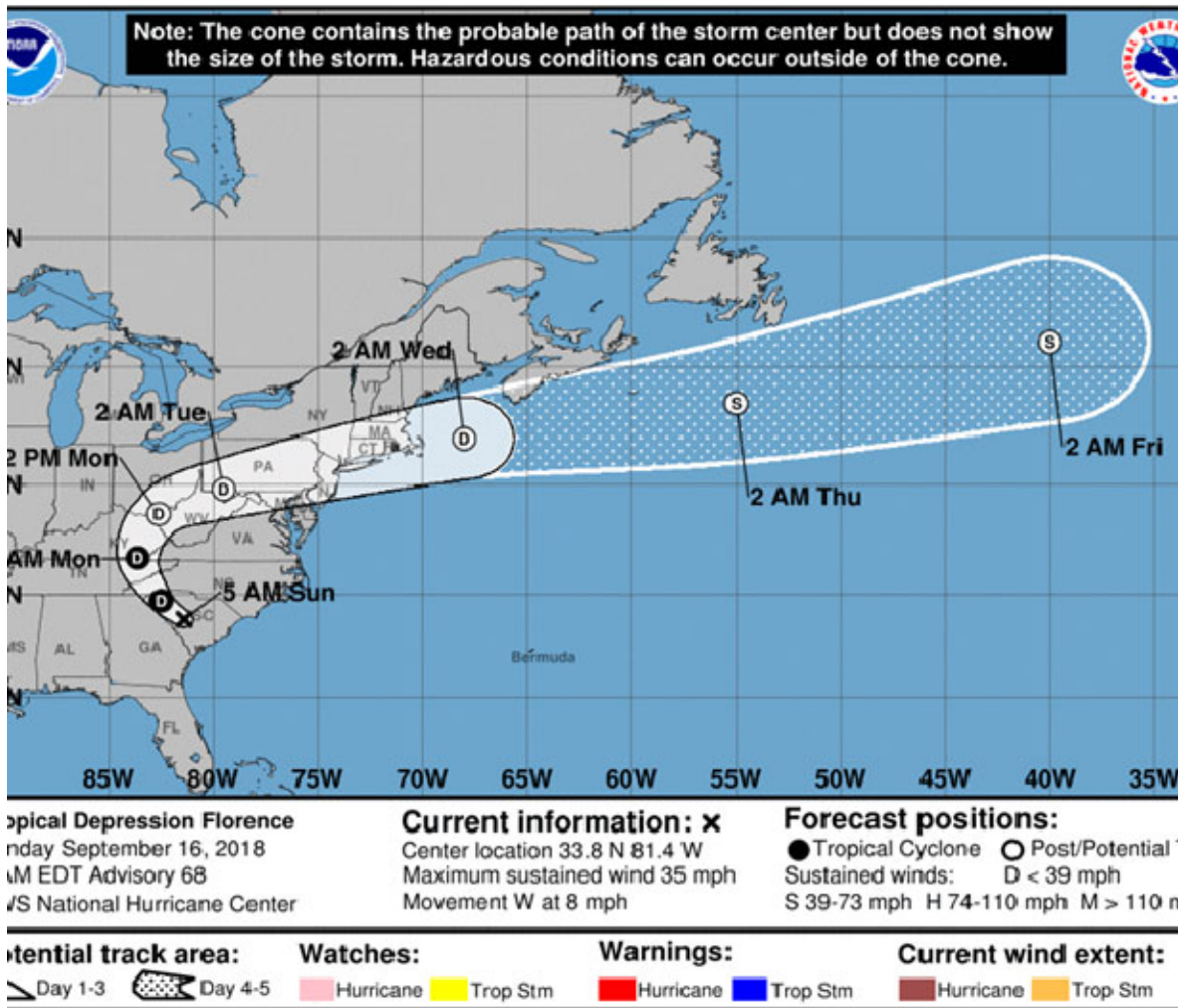
GA:

- 1 shelter open with 35 occupants

- **Veterans Affairs**

- VHA

- No unmet needs or shortfalls
- Louisville and St. Louis VAMC alerted for possible NDMS Federal Coordinating Center activation.
- Contingency planning for secondary flooding events underway
- Heritage Pharmacy Disaster Relief Plan enacted; Veterans who require emergency supply of medications can access retail pharmacies
- Telehealth: Pre-staging equipment and mobilizing healthcare providers to support post-storm requirements
 - VISN 6:
 - [Hampton VAMC repatriation efforts underway; boiler plant restarted](#)
 - VISN 7:
 - Charleston VAMC outpatient clinics and CBOCs closed; Emergency Dept. and in-patient areas open
 - Columbia VAMC anticipates re-opening all CBOCs on Monday, 17 Sep
- **VBA**
 - Facilities closed through weekend
 - No unmet needs or shortfalls.
 - Full accountability of all personnel
- **NCA**
 - [Hampton National Cemetery re-opened to public on 15 Sep.](#)
 - No unmet needs or shortfalls
 - Full accountability of all personnel
- **OIT**
 - [Network Disruptions – routers showing off-line in Solar Winds, cause unknown](#)
 - [Fayetteville, NC \(CBOC\)](#)
 - [Hamlet, NC \(CBOC\)](#)
 - [Jacksonville, NC \(CBOC\)](#)
 - [Morehead City, NC \(CBOC\)](#)
 - [New Bern, NC \(National Cemetery\)](#)
 - [Pembroke, NC \(CBOC\)](#)
 - [Supply, NC \(CBOC\)](#)



The VBA Watch Officer will continue to monitor and provide updates as necessary.

V/R,

Frederick C. Justo
VBA IOC Liaison (Watch Officer)
 Department of Veterans Affairs
 Veterans Benefits Administration
 810 Vermont Ave, NW
 Washington, DC 20420
VBA Desk: (202) 461-0270
E-mail: vbaioc.vbaco@va.gov

From: VBAIOC
Sent: Sunday, September 16, 2018 4:16 PM
To: VBACO_VBAIOC INC Reporting List; MacDONALD, Edna, VBANASH; Mallia (Terrell), Donna,, VBABUFF; Bilosz, Mark, VBAWSAL; Reynolds, Robert, VBAROA; Weldin, Leanne, VBACMS
Cc: VBAIOC; Green, John, VBAVACO; Encalade, Mederic, VBAVACO; Justo, Frederick, VBAVACO; McNeil, Shatara, VBAVACO; Steverson, Matthew, VBAVACO
Subject: SITREP (Update 14) Tropical Depression Florence, Southeast U.S.
Attachments: Tropical Cyclone Brief - 16 Sep 18.pdf

ALCON,

This VAIOC report is being forwarded for your situational awareness.

SOURCE: A/SOs / FEMA / NWS

DATE / TIME: 16 Sep 18 / 1900 ET

LOCATION: Coastal NC/SC

Update 14

- **General**
 - **Excessive rainfall is expected in the areas listed below:**
 - Central and western North Carolina into far southwest Virginia
 - Southeastern coastal North Carolina into far northeastern South Carolina: an additional 5 to 10 inches, with storm total accumulations of 15 to 20 inches. This rainfall will produce catastrophic flash flooding and prolonged significant river flooding.
 - Southern North Carolina into Northern South Carolina
 - An additional 4 to 6 inches, isolated 8 inches. This rainfall will result in additional flash flooding while also exacerbating the river flooding. Storm total accumulations of 30 to 40 inches in southeast North Carolina.
 - West-central Virginia, north of Roanoke and west of Charlottesville
 - 2 to 4 inches, isolated 6 inches. This rainfall will result in flash flooding and potentially lead to some river flooding.
- **Power Outages**
 - North Carolina: 662,013
 - South Carolina 59,499
- **Transportation Disruption**
 - Interstate 95 closed near Fayetteville and Lumberton, NC
 - Interstate 40 closed near Wilmington, NC
- **Evacuation**
 - Mandatory evacuations remain in effect in many areas along the coast.
 - New evacuations are being instituted around Lumberton due to river flooding.

- **Federal Operations**
 - Stafford Act Declarations
 - North Carolina Major Disaster Declaration
 - 14 Sep 2018. Provides Individual Assistance for Beaufort, Brunswick, Carteret, Craven, New Hanover, Onslow, Pamlico, Pender counties.
 - Caches of medical equipment, and two 250-bed and two 50-bed Federal Medical Stations on standby in GA
 - HHS pre-positioned 400 medical personnel; approximately 150 public and medical professionals, 5 DMAT caches, and 103 ambulances on standby in NC; 4 ambulances in use to assist USAR teams
- **State Preparations**
 - **NC:**
 - 173 shelters open with a population of 19,417
 - Boil water advisory in effect
 - 7 confirmed fatalities in NC
 - 746k reported without power statewide
 - Wilmington International & New Bern Coastal Carolina Regional Airports closed
 - Rocky Mount-Wilson airport open to emergency operations
 - **SC:**
 - 82 shelters open with a population of 7,068
 - 95k reported without power statewide
 - Charleston International Airport closed 13 -17 Sep
 - **GA:**
 - 1 shelter open with 35 occupants
- **Veterans Affairs**
 - **VHA**
 - No unmet needs or shortfalls
 - Louisville and St. Louis VAMC alerted for possible NDMS Federal Coordinating Center activation.
 - Contingency planning for secondary flooding events underway
 - Heritage Pharmacy Disaster Relief Plan enacted; Veterans who require emergency supply of medications can access retail pharmacies
 - Telehealth: Pre-staging equipment and mobilizing healthcare providers to support post-storm requirements
 - VISN 6:
 - Hampton VAMC repatriation efforts underway; boiler plant restarted
 - [Morehead City CBOC – Closed \(area unsafe for entry: access restricted\)](#)
 - [Jacksonville CBOC – Closed; Located on Camp Lejeune and cannot be accessed until 19 Sep](#)
 - VISN 7:
 - Charleston VAMC outpatient clinics and CBOCs closed; Emergency Dept. and in-patient areas open

- Columbia VAMC anticipates re-opening all CBOCs on Monday, 17 Sep
- **VBA**
 - Facilities closed through weekend
 - No unmet needs or shortfalls.
 - Full accountability of all personnel
- **NCA**
 - No unmet needs or shortfalls
 - Full accountability of all personnel
 - North Atlantic District:
 - **New Bern National Cemetery (part of Salisbury complex) - Closed**
 - Personnel: All employees accounted for. Employee evacuated to Salisbury until flooding subsides.
 - Facility: Severe flooding. Lodge basement flooded. Water has receded from the grounds. There is a lot of debris throughout cemetery. A portion of the historic wall (perimeter fence) has crumbled. Numerous trees are down.
 - Monday, 17 Sep, an assessment to return to operational readiness will be determined.
 - NCASO will be notified to block services for Sept 17th due to unknown re-entry conditions due to Florence Hurricane.
 - Cemetery Director has been in contact with Cape Fear (contractor) at both Wilmington and New Bern. They will provide an update as soon as they can safely do so.
 - **Wilmington National Cemetery – Closed**
 - Saturated but not flooded. Numerous downed trees and debris. Damage to some headstones.
 - Southeast District:
 - **Beaufort National Cemetery – Closed - Cemetery will be fully operational and open tomorrow.**
 - Personnel: All employees accounted for.
 - Facility: No major damage to cemetery; team members will begin cleanup (debris) tomorrow.
 - **Florence National Cemetery – Closed – Mandatory evacuations still occurring in river and creek areas of Florence. Mandatory Curfew in Florence, SC. No services/interments scheduled for tomorrow.**
 - Personnel: All employees accounted for. Cemetery will be closed to operations on Monday 17 Sep 18.
 - Facility: Director will provide an updated assessment of the Cemetery tomorrow. No major damage at this time
 - **Ft. Jackson National Cemetery - Closed - Flash flood warning throughout the day with a possible of 7-10 inches of rain**
 - Personnel: All employees accounted for.
 - Facility: No damages reported at this time.

- **OIT**

- Network Disruptions – routers showing off-line in Solar Winds, cause unknown
 - Fayetteville, NC (CBOC)
 - Hamlet, NC (CBOC)
 - Jacksonville, NC (CBOC)
 - Morehead City, NC (CBOC)
 - New Bern, NC (National Cemetery)
 - Pembroke, NC (CBOC)
 - Supply, NC (CBOC)

The VBA Watch Officer will continue to monitor and provide updates as necessary.

V/R,

Frederick C. Justo
VBA IOC Liaison (Watch Officer)
Department of Veterans Affairs
Veteran Benefits Administration
810 Vermont Ave, NW
Washington, DC 20420
VBA Desk: (202) 461-0270
E-mail: vbaioc.vbaco@va.gov

From: US Department of Veterans Affairs
Sent: Thursday, September 13, 2018 7:51 AM
To: VAAIUUsers
Subject: VA Insider: Updates on Hurricane Florence impacts; Remembering September 11; Secretary pledges VA improvements; and more

**A MESSAGE FROM
OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS (OPIA)
Office of Internal Communications**

Have you seen the latest [VA Insider](#)? It's full of news and resources for VA employees. Articles this week include:

- [Hurricane Florence](#) – updates on impacts to Veterans and VA
- [A message from Secretary Wilkie: Remembering September 11th](#)
- [Secretary Wilkie pledges improved customer service, stability and quality care](#) while speaking to Veterans in three states
- [VA employees help Army Veteran change her life](#)
- [National Call Center employees prevent a Veteran's suicide from miles away](#)
- [Secretary Wilkie directs VA leaders to use All Employee Survey data](#) to make improvements
- [Windows 10 is coming soon](#) – what you should know
- [Veteran athlete dislocates shoulder, still wins top honors](#) at National Veterans Wheelchair Games

Please go to the [VA Insider](#) to find these articles and more. To submit an article, [click here](#).

We're looking for your inspiring stories!

If you have a best practice you'd like to share, or if you have a story about your colleagues going the extra mile to help Veterans, [email us](#) a short (about two paragraphs) summary of the story. Every week, we'll select a story to feature. Here's this week's story:

**Michael E. DeBakey VA Medical Center employees team up
to save the life of a Veteran following a suicide attempt**

Recently at the Michael E. DeBakey VA Medical Center in Houston, an advance medical support assistant was taking a break when she noticed a Veteran lying down in the rain. He was not moving or responding to the rainfall. Many people walked by, but no one assessed the Veteran's condition. The advance medical support assistant and an administrative assistant went to see if he was okay. They learned the Veteran was homeless and had given up on life. The administrative assistant invited him to come in out of the rain, get some dry clothes, and speak with a social worker. Then they learned that the Veteran had attempted suicide that

morning. The advance medical support assistant left to get the social worker and nurse, while the administrative assistant continued to ask questions, in case the Veteran became incoherent due to his medication intake. A nurse arrived, assessed the Veteran, and immediately took him to the emergency room. After the Veteran was assigned a room, the nurse began to assist him with cleaning up and getting into dry clothing. The administrative assistant says she attributes their ability to save the Veteran's life to quick thinking and observation, and to the suicide prevention training they received at the Michael E. DeBakey VAMC. They visited the Veteran the next day; he was alert and grateful, and referred to them as his "guardian angels."

There are great things happening at VA every day that make a real difference for Veterans.

From: McClelland, Teri, VBAVACO
Sent: Wednesday, June 6, 2018 4:07 AM
To: Lawrence, Paul R., VBAVACO
Cc: Devlin, Margarita, VBAVACO
Subject: VA Medial Clips - VBA Related Stories
Attachments: VA Media Clips.060618.docx; VA Media Clips.060518.docx

Follow Up Flag: Follow up
Flag Status: Flagged

Sir,

Hope your trip is going well. I've attached the VBA-related clips from yesterday and today.

Highlights from Tuesday include:

- President Trump donating his 1Qtr 2018 salary to VA.
- New fraud trial for former Spokane, WA., Deputy Sherriff due to VBA's flip-flop on the decision of unemployability and retroactive reinstatement for 100% disability payments.

Highlights from Today include:

- Senators back even bigger boost for next year's VA budget
- Arla Harrell (McCaskill), who won appeal on WWII Mustard Gas exposure has died.

 **ChooseVA**
R/s

Teri L. McClelland
Senior Executive Assistant
Under Secretary for Benefits
Department of Veterans Affairs
Email: Teri.McClelland@va.gov

Office Phone: (202) 632-8472
iPhone: (202) 553-9808
Fax: (202) 495-5761



VA Core Values: Integrity, Commitment, Advocacy, Respect, Excellence ("I CARE")

CONFIDENTIALITY NOTICE: This e-mail is intended only for the person or entity to which it is addressed, and may contain information that is privileged, confidential, or otherwise protected from disclosure. Dissemination, distribution, or copying of this e-mail or the information herein by anyone other than the intended recipient or for official internal VA business is prohibited. If you have received this e-mail in error, please notify the sender by reply e-mail, and destroy the original message and all copies.

From: US Department of Veterans Affairs
Sent: Friday, August 3, 2018 5:32 AM
To: VAAIUsers
Subject: VA Stories of Note: Note July 27- August 3, 2018.

A MESSAGE FROM THE OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS

VA Stories of Note: July 27 – August 3, 2018

People Magazine, Aug. 1: [Legendary 'Black Hawk Down' Warfighter Campaigns to Defeat Opioid Addiction Among Veterans](#) A legendary warfighter who was made famous in the 2002 film, Black Hawk Down, is now engaged in a campaign to defeat an insidious national enemy: opioid addiction. Former Delta Force operator Norman Hooten, who fought in the brutal 1993 Battle of Mogadishu, is using his freshly earned doctorate of pharmacy to help patients at the Veterans Administration.

Outer Banks Sentinel (Nags Head, N.C.), Aug. 1: [Veterans Post: VA links with national cancer institute](#) A recent move by the Department of Veterans Affairs will allow seriously ill veterans to access a wider range of cancer treatments. The VA has just hooked up with the National Cancer Institute. The program is called NAVIGATE, standing for NCI and VA Interagency Group to Accelerate Trials Enrollment. Those trials will be held at 12 VA sites across the country, with the facility in Boston serving as the coordinating center.

WBSM (AM-1420) (Fairhaven, Mass.), Aug. 1: [Smartphones Can Automatically Dial The Veterans Crisis Line](#) The VA has just announced an important tool for helping to battle Veteran suicide - an immediate response from SIRC. In 2013, the VA released a study that said roughly 22 veterans die by suicide per day. The ongoing effort to help reduce the number of veteran suicide has finally lead to the use of smartphone technology.

Military.com, Aug. 1: [Redding, California VA Clinic Stays Open Despite Nearby Wildfires](#) A Northern California VA clinic has shut down a threatened headquarters annex and installed air purifiers at its main facility to guard against smoke from wildfires raging nearby. The staff at the administrative annex of the Redding, California, outpatient clinic was evacuated when the fires got too close, but the two main facilities, which serve about 800 veterans daily, remain open, VA Northern California Health Care System officials said Tuesday.

The Oklahoman (Oklahoma City, Okla.), July 31: [Oklahoma City VA yoga participants look to help others](#) Clarence Adams credits yoga classes through the Oklahoma City VA Medical Center for not only easing the pain of an old injury, but also helping him to break financial and health habits that were holding him back. Now, he hopes to use what he's learned to help others.

People Magazine, Aug. 1: [This 94-Year-Old Vet Is Going for Gold in the Wheelchair Games: 'I'm Gonna Do My Doggone Best!'](#) At 94 years old, Doris Merrill still remembers the first time she used her motorized wheelchair to outrace other seniors at the National Veterans Wheelchair Games, nearly two decades ago.

WGNS (CMN-1450, Audio) (Murfreesboro, Tenn.), July 31: [Jimmy Jones was wheelchair bound for years, but Tuesday - He walked out of the Murfreesboro VA Hospital on his own](#) (31 July, Scott Walker, 47k uvm; Imagine wanting to be a part of the military and halfway through boot camp, you get injured. It happens on a regular basis. In fact, it happened to Jimmy Jones in the 1980's, but Jimmy didn't give up. The surgery proved to be successful enough for Jimmy to live a good life. He became a linemen and climbed utility

poles on a regular basis. That is, he climbed poles until 2010. He had to undergo another surgery and the results were dramatically different.

WRAL (CBS-5) (Raleigh, N.C.), July 27: [Robots invade Omaha VA Medical Center](#) Robots are officially living at the Omaha VA Medical Center. The center has two active robots are programmed to make deliveries in the hospital. The name of the robots is Tug. However, there's one robot workers have named. Its name is Johnny 5. It even has its own brain. "Everyone is excited, they want the interaction, it's the new toy," Nicole Norotsky said. She's a medical laboratory scientist.

Deseret News (Salt Lake City, Utah), July 26: [VA putting new focus on needs of minority veterans](#) With the number of minority military veterans expected to rise significantly in the next couple of decades, local administrators are working to ensure stories like Lanier's are not repeated. "(Minority) veterans have many of the same issues facing the overall population, but some of their challenges are deeper," said Shella Stovall, medical center director of the VA Salt Lake City Healthcare System. "For us to know how to serve them better, that's what going to be meaningful for us."

WJMN (CBS-3) (Escanaba, Mich.), July 26: [Seventh Annual Adopt-a-Garden Contest takes over VAMC grounds](#) The Oscar G. Johnson VA Medical Center recently completed its seventh annual Adopt-a-Garden Contest, where departments and individual employees adopted, planted and tended a garden area at the medical center. "We started this Adopt-a-Garden Contest seven years ago to give our employees ownership and pride in our facility's grounds and to showcase their gardening talent," said Jim Rice, Medical Center Director.

**PLEASE PRODUCE LOCALLY FOR ALL THOSE WHO DO NOT ROUTINELY ACCESS EMAIL
DUE TO THEIR SPECIALTIES.**

From: US Department of Veterans Affairs
Sent: Friday, May 18, 2018 5:26 AM
To: VAAIUUsers
Subject: VA Stories of Note: May 12 – May 18, 2018

A MESSAGE FROM THE OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS

VA Stories of Note: May 12 – May 18, 2018

U.S. News & World Report (AP) (D.C.), May 16: [House OKs Expansion of Private Care at VA, Fix Budget Crisis](#) The House voted Wednesday to give veterans more freedom to see doctors outside the Veterans Affairs health system, a major shift aimed at reducing wait times and improving medical care despite the concerns of some Democrats who cast it as a risky step toward dismantling the struggling agency.

CNN (Video) (Atlanta, Ga.), May 16: [A Vietnam veteran was going to be buried alone. Then a stranger helped find his family](#) When Dave Fullarton discovered the ashes of former Army Captain Larry Casey, he felt the Vietnam veteran deserved a proper military funeral. But he didn't want to be the only one to honor him. The safe and vault repairman from Maryland came across the remains in February when he was cleaning out the house of a close friend who had died. That friend, he said, turned out to have been best friends with Casey.

Health Leaders (Brentwood, Tenn.), May 16: [VA Reduces Non-Aggressive Prostate Cancer Treatments](#) The Veterans Affairs health system has made tremendous progress over the past decade in convincing patients to postpone surgery or radiation for non-aggressive prostate cancer, new research shows. Instead, strong majorities of VA patients are opting for active surveillance of the slow-growing cancer, which relies on regular check-ups, blood tests, and occasional needle samplings of prostate tissue to check for any signs of a tumor getting worse.

KEVN (FOX-7, Video) (Rapid City, S.D.), May 16: [200 acres expected to be added to Black Hills National Cemetery](#) With the passage of a U.S. Senate bill awaiting President Donald Trump's approval, the Black Hills National Cemetery will add 200 acres. The bill would permanently transfer the acreage from the Bureau of Land Management to the cemetery near Sturgis. It was co-sponsored by Senators John Thune and Mike Rounds of South Dakota and Wyoming's Senator Mike Enzi.

Associations Now (D.C.), May 15: [AMVETS Partners With VA To Address Veteran Suicide Crisis](#) Following a White House order providing more mental health assistance to veterans, the veterans service group has launched a hotline and more resources to connect those needing help. According to Veterans Administration research, approximately 20 veterans commit suicide every day. Providing support to veterans at risk has been one challenge—one addressed earlier this year when President Donald J. Trump signed an executive order expanding mental-health services for veterans.

WFED (AM-1500, Audio) (D.C.), May 14: [VA doctors can now treat patients in other states via telehealth](#) A rule to allow Veterans Affairs Department providers to administer health care across state lines using virtual technology has been finalized. Licensing restrictions and state telehealth laws previously created some confusion for VA. It was unclear whether VA doctors licensed in specific locations could provide care to veterans in other states. VA's new final rule overrides states laws, and lets the agency officially expand its telehealth program.

Providence Journal (Providence, R.I.), May 13: [Veterans Journal: Another way to determine eligibility for VA disability benefits](#) The National Veterans Legal Services Program (NVLSP and on Facebook) is offering a free

online app for veterans at <http://app.nvlsp.org>. It is designed to help veterans and their advocates identify the VA disability benefits to which they may be entitled. By answering a series of questions, the specific disability benefits claims that could be filed with the VA are identified. The app is available through the Apple app store and Google Play.

Montgomery Advertiser (Military Update) (Montgomery, Ala.), May 11: [Ailing 'Blue Water' Vietnam vets could get more VA benefits](#) After months negotiating with Senate colleagues, the House Veterans Affairs Committee voted unanimously on Tuesday to send to the full House a bill likely to become the vehicle to qualify 90,000 ailing sea service veterans for Agent Orange-related disability pay and health care from Department of Veterans Affairs.

The Kansas City Star (Kansas City, Mo.), May 11: [VA will decide on \\$10 billion Cerner contract this month, official says](#) The U.S. Department of Veterans Affairs will decide on a \$10 billion contract with Cerner by the end of the month, a high-ranking VA official told a U.S. Senate subcommittee. Acting VA Secretary Robert Wilkie is expected to make the call by Memorial Day, May 28, nearly a year after former VA Secretary David Shulkin announced the contract with Cerner.

PLEASE PRODUCE LOCALLY FOR ALL THOSE WHO DO NOT ROUTINELY ACCESS EMAIL DUE TO THEIR SPECIALTIES.

From: VBAIOC
Sent: Monday, July 23, 2018 8:15 AM
To: VBACO_VBAIOC Reporting List; Murphy, Thomas; VAIIOC
Subject: VBA SITREP 001 (Final): Midwest District - Detroit Regional Office/Human Resource Center - Power Outage/Building Closure - 23JUL18

ALCON,

This information is being forwarded for your situational awareness.

Final Update: On Monday, July 23, 2018, at approximately 10:13 am (local time), the McNamara federal building is fully powered and operational.

Summary: On Friday, July 20, 2018, a water leak occurred at the Patrick V. McNamara Federal Building. No water damage occurred in to VA space. However, the leak did cause a primary electrical panel to short out and eventually fail. The loss of the electrical panel has caused the loss of power and A/C to floors 1-13, impacting VA Floors 11 through 13. Employees with telework agreements will continue to work or take leave. Employees with no telework agreement have been granted administrative leave. The Federal building closed to the public. Public contact operations have been moved to the John Dingell VA Medical Center, approximately three miles from the RO.

The VBA Watch Officer will continue to monitor and provide updates as necessary.

V/R,

Frederick C. Justo
VBA IOC Liaison (Watch Officer)
Department of Veterans Affairs
Veterans Benefits Administration
810 Vermont Ave, NW
Washington, DC 20420
VBA Desk: (202) 461-0270
E-mail: vbaioc.vbaco@va.gov

From: VBAIOC
Sent: Monday, August 13, 2018 9:51 AM
To: VBACO_VBAIOC Reporting List; Skelly, Jon M., VBAPHNX; Hollowell, Michael, VBAVACO; Watch Officer – VHA; VA IOC OIT Liaison Team
Subject: VBA SPOTREP: Pacific District - Anchorage Regional Office - Glycol Pipe Leak - 13AUG18

ALCON,

This information is being forwarded for your situational awareness.

On Monday, August 13, 2018, the Anchorage RO reports a glycol pipe for the heating system leaked from the ceiling within the Anchorage Veteran Service Center over the weekend. The resultant puddle and splatters affected approximately 400 square feet. One in-office employee has been relocated to a new cubical and one telework hotel station has been moved. VHA facilities is in the process of cleaning up the standing puddle of glycol and areas of splatter. Additionally, facilities and OIT are in the process of removing work stations, furniture and cubical walls to clean or replace the carpet in the affected area.

Impact: No further impacts are known at this time. Full assessment of the impact and damage are being conducted.

The VBA Watch Officer will continue to monitor and provided updates as they become available.

V/R,

Frederick C. Justo
VBA IOC Liaison (Watch Officer)
Department of Veterans Affairs
Veterans Benefits Administration
810 Vermont Ave, NW
Washington, DC 20420
VBA Desk: (202) 461-0270
E-mail: vbaioc.vbaco@va.gov

Veterans Benefits Administration Watch Officer Activity Brief

Covers 72-Hour Operational Period Ending:
Monday, July 23, 2018, 8:00 AM ET

1. **VBA Central Office – Washington, DC:** Nothing reported.
2. **North Atlantic District – Philadelphia, Pennsylvania:** Nothing reported.
3. **Southeast District – Nashville, Tennessee:** Nothing reported.
4. **Midwest District – St. Louis, Missouri:**

Detroit Regional Office and Human Resource Center (MI) – Power Outage/Building Closure: On Friday, July 20, 2018, a water leak occurred at the Patrick V. McNamara Federal Building. No water damage occurred in to VA space. However, the leak did cause a primary electrical panel to short out and eventually fail. The loss of the electrical panel has caused the loss of power and A/C to floors 1-13, impacting VA Floors 11 through 13. Employees with telework agreements will continue to work or take leave. Employees with no telework agreement have been granted administrative leave. The Federal building closed to the public. Public contact operations have been moved to the John Dingell VA Medical Center, approximately three miles from the RO.

Update: On Monday, July 23, 2018, the **HRC Detroit** employees will return to work in the office with delayed entry of 9:00 am (local time). McNamara Federal Building is still experiencing limited power outages on the floors 11 through 13. GSA will notify agency heads if further prolong shutdowns will occur due maintenance needs.

The **Detroit Regional Office** employees on a telework agreement are working remotely from their alternate workplace. Employees not on a telework agreement that are housed on floors 11-13 have been placed on administrative leave. Public contact operations have been moved to the John Dingell VA Medical Center, approximately three miles from the RO.

5. **Continental District – Denver, Colorado:** Nothing reported.
6. **Pacific District – Phoenix, Arizona:** Nothing reported.
7. **Items of Interest:**

38th National Veteran's Wheelchair Games, Orlando, FL (30 Jul – 4 Aug): 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the week-long event that celebrates athleticism in our Veterans.

8. **Events that impact the National Capitol Region:** None

Veterans Benefits Administration Watch Officer Activity Brief

Covers 24-Hour Operational Period Ending:
Tuesday, August 14, 2018, 8:00 AM ET

1. **VBA Central Office – Washington, DC:** Nothing reported.
2. **North Atlantic District – Philadelphia, Pennsylvania:** Nothing reported.
3. **Southeast District – Nashville, Tennessee:** Nothing reported.
4. **Midwest District – St. Louis, Missouri:** Nothing reported.
5. **Continental District – Denver, Colorado:** Nothing reported.
6. **Pacific District – Phoenix, Arizona:**

(RESOLVED) Oakland Regional Office (CA) – Nelson Fire: On Friday, August 10, 2018, a new fire was reported in the Vacaville, Solano County, California. The Solano County Fire is burning in the locations of Nelson Rd. and Cherry Glen Rd. in Vacaville. The fire is 1000 acres and 10% contained. Mandatory evacuations have been ordered for the Paradise Valley area of Fairfield. One employee and his family have been evacuated. The RO has accounted for all employees including the satellite offices.

Update: On Monday, August 13, 2018, at approximately 7:55 am (local time), the Solano County Fire in the locations of Nelson Rd. and Cherry Glen Rd. in Vacaville burned an estimated 2162 acres and is 100% contained. The Oakland RO has accounted for all the employees and the employee who was evacuated returned home.

Anchorage Regional Office (AK) – Glycol Pipe Leak: On Monday, August 13, 2018, the Anchorage RO reported a glycol pipe for the heating system leaked from the ceiling within the Anchorage Veteran Service Center over the weekend. The resultant puddle and splatters affected approximately 400 square feet. One in-office employee has been relocated to a new cubical and one telework hotel station has been moved. VHA facilities is in the process of cleaning up the standing puddle of glycol and areas of splatter. Additionally, facilities and OIT are in the process of removing work stations, furniture and cubical walls to clean or replace the carpet in the affected area. Full assessment of the impact and damage are being conducted.

7. **Items of Interest:** None
8. **Events that impact the National Capitol Region:** None

Veterans Benefits Administration Watch Officer Activity Brief

Covers 24-Hour Operational Period Ending:
Tuesday, July 24, 2018, 8:00 AM ET

1. **VBA Central Office – Washington, DC:** Nothing reported.
2. **North Atlantic District – Philadelphia, Pennsylvania:** Nothing reported.
3. **Southeast District – Nashville, Tennessee:** Nothing reported.
4. **Midwest District – St. Louis, Missouri:**

(RESOLVED) Detroit Regional Office/Human Resource Center (MI): On Friday, July 20, 2018, a water leak occurred at the Patrick V. McNamara Federal Building. No water damage occurred in to VA space. However, the leak did cause a primary electrical panel to short out and eventually fail. The loss of the electrical panel has caused the loss of power and A/C to floors 1-13, impacting VA Floors 11 through 13. Employees with telework agreements will continue to work or take leave. Employees with no telework agreement have been granted administrative leave. The Federal building closed to the public. Public contact operations have been moved to the John Dingell VA Medical Center, approximately three miles from the RO.

Update: On Monday, July 23, 2018, at approximately 10:13 am (local time), the McNamara federal building is fully powered and operational.

5. **Continental District – Denver, Colorado:** Nothing reported.
6. **Pacific District – Phoenix, Arizona:** Nothing reported.
7. **Items of Interest:**

38th National Veteran's Wheelchair Games, Orlando, FL (30 Jul – 4 Aug): 500+ athletes with spinal cord injuries, amputations and neurological disorders participate in multiple events during the week-long event that celebrates athleticism in our Veterans.

8. **Events that impact the National Capitol Region:** None

Veterans Benefits Administration Watch Officer Activity Brief

Covers 24-Hour Operational Period Ending:
Wednesday, August 15, 2018, 8:00 AM ET

1. VBA Central Office – Washington, DC:

VBA Central Office – False Alarms: On Tuesday, August 14, 2018, on two occasions at approximately 9:05 am and 11:57 am (local time), two false alarms were triggered at 1800 G Street NW. VACO OSLE Duty Agent was notified of the incident. Fire alarms were due to faulty equipment and has been addressed by Building Management.

2. North Atlantic District – Philadelphia, Pennsylvania:

Philadelphia Regional Office (PA) – Veteran Threat: On Monday, August 13, 2018, at approximately 2:40 pm (local time), a Legal Administrative Specialist (LAS) received a call from a Veteran regarding changing his bank account information. The LAS informed the Veteran he needed to verify certain information before being able to make such a change. The Veteran was unable to provide the necessary information and began using profane language when speaking with the LAS, stating “I’m going to come down there and punch you in the face...people like you not doing their job is what makes Veterans like me mad”.

Actions/Follow-Up: The Assistant Director was notified of the physical threat call and was advised to contact the local security regarding the incident. The local security was given the pertinent information of the Veteran. The VACO OSLE Duty Agent was also notified of the incident.

3. **Southeast District – Nashville, Tennessee:** Nothing reported.

4. **Midwest District – St. Louis, Missouri:** Nothing reported.

5. **Continental District – Denver, Colorado:** Nothing reported.

6. Pacific District – Phoenix, Arizona:

Anchorage Regional Office (AK) – Glycol Pipe Leak: On Monday, August 13, 2018, the Anchorage RO reported a glycol pipe for the heating system leaked from the ceiling within the Anchorage Veteran Service Center over the weekend. The resultant puddle and splatters affected approximately 400 square feet. One in-office employee has been relocated to a new cubical and one telework hotel station has been moved. VHA facilities is in the process of cleaning up the standing puddle of glycol and areas of splatter.

Update: On Tuesday, August 14, 2018, the glycol leak from the ceiling within the Veteran Service Center continues to be mitigated. Facilities has cleaned the carpet in the area affected and will keep the ceiling panels out to help air out the contaminated overhead spaces. Additionally, much smaller leak was discovered this morning in the employee break room. This is about 50 feet from the original leak. Facilities quickly cleaned up the area and is working in the overhead spaces to mitigate the leak. The Local Union has been notified of the partial closure of the employee break area.

7. **Items of Interest:** None

8. **Events that impact the National Capitol Region:** None

From: Devlin, Margarita, VBAVACO
Sent: Friday, July 13, 2018 11:34 AM
To: Lawrence, Paul R., VBAVACO; Mason, Cheryl
Subject: 3 BVA/VBA Collaboration items - Mail, Calls, Alternate Hearing locations
Attachments: Update on Appeals Central Mail Handling.docx; BVACallCenterTransitionUpdate_070218.docx; VAROs with added alternate locations for BVA Hearings.docx

Happy Friday!

Attached are three documents with updates on the below topics, for review and discussion.

Thanks!
Margarita

Margarita Devlin
Principal Deputy Under Secretary for Benefits
Veterans Benefits Administration
Department of Veterans Affairs
margarita.devlin@va.gov
202-461-9300

From: Lawrence, Paul R., VBAVACO
Sent: Monday, July 02, 2018 12:26 PM
To: Mason, Cheryl <Cheryl.Mason@va.gov>
Cc: Devlin, Margarita, VBAVACO <Margarita.Devlin@va.gov>
Subject: RE: Follow up from todays meeting

1. We are go for mail – I will followup on our end
2. Telephone – you are waiting on us to get you numbers/dollars
3. RO scheduling hearings – I discussed with Margarita and she will followup with Will to get exact context, then Willie and we will get back to you.

Happy 4th!

Thank you!

Paul

PAUL R. LAWRENCE, Ph.D.
Under Secretary for Benefits

Veterans Benefits Administration
U.S. Department of Veterans Affairs



U.S. Department
of Veterans Affairs

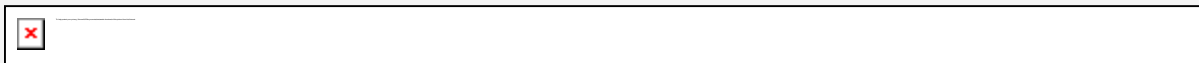
From: Morning Consult <reply@e.morningconsult.com>
Sent: Thursday, May 31, 2018 1:07 PM
To: Quill, Joshua J.
Subject: [EXTERNAL] Washington Afternoon Update: Pompeo Signals North Korea Summit Could Be Salvaged After Talks With Kim Aide



By [Eli Yokley](#)

Top Stories

- Secretary of State Mike Pompeo cited progress toward salvaging a summit between President Donald Trump and North Korean leader Kim Jong Un after meeting with Kim Yong Chol, a top aide to the North Korean leader. Kim Yong Chol is set to travel to Washington tomorrow to deliver a "personal letter" from Kim Jong Un, Pompeo said, but he noted he did not know if that means a formal announcement about the status of the summit would take place Friday. ([The Washington Post](#))
- Trump granted a pardon to Dinesh D'Souza, a conservative commentator who pleaded guilty to U.S. campaign finance law violations in 2014. Trump also said he was considering pardoning Martha Stewart, and that he might commute the 14-year prison sentence of former Illinois Gov. Rod Blagojevich. ([Reuters](#))
- The Trump administration announced it would impose tariffs of 25 percent on steel and 10 percent duties on aluminum from the European Union, Canada and Mexico. Officials in Europe, Canada and Mexico denounced the tariffs and warned of retaliatory measures. ([The New York Times](#))



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More from Morning Consult



Traders and financial professionals work ahead of the closing bell on the floor of the New York Stock Exchange, May 4, 2018. (Photo by Drew Angerer/Getty Images)

Voters See Strength in U.S. Economy, but Millennials Aren't as Optimistic



Getty Images / Morning Consult Illustration by Samantha Elbouez

Views on Automation's U.S. Workforce Impact Highlight Demographic Divide



Washington Redskins players during the the national anthem before the game against the Oakland Raiders at FedExField on September 24, 2017, in Landover, Maryland. (Photo by Patrick Smith/Getty Images)

NFL's National Anthem Policy Draws Support From 53% of U.S. Adults in Poll





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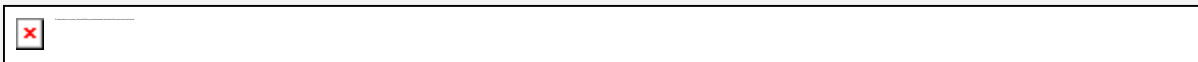
From: Morning Consult <reply@e.morningconsult.com>
Sent: Friday, June 1, 2018 1:11 PM
To: Quill, Joshua J.
Subject: [EXTERNAL] Washington Afternoon Update: Trump Says June 12 North Korea Summit Is Back On After Meeting With Kim Aide



By [Morgan Halvorsen](#)

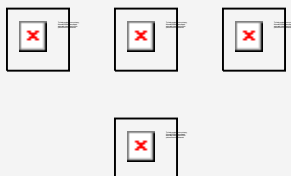
Top Stories

- President Donald Trump said the canceled Singapore summit with North Korean leader Kim Jong Un is back on after a meeting with North Korean official Kim Yong Chol in the Oval Office. Trump nixed the summit last week, alleging "open hostility" from the Asian country. ([The New York Times](#))
- Trump may have violated guidelines regarding the release of sensitive economic data by tweeting that he was "looking forward" to the May employment report more than an hour before the numbers were published. While the tweet did not include any specific economic information, it was correlated with a rise in the 10-year Treasury note and stock market futures. ([Politico](#))
- A political advocacy group funded by Charles and David Koch released a digital ad campaign praising Democratic Sen. Heidi Heitkamp (N.D.) for co-sponsoring a measure that rolls back regulations from the 2010 Dodd-Frank law. Americans for Prosperity President Tim Phillips noted that while his organization disagrees with Heitkamp on some things, such as her vote against the tax reform bill, "we hope to find common ground and work with Sen. Heitkamp on other issues moving forward." ([CNBC](#))



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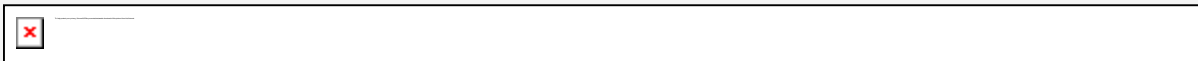
From: Morning Consult <reply@e.morningconsult.com>
Sent: Wednesday, May 30, 2018 1:21 PM
To: Quill, Joshua J.
Subject: [EXTERNAL] Washington Afternoon Update: Trump Signs 'Right to Try' Measure into Law



By [Eli Yokley](#)

Top Stories

- President Donald Trump signed into law legislation, known as "right to try," that allows terminal patients to try experimental treatments. The bill passed the House last week and was sent to Trump's desk despite opposition from many Democrats, who said the measure was dangerous and would give patients false hope. ([The Associated Press](#))
- A federal judge in Manhattan gave lawyers for Michael Cohen, a longtime personal attorney for Trump, a June 15 deadline to complete their review of a trove of documents and data seized in a raid by the Federal Bureau of Investigation. A court-appointed special master has been overseeing scrutiny of the materials with Cohen's lawyers, but Judge Kimba M. Wood suggested the process was moving too slowly, and said failure to meet the deadline would result in her letting the federal government take control of the review. ([The New York Times](#))
- In posts on Twitter, Trump again voiced his frustration with Attorney General Jeff Sessions, who recused himself in March 2017 from any investigations related to the 2016 campaign. The tweets came after Rep. Trey Gowdy (R-S.C.) appeared on CBS expressing sympathy for the president's dissatisfaction with Sessions' recusal. ([The Washington Post](#))



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DEPARTMENT OF VETERANS AFFAIRS
Board of Veterans' Appeals
Washington DC 20420



In Reply Refer To:
18-10628-F

November 16, 2018

Sara Creighton
American Oversight
1030 15th Street, NW
Suite B255
Washington, DC 20005

Dear Ms. Creighton:

This is in response to your Freedom of Information Act (FOIA) request dated March 29, 2018, which was referred to and received in my office on July 27, 2018. In your letter you stated that “Politico recently reported that conservative activists and high-level Trump administration officials expressed concern about the ‘loyalty’ of career civil servants at the State Department, and even explored ways to ‘purge’ some of those career employees from their positions. American Oversight seeks to determine whether similar conversations occurred at other agencies.” Your request asks for the following, for the time-period, January 20, 2017 to the date of the search:

All communications by political appointees containing any of the following terms:

- 1) Holdover(s)
- 2) Turncoat(s)
- 3) Leak*
- 4) Troublemaker(s)
- 5) “Deep state”
- 6) Embed*
- 7) Burrow*
- 8) “Clean* house”
- 9) Cleans*

- 10) Cleaning
- 11) Loyal*
- 12) Purge*
- 13) Cheerleader(s)
- 14) Sabotage
- 15) "Obama person"
- 16) "Obama people"
- 17) Anti-Trump
- 18) Undermin*
- 19) Plant*
- 20) Mole*

The Board of Veterans' Appeals (Board) has only one political appointee, the Chairman of the Board. The current Chairman, Cheryl Mason, was sworn in on December 11, 2017. From January 20, 2017 to December 11, 2017, the Board's Acting-Chairman was David Spickler, who is now the Deputy Chairman. On August 16, 2018 I called you to explain that timeline and to ask if that had any bearing on your request for records from January 20, 2017 to the date of the search. You asked if Mr. Spickler was a career employee detailed to the position and I told you he was. You said that, in that case you would be satisfied with documents from the current Chairman dated from December 11, 2017 to the date of the search.

On August 16, 2018 I submitted a request to the Office of Information and Technology asking that office to search all of Chairman Mason's email accounts for the list of 20 search terms you provided. On October 19, 2018 I was notified that the search was completed and received 62 emails, all from Chairman Mason's work email account. Thirty-nine of the emails were from her Inbox and 23 were from her Sent Items. I determined that 9 of the Inbox emails and 5 of the Sent Items were non-responsive as they had been selected because the word "plant" was part of the medical terms "implant," or "transplant." Five of the responsive emails had a total of 13 attachments. None of the attachments contained any variation on any of the 20 search terms you gave, so they are considered non-responsive.

The remaining 48 emails are found on the enclosed CD-ROM. Because of the delay in responding to your request, there is no charge for the reproduction of these files. They contain the words "embedded," "undermine," and "plant" or "planted." None indicate a discussion such as you describe in your request letter. The emails are heavily redacted pursuant to exemptions 5 and 6 of the FOIA. As you know, the FOIA is designed to permit the public to be aware of how the government does business. Requested documents must be released if they exist and are in the

control of the agency. Such documents may be withheld only if disclosure would harm an interest protected by one of the nine exemptions identified in the statute at 5 U.S.C. § 552 (b). When these interests are identified, a determination must be made as to whether the protected information is segregable, allowing release of the remainder of the documents. In the 48 emails containing search terms you specified, I identified privacy interests, protected by exemption 6; and deliberative process privilege interests, protected by exemption 5. Each redaction is marked with the pertinent exemption or exemptions.

Exemption 5 protects “inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency.” This includes the deliberative process privilege. The deliberative process privilege applies to communications created in the process of making an agency decision or policy. These communications can include advisory opinions, conclusions, and recommendations made prior to a final decision. The privilege is designed to encourage open, frank discussions on matters of policy between subordinates and superiors; to protect against premature disclosure of proposed policies or actions before they are finally adopted; and to protect against public confusion that might result from disclosure of reasons and rationales that were considered, but not ultimately relied on by the agency. I applied this exemption to most of the redacted emails as instances of colleagues, or subordinates and superiors conferring and discussing possible courses-of-action. I attempted to release enough material where your search terms appear, to allow you to understand the context.

Exemption 6 of the FOIA states that the mandate of the statute to release requested information does not apply to “personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.” The Department of Justice, Office of Information and Privacy, instructs that living individuals have a privacy interest in not having agencies disseminate personal information about them. The public interest to be weighed against that interest must serve the FOIA “core purpose” of shedding light on an agency’s operations or activities. In balancing the two interests the privacy interest must outweigh the public interest for the information to be withheld. In the remainder of the redacted areas of the attached documents I have found that the privacy interest outweighs the public interest. This is particularly so as it is possible to see from the released material that discussions being conducted were not of the nature that you are looking for.

As the redacted material and non-responsive documents do not contain the search terms you specified; I consider this to be a grant of your request. However; if you are unsatisfied with this response, please know that as part of the 2007 FOIA amendments, the Office of Government Information Services (OGIS) was created to offer mediation services. Similarly, as part of the FOIA Improvement Act of 2016, VA established a FOIA Public Liaison to offer mediation services. Both OGIS and the VA Public Liaison will assist in resolving disputes between FOIA requesters and VA as a non-exclusive alternative to litigation. Using OGIS or the VA FOIA Public Liaison does not affect your right to pursue litigation. You may contact OGIS or the VA Public Liaison in any of the following ways:

Office of Government Information Services	E-mail: ogis@nara.gov
National Archives and Records Administration	Telephone: 202-741-5770
Room 2510	Facsimile: 202-741-5769

November 16, 2018

18-10628-F

8601 Adelphi Road
College Park, MD 20740-6001

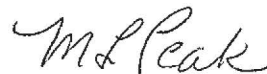
Toll-free: 1-877-684-6448

VA FOIA Public Liaison
John Buck
Director, VA FOIA Service
810 Vermont Avenue, NW (005R1C)
Washington, DC 20420

E-mail: vafoiaservice@va.gov
Telephone: 1-877-750-3642
Facsimile: 202-632-7581

You may appeal by writing to the Chief Counsel, Information Law Group (024), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. Your appeal must be received within 90 calendar days of the date of this letter. 5 U.S.C.A. § (a) 6 (A) (i) (III) (aa). Please state clearly why you disagree with the determination of this office.

Sincerely,



Margaret L. Peak
FOIA/Privacy Officer

From: (b) (6)
To: (b) (6)
Cc: [Mason, Cheryl](#); (b) (6)
Subject: AP27 Skin VASRD Final Rule
Date: Friday, June 15, 2018 8:36:15 AM
Attachments: [AP 27 5-25-18.docx](#)
[image001.png](#)

(b) (6)

(b) (5)

From: (b) (6)
Sent: Thursday, June 14, 2018 4:25:59 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

I think I can make that deadline.

From: (b) (6)
Sent: Thursday, June 14, 2018 1:46 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: AP27 Skin Final Rule

(b) (6) (b) (5)

From: (b) (6)
Sent: Thursday, June 14, 2018 1:44 PM
To: (b) (6) <[@va.gov](#)>; (b) (6) <[@va.gov](#)>
Cc: (b) (6) <[@va.gov](#)>
Subject: RE: AP27 Skin Final Rule

(b) (5)

From: (b) (6)
Sent: Thursday, June 14, 2018 12:48 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5)

NOTE:

- [REDACTED] (b) (5) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: (b) (6)
Sent: Wednesday, May 23, 2018 12:41 PM
To: (b) (6) <[REDACTED]@va.gov>; (b) (6) <[REDACTED]@va.gov>
Cc: (b) (6) <[REDACTED]@va.gov>
Subject: FW: AP27 Skin Final Rule
Importance: High

(b) (6),

(b) (5) [REDACTED]
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

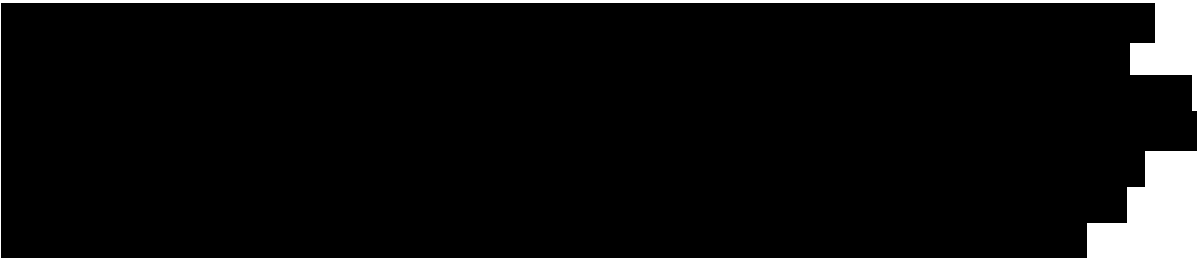
[REDACTED]

(b) (6) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(b) (5) [REDACTED]

[REDACTED]
[REDACTED]

(b) (5)



From: (b) (6)
Sent: Monday, April 09, 2018 1:43 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)





(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Thanks,

(b) (6)

From: (b) (6)
Sent: Monday, April 09, 2018 1:25 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)

[REDACTED]

[REDACTED]

(b) (6)

From: (b) (6)
Sent: Monday, April 09, 2018 7:35 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5),

[REDACTED]

(b) (6)

From: (b) (6)
Sent: Friday, April 06, 2018 10:47 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

Following up. Thanks.

From: (b) (6)
Sent: Wednesday, April 04, 2018 9:31 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

Good morning. (b) (5)

Thank you,

(b) (6)

From: (b) (6)
Sent: Monday, February 05, 2018 8:36 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)

Thanks,

(b) (6)

From: (b) (6)
Sent: Friday, February 02, 2018 1:45 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: AP27 Skin Final Rule

(b) (6),

(b) (5)

[Redacted]

Thanks,

(b) (6)

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]@va.gov

From: (b) (6)
Sent: Wednesday, July 19, 2017 1:17 PM
To: (b) (6)
Subject: FW: AP27 Skin Final Rule

Please see conversation below.



(b) (6)

[Redacted]
[Redacted]
[Redacted]
[Redacted]@VA.gov

From: (b) (6)
Sent: Wednesday, July 19, 2017 10:25 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5)



(b) (6)
@VA.gov

From: (b) (6)
Sent: Wednesday, July 19, 2017 9:50 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5), (b) (6)

From: (b) (6)
Sent: Wednesday, July 19, 2017 9:49 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5)



(b) (6)
@VA.gov

From: (b) (6)
Sent: Wednesday, July 19, 2017 9:38 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

Thank you.

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

?

Let me know.

Thanks,

(b) (6)

From: (b) (6)
Sent: Wednesday, July 19, 2017 8:52 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5)



(b) (6)

@VA.gov

From: (b) (6)
Sent: Monday, July 17, 2017 8:46 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5)

(b) (5) [REDACTED]

(b) (5) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

.....

Two additional commenters viewed the proposed rule as an attempt to circumvent or undermine the CAVC's ruling. (b) (5) [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

(b) (5)

From: (b) (6)
Sent: Thursday, July 06, 2017 11:40 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)



(b) (6)
@VA.gov

From: (b) (6)
Sent: Thursday, July 06, 2017 11:26 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)

(b) (5)

[Redacted text block]

[Redacted text block]

Thank you,

(b) (6)

From: (b) (6)
Sent: Thursday, July 06, 2017 9:58 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)



(b) (6)

@VA.gov

From: (b) (6)
Sent: Thursday, July 06, 2017 9:53 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

Welcome back!

(b) (5)

From: (b) (6)
Sent: Thursday, July 06, 2017 9:41 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

I just returned from it.

(b) (6)



(b) (6) @VA.gov

From: (b) (6)
Sent: Thursday, July 06, 2017 9:21 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)
(b) (6)

Thanks,

(b) (6)

From: (b) (6)
Sent: Wednesday, July 05, 2017 3:36 PM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6) :

(b) (6)



(b) (6)
@VA.gov

From: (b) (6)
Sent: Thursday, June 22, 2017 2:27 PM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)
(b) (6),
(b) (6)
(b) (6)

From: (b) (6)

Sent: Tuesday, May 30, 2017 8:23 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5)



(b) (6)
@VA.gov

From: (b) (6)
Sent: Tuesday, May 30, 2017 8:14 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (5), (b) (6)

[REDACTED]

From: (b) (6)
Sent: Tuesday, May 30, 2017 1:27 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)

(b) (5)



(b) (6)
@VA.gov

From: (b) (6)
Sent: Monday, May 29, 2017 10:50 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

Thanks (b) (6).

(b) (5)
[Redacted]

- (b) (6)

From: (b) (6)
Sent: Friday, May 26, 2017 10:29 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6) :

[Redacted] (b) (6) (5) [Redacted]



(b) (6)
[Redacted]
[Redacted]
[Redacted]
[@VA.gov](#)

From: (b) (6)
Sent: Tuesday, May 23, 2017 9:41 AM
To: (b) (6)
Subject: RE: AP27 Skin Final Rule

(b) (6)
(b) (5)
[Redacted]
[Redacted]

Thank you,

(b) (6)
(b) (6)
[Redacted]
[Redacted]
[Redacted]

From: (b) (6)
Sent: Friday, May 19, 2017 4:33 PM
To: (b) (6)
Subject: AP27 Skin Final Rule

(b) (6) :

(b) (5)



(b) (6)
@VA.gov

From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: Call on reg standard with Hill back brief
Date: Friday, March 30, 2018 11:44:00 AM

Sir,

(b) (5)
[Redacted]
[Redacted]

[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted] encroaches on (b) (5) jurisdiction and undermines
our role. It (b) (5)
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington, DC
(b) (6)

From: (b) (6)
Sent: Wednesday, March 28, 2018 3:35 PM
To: Mason, Cheryl
Cc: (b) (6)
Subject: RE: Call on reg standard with Hill tomorrow

(b) (5)
[Redacted]

(b) (5)

From: Mason, Cheryl
Sent: Wednesday, March 28, 2018 3:32 PM
To: (b) (6)
Cc: (b) (6)
Subject: Call on reg standard with Hill tomorrow

Sir

(b) (5)

Thank you

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

(b) (5)

(b) (6)

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From: (b) (6)
Sent: Tuesday, March 13, 2018 2:23 PM
To: Mason, Cheryl; (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

_____ We are concerned the (b) (5) _____ of review would undermine the key role of the (b) (5) _____ judicial review. (b) (5) _____

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

(b) (5)

From: Mason, Cheryl
Sent: Tuesday, March 13, 2018 11:47 AM
To: (b) (6)
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)

Sent: Tuesday, March 13, 2018 8:40:05 AM
To: Mason, Cheryl
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)



From: Mason, Cheryl
Sent: Monday, March 12, 2018 7:39 PM
To: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b)

(5),

(b)

(6)






Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Monday, March 12, 2018 2:17:45 PM
To: Mason, Cheryl
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

(b) (5)




(b) (5)

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Wednesday, March 07, 2018 10:49 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

(b) (5), (b) (6)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

From: (b) (6)
Sent: Tuesday, March 06, 2018 6:53 PM
To: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5), (b) (6)

[Redacted]

[Redacted]

(b) (6)

[Redacted]

From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: FW: Labor-Management Relations
Date: Monday, January 22, 2018 1:59:00 PM

(b) (6)

From: (b) (6)
Sent: Monday, January 22, 2018 1:59 PM
To: Mason, Cheryl
Subject: Labor-Management Relations

Madam Chairman,

(b) (5)



which undermines the intent of the Statute. (b) (5)



(b) (6)

(b) (6)



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From: (b) (6)
To: [Mason, Cheryl](#)
Cc: (b) (6)
Subject: FW: Potential RAMP withdraw in error
Date: Friday, March 30, 2018 2:49:12 PM
Importance: High

(b)

(5),

(b)

(6)

[Redacted]

[Redacted]

(b) (6)

[Redacted]

From: (b) (6)

Sent: Thursday, March 29, 2018 2:04 PM

To: (b) (6)

Cc: (b) (6)

Subject: Re: Potential RAMP withdraw in error

Importance: High

(b) (5), (b) (6)

[Redacted]

[Redacted]

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

(b) (5) [REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED] processes that do not undermine its usefulness. (b) (5)
[REDACTED]
[REDACTED]

Thank you.

(b) (6) [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] va.gov

From: "(b) (6) [REDACTED] [@va.gov](mailto:[REDACTED]@va.gov)>

Date: Thursday, March 29, 2018 at 11:16 AM

To: (b) (6) [REDACTED] [@va.gov](mailto:[REDACTED]@va.gov)>

Cc: (b) (6) [REDACTED] [@va.gov](mailto:[REDACTED]@va.gov)>, "(b) (6) [REDACTED] [@va.gov](mailto:[REDACTED]@va.gov)>,"

(b) (6) @va.gov>, (b) (6)
@va.gov>, (b) (6) @va.gov>, (b) (6)
@va.gov>, (b) (6)
@va.gov>, (b) (6) @va.gov>

Subject: RE: Potential RAMP withdraw in error

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: (b) (6)

Sent: Tuesday, March 27, 2018 4:04 PM

To: (b) (6)

Cc: (b) (6)

Subject: RE: Potential RAMP withdraw in error

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: (b) (6)

Sent: Tuesday, March 27, 2018 3:37 PM

To: (b) (6)

Cc: (b) (6)

Subject: RE: Potential RAMP withdraw in error

Importance: High

(b) (5), (b) (6)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[@va.gov](#)

From: (b) (6)

Sent: Tuesday, March 27, 2018 3:11 PM

To: (b) (6)

Cc: (b) (6)

Subject: FW: Potential RAMP withdraw in error

Importance: High

(b) (6)

[Redacted]

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Monday, March 26, 2018 10:20 AM
To: (b) (6)
Cc: (b) (6)
Subject: Potential RAMP withdraw in error
Importance: High

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] [@va.gov](#)

From: [Mason, Cheryl](#)
To: (b) (6)
Subject: FW: Potential RAMP withdraw in error
Date: Friday, March 30, 2018 3:03:38 PM

(b)
(6)

(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Friday, March 30, 2018 11:49:11 AM
To: Mason, Cheryl
Cc: (b) (6)
Subject: FW: Potential RAMP withdraw in error

(b)
(5)

(b) (6)

From: (b) (6)
Sent: Thursday, March 29, 2018 2:04 PM
To: (b) (6)
Cc: (b) (6)
Subject: Re: Potential RAMP withdraw in error
Importance: High

Good afternoon (b) (6),

(b) (5)

-
-
-
-
-
-

able to comply with processes that do not undermine its usefulness. (b) (5)

(b) (5)
[Redacted]

Thank you.

(b) (6)

--
(b) (6)
[Redacted]
[Redacted]

From: (b) (6) <[Redacted]@va.gov>
Date: Thursday, March 29, 2018 at 11:16 AM
To: (b) (6) <[Redacted]@va.gov>
Cc: (b) (6) <[Redacted]@va.gov>, (b) (6) <[Redacted]@va.gov>, (b) (6) <[Redacted]@va.gov>, (b) (6) <[Redacted]@va.gov>, (b) (6) <[Redacted]@va.gov>, (b) (6) <[Redacted]@va.gov>, (b) (6) <[Redacted]@va.gov>
Subject: RE: Potential RAMP withdraw in error

Good morning,

(b) (5)
[Redacted]
[Redacted]
[Redacted]
[Redacted]

[Redacted]

Thank you,

(b) (6)
[Redacted]
[Redacted]
[Redacted]

From: (b) (6)
Sent: Tuesday, March 27, 2018 4:04 PM
To: (b) (6)
Cc: (b) (6)
[Redacted]

Subject: RE: Potential RAMP withdraw in error

Good afternoon,

(b) (5), (b) (6)
[Redacted]

[Redacted]

Thank you,

(b) (6)
[Redacted]

From: (b) (6)
Sent: Tuesday, March 27, 2018 3:37 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Potential RAMP withdraw in error
Importance: High

Good Afternoon,
(b) (5), (b) (6)
[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b) (6), (b) (5)
[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted] [@va.gov](#)

From: (b) (6)
Sent: Tuesday, March 27, 2018 3:11 PM
To: BVA VACOLS Assistance
Cc: (b) (6)
Subject: FW: Potential RAMP withdraw in error
Importance: High

Good afternoon,

(b) (6)
[Redacted]

Thank you,

(b) (6)
[Redacted]
[Redacted]

From: (b) (6)
Sent: Monday, March 26, 2018 10:20 AM
To: (b) (6)
Cc: (b) (6)
Subject: Potential RAMP withdraw in error
Importance: High

Good Morning,

(b) (5)
[Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]

Thank you,
(b) (6)

(b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [@va.gov](#)

From: (b) (6)
To: [Mason, Cheryl](#); (b) (6)
Cc: (b) (6)
Subject: FW: Suggestion for applicability language
Date: Tuesday, March 27, 2018 8:37:34 AM

(b)
(5)

[REDACTED]

(b) (6)
[REDACTED]

From: (b) (6)
Sent: Monday, March 26, 2018 5:00 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: Suggestion for applicability language

(b) (5),
(b) (6)

[REDACTED]

Thanks,

(b)
(5)

From: (b) (6)
Sent: Monday, March 26, 2018 3:11 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Suggestion for applicability language

(b) (6),

(b) (5)
[REDACTED]

(b) (5)

such action would significantly undermine (b) (5) ability to defend a legal challenge (b) (5).

(b) (5)

would undermine (b) (5) ability to defend a legal challenge (b) (5)

(b) (5)



Please contact me or (b) (6) with questions.

Thanks,

(b) (6)



(b) (5), (b) (6)

(b) (6)

(b) (5), (b) (6)

(b) (6)

(b) (5)

From: (b) (6)
Sent: Thursday, March 01, 2018 1:41:09 PM
To: (b) (6)
Subject: RE: Third River Contract - Charter Member Nominations

(b) (5)

(b) (5) I admire that your feet stayed planted while you rose to lofty heights. (b) (6), (b) (5)

From: (b) (6)
Sent: 8:12:51 AM
To: (b) (6)
Subject: RE: Third River Contract - Charter Member Nominations

(b) (6)
(b) (5)

(b) (6)
(b) (5)

From: (b) (6)
Sent: Wednesday, February 28, 2018 1:30:37 PM
To: (b) (6)

Cc: (b) (6)
Subject: RE: Third River Contract - Charter Member Nominations

Good Afternoon Servant Leaders,

(b) (5)

room for more.

Name	Title, Office
(b) (5)	

(b) (5)

Very Respectfully,

(b) (6)



From: (b) (6)

Sent: Tuesday, February 27, 2018 12:01 PM

To: (b) (6)

Cc: (b) (6)

Subject: Third River Contract - Charter Member Nominations

Distinguished Colleagues – (b) (5)

(b) (5) [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Very Respectfully,

(b) (6) [Redacted]

[Redacted]

(b) (6) [Redacted]

[Redacted]



From: (b) (6)
To: (b) (6)
Subject: FW: VACO Delaying: SLM and Status Updates RVA Executive Team
Date: Thursday, January 04, 2018 4:20:02 PM
Attachments: VACO 7857239 VACO Delaying Status Updates EN 0118.docx
RVA VACO Delaying Reporting Form UPDATED 20180104 met.docx
image007.png
image008.png
image009.png
Importance: High

(b) (5), (b) (6)

From: (b) (6)
Sent: Thursday, January 04, 2018 12:41 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: VACO Delaying: SLM and Status Updates

(b) (6)

(b) (5)

12

(b) (6)

(b) (6)

(b) (6)

From: (b) (6)
Sent: Wednesday, January 03, 2018 9:22 AM
To: (b) (6)
Cc: (b) (6)
Subject: FW: VACO Delaying: SLM and Status Updates
Importance: High

(b) (5), (b) (6)

From: (b) (6)
Sent: Tuesday, January 02, 2018 1:56 PM
To: (b) (6)
Cc: (b) (6)
Subject: VACO Delaying: SLM and Status Updates

Good Afternoon All

(b) (5)

(b) (5)

provide clarifying information (embedded within the documents,

(b) (5),

(b) (6)

From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: Information and follow up on request
Date: Friday, May 25, 2018 6:04:00 AM
Importance: High

Good morning,

(b) (5)

.1 - Politico: [Republicans take aim at federal unions](#) (24 May, Lorraine Woellert, 23.9M uvm; Arlington, VA)

House Republicans accused unionized federal workers Thursday of abusing a law that allows them to take paid time off to attend labor-management meetings and address workforce issues outside their regular jobs.

The House report was published just days after the Office of Personnel Management raised similar concerns about unionized civil servants.

In a survey, a panel of the House Oversight Committee found that more than 12,500 employees took advantage of legally sanctioned time off, known as “official time,” for labor-related activities such as worker disputes, whistleblowing and collective bargaining.

The Department of Veterans Affairs was among the worst offenders, the House panel said. There, 472 employees spent 100 percent of their working hours on labor-management-related business in fiscal 2017, according to the GOP report. Those employees included a VA nurse anesthetist and dentist who each made more than \$190,000 a year.

“Some collective bargaining agreements allow certain labor union employees to spend 100 percent of their time on official time,” Republican staff wrote. “These employees are subsidized by American taxpayer dollars, but do not have to do their regularly assigned work.”

That conclusion echoed the findings of an OPM biennial report on official time, which OPM Director Jeff Pon labeled as “Taxpayer Funded Union Time within the Federal Government.” Pon estimated that the taxpayer cost of employees using official time was up nearly 7.6 percent, to \$174.8 million, in fiscal 2016 from two years earlier.

Democrats and unions challenged those conclusions, calling them part of a broader assault against career civil servants led by President Donald Trump, who has accused the “deep state” of thwarting his policy agenda.

In a statement submitted to the House Oversight Government Operations Subcommittee, the American Federation of Government Employees disputed that official time was “union time,” saying the time was not used to recruit union members, hold union meetings, campaign or hold elections for union office, or collect dues. Rather, AFGE said, “it is time spent representing workers who are the victims of illegal discrimination, illegal harassment, or other prohibited personnel practices.”

“Misleading reports on official time are just the latest barrage in a series of attacks aimed at reducing protections for federal employees in the workplace,” said AFGE National President J. David Cox Sr. in a written statement. “Federal workers assure delivery of services over politics, and the unions that represent workers help preserve civilian protections over partisanship.”

“The Trump administration is launching a multi-front attack on our independent civil service,” said Rep. Elijah Cummings (D-Md.). “These actions will harm middle-class workers who dedicate their lives to public service, impair our ability to recruit and retain the best and brightest, and degrade the services that our government delivers to the American people.”

Pon has called for revising civil service laws, including changes to official time and a \$143.5 billion rollback of pension benefits. An OPM spokeswoman denied rumors of civil service layoffs, saying “there are no high-level” discussions about a reduction in the federal workforce.

But change already is happening at the agency level. In March, Education Secretary Betsy DeVos unilaterally imposed a new contract on the agency’s nearly 4,000 unionized employees, prompting AFGE to file a complaint to the Federal Labor Relations Authority.

DeVos and Agriculture Secretary Sonny Perdue also have limited employee telework, turning back an Obama-era expansion of such benefits, which were billed as a way to attract and retain employees.

Meanwhile, worker complaints to the FLRA are piling up. The agency has been without a presidentially appointed general counsel since November, a vacancy that has prevented cases from being prosecuted even as rank-and-file investigators continue to refer worker complaints to the FLRA.

President Barack Obama experienced a similar backlog in 2010 after the labor authority went without a top lawyer for 17 months, resulting in more than 340 deferred cases.

[Back to Top](#)

4.2 - Talking Points Memo: [Trump’s VA Strips Protection From Workers’ Contract](#) (24 May, Alice Ollstein, 11.8M uvm; New York, NY)

The Department of Veterans Affairs this week unilaterally scrapped an Obama-era provision in their labor contract, stripping many of doctors and nurses of the right to have a union representative advocate for them at a hearing at which they are being disciplined or fired.

The effect, a union representing federal workers says, will be to make it easier to fire government employees.

The VA sent a “notice of repudiation” to the American Federation of Government Employees (AFGE) on May 21 informing the union that the VA would no longer comply with this piece of the union contract, which has been in effect since 2011, calling it “null, void and unenforceable.”

The provision ensured that workers could have AFGE representation when they were called before either a Disciplinary Board or a Professional Standards Board — panels that determine whether a federal worker can be demoted, suspended or terminated.

VA Press Secretary Curt Cashour told TPM that the provision in question “interferes with federal law,” adding: “VA never should have agreed to it in the first place.”

“Federal Labor Relations Authority precedent clearly allows federal departments and agencies lawfully to repudiate a collective bargaining agreement clause that is nonnegotiable under the statute because the clause interferes with a federal law,” he said. “That’s exactly what we’re doing in this case.”

The Department of Veterans Affairs — which currently has no confirmed permanent leader — is the second-largest federal agency, with more than 360,000 federal employees. It is also the largest integrated health care system in the United States.

Jacque Simon, the public policy director of AFGE, told TPM that she sees the move as a “shot across the bow” and expects the Trump administration to roll back more federal worker protections in the months ahead.

“This basically takes our collective bargaining agreement and just rips some pages out, taking away something that’s been in effect legally for many years,” she said. “These boards are life and death — whether your professional standards are certified and whether you have a job. Now you can’t have your union represent you at those hearings.”

(b) (5)



Cheryl L. Mason
Chairman

Board of Veterans' Appeals
Washington, DC

(b) (6)

From: [Mason, Cheryl](#)
To: [BVA List](#)
Subject: Last day for CFC
Date: Friday, January 12, 2018 11:43:17 AM
Attachments: [image001.png](#)
[image002.jpg](#)
[image003.png](#)

Today is our last chance to give through the [2017 Combined Federal Campaign](#)! Joining together as a Federal community, we have a collective impact. Our pledges help improve the quality of life for neighbors in need around the corner, across the nation, and throughout the world. Here are a few real-life examples of what our contributions can do:

- \$500 provides pre-occupational online training for veterans entering the civilian workforce.
- \$250 ships 160 pounds of critical medicine and medical supplies for disaster survivors.
- \$85 provides one week of groceries for a four-person family in a metropolitan area.
- \$25 covers the cost of a backpack and school supplies for one child in need.
- \$10 plants 10 trees, recovering forests damaged by wildfire.

Through our support, charities are able to fulfill their missions and serve those in need.

On behalf of the campaign team and all the participating charities, thank you for choosing to [Show Some Love](#). Together, we truly will make the world a better place.



The VA 2017 Combined Federal Campaign is under way! [Donate](#) to a charity you care about today.

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Cheryl L. Mason

Chairman
Board of Veterans' Appeals
Washington, DC
202- (b) (6)

Good evening,

(b) (5)

[illegible]

(b) (5) [REDACTED]
[REDACTED]
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From: (b) (6) [REDACTED]
Sent: Wednesday, August 15, 2018 5:05 PM
To: (b) (6) [REDACTED]; Mason, Cheryl; (b) (6) [REDACTED]
[REDACTED]
Cc: (b) (6) [REDACTED]
Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

Folks – (b) (5) [REDACTED]

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Government	Percentage
Current government	85%
Previous government	15%

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(b) (5) [REDACTED]
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Boiler Plant Operator, (b) (5)

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[REDACTED]

From: (b) (6)
To: (b) (6)
Subject: QR Alert: Problematic language involving 38 C.F.R. § 4.40 for rating limitation of motion
Date: Thursday, June 21, 2018 8:58:46 AM

All –

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(b) (5) language in the quote below undermines their ability to effectively present (b) (5)

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[REDACTED]

(b) (5)

From: (b) (6)
To: Mason, Cheryl; (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings
Date: Wednesday, March 14, 2018 11:55:02 AM

(b) (5)

[Redacted]

(b) (6)

[Redacted]

From: Mason, Cheryl
Sent: Wednesday, March 14, 2018 11:52 AM
To: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[Redacted]

From: (b) (6)
Sent: Tuesday, March 13, 2018 2:23 PM
To: Mason, Cheryl; (b) (6) (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (6)

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[Redacted] would undermine the key role of the (b) (5)

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(b) (6)

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From: Mason, Cheryl
Sent: Tuesday, March 13, 2018 11:47 AM
To: (b) (6)
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[Redacted]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6) VBAWASH
Sent: Tuesday, March 13, 2018 8:40:05 AM
To: Mason, Cheryl
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)



From: Mason, Cheryl
Sent: Monday, March 12, 2018 7:39 PM
To: (b) (6) VBAWASH
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

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Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6), VBAWASH
Sent: Monday, March 12, 2018 2:17:45 PM
To: Mason, Cheryl
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

Hi (b) (5)




(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Wednesday, March 07, 2018 10:49 AM
To: (b) (6) VBAWASH
Cc: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

(b) (5)

[REDACTED]

[REDACTED]

Thanks,

(b) (5)

From: (b) (6)
Sent: Tuesday, March 06, 2018 6:53 PM
To: (b) (6) VBAWASH
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

(b) (6)

[REDACTED]

From: (b) (6)
To: Mason, Cheryl; (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings
Date: Tuesday, March 13, 2018 2:22:54 PM

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[REDACTED]

From: Mason, Cheryl
Sent: Tuesday, March 13, 2018 11:47 AM
To: (b) (6)
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6) VBAWASH
Sent: Tuesday, March 13, 2018 8:40:05 AM
To: Mason, Cheryl
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

From: Mason, Cheryl
Sent: Monday, March 12, 2018 7:39 PM
To: (b) (6), VBAWASH
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (6)

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(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6), VBAWASH
Sent: Monday, March 12, 2018 2:17:45 PM
To: Mason, Cheryl
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

Hi (b) (5)

[REDACTED]

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From: (b) (6)
Sent: Wednesday, March 07, 2018 10:49 AM
To: (b) (6) VBAWASH
Cc: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (6), (b) (5) [Redacted]
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From: (b) (6) [Redacted]

Sent: Tuesday, March 06, 2018 6:53 PM

To: (b) (6) VBAWASH

Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5), (b) (6)



(b) (6)



From: [Mason, Cheryl](#)
To: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings
Date: Wednesday, March 14, 2018 11:51:00 AM

(b) (5)

From: (b) (5)
Sent: Tuesday, March 13, 2018 2:23 PM
To: Mason, Cheryl; (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

standard of
review would undermine the key role (b) (5)

(b) (5)

[REDACTED]

(b) (6)

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From: Mason, Cheryl
Sent: Tuesday, March 13, 2018 11:47 AM
To: (b) (6)
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Tuesday, March 13, 2018 8:40:05 AM
To: Mason, Cheryl
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5)

[REDACTED]

From: Mason, Cheryl
Sent: Monday, March 12, 2018 7:39 PM
To: (b) (6)
Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b)
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(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Monday, March 12, 2018 2:17:45 PM
To: Mason, Cheryl
Subject: FW: Appeals Reform: Follow-up regarding favorable findings

Hi (b) (5)

(b) (5), (b) (6)

Thanks,

(b) (6)

From: (b) (6)

Sent: Tuesday, March 06, 2018 6:53 PM

To: (b) (6)

Subject: RE: Appeals Reform: Follow-up regarding favorable findings

(b) (5), (b) (6)

(b) (6)

From: (b) (6)
To: Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: RE: Board position holds
Date: Friday, March 30, 2018 8:35:36 AM

Cheri, (b) (5)

I [REDACTED]
[REDACTED]
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I [REDACTED] encroaches on (b) (5) jurisdiction and undermines
our role. (b) (6)
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I [REDACTED]
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I [REDACTED]
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(b) (6)
[REDACTED]
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From: Mason, Cheryl
Sent: Thursday, March 29, 2018 5:45 PM
To: (b) (6)
Subject: RE: Board position holds

Yes

(b) (6)
[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Thursday, March 29, 2018 2:39:02 PM
To: Mason, Cheryl; (b) (6)
Subject: RE: Board position holds

(b) (5)
[REDACTED]
[REDACTED]

(b) (6)

From: Mason, Cheryl
Sent: Thursday, March 29, 2018 5:30:03 PM
To: (b) (6)
Subject: RE: Board position holds

(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Thursday, March 29, 2018 12:57:43 PM
To: Mason, Cheryl; (b) (6)
Subject: RE: Board position holds

(b) (5)

(b) (6)

From: Mason, Cheryl
Sent: Thursday, March 29, 2018 3:48 PM
To: (b) (6)
Subject: Board position holds

(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
To: (b) (6); [Mason, Cheryl](#)
Cc: (b) (6)
Subject: RE: IDT-D Concerns
Date: Friday, May 11, 2018 8:00:14 AM

(b) (5)

From: (b) (6)
Sent: Thursday, May 10, 2018 2:42 PM
To: (b) (6) @va.gov; (b) (6) @va.gov;
Mason, Cheryl <(b) (6) @va.gov>; (b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov
Subject: RE: IDT-D Concerns

(b) (5)

From: (b) (6)
Sent: Thursday, May 10, 2018 2:39 PM
To: (b) (6) @va.gov; Mason, Cheryl <(b) (6) @va.gov>;
(b) (6) @va.gov; (b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov
Subject: RE: IDT-D Concerns

Good afternoon,

(b) (6)

2) delaying implementation until
after impasse is resolved would undermine the effective function of the agency. (b) (5)

Thanks

(b) (6)

From: (b) (6)
Sent: Thursday, May 10, 2018 2:35 PM
To: Mason, Cheryl <(b) (6)@va.gov>; (b) (6)@va.gov>; (b) (6)@va.gov>; (b) (6)@va.gov>
Cc: (b) (6)@va.gov>; (b) (6)@va.gov>; (b) (6)@va.gov>; (b) (6)@va.gov>
Subject: FW: IDT-D Concerns

Good afternoon.

(b) (5)

Thanks,

(b) (6)

From: (b) (6)
Sent: Thursday, May 10, 2018 1:52 PM
To: (b) (6)@va.gov>
Cc: (b) (6)@va.gov>; (b) (6)@va.gov>
Subject: IDT-D Concerns

(b) (6),

(b) (5)

(b) (5)

Thank you.

(b) (6)



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From: (b) (6)
To: (b) (6); [Mason, Cheryl](#); (b) (6)
Cc: (b) (6)
Subject: RE: IDT-D Concerns
Date: Thursday, May 10, 2018 2:42:15 PM

(b) (5)

[REDACTED]

From: (b) (6)
Sent: Thursday, May 10, 2018 2:39 PM
To: (b) (6) @va.gov; Mason, Cheryl (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Subject: RE: IDT-D Concerns

Good afternoon,

(b) (5)

[REDACTED]

2) delaying implementation until
after impasse is resolved would undermine the effective function of the agency. (b) (6)

[REDACTED]

Thanks

(b) (6)

From: (b) (6)
Sent: Thursday, May 10, 2018 2:35 PM
To: Mason, Cheryl <(b) (6) @va.gov>; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Subject: FW: IDT-D Concerns

Good afternoon.

(b) (5)

[REDACTED]

(b) (5)

Thanks,

(b) (6)

From: (b) (6)

Sent: Thursday, May 10, 2018 1:52 PM

To: (b) (6) <[REDACTED]@va.gov>

Cc: (b) (6) <[REDACTED]@va.gov>; (b) (6)

<[REDACTED]@va.gov>

Subject: IDT-D Concerns

(b) (6),

(b) (5)

[REDACTED]

[REDACTED]

Thank you.

(b) (6)

[REDACTED]

"This e-mail and any attachments are intended only for the use of the addressee(s) named herein and may contain privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and via telephone at (202) (b) (6) and permanently delete the original and any copy of any e-mail and any printout thereof."

From: (b) (6)
To: Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: RE: Information and follow up on request
Date: Friday, May 25, 2018 8:35:22 AM

Good morning,

(b) (5)
[Redacted]
[Redacted]
[Redacted]
[Redacted]

[Redacted]

(b) (6)

From: Mason, Cheryl
Sent: Friday, May 25, 2018 6:04 AM
To: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov
Subject: Information and follow up on request
Importance: High

Good morning,

(b) (5)
[Redacted]
[Redacted]

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.1 - Politico: [Republicans take aim at federal unions](#) (24 May, Lorraine Woellert, 23.9M uvm; Arlington, VA)

House Republicans accused unionized federal workers Thursday of abusing a law that allows them to take paid time off to attend labor-management meetings and address workforce issues outside their regular jobs.

The House report was published just days after the Office of Personnel Management raised similar concerns about unionized civil servants.

In a survey, a panel of the House Oversight Committee found that more than 12,500 employees took advantage of legally sanctioned time off, known as “official time,” for labor-related activities such as worker disputes, whistleblowing and collective bargaining.

The Department of Veterans Affairs was among the worst offenders, the House panel said. There, 472 employees spent 100 percent of their working hours on labor-management-related business in fiscal 2017, according to the GOP report. Those employees included a VA nurse anesthetist and dentist who each made more than \$190,000 a year.

“Some collective bargaining agreements allow certain labor union employees to spend 100 percent of their time on official time,” Republican staff wrote. “These employees are subsidized by American taxpayer dollars, but do not have to do their regularly assigned work.”

That conclusion echoed the findings of an OPM biennial report on official time, which OPM Director Jeff Pon labeled as “Taxpayer Funded Union Time within the Federal Government.” Pon estimated that the taxpayer cost of employees using official time was up nearly 7.6 percent, to \$174.8 million, in fiscal 2016 from two years earlier.

Democrats and unions challenged those conclusions, calling them part of a broader assault against career civil servants led by President Donald Trump, who has accused the “deep state” of thwarting his policy agenda.

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(b) (5) [REDACTED]
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[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Cheryl L. Mason

Chairman
Board of Veterans’ Appeals
Washington, DC
202-(b) (6) [REDACTED]

From: [Mason, Cheryl](#)
To: (b) (6)
Subject: RE: Information and follow up on request
Date: Friday, May 25, 2018 7:00:00 AM

(b)
(6)

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Friday, May 25, 2018 6:43 AM
To: Mason, Cheryl (b) (6) @va.gov>
Subject: RE: Information and follow up on request

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

From: Mason, Cheryl
Sent: Friday, May 25, 2018 3:04:27 AM
To: (b) (6)
Cc: (b) (6)
Subject: Information and follow up on request

Good morning,

(b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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(b) (5)
[REDACTED]
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[REDACTED]
[REDACTED]

Cheryl L. Mason

Chairman
Board of Veterans’ Appeals
Washington, DC
202 (b) (6)
[REDACTED]

From: (b) (6)
To: Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: RE: Information and follow up on request
Date: Friday, May 25, 2018 3:10:31 PM
Attachments: [New FLRA case law 5.25.18.docx](#)

Good afternoon,

(b) (5), (b) (6)
[Redacted]
[Redacted]

[Redacted]

[Redacted]

[Redacted]

From: Mason, Cheryl
Sent: Friday, May 25, 2018 6:04 AM
To: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov
Subject: Information and follow up on request
Importance: High

Good morning,

(b) (5)
[Redacted]

[Redacted]
[Redacted]
[Redacted]

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[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Cheryl L. Mason

Chairman
Board of Veterans’ Appeals
Washington, DC
202- (b) (6) [REDACTED]

From: (b) (6)
To: [Mason, Cheryl](#)
Subject: RE: Information and follow up on request
Date: Friday, May 25, 2018 6:42:54 AM

(b) (5)

[REDACTED]

[REDACTED]

From: Mason, Cheryl
Sent: Friday, May 25, 2018 3:04:27 AM
To: (b) (6)
Cc: (b) (6)
Subject: Information and follow up on request

Good morning,

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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(b) (5) [REDACTED]
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[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

Cheryl L. Mason

Chairman
Board of Veterans' Appeals
Washington, DC
202- (b) (6) [REDACTED]

From: (b) (6)
To: [Mason, Cheryl](#)
Subject: RE: Labor-Management Relations
Date: Monday, January 22, 2018 2:36:43 PM

(b) (5)

From: Mason, Cheryl
Sent: Monday, January 22, 2018 2:14 PM
To: (b) (6)
Subject: RE: Labor-Management Relations

(b) (5)

From: (b) (6)
Sent: Monday, January 22, 2018 2:10 PM
To: (b) (6); Mason, Cheryl
Subject: RE: Labor-Management Relations

(b) (5)

From: (b) (6)
Sent: Monday, January 22, 2018 2:01 PM
To: Mason, Cheryl
Cc: (b) (6)
Subject: RE: Labor-Management Relations

(b) (5)

From: Mason, Cheryl
Sent: Monday, January 22, 2018 2:00 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: Labor-Management Relations

(b) (5)

From: (b) (6)
Sent: Monday, January 22, 2018 1:59 PM
To: Mason, Cheryl
Subject: Labor-Management Relations

Madam Chairman,

(b) (5)

(b) (5)

which undermines the intent of the Statute. (b) (5), (b) (6)

[REDACTED]

[REDACTED]

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From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: RE: Labor-Management Relations
Date: Monday, January 22, 2018 2:01:00 PM

(b)
(5)

From: (b) (6)
Sent: Monday, January 22, 2018 2:01 PM
To: Mason, Cheryl
Cc: (b) (6)
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(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington, DC
202-(b) (6)

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(b) (5)

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(b) (6)

10 of 10

(b) (6)

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From: [Mason, Cheryl](#)
To: (b) (6)
Subject: RE: Labor-Management Relations
Date: Monday, January 22, 2018 2:13:00 PM

(b) (5)

From: (b) (6)
Sent: Monday, January 22, 2018 2:10 PM
To: (b) (6) Mason, Cheryl
Subject: RE: Labor-Management Relations

(b) (5)

From: (b) (6)
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To: Mason, Cheryl
Cc: (b) (6)
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From: (b) (6)
To: [Mason, Cheryl](#)
Cc: (b) (6)
Subject: RE: Labor-Management Relations
Date: Monday, January 22, 2018 2:01:26 PM

(b) (6)

From: Mason, Cheryl
Sent: Monday, January 22, 2018 2:00 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: Labor-Management Relations

(b) (6)

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(b) (5)

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From: (b) (6)
To: (b) (6)
Cc: (b) (6); [Mason, Cheryl](#); (b) (6)
Subject: RE: OPIA state of VA updates - Due Thursday
Date: Thursday, August 16, 2018 9:13:12 AM

Good morning,

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Wednesday, August 15, 2018 5:23 PM
To: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Cc: (b) (6) @va.gov; Mason, Cheryl
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Subject: OPIA state of VA updates - Due Thursday
Importance: High

Good evening,

(b) (5)

[REDACTED]

(b) (5)

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(b) (5)

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From: (b) (6)

Sent: Wednesday, August 15, 2018 5:05 PM

To: (b) (6); Mason, Cheryl; (b) (6)

Cc: (b) (6)

Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

Folks – (b) (5)

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[REDACTED] Boiler Plant Operator, (b) (5)

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(b) (5), (b) (6)

From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: RE: OPIA state of VA updates - Due Thursday
Date: Thursday, August 16, 2018 9:19:50 AM

(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Thursday, August 16, 2018 6:13:11 AM
To: (b) (6)
Cc: (b) (6); Mason, Cheryl; (b) (6)
Subject: RE: OPIA state of VA updates - Due Thursday

Good morning,

(b) (5), (b) (6)

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From: (b) (6)
Sent: Wednesday, August 15, 2018 5:23 PM
To: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Cc: (b) (6) @va.gov; Mason, Cheryl
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov
Subject: OPIA state of VA updates - Due Thursday
Importance: High

Good evening,

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From: (b) (6)
Sent: Wednesday, August 15, 2018 5:05 PM
To: (b) (6); Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

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(b) (5)

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(b) (6)

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From: (b) (6)
To: (b) (6) [Mason, Cheryl](#)
Cc: (b) (6)
Subject: RE: OPIA state of VA updates - Due Thursday
Date: Thursday, August 16, 2018 11:53:53 AM

(b) (5)

From: (b) (6) .
Sent: Thursday, August 16, 2018 10:58 AM
To: (b) (6) @va.gov>
Cc: (b) (6) @va.gov>; (b) (6) @va.gov>
Subject: FW: OPIA state of VA updates - Due Thursday

Good Morning

(b) (5), (b) (6)

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From: Mason, Cheryl

Sent: Thursday, August 16, 2018 9:20 AM

To: (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>

Cc: (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>

Subject: RE: OPIA state of VA updates - Due Thursday

(b) (5)

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)

Sent: Thursday, August 16, 2018 6:13:11 AM

To: (b) (6)

Cc: (b) (6); Mason, Cheryl; (b) (6)

Subject: RE: OPIA state of VA updates - Due Thursday

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From: (b) (6)
Sent: Wednesday, August 15, 2018 5:23 PM
To: (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>
Cc: (b) (6) <(b) (6)@va.gov>; Mason, Cheryl <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>; (b) (6) <(b) (6)@va.gov>
Subject: OPIA state of VA updates - Due Thursday
Importance: High

Good evening,

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From: (b) (6)
Sent: Wednesday, August 15, 2018 5:05 PM
To: (b) (6); Mason, Cheryl; (b) (6)
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Cc: (b) (6)
Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

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From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: RE: OPIA state of VA updates - Due Thursday
Date: Wednesday, August 15, 2018 5:47:05 PM

Thanks

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Wednesday, August 15, 2018 2:22:37 PM
To: (b) (6)
Cc: (b) (6); Mason, Cheryl; (b) (6)
Subject: OPIA state of VA updates - Due Thursday

Good evening,

(b) (5)
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From: (b) (6) [Redacted]
Sent: Wednesday, August 15, 2018 5:05 PM
To: (b) (6) [Redacted] Mason, Cheryl; (b) (6) [Redacted]
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Cc: (b) (6) [Redacted]
Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

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[REDACTED] Boiler Plant Operator, (b) (5)

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(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(b) (6)

[REDACTED]

From: (b) (6)
To: Mason, Cheryl; (b) (6)
Subject: RE: Standard for favorable findings.
Date: Friday, March 30, 2018 2:43:53 PM

(b) (5),
(b) (6)

[REDACTED]

[REDACTED]

From: Mason, Cheryl
Sent: Friday, March 30, 2018 11:24 AM
To: (b) (6)
Subject: Standard for favorable findings.

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

- I [REDACTED]
[REDACTED]
[REDACTED]
- I [REDACTED] and undermines
our role. (b) (5) [REDACTED]
[REDACTED]
- I [REDACTED]
[REDACTED]
[REDACTED]
- I [REDACTED]
[REDACTED]

Cheryl L. Mason

Chairman

Board of Veterans' Appeals

Washington, DC

202-(b) (6)

From: [Mason, Cheryl](#)
To: (b) (6)
Subject: RE: Standard for favorable findings.
Date: Friday, March 30, 2018 2:53:33 PM

Thank you

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Friday, March 30, 2018 11:43:50 AM
To: Mason, Cheryl; (b) (6)
Subject: RE: Standard for favorable findings.

(b) (5),
(b) (6)

[REDACTED]

[REDACTED]

From: Mason, Cheryl
Sent: Friday, March 30, 2018 11:24 AM
To: (b) (6)
Subject: Standard for favorable findings.

(b) (6),

(b) (5)

[REDACTED]

[REDACTED]

- (b) (5) [REDACTED]
[REDACTED]
[REDACTED]
- The use of a (b) (5) [REDACTED] standard encroaches on the (b) (6) [REDACTED] jurisdiction and undermines our role. (b) (6) [REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington, DC
202-(b) (6) [REDACTED]

From: [Mason, Cheryl](#)
To: (b) (6)
Subject: RE: Standard for favorable findings.
Date: Friday, March 30, 2018 3:18:08 PM

(b) (5), (b) (6)

[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Friday, March 30, 2018 11:43:50 AM
To: Mason, Cheryl; (b) (6)
Subject: RE: Standard for favorable findings.

(b) (5),
(b) (6)

[REDACTED]

[REDACTED]

From: Mason, Cheryl
Sent: Friday, March 30, 2018 11:24 AM
To: (b) (6)
Subject: Standard for favorable findings.

(b) (6),

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

- (b) (5) [REDACTED]
[REDACTED]
[REDACTED]
- The use of a (b) (5) [REDACTED] standard encroaches on the (b) (5) [REDACTED] jurisdiction and undermines our role. (b) (5) [REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]

Cheryl L. Mason

Chairman
Board of Veterans' Appeals
Washington, DC
202-(b) (6) [REDACTED]

From: (b) (6)
To: [Mason, Cheryl](#)
Cc: (b) (6)
Subject: RE: Suggestion for applicability language
Date: Tuesday, March 27, 2018 9:18:16 AM

Ok, leaving for VACO in about 10 minutes.

From: Mason, Cheryl
Sent: Tuesday, March 27, 2018 9:15 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Suggestion for applicability language

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Tuesday, March 27, 2018 5:37:33 AM
To: Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: FW: Suggestion for applicability language

Cheri,

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Monday, March 26, 2018 5:00 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: Suggestion for applicability language

(b) (5),
(b) (6)

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Monday, March 26, 2018 3:11 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Suggestion for applicability language

(b) (5), (b)
(6)

[REDACTED]

[REDACTED]

(b) (5)

[REDACTED]

such action would significantly undermine OGC's ability to defend a legal

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

it also would undermine OGC's ability to defend a legal

(b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Thanks,

(b) (6)

From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: RE: Suggestion for applicability language
Date: Tuesday, March 27, 2018 9:15:05 AM

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

Cheryl L. Mason
Chairman
Board of Veterans' Appeals
Washington DC

From: (b) (6)
Sent: Tuesday, March 27, 2018 5:37:33 AM
To: Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: FW: Suggestion for applicability language

(b)
(5),
(b)
(6)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

From: (b) (6)
Sent: Monday, March 26, 2018 5:00 PM
To: (b) (6)
Cc: (b) (6)
Subject: FW: Suggestion for applicability language

(b) (6),

(b) (5)

[REDACTED]

[REDACTED]

Thanks,

(b)
(6)

From: (b) (6)
Sent: Monday, March 26, 2018 3:11 PM
To: (b) (6)
Cc: (b) (6)
Subject: RE: Suggestion for applicability language

(b) (5), (b) (6)

[REDACTED]

[REDACTED]

[REDACTED]
such action would significantly undermine (b) (5) ability to defend (b) (5)
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

(b) (5)

it also would undermine (b) (5) ability to defend (b) (5),
(b) (6)

From: [Mason, Cheryl](#)
To: (b) (6)
Subject: RE: Take Your Kid to Work Day
Date: Friday, March 02, 2018 12:59:00 PM

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:45 PM
To: Mason, Cheryl
Subject: Take Your Kid to Work Day

(b) (5)

(b) (6)

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From: (b) (6)
Sent: Friday, March 02, 2018 12:43 PM
To: (b) (6)
Subject: RE: (b) (6)

Yes mam.

(b) (5)

Respectfully,

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:33 PM
To: (b) (6) [@va.gov](#)>

Cc: (b) (6) @va.gov; Mason, Cheryl <(b) (6) @va.gov>; (b) (6) @va.gov>
Subject: RE: (b) (6)

(b) (6), (b) (5)

Thank you!

(b) (6)

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From: (b) (6)
Sent: Friday, March 02, 2018 12:23 PM
To: (b) (6)
Cc: (b) (6); Mason, Cheryl; (b) (6)
Subject: RE: (b) (6)

Hello (b) (6),

(b) (6)

V/r,

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:21 PM
To: (b) (6) @va.gov
Cc: (b) (6) @va.gov; (b) (6) @va.gov; Mason, Cheryl <(b) (6) @va.gov>
Subject: RE: (b) (6)

(b) (5) [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

(b) (6) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

This e-mail and any attachments are intended only for the use of the addressee(s) named herein and may contain privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and via telephone at (202) (b) (6) and permanently delete the original and any copy of any e-mail and any printout thereof.

From: (b) (6)
Sent: Thursday, March 01, 2018 10:48 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: (b) (6)

[REDACTED] (b) (6)
[REDACTED] (5)
[REDACTED]
[REDACTED]
[REDACTED]

Let me know.

Respectfully,

(b) (6) [REDACTED]
[REDACTED]

From: (b) (6)
Sent: Wednesday, February 28, 2018 8:12 PM
To: (b) (6) <[\[REDACTED\]@va.gov](mailto:[REDACTED]@va.gov)>
Subject: (b) (6)

Hi (b) (6)

The Board would LOVE to have someone come from NCA to talk at our Take your Son or Daughter to Work Day. Our Chairman wants to show a video with a 12 year old planting flags at graves (do you know this video?) and suggested maybe an NCA person could visit for an 30 or 40 minutes an highlight your wonderful work.

Any thoughts?

(b) (6)



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From: [Mason, Cheryl](#)
To: (b) (6)
Cc: (b) (6)
Subject: RE: VACO Delaying: SLM and Status Updates
Date: Thursday, January 04, 2018 1:47:00 PM

(b) (5)

[Redacted]

From: (b) (6)
Sent: Thursday, January 04, 2018 11:11 AM
To: Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: FW: VACO Delaying: SLM and Status Updates

(b) (5)

[Redacted]

(b) (6)

From: (b) (6)
Sent: Wednesday, January 03, 2018 2:22 PM
To: (b) (6)

[Redacted]

Cc: (b) (6)
Subject: RE: VACO Delaying: SLM and Status Updates

All,

(b) (5)

[Redacted]

Regards,

(b) (6)

[Redacted]

From: (b) (6)
Sent: Tuesday, January 02, 2018 1:56 PM
To: (b) (6)

Cc: (b) (6)
Subject: VACO Delaying: SLM and Status Updates

Good Afternoon, All,

(b) (5)
[Redacted]
[Redacted]

[Redacted]
[Redacted]

[Redacted]
[Redacted] (embedded within the
documents, (b) (5), (b) (6)
[Redacted]
[Redacted]

[Redacted]

[Redacted]

[Redacted]
[Redacted]

[Redacted]
[Redacted]
[Redacted]
[Redacted]

From: (b) (6)
To: (b) (6)
Cc: (b) (6); Mason, Cheryl; (b) (6)
Subject: RE: (b) (6) ???!!!
Date: Friday, March 02, 2018 12:33:24 PM

And are the names of the two individuals who we are requesting: (b) (6)

(b) (6) Trying to get it all right the first time...

Thank you!

(b) (6)

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From: (b) (6)
Sent: Friday, March 02, 2018 12:23 PM
To: (b) (6)
Cc: (b) (6); Mason, Cheryl; (b) (6)
Subject: RE: (b) (6) ???!!!

Hello (b) (6),

Our (b) (6) @va.gov

V/r,

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:21 PM
To: (b) (6) @va.gov>
Cc: (b) (6) @va.gov>; (b) (6) @va.gov>; Mason, Cheryl (b) (6) @va.gov>
Subject: RE: (b) (6) ???!!!

Congratulations (b) (6) ! (b) (6)

Yes, please! The Chairman is happy to reach out to their Director. Please give me a name and any contact information you might have.

(b) (6)

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From: (b) (6)
Sent: Thursday, March 01, 2018 10:48 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: (b) (6) ???!!!

Oh my – (b) (6)
(b) (6)
(b) (6)
(They would need to go through their Director)

Let me know.

Respectfully,

(b) (6)

From: (b) (6)
Sent: Wednesday, February 28, 2018 8:12 PM
To: (b) (6) <@va.gov>
Subject: (b) (6) ???!!!

Hi (b) (6),

The Board would LOVE to have someone come from NCA to talk at our Take your Son or Daughter to Work Day. Our Chairman wants to show a video with a 12 year old planting flags at graves (do you know this video?) and suggested maybe an NCA person could visit for an 30 or 40 minutes an highlight your wonderful work.

Any thoughts?

(b) (6)



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From: (b) (6)
To: (b) (6)
Cc: (b) (6); [Mason, Cheryl](#); (b) (6)
Subject: RE: (b) (6) ???!!!
Date: Friday, March 02, 2018 12:23:04 PM

Hello (b) (6)

Our (b) (6) [@va.gov](#)

V/r,

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:21 PM
To: (b) (6) [@va.gov](#)>
Cc: (b) (6) [@va.gov](#)>; (b) (6) [@va.gov](#)>; Mason, Cheryl (b) (6) [@va.gov](#)>
Subject: RE: (b) (6) ???!!!

(b) (6) (b) (6)

Yes, please! The Chairman is happy to reach out to their Director. Please give me a name and any contact information you might have.

(b) (6)

(b) (6)

This e-mail and any attachments are intended only for the use of the addressee(s) named herein and may contain privileged and/or confidential information. If you are not the intended recipient of this e-mail, you are hereby notified that any dissemination, distribution or copying of this e-mail, and any attachments thereto, is strictly prohibited. If you have received this e-mail in error, please notify me via return e-mail and via telephone at (202) (b) (6) and permanently delete the original and any copy of any e-mail and any printout thereof.

From: (b) (6)
Sent: Thursday, March 01, 2018 10:48 AM
To: (b) (6)
Cc: (b) (6)

From: (b) (6)
To: (b) (6); [Mason, Cheryl](#); (b) (6)
Cc: (b) (6)
Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates
Date: Friday, August 17, 2018 6:46:45 AM

(b) (5), (b) (6)

(b) (6)

From: (b) (6)
Sent: Thursday, August 16, 2018 2:05:22 PM
To: (b) (6); [Mason, Cheryl](#); (b) (6)
Cc: (b) (6)
Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

Good evening (b) (6)

(b) (5)

- (b) (6)
- (b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (5)

A large rectangular area of the document is completely redacted with black ink. It contains four distinct horizontal blocks of text, each separated by a small gap. The first block is at the top, followed by a gap, then a second block, a gap, a third block, a gap, and finally a fourth block at the bottom. The redaction covers the majority of the page's content.

From: (b) (6)

Sent: Wednesday, August 15, 2018 5:13 PM

To: (b) (6); Mason,
Cheryl; (b) (6)

Cc: (b) (6)

Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

(b) (6)

From: (b) (6)

Sent: Wednesday, August 15, 2018 5:06 PM

To: (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov;
Mason, Cheryl <(b) (6) @va.gov>; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov;
Cc: (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov

Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

(b) (6)

From: (b) (6)

Sent: Wednesday, August 15, 2018 2:04:33 PM

To: (b) (6) VBAVACO; Mason, Cheryl; (b) (6)

Cc: (b) (6)

Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

(b) (5)

- (b) (5)
- (b) (5)
- (b) (5)
- (b) (5)

(b) (5) [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

- [REDACTED]
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 - [REDACTED]
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 - [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

- (b) (5) [REDACTED]
[REDACTED]
[REDACTED]
- [REDACTED]
[REDACTED]
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[REDACTED]
[REDACTED]
[REDACTED]

(b) (5) [Redacted]
[Redacted]

[Redacted]
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[Redacted]

(b) (5)

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]

[REDACTED]

(b) (5)

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

[REDACTED]

(b) (5) [Redacted]

[Redacted]
[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
[Redacted]
[Redacted]

[Redacted]
[Redacted] Boiler Plant Operator, (b) (5) [Redacted]
[Redacted]
[Redacted]
[Redacted]
[Redacted]

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[Redacted]

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[Redacted]
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[Redacted]
[Redacted]
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[Redacted]

(b) (5) [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

- [REDACTED]
- [REDACTED]
[REDACTED]
 - [REDACTED]
[REDACTED]
 - [REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

(b) (6) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

From: (b) (6)
To: (b) (6); [Mason, Cheryl](#); (b) (6)
Cc: (b) (6)
Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates
Date: Thursday, August 16, 2018 5:05:24 PM

Good evening (b) (6),

(b) (5)
[Redacted]

Thank you.

(b) (5)
[Redacted]

- [Redacted]
- [Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

(b) (5)

From: (b) (6)
Sent: Wednesday, August 15, 2018 5:13 PM
To: (b) (6); Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

(b) (6)

From: (b) (6)
Sent: Wednesday, August 15, 2018 5:06 PM
To: (b) (6) @va.gov; (b) (6) @va.gov;
(b) (6) @va.gov; (b) (6) @va.gov;
Mason, Cheryl (b) (6) @va.gov; (b) (6) @va.gov; (b) (6) @va.gov;
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Subject: RE: // help needed by COB tomorrow (Thursday) // state of VA updates

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From: (b) (6)

Sent: Wednesday, August 15, 2018 2:04:33 PM

To: (b) (6); Mason, Cheryl; (b) (6)

Cc: (b) (6)

Subject: // help needed by COB tomorrow (Thursday) // state of VA updates

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From: [Mason, Cheryl](#)
To: (b) (6)
Subject: Standard for favorable findings.
Date: Friday, March 30, 2018 11:23:00 AM

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- The use of a (b) (5) standard encroaches on the (b) (5) jurisdiction and undermines our role. (b) (5)
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Cheryl L. Mason

Chairman
Board of Veterans' Appeals
Washington, DC
202-(b) (6)

From: (b) (6)
To: [Mason, Cheryl](#)
Subject: Take Your Kid to Work Day
Date: Friday, March 02, 2018 12:45:10 PM

This is a tasker for you! Shall I draft the e-mail and you send it?

(b) (6)

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From: (b) (6)
Sent: Friday, March 02, 2018 12:43 PM
To: (b) (6)
Subject: RE: (b) (6) ???!!!

Yes mam.

An official email request to them to support your event, as field staff, gives them permission to move forward with supporting as an Outreach Event.

Respectfully,

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:33 PM
To: (b) (6) <[@va.gov](#)>
Cc: (b) (6) <[@va.gov](#)>; Mason, Cheryl (b) (6) <[@va.gov](#)>; (b) (6) <[@va.gov](#)>
Subject: RE: (b) (6) ???!!!

(b) (6)

Thank you!

(b) (6)

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From: (b) (6)
Sent: Friday, March 02, 2018 12:23 PM
To: (b) (6)
Cc: (b) (6) Mason, Cheryl; (b) (6)
Subject: RE: (b) (6)

Hello (b) (6),

Our Director is (b) (6) [@va.gov](#)

V/r,

(b) (6)

From: (b) (6)
Sent: Friday, March 02, 2018 12:21 PM
To: (b) (6) [@va.gov](#)>
Cc: (b) (6) [@va.gov](#)>; (b) (6) [@va.gov](#)>; Mason, Cheryl (b) (6) [@va.gov](#)>
Subject: RE: (b) (6) ???!!!

Congratulations (b) (6) That sounds great! I'm so happy for you. If I'm ever down that way, I'm going to visit.

Yes, please! The Chairman is happy to reach out to their Director. Please give me a name and any contact information you might have.

(b) (6)

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From: (b) (6)
Sent: Thursday, March 01, 2018 10:48 AM
To: (b) (6)
Cc: (b) (6)
Subject: RE: (b) (6)

Oh my – (b) (6)
(b) (6)
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(They would need to go through their Director)

Let me know.

Respectfully,

(b) (6)

From: (b) (5)
Sent: Wednesday, February 28, 2018 8:12 PM
To: (b) (6) <[@va.gov](mailto:(b) (6)@va.gov)>
Subject: (b) (6) ???!!!

Hi (b) (6),

The Board would LOVE to have someone come from NCA to talk at our Take your Son or Daughter to Work Day. Our Chairman wants to show a video with a 12 year old planting flags at graves (do you know this video?) and suggested maybe an NCA person could visit for an 30 or 40 minutes an highlight your wonderful work.

Any thoughts?

(b) (6)



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From: (b) (6)
To: (b) (6); Mason, Cheryl; (b) (6)
Cc: (b) (6)
Subject: // help needed by COB tomorrow (Thursday) // state of VA updates
Date: Wednesday, August 15, 2018 5:04:34 PM

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From: GovExec Today
To: [Mason, Cheryl](#)
Subject: [MARKETING] [EXTERNAL] Senator says Trump will get his wall; VA chief opens up "gray area" in scope of bargaining with unions
Date: Tuesday, August 21, 2018 5:48:59 AM

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GovExec Today

August 21, 2018



['Trump Will Get his Wall,' Says Senator](#) // Charles S. Clark

White House mobilizes defense of ICE and border protection agencies.

[VA Secretary Reintroduces 'Gray Area' in Scope of Bargaining with Unions](#) // Erich Wagner

Secretary unravels agreement that had clarified the issues that may be negotiated between labor and management.

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[Learn More](#)

[EPA Staff Misreport Purchase Card Transactions, Watchdog Finds](#) // Charles S. Clark

Weak oversight resulted in missing documentation for expenses.

[It's Time to Invest in Managers](#) // Howard Risher

Employee performance—good and bad—depends more on the effectiveness of supervisors than any other factor.

[Nearly 200 Former CIA Agents, Navy Officers, Ambassadors And Justice Officials Condemn Trump's Brennan Action](#) // Heather Timmons

"Former government officials have the right to express their unclassified views on what they see as critical national security issues without fear of being punished."

[Job Interview Tips For Introverts](#) // Kat Cohen

There's no need to pretend you're a social butterfly.

[Analysis: An Admiral Speaks Out](#) // Susan Hennessey and Mikhaila Fogel

An op-ed criticizing the president from the man responsible for the raid that killed Osama Bin Laden represents a startling intervention by a studiously non-political figure.

[Someone Is Waging a Secret War to Undermine the Pentagon's Huge Cloud Contract](#) // Kevin Baron, Frank Konkel and Patrick Tucker

The battle for the Defense Department's \$10 billion war cloud is getting a lot more interesting.

[This Dangerous Volcano Is Dangerously Undermonitored](#) // Michael Grass

And the battery on Glacier Peak's lone seismometer is expected to fail soon.

[DHS Funds Machine Learning Tool to Boost Other Countries' Airport Security](#) // Jack Corrigan

The system would help countries determine if air travelers pose security risks without investing in expensive analytics software or personnel.

[Baaaad Commute: Goats Are the New York City Subway's Latest Struggle](#) // Mitch Herckis

Some crazy kids blocking the N train is the latest in a string of brash, goat-related incidents across the New York City region.

[Trump's Unprecedented Retaliation Draws Unprecedented Rebukes](#) // Katie Bo Williams

A dozen former spy chiefs slammed the president after he yanked Brennan's clearance. What comes next?

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Government Executive Media Group, 600 New Hampshire Avenue NW, Washington, DC 20037

From: GovExec Today
To: [Mason, Cheryl](#)
Subject: [MARKETING] [EXTERNAL] SSA has gone too far with workforce executive orders, senators say; the race to meet the immigrant family reunification deadline
Date: Monday, July 30, 2018 5:59:12 AM

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GovExec Today

July 30, 2018



[President Trump Again Threatens a Shutdown Over Border Security Issues](#) // GovExec Staff

President tweets that he would be "willing" to shut down the government if Congress does not meet his demands for the wall and several other immigration reforms.

[Senators: SSA Has Carried Workforce Executive Orders Too Far](#) // Erich Wagner

Letter accuses officials of going far beyond mandates set forth by President Trump.

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[Register Now](#)

[As Probes Pile Up, Trump Administration Says It's Reunified All Eligible Immigrant Families](#) // Eric Katz

More than 700 children remain separated from their parents, many of whom have already been deported.

[NSA Watchdog Breaks Precedent By Releasing Semi-Annual Report](#) // Charles S. Clark

Storch emphasizes transparency, welcomes whistleblowers.

[National Intel Office Restructures to Improve Operations](#) // Charles S. Clark

The ODNI stood up four new directorates to better develop the workforce and integrate intelligence, and improve decision-making.

[Emails From Trump Education Official Reveal Ties to For-Profit Colleges](#) // Adam Harris

A former for-profit lobbyist turned department staffer scheduled meetings to discuss two

regulations overseeing these institutions—rules that are now being rolled back.

[The Meaning of North Korea's Remains Transfer](#) // Uri Friedman

The Korean War never officially ended. But its participants are now chipping away at the last sources of hostility.

[Get Out of the Weeds to Lead People](#) // Mary Jo Asmus

Overemphasis on the details of the work at hand, while leaving people to struggle on their own doesn't lend itself to leadership success.

[Reeling From The News? Train Your Brain To Feel Better With These 4 Techniques](#) //

Laurel Mellin

The relentless news cycle has many people feeling overwhelmed and stressed, wondering how to calm their lives and stay healthy. Here are some tips from neuroscience that may help

[EPA Press Staff Under Pruitt Sought to Discredit Departing Career Staff](#) // Charles S. Clark

Emails newly released under FOIA reveal distortions of pensions of Trump critics.

[Bill Would Force Agencies to Honor FedRAMP Authorizations](#) // Aaron Boyd

The FedRAMP Reform Act would codify the program, as well as the "authorize once, use many" mantra.

[Some States Step In to Fill Federal Void on Police Consent Decrees](#) // Laura Maggi

In Chicago, officials take a different path to implement law enforcement reforms.

[NASA Wants to Know If Space Travel Affects Plant and Animal Evolution](#) // Jack Corrigan

The agency is laying the groundwork for long-term human missions to the Moon, Mars and beyond.

[Breathing a Sigh of Relief in a Northern California City That Nearly Burned Down](#) //

Michael Grass

But the red-flag fire weather conditions will continue.

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